



Pharmacy Policy and Formulary Update Effective June 1, 2010

Kapidex Name Change

Effective in late April 2010, Takeda Pharmaceuticals North America Inc. will market Kapidex under the new name Dexilant. Since Kapidex was approved in January 2009, there have been reports of dispensing errors because of confusion with the drugs Casodex (bicalutamide) and Kadian (morphine sulfate). This is a name change only. Dexilant will be subject to the same quantity limits and prior authorization requirements as Kapidex was.

Medication Prior Authorization Forms

All current medication prior authorization forms can be found on our Web site at <https://www.mvphealthcare.com/provider/ny/forms.html>. Recently added or updated were forms for Immunoglobulin Therapy, Angiotensin Receptor Blockers and Proton Pump Inhibitors. Please review the forms you currently use to make sure you have the most up-to-date versions .

Policy Updates Effective June 1, 2010

Antibiotic/Antiviral Prophylaxis

- The antiviral therapeutic class was added to this policy

Injection Medications for Lyme Disease

- Administration of this policy has been transferred to the MVP Pharmacy department
- Establishes prior authorization criteria per ISDA guidelines for the use of ceftriaxone (J0696), cefotaxamine (J0698) and penicillin G potassium (J2540) when used to treat Lyme disease

Antimalarial Drugs

- Coartem was added to the policy

Hepatitis Agents

- Intron-A, Pegasys and Viread were added to the policy. Pegasys requires prior authorization

Medicare Part B vs Part D Determination

- Clarification as to when a drug is considered to be a Part B drug was added

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

- Zyvox
- Onychomycosis
- Physician Prescription Eligibility
- Prescribers Treating Self/Family Members

The following policies were archived:

- Copayment Adjustment for Medical Necessity

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)

Victoza (diabetic benefit)	Ampyra (must be obtained from CuraScript)
Actemra (medical benefit)	Revatio Injection (must be obtained from CuraScript)
Chenodal	

Drugs added to Formulary (Tier 1)

pramipexole (generic Mirapex)	ciclopirox (generic Loprox Shampoo)
oxcarbazepine (generic Trileptal)	tamsulosin (generic Flomax)
imiquimod (generic Aldara)	nizatidine (generic Axid Solution)

Drugs not added to the Formulary (Tier 3)

Valcyte Solution

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

Flomax

**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

Caldolor (medical benefit)	Acuvail
Colcrys	Effient
Extavia	Feraheme (medical benefit)
Invega Sustenna (medical benefit)	Onglyza* (diabetic benefit)
Saphris	Sumavel DosePro (subject to step & quantity limits)
Multaq	

*All medications are non-formulary, Tier 3 unless otherwise noted above) *Effective 4/2010*

Drugs determined to be not covered:

Ixiaro	Juvederm Ultra XC
Juvederm Ultra Plus XC	

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
ciclopirox shampoo	1	No
levalbuterol 1.25mg nebs	1	Yes
chlorothiazide 500mg vial	1	No
Besivance	3	No
Cetraxal	5	No
Savella	3	No
Pramipexole (.125mg, .25mg, .5mg, 1mg, 1.5mg)	1	No
Mozobil	4	Yes
Invega Sustenna	3 or 4*	No
Vectical	5	No
Sancuso	3	Quantity limits apply per policy
Fanapt	3	Yes
Sabril	4	Yes
Fusilev	3	Yes
Votrient	4	Yes
Arzerra	4	Yes
Mozobil	4	Yes

**depending on strength*

The following drugs were removed from the Formulary:

Drug Name	Reason for Change	Effective Date
A-B Otic	Deemed as a non-Part D drug by CMS	6/1/2010
antipyrine-benzocaine	Deemed as a non-Part D drug by CMS	6/1/2010
Avar	Deemed as a non-Part D drug by CMS	6/1/2010
colchicine	Deemed as a non-Part D drug by CMS	6/1/2010
lidocaine-hydrocortisone	Deemed as a non-Part D drug by CMS	6/1/2010
Numoisyn	Deemed as a non-Part D drug by CMS	6/1/2010
selenium sulfide	Deemed as a non-Part D drug by CMS	6/1/2010
phenylephrine	Deemed as a non-Part D drug by CMS	6/1/2010
Selenos	Deemed as a non-Part D drug by CMS	6/1/2010
Na sulfacetamide-sulfur	Deemed as a non-Part D drug by CMS	6/1/2010
Topisulf	Deemed as a non-Part D drug by CMS	6/1/2010
Loprox Shampoo	Generic is available	7/1/2010
Xopenex Nebes 1.25mg	Generic is available	7/1/2010
Diuril Sod 500mg vial	Generic is available	7/1/2010