DOD PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS

INFORMATION FOR THE UNIFORM FORMULARY BENEFICIARY ADVISORY PANEL

I. Uniform Formulary Review Process

Under 10 U.S.C. § 1074g, as implemented by 32 C.F.R. 199.21, the DoD P&T Committee is responsible for developing the Uniform Formulary (UF). Recommendations to the Director, TMA, on formulary status, pre-authorizations, and the effective date for a drug's change from formulary to non-formulary status receive comments from the Beneficiary Advisory Panel (BAP), which must be reviewed by the Director before making a final decision.

II. 5-HYDROXYTRYPTAMINE DRUGS (TRIPTANS)

P&T Comments

A. Triptans – Relative Clinical Effectiveness

The P&T Committee evaluated the relative clinical effectiveness of the eight marketed 5-hydroxytryptamine agonists (triptans) in the US, almotriptan (Axert), eletriptan (Relpax), frovatriptan (Frova), naratriptan (Amerge), sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), rizatriptan (Maxalt), and zolmitriptan (Zomig). None of the triptans are available in generic formulations, although generic formulations of sumatriptan are expected in early 2009.

The clinical review included consideration of pertinent information from a variety of sources determined by the P&T Committee to be relevant and reliable, including but not limited to sources of information listed in 32 CFR 199.21(e)(1).

MHS expenditures for the triptans were approximately $70 million for the time period of May 2007 to April 2008. In terms of total quantity dispensed between May 2007 and April 2008, sumatriptan is the highest utilized triptan in the MHS (~150,000 tablets dispensed/month), followed by zolmitriptan (~60,000 tablets/month), and rizatriptan (~45,000 tablets/month). To review the full clinical effectiveness evaluation, see the Triptan DoD Drug Class Review found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion

a) With regards to efficacy at providing pain relief at 2 hours, 1) rizatriptan 10 mg (Maxalt) appears superior to the other triptans; 2) almotriptan (Axert), eletriptan (Relpax), sumatriptan (Imitrex) and zolmitriptan (Zomig) have comparable relative effectiveness; 3) frovatriptan (Frova) appears inferior to the other triptans, although these results are based on limited data; 4) naratriptan (Amerge) appears inferior to the other triptans; and 5) sumatriptan/naproxen (Treximet) appears superior to sumatriptan 85 mg, but there is insufficient evidence to suggest clinically relevant differences between Treximet and the other triptans.

b) With regards to other efficacy endpoints, 1) rizatriptan 10 mg (Maxalt) and almotriptan 12.5 mg (Axert) are superior to the other triptans for pain free

response at 24 hours; and 2) rizatriptan 10 mg is superior to the other triptans for pain-free response at 2 hours.

c) With regards to safety and tolerability, almotriptan (Axert) and naratriptan (Amerge) had the most favorable adverse event profiles compared to the other triptans. There is only limited data for frovatriptan from the product labeling.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Triptans – Relative Cost Effectiveness

In considering the relative cost-effectiveness of pharmaceutical agents in this class, the P&T Committee evaluated the costs of the agents in relation to the efficacy, safety, tolerability, and clinical outcomes of the other agents in the class. Information considered by the P&T Committee included but was not limited to sources of information listed in 32 CFR 199.21(e)(2).

Relative Cost Effectiveness Conclusion:

The cost effectiveness of the triptan agents was evaluated by cost minimization analysis (CMA), cost effectiveness analysis (CEA), and by budget impact analysis (BIA). Based on the results of the cost analyses and other clinical and cost considerations, the P&T Committee concluded:

a) Results from the triptan CMA revealed that sumatriptan/naproxen (Treximet) was the most cost effective agent overall. However, sumatriptan (Imitrex) is expected to become the most cost-effective triptan when generic formulations reach the market in early 2009.

b) Results from the 2 hour pain response CEA revealed that 1) sumatriptan/naproxen (Treximet), eletriptan (Relpax) and rizatriptan (Maxalt) formed the efficiency frontier and are the most cost-effective agents; and 2) when the price for generic formulations of sumatriptan (Imitrex) drops below 70% of the current price, sumatriptan and rizatriptan will become the most cost-effective agents.

c) Results from the 2 hour pain-free response CEA yielded results similar to the 2 hour pain response.

d) The BIA evaluated the potential impact of scenarios with selected triptans designated formulary or non-formulary on the UF. Results from the BIA revealed that the scenario that designated almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge) as non-formulary under the UF was more favorable to the MHS.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Triptans – Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the Triptans, and other relevant factors, the P&T Committee voted to recommend that:

1) Sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), eletriptan (Relpax), rizatriptan (Maxalt), and zolmitriptan (Zomig) be classified as formulary on the UF.

2) Almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge) be designated as non-formulary under the UF, based on cost effectiveness.

All triptan drugs recommended for inclusion on the UF were covered by Uniform Formulary Voluntary Agreement for Retail Refunds (UF VARR) submissions at or below the Federal Ceiling Price (FCP). (One of the triptan drugs recommended for non-formulary status was also covered by a UF-VARR at or below the FCP, but was not considered cost-effective.)

D. Triptans – Implementation Plan

The P&T Committee recommended an effective date of the first Wednesday following a 90-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) program and in the TRICARE Retail Network Pharmacy Program (TRRx), and at the MTFs no later than a 90-day implementation period. The implementation period will begin immediately following the approval by the Director, TMA.

III. 5-HYDROXYTRYPTAMINE DRUGS (TRIPTANS)

BAP Comments

A. Triptans – Uniform Formulary Recommendation: In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the Triptans, and other relevant factors, the P&T Committee voted to recommend that:

1) Sumatriptan (Imitrex), sumatriptan/naproxen (Treximet), eletriptan (Relpax), rizatriptan (Maxalt), and zolmitriptan (Zomig) be classified as formulary on the UF.

2) Almotriptan (Axert), frovatriptan (Frova), and naratriptan (Amerge) be designated as non-formulary under the UF, based on cost effectiveness.

BAP Comment:	□ Concur	□ Non-concur
	Additional Comments and Dissentions:	

B. Triptans – Implementation Plan: The P&T Committee recommended an effective date of the first Wednesday following a 90-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) program and in the TRICARE Retail Network Pharmacy Program (TRRx), and at the MTFs no later than a 90-day implementation period. The implementation period will begin immediately following the approval by the Director, TMA.

BAP Comment:	☐ Concur ☐ Non-concur
	Additional Comments and Dissentions:

IV. OSTEOPOROSIS AGENTS

P&T Comments

A. Osteoporosis Agents– Relative Clinical Effectiveness

The P&T Committee evaluated the relative clinical effectiveness of the osteoporosis agents currently marketed in the US. The individual drugs included in the class are listed below:

- *Bisphosphonates*: alendronate (Fosamax), alendronate/vitamin D (Fosamax plus D), ibandronate (Boniva), risedronate (Actonel), and risedronate/calcium (Actonel with calcium). Intravenous (IV) zoledronic acid (Reclast) and IV ibandronate (Boniva) were not part of the UF review, as they are not included as a TRICARE pharmacy benefit.
- *Selective estrogen receptor modulators (SERMs)*: raloxifene (Evista)
- *Parathyroid hormone(PTH) 1-34 amino acids:* teriparatide (Forteo)
- *Calcitonin nasal sprays:* calcitonin-salmon (Miacalcin) and recombinant calcitonin (Fortical)

Generic formulations of alendronate and alendronate/vitamin D 2800 IU (Fosamax) became commercially available in 2008. There are no generic formulations of any of the other osteoporosis agents. All the agents are approved for treating osteoporosis; raloxifene (Evista) is also approved for the reduction in risk of invasive breast cancer in postmenopausal women with osteoporosis or those at high risk of invasive breast cancer. To review the full clinical effectiveness evaluation, see the Osteoporosis DoD Drug Class Review found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion: The P&T Committee concluded that:

a) With regard to changes in bone mineral density (BMD), all the drugs in the bisphosphonates, SERMs, PTH derivative, and calcitonin subclasses increase BMD, but superiority of one drug over another cannot be determined by BMD changes alone.

b) With regard to fracture risk reduction, 1) the supporting evidence for the bisphosphonates is stronger than that available for raloxifene (Evista), teriparatide (Forteo) and the calcitonin nasal sprays (Fortical and Miacalcin); and 2) there is insufficient evidence to determine if there are clinically relevant differences between the drugs in each osteoporosis subclass.

c) With regard to the orally administered bisphosphonates, 1) the bisphosphonates reduce the risk of vertebral fractures to a similar degree, but the data is limited to daily dosing and there is insufficient evidence to determine if there are clinically relevant differences in fracture risk reduction with extended interval dosing regimens; 2) risedronate (Actonel) and IV zoledronic acid have evidence from adequately powered clinical trials that they reduce the risk of non-vertebral and hip fractures compared to the other bisphosphonates; and 3) there is insufficient evidence to suggest clinically relevant differences between the orally administered bisphosphonates in preventing fractures.

d) With regard to the SERM raloxifene (Evista) and the calcitonin nasal sprays, 1) both subclasses reduce the risk of vertebral fractures, but the data is more limited than that available with the bisphosphonates; and 2) there is no data to suggest clinically relevant efficacy differences between calcitonin-salmon (Miacalcin) and recombinant calcitonin (Fortical).

e) With regard to the PTH derivative teriparatide (Forteo), 1) there is evidence from one clinical trial supporting vertebral and non-vertebral fracture risk reduction; and 2) teriparatide is potentially beneficial in reducing fracture risk in patients experiencing fractures despite bisphosphonate therapy.

f) With regard to safety of the oral bisphosphonates, 1) there is no evidence to suggest that there are clinically relevant differences between alendronate (Fosamax), risedronate (Actonel) and ibandronate (Boniva) in the incidence of gastrointestinal complaints; 2) the overall incidence of osteonecrosis of the jaw with the oral agents is low; and 3) long-term safety data extending out to 10 years is available with alendronate (Fosamax).

g) With regard to tolerability of the oral bisphosphonates, a retrospective observational cohort analysis of 23,044 DoD beneficiaries performed by the Pharmacy Operations Outcomes Team (PORT) compared medication persistence between weekly vs. monthly dosing regimens, based on prescription claims during the year following the initial prescription. The study included all DoD beneficiaries filling initial prescriptions for bisphosphonates at the retail and mail order points of service from 1 Aug 06 to 31 Jan 07. Results of the multivariate logistic regression model were adjusted for age, gender, point of service, TRICARE region, and number of concomitant maintenance medications. The odds of a patient being persistent with treatment (≥80% of days covered based on cumulative days supply) were 18% higher among monthly users compared to weekly users of bisphosphonates (OR 1.18; 95% CI 1.12-1.25). Improved persistence on bisphosphonate therapy has been shown to be associated with a reduced risk of fracture based on observational data, although data from randomized controlled trials supporting a causal relationship are not yet available.

h) With regard to safety and tolerability of the other osteoporosis subclasses, each subclass (SERM, calcitonin and PTH derivative) has unique adverse event profiles.

i) With regard to other factors of the calcitonin nasal sprays, there are no clinically relevant differences between calcitonin-salmon (Miacalcin) and recombinant calcitonin (Fortical), with the exception of differences in the preservative and ease of administration.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Osteoporosis Agents– Relative Cost Effectiveness

In considering the relative cost-effectiveness of pharmaceutical agents in this class, the P&T Committee evaluated the costs of the agents in relation to the efficacy, safety, tolerability, and clinical outcomes of the other agents in the class. Information considered by the P&T Committee included but was not limited to sources of information listed in 32 CFR 199.21(e)(2).

The relative clinical effectiveness evaluation concluded that: 1) the bisphosphonates are highly clinically interchangeable with each other for the treatment of osteoporosis; 2) there is evidence that the extended dosing interval (monthly) bisphosphonates may yield greater rates of persistence than the weekly formulations; 3) the two calcitonin products are formulated with identical molecules and are highly clinically interchangeable for their osteoporosis indications; and 4) teriparatide and raloxifene occupy treatment niches for selected patients. As a result, CMAs were conducted for the bisphosphonate and calcitonin subclasses to compare the relative cost effectiveness of these agents. Additionally a CEA was performed to evaluate the extended dosing interval bisphosphonates. The SERM and parathyroid agents were compared to the other subclasses in a further cost analysis.

Relative Cost Effectiveness Conclusion: The P&T Committee concluded the following:

a) Results from the bisphosphonate CMA revealed that ibandronate (Boniva) was the most cost effective agent overall. However, generic formulations of alendronate (Fosamax) have recently become available, and alendronate is expected to become the most cost effective oral bisphosphonate when the generic exclusivity period ends in the third quarter, 2008.

b) Results from the nasal calcitonin CMA revealed that recombinant calcitonin (Fortical) is significantly more cost effective than salmon-calcitonin (Miacalcin).

c) Results from the extended dosing interval bisphosphonate CEA revealed: 1) based on available published literature, improved persistence with extended cycle bisphosphonates would likely result in a small decrease in the risk of fractures; 2) the incremental annual cost per patient using extended dosing interval bisphosphonates is modest; and 3) while extended dosing interval products are slightly more costly, these agents remain cost effective for the treatment of osteoporosis.

d) The cost comparison of teriparatide (Forteo) and raloxifene (Evista) to the other osteoporosis subclasses concluded that 1) raloxifene is slightly more costly than the bisphosphonates and calcitonin; and 2) teriparatide is significantly more costly than bisphosphonates and calcitonin.

e) The BIA evaluated the potential impact of scenarios with selected bisphosphonates, teriparatide (Forteo), and calcitonin products designated formulary or non-formulary on the UF. The BIA results showed that the scenario that designated the salmon-calcitonin (Miacalcin) as non-formulary on the UF was more favorable to the MHS.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Osteoporosis Agents – Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the osteoporosis agents, and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that:

1) Alendronate (Fosamax), alendronate/vitamin D (Fosamax plus D), risedronate (Actonel), risedronate with calcium (Actonel with calcium), ibandronate (Boniva), raloxifene (Evista), teriparatide (Forteo), and recombinant calcitonin (Fortical) be maintained as formulary on the UF.

2) Salmon-calcitonin (Miacalcin) be designated as non-formulary on the UF.

All osteoporosis drugs recommended for inclusion on the UF were covered by Uniform Formulary Voluntary Agreement for Retail Refunds (UF VARR) submissions at or below the Federal Ceiling Price (FCP), with the exception of raloxifene, teriparatide, and recombinant calcitonin. These three osteoporosis agents were recommended for inclusion on the UF without UF VARR quotes, due to their unique indications and place in therapy.

D. Osteoporosis Agents – Implementation Plan - The P&T Committee recommended an effective date of the first Wednesday following a 90-day implementation period in the TMOP and TRRx, and at the MTFs no later than a 90-day implementation period. The implementation period will begin immediately following the approval by the Director, TMA.

V. OSTEOPOROSIS AGENTS

BAP Comments

A. Osteoporosis Agents– Uniform Formulary Recommendation

Taking into consideration of the conclusions from the relative clinical effectiveness conclusions and cost effectiveness determinations of Fenoglide, and other relevant factors, the P&T Committee, based on its professional judgment, voted to recommend that alendronate (Fosamax), alendronate/vitamin D (Fosamax plus D), risedronate (Actonel), risedronate with calcium (Actonel with calcium), ibandronate (Boniva), raloxifene (Evista), teriparatide (Forteo), and recombinant calcitonin (Fortical) be

maintained as formulary on the UF, and that salmon-calcitonin (Miacalcin) be designated as non-formulary on the UF.

BAP Comment:	☐ Concur ☐ Non-concur Additional Comments and Dissentions:

B. Osteoporosis Agents – Implementation Plan

The P&T Committee recommended an effective date of the first Wednesday following a 90-day implementation period in the TMOP and TRRx, and at the MTFs no later than a 90-day implementation period. The implementation period will begin immediately following the approval by the Director, TMA.

BAP Comment:	☐ Concur ☐ Non-concur Additional Comments and Dissentions:

VI. NEWLY APPROVED DRUGS – Fenofibrate meltdose (Fenoglide)

P&T Comments

A. Fenoglide – Relative Clinical Effectiveness - Fenoglide is a new formulation of fenofibrate that is FDA-approved for treating hyperlipidemia and mixed dyslipidemia. To review the full clinical effectiveness evaluation, see the Fenoglide New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion: The P&T Committee concluded that 1) there is no evidence to suggest that there are clinically relevant differences in the efficacy, safety and clinical outcomes of Fenoglide compared to other fenofibrate formulations, as they all contain the same active ingredient. 2) In terms of packaging and storage requirements, Fenoglide has advantages over fenofibrate insoluble drug delivery microparticle (Triglide) in that it is available in 90 count bottles and does not require dispensing in moisture-proof containers.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Fenoglide – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of fenofibrate meltdose in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the class. Information considered by the P&T Committee included, but was not limited to sources of information listed in 32 CFR 199.21 (e)(2).

A cost minimization analysis (CMA) was employed to evaluate the cost effectiveness of fenofibrate meltdose (Fenoglide). The cost effectiveness of Fenoglide was evaluated relative to the following agents: Triglide (currently the most cost effective UF fenofibrate) and Tricor. The results of the CMA showed that the projected weighted average daily cost of Fenoglide was significantly lower than the weighted average daily cost of Triglide or Tricor.

Relative Cost Effectiveness Conclusion: - The P&T Committee concluded that fenofibrate meltdose (Fenoglide) is cost effective relative to the evaluated agents in the LIP-2 class. The weighted average cost of Fenoglide is more cost effective relative to Triglide or Tricor.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Fenoglide – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations, and other relevant factors, the P&T Committee, based upon its collective professional judgment, recommended that: 1) fenofibrate meltdose (Fenoglide) be classified as formulary on the UF; and 2) the normal brand cost-share of $9.00 for fenofibrate meltdose (Fenoglide) be lowered to the generic formulary cost share of $3.00 in the retail and mail order points of service.

The authority for the last recommendation is codified in 32 CFR 199.21(j)(3), which states that "when a blanket purchase agreement, incentive price agreement, Government contract, or other circumstances results in a brand pharmaceutical agent being the most cost effective agent for purchase by the Government, the P&T Committee may also designate that the drug be cost-shared at the generic rate." The objective is to maximize use of fenofibrate meltdose in the retail network and mail order, given its significantly lower cost relative to other fenofibrate products. Lowering the cost-share for brand name fenofibrate meltdose will provide a greater incentive for beneficiaries to use the most cost effective fenofibrate formulation in the purchased care arena.

Fenofibrate meltdose (Fenoglide) was covered by the UF VARR submission at or below the FCP.

D. Fenoglide – Implementation Plan

Not applicable.

VII. NEWLY APPROVED DRUGS – Fenofibrate meltdose (Fenoglide)

BAP Comments

A. Fenoglide – Uniform Formulary Recommendation

The P&T Committee, based on its professional judgment, voted to recommend that fenofibrate meltdose (Fenoglide) be maintained as formulary on the Uniform Formulary.

BAP Comment: □ Concur □ Non-concur Additional Comments and Dissentions:

VIII. NEWLY APPROVED DRUGS – Nebivolol (Bystolic)

P&T Comments

A. Bystolic – Relative Clinical Effectiveness - Nebivolol is an Adrenergic Blocking Agent (ABA) that is FDA-approved for treatment of hypertension. To review the full clinical effectiveness evaluation, see the Nebivolol New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/

Relative Clinical Effectiveness Conclusion - The P&T Committee concluded that nebivolol (Bystolic) does not have a significant, clinically meaningful therapeutic advantage in terms of safety, effectiveness, or clinical outcomes over other ABA agents currently included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Bystolic – Relative Cost Effectiveness The P&T Committee evaluated the relative cost effectiveness of nebivolol in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the class, particularly to the following ABA medications: atenolol (Tenormin, generics), carvedilol extended release (Coreg CR) and metoprolol succinate extended release (Toprol XL, generics). Information considered by the P&T Committee included, but was not limited to sources of information listed in 32 CFR 199.21 (e)(2). A CMA was employed to determine the cost effectiveness of nebivolol (Bystolic) relative to atenolol, Coreg CR and metoprolol succinate ER. Results of the CMA showed that the projected weighted average daily cost of nebivolol was significantly higher than its ABA comparators.

Relative Cost Effectiveness Conclusion: P&T Committee, based upon its collective professional judgment, voted that the weighted average daily cost of nebivolol (Bystolic) was significantly higher than the weighted average daily cost of atenolol (Tenormin, generics), carvedilol extended release (Coreg CR), or metoprolol succinate extended release (Toprol XL, generics).

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Bystolic – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness of nebivolol, and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that nebivolol (Bystolic) be designated as non-formulary on the UF. This recommendation was based on the clinical effectiveness conclusion, and the determination that atenolol (Tenormin, generics), carvedilol extended release (Coreg CR) and metoprolol succinate extended release (Toprol XL, generics) remain the most cost effective ABA agents on the UF compared to nebivolol.

D. Bystolic – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in TMOP and TRRx, and at MTFs no later than a 60-day implementation period. The implementation period will begin immediately following approval by the Director, TMA.

IX. NEWLY APPROVED DRUGS – Nebivolol (Bystolic)

BAP Comments

A. Bystolic– Uniform Formulary Recommendation – The P&T Committee, based on its professional judgment, voted to recommend that nebivolol (Bystolic) be classified as non-formulary on the Uniform Formulary.

BAP Comment:	☐ Concur ☐ Non-concur
	Additional Comments and Dissentions:

B. Bystolic – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in TMOP and TRRx, and at MTFs no later than a 60-day implementation period. The implementation period will begin immediately following approval by the Director, TMA.

BAP Comment:	☐ Concur ☐ Non-concur
	Additional Comments and Dissentions:

X. NEWLY APPROVED DRUGS – Levocetirizine (Xyzal)

P&T Comments

A. Xyzal – Relative Clinical Effectiveness - Levocetirizine is a Newer Antihistamine (NA) that is the R-enantiomer of cetirizine. It is FDA-approved in adults and in children as young as six years of age for the treatment of seasonal and perennial allergic rhinitis, and chronic idiopathic urticaria. To review the full clinical effectiveness evaluation, see the Levocetirizine New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion - The Committee voted that levocetirizine (Xyzal) did not have a significant, clinically meaningful therapeutic advantage in terms of safety, effectiveness or clinical outcome over other NAs included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Xyzal – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of levocetirizine (Xyzal) in relation to efficacy, safety, tolerability, and clinical outcomes of other agents in the class. A CMA was employed to determine the

cost effectiveness of levocetirizine relative to other NAs: loratadine (OTC Claritin, generics), cetirizine (OTC Zyrtec, generics), fexofenadine (Allegra, generics), and desloratadine (Clarinex). The results of the CMA revealed that the weighted average cost per day of levocetirizine is significantly higher than loratadine, cetirizine, and fexofenadine, but is significantly lower than the non-formulary NA desloratadine (Clarinex).

Relative Cost Effectiveness Conclusion: The Committee voted that levocetirizine (Xyzal) is not cost effective relative to the other UF Newer Antihistamines.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Xyzal – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of levocetirizine (Xyzal) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that levocetirizine be designated as non-formulary under the UF.

D. Xyzal – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

XI. NEWLY APPROVED DRUGS – Levocetirizine (Xyzal)

BAP Comments

A. Xyzal – Uniform Formulary Recommendation - The P&T Committee, based on its professional judgment, voted to recommend that levocetirizine (Xyzal) be classified as non-formulary on the Uniform Formulary.

BAP Comment:	□ Concur □ Non-concur Additional Comments and Dissentions:

B. Xyzal – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

BAP Comment:	□ Concur □ Non-concur Additional Comments and Dissentions:

XII. NEWLY APPROVED DRUGS – Zileuton extended release (Zyflo CR)

P&T Comments

A. Zyflo CR – Relative Clinical Effectiveness - Zileuton extended release (Zyflo CR) is a new formulation of zileuton immediate release (Zyflo) that is dosed twice daily, rather than four times daily. It is FDA-approved for the treatment of asthma in adults and in children as young as 12 years of age. To review the full clinical effectiveness evaluation, see the Zileuton extended release New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion - The Committee voted that zileuton extended release (Zyflo CR) did not have a significant, clinically meaningful therapeutic advantage in terms of safety, effectiveness or clinical outcome over other Leukotriene Modifiers (LMs) included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Zyflo CR – Relative Cost Effectiveness - The Committee evaluated the relative cost effectiveness of zileuton extended release (Zyflo CR) in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the LM class. A CMA was employed to evaluate the cost effectiveness of zileuton extended release relative to montelukast (Singulair), zafirlukast (Accolate), and zileuton immediate release (Zyflo). The results of the CMA demonstrated that the projected weighted average daily cost of zileuton extended release was significantly higher than the weighted average daily cost of the comparators within the LM class.

Relative Cost Effectiveness Conclusion: The Committee voted that zileuton extended release (Zyflo CR) is not cost effective relative to the other agents in the LM class. The weighted average cost of montelukast (Singulair), zafirlukast (Accolate) and zileuton immediate release (Zyflo) is more cost effective relative to zileuton extended release

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Zyflo CR – Uniform Formulary Recommendation – Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of zileuton extended release (Zyflo CR) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that zileuton extended release be designated as non-formulary under the UF.

D. Zyflo CR – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

XIII. NEWLY APPROVED DRUGS – Zileuton extended release (Zyflo CR)

BAP Comments

A. Zyflo CR – Uniform Formulary Recommendation - The P&T Committee, based on its professional judgment, voted to recommend that zileuton (Zyflo CR) be classified as non-formulary on the Uniform Formulary.

BAP Comment:	☐ Concur ☐ Non-concur
	Additional Comments and Dissentions:

B. Zyflo CR – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

BAP Comment:	☐ Concur ☐ Non-concur
	Additional Comments and Dissentions:

XIV. NEWLY APPROVED DRUGS – Simvastatin / Niacin extended release (Simcor)

P&T Comments

A. Simcor – Relative Clinical Effectiveness - Simcor is the combination of 40 mg simvastatin (Zocor, generics) with 500-, 750- or 1000- mg of niacin extended release (Niaspan). It is approved by the FDA for patients with hyperlipidemia to raise HDL concentrations, and to lower LDL, triglyceride, non-HDL, and total cholesterol concentrations, when monotherapy is inadequate. To review the full clinical effectiveness evaluation, see the Simcor New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion -The Committee voted that there is insufficient evidence to suggest if there are clinically relevant differences between simvastatin/niacin extended release Simcor) and the other statins and niacin in terms of efficacy, and that in terms of safety and tolerability, Simcor appears comparable to giving the simvastatin and niacin components separately.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Simcor – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of simvastatin/niacin ER (Simcor) in relation to efficacy, safety, tolerability, and clinical outcomes of other agents in the Antilipidemic-I (LIP-1) class. A CMA was employed to evaluate the cost effectiveness of simvastatin/niacin ER relative to simvastatin (Zocor, generics), niacin ER (Niaspan), lovastatin/niacin ER (Advicor) and the combination of the individual components of Simcor (simvastatin plus Niaspan). The results of the CMA showed that the projected weighted average daily cost of Simcor was significantly less than the weighted average daily cost of its comparators.

Relative Cost Effectiveness Conclusion: The Committee voted that simvastatin/niacin ER (Simcor) is cost effective relative to the evaluated agents in the LIP-1 class.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Simcor – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of simvastatin/niacin ER (Simcor) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that simvastatin/niacin ER be classified as formulary on the UF.

Simvastatin/niacin ER was covered by a UF VARR submission at or below the FCP.

D. Simcor – Implementation Plan

Not applicable

XV. NEWLY APPROVED DRUGS – Simvastatin / Niacin extended release (Simcor))

BAP Comments

A. Simcor – Uniform Formulary Recommendation - The P&T Committee, based upon its collective professional judgment, voted to recommend that simvastatin/niacin ER (Simcor) be classified as formulary on the UF.

BAP Comment:	□ Concur □ Non-concur Additional Comments and Dissentions:

XVI. NEWLY APPROVED DRUGS – Brimonidine / Timolol maleate (Combigan)

P&T Comments

A. Combigan – Relative Clinical Effectiveness - Combigan is a combination ophthalmic product that contains the alpha-2 adrenergic agonist brimonidine 0.02% (Alphagan, generics) with the beta blocker timolol maleate 0.05% (Timoptic, generics). Combigan is approved for twice daily use for the reduction of elevated intraocular pressure in patients with ocular hypertension or glaucoma who require adjunctive or replacement therapy. To

review the full clinical effectiveness evaluation, see the Combigan New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion - The Committee voted that while brimonidine/timolol (Combigan) offers a convenience to the patient in terms of ease of administration, there is currently insufficient evidence to suggest if there are clinically relevant differences between Combigan and the other Glaucoma Agents in terms of efficacy. In terms of safety and tolerability, Combigan appears comparable to administering brimonidine and timolol as separate products dosed twice daily.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Combigan – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of brimonidine/timolol ophthalmic solution (Combigan) in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the class. A CMA was employed to evaluate the cost effectiveness of Combigan relative to timolol maleate (Timoptic, generics), brimonidine (Alphagan, generics), dorzolamide/timolol (Cosopt), and the single ingredient agents of Combigan (timolol maleate and brimonidine). The results of the CMA showed that the projected weighted average daily cost of Combigan was significantly lower than its comparators.

Relative Cost Effectiveness Conclusion: The Committee voted that the projected weighted average daily cost of Combigan was significantly lower than the weighted average daily cost of dorzolamide/timolol (Cosopt), or the pairings of the individual brimonidine and timolol components.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Combigan – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of brimonidine/timolol maleate (Combigan) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that brimonidine/timolol maleate (Combigan) be classified as formulary under the UF.

Brimonidine/timolol maleate was covered by the UF VARR submission at or below the FCP.

D. Combigan – Implementation Plan

Not applicable.

XVII. NEWLY APPROVED DRUGS – Brimonidine / Timolol maleate (Combigan)

BAP Comments

A. Combigan – Uniform Formulary Recommendation - The P&T Committee, based upon its collective professional judgment, voted to recommend that brimonidine/timolol maleate (Combigan) be classified as formulary under the UF.

BAP Comment:	□ Concur	□ Non-concur
	Additional Comments and Dissentions:	

XVIII. NEWLY APPROVED DRUGS – Olmesartan / Amlodipine (Azor)

P&T Comments

A. Azor – Relative Clinical Effectiveness - Azor is the combination of the angiotensin receptor blocker (ARB) olmesartan with the dihydropyridine calcium channel blocker (DHP CCB) amlodipine. It is FDA-approved for treating hypertension. To review the full clinical effectiveness evaluation, see the Azor New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion - The Committee voted that while olmesartan/amlodipine (Azor) offers a convenience to the patient in terms of decreased tablet burden and simplified medication regimen, it does not have a significant, clinically meaningful therapeutic advantage in terms of safety, effectiveness or clinical outcome over other Renin Angiotensin Antihypertensives (RAAs) included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Azor – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of olmesartan/amlodipine (Azor) in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the RAA class, particularly the ARBs. A CMA was employed to evaluate the cost effectiveness of olmesartan/amlodipine relative to telmisartan (Micardis), the most cost-effective UF ARB; generic amlodipine (Norvasc), a UF DHP-CCB; valsartan/amlodipine (Exforge); and to the combination of the individual components of telmisartan plus generic amlodipine. The results of the CMA demonstrated that the projected weighted average daily cost of Azor was significantly higher than the weighted average daily cost of combined individual agents (telmisartan plus generic amlodipine).

Relative Cost Effectiveness Conclusion: The Committee voted that olmesartan/ amlodipine (Azor) is not cost effective relative to the other UF agents in the RAA class. The weighted average cost of combined individual agents (the most cost-effective ARB telmisartan and the UF generic DHP CCB amlodipine) is more cost effective relative to Azor.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Azor – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness

determinations of olmesartan/amlodipine (Azor) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that olmesartan/amlodipine be designated as non-formulary under the UF.

D. Azor – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

XIX. NEWLY APPROVED DRUGS – Olmesartan / Amlodipine (Azor)

BAP Comments

A. Azor – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of olmesartan/amlodipine (Azor) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted to recommend that olmesartan/amlodipine be designated as non-formulary under the UF.

BAP Comment:	☐ Concur ☐ Non-concur Additional Comments and Dissentions:

B. Azor – Implementation Plan - The P&T Committee voted to recommend an effective date of the first Wednesday following a 60-day implementation period in the TMOP and TRRx, and no later than a 60-day implementation period at MTFs. The implementation period will begin immediately following approval by Director, TMA.

BAP Comment:	☐ Concur ☐ Non-concur Additional Comments and Dissentions:

XX. NEWLY APPROVED DRUGS – Aliskiren / Hydrochlorothiazide (Tekturna HCT)

P&T Comments

A. Tekturna HCT – Relative Clinical Effectiveness - Tekturna HCT contains the renin inhibitor aliskiren with the diuretic hydrochlorothiazide (HCTZ). It is FDA-approved for treating hypertension. Preliminary results of clinical outcomes trials with aliskiren evaluating benefits in addition to blood pressure reduction have been positive. To review the full clinical effectiveness evaluation, see the Tekturna HCT New Drug in Previously Reviewed Classes monograph found at https://rxnet.army.mil/.

Relative Clinical Effectiveness Conclusion: The Committee voted that while aliskiren/HCTZ offers a convenience to the patient in terms of decreased tablet burden and simplified medication regimen, there is insufficient evidence to suggest that the blood pressure lowering effect of aliskiren/HCTZ would be significantly greater than that achieved with other antihypertensive fixed-dose combinations. In terms of safety and tolerability, Tekturna HCT appears comparable to administering the aliskiren and HCTZ components separately

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Tekturna HCT – Relative Cost Effectiveness - The P&T Committee evaluated the relative cost effectiveness of aliskiren/HCTZ (Tekturna HCT) in relation to efficacy, safety, tolerability, and clinical outcomes of the other agents in the RAAs class, particularly the ARBs. A CMA was employed to evaluate the cost effectiveness of aliskiren/HCTZ relative to the renin inhibitor aliskiren (Tekturna) and the angiotensin receptor blockers (ARBs), which were evaluated at the May and August 2007 DoD P&T Committee meetings. The results of the CMA showed that the projected weighted average daily cost of aliskiren/HCTZ (Tekturna HCT) was higher than the weighted average daily cost of the ARBs designated as formulary on the UF, but similar to the UF agent aliskiren (Tekturna).

Relative Cost Effectiveness Conclusion: The Committee voted that the projected weighted average daily cost of aliskiren/HCTZ (Tekturna HCT) was comparable to the renin inhibitor aliskiren (Tekturna), and higher than the weighted average daily cost of ARBs designated as formulary within the RAAs class on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Tekturna HCT – Uniform Formulary Recommendation - Taking into consideration the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of aliskiren/HCTZ (Tekturna HCT) and other relevant factors, the P&T Committee, based upon its collective professional judgment, voted that although aliskiren/HCTZ was somewhat more costly relative to the ARBs designated as formulary in the RAA class, Tekturna HCT was recommended to be classified as formulary on the UF, due to the novel mechanism of action of the aliskiren component and preliminary positive outcomes data.

Aliskiren/hydrochlorothiazide was covered by the UF VARR submission at or below the FCP.

D. Tekturna HCT – Implementation Plan

Not applicable

XXI. NEWLY APPROVED DRUGS – Aliskiren / Hydrochlorothiazide (Tekturna HCT)

BAP Comments

A. Tekturna HCT – Uniform Formulary Recommendation

BAP Comment:	□ Concur	□ Non-concur
	Additional Comments and Dissentions:	