

December 2, 2009

Dear Healthcare Practitioner:

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Pharmacy and Therapeutics Committee (P&T Committee) met on November 18, 2009 to promote appropriate use of drugs by maintaining the formularies. We are dedicated to supporting our network of practitioners and would like to share with you the decisions made at that meeting that affect our formularies and pharmacy benefits. Please note that online versions of all Presbyterian formularies are available on our website at [www.phs.org/pharmacy/index.htm](http://www.phs.org/pharmacy/index.htm). All formularies are downloadable onto the Palm, Window Mobile, iPhone, or Blackberry devices through the **Epocrates Rx** software.

### **P&T COMMITTEE DECISIONS**

#### **Additions/Changes to the Presbyterian Formularies Effective December 14, 2009**

**Multaq® (dronedarone) tablets.** Multaq is a class III antiarrhythmic indicated to reduce the risk of cardiovascular hospitalization in patients with paroxysmal or persistent atrial fibrillation or atrial flutter. The committee approved the following Pharmacy Exception criteria for Multaq with a quantity limit of 60 tablets for 30 days.

*Indications for approval:*

1. Atrial or Paroxysmal Fibrillation.
2. Atrial Flutter.

AND must meet all of the following:

- Must not have NYHA Class IV heart failure or Class II-III heart failure with a recent decompensation.
  - AND one of the following:
    - a) Documented trial and failure of two generic antiarrhythmics such as flecainide, sotalol, or propafenone.
- OR
- b) Documented trial of amiodarone with unacceptable adverse effects.

**Vfend® (voriconazole) tablets.** Vfend is an antifungal agent indicated for the treatment of invasive aspergillosis and infections due to *C. albicans*, *C. tropicalis*, *C. parapsilosis*, *C. glabrata*, or *C. krusei*. The committee approved the following Pharmacy Exception criteria for Vfend tablets with a quantity limit of 60 tablets for 30 days.

*Indications for approval:*

1. The patient has a documented infection of one of the following:
  - Invasive aspergillosis.
  - *C. krusei*.
  - Any organism known to be resistant to high dose fluconazole and susceptible to voriconazole.

*Continuation of therapy criteria:* To ensure that therapeutic blood levels have been reached, voriconazole trough levels must be provided with each subsequent request for continuation of therapy.

### Summary of P&T Committee Additions

The following additions to the Presbyterian Senior Care (HMO) and MediCare PPO formularies are dependent on approval by the Centers for Medicare and Medicaid Services (CMS)

<b>Drug Name</b> (all strengths available are included)	<b>Salud, SCI, NMRx</b>	<b>Commercial</b>	<b>Senior Care and MediCare PPO</b>
<b>Multaq</b> tablets (dronedarone)	<b>PE*</b> <b>QL** of #60/30 days</b>	<b>Tier 3, PE</b> <b>QL of #60/30 days</b>	<b>Tier 3, PE</b> <b>QL of #60/30 days</b>
<b>Vfend</b> tablets (voriconazole)	<b>PE</b> <b>QL of #60/30 days</b>	<b>Tier 3, PE</b> <b>QL of #60/30 days</b>	<b>Tier 3, PE</b> <b>QL of #60/30 days</b>
<b>cefpodoxime</b> tablets (generic for Vantin®)	<b>Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>clonidine</b> transdermal patch (generic for Catapres®)	<b>Not Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>apraclonidine</b> ophthalmic drops (generic for Iopidine®)	<b>Not Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>benzoyl peroxide/clindamycin</b> topical gel (generic for Benzacilin)	<b>Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>nateglinide</b> tablets (generic for Starlix®)	<b>Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>buprenorphine</b> tablets (generic for Subutex®)	<b>PE</b> <b>QL of #90/30 days</b>	<b>Tier 3, PE</b> <b>QL of #90/30 days</b>	<b>Tier 3, PE</b> <b>QL of #90/30 days</b>
<b>omeprazole</b> capsules (generic for Prilosec®)	<b>Covered</b>	<b>Tier 1</b>	<b>Not Covered</b>
<b>ipratropium/albuterol</b> nebulization solution (generic for Duoneb®)	<b>Covered</b>	<b>Tier 1</b>	<b>Part B Covered Benefit</b>
<b>ramipril</b> capsules (generic for Altace®)	<b>Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>ketoconazole</b> topical cream and shampoo (generic for Nizoral®)	<b>Covered</b>	<b>Tier 1</b>	<b>Tier 1</b>
<b>temazepam</b> capsules 7.5mg and 22.5mg (generic for Restoril®)	<b>Covered</b>	<b>Tier 1</b>	<b>Excluded Benefit</b>

\*PE – Pharmacy Exception, \*\*QL – Quantity Limit

### Summary of P&T Committee Additions to the Salud/SCI/NMRx formularies only

<b>Drug Name</b> (all strengths available are included)	<b>Salud, SCI, NMRx</b>
<b>bumetanide</b> tablets (generic for Bumex®)	<b>Covered</b>
<b>amiloride &amp; amiloride/HCTZ</b> tablets (generic for Midamor® and Moduretic®)	<b>Covered</b>
<b>spironolactone/HCTZ</b> tablets (generic for Aldactazide®)	<b>Covered</b>
<b>fosinopril &amp; fosinopril/HCTZ</b> tablets (generic for Monopril® and Monopril HCT®)	<b>Covered</b>
<b>quinapril and quinapril/HCTZ</b> tablets (generic for Accupril® and Accuretic®)	<b>Covered</b>
<b>moexipril and moexipril/HCTZ</b> tablets (generic for Univasc® and Uniretic®)	<b>Covered</b>
<b>nadolol</b> tablets (generic for Corgard®)	<b>Covered</b>
<b>pindolol</b> tablets (generic for Viskin®)	<b>Covered</b>
<b>timolol</b> tablets (generic for Blocadren®)	<b>Covered</b>
<b>betaxolol</b> tablets (generic for Kerlone®)	<b>Covered</b>
<b>acebutolol</b> capsules (generic for Sectral®)	<b>Covered</b>
<b>bisoprolol and bisoprolol/HCTZ</b> tablets (generic for Zebeta® and Ziac®)	<b>Covered</b>

**Additions/Changes to the Presbyterian Formularies/PDLs  
Effective January 1, 2010**

**Asacol®, Dipentum®, and Pentasa®.** The committee approved a Step Edit requirement for coverage of Asacol (mesalamine), Dipentum (olsalazine), and Pentasa (mesalamine) on the Commercial and Salud/SCI/NMRx formularies. The Step Edit will require prescription claim history in the previous 120 days of a 30-day trial of balsalazide tablets. This change will affect members starting on Asacol, Dipentum, and Pentasa as of January 1, 2010.

**Aciphex®, Prevacid® capsules, and Zegerid®.** The committee approved a Step Edit requirement for coverage of Aciphex (rabeprazole), Prevacid (lansoprazole) capsules and Zegerid (omeprazole/sodium bicarbonate) on the Commercial and Salud/SCI/NMRx formularies. The Step Edit will require prescription claim history in the previous 120 days of a 30-day trial of pantoprazole tablets. This change will affect members starting on Aciphex, Prevacid capsules, and Zegerid as of January 1, 2010.

**Summary of P&T Committee Additions/Changes effective January 1, 2010**

<b>Drug Name</b>	<b>Salud/SCI/NMRx</b>	<b>Commercial</b>
<b>Asacol</b> (mesalamine)	Step Edit	Tier 2, Step Edit
<b>Dipentum</b> (olsalazine)	Step Edit	Tier 2, Step Edit
<b>Pentasa</b> (mesalamine)	Step Edit	Tier 2, Step Edit
<b>Aciphex</b> (rabeprazole)	Step Edit	Tier 2, Step Edit
<b>Prevacid</b> (lansoprazole) capsules	Step Edit	Tier 3, Step Edit
<b>Zegerid</b> (omeprazole/sodium bicarbonate)	Step Edit	Tier 2, Step Edit

**Yaz®, Ovcon-50®, and Ortho-Evra®.** The committee approved to change the Tier copayment status of Yaz (drospirenone/ethinyl estradiol), Ovcon-50 (norethindrone/ethinyl estradiol), and Ortho-Evra (transdermal norelgestromin/ethinyl estradiol) on the Commercial and Senior formularies from a Tier 2 to Tier 3 copay.

**Extended-cycle oral contraceptives.** The committee approved to add the following extended-cycle oral contraceptive products, Quasense™, Jolessa™, Seasonique®, and LoSeasonique™, to the Commercial and Presbyterian Senior Care (HMO) formularies effective January 1, 2010. A copayment will be required for each month of contraceptive coverage that is provided per the product.

**Summary of P&T committee additions for the extended-cycle oral contraceptive products  
Effective January 1, 2010**

<b>Drug Name</b>	<b>Salud/SCI/NMRx</b>	<b>Commercial</b>	<b>Senior Care and MediCare PPO</b>
<b>Quasense</b> (generic for Seasonale)	Not Covered	Tier 1 (3 copays apply)	Tier 1 (3 copays apply)
<b>Jolessa</b> (generic for Seasonale)	Not Covered	Tier 1 (3 copays apply)	Tier 1 (3 copays apply)
<b>Seasonique</b> (ethinyl estradiol/levonorgestrel)	Not Covered	Tier 3 (3 copays apply)	Tier 3 (3 copays apply)
<b>LoSeasonique</b> (ethinyl estradiol/levonorgestrel)	Not Covered	Tier 3 (3 copays apply)	Tier 3 (3 copays apply)

**Summary of P&T committee changes to the Presbyterian Senior Care and MediCare PPO  
Formularies effective January 1, 2010**

<b>Drug Name</b> (includes all strengths and dosage forms available)	<b>Formulary Coverage</b>
<b>Actonel®</b> (risedronate)	<b>Tier 2, Step</b>
<b>Avandia®</b> (rosiglitazone)	<b>Tier 3, Step</b>
<b>Avandamet®</b> (rosiglitazone/metformin)	<b>Tier 3, Step</b>
<b>Avodart®</b> (dutasteride)	<b>Tier 2, Step</b>
<b>Azmacort®</b> (triamcinolone)	<b>Not Covered</b>
<b>Coumadin® brand name</b> (warfarin)	<b>Tier 2</b>
<b>Depakote®, Depakote® ER brand name</b> (divalproex)	<b>Tier 2</b>
<b>Detrol®, Detrol® LA</b> (tolerodine)	<b>Tier 3, Step</b>
<b>Enablex®</b> (darifenacin)	<b>Tier 2</b>
<b>Flomax®</b> (tamsulosin)	<b>Tier 2, Step</b>
<b>Kadian®</b> (morphine sulfate)	<b>Tier 3, Step</b>
<b>Lescol®, Lescol® XL</b> (fluvastatin)	<b>Not Covered</b>
<b>Lipitor®</b> (atorvastatin)	<b>Not Covered</b>
<b>Lofibra®</b> (fenofibrate)	<b>Not Covered</b>
<b>Relpax®</b> (eletriptan)	<b>Tier 3</b>
<b>Serevent®</b> (salmeterol)	<b>Not Covered</b>
<b>Tricor®</b> (fenofibrate)	<b>Not Covered</b>
<b>Ventolin® HFA</b> (albuterol)	<b>Not Covered</b>
<b>Xalatan®</b> (latanoprost)	<b>Tier 2</b>

**Tier 3 brand-name medications:** On January 1, 2010, any brand-name medication that has an “AB rated” generic equivalent available will not be listed on the formulary. Previously, such as in 2009, brand-name medications with a generic equivalent were listed at a Tier 3 copayment. If a member chose to fill a prescription for a brand-name product and there was an “AB rated” generic available, the member would pay the difference between the copay and the price of the brand-name product. For the 2010 Senior Care (HMO) Medicare formulary that will not be an option due to CMS regulations.

**SUMMARY OF P&T SAFETY ISSUES**

**For complete information, please go to the following website:**

**[www.fda.gov/medwatch/safety/2009/safety09.htm](http://www.fda.gov/medwatch/safety/2009/safety09.htm)**

**Exjade® (deferasirox).** On September 25, 2009, the Food and Drug Administration (FDA) notified healthcare professionals of an ongoing review of safety issues with Exjade. New safety data suggests there may be a greater number of adverse events and deaths in patients using Exjade who are over sixty years old who have myelodysplastic syndrome (MDS). FDA is currently working with Novartis to add new information in the Contraindications, Warnings, and Precautions sections of the prescribing information.

**Tamiflu® (oseltamivir) Oral Suspension.** On September 25, 2009, the FDA issued a public health alert to notify prescribers and pharmacists about potential dosing errors with Tamiflu suspension. The dosing dispenser packaged with Tamiflu suspension only has markings in 30, 45, and 60 mg. Many physicians write doses for suspensions in terms of milliliters or teaspoons.

**Januvia® and Janumet® (sitagliptin).** On September 29, 2009, the FDA notified healthcare professionals that the prescribing information for Januvia and Janumet has been revised to include information about reported cases of acute pancreatitis. It is recommended that healthcare professionals monitor patients for pancreatitis after the initiation of or a dose increase of Januvia or Janumet.

**Relenza® (zanamivir).** On October 9, 2009, GlaxoSmithKline and the FDA notified healthcare professionals of the death of an influenza patient who had received Relenza Inhalation Powder that was solubilized and administered by mechanical ventilation. Relenza is not intended to be reconstituted in any liquid formulation and is not recommended for use in any nebulizer or mechanical ventilator. Relenza Inhalation Powder should only be used as directed in the prescribing information by using the Diskhaler device that is provided.

**Rituxan® (rituximab).** On October 23, 2009, Genentech and the FDA notified healthcare professionals about a third case of progressive multifocal leukoencephalopathy (PML). This is the first case of PML in a patient with rheumatoid arthritis treated with Rituxan who has not previously received treatment with a TNF antagonist. Information to date suggests that patients with RA who receive Rituxan have an increased risk of PML. Physicians should consider PML in any patient being treated with Rituxan who presents with new onset neurologic manifestations.

**Byetta® (exenatide).** On November 2, 2009, the FDA notified healthcare professionals of revisions to the prescribing information for Byetta that include post-marketing reports of altered kidney function, including acute renal failure and insufficiency. From April 2005 through October 2008, the FDA received 78 cases of altered kidney function (62 cases of acute renal failure and 16 cases of renal insufficiency) in patients using Byetta. Some cases occurred in patients with pre-existing kidney disease or in patients with one or more risk factors for developing kidney problems

The changes to the formularies, as outlined above, are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact Larry Georgopoulos, R.Ph, by e-mail at [lgeorgop@phs.org](mailto:lgeorgop@phs.org) or by phone at (505) 923-5530, Monday through Friday from 8:00 a.m. to 5:00 p.m.

**The Pharmacy Department numbers are (505) 923-5757 (in the Albuquerque area) or 1-888-923-5757 (outside the Albuquerque area).** Pharmacy Department hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Pres Online is also available for you to verify eligibility and submit Pharmacy Exceptions. Please visit the Provider page at [www.phs.org](http://www.phs.org) for more information.

Thank you for partnering with us to improve the health of individuals, families, and communities.

Sincerely,



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