



Pharmacy Policy and Formulary Update

Enteral Therapy

Effective 10/1/2011, for non-Medicare members, enteral nutrition must be obtained at an MVP participating pharmacy and adjudicate through the MVP pharmacy benefits manager (PBM). Copays and/or coinsurances are subject to the member's enteral product benefit. Home infusion vendors that also participate with MVP as a pharmacy provider, must bill using a valid NDC/UPC product number. Enteral products indicated for inherited diseases of metabolism (ie: PKE, MSUD) will adjudicate without prior authorization. All other products require prior authorization to determine medical necessity as established in MVP policy.

Tamiflu Dosing Change

When flu season arrives this fall, a liquid form of Tamiflu will be available in a new, lower concentration to reduce the possibility of medication errors. The change applies to the oral suspension form of Tamiflu and not the capsule. The Tamiflu packaging of its oral suspension product says "new strength" because the concentration of medicine in the liquid has been changed from 12 mg/mL to 6 mg/mL. This change in concentration means that the amount of medicine that must be taken has also changed.

Effective September 1, 2011

Intranasal Corticosteroids

- Nasarel was removed from the policy as it is no longer on the market

Cystic Fibrosis

- Cayston was added to the policy
- Criteria for extension of therapy was added

Advanced Agents for Pulmonary Arterial Hypertension

- Indications for Adcirca and Flolan were updated
- Exclusion section updated to indicate Letairis is contraindicated in pregnancy

Contraceptive Agents and Family Planning

- Lo Seasonique was added to the policy

Infertility

- Fertinex was removed from the policy as it is no longer on the market
- Follistim AQ is preferred over Gonal-F
- Specific lab documentation criteria was added

Gaucher's Disease

- Vpriv was added to the policy

Orphan Drugs

- Soliris and Lumizyme were added to the policy

Multiple Sclerosis, Select Oral Agents

- Name changed from Ampyra
- Gilenya and Ampyra criteria are similar

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

- Leukotriene Modifiers
- Xolair
- Smoking Cessation Medications
- Acromegaly
- Fabry's Disease

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.

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

| <u>Drug Name</u> | <u>Indication</u> |
|----------------------|--|
| Tradjenta | Type 2 diabetes mellitus |
| Zytiga+ | Prostate cancer |
| Zictifa | Thyroid cancer |
| Yervoy^ (medical) | Metastatic melanoma |
| Benlysta^ (medical) | Systemic lupus erythematosus |
| Daliresp | COPD |
| Edarbi | Hypertension |
| Corifact^ (medical) | Factor XIII deficiency |
| Krystexxa^ (medical) | Gout |
| Lastacaft | Allergic conjunctivitis |
| Horizant | Restless leg syndrome |
| Sylatron | Melanoma |
| Viramune XR | HIV-1 infection |
| Banzel susp | Lennox-Gastaut syndrome |
| Butrans | Moderate-to-severe chronic pain |
| Staxyn | Erectile dysfunction |
| Nexiclon XR | Hypertension |
| Xerese | Treatment and prevention of cold sores |
| Nulojix | Prophylaxis for organ rejection |
| Dificid | Diarrhea caused by <i>c.difficile</i> |
| Incivik+ | Chronic hepatitis C |
| Edurant | HIV-1 infection |
| Vitreliis+ | Chronic hepatitis C |
| Zutripto | Cough and cold |
| Rezira | Cough and cold |
| Phoslyra | Reduction of serum phosphorus |
| Axiron | Testosterone deficiency |

Generic drugs added to Formulary (Tier 1)

| | |
|---|---------------------------------|
| letrozole | Loryna (generic Yaz) |
| methylphenidate (generic Concerta) | cyclobenzaprine (generic Amrix) |
| epinastine | levofloxacin |
| carbamazepine 12 hour (generic Carbatrol) | triamcinolone nasal |
| budesonide oral | fondaparinux |

Brand drugs added to Formulary (Tier 2)

| | | |
|--------------|--------------------|-----------|
| Follistim AQ | Pulmicort Respules | Nitrostat |
| Ventolin HFA | | |

Drugs removed from prior authorization^ (all medications are non-formulary, Tier 3 unless otherwise noted)

| | | |
|--------------------------|----------|----------------|
| Beyaz | Suprep | Lo Loestrin FE |
| Iprivask | Atelvia | Bromday |
| Egrifta | Halaven^ | Kapvay |
| Kombiglyze XR (diabetic) | Latuda | Nuedexta |
| Teflaro^ | | |

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

| | | |
|------------------------------------|----------|-----------|
| Femara | Concerta | Carbatrol |
| Proventil HFA (effective 9/1/2011) | | |

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

^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.

ST subject to step therapy

QL subject to quantity limits

+Curascript mandatory

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:

- In June, Endo Pharmaceutical announced a nation-wide consumer recall of Endocet because some bottles may contain different strengths. MVP has notified 163 members who might have been impacted by this recall.
- In June, Qualitest announced a recall of specific lots of butalbital/APAP/caffeine and hydrocodone/APAP due to the possibility that the bottles may contain incorrect tablets. MVP has notified 61 members who might have been impacted by this recall.