

**Beneficiary Advisory Panel Handout
Uniform Formulary Decisions
24 June 2010**

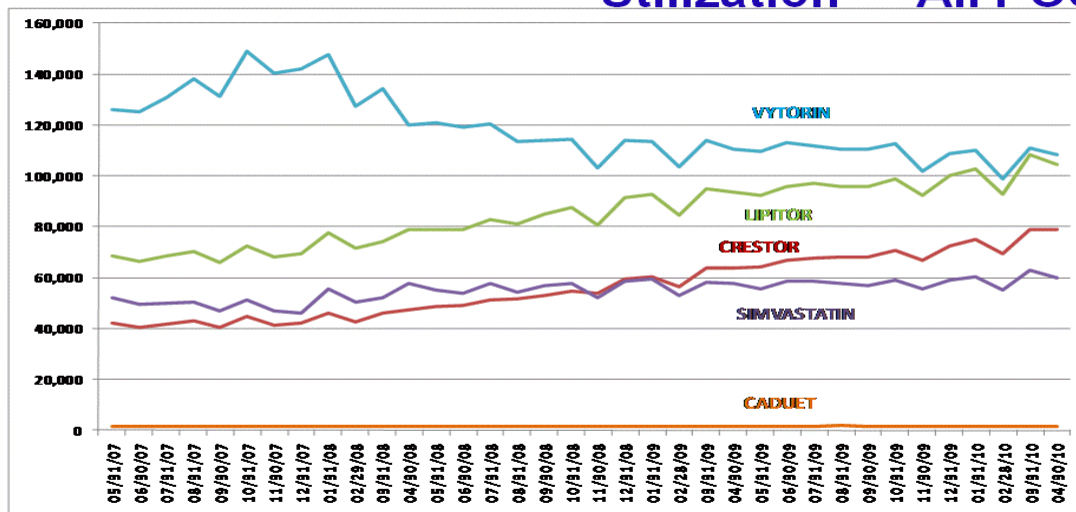
PURPOSE: The purpose of this handout is to provide BAP Committee members with a reference document for the relative clinical effectiveness presentations for each Uniform Formulary (UF) Class review

Table 1: Uniform Formulary Recommendations from the May 2010 DoD P&T Committee Meeting – Antilipidemic -1s

Drug Class	Generic Name (Brand)	Formulations	Generics Available?
Antilipidemic 1s - Statins, Statin Combinations, Ezetimibe, & Niacin			
Uniform Formulary	Statins		
	Atorvastatin (Lipitor)	tabs	No
	Fluvastatin (Lescol)	tabs	No
	Fluvastatin ER (Lescol XL)	tabs	No
	Lovastatin IR (Mevacor)	tabs	Yes
	Lovastatin ER (Altoprev)	tabs	No
	Pravastatin (Pravachol)	tabs	Yes
	Simvastatin (Zocor)	tabs	Yes
	Rosuvastatin (Crestor)	tabs	No
	Statin Combinations		
	Atorvastatin / amlodipine (Caduet)	tabs	No
	Lovastatin / niacin ER (Advicor)	tabs	No
	Simvastatin / niacin ER (Simcor)	Tab	No
	Simvastatin/ ezetimibe (Vytorin)	tabs	No
	Add-on therapies		
	Ezetimibe (Zetia)	tabs	No
	Niacin ER (Niaspan)	tabs	No
Niacin IR (Niacor)	tabs	Yes	
Nothing non-formulary (NF) but step therapy applies. Generics, atorvastatin (Lipitor) step preferred			
Recommended implementation period	60 days		

Figure 1: High Intensity Statins

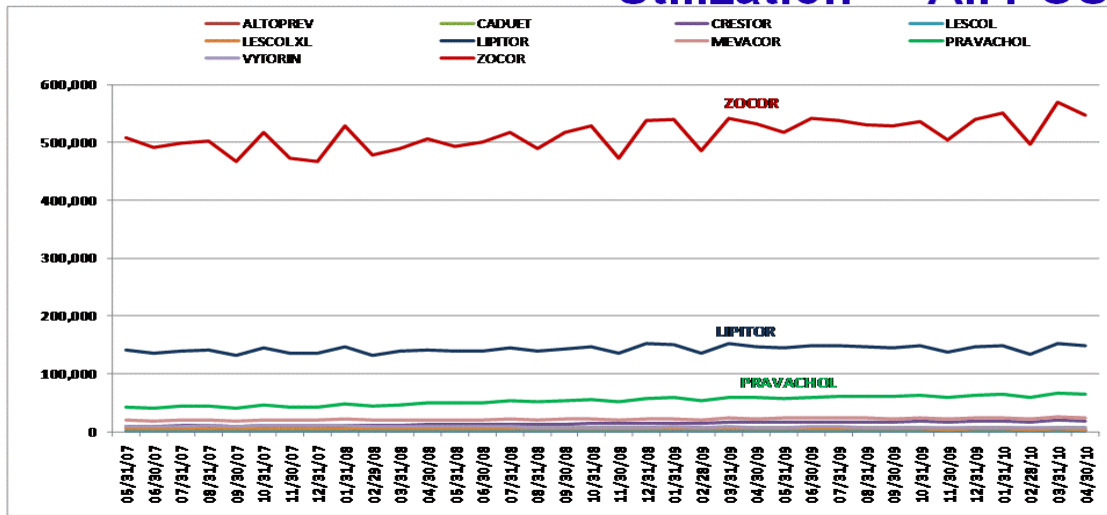
Statins with > 45% LDL Reduction Utilization — All POS



Vytorin 10/20,10/40, 10/80; Lipitor 40 mg, 80 mg; Simv 80 mg; Crestor 10 mg, 20 mg, 40 mg; Caduet 5/40, 10/40 Source: PDS

Figure 2: Low to Moderate Intensity Statins

Statins with < 45% LDL Reduction Utilization — All POS



Vytorin 10/10; Lipitor 10 mg, 20mg; Simv 5 mg, 10 mg, 20 mg, 40 mg,
Crestor 5 mg; All Prav, Lescol, Lova
Source: PDTS

Figure 3: Lipid Add-On Therapy

Lipid Add-On Therapy Utilization — All POS

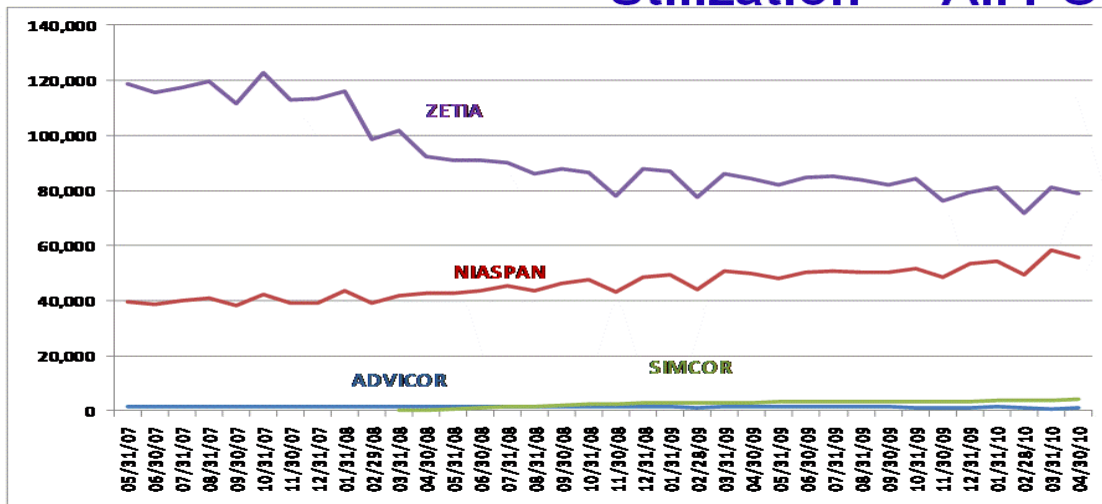


Table 2: Expected Mean LDL Reductions, by Statin and Dose

Expected Mean LDL Reduction	Statin					
	Mevacor, Altoprev (lovastatin)	Pravachol (pravastatin)	Zocor (simvastatin)	Lescol, Lescol XL (fluvastatin)	Lipitor (atorvastatin)	Crestor (rosuvastatin)
25 to 30%	20 mg	20 mg	10 mg	40 mg		
30 to 40%	40 – 80 mg	40 mg	20 mg	80 mg (XL only)	10 mg	
40 to 45%	IR: 80 mg (40 mg x 2) ER: 60 mg	80 mg	40 mg or Vytorin 10/10 mg		20 mg	5 mg
45 to 50%	Please note: ezetimibe (Zetia) or niacin generally decrease LDL up to an additional 15%				40 mg	10 mg
50 to 55%					80 mg	20 mg
>55%					40 mg	

IR = immediate release; ER = extended release

Vytorin = simvastatin/ezetimibe

Table 3: Uniform Formulary Recommendations from the May 2010 DoD P&T Committee meeting – Alpha Blockers for BPH

Alpha-1 blocker BPH Agents			
UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
	Flomax (tamsulosin)	cap	Yes
	Uroxatral (alfuzosin)	extended release cap	No
	Hytrin (terazosin)	tab/cap	Yes
	Cardura (doxazosin)	tab	Yes
Non-formulary	Cardura (doxazosin) - recommended for NF May 2010	tab	Yes
	Rapaflo (silodosin) – recommended to remain NF May 2010	cap	No
Recommended implementation period	60 days		

Figure 4: Alpha Blockers

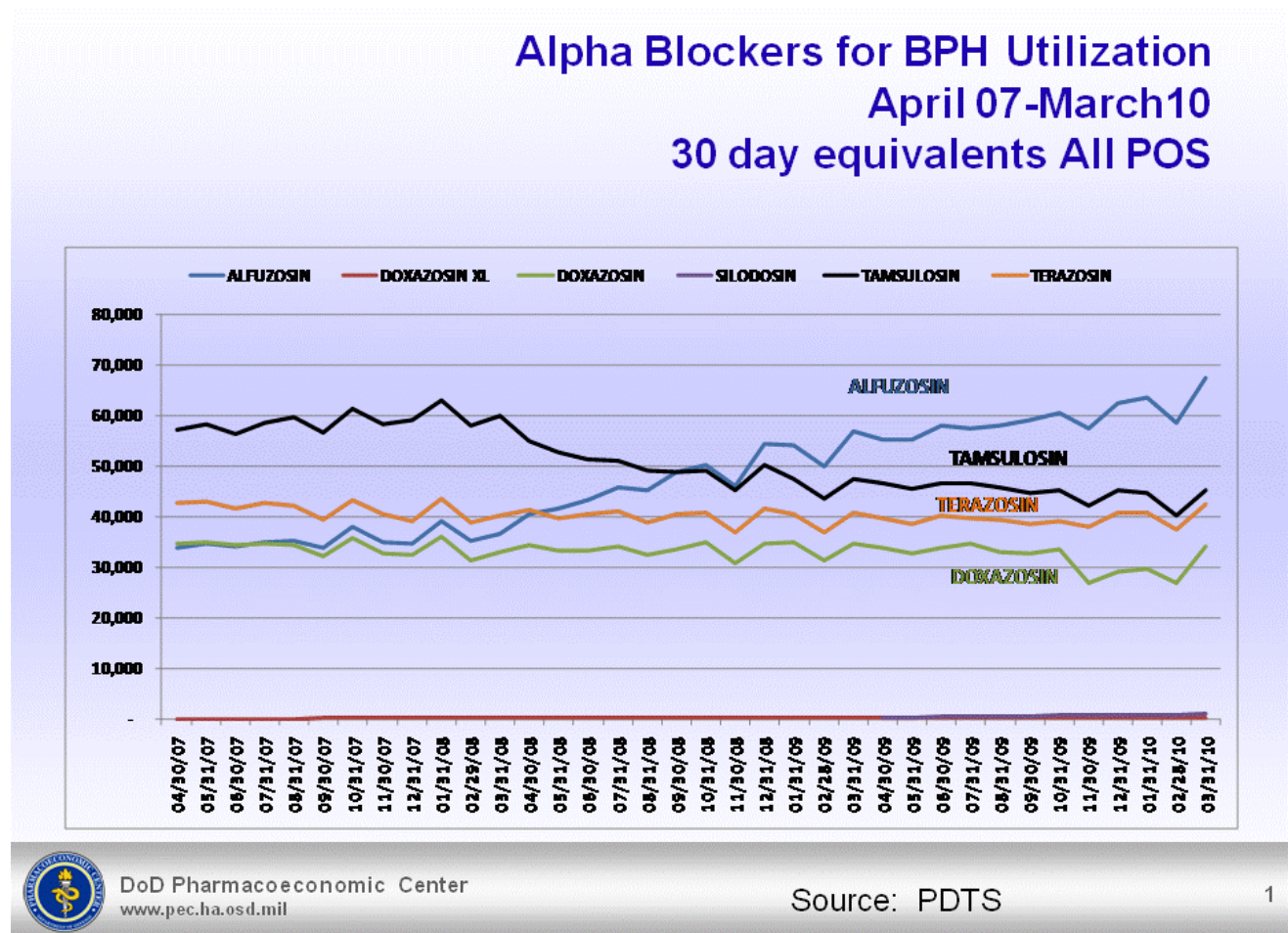


Table 4: Fentanyl Transmucosal Soluble Film (Onsolis): Uniform Formulary Recommendations from May 2010 for the Narcotic Analgesics

Narcotic Analgesics			
UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
Uniform Formulary	High-potency single analgesic agents		
	Long-acting agents (≥ 12 hour duration)		
	Fentanyl transdermal system (Duragesic)	patch	Yes
	Morphine sulfate ER 24 hr (Kadian, Avinza)	cap	No
	Morphine sulfate ER 12 hr (MS Contin, Oramorph)	tab, soln, supp, inj	Yes
	Morphine sulfate ER/Naltrexone (Embeda)	caps	No
	Oxycodone ER (Oxycontin)	tabs	No
	Oxymorphone (Opana ER)	tabs	No
	Short acting agents (<12 hour duration)		
	Codeine	tabs, soln, inj	Yes
	Fentanyl citrate buccal (Fentora)	tabs	No
	Fentanyl citrate transmucosal (Actiq)	lozenges	Yes
	Fentanyl citrate transmucosal soluble film (Onsolis) Recommended for UF May 2010	Soluble Film	No
	Hydromorphone (Dilaudid)	tab, inj, liquid	Yes, except for 1 mg tab
	Levorphanol (Levo-Dromoran)	tab, inj	Yes
	Meperidine (Demerol)	tab, soln, inj	Yes
	Meperidine / promethazine (Mepergan Fortis)	caps	Yes
	Methadone (Dolophine)	tab, oral conc, soln, inj	Yes
	Morphine sulfate IR	tabs	Yes
	Opium	tincture	Yes
	Opium / belladonna alkaloids	supp	Yes
	Oxycodone IR	caps, oral conc, soln	Yes
	Oxymorphone IR (Opana)	tabs	No
	High-potency combination agents		
	Oxycodone /APAP (e.g., Percocet, Tylox, others)	tab, cap, soln	Yes
	Oxycodone / ASA (Percodan)	tabs	Yes
	Low potency single analgesic agents		
	Buprenorphine (Buprenex)	inj (excludes SL tabs)	Yes
	Butorphanol (Stadol)	nasal spray, inj	Yes
	Pentazocine / naloxone (Talwin NX)	tabs	Yes
	Propoxyphene (Darvon)	caps, tabs	Yes
	Nalbuphine (Nubain) not a controlled substance)	Inj	Yes
Tramadol IR(Ultram) not a controlled substance	tab	Yes	

Table 4: Fentanyl Transmucosal Soluble Film (Onsolis): Uniform Formulary Recommendations from May 2010 for the Narcotic Analgesics (continued)

Uniform Formulary	Low potency combination agents		
	Codeine / APAP (Tylenol with codeine)	tabs, elixir, oral susp	Yes
	Codeine / ASA	tabs	Yes
	Codeine / ASA / carisoprodol (Soma)	tabs	Yes
	Codeine / caffeine / butalbital / APAP (Fioricet with codeine)	caps	Yes
	Codeine / caffeine / butalbital / ASA (Fiorinal with caffeine)	caps, tabs	Yes
	Dihydrocodeine / caffeine / APAP e.g., Panlor DC, Panlor SS)	caps, tabs	Yes
	Dihydrocodeine / caffeine / ASA (Synalgos-DC)	caps	Yes
	Hydrocodone / APAP (e.g., Lortab, Lorcet, Vicodin, others)	caps	Yes
	Pentazocine / APAP (Talacen)	tabs	Yes
	Propoxyphene / APAP (Darvocet)	tabs	Yes
	Propoxyphene / ASA / caffeine (Darvon Compound 65)	caps	Yes
	Tramadol/APAP (Ultracet) not a controlled substance	tab	Yes
Non-Formulary	Low potency single analgesic agents		
	Tramadol extended release (Ultram ER)	tab	No
	Tramadol extended release (Ryzolt)	tab	No
	High potency single analgesic agents; short-acting agents (<12 hours duration)		
Tapentadol (Nucynta)	tab	No	
Recommended Implementation Period	Not Applicable for Onsolis		

Figure 5: Narcotic Analgesics - Onsolis

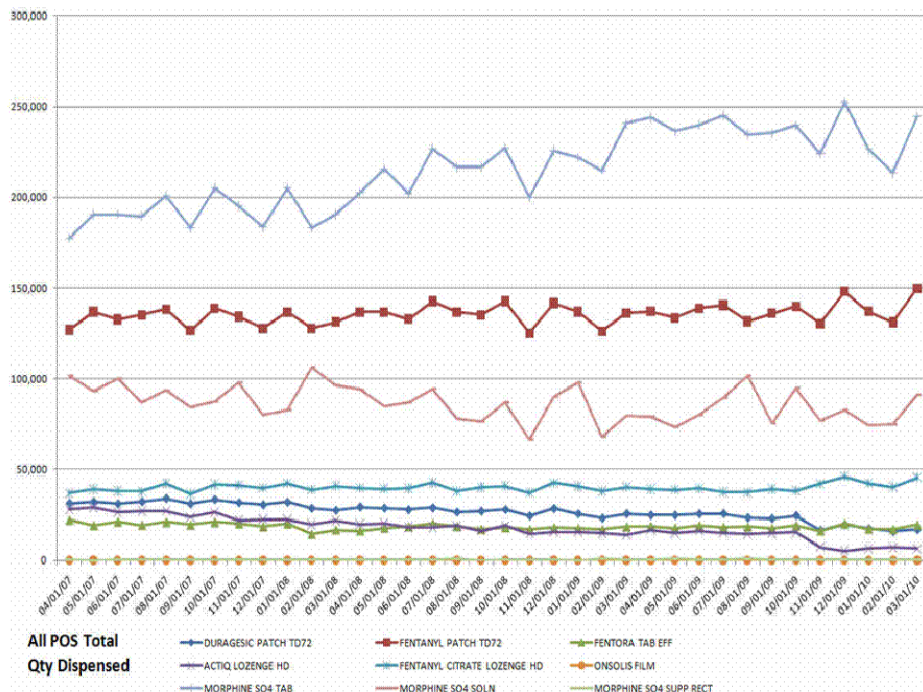
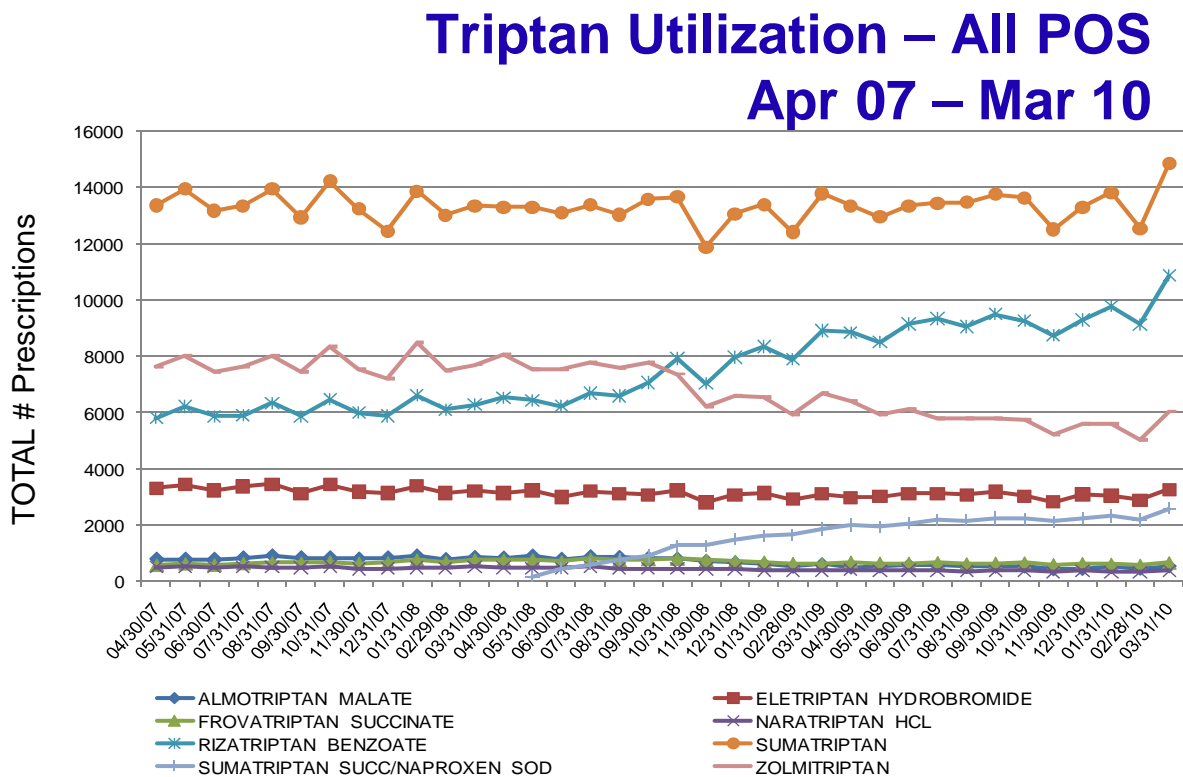


Table 5: Sumatriptan needle-free injection (Sumavel DosePro): Uniform Formulary Recommendations from May 2010 for the Triptans

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
5-Hydroxytrptamine Agonists (Triptans)			
Formulary	Eletriptan (Relpax)	Tablets	No
	Sumatriptan (Imitrex)	Tablets, injection, nasal spray	Yes
	Sumatriptan / naproxen (Treximet)	Tablets	No
	Rizatriptan (Maxalt)	Tablets, orally dissolving tabs (ODT)	No
	Zolmitriptan (Zomig)	Tablets, ODT, nasal spray	No
Non-Formulary	Almotriptan (Axert)	Tablets	No
	Frovatriptan (Frova)	Tablets	No
	Naratriptan (Amerge)	Tablets	No
	Sumatriptan (Sumavel DosePro) Recommended for NF May 2010	Needle-free injection	No
Recommended implementation period	60 days		

Figure 6 – Triptans – Sumavel DosePro



SOURCE: PDTs

Table 6: Formulary Implementation Plan Summary – February 2010

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 10	Antilipidemic-1s	▪ None	60,310 (new users will hit step)	19,125	31,227	9,958	60 days	Yes; requires trial of a generic statin or Lipitor
May 10	Alpha Blockers for BPH	▪ Doxazosin ER (Cardura XL) ▪ Silodosin (Rapaflo)	1,408	13	888	507	60 days	Yes; requires trial of generic tamsulosin or Uroxatral
May 10	Narcotic Analgesics	▪ None (Note: Fentanyl transmucosal soluble film; Onsolis recommended for UF)	-	-	-	-	N/A	No
May 10	Triptans	▪ Sumatriptan needle-free injection (Sumavel DosePro)	143	0	139	4	60 days	No
Feb 10	Basal Insulins	▪ Insulin detemir pens (Levemir FlexPen)	11,782	3,510	6,226	2,046	60 days	No
Feb 10	Antihemophilic Factors	▪ Factor VIII: Advate, Helixate, Hemofil M, Monoclate, Recombinate ▪ Factor IX: Mononine; ▪ Factor VIII/vWF: Humate-P ▪ Human PCC: Bebulin VH ▪ Inhibitor bypassing product: Feiba VH	266	26	238	2	180 days	No
Feb 10	Narcotic Analgesics	▪ Not applicable (Note: Embeda remains Uniform Formulary)	-	-	-	-	N/A	No

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		
Feb 10	ADHD drugs	▪ Not applicable (Note: Intuniv remains Uniform Formulary)	-	-	-	-	N/A	No
Feb 10	RAAs	▪ Telmisartan/amlodipine (Twynta)	8	0	6	2	60 days	No
Feb 10	RAAs	▪ Aliskiren/valsartan (Valturna)	180	0	148	32	60 days	No
Feb 10	Newer Sedative Hypnotics	▪ Zolpidem sublingual tablets (Edluar)	73	0	73	0	60 days	Yes; zolpidem IR tablets (Ambien generic) in front of step