

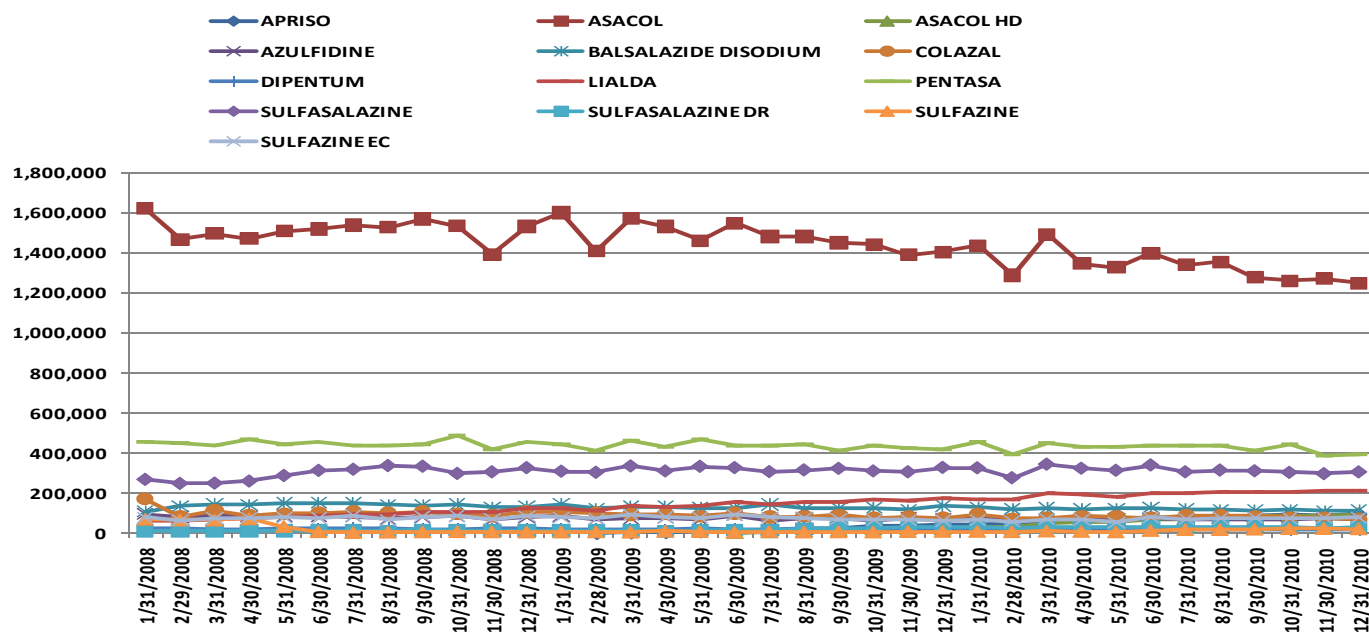
**Beneficiary Advisory Panel Handout  
Uniform Formulary Decisions  
24 Mar 2011**

**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

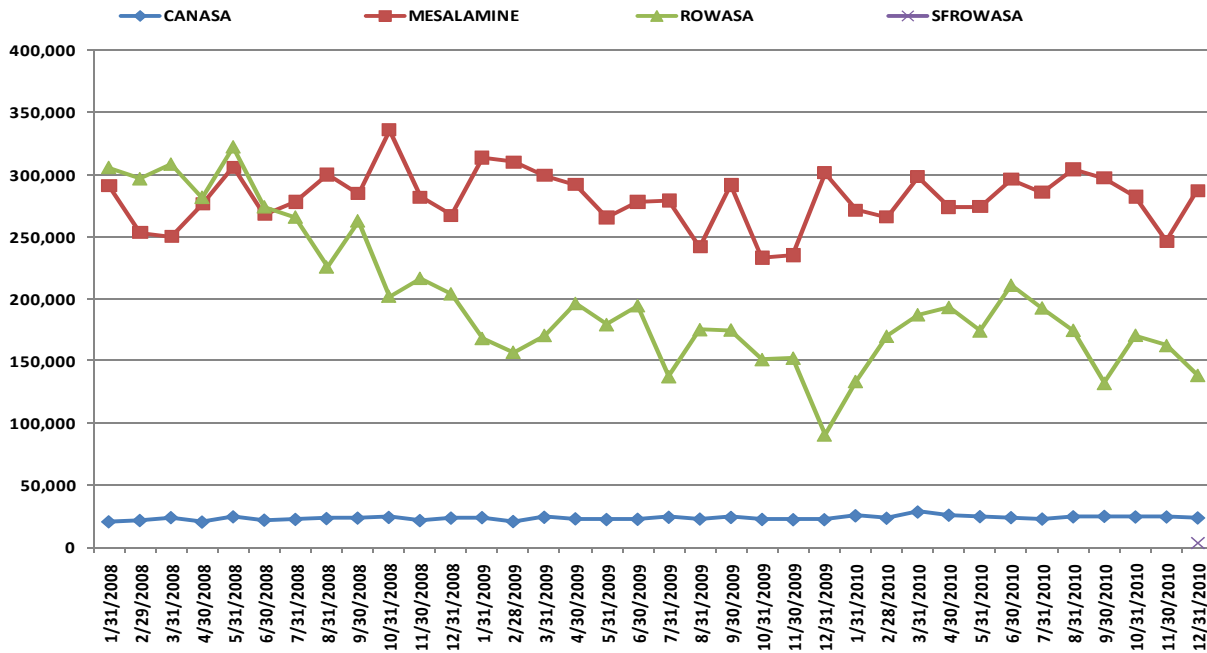
**Table 1: Uniform Formulary Recommendations from the Feb 2011 DoD P&T Committee meeting for the Gastrointestinal 1 Agents Drugs**

Gastrointestinal 1 Agents Drugs			
Subclass	UF recommendation	Generic Drug Name (Brand)	Generic Available
Aminosalicylates	UF	Sulfasalazine (Azulfidine) (Azulfidine EN)	Yes
		Balsalazide (Colazal)	No
		Olsalazine (Dipentum)	No
		Oral Mesalamine (Asacol) (Asacol HD) (Apriso) (Pentasa) (Lialda) Rectal Mesalamine (Canasa) (Rowasa) (sulfite free Rowasa)	No No No Patent Exp Patent Exp Yes No No
GI-Steroids	UF	Budesonide oral capsules (Entocort EC)	No
		Rectal Hydrocortisone (Cortenema) (Cortifoam)	Yes Yes
Misc Agents	UF	Alosetron (Lotronex)	No
		Tegaserod (Zelnorm)	Restricted Distribution
Recommended implementation period		N/A – nothing recommended for Non-Formulary	

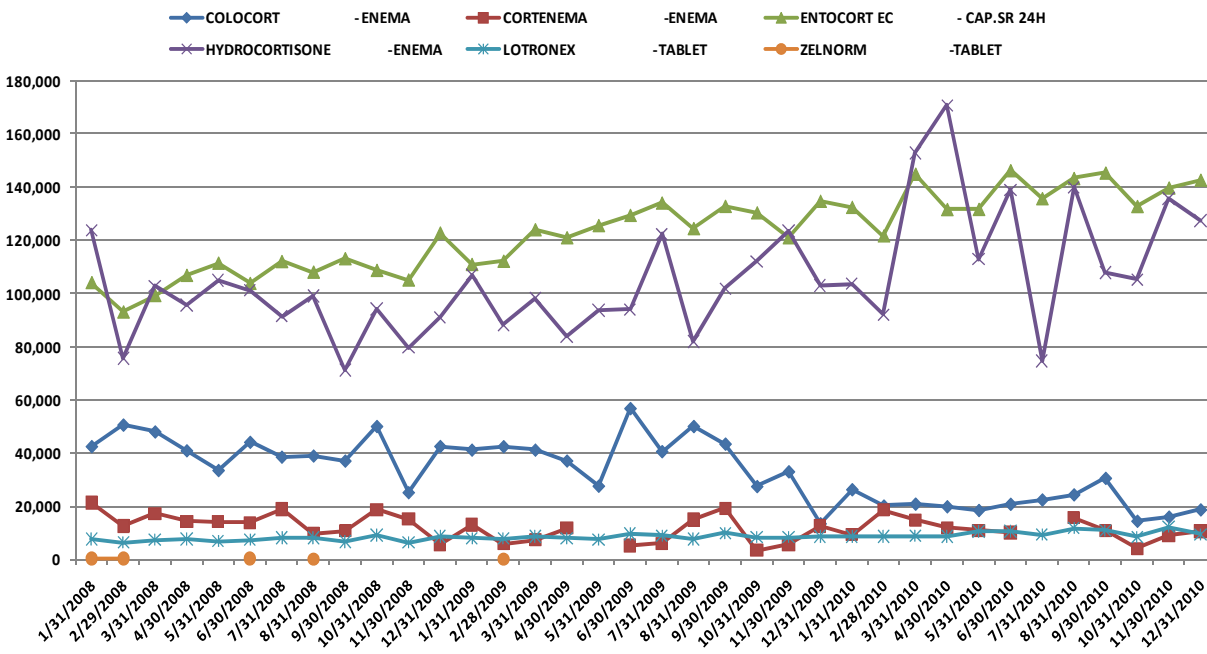
**Figures 1: 5-ASA Oral Utilization - Units at All POS**



**Figure 2: 5-ASA Rectal Utilization - Units at All POS**



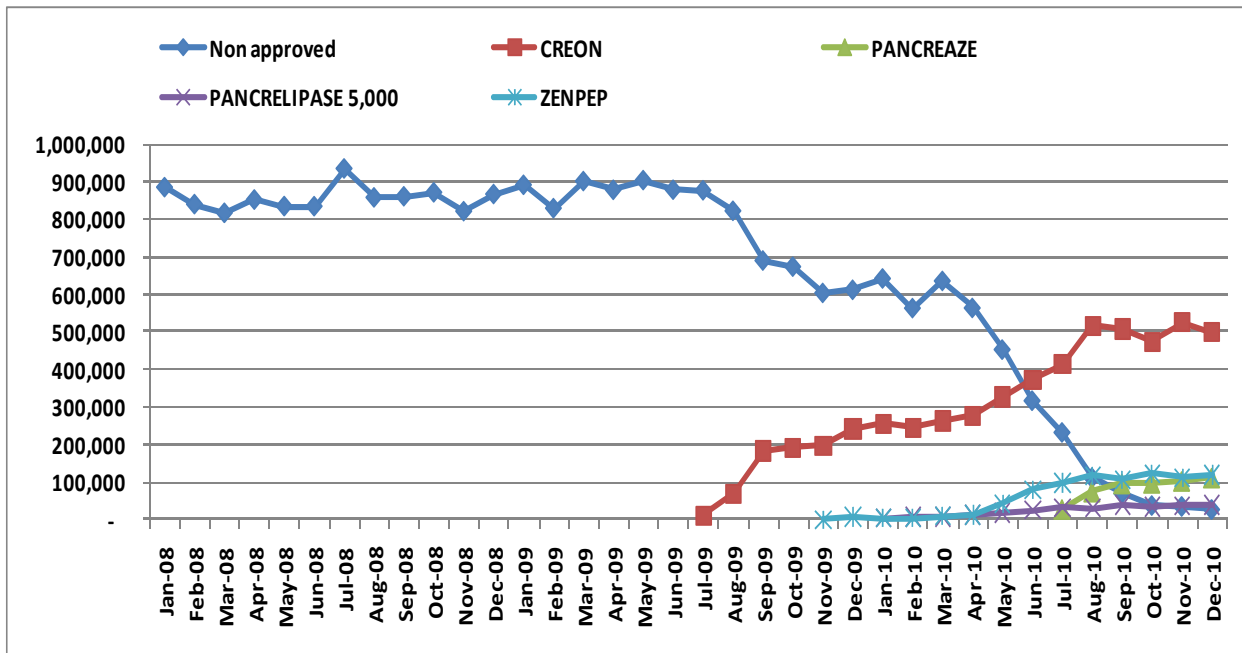
**Figure 3: GI Steroid and Misc Agent Utilization - Units at All POS**



**Table 2: Uniform Formulary Recommendations from the Feb 2011 DoD P&T Committee meeting for the Pancreatic Enzymes Products (PEPs)**

Pancreatic Enzymes Products (PEPs)			
Class	UF recommendation	Generic Drug Name (Brand)	Generic Available
PEP	UF	Lipase/Protease/Amylase (Creon) (Pancreaze) (Zenpep)	No No Yes
Recommended implementation period		N/A nothing recommended for Non-Formulary	

**Figure 4: Pancreatic Enzymes Products (PEPs) Utilization - Units at All POS**



**Table 3: Uniform Formulary Recommendations from the Feb 2011 DoD P&T Committee meeting Antilipidemic-2s (LIP-2s)**

<b>Antilipidemic II (LIP-2s)</b>			
<b>Subclass</b>	<b>UF Recommendation</b>	<b>Generic Name (Brand)</b>	<b>Generics Available?</b>
<b>Fibric Acid Derivatives</b>	<b>UF – step preferred</b>	Gemfibrozil (Lopid)	Yes
		Fenofibrate micronized/nonmicronized (generic, Lofibra)	Yes
		Fenofibrate nanocrystallized (Tricor)	No
	<b>UF</b>	Fenofibrate IDD-P*(Triglide)	No
		Fenofibrate micronized (Antara)	No
		Fenofibrate lidose (Lipfen)	No
		Fenofibrate acid (Fibricor)	No
		Fenofibrate choline acid (Trilipix)	No
<b>Omega-3 fatty acids</b>	<b>UF with PA</b>	Prescription omega-3 fatty acids (Lovaza)	No
<b>Bile Acid Sequestrants (BAS)</b>	<b>UF</b>	Cholestyramine (Questran, Questran Light)	Yes
		Colestipol (Colestid)	Yes
	<b>NF</b>	Colesevelam (Welchol) – remains non-formulary; previously NF from May 2007	No
<b>Fibric Acid Derivatives</b>	<b>No fibric acid derivatives recommended for non-formulary status, but step therapy applies; fenofibrates gemfibrozil (Lopid generic), generic fenofibrate micronized/non-micronized (Lofibra generic), or fenofibrate nanocrystallized (Tricor) step preferred</b>		
	<b>Implementation period of 60 days</b>		
<b>Omega-3 fatty acids</b>	<b>Lovaza remains UF, with Prior Authorization allowed for FDA-approved indication (increased triglycerides &gt; 500 mg/dL)</b>		
<b>Recommended implementation period for Lovaza PA</b>	<b>Implementation period of 60 days</b>		
<b>Bile Acid Sequestrants</b>	<b>Colesevelam (Welchol) remains non-formulary; no implementation needed</b>		

\*IDD-P – insoluble drug delivery microparticle

Figure 5: Lip-2 Subclass Utilization -30 Day Equivalents at All POS

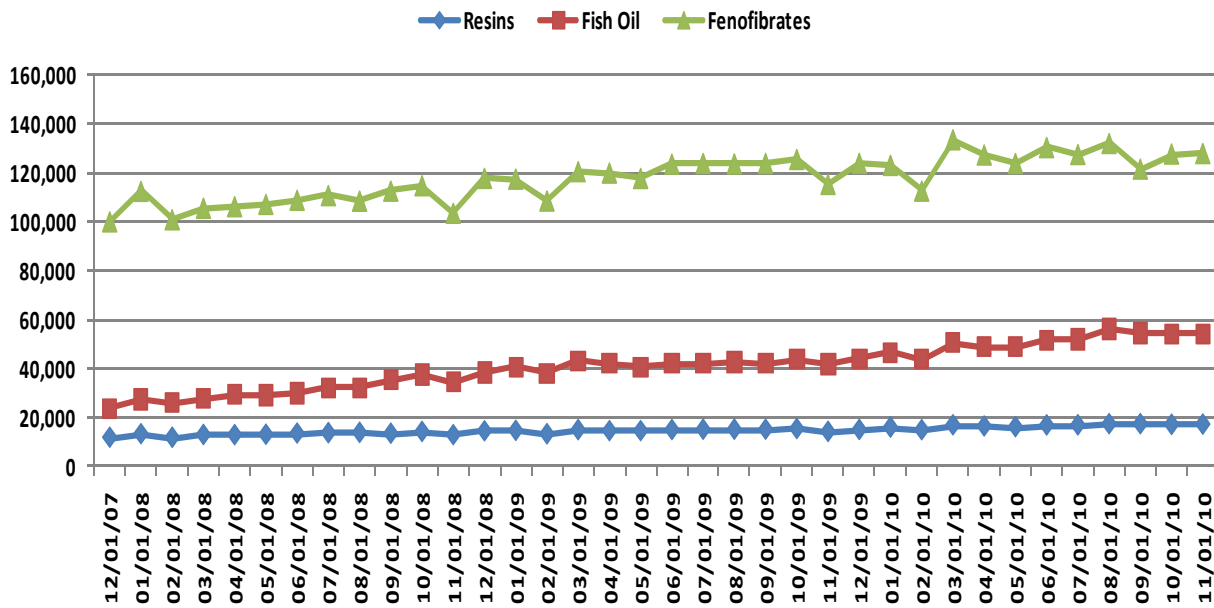
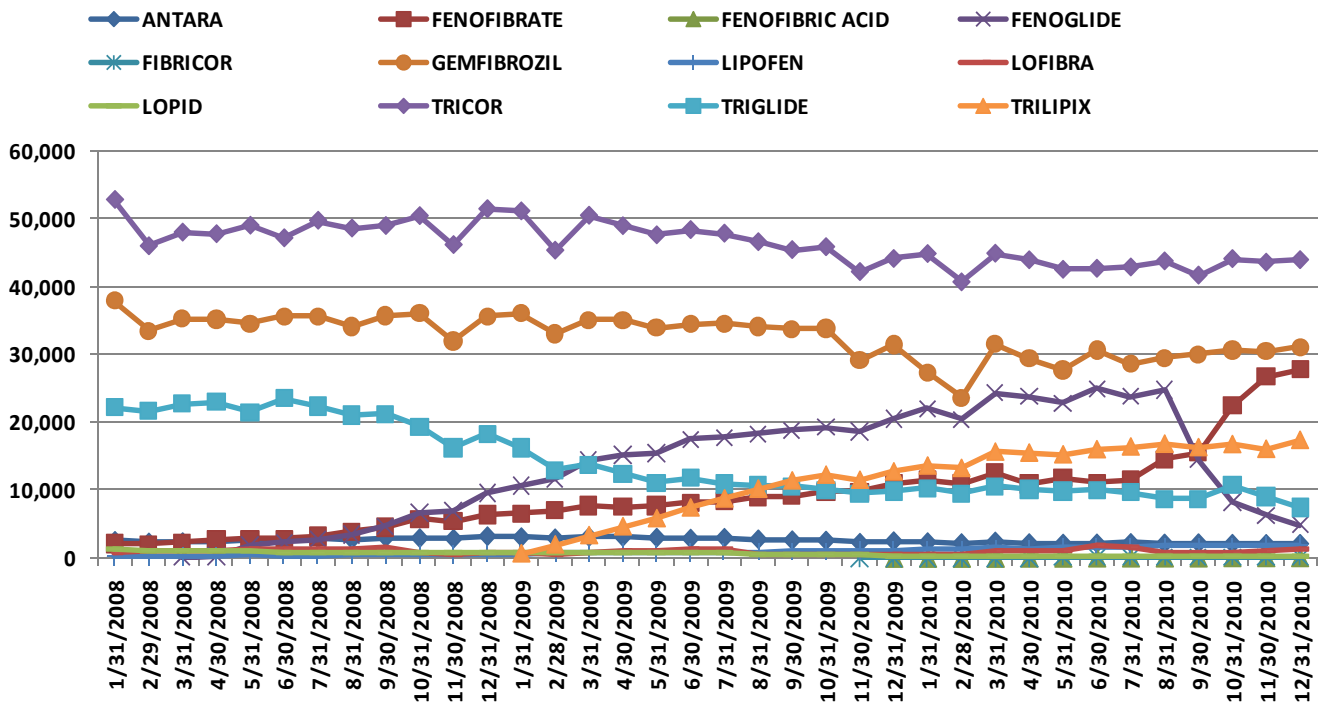
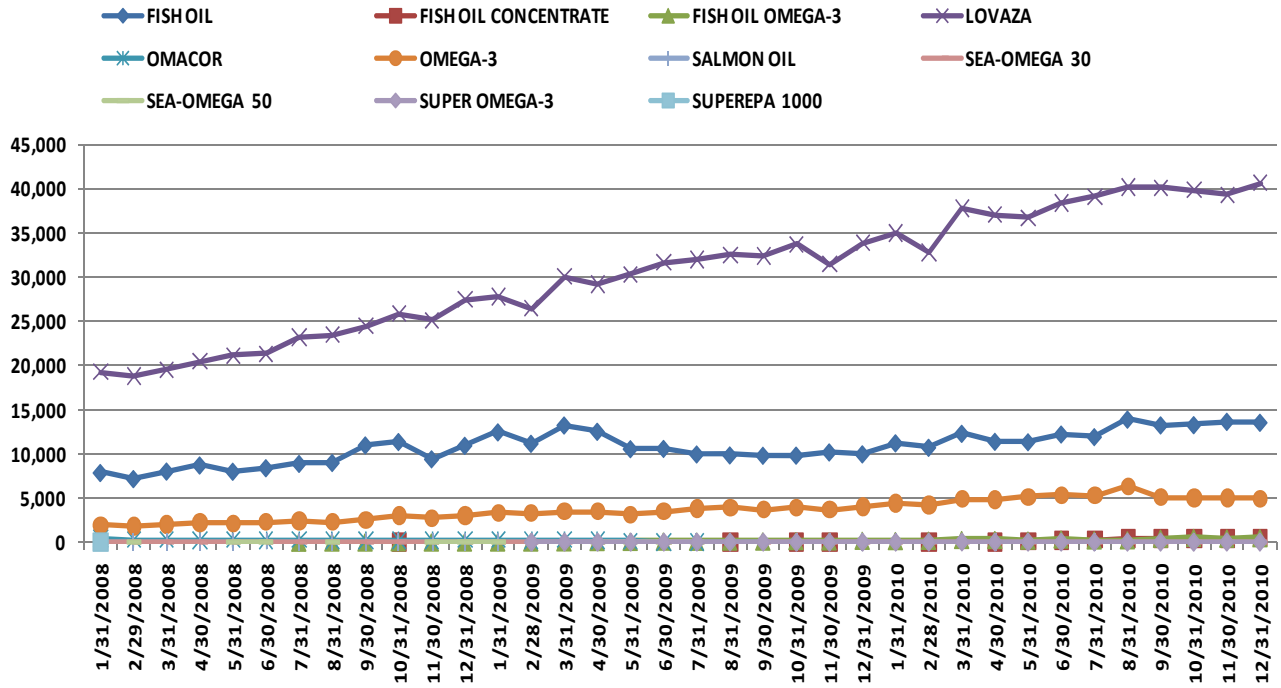


Figure 6: Fibric Acid Derivative -30 Day Equivalents at All POS

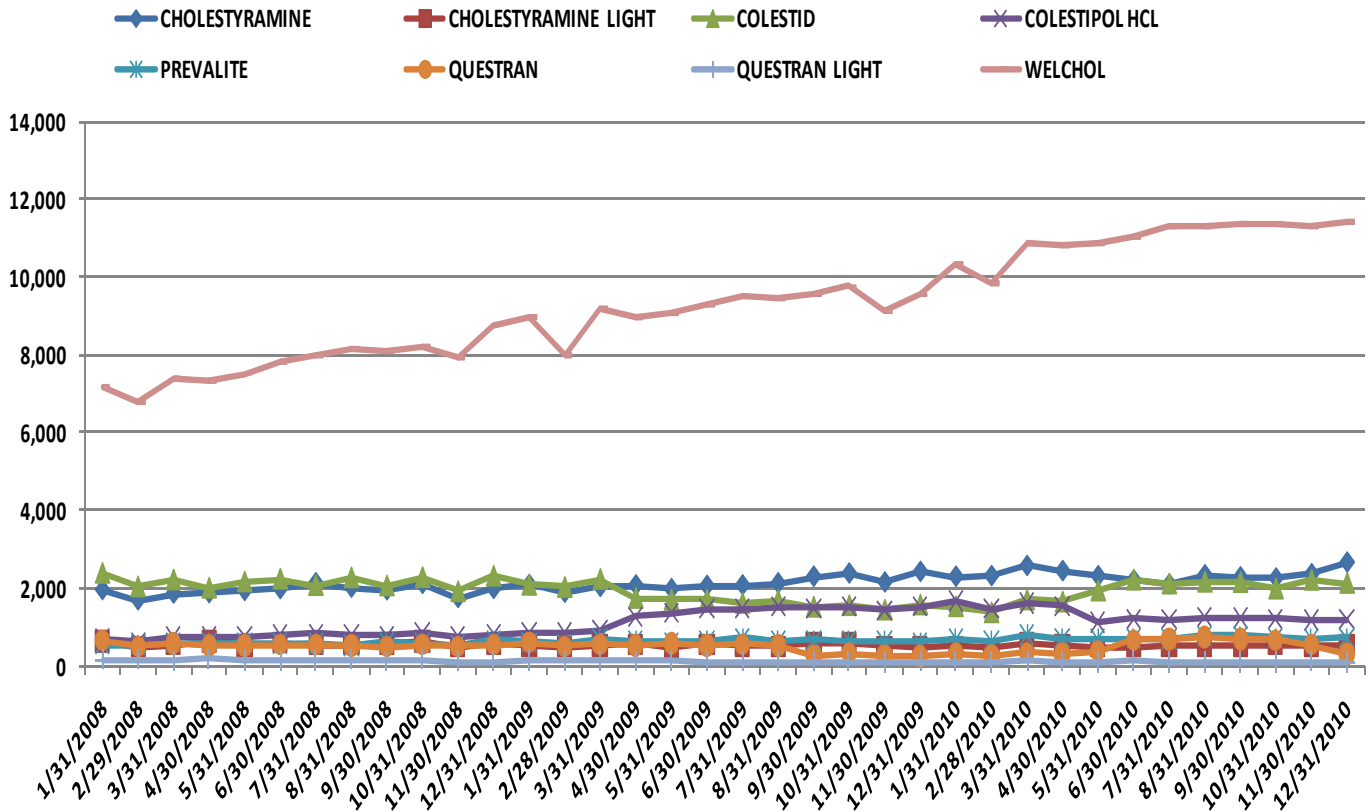


**Figure 7: Omega-3 fatty acids – 30 day Equivalents at All POS\***



\*Lovaza is the only prescription omega-3 fatty acid product

**Figure 8: Bile Acid Sequestrant Utilization – 30 Day Equivalents at All POS**



**Table 4: Renin Angiotensin Antihypertensives (RAAs)**

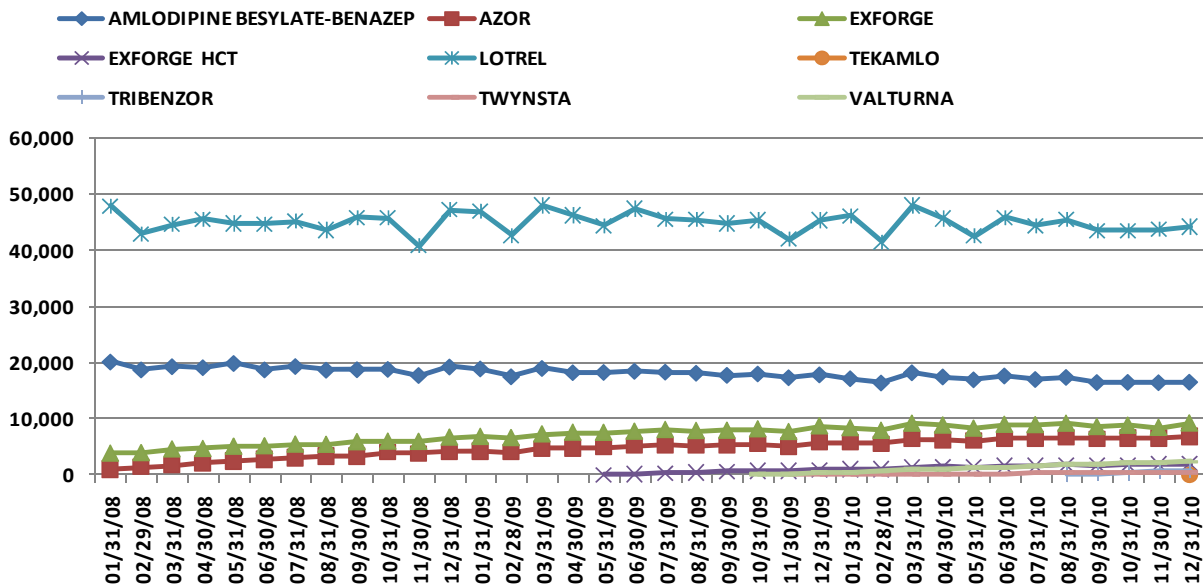
Renin Angiotensin Antihypertensives (RAAs)		
ARB /CCB / Diuretic Combinations	Step Preferred UF	Valsartan /amlodipine / HCTZ (Exforge HCT)
	NF	Olmesartan/amlodipine/ HCTZ (Tribenzor)
ARB /CCB Combinations	Step Preferred UF	Telmisartan/Amlodipine (Twynsta) Valsartan/Amlodipine (Exforge)
	UF	Olmesartan/Amlodipine (Azor)
Direct Renin Inhibitors & Combinations	UF	Aliskiren hydrochlorothiazide (Tekturna HCT) Aliskiren (Tekturna)
	NF	Aliskiren/amlodipine (Tekamlo)
	ARBs	Step Preferred UF
Losartan /HCTZ (Hyzaar)		
Telmisartan (Micardis)		
Telmisartan/HCTZ (Micardis HCT)		
Valsartan (Diovan)		
Valsartan/HCTZ (Diovan)		
UF		Candesartan (Atacand)
		Candesartan/HCTZ (Atacand HCT)
		Eprosartan (Teveten)
		Eprosartan/HCTZ (Teveten HCT)
		Irbesartan (Avapro)
		Irbesartan/HCTZ (Avalide)



		Olmesartan (Benicar)
		Olmesartan/HCTZ (Benicar HCT)
ACE Inhibitors	Step preferred and UF	Benazepril +/-HCTZ (Lotensin, Lotensin HCT; generics)
		Captopril +/-HCTZ (Capoten, Capozide; generics)
		Enalapril +/-HCTZ (Vasotec, Vasertec; generics)
		Fosinopril +/-HCTZ (Monopril, Monopril HCT; generics)
		Lisinopril +/-HCTZ (Prinivil, Zestril, Prinzide, Zestoretic; generics)
		Trandolapril (Mavik)
		Moexipril (Univasc) +/-HCTZ (generics)
		Perindopril (Aceon)
		Quinapril (Accupril) +/-HCTZ (generics)
		Ramipril (Altace; generics)
ACE/CCB Combinations	UF	Amlodipine / benazepril (Lotrel; generics)
		Verapamil sustained release / trandolapril (Tarka)
Aliskiren/amlodipine (Tekamlo) and Olmesartan/amlodipine/ HCTZ (Tribenzor) were recommended as NF on the Uniform formulary; Step therapy applies: losartan, losartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ, telmisartan/amlodipine, valsartan/amlodipine, valsartan/amlodipine/HCTZ step-preferred		
Recommended implementation period	60 days for Step therapy	

ACE: Angiotensin Converting Enzyme Inhibitor ARB: Angiotensin Receptor Blocker  
CCB: Calcium Channel Blocker HCTZ: hydrochlorothiazide

**Figure 9: RAAs Utilization – 30 Day Equivalents at All POS**

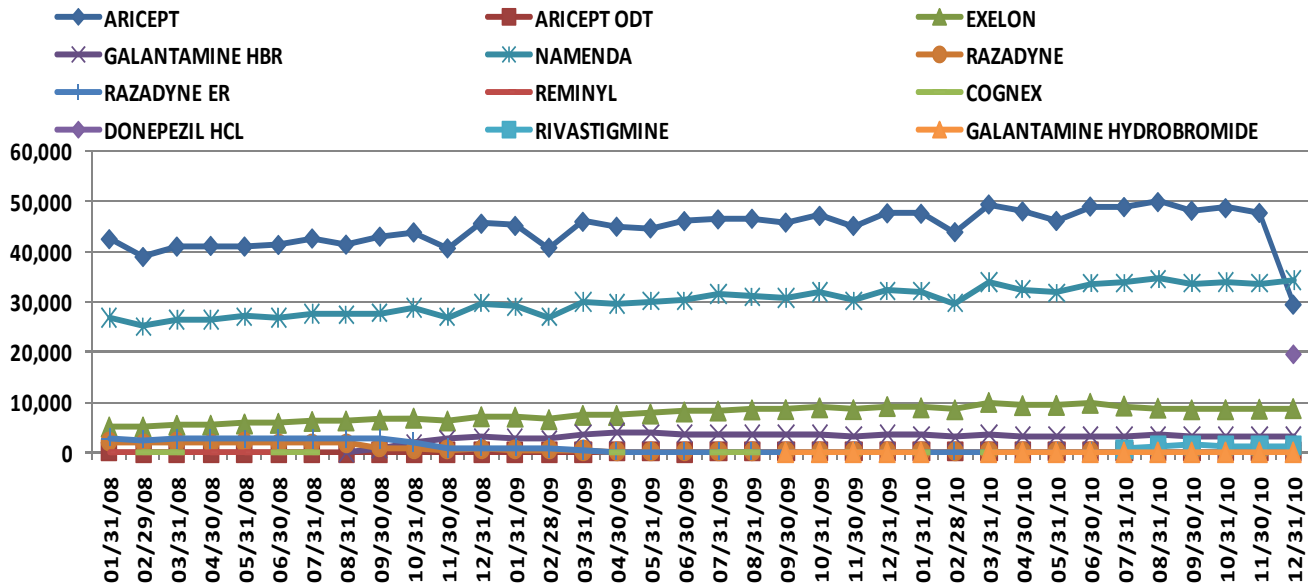


**Table 5: Alzheimer’s Drug Class**

Drug Class	UF Status	Generic Name (Brand)	Generics Available?
Alzheimer’s Drugs	UF	Memantine (Namenda)	No
		Galantamine (Razadyne) (Razadyne ER)	Yes Yes
		Rivastigmine (Exelon)	Tablets – Yes Soln – No Patch - No
		Donepezil (Aricept 5 mg & 10 mg tab/ODT*)	Yes
	NF	<b>Donepezil (Aricept 23 mg tab)</b>	No
		Tacrine (Cognex)	Yes
<b>Donepezil Aricept 23 mg tab was recommend as NF on the Uniform Formulary</b>			
<b>Recommended implementation period</b>	60 days		

\*ODT: orally dissolving tablets

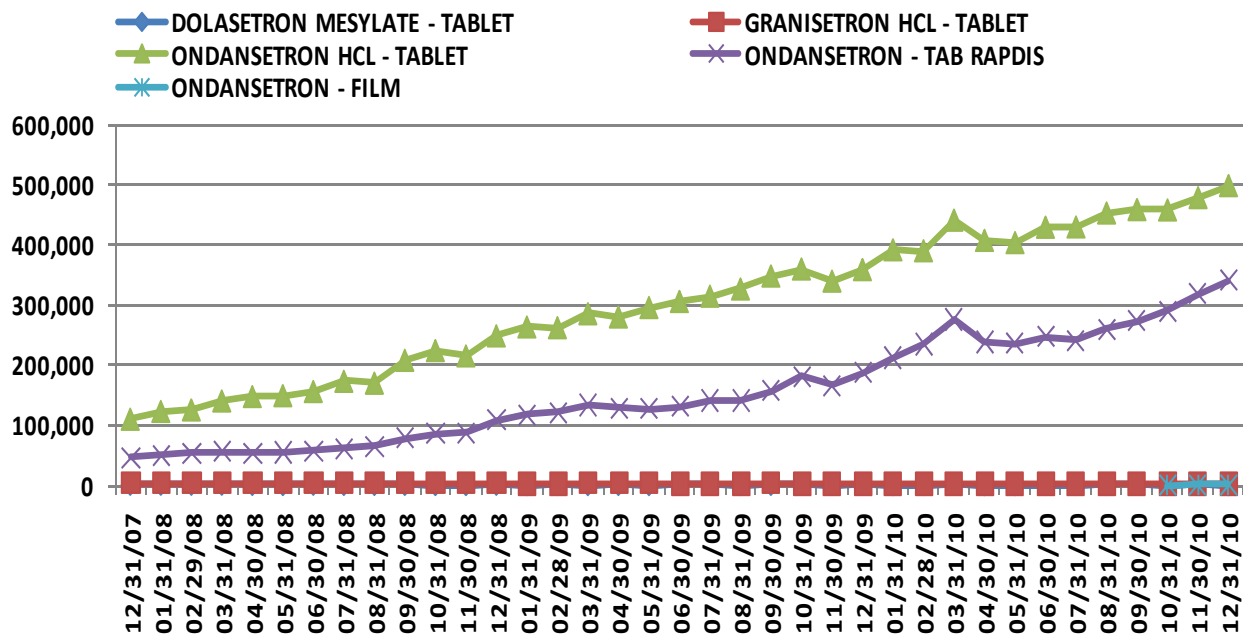
**Figure 10: Alzheimer’s Drug Utilization – Total Qty Dispensed**



**Table 6: Antiemetic Drug Class**

Existing UF Status of Antiemetics			
Subclass	UF Status	Generic (Brand Name)	Generics Available
Newer Antiemetics	UF	Granisetron (Kytril tabs, oral solution)	Yes
		Ondansetron (Zofran tabs orally dissolving tabs, oral soln)	Yes
		Aprepitant (Emend Capsules)	No
	NF	<b>Ondansetron (Zuplenz oral soluble film)</b>	<b>No</b>
		Dolasetron (Anzemet tabs)	No
		Granisetron (Sancuso Transdermal system)	No
Older Antiemetics	UF	Nabilone (Cesamet Capsules)	Yes
		Dronabinol (Marinol Capsules )	No
		Meclizine (generics tabs, chewable tabs)	Yes
		Promethazine (generics tabs, suppositories, syrup)	Yes
		Prochlorperazine (generics tabs, ER capsules, conc liq, syrup, supp)	Yes
		Thiethylperazine (Torecan tabs)	Yes
		Transdermal scopolamine (Transderm Scop ER transdermal patch)	Yes
		Trimethobenzamide (generics tabs, suppositories)	Yes
<b>Ondansetron (Zuplenz oral soluble film) was recommend for NF status</b>			
<b>Recommended implementation period</b>		<b>60 days</b>	

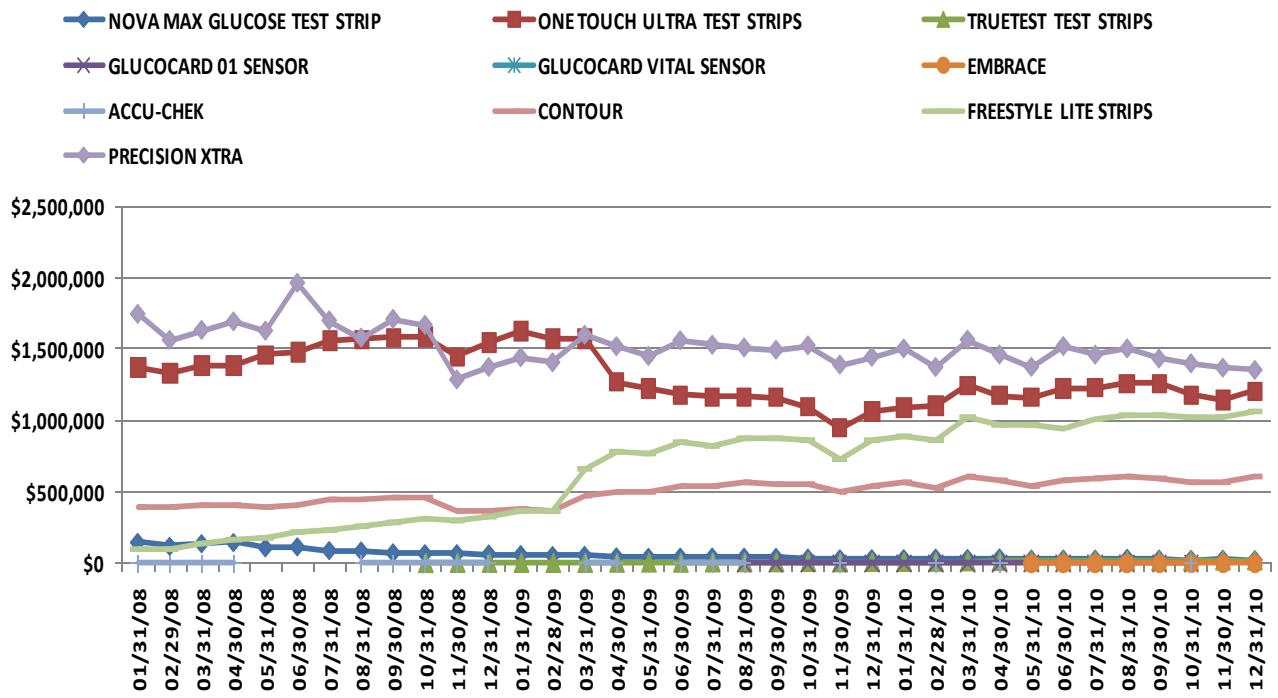
**Figure 10: 5HT3 Utilization – Total Qty Dispensed**



**Table 7: Self-Monitoring Blood Glucose Systems (SMBGS)**

<b>Self-Monitoring Blood Glucose Systems (SMBGS)</b>			
<b>Class</b>	<b>UF Status</b>	<b>Generic Name (Brand)</b>	<b>Generics Available?</b>
<b>Self Monitoring Blood Glucose Systems</b>	<b>Uniform Formulary</b>	Precision Xtra (Precision Xtra meter)	N/A
		Accu-chek Aviva (Aviva meter)	
		Contour (Ascensia Contour meter)	
		Freestyle Lite (Freestlye Lite meter& Freestyle Freedom Lite meter)	
		<b>Glucocard 01 Test Strip (Glucocard 01 &amp; Glucocard 01 Mini Meters)</b>	
		<b>Glucocard Vital Test Strip (Glucocard 01 &amp; Glucocard 01 Mini Meters)</b>	
		<b>Embrace (Embrace)</b>	
	<b>Non-Formulary</b>	<b>Nova Max Test Strip (Nova Max Plus &amp; Nova Max Link Meters)</b>	
		OneTouch Ultra (One Touch Ultra 2, One Touch Mini & One Touch Ultra Smart meters)	
		True Track (True Track meter)	
		Compact Plus (Accu-chek Compact Plus meter)	
		Comfort Curve (Accu-chek Advantage meter)	
		Plus any other test strip other than BCF/UF choices	
Glucocard 01, Glucocard Vital and Embrace were recommended to be formulary on Uniform Formulary Nova Max was recommend to be non- formulary on Uniform Formulary			
<b>Recommended implementation period</b>		<b>60 days</b>	

**Figure 11: Self-Monitoring Blood Glucose Systems (SMBGS)– Qty dispensed**



**Table 8—Table of Implementation Status of UF Recommendations/Decisions Summary Table**

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 2011	Gastrointestinal-1 Agents	• None					60 days	Automated PA applies with gemfibrozil, generic fenofibrate micronized/non-micronized and Tricor step preferred
Feb 2011	Pancreatic Enzymes	• None					60 days	Prior Authorization for increased triglycerides
Feb 2011	Antilipidemic 2 Agents Fibric Acid Derivatives	• None	Approx 3,000 new users per qtr will hit the fenofibrate step				60 days	Prior Authorization for increased triglycerides
Feb 2011	Antilipidemic 2 Rx omega-3 fatty acids	• None	Lovaza: Approx 42K existing users and 5,400 new users per month will hit the prior auth				60 days	Prior Authorization for increased triglycerides
Feb 2011	Antilipidemics 2 Bile Acid Sequestrants	• Colesevelam (Welchol)					60 days	Automated PA requires trial of generic losartan, generic losartan/HCTZ, Diovan, Diovan HCT, Micardis, Micardis HCT, Twynsta, Exforge, or Exforge HCT
Feb 2011	RAAs*	• Olmesartan/Amlodipine/HCTZ (Tribenzor)	6	0	6	0	60 days	Automated PA requires trial of generic losartan, generic losartan/HCTZ, Diovan, Diovan HCT, Micardis, Micardis HCT, Twynsta, Exforge, or Exforge HCT

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 2011	RAAs	▪ Aliskiren/Amlodipine (Tekamlo)	1007	1	764	242	60 days	Automated PA requires trial of generic losartan, generic losartan/HCTZ, Diovan, Diovan HCT, Micardis, Micardis HCT, Twynsta, Exforge, or Exforge HCT
Feb 2011	Alzheimer's Drugs	▪ Donepezil 23 mg (Aricept 23 mg)	3007	30	2359	618	60 days	No
Feb 2011	Antiemetic Drugs	▪ Ondasetron Oral Soluble Film (Zuplenz)	94	0	91	0	60 days	No
Feb 2011	SMBGS** test strips	▪ Nova Max and other strips not meeting requirements	432	296	131	5	60 days	No

\*\* RAAs: Renin Angiotensin Antihypertensive Agents

\*SMBG: Self-Monitoring Blood Glucose System