Pharmacy & Therapeutics Committee

Provider Update

From Presbyterian Health Plan and Presbyterian Insurance Company Inc. (Presbyterian)
January/February 2013

Dear Healthcare Practitioner: The Presbyterian P&T Committee meets every other month to promote the appropriate use of drugs, to maintain the Presbyterian formularies, and to support our network of practitioners. The P&T Committee met on **January 16, 2013,** and we would like to share with you the decisions made at the meeting that affect our formularies and pharmacy benefits.

❖ Summary of P&T Committee Decisions (effective February 15, 2013)

Drug Name	Salud and SCI	Commercial	Medicare*
Formulary Additions			
Cometriq® (cabozantinib) 20 mg, 80 mg capsules	PA, LD	Tier 4, PA, LD	Tier 5, PA, LD
Suboxone® (buprenorphine/naloxone) 4 mg/1 mg, 12 mg/3 mg sublingual film	PA	Tier 3, PA	Tier 4, PA
Prezista® (darunavir) 800 mg tablet	QL	Tier 2, QL	Tier 5

New Generic Formulary Additions			
aminocaproic acid (Amicar®) 500 mg, 1000 mg tablets, 25% syrup	Covered	Tier 1	Tier 2
candesartan cilexetil/HCTZ (Atacand ®HCT) 16/12.5 mg, 32/12.5 mg, 32/25 mg tablets	ST	Tier 3	Tier 4, ST
carbidopa/levodopa/entacapone (Stalevo®) 12.5/50/200 mg, 18.75/75/200 mg, 25/100/200 mg, 31.25/125/200 mg, 37.5/150/200 mg, 50/200/200 mg tablets	NC	Tier 3	Tier 4
oxymorphone SR (Opana® ER) 7.5 mg and 15 mg tablets	ST, QL	Tier 3, QL, ST	Tier 4, QL,ST
sildenafil (Revatio®) 20 mg tablets	PA	Tier 4, PA	Tier 5, QL
tiagabine (Gabitril®) 2 mg, 4 mg tablets	NC	Tier 3	Tier 2

Other Formulary Changes			
Benzodiazepines - *Select benzodiazepines have been added to the Medicare formulary at Tier 2 with a quantity limit*	Covered, QL	Tier 1, QL	Tier 2, QL
Ciprodex® otic suspension (ciprofloxacin-dexamethasone 0.3-1%) – *Age edit and quantity limit added to Medicaid and Commercial formularies*	AG, QL	Tier 2, AG, QL	Tier 3
Cipro® HC otic suspension (ciprofloxacin-hydrocortisone 0.2%-1%) – *Removed from Commercial formularies*	NC	NC	Tier 4
clindamycin/benzoyl peroxide 1%/5% gel (BenzaClin®) – *Removed from Medicaid formularies and moved to Tier 3 on Commercial formularies*	NC	Tier 3	Tier 2
clindamycin/benzoyl peroxide 1.2%/5% gel (Duac®) – *Removed from Medicaid formularies and moved to Tier 3 on Commercial formularies*	NC	Tier 3	Tier 2
escitalopram (Lexapro®) 5 mg, 10 mg, 20 mg tablets, 5 mg/5 mL oral solution – *Step therapy requirement removed from all formularies*	QL	Tier 1, QL	Tier 2, QL
Flovent HFA and Diskus – *Moved from Tier 4 to Tier 3 on Medicare formulary*	Covered	Tier 2	Tier 3
Tazorac® (tazarotene) 0.05%, 0.1% cream and gel – *Moved to Tier 3 on Commercial formulary with ST and QL*	NC	Tier 3, ST, QL	Tier 3

*Pending CMS approval
AG=Age limit, MB=Medical benefit, PA=Prior authorization, QL=Quantity limit, SP=Specialty pharmacy mandated, LD=Limited Distribution, NC=Not Covered
Members currently on a medication that has been removed from the formulary or changed in tier status will be given a 60-day notification.

[PPC021301]

Formulary Criteria Additions/Revisions

To see the complete Presbyterian Formulary Exception Criteria document online, please access: http://www.phs.org/phs/healthplans/providers/pharmacy/index.htm

- Prior authorization criteria added to new cancer chemotherapy agent Cometriq.
- Age restriction added to Ciprodex otic suspension. Ciprodex will be covered for patient 12 years of age and younger.
- Step therapy added to topical retinoid Tazorac.
- The Suboxone prior authorization criteria for Commercial Plans have been revised to match the Medicaid prior authorization criteria.

Benzodiazepines added to Medicare Formularies with Quantity Limits

alprazolam tablets	0.25, 0.5, 1 mg – 90 tablets for 30 days 2 mg – 135 tablets for 30 days
chlordiazepoxide capsules	120 capsules for 30 days
clonazepam tablets and ODTs	90 tablets for 30 days
clorazepate tablets	180 tablets for 30 days
diazepam tablets	120 tablets for 30 days
diazepam rectal gel	60 for 30 days
estazolam tablets	30 tablets for 30 days
flurazepam capsules	30 capsules for 30 days
lorazepam tablets	90 tablets for 30 days
oxazepam capsules	120 capsules for 30 days
temazepam	30 capsules for 30 days

Use of High Risk Medications in the Elderly (DAE): Oral Estrogens

The HEDIS® (Healthcare Effectiveness Data and Information Set) methodology developed by the NCQA (National Committee for Quality Assurance) is a measurement tool used by health plans across the nation to evaluate their performance in terms of clinical quality and customer service.

One measure of HEDIS is the number of high risk medications prescribed to patients 65 years of age and older. Oral estrogens are considered high risk medications in the elderly due to an increased risk of breast and endometrial cancer, pulmonary embolism, stroke, and coronary artery disease.

Formulary alternatives with a lesser risk of adverse effects:

- Vulvovaginal atrophy: Estrace Vaginal cream, Premarin Vaginal Cream, Estring, Vagifem
- Relief of vasomotor symptoms: gabapentin, venlafaxine ER, citalopram, escitalopram

U.S. Food and Drug Administration (FDA) Safety Alerts
December 2012 to January 2013

All FDA Safety Alerts are available online at:
www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/default.htm

- **Ondansetron (Zofran) 32 mg, Single IV Dose** (12/04/12): The FDA notified healthcare professionals that the 32 mg, single IV dose of the antiemetic ondansetron will no longer be marketed due to potential for serious cardiac risks which includes QT prolongation that can lead to Torsades de Pointes.
- **Incivek (telapravir)** (12/19/12) – The FDA received reports of serious skin reactions, some fatal, in patients receiving combination therapy with Incivek, peginterferon alfa, and ribavirin for treatment of Hepatitis C. These reports have prompted the addition of a boxed warning to the Incivek drug label. The warning states that Incivek combination treatment must be stopped immediately in patients experiencing a rash with systemic symptoms or a progressive severe rash.
- **Pradaxa (dabigatran etexilate mesylate)** (12/19/12): The FDA notified healthcare professionals that the anticoagulant Pradaxa should not be used to prevent stroke or blood clots in patients with mechanical heart valves due to an increased incidence of strokes, heart attacks, and blood clots forming on the mechanical heart valves compared to warfarin users.

The changes to the formularies, as outlined, are based on requests from our practitioners and by the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact the Pharmacy Director, Louanne Cunico, PharmD at lcunico@phs.org or at (505) 923-8359. You can also contact the author of this newsletter, Kendra Ward, PharmD at kward2@phs.org or at (505) 923-5526, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Thank you for partnering with us to improve the health of patients, members, and communities we serve.