



Pharmacy Policy and Formulary Updates

Effective January 1, 2012

Cialis

On October 6, 2011, the Food and Drug Administration approved Cialis 2.5mg and 5mg for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). The dosing is 5mg daily. In order to determine the indication for use, effective January 1, 2012, MVP will require prior authorization for both the 2.5mg and 5mg strengths for members who have not been prescribed this dose in the past.

Azor, Tribenzor and Twynsta

Prior authorization will be required for Azor, Tribenzor and Twynsta. All impacted members and providers will receive notification.

Tekamlo and Amturnide

Prior authorization will be required for Tekamlo and Amturnide. All impacted members and providers will receive notification.

Gout Treatment

Colcrys will be subject to a quantity limit of 60 doses every 30 days. In addition, Uloric and Krystexxa will require prior authorization. All impacted members and providers will receive notification.

Policy Updates

Osteoporosis

- Language was updated to reflect Reclast or Prolia can be used after failure on bisphosphonates.

Pharmacy Programs Administration

- MVP Option and MVP Option Family language was added, specifically that this product has a unique formulary, provides transition supplies of medications and excludes the replacement of lost or stolen medications. In addition, the policy indicates that blood factors and select IM antipsychotics remain carved-out to fee-for-service Medicaid.

Pradaxa

- This new policy establishes criteria which includes the diagnosis of atrial fibrillation, failure on warfarin and one risk factor for stroke.

Erythropoietic Agents

- Indication language was updated for anemia in HIV infected members. Medicare variation was also updated to include a diagnosis of SLE as a prerequisite for EPO treatment.

Thalidomide and Thalidomide Derivatives

- The definition of active, symptomatic multiple myeloma was added and the therapy table was updated based on the review of NCCN guidelines.

Antineoplastic Enzyme Inhibitors

- The indications for Afinitor and Sutent were updated.

Myelodysplastic Syndrome

- Language for Vidaza and Dacogen was updated to correspond to NCCN algorithm.

Xgeva

- This new policy establishes step therapy through injectable bisphosphonates prior to Xgeva.

Hepatitis C Protease Inhibitors

- This new policy established criteria for Incivek and Victrelis. Criteria includes but is not limited to chronic HCV genotype 1 infection, at least one risk factor for poor prognosis or prior relapse or partial responders or null responders (as defined in the policy), 18 years of age or older and concurrently on pegylated interferon and ribavirin.

Thrombopoiesis-Stimulating Proteins

- Language changes were made to this policy that more closely reflect the American Society of Hematology guidelines.

Alpha-1 Antitrypsin Inhibitor Therapy

- Glassia was added to the policy.

Crohn's Disease and Ulcerative Colitis

- The indication for Remicade was updated to include the treatment of ulcerative colitis in children.

Government Programs OTC

- MVP Option and MVP Option Family coverage was added.

Immunoglobulin Therapy

- Medicare variation updated to state that when IVIG is administered in the home, claims must process through the PBM.
- Vivaglobin removed from the policy as it is no longer available.

Migraine Agents

- Cambia criteria of failure on NSAIDs was added.
- MVP Option and MVP Option Family variation was also added to reflect formulary coverage.

Smoking Cessation

- MVP Option and MVP Option Family variation added to include coverage for OTC nicotine replacement products with applicable quantity limits.

Hypnotics

- Silenor criteria was added and includes failure of a non-benzodiazepine hypnotic.
- MVP Option and MVP Option Family variation was also added to reflect formulary coverage.

Makena

- New policy establishing criteria for coverage including identification of a singleton pregnancy within a specific gestation age, history of a singleton spontaneous preterm birth and satisfaction of criteria as established in the Orphan Drug policy.

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

- Mozobil
- Tysabri for Multiple Sclerosis
- Actimmune
- Chronic Hepatitis C
- Ixempra
- Formulary Exception for Non-covered Drugs
- Proton Pump Inhibitor Therapy
- Constipation and IBS
- Quantity Limits
- Enteral Therapy Vermont
- Enteral Therapy New Hampshire

The following policy was archived:

- Select Biologic Chemotherapy Agents

Formulary Updates for Commercial and MVP Option 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 website. Note: The MVP Option & MVP Option Family Formulary is also available on e-Pocrates.

New drugs[^] (recently approved by the FDA, prior authorization required, Tier 3, non-formulary for MVP Option)

Drug Name	Indication
Arcapta Neohaler	COPD
Brilinta	Reduction of cardiovascular events in patients with ACS
Complera	HIV-1 infection
Duexis	RA and OA
Firazyr	Hereditary angioedema
Gralise	Postherpetic neuralgia
Viibryd	Depression
Xalkori	NSCLC
Xarelto	Prophylaxis of DVT
Zelboraf	BRAF mutation positive Melanoma

Generic drugs added to Formulary (Tier 1)

alfluzosin	levetiracetam SR
bromfenac ophth	felbamate
Camrese (generic Seasonique)	

Drugs removed from the Formulary*

Seasonique (effective 12/1/2011 for MVP Option & MVP Option Family only)

Analpram-E

Cortifoam

Proctfoam-HC

Zyprexa

**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[^] (all medications are non-formulary, Tier 3 unless otherwise noted)

Moxeza	Natroba	Ofirmev [^]
Safyral	Tobradex ST	Xiaflex [^]

[^]Drugs indicated as "medical", when provided in a physician office or outpatient facility, are a covered Medicare Part B benefit and are subject to MVP commercial policies.

Medication recalls and withdrawals

In the past several weeks, the Food and Drug Administration (FDA) has issued important medication warning, withdrawals and recalls. Highlights of the FDA activity include:

- On September 15, 2011 Qualitest Pharmaceuticals issued a voluntary, nationwide, retail-level recall of multiple lots of oral contraceptives because of a packaging error, where select blisters were rotated 180 degrees within the card, reversing the weekly tablet orientation and making the lot number and expiry date no longer visible. As a result of this packaging error, the daily regimen for these oral contraceptives may be incorrect and could leave women without adequate contraception, and at risk for unintended pregnancy. These packaging defects do not pose any immediate health risks. However, consumers exposed to affected packaging should begin using a non-hormonal form of contraception immediately and consult their health care provider or pharmacist. Pharmacies are being instructed to contact consumers who have received affected product. The recall is effective immediately and includes the following products:
 - Cyclafem™ 7/7/7
 - Cyclafem™ 1/35
 - Emoquette™
 - Gildess® FE 1.5/30
 - Gildess® FE 1/20
 - Orsythia™
 - Previfem®
 - Tri-Previfem®

MVP notified 441 members advising them to contact their pharmacist to make sure the product they are taking was not one of the recalled products or lots.