DECISION PAPER
DEPARTMENT OF DEFENSE
PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS
February 2008

1) CONVENING

2) ATTENDANCE

3) REVIEW MINUTES OF LAST MEETING

4) ITEMS FOR INFORMATION

A. National Defense Authorization Act (NDAA) 2008 Sec. 703. Inclusion of TRICARE Retail Pharmacy Program In Federal Procurement Of Pharmaceuticals - LTC Kelly provided the P&T Committee an overview of NDAA 2008 Sec. 703, which addresses the inclusion of TRICARE Retail Pharmacy Program (TRRx) in Federal Procurement of Pharmaceuticals. This law requires that "any prescription filled on or after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2008, the TRICARE retail pharmacy program shall be treated as an element of the Department of Defense for purposes of the procurement of drugs by Federal agencies under section 8126 of title 38 to the extent necessary to ensure that pharmaceuticals paid for by the Department of Defense that are provided by pharmacies under the program to eligible covered beneficiaries under this section are subject to the pricing standards in such section 8126.'' The presentation included: 1) NDAA 2008 Section 703 background; 2) a description and estimate of Federal Ceiling Price (FCP) relative to other prices paid by DoD to manufacturers for brand-name medications; 3) the evolution of FCP in the TRRx; and 4) formulary management strategy going forward in light of NDAA 2008 Section 703 legislation.

B. Outcomes Research Initiatives – Lt Col Bacon briefed the P&T Committee on the establishment of an Outcomes Research Team, the Team's objectives, ongoing research projects, and potential outcomes research initiatives.

C. Re-Evaluation of Quinapril and Quinapril/Hydrochlorothiazide(HCTZ)'s UF Status

The P&T Committee re-evaluated the UF status of quinapril (Accupril) and quinapril/HCTZ (Accuretic), in light of recent price reductions in the generic formulations across all three points of service. This marked the first re-evaluation of a non-formulary agent for 1st tier UF status using the P&T Committee's process for the re-evaluation of non-formulary agents, which was established at the May 2007 meeting and approved by the Director, TMA on 24 June 2007. The Pharmacoeconomic Center (PEC) identified quinapril and quinapril/HCTZ as candidates for UF consideration upon application of the process criteria to the approved list of non-formulary drug agents for re-evaluation of UF status (See Table 1).

Clinical Effectiveness Conclusion - At the August 2005 P&T Committee meeting, the Committee concluded that, in general, quinapril and quinapril/HCTZ had similar clinical effectiveness relative to other angiotensin converting enzyme (ACE) inhibitors in regards to efficacy, safety, tolerability, and clinical outcomes.

Cost Effectiveness Conclusion – The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) that quinapril and quinapril/HCTZ have similar cost-effectiveness relative to the other UF ACE inhibitors.

COMMITTEE ACTION: UF DECISION – In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the ACE inhibitor and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted (13 for, 0 opposed, 0 abstained, and 4 absent) that quinapril and quinapril/HCTZ be immediately reclassified as generic on the UF. (See paragraph 4E on page 9 of the P&T Committee minutes). This agent was on the "list of non-formulary drugs for re-evaluation of UF status" presented to the BAP in January 2008 and approved by Director, TMA on 13 February 2008. As such, no further approval is needed.

5) REVIEW OF RECENTLY APPROVED AGENTS

A. Recently Approved Agents in Classes Not Yet Reviewed for the UF

The P&T Committee was briefed on one new drug recently approved by the FDA (see Appendix B). The P&T Committee determined that this new drug fell into a drug class that has not yet been reviewed for UF status. Therefore, UF consideration was deferred until the drug class review is completed. The P&T Committee discussed the need for a days supply quantity limit (QL) (no multiple fills for multiple co-pays) for sapropterin tablets (Kuvan) based on dosing and laboratory monitoring recommendations in the package insert.

COMMITTEE ACTION: QL – The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) to recommend a QL for sapropterin tablets of a 45 days supply in the TRICARE Mail Order Pharmacy Program (TMOP) and a 30 days supply in the TRRx (no multiple fills for multiple co-pays). (See paragraph 5A on page 10 of the P&T Committee minutes).

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

B. Recently Approved Agents in Classes Previously Reviewed for the UF

The Committee was briefed on newly approved drugs that fall into classes previously reviewed for the UF. The clinical and economic analyses of these classes will be completed for a future meeting. The Committee took no action.

6) UTILIZATION MANAGEMENT – PRIOR AUTHORIZATIONS (PAs)/(QLs)/ MEDICAL NECESSITY (MNs)

A. Renin-Angiotensin Antihypertensives (RAAs) – Valsartan MN Criteria – The Committee discussed the MN criteria for valsartan with regard to a new FDA-approved indication for use for pediatric hypertension. The Angiotensin Receptor Blocker (ARB) drug class was previously reviewed for UF placement in May 2007. At the time of the meeting, losartan (Cozaar) was the only FDA-approved ARB for treating hypertension in children aged 6 – 16 years of age. Valsartan (Diovan) is now FDA-approved for treating children aged 6 – 16 years with hypertension; it is not approved for treating children with heart failure. FDA approval for valsartan was based on a study in 261 children with hypertension who received valsartan for two weeks. At the end of the two week study period, valsartan treatment resulted in statistically significant reductions in both systolic and diastolic blood pressure.

The Committee recommended that MN be approved for children between the ages of 6 and 16 years who have failed to respond adequately to treatment with losartan or who have experienced adverse effects to losartan.

COMMITTEE ACTION: The P&T Committee voted (9 for, 3 opposed, 1 abstained, 4 absent) to approve the MN criteria for valsartan. (See paragraph 6A on page 11 of the P&T Committee minutes).

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

B. Targeted Immunomodulatory Biologics (TIBs)

1) Administrative Action - PA for Adalimumab (Humira)

At the November 2007 DoD P&T committee meeting, adalimumab (Humira) was chosen as the Extended Core Formulary (ECF) agent, as it was the most cost effective TIB with multiple FDA-approved indications. Alefacept (Amevive) and efalizumab (Raptiva) were placed on the UF. Etanercept (Enbrel), the other multi-indication TIB, was made non-formulary along with anakinra (Kineret). Infliximab (Remicade), abatacept (Orencia), and rituximab (Rituxan) were not affected by the UF decision, since these medications fall under the TMA medical benefit and are not part of the pharmacy benefit, given their route of intravenous (IV) administration. The TIB UF decisions have a scheduled implementation date of June 18th 2008.

In January 2008, the FDA approved Humira for treatment of plaque psoriasis. At the time of the November 2007 Committee meeting, Humira was FDA-approved for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), and Crohn's disease (adults). Enbrel is FDA-approved for RA, juvenile RA, AS, PsA, and plaque psoriasis.

The FDA approved Humira's indication for plaque psoriasis based on two recently published clinical trials; the CHAMPION trial, published in December 2007, and Menter, et al published in January 2008. The CHAMPION trial was a randomized, placebo- and methotrexate-controlled trial in 261 patients with mild to moderate plaque psoriasis. The primary endpoint was Psoriasis Areas and

Severity Index (PASI) 75% response. At the end of 16 weeks, 79.6% of Humira-treated patients achieved a PASI 75 response, compared to only 35.5% and 18.9% of the methotrexate- and placebo-treated patients, respectively.

The Menter et al study included 1,212 patients with moderate to severe psoriasis randomized to receive either Humira or placebo for an initial 16 week double-blinded treatment phase. At the end of that period, 71% of Humira-treated patients achieved a PASI 75% response, compared to 7% of placebo-treated patients. With regard to safety and tolerability, both studies demonstrated a similar safety profile to that established in previous Humira clinical trials.

The FDA-approved plaque psoriasis indication will be added to the PA for Humira.

2) *QL for TIBs*

Currently, quantity and/or days supply limits apply to Enbrel (etanercept), Humira (adalimumab), and Kineret (anakinra), as outlined in Appendix C. In general, patients are limited to a 4-week supply of these medications at retail network pharmacies at any one time with no multiple fills for multiple copays. Patients are slso limited to a 6- to 8-week supply at the TMOP, based on product labeling and packaging. The intent of the QL is to limit potential wastage in the event medications are discontinued or changed.

A change in the QLs for the TIBs was recommended to establish consistent and uniform amounts supplied in the TRRx and TMOP points of service across the drug class. Currently only Enbrel, Humira and Kineret have QLs at TRRx and TMOP. A four-week supply for Enbrel and Humira is allowed at the TRRx, with a six week supply allowed in the TMOP. However, for Kineret, an 8 week supply is allowed at TMOP. A change in the QL was proposed to allow a QL for Humira, Amevive, Raptiva, Enbrel, and Kineret of four weeks supplied at TRRX. In the TMOP, the proposal was a QL for Humira, Raptiva, Enbrel and Kineret of an 8 week supply. No QL is proposed for Amevive in the TMOP, since it is not supplied through that point of service. The number of syringes/vials supplied under these limits is reflected in Table 2.

COMMITTEE ACTION: The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) to approve the QLs outlined above in Table 2 to allow adalimumab (Humira), etanercept (Enbrel), and anakinra (Kineret) a four weeks supply via TRRx and 8 weeks supply via TMOP. The Committee voted to add the same limits to efalizumab (Raptiva). A four weeks supply limit was agreed for Alefacept (Amevive) at TRRx, with no QL in the TMOP, as Amevive is not available through the TMOP. (See paragraph 6B on page 12 of the P&T Committee minutes).

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

7) BCF / ECF REVIEW

A. Clarification of Basic Core Formulary (BCF) Listing - As part of an ongoing plan to systematically review drug classes represented on the BCF, the P&T Committee made recommendations for clarifying BCF listings in four BCF drug classes: antibiotics (nitrofurantoin monohydrate/macrocrystals [MacroBid]), proton pump inhibitors (esomeprazole [Nexium] powder packets), cough and cold preparations (chlorpheniramine 8 mg/pseudoephedrine 120 mg sustained release [Deconamine SR]), and miscellaneous migraine medications (isometheptene 65 mg/dichloralphenazone 100 mg/ acetaminophen 325 mg [Midrin]).

COMMITTEE ACTION: The P&T Committee recommended (votes on Table 3) the following changes to the current BCF drug classes as outlined in Table 3. (See paragraph 7 on page 13 of the P&T Committee minutes and Appendix D on page 24).

Table 3 - Recommended BCF / ECF Changes

Drug class or potential drug class	Current BCF/ECF listing	Recommendation	Vote			
			For	Opposed	Abstained	Absent
Antibiotics	Nitrofurantoin macrocrystals oral (Does not include MacroBid)	Clarify BCF listing to: "Nitrofurantoin oral (50 mg macrocrystals, 100 mg monohydrate/macrocrystals)"	13	0	0	4
Cough and Cold Preparations	Chlorpheniramine 8 mg / pseudoephedrine 120 mg sustained release (Deconamine SR)	Remove BCF listing: "Chlorpheniramine 8 mg / pseudoephedrine 120 mg sustained release" (specific brand name is Deconamine SR)	13	0	0	4
Miscellaneous Migraine Medications	Isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg (Midrin)	Remove BCF listing:" Isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg" (specific brand name is Midrin)	10	3	0	4
Proton Pump Inhibitors	Esomeprazole (Nexium)	Clarify BCF listing to: "esomeprazole (Nexium) 20 and 40 mg capsule"	13	0	0	4

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

B. Administrative Action - The PEC obtained recommendations from members of the P&T Committee regarding clarification of the BCF listing for the following medications: antibiotics (amoxicillin oral, doxycycline oral, and cephalexin oral), antifungals (nystatin oral), inhaled asthma agents (albuterol oral inhaler), contraceptives, miscellaneous respiratory medications (insect allergy kits), and ophthalmic antibiotics and combinations (sulfacetamide sodium 10% ophthalmic ointment). Administrative changes will include removal of obsolete medications and more comprehensive delineation of BCF listings. (See Appendix D on page 24 of the P&T Committee minutes).

Director, TMA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

8) UPDATE ON SIMVASTATIN/EZETIMIBE – ENHANCE STUDY

The P&T Committee was briefed on the "effect of combination ezetimibe and high-dose simvastatin vs. simvastatin alone on the atherosclerotic process in subjects with heterozygous familial hypercholesterolemia" (ENHANCE) study. The ENHANCE study compared simvastatin/ezetimibe (Vytorin) 80/10 mg with simvastatin 80 mg in patients with heterozygous familial hypercholesterolemia who had baseline low-density lipoprotein levels exceeding 300 mg/dL. The primary endpoint of the trial was the change in carotid intima media thickness (CIMT). The trial did not evaluate clinical outcomes (e.g., mortality, myocardial infarction). There was no significant difference between the two groups with regard to changes in CIMT. Three ongoing studies are addressing outcomes with simvastatin/ezetimibe. No action necessary.

Appendix A – Implementation Status of UF Recommendations / Decisions

Appendix B – Newly Approved Drugs

Appendix C – Existing Quantity Limits and Recommended QLs for TIBS

Appendix D – BCF/ECF Review

Appendix E – Table of Abbreviations

DECISION ON RECOMMENDATIONS

Director, TMA, decisions are as annotated above.

S. Ward Casscells, III, M.D.

APR 30 2008

Department of Defense
Pharmacy and Therapeutics Committee Minutes
February 2008

1) CONVENING

The Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee convened at 1000 (EST) hours on 13 Feb 2008 via a teleconference hosted by the DoD Pharmacoeconomic Center (PEC), Fort Sam Houston, Texas.

2) ATTENDANCE

A. Voting Members Present

Col John Kugler, MC, USA	DoD P&T Committee Chair
LTC Brett Kelly, MSC, USA	DoD P&T Committee Recorder
Capt Jeremy King, MC	Air Force, OB/GYN Physician
Lt Col Brian Crownover, MC	Air Force, Physician at Large
Col Everett McAllister, BSC	Air Force, Pharmacy Officer
CDR Walter Downs, MC *for* LCDR Michelle Perelló, MC	Navy, Internal Medicine Physician
CDR David Tanen, MC	Navy, Physician at Large
CAPT David Price, MSC	Navy, Pharmacy Officer
COL Doreen Lounsbery, MC	Army, Internal Medicine Physician
Col Karl R. Kerchief, MC	Army, Family Practice Physician
COL Ted Cieslak, MC	Army, Physician at Large
LTC (P) Peter Bulatao, MSC *for* COL Isiah Harper, MSC	Army, Pharmacy Officer
CAPT Vernon Lew, USPHS	Coast Guard, Pharmacy Officer

B. Voting Members Absent

Major William Hannah, MC	Air Force, Internal Medicine Physician
CAPT William Blanche, MSC, USN	DoD Pharmacy Programs, TMA
LCDR Scott Akins, MC	Navy, Pediatrics Physician
Mr. Joe Canzolino, RPh.	Department of Veterans Affairs

C. Non-Voting Members Present

COL Kent Maneval, MSC, USA	Defense Medical Standardization Board
Lt Col Paul Hoerner, BSC, USAF	Deputy Director, DoD Patient Safety Center
CDR Kim Lefebvre, MSC	Defense Supply Center Philadelphia
Mr. Howard Altschwager	Deputy General Counsel, TMA
LT Thomas Jenkins, MSC, USN	TMA Aurora

D. Non-Voting Members Absent

Martha Taft	Health Plan Operations, TMA

E. Others Present

CDR Matthew Carlberg, MC, USN	DoD PEC
Lt Col James McCrary, MC, USAF	DoD PEC
LTC Chris Conrad, MC, USA	DoD PEC
Maj Wade Tiller, BSC, USAF	DoD PEC
Maj Josh Devine, BSC, USAF	DoD PEC
CPT Josh Napier, MC, USA	DoD PEC
Angela Allerman, Pharm.D.	DoD PEC
Julie Liss, Pharm.D.	DoD PEC
David Meade, Pharm.D.	DoD PEC
Harsha Mistry, Pharm.D.	DoD PEC
Eugene Moore, Pharm.D.	DoD PEC
Shana Trice, Pharm.D.	DoD PEC
Nancy Misel, RPh	Director, Air Force High Dollar Program
LCDR James Ellzy, MC, USN	Vice DoD P&T Committee Chair
Lt Col Thom Bacon	TMA Pharmaceutical Operations Directorate
CDR Rob Hayes	USPHS/IHS
Major Peter Trang, BSC, USAF	Defense Supply Center Philadelphia
Major Mike Lee, BSC	Air Force, Alternate Pharmacist Officer
Carol Cooper	Associate General Counsel, TMA

3) REVIEW MINUTES OF LAST MEETING

A. Corrections to the Minutes – Nov 2007 DoD P&T Committee meeting minutes were approved as written, with no corrections noted.

B. Approval of Nov Minutes – Dr. Samuel Ward Casscells, III., M.D., approved the minutes of the Nov 2007 DoD P&T Committee meeting on February 13, 2008.

4) ITEMS FOR INFORMATION

TRICARE Management Activity (TMA) and DoD PEC staff members briefed the P&T Committee on the following:

A. **Beneficiary Advisory Panel (BAP) Briefing** – LCDR Ellzy, Lt Col Bacon, and LTC Kelly briefed the members of the P&T Committee regarding the Nov 2007 BAP meeting. The P&T Committee was briefed on BAP comments regarding the DoD P&T Committee's Uniform Formulary (UF) and implementation recommendations.

B. **Implementation Status of UF Decisions** – The PEC staff briefed the members of the P&T Committee on the progress of implementation for drug classes reviewed for UF status since August 2007 (Appendix A).

C. **National Defense Authorization Act (NDAA) 2008 Sec. 703. Inclusion of TRICARE Retail Pharmacy Program In Federal Procurement Of Pharmaceuticals** - LTC Kelly provided the P&T Committee an overview of NDAA 2008 Sec. 703, which addresses the inclusion of TRICARE Retail Pharmacy Program (TRRx) in Federal Procurement of Pharmaceuticals. This law requires that "any prescription filled on or after the date of the enactment of the National Defense Authorization Act for Fiscal Year 2008, the TRICARE retail pharmacy program shall be treated as an element of the Department of Defense for purposes of the procurement of drugs by Federal agencies under section 8126 of title 38 to the extent necessary to ensure that pharmaceuticals paid for by the Department of Defense that are provided by pharmacies under the program to eligible covered beneficiaries under this section are subject to the pricing standards in such section 8126." The presentation included: 1) NDAA 2008 Section 703 background; 2) a description and estimate of FCP relative to other prices paid by DoD to manufacturers for brand-name medications; 3) the evolution of FCP in the TRRx; and 4) formulary management strategy going forward in light of NDAA 2008 Section 703 legislation.

D. **Outcomes Research Initiatives** – Lt Col Bacon briefed the P&T Committee on the establishment of an Outcomes Research Team, the Team's objectives, ongoing research projects, and potential outcomes research initiatives.

E. **Re-Evaluation of Quinapril and Quinapril/Hydrochlorothiazide (HCTZ)'s UF Status**

The P&T Committee re-evaluated the UF status of quinapril (Accupril) and quinapril/HCTZ (Accuretic), in light of recent price reductions in the generic formulations across all three points of service. This marked the first re-evaluation of a non-formulary agent for 1st tier UF status using the P&T Committee's process for the re-evaluation of non-formulary agents, which was established at the May 2007 meeting and approved by the Director, TMA on 24 June 2007. The PEC identified quinapril and quinapril/HCTZ as candidates for UF consideration upon application of the process criteria to the approved list of non-formulary drug agents for re-evaluation of UF status (Table 1).

Table 1 – Non-Formulary Agents for Re-Evaluation

Generic Name	Brand Name	UF Class	Generics Shipping
EE 30 mcg; 0.15 mg levonorgestrel	Seasonale	BCs (M30)	Y
EE 30/10 mcg; 0.15 mg levonorgestrel	Seasonique	BCs (M20)	N
EE 35 mcg; 0.4 mg norethindrone	Ovcon-35	BCs (M35)	Y
EE 50 mcg; 1 mg norethindrone	Ovcon-50	BCs (M50)	N
EE 20 mcg; 0.1 mg norethindrone	Loestrin 24 FE	BCs (M20)	N
ciclopirox	Loprox	AF-DERMs	Y
econazole	Spectazole	AF-DERMs	Y
moexipril	Univasc	ACEs	Y
ramipril	Altace	ACEs	N
quinapril, quinapril/HCTZ	Accupril, Accuretic	ACEs	Y
amlodipine	Norvasc	CCBs	Y
nicardipine	Cardene	CCBs	Y
nicardipine SR	Cardene SR	CCBs	N
isradipine IR	Dynacirc	CCBs	Y
isradipine CR	Dynacirc CR	CCBs	N
diltiazem ER HS	Cardizem LA	CCBs	N
verapamil ER HS	Verelan /Covera HS	CCBs	N
bupropion XL	Wellbutrin XL	AD1s	Y (300mg only)
paroxetine CR	Paxil CR	AD1s	N
escitalopram	Lexapro	AD1s	N
verapamil ER / trandolapril	Tarka	Misc HTNs	N
tramadol ER	Ultram ER	Narcotic analgesics	N
timolol maleate	Istalol	EYE-1s	N
timolol hemihydrate	Betimol	EYE-1s	N
tolterodine IR	Detrol IR	OABs	N

Clinical Effectiveness Conclusion - At the August 2005 P&T Committee meeting, the Committee concluded that, in general, quinapril and quinapril/HCTZ had similar clinical effectiveness relative to other angiotensin converting enzyme (ACE) inhibitors in regards to efficacy, safety, tolerability, and clinical outcomes.

Cost Effectiveness Conclusion – The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) that quinapril and quinapril/HCTZ have similar cost-effectiveness relative to the other UF ACE inhibitors.

COMMITTEE ACTION: UF DECISION – In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the ACE inhibitor and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted (13 for, 0 opposed, 0 abstained, and 4 absent) that quinapril and quinapril/HCTZ be immediately reclassified as generic on the UF.

5) REVIEW OF RECENTLY APPROVED AGENTS

A. Recently Approved Agents in Classes Not Yet Reviewed for the UF

The P&T Committee was briefed on one new drug recently approved by the FDA (see Appendix B). The P&T Committee determined that this new drug fell into a drug class that has not yet been reviewed for UF status. Therefore, UF consideration

was deferred until the drug class review is completed. The P&T Committee discussed the need for a days supply quantity limit (QL) (no multiple fills for multiple co-pays) for sapropterin tablets (Kuvan) based on dosing and laboratory monitoring recommendations in the package insert.

COMMITTEE ACTION: QL – The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) to recommend a QL for sapropterin tablets of a 45 days supply in the TRICARE Mail Order Pharamcy Program (TMOP) and a 30 days supply in the TRRx (no multiple fills for multiple co-pays).

B. Recently Approved Agents in Classes Previously Reviewed for the UF

The Committee was briefed on newly approved drugs that fall into classes previously reviewed for the UF. The clinical and economic analyses of these classes will be completed for a future meeting. The Committee took no action.

6) UTILIZATION MANAGEMENT – PRIOR AUTHORIZATIONS (PAs)/(QLs)/ MEDICAL NECESSITY (MNs)

A. Renin-Angiotensin Antihypertensives (RAAs) – Valsartan MN Criteria – The Committee discussed the MN criteria for valsartan with regard to a new FDA-approved indication for use for pediatric hypertension. The Angiotensin Receptor Blocker (ARB) drug class was previously reviewed for UF placement in May 2007. At the time of the meeting, losartan (Cozaar) was the only FDA-approved ARB for treating hypertension in children aged 6 – 16 years of age. Valsartan (Diovan) is now FDA-approved for treating children aged 6 – 16 years with hypertension; it is not approved for treating children with heart failure. FDA approval for valsartan was based on a study in 261 children with hypertension who received valsartan for two weeks. At the end of the two week study period, valsartan treatment resulted in statistically significant reductions in both systolic and diastolic blood pressure.

The Committee recommended that MN be approved for children between the ages of 6 and 16 years who have failed to respond adequately to treatment with losartan or who have experienced adverse effects to losartan.

COMMITTEE ACTION: The P&T Committee voted (9 for, 3 opposed, 1 abstained, 4 absent) to approve the MN criteria for valsartan.

B. Targeted Immunomodulatory Biologics (TIBs)

1) Administrative Action - PA for Adalimumab (Humira)

At the November 2007 DoD P&T committee meeting, adalimumab (Humira) was chosen as the Extended Core Formulary (ECF) agent, as it was the most cost effective TIB with multiple FDA-approved indications. Alefacept (Amevive) and efalizumab (Raptiva) were placed on the UF. Etanercept (Enbrel), the other multi-indication TIB, was made non-formulary along with anakinra (Kineret). Infliximab (Remicade), abatacept (Orencia), and rituximab (Rituxan) were not affected by the UF decision, since these medications fall under the TMA medical benefit and are not part of the pharmacy benefit, given their route of intravenous (IV) administration. The TIB UF decisions have a scheduled implementation date of June 18th 2008.

In January 2008, the FDA approved Humira the treatment of plaque psoriasis. At the time of the November 2007 Committee meeting, Humira was FDA-approved for rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis (PsA), and Crohn's disease (adults). Enbrel is FDA-approved for RA, juvenile RA, AS, PsA, and plaque psoriasis.

The FDA approved Humira's indication for plaque psoriasis based on two recently published clinical trials; the CHAMPION trial, published in December 2007, and Menter, et al published in January 2008. The CHAMPION trial was a randomized, placebo- and methotrexate-controlled trial in 261 patients with mild to moderate plaque psoriasis. The primary endpoint was Psoriasis Areas and Severity Index (PASI) 75% response. At the end of 16 weeks, 79.6% of Humira-treated patients achieved a PASI 75 response, compared to only 35.5% and 18.9% of the methotrexate- and placebo-treated patients, respectively.

The Menter et al study included 1,212 patients with moderate to severe psoriasis randomized to receive either Humira or placebo for an initial 16 week double-blinded treatment phase. At the end of that period, 71% of Humira-treated patients achieved a PASI 75% response, compared to 7% of placebo-treated patients. With regard to safety and tolerability, both studies demonstrated a similar safety profile to that established in previous Humira clinical trials.

The FDA-approved plaque psoriasis indication will be added to the PA for Humira.

2) *QL for TIBs*

Currently, quantity and/or days supply limits apply to Enbrel (etanercept), Humira (adalimumab), and Kineret (anakinra), as outlined in Appendix C. In general, patients are limited to a 4-week supply of these medications at retail network pharmacies at any one time withno multiple fills for multiple copays. Patients are also limited to a 6- to 8-week supply at the TMOP, based on product labeling and packaging. The intent of the QL is to limit potential wastage in the event medications are discontinued or changed.

A change in the QLs for the TIBs was recommended to establish consistent and uniform amounts supplied in the TRRx and TMOP points of service across the drug class. Currently only Enbrel, Humira and Kineret have QLs at TRRx and TMOP. A four-week supply for Enbrel and Humira is allowed at the TRRx, with a six week supply allowed in the TMOP. However, for Kineret, an 8 week supply is allowed at TMOP. A change in the QL was proposed to allow a QL for Humira, Amevive, Raptiva, Enbrel, and Kineret of four weeks supplied at TRRX. In the TMOP, the proposal was a QL for Humira, Raptiva, Enbrel and Kineret of an 8 week supply. No QL is proposed for Amevive in the TMOP, since it is not supplied through that point of service. The number of syringes/vials supplied under these limits is reflected in Table 2.

Table 2 - Recommended Maximum Quantities Dispensed at One Time: TIBs

Point of Service / Notes	Adalimumab (Humira)	Etanercept (Enbrel)	Anakinra (Kineret)	Alefacept (Amevive)	Efalizumab (Raptiva)
Retail Network	4 wks supply (2 packs of 2 syringes)	4 wks supply (based on instructions for use)	4 wks supply (1 pack of 28 syringes)	4 wks supply (1 pack 4 syringes)	4 wks supply (based on instructions for use)
TMOP	8 wks supply (4 packs of 2 syringes)	8 wks supply (based on instructions for use)	8 wks supply (2 packs of 28 syringes)	Not supplied through TMOP	8 wks supply (based on instructions for use)
Other Issues	Crohn's disease starter pack includes 6 pens for 1st 4 wks, no refills	--	--	--	Not to exceed 200 mg/week 8 vials/ 4 wks 16 vials/ 8 wks

COMMITTEE ACTION: The P&T Committee voted (13 for, 0 opposed, 0 abstained, 4 absent) to approve the QLs outlined above in Table 2 to allow adalimumab (Humira), etanercept (Enbrel), and anakinra (Kineret) a four weeks supply via TRRx and 8 weeks supply via TMOP. The Committee voted to add the same limits to efalizumab (Raptiva). A four weeks supply limit was agreed for Alefacept (Amevive) at TRRx, with no QL in the TMOP, as Amevive is not available through the TMOP.

7) BCF / ECF REVIEW

A. Clarification of Basic Core Formulary (BCF) Listing - As part of an ongoing plan to systematically review drug classes represented on the BCF, the P&T Committee made recommendations for clarifying BCF listings in four BCF drug classes: antibiotics (nitrofurantoin monohydrate/macrocrystals [MacroBid]), proton pump inhibitors (esomeprazole [Nexium] powder packets), cough and cold preparations (chlorpheniramine 8 mg/pseudoephedrine 120 mg sustained release [Deconamine SR]), and miscellaneous migraine medications (isometheptene 65 mg/dichloralphenazone 100 mg/ acetaminophen 325 mg [Midrin]).

Esomeprazole powder packets were determined to not be cost-effective, thus the current BCF listing for esomeprazole was revised to specifically include only the 20 and 40 mg capsules. Chlorpheniramine 8 mg/pseudoephedrine 120 mg SR (Deconamine SR) was removed from the BCF due to availability issues from the wholesaler, resulting in low utilization (less than 300 prescriptions dispensed monthly at the MTFs). Midrin was also removed from the BCF due to ongoing shortages which will likely persist due in part to the FDA's campaign to halt the manufacturing of unapproved products containing ergotamine. The BCF listing for nitrofurantoin was revised to include nitrofurantoin monohydrate/macrocrystals (MacroBid), due to availability of cost-effective generic products, and decreasing availability of nitrofurantoin macrocrystals (Macrodantin). Details are outlined in Appendix D.

COMMITTEE ACTION: The P&T Committee recommended the following changes to the current BCF drug classes as outlined in Table 3. (See Appendix D for rationale).

Table 3 - Recommended BCF / ECF Changes

Drug class or potential drug class	Current BCF/ECF listing	Recommendation	Vote			
			For	Opposed	Abstained	Absent
Antibiotics	Nitrofurantoin macrocrystals oral (Does not include MacroBid)	Clarify BCF listing to: "Nitrofurantoin oral (50 mg macrocrystals, 100 mg monohydrate/macrocrystals)"	13	0	0	4
Cough and Cold Preparations	Chlorpheniramine 8 mg / pseudoephedrine 120 mg sustained release (Deconamine SR)	Remove BCF listing: "Chlorpheniramine 8 mg / pseudoephedrine 120 mg sustained release" (specific brand name is Deconamine SR)	13	0	0	4
Miscellaneous Migraine Medications	Isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg (Midrin)	Remove BCF listing:" Isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg" (specific brand name is Midrin)	10	3	0	4
Proton Pump Inhibitors	Esomeprazole (Nexium)	Clarify BCF listing to: "esomeprazole (Nexium) 20 and 40 mg capsule"	13	0	0	4

B. Administrative Action - The PEC obtained recommendations from members of the P&T Committee regarding clarification of the BCF listing for the following medications: antibiotics (amoxicillin oral, doxycycline oral, and cephalexin oral), antifungals (nystatin oral), inhaled asthma agents (albuterol oral inhaler), contraceptives, miscellaneous respiratory medications (insect allergy kits), and ophthalmic antibiotics and combinations (sulfacetamide sodium 10% ophthalmic ointment). Administrative changes will include removal of obsolete medications and more comprehensive delineation of BCF listings. Details are outlined in Appendix D.

8) UPDATE ON SIMVASTATIN/EZETIMIBE – ENHANCE STUDY

The P&T Committee was briefed on the "effect of combination ezetimibe and high-dose simvastatin vs. simvastatin alone on the atherosclerotic process in subjects with heterozygous familial hypercholesterolemia" (ENHANCE) study. The ENHANCE study compared simvastatin/ezetimibe (Vytorin) 80/10 mg with simvastatin 80 mg in patients with heterozygous familial hypercholesterolemia who had baseline low-density lipoprotein levels exceeding 300 mg/dL. The primary endpoint of the trial was change in carotid intima media thickness (CIMT); clinical outcomes (e.g., mortality, myocardial infarction) were not evaluated. There was no significant difference between the two groups with regard to changes in CIMT. Three ongoing studies are addressing outcomes with simvastatin/ezetimibe. No action necessary.

9) ADJOURNMENT

The meeting adjourned at 1330 hours on 13 Feb 2008. The next meeting will be 12-13 June 2008.

John Kugler, M.D.
Colonel, Medical Corps, U.S. Army
Chairperson

Appendix A – Implementation Status of UF Class Review Recommendations / Decisions

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Nov 07	Targeted Immunomodulatory Biologics	▪ etanercept (Enbrel) ▪ anakinra (Kineret)	ECF	▪ adalimumab (Humira) injection	13 Feb 08	18 Jun 08 (120 days)
Nov 07 re-review (Aug 05 original)	BPH Alpha Blockers	▪ tamsulosin (Flomax) Automated PA requiring trial of alfuzosin (Uroxatral) applies to new users of tamsulosin (no use of uroselective alpha blockers in last 180 days)	BCF	▪ terazosin tablets or capsules ▪ alfuzosin tablets (Uroxatral)	13 Feb 08	16 Apr 08 (60 days)
Nov 07	Adrenergic Beta-Blocking Agents	-	BCF	▪ atenolol tablets ▪ metoprolol tartrate IR tablets ▪ carvedilol IR tablets ▪ metoprolol succinate ER tablets	13 Feb 08	-
Nov 07 (update, original review Aug 05)	Calcium Channel Blockers	**Currently non-formulary, recommended for UF status Nov 07** ▪ amlodipine (Norvasc generic)	BCF	**Recommended for addition to BCF Nov 07** ▪ amlodipine besylate tablets	13 Feb 08	13 Feb 08
		To Remain Non-Formulary ▪ isradipine IR (Dynacirc) ▪ isradipine ER (Dynacirc CR) ▪ nicardipine IR (Cardene, generics) ▪ nicardipine SR (Cardene SR) ▪ verapamil ER (Verelan) ▪ verapamil ER for bedtime dosing (Verelan PM, Covera HS) ▪ diltiazem ER for bedtime dosing (Cardizem LA)		Currently on the BCF ▪ nifedipine ER (Adalat CC) ▪ verapamil SR ▪ diltiazem ER (Tiazac)	13 Oct 05	15 Mar 06 (150 days)
Nov 07 (update, original review Nov 06)	ADHD / Narcolepsy Agents	**Recommended for non-formulary status Nov 07** ▪ lisdexamfetamine (Vyvanse)	BCF	-	13 Feb 08	16 Apr 08 (60 days)
		To remain NF ▪ dexmethylphenidate IR (Focalin) ▪ dexmethylphenidate SODAS (Focalin XR) ▪ methylphenidate transdermal system (Daytrana)		Currently on the BCF ▪ methylphenidate OROS (Concerta) ▪ mixed amphetamine salts ER (Adderall XR) ▪ methylphenidate IR (Ritalin)	17 Jan 07	18 Apr 07
Nov 07 (update, original review May 06)	Contraceptives	**Recommended for non-formulary status Nov 07** ▪ EE 20 mcg/levonorgestrel 0.09 mg in special packaging for continuous use (Lybrel)	BCF	-	13 Feb 08	16 Apr 08 (60 days)

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
		To remain NF ▪ EE 30 mcg / levonorgestrel 0.15 mg in special packaging for extended use (Seasonale) ▪ EE 25 mcg / norethindrone 0.4 mg (Ovcon 35) ▪ EE 50 mcg / norethindrone 1 mg (Ovcon 50) ▪ EE 20/30/35 mcg / norethindrone 1 mg (Estrostep Fe)		Currently on the BCF ▪ EE 20 mcg / 3 mg drospirenone (Yaz) ▪ EE 20 mcg / 0.1 mg levonorgestrel (Lutera, Sronyx, or equivalent) ▪ EE 30 mcg / 3 mg drospirenone (Yasmin) ▪ EE 30 mcg / 0.15 mg levonorgestrel (Nordette or equivalent / excludes Seasonale) ▪ EE 35 mcg / 1 mg norethindrone (Ortho-Novum 1/35 or equivalent) ▪ EE 35 mcg / 0.25 mg norgestimate (Ortho-Cyclen or equivalent) ▪ EE 25 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen Lo) ▪ EE 35 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen or equivalent) ▪ 0.35 mg norethindrone (Nor-QD, Ortho Micronor, or equivalent)	26 Jul 06	24 Jan 07
		▪ EE 30/10 mcg / 0.15 mg levonorgestrel in special packaging for extended use (Seasonique) ▪ EE 20 mcg / 1 mg norethindrone (Loestrin 24 Fe)			17 Jan 07	18 Mar 07
Nov 07 (update) Original reviews ▪ ACE inhibitors: Aug 05 ▪ Miscellaneous antihypertensives, including ACE/CCB combos. Feb 06 ▪ ARBs: May 07 ▪ Renin inhibitors. Aug 07	Renin Angiotensin Antihypertensives	**Recommended for non-formulary status Nov 07** ▪ valsartan/amlodipine (Exforge)	BCF	-	13 Feb 08	16 Apr 08 (60 days)
		To remain NF ACE inhibitors ▪ moexipril (Univasc), ▪ moexipril / HCTZ (Uniretic) ▪ perindopril (Aceon) ▪ quinapril (Accupril) ▪ quinapril / HCTZ (Accuretic) ▪ ramipril (Altace) ACE/CCB combos ▪ felodipine/enalapril (Lexxel) ▪ verapamil/trandolapril (Tarka) ARBs ▪ eprosartan (Teveten) ▪ eprosartan HCTZ (Teveten HCT) ▪ irbesartan (Avapro) ▪ irbesartan HCTZ (Avalide) ▪ olmesartan (Benicar) ▪ olmesartan HCTZ (Benicar HCT) ▪ valsartan (Diovan) ▪ valsartan HCTZ (Diovan HCT)		Currently on the BCF ACE inhibitors ▪ captopril ▪ lisinopril ▪ lisinopril / HCTZ ACE/CCB combos ▪ amlodipine/benazepril (Lotrel) ARBs ▪ telmisartan (Micardis) ▪ telmisartan HCTZ (Micardis HCT)	ACE inhibitors ▪ 13 Oct 05 ACE/CCB combos ▪ 26 Apr 06 ARBs ▪ 24 July 07	ACE inhibitors ▪ 15 Feb 06 ACE/CCB combos ▪ 26 Jul 06 ARBs ▪ 21 Nov 07

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Aug 07	Newer Antihistamines	▪ desloratadine (Clarinex) ▪ desloratadine/pseudoephedrine (Clarinex D)	BCF	▪ MTFs required to carry at least one single ingredient agent from the newer antihistamine class (loratadine, cetirizine, or fexofenadine) on their local formulary, including at least one dosage form suitable for pediatric use	17 Oct 07	16 Jan 08 (90 days)
Aug 07	Leukotriene Modifiers	▪ zileuton (Zyflo)	BCF	▪ montelukast (Singulair)	17 Oct 07	16 Jan 08 (90 days)
Aug 07	Growth Stimulating Agents	▪ somatropin (Genotropin, Genotropin Miniquick) ▪ somatropin (Humatrope) ▪ somatropin (Omnitrope) ▪ somatropin (Saizen)	ECF	▪ somatropin (Norditropin)	17 Oct 07	19 Dec 07 (60 days)
Aug 07 (new drug update, original review Nov 05)	Nasal Corticosteroids	▪ beclomethasone dipropionate (Beconase AQ, Vancenase AQ) ▪ budesonide (Rhinocort Aqua) ▪ triamcinolone (Nasacort AQ)	BCF	▪ fluticasone propionate (Flonase)	19 Jan 06	19 Apr 06 (90 days)
		Recommended for non-formulary status Aug 07 ▪ fluticasone furoate (Veramyst)			17 Oct 07	19 Dec 07 (60 days)
May 07 re-review (Feb 05 original)	PPIs	▪ lansoprazole (Prevacid) ▪ omeprazole/sodium bicarbonate (Zegerid) ▪ pantoprazole (Protonix) ▪ rabeprazole (Aciphex) Automated PA requiring trial of omeprazole OR esomeprazole (Nexium) applies to new users of non-formulary PPIs (no use of PPIs in last 180 days)	BCF	▪ generic omeprazole 10 mg and 20 mg (excludes Prilosec 40 mg) ▪ esomeprazole (Nexium)	24 July 07	24 Oct 07 (90 days)
May 07	Antilipidemic Agents II	▪ fenofibrate nanocrystallized (Tricor) ▪ fenofibrate micronized (Antara) ▪ omega-3 fatty acids (Omacor) ▪ colesevelam (Welchol)	BCF	▪ gemfibrozil ▪ fenofibrate IDD-P (Triglide)	24 July 07	21 Nov 07 (120 days)
May 07 re-review (Feb 05 original)	ARBs	▪ eprosartan (Teveten) ▪ eprosartan HCTZ (Teveten HCT) ▪ irbesartan (Avapro) ▪ irbesartan HCTZ (Avalide) ▪ olmesartan (Benicar) ▪ olmesartan HCTZ (Benicar HCT) ▪ valsartan (Diovan) ▪ valsartan HCTZ (Diovan HCT)	BCF	▪ telmisartan (Micardis) ▪ telmisartan HCTZ (Micardis HCT)	24 July 07	21 Nov 07 (120 days)

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
May 07	5-Alpha Reductase Inhibitors	▪ dutasteride (Avodart)	BCF	▪ finasteride	24 July 07	24 Oct 07 (90 days)
Feb 07	Newer Sedative Hypnotics	▪ zolpidem ER (Ambien CR) ▪ zaleplon (Sonata) ▪ ramelteon (Rozerem) Automated PA requiring trial of zolpidem IR applies to new users of eszopiclone (Lunesta), ramelteon (Rozerem), zaleplon (Sonata), or zolpidem ER (Ambien CR) (new users = no use of newer sedative hypnotics in last 180 days)	BCF	▪ zolpidem IR (Ambien)	02 May 07	01 Aug 07 (90 days)
Feb 07	Narcotic Analgesics	▪ tramadol ER (Ultram ER)	BCF	▪ morphine sulfate IR 15 mg, 30 mg ▪ morphine sulfate 12-hour ER (MS Contin or equivalent) 15, 30, 60 mg ▪ oxycodone/APAP 5/325 mg ▪ hydrocodone/APAP 5/500 mg ▪ codeine/APAP 30/300 mg ▪ codeine/APAP elixir 12/120 mg/5 mL ▪ tramadol IR	02 May 07	01 Aug 07 (90 days)
Feb 07	Ophthalmic Glaucoma Agents	▪ travoprost (Travatan, Travatan Z) ▪ timolol maleate for once daily dosing (Istalol) ▪ timolol hemihydrate (Betimol) ▪ brinzolamide (Azopt)	BCF	▪ latanoprost (Xalatan) ▪ brimonidine (Alphagan P); excludes 0.1% ▪ timolol maleate ▪ timolol maleate gel-forming solution ▪ pilocarpine	02 May 07	01 Aug 07 (90 days)
Nov 06	Older Sedative Hypnotics	-	BCF	▪ temazepam 15 and 30 mg	17 Jan 07	-
Nov 06 (updated Nov 07)	ADHD / Narcolepsy Agents	▪ dexmethylphenidate IR (Focalin) ▪ dexmethylphenidate SODAS (Focalin XR) ▪ methylphenidate transdermal system (Daytrana)	BCF	▪ methylphenidate OROS (Concerta) ▪ mixed amphetamine salts ER (Adderall XR) ▪ methylphenidate IR (Ritalin)	17 Jan 07	18 Apr 07 (90 days)
Aug 06	TZDs	-	BCF	▪ rosiglitazone (Avandia) ▪ rosiglitazone / metformin (Avandamet)	23 Oct 06	-
Aug 06	H2 Antagonists / GI protectants	-	BCF	▪ ranitidine (Zantac) – excludes gelcaps and effervescent tablets	23 Oct 06	-

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Aug 06	Antilipidemic Agents I	▪ rosuvastatin (Crestor) ▪ atorvastatin / amlodipine (Caduet)	BCF	▪ simvastatin (Zocor) ▪ pravastatin ▪ simvastatin / ezetimibe (Vytorin) ▪ niacin extended release (Niaspan)	23 Oct 06	1 Feb 07 (90 days)
May 06 (updated Nov 06, Nov 07)	Contraceptives	▪ EE 30 mcg / levonorgestrel 0.15 mg in special packaging for extended use (Seasonale) ▪ EE 25 mcg / norethindrone 0.4 mg (Ovcon 35) ▪ EE 50 mcg / norethindrone 1 mg (Ovcon 50) ▪ EE 20/30/35 mcg / norethindrone 1 mg (Estrostep Fe)	BCF	▪ EE 20 mcg / 3 mg drospirenone (Yaz) ▪ EE 20 mcg / 0.1 mg levonorgestrel (Alesse, Levlite, or equivalent) ▪ EE 30 mcg / 3 mg drospirenone (Yasmin) ▪ EE 30 mcg / 0.15 mg levonorgestrel (Nordette or equivalent / excludes Seasonale) ▪ EE 35 mcg / 1 mg norethindrone (Ortho-Novum 1/35 or equivalent) ▪ EE 35 mcg / 0.25 mg norgestimate (Ortho-Cyclen or equivalent) ▪ EE 25 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen Lo) ▪ EE 35 mcg / 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen or equivalent) ▪ 0.35 mg norethindrone (Nor-QD, Ortho Micronor, or equivalent)	26 Jul 06	24 Jan 07 (180 days)
		Recommended for non-formulary status Nov 06 ▪ EE 30/10 mcg / 0.15 mg levonorgestrel in special packaging for extended use (Seasonique) ▪ EE 20 mcg / 1 mg norethindrone (Loestrin 24 Fe)		-	17 Jan 07	18 Mar 07 (60 days)
May 06	Antiemetics	▪ dolasetron (Anzemet)	BCF	▪ promethazine (oral and rectal)	26 Jul 06	27 Sep 06 (60 days)
Feb 06	OABs	▪ tolterodine IR (Detrol) ▪ oxybutynin patch (Oxytrol) ▪ trospium (Sanctura)	BCF	▪ oxybutynin IR (Ditropan tabs/soln) ▪ tolterodine SR (Detrol LA)	26 Apr 06	26 Jul 06 (90 days)
Feb 06	Misc Antihypertensive Agents	▪ felodipine/enalapril (Lexxel) ▪ verapamil/trandolapril (Tarka)	BCF	▪ amlodipine/benazepril (Lotrel) ▪ hydralazine ▪ clonidine tablets	26 Apr 06	26 Jul 06 (90 days)
Feb 06	GABA-analogs	▪ pregabalin (Lyrica)	BCF	▪ gabapentin	26 Apr 06	28 Jun 06 (60 days)
Nov 05	Alzheimer's Drugs	▪ tacrine (Cognex)	ECF	▪ donepezil (Aricept)	19 Jan 06	19 Apr 06 (90 days)

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
Nov 05 (updated Aug 07)	Nasal Corticosteroids	▪ beclomethasone dipropionate (Beconase AQ, Vancenase AQ) ▪ budesonide (Rhinocort Aqua) ▪ triamcinolone (Nasacort AQ)	BCF	▪ fluticasone (Flonase)	19 Jan 06	19 Apr 06 (90 days)
Nov 05	Macrolide/ Ketolide Antibiotics	▪ azithromycin 2 gm (Zmax) ▪ telithromycin (Ketek)	BCF	▪ azithromycin (Z-Pak) ▪ erythromycin salts and bases	19 Jan 06	22 Mar 06 (60 days)
Nov 05	Antidepressants I	▪ paroxetine HCl CR (Paxil) ▪ fluoxetine 90 mg for weekly administration (Prozac Weekly) ▪ fluoxetine in special packaging for PMDD (Sarafem) ▪ escitalopram (Lexapro) ▪ duloxetine (Cymbalta) ▪ bupropion extended release (Wellbutrin XL)	BCF	▪ citalopram ▪ fluoxetine (excluding weekly regimen and special packaging for PMDD) ▪ sertraline (Zoloft) ▪ trazodone ▪ bupropion sustained release	19 Jan 06	19 Jul 06 (180 days)
Aug 05 (re-review Nov 07)	Alpha Blockers for BPH	▪ tamsulosin (Flomax)	BCF	▪ terazosin ▪ alfuzosin (Uroxatral)	13 Oct 05	15 Feb 06 (120 days)
Aug 05 (updated Nov 07)	CCBs	▪ amlodipine (Norvasc) ▪ isradipine IR (Dynacirc) ▪ isradipine ER (Dynacirc CR) ▪ nicardipine IR (Cardene, generics) ▪ nicardipine SR (Cardene SR) ▪ verapamil ER (Verelan) ▪ verapamil ER for bedtime dosing (Verelan PM, Covera HS) ▪ diltiazem ER for bedtime dosing (Cardizem LA)	BCF	▪ nifedipine ER (Adalat CC) ▪ verapamil SR ▪ diltiazem ER (Tiazac)	13 Oct 05	15 Mar 06 (150 days)
Aug 05	ACE Inhibitors & ACE Inhibitor / HCTZ Combinations	▪ moexipril (Univasc), ▪ moexipril / HCTZ (Uniretic) ▪ perindopril (Aceon) ▪ quinapril (Accupril) ▪ quinapril / HCTZ (Accuretic) ▪ ramipril (Altace)	BCF	▪ captopril ▪ lisinopril ▪ lisinopril / HCTZ	13 Oct 05	15 Feb 06 (120 days)
May 05	PDE-5 Inhibitors	▪ sildenafil (Viagra) ▪ tadalafil (Cialis)	ECF	▪ vardenafil (Levitra)	14 Jul 05	12 Oct 05 (90 days)
May 05 (updated Nov 06)	Topical Antifungals*	▪ econazole ▪ ciclopirox ▪ oxiconazole (Oxistat) ▪ sertaconazole (Ertaczo) ▪ sulconazole (Exelderm)	BCF	▪ nystatin ▪ clotrimazole	14 Jul 05	17 Aug 05 (30 days)

Meeting	Drug Class	Non-Formulary Medications	BCF/ ECF Class	BCF/ECF Medications	Decision Date (DoD P&T minutes signed, effective date for BCF/ECF medications, NF to UF changes)	Effective Date for Non-Formulary Medications (Implementation period)
		Recommended for non-formulary status Nov 06: ▪ 0.25% miconazole / 15% zinc oxide / 81.35% white petrolatum ointment (Vusion)			17 Jan 07	18 Mar 07 (60 days)
May 05	MS-DMDs	-	ECF	▪ interferon beta-1a intramuscular injection (Avonex)	14 Jul 05	-
Feb 05	ARBs – see May 07 for re-review	▪ eprosartan (Teveten) ▪ eprosartan/HCTZ (Teveten HCT)	BCF	▪ telmisartan (Micardis) ▪ telmisartan/HCTZ (Micardis HCT)	18 Apr 05	17 Jul 05 (90 days)
Feb 05	PPIs – see May 07 for re-review	▪ esomeprazole (Nexium)	BCF	▪ omeprazole ▪ rabeprazole (Aciphex)	18 Apr 05	17 Jul 05 (90 days)

BCF = Basic Core Formulary; ECF = Extended Core Formulary; MN = Medical Necessity; TMOP = TRICARE Mail Order Pharmacy; TRRx = TRICARE Retail Pharmacy program; UF = Uniform Formulary
ER = extended release; IR = immediate release; SR = sustained release; IDD-P = insoluble drug delivery-microParticle
ADHD = Attention Deficit Hyperactivity Disorder; ARBs = Angiotensin Receptor Blockers; ACE Inhibitors = Angiotensin Converting Enzyme Inhibitors; BPH = Benign Prostatic Hyperplasia; CCBs = Calcium Channel Blockers; EE = ethinyl estradiol; GI = gastrointestinal; GABA = gamma-aminobutyric acid; H2 = Histamine-2 receptor; HCTZ = hydrochlorothiazide; MS-DMDs = Multiple Sclerosis Disease-Modifying Drugs; OABs = Overactive Bladder Medications; PDE-5 Inhibitors = Phosphodiesterase-5 inhibitors; PPIs = Proton Pump Inhibitors; TZDs= Thiazolidinediones
*The topical antifungal drug class excludes vaginal products and products for onychomycosis (e.g., ciclopirox topical solution [Penlac])

Appendix B – Newly Approved Drugs. February 2008 DoD P&T Committee Meeting

Medication (Brand name; manufacturer) mechanism of action	**FDA Approval Date & FDA-Approved Indications**	**Committee Recommendation**
Sapropterin dihydrochloride tablets (Kuvan, BioMarin Pharmaceutical) Synthetic tetrahydrobiopterin, the enzyme cofactor for phenylalanine hydroxylase	Dec 07 To reduce blood phenylalanine levels in patients with hyperphenylalanemia due to tetrahydrobiopterin-responsive phenylketonuria. Kuvan is to be used in conjunction with a phenylalanine-restricted diet.	No UF recommendation at this meeting. Consideration of UF status deferred until prescription metabolic and vitamin drugs are reviewed; UF review not anticipated within the next 12 months. Quantity limits recommended: ▪ TMOP o Days supply limit of 45 days ▪ Retail Network o Days supply limit of 30 days

Appendix C – Existing Quantity Limits and Recommended QLs for Targeted Immunomodulatory Biologics

Quantity Limits	Adalimumab (Humira)	Etanercept (Enbrel)	Anakinra (Kineret)	Alefacept (Amevive)	Efalizumab (Raptiva)
Current Retail Network	Maximum quantity dispensed at any one time is 4 weeks supply (2 packs of 2 syringes). Does not apply to the Crohn's Disease starter pack (6 pens for the first 4 weeks of treatment), which is limited to 1 package (6 pens), with no refills.	4-week supply week supply in mail order (based on instructions for use on the prescription)	Maximum quantity dispensed at any one time is 4 weeks supply (1 package of 28 syringes) in retail	No current QL	No current QL
Current TMOP	Maximum quantity dispensed at any one time is 4 weeks supply (3 packs of 2 syringes). Does not apply to the Crohn's Disease starter pack (6 pens for the first 4 weeks of treatment), which is limited to 1 package (6 pens), with no refills.	6-week supply (based on instructions for use on the prescription)	Maximum quantity dispensed at any one time is 8 weeks supply (2 packages of 28 syringes)	Not supplied through TMOP	No current QL
Recommended Retail Network	4 wks supply (2 packs of 2 syringes)	4 wks supply (based on instructions for use)	4 wks supply (1 pack of 28 syringes)	4 wks supply (1 pack 4 syringes)	4 wks supply (based on instructions for use)
Recommended TMOP	8 wks supply (4 packs of 2 syringes)	8 wks supply (based on instructions for use)	8 wks supply (2 packs of 28 syringes)	Not supplied through TMOP	8 wks supply (based on instructions for use)
Other Issues	Crohn's disease starter pack includes 6 pens for first 4 wks, no refills	Not applicable	Not applicable	Not applicable	Not to exceed 200 mg/week 8 vials/ 4 wks 16 vials/ 8 wks

Appendix D– Basic / Extended Core Formulary (BCF/ECF) Review

Drug Class or Potential Drug Class	BCF listing	Recommended Action / Administrative Action

Antibiotics	Amoxicillin oral	• The current BCF listing does not clarify strengths and dosage forms.
		• Approximately 90% of MTF utilization is for the following strengths:
		  • 250 mg and 500 mg capsules
		  • 250/5 mL and 400mg/5 mL suspension
		• Administrative:
		  • Clarify BCF listing: "Amoxicillin oral (250 mg and 500 mg capsules; 250/5 mL and 400 mg/5mL suspension)"

Antibiotics	Cephalexin oral	• The current BCF listing does not clarify strengths and dosage forms.
		• Approximately 90% of MTF utilization data is for the following strengths:
		  • 250 mg and 500 mg capsules
		  • 250/5 mL suspension
		• Administrative:
		  • Clarify BCF listing: "Cephalexin oral (250 mg and 500 mg capsules; 250/5 mL suspension)"

Antibiotics	Doxycycline oral (Does not include Periostat)	• In Jun 2001 the BCF was clarified to exclude doxycycline 20 mg (Periostat), due to its mechanism in dental procedures as inhibiting collagenase, rather than antimicrobial effects.
		• In May 2006 a 40 mg formulation for rosacea (Oracea) was marketed.
		• The 100 mg strengths are used for antimicrobial effects.
		• Approximately 90% of MTF utilization data is for the following strengths:
		  • 100 mg doxycycline hyclate tablet & capsules
		• Administrative:
		  • Clarify BCF listing: "Doxycycline hyclate (100 mg tablets or capsules)"

Antibiotics	Nitrofurantoin macrocrystals oral (Does not include MacroBid)	• In Feb 2001 the BCF was clarified to exclude nitrofurantoin monohydrate/macrocrystals (MacroBid) due to cost and availability only in a proprietary formulation. • Nitrofurantoin monohydrate/macrocyrstalline (MacroBid) is now available in cost-effective generic formulations. • There are supply issues with nitrofurantoin macrocrystals (Furadantin). • A 6 month review of MTF data show that >60% of nitrofurantoin utilization is for MacroBid 100 mg. • Recommendation: • Clarify BCF listing: "Nitrofurantoin oral (50 mg macrocrystals; 100 mg monohydrate/macrocrystals)"
Antifungals	Nystatin (Does not include Mycostatin Pastilles)	• The original BCF listing for nystatin oral excluded nystatin pastilles (lozenges); the pastilles are no longer commercially available. • Administrative: • Clarify BCF listing: "Nystatin", (remove "Does not include Mycostatin Pastille")
Asthma agents, inhaled	Albuterol oral inhaler (Does not include hydrofluoralkane (HFA) products)	• The current BCF listing excludes hydrofluoralkane (HFA)-containing products. Chlorofluorocarbon (CFC)-containing albuterol inhalers will be discontinued in Dec 2008 as per an FDA Final Rule. • Most manufactures have already converted to hydrofluoralkane (HFA) as the most common propellant. • Administrative: • Clarify BCF listing: "remove (Does not include HFA products)"

Drug Class or Potential Drug Class	BCF listing	Recommended Action / Administrative Action
Contraceptives	Monophasics with 30 mcg EE; 0.15 mg levonorgestrel (Nordette or equivalent; excludes Seasonale) Monophasics with 20 mcg EE; 0.1 mg levonorgestrel (Alesse, Levlite, or equivalent)	• Proprietary formulations of monophasic contraceptives with 20 mcg ethinyl estradiol (EE) / 0.15 mg levonorgestrel (Allesse, Levlite) and 30 mcg EE / 0.1 mg levonorgestrel (Levlin) are no longer available. • There are continuing changes in the availability of branded generics, generics, and proprietary contraceptives. • Administrative: • Clarify BCF listing: "Specify hormonal content only, remove reference to product name unless designated non-formulary"
Cough and Cold Preparations	Chlorpheniramine 8 mg / pseudoephedrine 120 mg sustained release (Deconamine SR)	• There are availability issues with Deconamine SR which are not expected to resolve. • Currently there is low utilization of Deconamine SR with fewer than 300 Rxs dispensed monthly across all MTFs. • Recommendation: • Remove BCF listing for chlorpheniramine 8 mg/ pseudoephedrine 120 mg SR.
Miscellaneous Migraine Medications	Isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg	• There are availability issues with isometheptene 65 mg / dichloralphenazone 100 mg / acetaminophen 325 mg (Midrin) which are not expected to improve, as only 2 manufacturers remain in the marketplace. • The FDA has warned several manufacturers regarding manufacturing of unapproved products containing ergotamine derivatives. • MTF utilization of Midrin dropped from 6,000 Rxs/ monthly to less than 3,000 Rxs monthly between Aug 2007 and Dec 2007, reflecting dwindling availability. • Recommendation: • Remove BCF listing
Miscellaneous Respiratory Medications	Insect Sting Kit, Injection (EpiPen is a commonly recognized brand name)	• The current BCF listing is designated as "insect sting kit" and lists one popular proprietary name. Kits containing epinephrine are used to treat multiple types of anaphylaxis (asthma, food, insects) and are called by different names. • Healthcare providers look for epinephrine (generic) or specific brand name kits (e.g., EpiPen, Twinject). • Administrative: • Clarify BCF listing: Change insect sting kit, injection to "Epinephrine auto-injection"
Ophthalmic Antibiotic and Combinations	Sulfacetamide sodium ophthalmic ointment	• The current BCF listing for sulfacetamide sodium lists both the ointment and solution. Sulfacetamide sodium ophthalmic ointment is no longer commercially available • Administrative: • Remove BCF listing: "Sulfacetamide sodium ophthalmic ointment"
Proton Pump Inhibitors	Esomeprazole (Nexium)	• May 2007 esomeprazole (Nexium) was added to the BCF. The current BCF listing does not clarify strengths or formulations. • Esomeprazole powder packets are now available, but are not cost-effective relative to the esomeprazole capsules. • Recommendation: • Clarify BCF listing: "esomeprazole (Nexium) 20 and 40 mg capsules"

Appendix E – Table of Abbreviations

ACE	angiotensin converting enzyme
AD1s	antidepressant 1 drug class
AF-DERMS	antifungal dermatologics drug class
ARB	angiotensin receptor blocker
AS	ankylosing spondylitis
ARB	angiotensin receptor blocker
BAP	Beneficiary Advisory Panel
BCF	Basic Core Formulary
CCB	calcium channel blocker
CFC	chlorofluorocarbon
CIMT	carotid intima-media thickness
CFR	Code of Federal Regulations
CR	controlled release (extended release)
DoD	Department of Defense
ECF	extended core formulary
EE	ethinyl estradiol
ER	extended release
FDA	Food and Drug Administration
FY	fiscal year
HCTZ	hydrochlorothiazide
HFA	hydrofluoralkane
IV	intravenous
IR	immediate release
MHS	Military Health System
MN	medical necessity
MTF	Military Treatment Facility
PA	prior authorization
PASI	Psoriasis Area and Severity Index
P&T	Pharmacy and Therapeutics
PEC	Pharmacoeconomic Center
RAA	renin-angiotensin antihypertensive drug class
PsA	psoriatic arthritis
OAB	overactive bladder drug class
QL	quantity limit
RA	rheumatoid arthritis
SR	sustained release
TIB	targeted immunomodulatory biologic
TMA	TRICARE Management Activity
TMOP	TRICARE Mail Order Pharmacy Program
TRRx	TRICARE Retail Pharmacy Program
UF	Uniform Formulary
XL	extended release