



TMA DoD Pharmacoeconomic Center Fort Sam Houston, TX

MTF Quarterly Webcast September 13, 2012

Introduction

- ▶ Greetings from the PEC
- ▶ Purpose of the Quarterly MTF Webcast
- ▶ DCO Ground Rules
 - Type questions into the DCO system
 - Put on mute, not on hold
 - Contingency plan if DCO system stops working

Outline

- ▶ Review of May 2012 P&T Committee Meeting
- ▶ Overview of August 2012 P&T Committee Meeting
- ▶ Questions

Review of May 2012 P&T Committee Meeting

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May 2012

DoD P&T Committee Meeting

- ▶ **Uniform Formulary Class Reviews**
 - Smoking Cessation Program
 - Newer Sedative/Hypnotics Drug Class

- ▶ **New Drugs in Previously Reviewed Classes**
 - Gabapentin enacarbil (Horizant)
 - Gabapentin ER (Gralise)

Uniform Formulary Class Reviews

Smoking Cessation Program

Smoking Cessation Rationale

- ▶ Change in Federal Law (2009 NDAA) allows smoking cessation drugs (Rx and OTC products) at MTF and Mail Order in select beneficiary groups (> 18 yrs; non-Medicare eligible)
- ▶ P&T Committee to identify which prescription and OTC products would be included or excluded from the Smoking Cessation “Program”
- ▶ Final Rule is pending – implementation will occur when Final Rule is publicized

Smoking Cessation FDA-approved Products

Generic	Brand (Manufacturer)	Strengths & formulations
Varenicline tabs (Rx)	Chantix (Pfizer)	0.5mg & 1mg tabs; 28-day starter pack
Bupropion SR tabs (Rx)	Zyban (GSK)	150 mg SR tabs
Nicotine Nasal Spray (Rx)	Nicotrol NS (Pfizer)	100mg/10ml bottle 4 bottles/box
Nicotine Inhalation (Rx)	Nicotrol (Pfizer)	10mg cartridges (4mg delivered) 168 cartridges + 5 plastic inhalation adapters/box
Nicotine Transdermal (OTC)	Nicoderm CQ (GSK)	7, 14, 21 mg / patch; One patch / 24 hours 14 patches/box Available in "clear" formulation
	Habitrol (Novartis) Nicotine Transdermal (Novartis)	7, 14, 21 mg /patch; One patch /24 hours 7 patches/box (Habitrol) 14 patches/box (nicotine transdermal)
Nicotine Gum (OTC)	Nicorette (GSK)	2mg or 4mg pieces Mint, cinnamon or white ice flavor
	Nicorelief (Major Pharm)	
	Nicotine gum (Watson/Rugby)	
Nicotine Lozenge (OTC)	Nicorette (GSK)	2mg or 4mg lozenges Mint or cherry flavor

Overall Clinical Effectiveness Conclusion

- ▶ Nicotine replacement therapy (NRT), varenicline (Chantix), and bupropion SR, and are efficacious versus placebo for improving long-term smoking abstinence.
- ▶ Combination therapy, especially nicotine patch plus gum, is more efficacious than monotherapy.
- ▶ Varenicline (Chantix) is the most efficacious monotherapy for smoking cessation.
- ▶ Varenicline safety issues include adverse neuropsychiatric effects (behavioral changes, agitation, suicide/suicidal ideation, and depression).
 - ▶ Do not use Chantix in patients with a history of pre-existing psychiatric comorbidities.
- ▶ In patients with pre-existing stable cardiovascular (CV) disease, generally the benefit of abstinence outweighs the increased adverse CV risk with varenicline.

Overall Cost Effectiveness Conclusion

- ▶ Cost-minimization results:
 - NRT: nicotine patch and gum were the least costly
 - Non NRT: bupropion SR was the least costly
- ▶ Cost-effectiveness analyses
 - > 10 cigarettes/day:
 - Combination therapy: (nicotine patch plus gum) most cost-effective treatment for tobacco dependence, offering the greatest improvement in rates of long-term smoking abstinence
 - Monotherapy: varenicline is a cost-effective option when evaluating abstinence rates, but is less cost-effective than combination therapy, with monotherapy

Overall Clinical Effectiveness Conclusion

- ▶ MTF Smoking Cessation Programs
 - Local MTFs remain at liberty to design their own smoking cessation program, defining which elements will be included in that program.

- ▶ Quit Attempts
 - Proposed Rule allows for 2 quit attempts, defined as 120-day periods, available annually
 - Maximum allowed is 240 day supply/ rolling 365 day period
 - 3rd attempt in one year allowed with prior authorization
 - Provider must document that patient will benefit from a 3rd attempt

- ▶ Quantity Limits
 - 60-day supply limit/Rx claim
 - Gum and lozenge
 - 600 pieces per 60 days/Rx claim – rounded to nearest multiple of package size (e.g., boxes of 75 or 100)

- ▶ Deployment
 - CENTCOM: Mod 11—varenicline disqualifying/individual consideration

Smoking Cessation Program – Final Decisions

BCF	UF	NF	PA and QL Issues	Comments
<p>Nicotine Products</p> <ul style="list-style-type: none"> • OTC Nicotine Transdermal System 7mg, 14mg, 21mg • OTC Nicotine gum 2mg, 4 mg <p>Other FDA-approved Products</p> <ul style="list-style-type: none"> • Bupropion SR 150 mg 	<p>Covered in the Program (not BCF)</p> <ul style="list-style-type: none"> • Nicotine Nasal Spray (Nicotrol NS) • Nicotine Inhalation (Nicotrol) • OTC Nicotine Lozenge • Varenicline (Chantix) 	<p>None</p>	<p>Quantity limits apply to Nicotine gum and lozenge – 600 pieces/60 days</p>	<ul style="list-style-type: none"> • OTC nicotine replacement products can be covered and included on the BCF, but require a prescription • 2 quit attempts/120 days allowed; • 3rd quit attempt requires PA

Newer Sedative Hypnotics (SED-1s)

Drugs in the Class

Active Ingredient	Brand (Manufacturer)	Strengths & Formulation	Schedule	Patent Expiration Date
Zolpidem IR	Ambien (generics)	5,10mg tabs	C-IV	-
Zolpidem CR	Ambien CR (generics)	6.25 12.5mg ER tabs	C-IV	-
Zolpidem Spray	Zolpimist (Novadel)	5mg/spray	C-IV	10/01/2017
Zolpidem SL Tab	Edluar (Meda Pharma)	5, 10mg SL tabs	C-IV	09/24/2019
Zolpidem SL Tab*	Intermezzo (Purdue)	1.75, 3.5mg SL tabs	C-IV	
Eszopiclone	Lunesta (Sunovion)	1, 2, 3mg tabs	C-IV	02/14/2014
Zaleplon	Sonata (generics)	5,10mg caps	C-IV	-
Ramelteon	Rozerem (Takeda)	8mg tabs	-	07/22/2019
Doxepin	Silenor (Somaxon)	3,6mg tabs	-	2013-2020

* Intermezzo will be reviewed as a new drug at an upcoming meeting; SL: sublingual

Overall Clinical Effectiveness Conclusion

- Sleep onset (latency): improved with all the SED-1s compared to placebo.
- Sleep maintenance: improved with zolpidem IR, zolpidem CR, eszopiclone, and doxepin.
- Based on an indirect comparison, there do not appear to be clinically relevant differences between zolpidem CR and eszopiclone in terms of objective sleep measures.
- Doxepin (Silenor) improves insomnia due to sleep maintenance vs. placebo; no comparative data with other SED-1s.
- A recently published trial (Kripke, 2012) documented an increased risk of death with insomnia drugs. The interpretation of the results is hampered by several limitations in study design. No further recommendations regarding sedative hypnotic drug prescribing can be made at this time.

Overall Clinical Effectiveness Conclusion

- Zolpidem oral spray (Zolpimist) does not have comparative clinical trials with other SED-1s. FDA approval was granted based on the data originally submitted with Ambien. Zolpimist may pose additional risk for abuse given its dosage form.
- Use the lowest dose necessary in elderly patients to decrease the risk of ADRs.
- All the drugs have the potential for abuse except for ramelteon and doxepin; Zolpimist may pose additional risk for abuse.
- A step therapy/PA requirement has been in effect for the SED-1s class since August 2007, requiring that new SED-1s users try the preferred agent, zolpidem IR, before the other drugs in the class
 - May meeting: zaleplon added as a preferred product

Newer Sedative Hypnotics (SED-1s)– Final Decision

BCF	UF	NF	PA and QL Issues	Comments
<ul style="list-style-type: none"> • Zolpidem IR 	<ul style="list-style-type: none"> • Zolpidem ER • Eszopiclone (Lunesta) • Doxepin (Silenor) • Zaleplon 	<ul style="list-style-type: none"> • Rozerem (Ramelteon) • Zolpidem SL (Edluar) 	<p>Step therapy requires trial of zolpidem IR or zaleplon before any other SED-1</p>	<ul style="list-style-type: none"> • Zolpimist not covered

New Drugs in Previously Reviewed Classes

Gabapentin enacarbil (Horizant) and Gabapentin (Gralise)

Horizant and Gralise Background

	Horizant	Gralise
• Characteristics	<ul style="list-style-type: none">• 600 mg BID• Prodrug of gabapentin	<ul style="list-style-type: none">• 3 x 600 mg tabs QD with food (high fat meal)• Tablet swells to 3–4 times its size, resulting in gastric retention time of 8–9 hours
• FDA–Approval date*	<ul style="list-style-type: none">• April 6, 2011	<ul style="list-style-type: none">• January 28, 2011
• FDA Indication	<ul style="list-style-type: none">• Restless Leg Syndrome (RLS)• Postherpetic Neuralgia	<ul style="list-style-type: none">• Postherpetic neuralgia (PHN)
• Off–Label Use	<ul style="list-style-type: none">• Diabetic peripheral neuropathy (DPN)	<ul style="list-style-type: none">• Diabetic peripheral neuropathy (DPN)

*FDA approval obtained via 505(b)(2) process using original Neurontin drug application

Horizant and Gralise

Overall Clinical Effectiveness Conclusion

▶ Horizant

- Post-Herpetic Neuralgia: Placebo comparison studies showed statistically significant improvement with Horizant
 - No studies with 600mg approved dose as primary endpoint
- Diabetic Peripheral Neuropathy (off-label use): There was no statistically significant differences in pain control vs. placebo with Horizant

▶ Gralise

- Only 2 of 3 placebo comparison studies for Diabetic Peripheral Neuropathy (off-label) and Post-Herpetic Neuralgia (FDA approved indication) demonstrated a statistically significant improvement in pain intensity scores compared to placebo

Horizant and Gralise

Overall Clinical Effectiveness Conclusion

- ▶ Both drugs are associated with high incidence of somnolence and fatigue
- ▶ Horizant carries a specific warning for driving impairment
- ▶ Dosing conversion guidelines between Horizant, Gralise, and generic gabapentin are not available and these agents are not interchangeable due to differing pharmacokinetic properties.
- ▶ Gralise requires a large tablet burden to reach recommended dosing.
- ▶ Gabapentin enacarbil (Horizant) and gabapentin (Gralise) offer no distinct clinical advantages to non-opioid pain syndrome agents already on the UF.

New Drugs in a Previously Reviewed Class

Final Decisions

Drug	BCF	UF	NF	Comments
Depression and Non-opioid Pain Syndrome Agents/ GABA analog subclass	None	None	gabapentin enacarbil (Horizant) gabapentin ER (Gralise)	For step therapy: Horizant and Gralise are NF and non-step-preferred All new users of are required to try gabapentin first

Horizant and Gralise Final Decision

- ▶ Gabapentin enacarbil (Horizant) – non-formulary
- ▶ Gabapentin (Gralise) – non-formulary
- ▶ Step Therapy
 - Applies to the Non-Opioid Pain Syndrome class
 - Gabapentin: preferred
 - Horizant and Gralise: NF and non-preferred (“behind the step”)
 - All new users of Horizant or Gralise are required to try gabapentin first

Non-Opioid Pain Syndromes

Step Therapy Set Up

Subclasses	Prescribed Medication	Step 1 Look-Back (180 days)	Message to Pharmacy
SNRI	Cymbalta for Pain	Group C drugs (pain) - SNRIs, milnacipran, TCAs, cyclobenzaprine, GABAs (gabapentin, pregabalin)	Must try at least one of the following first: SNRIs, milnacipran, TCAs, cyclobenzaprine, gabapentin, or pregabalin
GABAs	Lyrica	Gabapentin	Must try gabapentin first
GABAs	Horizant Gralise	Gabapentin	Must try gabapentin first
SNRI	Savella	Group C drugs (pain) - SNRIs, milnacipran, TCAs, cyclobenzaprine, GABAs (gabapentin, pregabalin)	Must try at least one of the following first: SNRIs, milnacipran, TCAs, cyclobenzaprine, gabapentin, or pregabalin

Review of August 2012 P&T Committee Meeting

August 2012

DoD P&T Committee Meeting

▶ **Uniform Formulary Class Reviews**

- Testosterone Replacement Therapies (transdermal and buccal formulations)
- Low Molecular Weight Heparins

▶ **New Drugs in Previously Reviewed Classes**

- Abatacept SC (Orencia) – RA
- Famotidine/ibuprofen (Duexis) – RA/OA with high risk of GI ulcer
- Ketorolac nasal spray (Sprix) – pain
- Linagliptin/metformin (Jentadueto) – DM2
- Sitagliptin/metformin ER (Janumet XR) – DM2
- Tafluprost ophthalmic solution (Zioptan) – Glaucoma

Utilization Management

Generic Availability

- ▶ Cost-effective generic formulations now available for
 - Plavix
 - Xalatan ophthalmic solution
 - LMWH (Lovenox and Arixtra)
- ▶ Maximize purchasing of the generic formulations for these medications

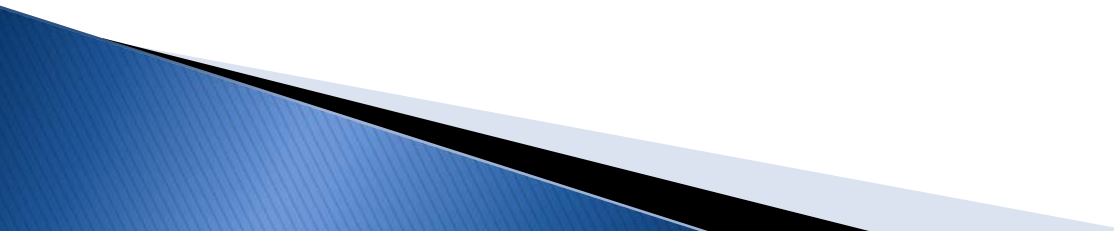
Miscellaneous items

- ▶ New PEC Formulary Search Tool
 - http://pec.ha.osd.mil/formulary_search.php?submenuheader=1
 - Some technical issues
 - Email questions to PECUF@amedd.army.mil
- ▶ PECUF@amedd.army.mil
 - For other questions, formulary clarification, etc
- ▶ Next webcast will be held on the 14th of December, 2012 at 0900 and 1700 EST

Questions?



Webcast Evaluations

- ▶ Please assist us in improving the webcast presentations by completing an anonymous, 5-question survey
 - ▶ Link: <http://www.zoomerang.com/Survey/WEB22CTVSNWFRP>
 - ▶ Thank you!
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