

Beneficiary Advisory Panel Handout

Uniform Formulary Decisions

31 July 2014

Purpose: The purpose of this handout is to provide the BAP members with a reference document for the clinical effective presentation for each Uniform Formulary (UF) decision.

Inhaled Corticosteroids

Uniform Formulary Agents (step preferred): Flovent HFA, Flovent Diskus

Non-Formulary Agents (step non-preferred): QVAR, Pulmicort Flexhaler, Alvesco, Aerospan, Asmanex Twisthaler

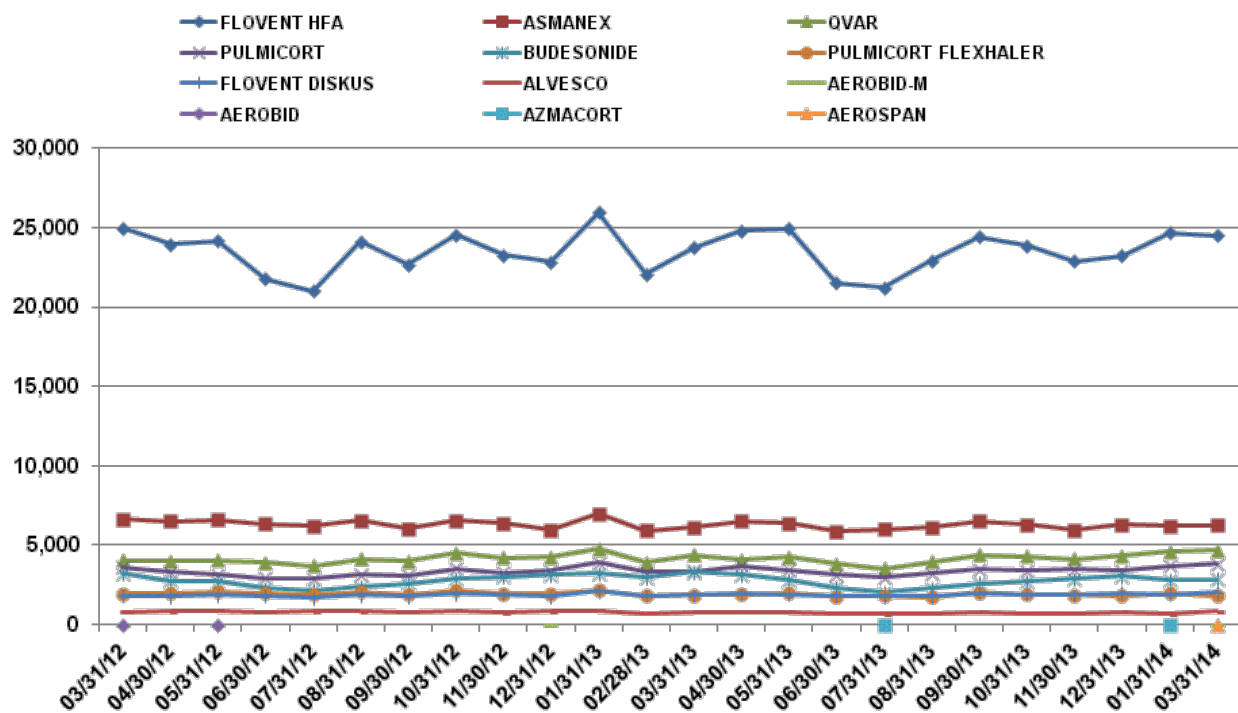
Prior Authorization for all new patients: Coverage is approved for

- Patient has experienced any of the following issues with Flovent Diskus or Flovent HFA, which is not expected to occur with the non-preferred ICS:
 - inadequate response
 - » intolerable adverse effects: Alvesco: adrenal suppression
 - contraindication
 - patient previously responded to non-formulary agent and changing to a formulary agent would incur unacceptable risk
- no formulary alternative: Pulmicort Flexhaler: patient is pregnant

Recommended Implementation Date: 90 days

Total Number of patients affected: 19,187

Figure 2: 30 Day Equivalent all POS



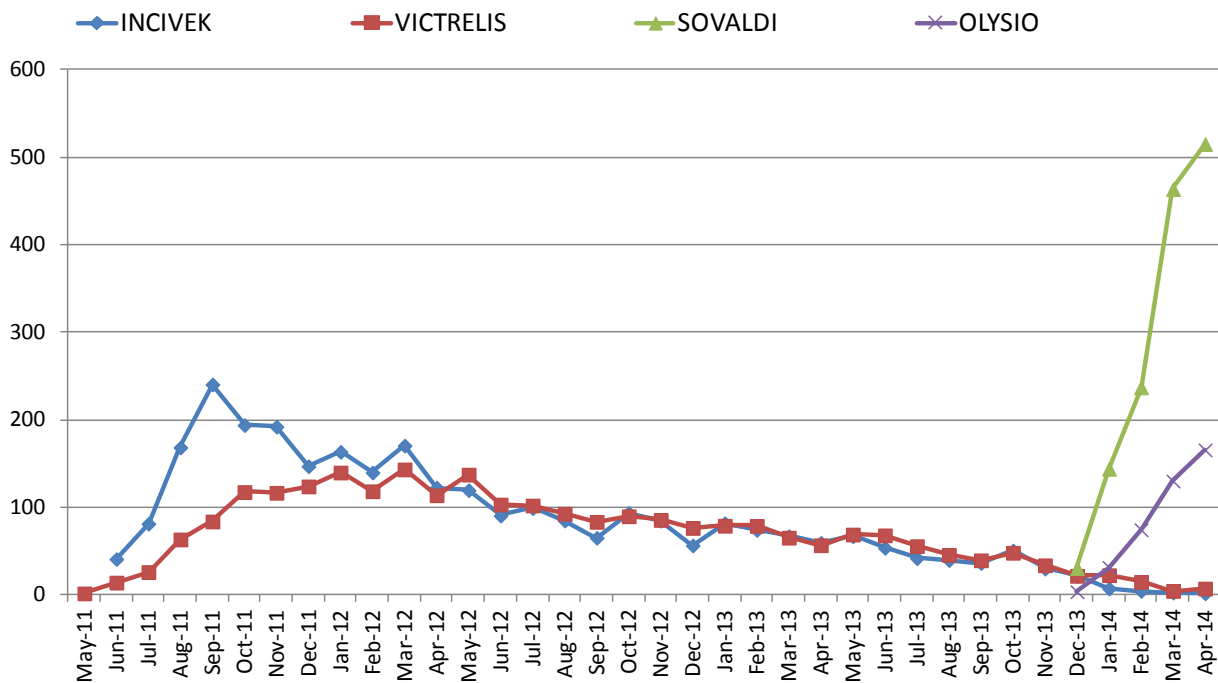
Class: Hepatitis C Virus Drugs

Formulary Telaprevir (Incivek), Boceprevir (Victrelis), Simeprevir (Olysio), **Sofosbuvir (Sovaldi)**

Nonformulary: None

Implementation Plan: N/A

Figure 4: 30 Day Equivalent all POS



Uniform Formulary Agents (step preferred): Oxybutynin ER, Tolterodine ER, Oxybutynin IR, Trospium IR

Uniform Formulary Agents (non-step preferred): Tolterodine IR, Trospium ER, Solifenacin, **Mirabegron**

Non-Formulary Agents (step non-preferred): Darifenacin, Fesoterodine, Oxybutynin patch, Oxybutynin gel

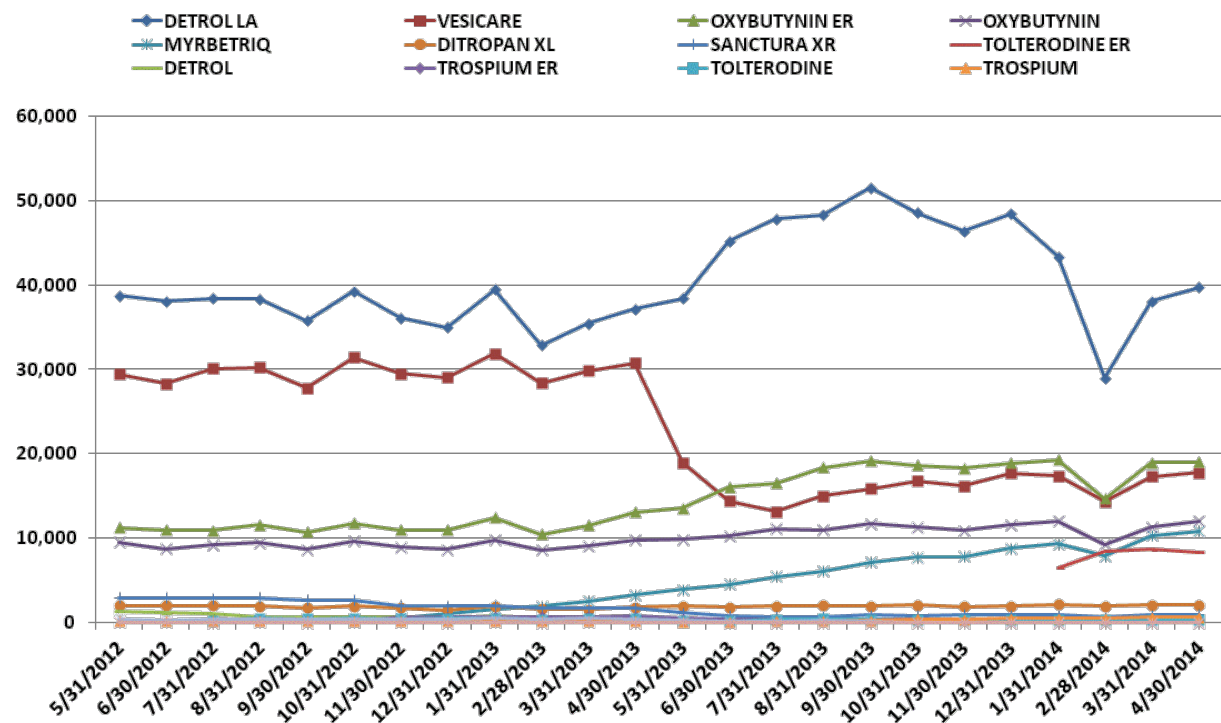
Prior Authorization: Coverage is approved for Mirabegron if one of the following:

- Failed a 12 week trial with at least one of the following with the step-preferred OABs (tolterodine ER (Detrol LA), oxybutynin ER, oxybutynin IR, trospium IR generic) d/t a treatment failure or intolerable adverse effects
- Patient has experienced central nervous system (CNS) adverse effects with oral OAB medications OR is at increased risk for such CNS effects due to comorbid conditions or other medications.

Recommended Implementation Date: 90 days

Total Number of patients affected: 21,657

Figure 5: 30 Day Equivalents all POS



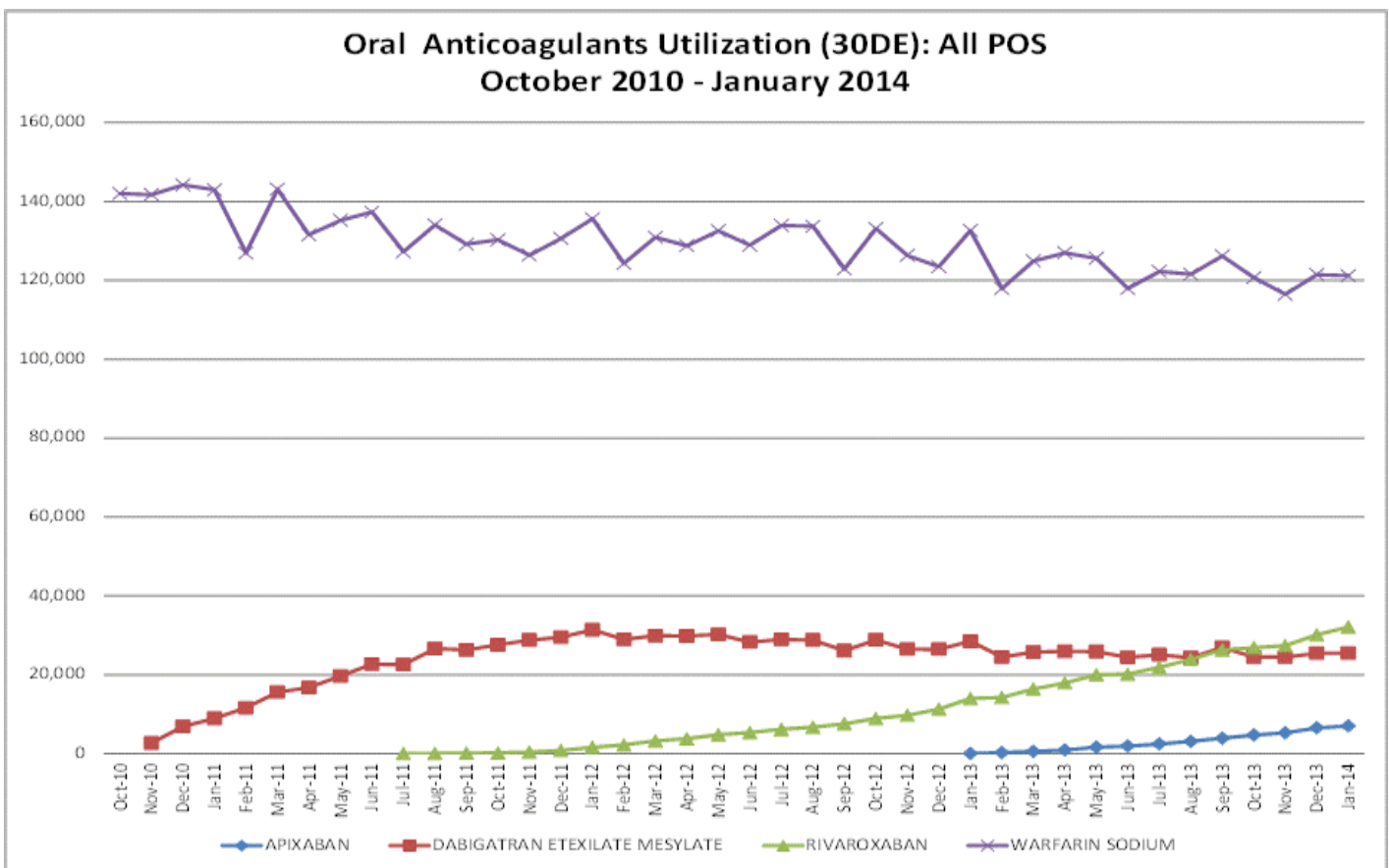
Class: Oral Anticoagulants

Formulary: Warfarin, Dabigatran, Rivaroxaban, Apixaban

Nonformulary: None

Implementation Plan: N/A

Figure 6: 30 Day Equivalents all POS



Class: Non-insulin Antidiabetic Agents Subclass: SGLT2

Formulary: None

Non-formulary: Canagliflozin, Dapagliflozin

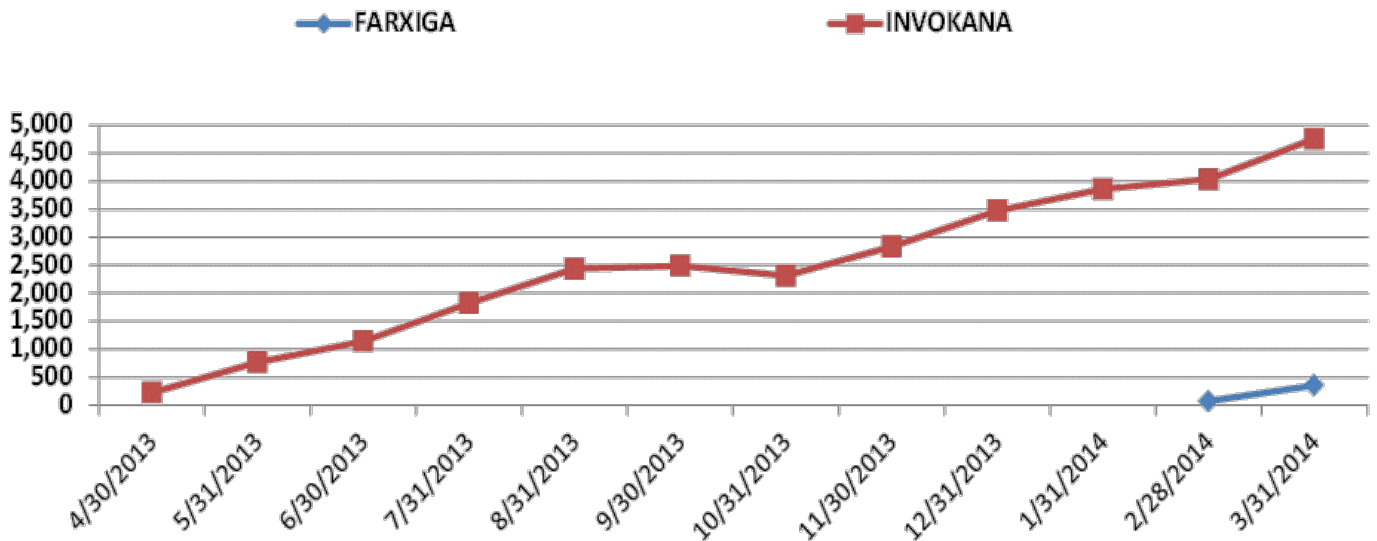
Prior Authorization: Dapagliflozin (SGLT2s inhibitor) is approved (e.g., trial of met or SU and DPP-4 inhibitor is NOT required) if

- Patient has experienced any of the following ADRs on:
 - metformin
 - » Impaired renal function preclude tx with met
 - » History of lactic acidosis
 - SU
 - » Hypoglycemia requiring medical tx
- Pt had inadequate response to metformin or a SU and DPP-4 inhibitor
- Pt has a contraindication to metformin or a SU and DPP-4 inhibitor

Implementation Plan: 90 days

Number of patients affected: 265

Figure 7: 30 Day Equivalent all POS



Class: Long-Acting Beta Adrenergic (LABA) Inhalers

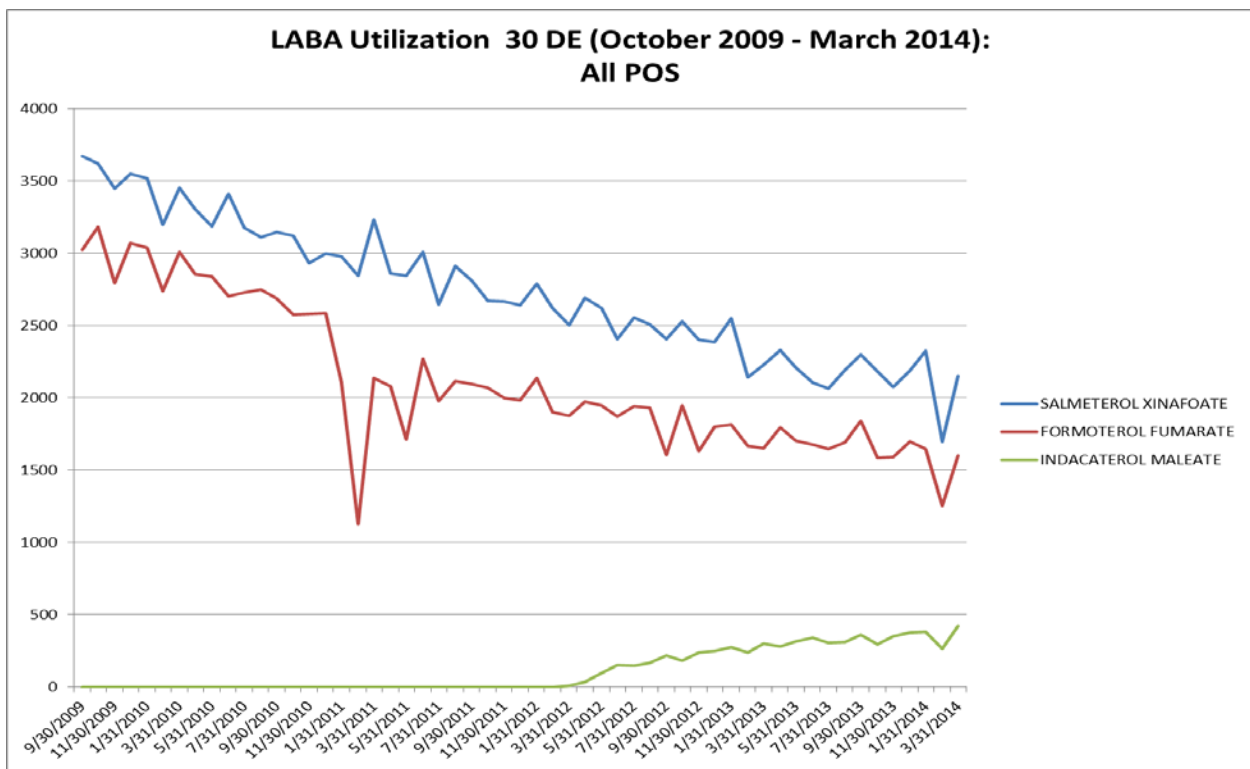
Formulary: Serevent, Foradil, Brovana

Non-formulary: Formoterol, Arcapta

Implementation Plan: 90 days

Number of patients affected: 927

Figure 8: 30 Day Equivalents all POS



Class: Gastrointestinal (GI-1s): GI steroid subclass

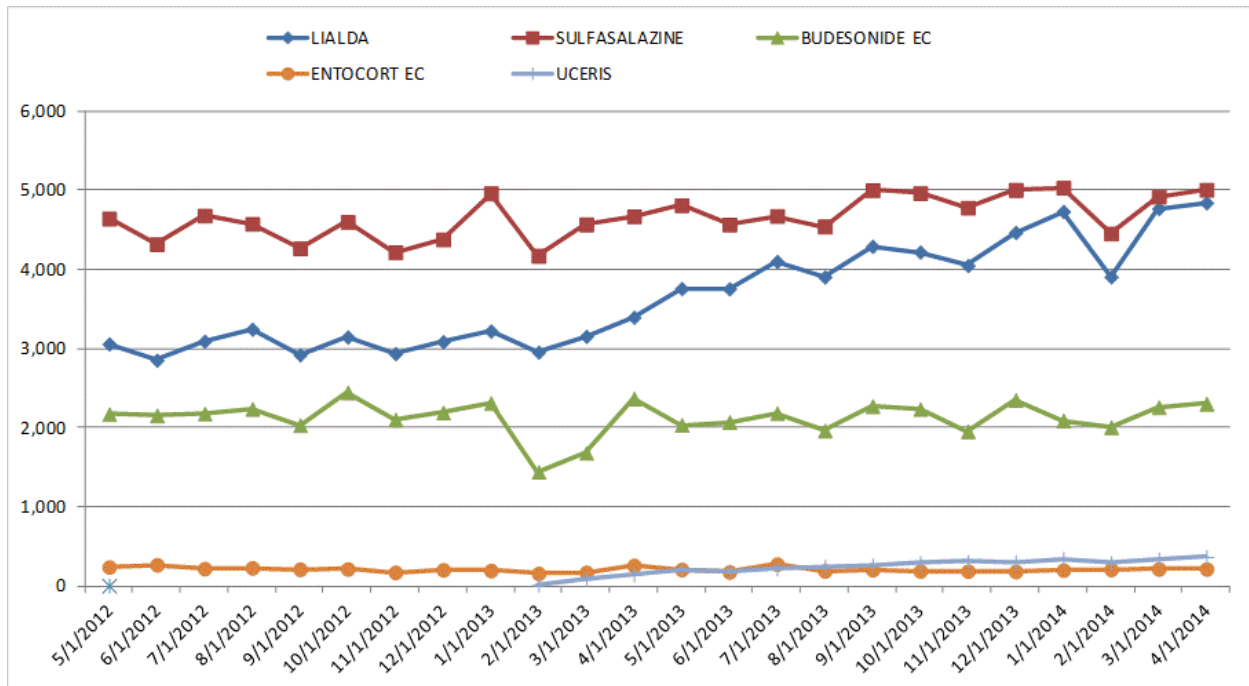
Formulary: Entocort EC, Hydrocortisone foam and enemas

Non-formulary: Budesonide MMX (Uceris)

Implementation Plan: 90 days

Number of patients affected: 780

Figure 9: 30 Day Equivalents all POS



Non-steroidal Anti-inflammatory Drugs:

Formulary: ibuprofen, indomethacin, meloxicam, naproxen, diflunisal, etodolac, fenoprofen, flurbiprofen, ketoprofen, ketorolac, meclofenamate, diclofenac

Nonformulary: Zipsor, Cambia, Naprelan CR, Ponstel, **Zorvolex**

Recommended Implementation Date: 90 days

Total Number of patients affected: 322

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 2014	Nasal Allergy Drugs	azelastine (Astepro), Beclomethasone, Budesonide, Ciclesonide, Fluticasone Furoate, Mometasone, Olopatadine, and Fluticasone/Azelastine Combination Product	107,701	53,831	37,404	16,466	90 days	Must try generic forms of Azelastine, Flunisolide, Fluticasone Propionate, and Ipratropium
	Inhaled Corticosteroids	QVAR, Pulmicort Flexhaler, Alvesco, Aerospan, Asmanex Twisthaler	19,187	3,810	10,151	5,226	90 days	All users > 12 years must try Flovent
	Osteoporosis	Fosamax + D, Actonel, Atelvia, Binosto	21,657	4,339	6,941	10,347	90 days	Must try alendronate
	SGLT2	Farxiga	265	0	205	60	90 days	All users must try metformin, sulfonyleurea and a DPP4
	Long Acting Beta Agonist Inhalers	Arcapta	927	6	573	348	90 days	none
	Gastrointestinal 1	Uceris	780	45	665	70	90 days	none
	NSAIDS	Zorvolex	322	0	294	28	90 days	none