



Pharmacy Policy and Formulary Update Effective July 1, 2010

Gardasil

The Food and Drug Administration has approved Gardasil for use in boys and men 9 through 26 years of age for the prevention of genital warts caused by HPV types 6 and 11. The CDC's Advisory Committee on Immunization Practices (ACIP) has recommended against the routine use of quadrivalent human papillomavirus vaccine to prevent genital warts in boys and young men. Instead, the committee voted to support the "permissive use" of Gardasil in this patient population. Therefore, per the MVP policy *Immunizations – Childhood, Adolescent and Adult*, Gardasil use in boys and men is not covered. MVP will continue to monitor and report any changes.

Provenge

This new agent, sipuleucel-T, is considered the first cancer vaccine used for the treatment of prostate cancer. This novel vaccine is manufactured in several steps beginning with a patient's own blood components. It is expected that this product will be available in early third quarter with limited availability. It will not be distributed to retail, mail or specialty pharmacies. MVP will prior authorize this drug in all situations.

Ampyra

Ampyra (dalfampridine) is an oral potassium channel blocker indicated to improve walking in patients with multiple sclerosis and requires prior authorization. Criteria for initiation of therapy include:

- Diagnosis of multiple sclerosis.
- Neurology chart notes over the past 2 years including all radiologic reports must be provided with the request.
- Must be prescribed by a neurologist.
- EDSS score between 5.0 - 6.0.
- Currently receiving a stable dose of disease-modifying therapy for MS for at least 60 days.
- Three timed 25-foot walk results (at least one week apart) within the past 60 days must be provided with current chart notes. Assistive devices must be consistently used across pre-treatment walk tests and identified in the chart notes.
- Ability to walk 25 feet in 8 to 45 seconds.
- Between 18 years and 70 years old.

Additional criteria is required for continuation of therapy including but not limited to a 50% improvement, as measured by two T25FW tests, from the baseline average. Ampyra must be obtained from CuraScript specialty pharmacy.

Policy Updates Effective July 1, 2010

Pharmacy Programs Administration

- Policy was updated to include IV vs Oral language.

Quantity Limits

- Provigil and Nuvigil were added.

ACE/ARB

- Benicar and Benicar HCT were added and require prior authorization. Generic losartan and losartan/HCTZ were also added and require failure on an ACE first.

Proton Pump Inhibitors

- Brand Prevacid capsules (only) was added and require prior authorization. All forms of Prevacid are Tier 3.

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 June 1, 2010.

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

Vpriv (diabetic benefit)	Xiaflex (medical benefit)
Hizentra (medical benefit)	Exalgo
Cayston	Oforta (must be obtained from CuraScript)

Drugs added to Formulary (Tier 1)

metaxolone (generic Skelaxin)	diltiazem 24hr ER (generic Cardizem LA Tabs)
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Drugs added to Formulary (Tier 2)

Differin Lotion

Drugs not added to the Formulary (Tier 3)

Valcyte Solution

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

Ulesfia

(All medications are non-formulary, Tier 3 unless otherwise noted)

Drugs determined to be not covered:

Fluzone High-Dose

Formulary Updates for Medicare Part D Members

Medicare Part D Formulary Available From ePocrates®

You can now access and download the MVP Medicare Part D Formulary for 2010 from ePocrates®. Simply follow the instructions on our Web site at <https://www.mvphealthcare.com/provider/pharmacy.html>

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. Policies, where applicable, can be found on our Web site at https://www.mvphealthcare.com/medicare/eastcentral/partd_pharm_mgmt.html or https://www.mvphealthcare.com/medicare/rochester/partd_pharm_mgmt_2010.html.

Drug Name	Tier	Prior Authorization Required
Adcirca	4	Yes
Ampyra	4	Yes
Istodax	4	Yes
Revatio Injection	4	Yes
Simponi	4	Yes
losartan/HCTZ	1	No
clindamycin phosphate foam 1%	1	No
diltiazem ER tablets	1	No
Ixiaro	3	Yes
metaxalone	1	No
Soriatane 22.5mg, 17.5mg	4	No
Ulesfia	3	No
Zenpep	3	No

The following drugs were removed from the Formulary:

Drug Name	Reason for Change	Effective Date
Flomax	Generic equivalent is available	8/1/2010
Aldara	Generic equivalent is available	8/1/2010
Solodyn 45mg, 90mg, 135mg	Generic equivalent is available	8/1/2010
homatropine hydrobromide oph 5% drops	Deemed as a non-Part D drug by CMS	8/1/2010
hydrochloric acid liquid 10%, 37%	Deemed as a non-Part D drug by CMS	8/1/2010
hydrochloric Acid 2mg/mL vial	Deemed as a non-Part D drug by CMS	8/1/2010
Isopto Homatropine oph2%, 5% drops	Deemed as a non-Part D drug by CMS	8/1/2010
Peramivir 200mg/20mL vial	Deemed as a non-Part D drug by CMS	8/1/2010
Pramosone E cream	Deemed as a non-Part D drug by CMS	8/1/2010
Zithranol-RR cream	Deemed as a non-Part D drug by CMS	8/1/2010