



Pharmacy Policy and Formulary Update Effective January 1, 2010

New Fax Phone Numbers for Medication Prior Authorizations

Effective **December 1, 2009**, please use the following fax numbers when submitting prior authorization requests for medications:

For members in a Commercial product: (800) 376-6373

For members in a Medicare product: (800) 401-0915

On and after Dec. 1st, you can obtain updated forms at
<https://www.mvphealthcare.com/provider/ny/forms.html>.

Pharmacy Benefit Changes to Begin Jan. 1, 2010 upon Renewal (Pending Regulatory Approval)

The following changes to the pharmacy benefit will be applied to MVP HMO, EPO, PPO, PPO Select and Indemnity and MVP Preferred EPO/PPO, MVP Preferred TriVantage EPO and MVP HDHP products, and will be effective upon groups' 2010 renewal dates. For new groups that select one of the above health plans on or after Jan. 1, 2010, these changes will be presented as standard pharmacy benefits.

- 1) The Medco[®] Pharmacy 90-day supply mail order copay will be revised to 2.5x the 30-day retail copay across our entire service area. This represents greater savings for our members in New Hampshire, who previously had a 3x mail order copay. While this represents a slightly higher out-of-pocket cost for most members in New York and Vermont who formerly had a 2x mail order copay, obtaining prescriptions by mail still offers great savings and convenience compared to filling and picking up prescriptions at a retail pharmacy.
- 2) The Specialty Rx Copay will be changed from 2x the 30-day copay to 1x the 30-day copay. This change benefits members who use our specialty pharmacy service through CuraScript for certain high-cost injectable and oral medications.
- 3) Maximum Allowable Cost (MAC) will be applied. When prescriptions are written for generic drugs, our members have the benefit of a lower copayment and receive the same clinical benefits as with a brand name drug. If a prescription is written and filled for a brand name drug that has a generic equivalent, the member will be responsible for paying the generic copay plus the difference between the cost of the brand and generic drug.
- 4) Pharmacy riders have been modified to allow covered prescriptions when written by any Provider who is authorized to write prescriptions and are obtained from a Participating pharmacy.

Our ability to implement all of the above changes beginning Jan. 1, 2010 and going forward upon groups' renewal date is dependent on regulatory approval. In the meantime, employer groups and members with a Jan. 1, 2010 renewal date have been notified of these changes.

Thalidomide and Thalidomide Derivatives

- Table identifying therapies classified as Category 1 or 2A by NCCN was added
- Statement referencing the Experimental / Investigational policy was added
- Exclusion for combination therapies was added

Osteoporosis

- Bone mineral density requirement for Forteo use after one year was removed
- Medicare variation was added which excludes injectable bisphosphonates when used for the prevention of osteoporosis

Psoriasis Drugs

- Raptiva was removed from the policy
- Step therapy requiring failure on Enbrel and Humira prior to Amevive and Remicade was added.

Agents for Multiple Sclerosis

- Indications for Copaxone were updated

Constipation & IBS

- Criteria was updated to include Rome III updates
- Tricyclic antidepressants were added to criteria as an option for diarrhea-predominant IBS

Antineoplastic Enzyme Inhibitors

- Use of agents in this policy will follow NCCN guidelines; therefore, criteria for Gleevec was removed
- Statement referencing the Experimental / Investigational policy was added

Abraxane

- Dosing information was removed
- Statement referencing the Experimental / Investigational policy was added

Myelodysplastic Syndrome

- Statement referencing the Experimental / Investigational policy was added

Select Biologic Chemotherapy Agents

- Indications and a statement referencing the Experimental / Investigational policy were added

Erythropoietic Agents

- CKD target range was changed to Hgb 10-12g/dL (from 11-12)
- When used for MDS, myelodysplasia is identified as less than 10% blasts (changed from 5%)
- If darbopoetin is discontinued, member must be re-stabilized on EPO and meet clinical criteria in policy to be eligible for darbopoetin

Synagis

- Effective Nov. 1, 2009
- Criteria changed to reflect revised RSV treatment guidelines by the American Academy of Pediatrics

Ixempra

- New policy established prior authorization criteria as supported by NCCN guidelines

Proton Pump Inhibitors

- Kapidex was added to the policy requiring prior authorization
- Criteria was clarified to indicate that Prevacid NapraPAC does not require prior authorization

Agents for Inflammatory Bowel Disease

- Prior authorization criteria for Cimzia was added
- Criteria for Cimzia, Remicade and Tysabri now require a 12-week trial on Humira

Biologic Drugs for Inflammatory Arthritis

- Cimzia and Simponi were added to the policy
- New step therapy criteria requires a 12 week trial on Humira and Enbrel prior to Cimzia, Kineret, Simponi, Orencia, Remicade or Rituxan
- For re-treatment with Rituxan, criteria updated to include failure or inadequate response to at least 2 TNF blockers in combination with methotrexate.

Pharmacy Programs Administration

- Reference to Medicare IV vs. Oral policy was removed for 2010
- Language changed to allow providers the right to appeal Medicare denials
- Part D language regarding compounds and copay exceptions was updated

The following policies were reviewed and approved with no changes to criteria:

- Tysabri
- Chronic Hepatitis C
- Actimmune
- Blood Modifiers – excluding RBC Agents
- Alpha-1 Antitrypsin Inhibitors
- Formulary Exceptions for Non-covered Drugs
- Quantity Limits
- Government Programs OTC

The following policies were archived:

- GnRH Agonists

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. 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. 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 Jan. 1, 2010.

New Drugs

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

Stelara (medical benefit)	Folotyn (medical benefit)
Vibativ (medical benefit)	Zirgan
Bepreve	Sabril (must obtain from CuraScript)
Valturna	Metozolv ODT
Zenpep	Intuniv
Saphris	Livalo
Onglyza	Colcrys
Effient	Feraheme (medical benefit)
Extavia (must obtain from CuraScript)	Embeda
Lipsovir	Invega Sustenna (medical benefit)
Tyvaso	Acuvail
Onsolis	Sumavel DosePro
Plan B One Step (no prior authorization required)	

Drugs Added to Formulary (Tier 1)

apraclonidine (generic lolidine)
clinda/benzoyl peroxide (generic BenzaClin)
nateglinide (generic Starlix)
levonorgestrel (generic Plan B)
bicalutamide (generic Casodex)
tacrolimus (generic Prograf)
clonidine patch (generic Catapres-TTS)

Drugs Removed from Formulary* (change from Tier 2 to Tier 3)

Altace [®]	Plan B [®]	Myfortic [®]
Casodex [®]	Lupron [®] 1mg	Starlix [®]
Prograf [®]		

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

Drugs removed from prior authorization:

Savella [™]	Vectical [™]
Ryzolt [™]	Gelnique [™]

Except as noted, all medications are non-formulary, Tier 3.

2010 Medicare Part D Formulary

The tier structure for the 2010 Medicare Part D Formulary will be changing. The formulary will be divided into five tiers (or cost groups) that correspond to the member's drug copays. They are defined as:

- Tier 1 - Most generic drugs
- Tier 2 - Preferred brand name drugs
- Tier 3 - Non-preferred brands / generics
- Tier 4 - Specialty medications (those that cost more than \$600 per month)
- Tier 5 - Limited coverage drugs (a limited number of drugs covered at the highest cost share level)

In addition, brand name medications with a generic equivalent will no longer be covered. Select exceptions include Lanoxin[®], Coumadin[®] and Synthroid[®]. Some medications have been removed from the formulary or may have had changes to prior authorization, step therapy, or quantity limitations. Refer to the Medicare Comprehensive Formulary at www.mvphealthcare.com to review these changes.

The 2010 Medicare Part D Formulary will soon be available for download to a PDA device from 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.

Formulary Exception and Prior Authorization

Part D drugs that were covered in the past but are no longer covered, as well as non-covered drugs, must go through an exception process in order for MVP to cover them. If the requested drug is approved, it will be covered in Tier 3. If the medication is not covered by MVP or a quantity greater than what is covered is requested, refer to the Medicare Comprehensive Formulary available at www.mvphealthcare.com to determine if another covered drug that will treat the member's condition is appropriate, or request a formulary exception.

Fax formulary exception and prior authorization requests for Preferred Gold HMO, GoldAnywhere PPO, GoldValue, and USA Care members to 1-800-401-0915.