



Pharmacy Policy and Formulary Updates Effective June 1, 2011

Policy Updates

Cosmetic Agents

- Language added to required prior authorization for topical tretinoin products for members age 31 and older (effective 7/1/2011)

Enteral Therapy Vermont

- Prior authorization criteria was updated and additional exclusions were added. Vendors providing enteral formulas will be required to bill through the pharmacy benefits manager system

Enteral Therapy New Hampshire

- Prior authorization criteria was updated and additional exclusions were added. Vendors providing enteral formulas will be required to bill through the pharmacy benefits manager system

Enteral Therapy New York

- Exclusion language regarding anorexia and mood disorders was removed

Migraine Agents

- Alsuma, Sumavel and Cambia were added to the policy with quantity limits. Cambia quantity limit is 9 packets every 60 days

Psoriasis Drug Therapy

- Stelara was added to the policy subject to the same prior authorization criteria as Remicade and Amevive

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

- Sabril

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. Unless otherwise noted, the following Formulary information is effective June 1, 2011.

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

<u>Drug Name</u>	<u>Indication</u>
Natroba	Head lice infestations
Abstral	Breakthrough pain in cancer patients
Amturnide	High blood pressure
Sayfrol	Contraception
Moxeza	Bacterial conjunctivitis
Ofirmev	Pain and fever reduction

Generic drugs added to Formulary (Tier 1)

mefenamic acid (Ponstel)
fexofenadine/pseudo (Allegra-D 24 hour)

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 January 6, 2011, Teva Pharmaceuticals voluntarily recalled Metronidazole Tablets USP, 250mg, lot 312566, expiration date 05/2012. This product lot was called due to the presence of underweight tablets.

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 2011 from ePocrates®. Simply follow the instructions on our Web site at <https://www.mvphealthcare.com/provider/pharmacy.html>

The tier and prior authorization status of the following medications have been approved. Policies, where applicable, can be found on our Web site at

<https://www.mvphealthcare.com/medicare/2011MedicarePARTDPAlist.html>.

The following drugs were removed from the Medicare Part D Formulary effective **July 1, 2011**:

Name of Drug	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Tier
Lovenox 30mg, 40mg	Removal of drug from the formulary	Generic alternative available	^{QL} enoxaparin	Tier 3
Myfortic 180mg, 360mg	Addition of prior authorization	Requires B vs.D coverage determination		

A complete list of formulary changes may be found at

<https://www.mvphealthcare.com/medicare/documents/Formulary.pdf>