

**Beneficiary Advisory Panel Handout  
Uniform Formulary Decisions  
24 June 2010**

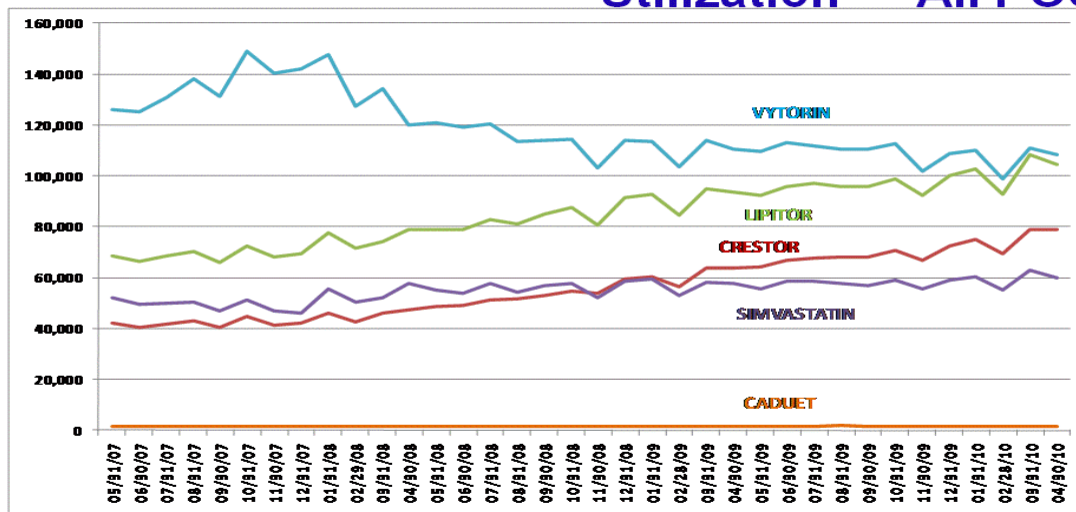
**PURPOSE:** The purpose of this handout is to provide BAP Committee members with a reference document for the relative clinical effectiveness presentations for each Uniform Formulary (UF) Class review

**Table 1: Uniform Formulary Recommendations from the May 2010 DoD P&T Committee Meeting – Antilipidemic -1s**

Drug Class	Generic Name (Brand)	Formulations	Generics Available?
<b>Antilipidemic 1s - Statins, Statin Combinations, Ezetimibe, &amp; Niacin</b>			
<b>Uniform Formulary</b>	Statins		
	Atorvastatin (Lipitor)	tabs	No
	Fluvastatin (Lescol)	tabs	No
	Fluvastatin ER (Lescol XL)	tabs	No
	Lovastatin IR (Mevacor)	tabs	Yes
	Lovastatin ER (Altoprev)	tabs	No
	Pravastatin (Pravachol)	tabs	Yes
	Simvastatin (Zocor)	tabs	Yes
	Rosuvastatin (Crestor)	tabs	No
	Statin Combinations		
	Atorvastatin / amlodipine (Caduet)	tabs	No
	Lovastatin / niacin ER (Advicor)	tabs	No
	Simvastatin / niacin ER (Simcor)	tabs	No
	Simvastatin/ ezetimibe (Vytorin)	tabs	No
	Add-on therapies		
	Ezetimibe (Zetia)	tabs	No
	Niacin ER (Niaspan)	tabs	No
Niacin IR (Niacor)	tabs	Yes	
Nothing non-formulary (NF) but step therapy applies. Generics, atorvastatin (Lipitor) step preferred			
<b>Recommended implementation period</b>	60 days		

**Figure 1: High Intensity Statins**

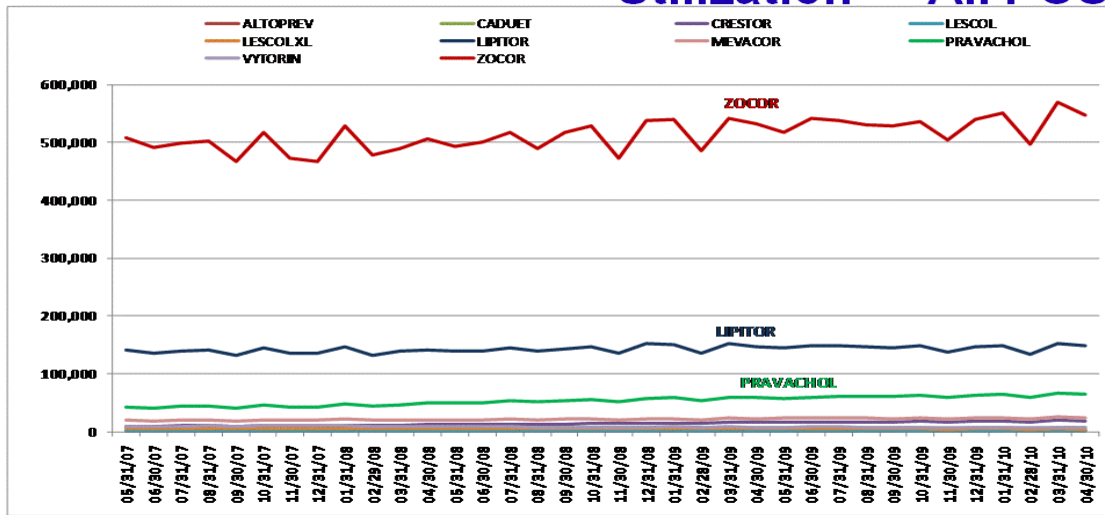
**Statins with > 45% LDL Reduction Utilization — All POS**



Vytorin 10/20,10/40, 10/80; Lipitor 40 mg, 80 mg; Simv 80 mg; Crestor 10 mg, 20 mg, 40 mg; Caduet 5/40, 10/40 Source: PDS

Figure 2: Low to Moderate Intensity Statins

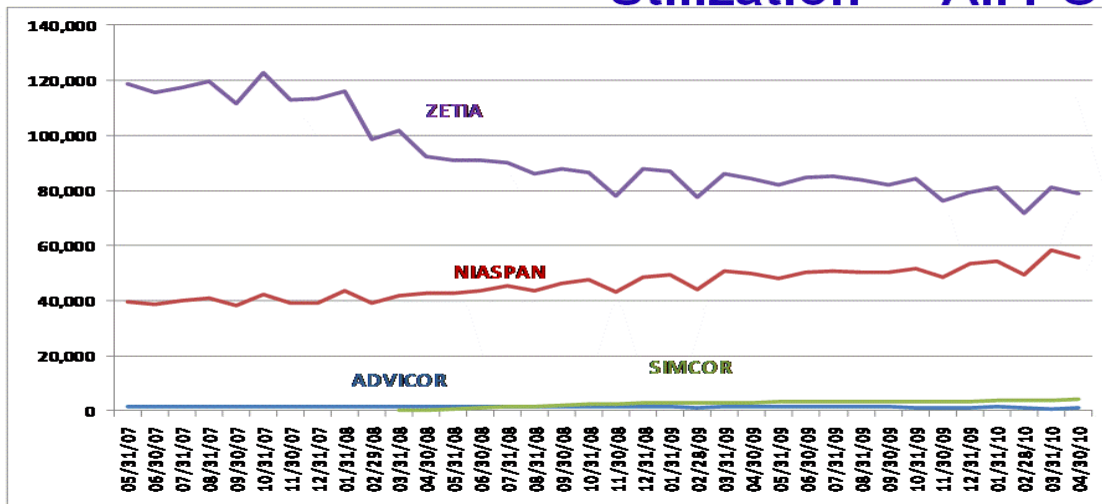
## Statins with < 45% LDL Reduction Utilization — All POS



Vytorin 10/10; Lipitor 10 mg, 20mg; Simv 5 mg, 10 mg, 20 mg, 40 mg,  
Crestor 5 mg; All Prav, Lescol, Lova  
Source: PDTS

Figure 3: Lipid Add-On Therapy

## Lipid Add-On Therapy Utilization — All POS



**Table 2: Expected Mean LDL Reductions, by Statin and Dose**

Expected Mean LDL Reduction	Statin					
	Mevacor, Altoprev (lovastatin)	Pravachol (pravastatin)	Zocor (simvastatin)	Lescol, Lescol XL (fluvastatin)	Lipitor (atorvastatin)	Crestor (rosuvastatin)
25 to 30%	20 mg	20 mg	10 mg	40 mg		
30 to 40%	40 – 80 mg	40 mg	20 mg	80 mg (XL only)	10 mg	
40 to 45%	IR: 80 mg (40 mg x 2) ER: 60 mg	80 mg	40 mg or Vytorin 10/10 mg		20 mg	5 mg
45 to 50%	Please note: ezetimibe (Zetia) or niacin generally decrease LDL up to an additional 15%		80 mg or Vytorin 10/20 mg		40 mg	10 mg
50 to 55%			Vytorin 10/40 mg		80 mg	20 mg
>55%			Vytorin 10/80 mg			40 mg

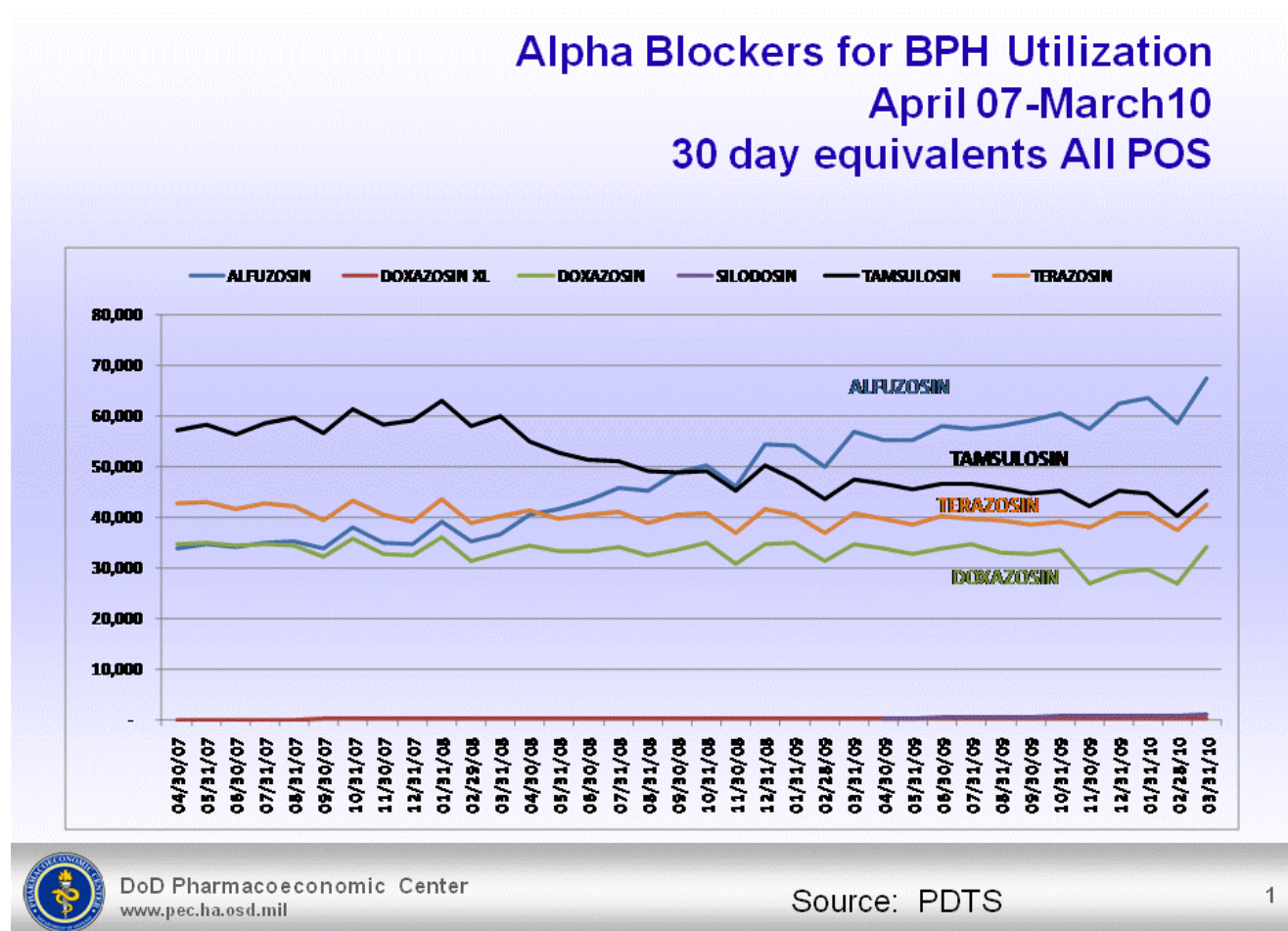
IR = immediate release; ER = extended release

Vytorin = simvastatin/ezetimibe

**Table 3: Uniform Formulary Recommendations from the May 2010 DoD P&T Committee meeting – Alpha Blockers for BPH**

Alpha-1 blocker BPH Agents			
UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
	Flomax (tamsulosin)	cap	Yes
	Uroxatral (alfuzosin)	extended release cap	No
	Hytrin (terazosin)	tab/cap	Yes
	Cardura (doxazosin)	tab	Yes
Non-formulary	<b>Cardura (doxazosin) - recommended for NF May 2010</b>	<b>tab</b>	<b>Yes</b>
	<b>Rapaflo (silodosin) – recommended to remain NF May 2010</b>	<b>cap</b>	<b>No</b>
Recommended implementation period	60 days		

**Figure 4: Alpha Blockers**



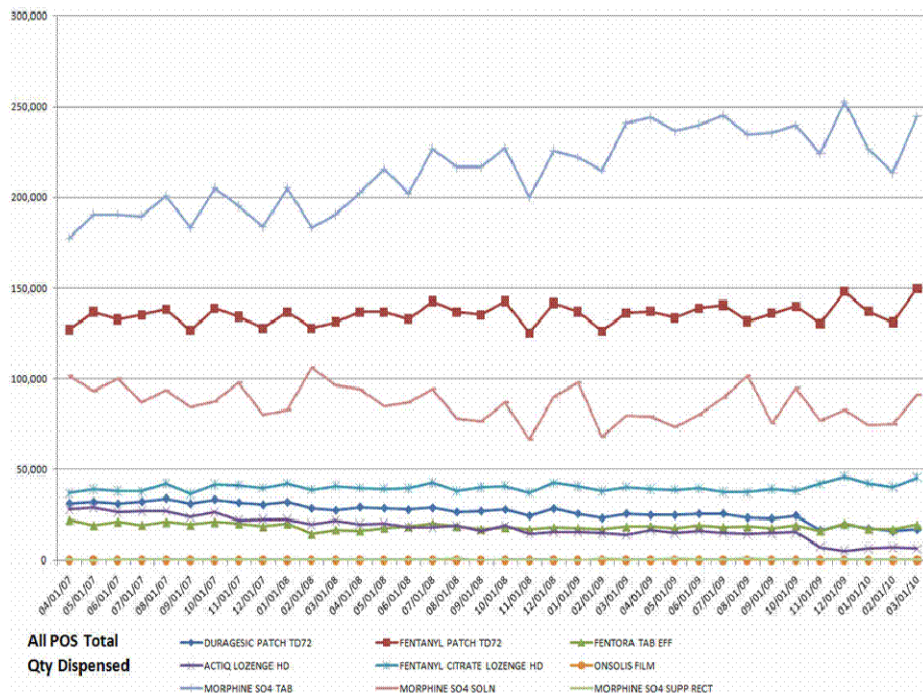
**Table 4: Fentanyl Transmucosal Soluble Film (Onsolis): Uniform Formulary Recommendations from May 2010 for the Narcotic Analgesics**

<b>Narcotic Analgesics</b>			
<b>UF Status / Implementation Period</b>	<b>Generic Name (Brand)</b>	<b>Formulations</b>	<b>Generics Available?</b>
<b>Uniform Formulary</b>	<b>High-potency single analgesic agents</b>		
	<b>Long-acting agents (≥ 12 hour duration)</b>		
	Fentanyl transdermal system (Duragesic)	patch	Yes
	Morphine sulfate ER 24 hr (Kadian, Avinza)	cap	No
	Morphine sulfate ER 12 hr (MS Contin, Oramorph)	tab, soln, supp, inj	Yes
	Morphine sulfate ER/Naltrexone (Embeda)	caps	No
	Oxycodone ER (Oxycontin)	tabs	No
	Oxymorphone (Opana ER)	tabs	No
	<b>Short acting agents (&lt;12 hour duration)</b>		
	Codeine	tabs, soln, inj	Yes
	Fentanyl citrate buccal (Fentora)	tabs	No
	Fentanyl citrate transmucosal (Actiq)	lozenges	Yes
	<b>Fentanyl citrate transmucosal soluble film (Onsolis) Recommended for UF May 2010</b>	<b>Soluble Film</b>	<b>No</b>
	Hydromorphone (Dilaudid)	tab, inj, liquid	Yes, except for 1 mg tab
	Levorphanol (Levo-Dromoran)	tab, inj	Yes
	Meperidine (Demerol)	tab, soln, inj	Yes
	Meperidine / promethazine (Mepergan Fortis)	caps	Yes
	Methadone (Dolophine)	tab, oral conc, soln, inj	Yes
	Morphine sulfate IR	tabs	Yes
	Opium	tincture	Yes
	Opium / belladonna alkaloids	supp	Yes
	Oxycodone IR	caps, oral conc, soln	Yes
	Oxymorphone IR (Opana)	tabs	No
	<b>High-potency combination agents</b>		
	Oxycodone /APAP (e.g., Percocet, Tylox, others)	tab, cap, soln	Yes
	Oxycodone / ASA (Percodan)	tabs	Yes
	<b>Low potency single analgesic agents</b>		
	Buprenorphine (Buprenex)	inj (excludes SL tabs)	Yes
	Butorphanol (Stadol)	nasal spray, inj	Yes
	Pentazocine / naloxone (Talwin NX)	tabs	Yes
Propoxyphene (Darvon)	caps, tabs	Yes	
Nalbuphine (Nubain ) not a controlled substance)	Inj	Yes	
Tramadol IR(Ultram) not a controlled substance	tab	Yes	

**Table 4: Fentanyl Transmucosal Soluble Film (Onsolis): Uniform Formulary Recommendations from May 2010 for the Narcotic Analgesics (continued)**

<b>Uniform Formulary</b>	<b>Low potency combination agents</b>		
	Codeine / APAP (Tylenol with codeine)	tabs, elixir, oral susp	Yes
	Codeine / ASA	tabs	Yes
	Codeine / ASA / carisoprodol (Soma)	tabs	Yes
	Codeine / caffeine / butalbital / APAP (Fioricet with codeine)	caps	Yes
	Codeine / caffeine / butalbital / ASA (Fiorinal with caffeine)	caps, tabs	Yes
	Dihydrocodeine / caffeine / APAP e.g., Panlor DC, Panlor SS)	caps, tabs	Yes
	Dihydrocodeine / caffeine / ASA (Synalgos-DC)	caps	Yes
	Hydrocodone / APAP (e.g., Lortab, Lorcet, Vicodin, others)	caps	Yes
	Pentazocine / APAP (Talacen)	tabs	Yes
	Propoxyphene / APAP (Darvocet)	tabs	Yes
	Propoxyphene / ASA / caffeine (Darvon Compound 65)	caps	Yes
	Tramadol/APAP (Ultracet) not a controlled substance	tab	Yes
<b>Non-Formulary</b>	<b>Low potency single analgesic agents</b>		
	Tramadol extended release (Ultram ER)	tab	No
	Tramadol extended release (Ryzolt)	tab	No
	<b>High potency single analgesic agents; short-acting agents (&lt;12 hours duration)</b>		
Tapentadol (Nucynta)	tab	No	
<b>Recommended Implementation Period</b>	<b>Not Applicable for Onsolis</b>		

**Figure 5: Narcotic Analgesics - Onsolis**

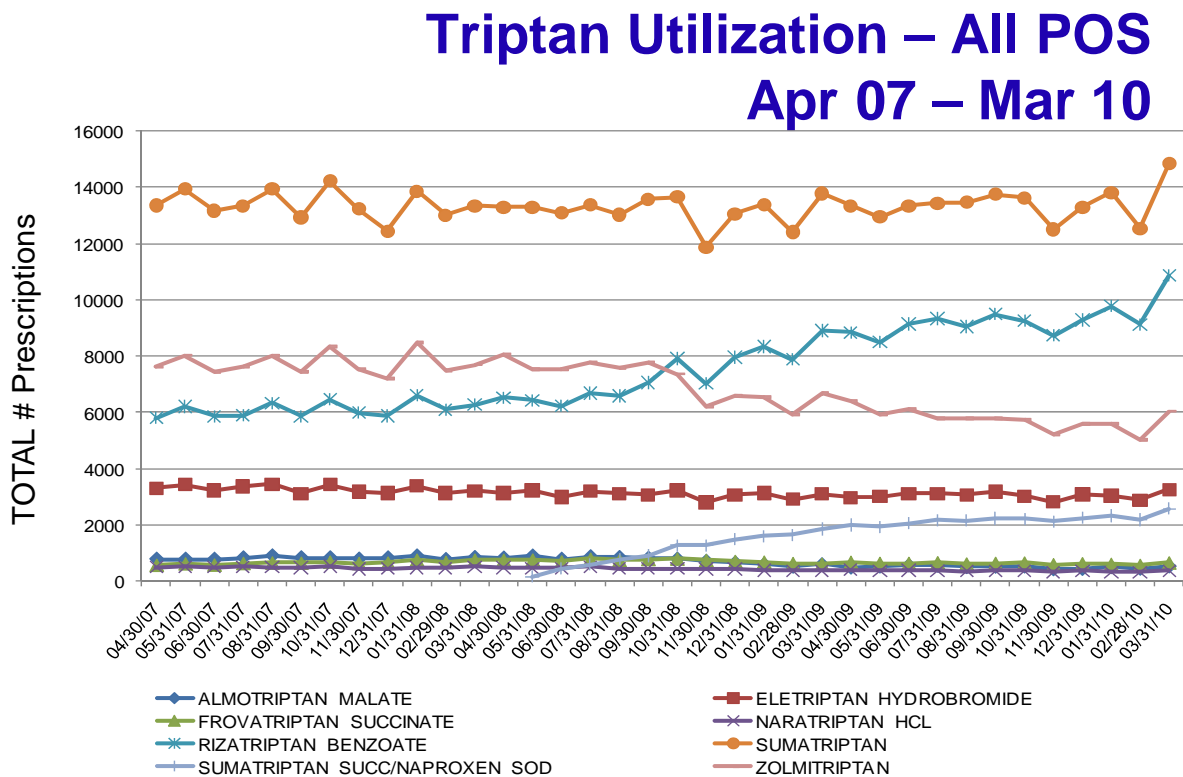




**Table 5: Sumatriptan needle-free injection (Sumavel DosePro): Uniform Formulary Recommendations from May 2010 for the Triptans**

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
<b>5-Hydroxytrptamine Agonists (Triptans)</b>			
<b>Formulary</b>	Eletriptan (Relpax)	Tablets	No
	Sumatriptan (Imitrex)	Tablets, injection, nasal spray	Yes
	Sumatriptan / naproxen (Treximet)	Tablets	No
	Rizatriptan (Maxalt)	Tablets, orally dissolving tabs (ODT)	No
	Zolmitriptan (Zomig)	Tablets, ODT, nasal spray	No
<b>Non-Formulary</b>	Almotriptan (Axert)	Tablets	No
	Frovatriptan (Frova)	Tablets	No
	Naratriptan (Amerge)	Tablets	No
	<b>Sumatriptan (Sumavel DosePro) Recommended for NF May 2010</b>	<b>Needle-free injection</b>	<b>No</b>
<b>Recommended implementation period</b>	<b>60 days</b>		

**Figure 6 – Triptans – Sumavel DosePro**



SOURCE: PDTS



**Table 6: Formulary Implementation Plan Summary – February 2010**

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Step Therapy
				MTF	Retail	Mail Order		
May 10	Antilipidemic-1s	▪ None	60,310 (new users will hit step)	19,125	31,227	9,958	60 days	Yes; requires trial of a generic statin or Lipitor
May 10	Alpha Blockers for BPH	▪ Doxazosin ER (Cardura XL) ▪ Silodosin (Rapaflo)	1,408	13	888	507	60 days	Yes; requires trial of generic tamsulosin or Uroxatral
May 10	Narcotic Analgesics	▪ None (Note: Fentanyl transmucosal soluble film; Onsolis recommended for UF)	-	-	-	-	N/A	No
May 10	Triptans	▪ Sumatriptan needle-free injection (Sumavel DosePro)	143	0	139	4	60 days	No
Feb 10	Basal Insulins	▪ Insulin detemir pens (Levemir FlexPen)	11,782	3,510	6,226	2,046	60 days	No
Feb 10	Antihemophilic Factors	▪ Factor VIII: Advate, Helixate, Hemofil M, Monoclote, Recombinate ▪ Factor IX: Mononine; ▪ Factor VIII/vWF: Humate-P ▪ Human PCC: Bebulin VH ▪ Inhibitor bypassing product: Feiba VH	266	26	238	2	180 days	No
Feb 10	Narcotic Analgesics	▪ Not applicable (Note: Embeda remains Uniform Formulary)	-	-	-	-	N/A	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Step Therapy
				MTF	Retail	Mail Order		
Feb 10	ADHD drugs	▪ Not applicable (Note: Intuniv remains Uniform Formulary)	-	-	-	-	N/A	No
Feb 10	RAAs	▪ Telmisartan/amlodipine (Twynta)	8	0	6	2	60 days	No
Feb 10	RAAs	▪ Aliskiren/valsartan (Valturna)	180	0	148	32	60 days	No
Feb 10	Newer Sedative Hypnotics	▪ Zolpidem sublingual tablets (Edluar)	73	0	73	0	60 days	Yes; zolpidem IR tablets (Ambien generic) in front of step