



## Pharmacy Policy and Formulary Update Effective April 1, 2010

---

### **Nuvigil and Provigil**

Effective April 1, 2010, a quantity limit of 30 doses in 30 days will apply to Nuvigil and Provigil. In addition, these medications will no longer be available through mail service or for more than a 30 day supply at a retail pharmacy. All impacted members will receive notification of these changes.

### **Angiotensin Receptor Blockers**

Effective April 1, 2010, Benicar and Benicar HCT will require prior authorization. If approved, these medications will be covered in Tier 3. All impacted members will receive notification of this change. MVP's preferred ARBs are Avapro/Avalide and Diovan/Diovan HCT. Losartan (generic Cozaar) and losartan/HCTZ (generic Hyzaar) will be available in early 2010 and be covered on Tier 1 without prior authorization. These new generic medications will however, be subject to the STEP edit of failure or intolerance to an ACE inhibitor.

### **Proton Pump Inhibitors**

Effective April 1, 2010, brand Prevacid capsules will require prior authorization. Lansoprazole capsules are now available and covered in Tier 1. All impacted members will receive notification of this change.

The MVP Formulary now includes lansoprazole (generic Prevacid), omeprazole (generic Prilosec) and Nexium. Although omeprazole has been associated with decreased Plavix efficacy, well controlled clinical trials are not available to determine the most appropriate alternate PPI agent(s). Currently, the American College of Cardiology recommends that H2 antagonists be used if acid suppression is required for patients taking Plavix.

## **Policy Updates**

### **Infertility Drug Therapy**

- New pharmacy policy that identifies criteria for medication coverage (*only*) when used with advanced infertility services. Number of cycle limitations remains the same.

### **Mail Order**

- Nuvigil and Provigil were added as mail order exclusions

### **Pharmacy Programs Administration**

- Example of CuraScript mandatory drugs were removed from policy. Refer to the MVP Formulary for medications that must be obtained from MVP's specialty pharmacy.
- Member reimbursement for claims paid out-of-pocket will be the pharmacy negotiated rate
- Medicare Part D tier exception process was clarified

### **Weight Loss**

- Statement was added that requires medication compliance prior to an extension of therapy approval

### **Select Hypnotics**

- Edluar was added to the policy and requires step therapy and is subject to quantity limits

The following policies were reviewed and approved without any changes to criteria:

- Cox-2 Inhibitors
- Migraine Agents
- Pain Medication
- Prescribers Treating Self/Family Members

## Formulary Updates for Commercial Members

The MVP Formulary is updated after each Pharmacy and Therapeutics Committee meeting. The most current version is available online at [www.mvphealthcare.com](http://www.mvphealthcare.com). Simply visit the site's *Provider* section and under *Pharmacy*, click on *Formulary*. The MVP Formulary can be downloaded to a PDA device from [www.epocrates.com](http://www.epocrates.com). There is a link to ePocrates® on the MVP Web site. Please update your e-Pocrates account if your computer or PDA is set up to automatically download the Formulary. Unless otherwise noted, the following Formulary information is effective Apr. 1, 2010.

### New drugs (recently approved by the FDA, prior authorization required, Tier 3)

Kalbitor (medical benefit)	Istodax (medical benefit)
Zyprexa Relprevv (medical benefit)	Wilate (medical benefit)
Qutenza (medical benefit)	Lysteda
Pennsaid	
Agriflu (no prior authorization required, medical benefit)	

### Drugs added to Formulary (Tier 1)

buprenorphine (generic Subutex)  
budesonide (generic Pulmicort Respules)

### Drugs removed from Formulary\* (change from Tier 2 to Tier 3)

Pulmicort Respules

*\*Affected members will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative)*

### Drugs removed from prior authorization

Besivance	Lamictal ODT
Lamictal XR	Cetraxal Otic
Edluar	

*All medications are non-formulary, Tier 3*

## Formulary Updates for Medicare Part D Members

The following are recent updates to the Medicare Part D Formulary. A more detailed document can be found at [https://www.mvphealthcare.com/medicare/documents/2010\\_formulary\\_changes.pdf](https://www.mvphealthcare.com/medicare/documents/2010_formulary_changes.pdf).

### Drugs added to Formulary (Tier 1)

buprenorphine (generic Subutex)  
budesonide (generic Pulmicort Respules)  
ketorolac ophthalmic (generic Acular LS)  
tramadol ext-rel (generic Ultram ER)  
fexofenadine/pseudoephedrine (generic Allegra-D)  
perindopril (generic Aceon)

### **Drugs Excluded from the Formulary**

Effective May 1, 2010, the following drugs will be excluded from the Medicare Part D Formulary and only available through the Formulary Exception process when criteria is met:

Aceon	Pulmicort Respules
Acular	Risperdal-M
Allegra-D 12 Hour	Starlix
Doxy-Caps	Subutex
Optivar	Trileptal Susp
Palgic	Ultram ER
Prevacid Capsules	Zosyn
Prograf	Mirapex (except 0.75mg)

### **Quantity Limits, Prior Authorization and STEP Therapy**

Provigil and Lyrica have been added to the list of medications that are subject to quantity limits for Medicare Part D members. In addition, they must still meet the definition of a Part D drug. Provigil is limited to 30 tablets per month and Lyrica is limited to 90 capsules per month. For the most up-to-date list of medications subject to quantity limits, prior authorization or STEP Therapy and the corresponding Medicare Part D policies, go to

[https://www.mvphealthcare.com/medicare/eastcentral/partd\\_pharm\\_mgmt.html](https://www.mvphealthcare.com/medicare/eastcentral/partd_pharm_mgmt.html).

To obtain the Medicare Part D Provider Resource Guide 2010 in computer disc format, contact your Provider Relations representative. In addition to Formulary information, this Resource Guide contains important information about coverage determination and formulary exception processes, Medicare B vs D coverage and various prior authorization forms.

### **Tier Exceptions**

MVP administers a 5-Tier Medicare Part D Formulary. Members are eligible to receive tier exceptions. Members or providers may request that a Tier 3 (non-preferred) drug be covered in Tier 2. They may also request that a Tier 5 drug be covered in Tier 2. Drugs in Tier 1, Tier 2, and Tier 4 are not eligible for a tier exception. If a drug that is excluded on the Part D formulary is approved for coverage, members or providers may not also ask for a tier exception.

Requirements for a member to be granted a lower tier copayment include:

- A documented trial of all alternative agents in lower tiers.
- A supporting statement of medical necessity indicating that lower tier drugs would not be as effective and/or lower tier drugs would have adverse effects.
- If the Plan determines the drug is medically necessary and there are no appropriate alternatives available in a lower tier, a tier exception will be granted.
- If there are no alternative agents available in a lower tier for a medication, a tier exception cannot be granted as this would not meet the definition of a tier exception request per CMS guidelines.