

**Beneficiary Advisory Panel Handout  
Uniform Formulary Decisions  
23 June 2011**

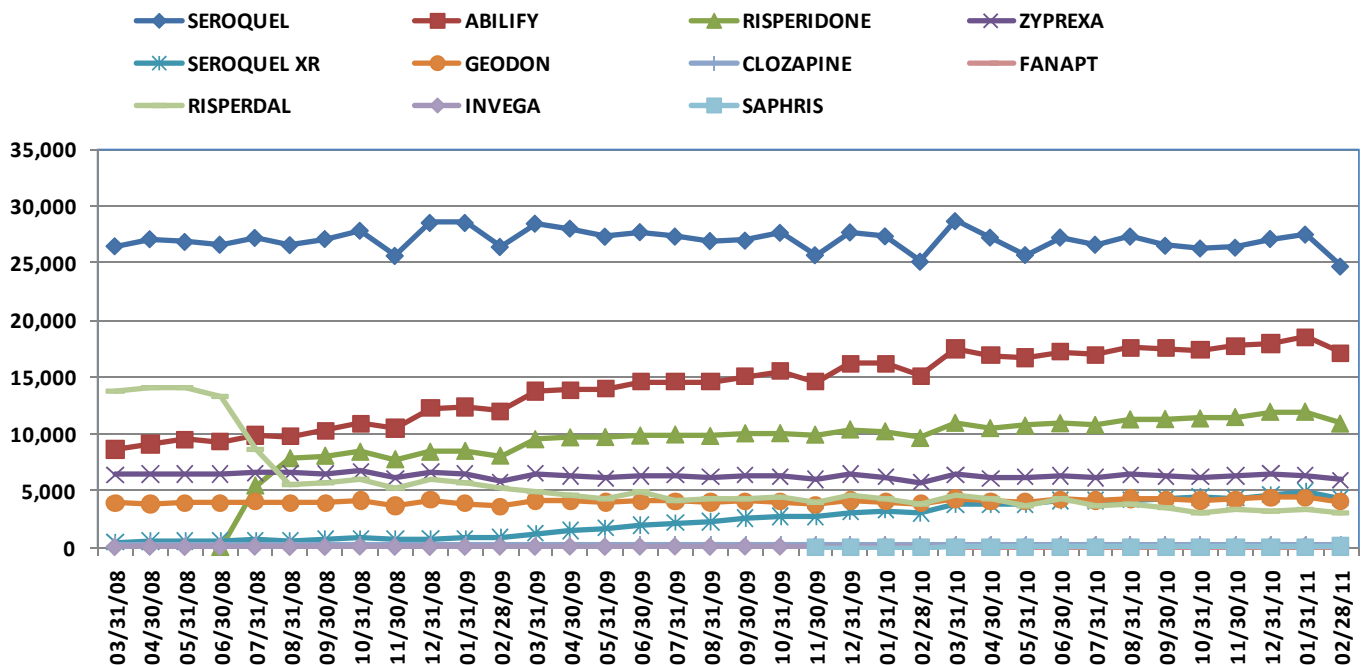
**PURPOSE:** The purpose of this handout is to provide BAP Committee members with a reference document for the relative clinical effectiveness presentations for each Uniform Formulary (UF) Class review

**Table 1: Uniform Formulary Recommendations from the May DoD P&T Committee meeting for the Atypical Antipsychotic Agents\***

Atypical Antipsychotic Agents			
Class	UF Recommendation	Generic Drug Name (Brand)	Generic Available
Oral Atypical Antipsychotics	UF	Clozapine (Clozaril, generics; Fazaclo)	Yes
		Risperidone (Risperdal, Risperdal orally disintegrating tablets)	Yes
		Olanzapine (Zyprexa, Zyprexa Zydis)	No
		Quetiapine (Seroquel, Seroquel XR)	No
		Ziprasidone (Geodon)	No
		Aripiprazole (Abilify; Abilify Discmelt)	No
		Olanzapine/Fluoxetine (Symbyax)	No
		Paliperidone (Invega)	No
	NF	Iloperidone (Fanapt)	No
		Asenapine (Saphris)	No
Lurasidone (Latuda )		No	
Recommended implementation period		30-days	

\*Oral agents only; injectable formulations excluded

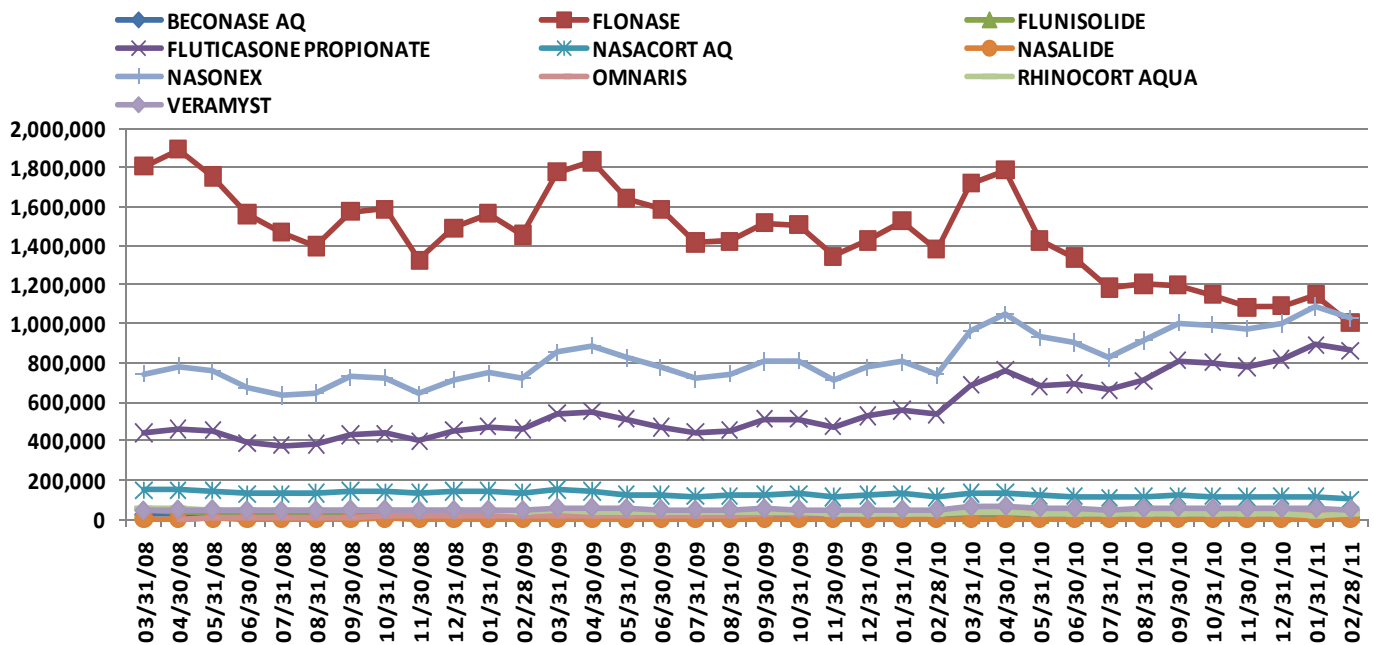
**Figures 1: Atypical Antipsychotic Agents Utilization - Units at All POS**



**Table 2: Uniform Formulary Recommendations from the May 2011 DoD P&T Committee meeting Nasal Allergy Drugs**

Nasal Allergy Drugs			
Subclass	UF Recommendation	Generic Name (Brand)	Generics Available?
Intranasal corticosteroids	UF	Fluticasone propionate (Flonase)	Yes
		Mometasone furoate (Nasonex)	No
		Flunisolide (Nasarel, generics)	Yes
	NF	Ciclesonide (Omnaris)	No
		Fluticasone furoate (Veramyst)	No
		Beclomethasone dipropionate (Beconase AQ)	No
		Budesonide (Rhinocort Aqua)	No
Intranasal Antihistamines:	UF	Olopatadine (Patanase)	No
		Azelastine 0.1% (Astelin; generics)	Yes
	NF	Azelastine 0.15% (Astepro)	No
Intranasal Anticholinergic	UF	Ipratropium bromide (Atrovent)	Yes
Recommended implementation period		Not applicable – no drugs moved from UF to NF	

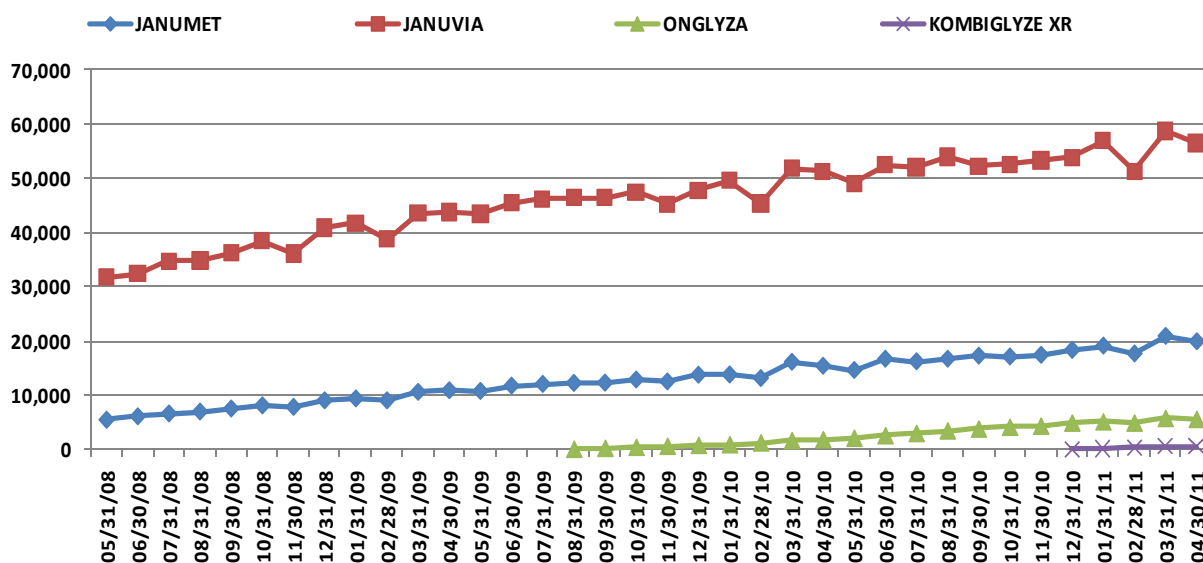
**Figure 2: Nasal Allergy Drugs Utilization –gms/mls at All POS**



**Table 3: Uniform Formulary Recommendations from the May 2011 DoD P&T Committee meeting for the Non-Insulin Diabetes Drugs**

<b>Non-Insulin Diabetes Drugs</b>			
<b>Subclass</b>	<b>UF recommendation</b>	<b>Generic Drug Name (Brand)</b>	<b>Generic Available</b>
<b>DPP-4</b>	<b>UF Class step applies See note 1</b>	Sitagliptin (Januvia)	No
		Sitagliptin+met (Janumet)	No
		Saxagliptin (Onglyza)	No
		<b>Saxagliptin+met (Kombiglyze XR) recommended for UF May 2011</b>	<b>No</b>
<b>GLP-1</b>	<b>UF Class and subclass step apply see note 1,2</b>	Exenatide (Byetta)	No
		Liraglutide (Victoza)	No
<b>TZDs</b>	<b>UF Class step applies See note 1</b>	Pioglitazone (Actos)	No
		Pioglitazone+met (Actoplus Met)	No
		Pioglitazone+met ER (Actoplus Met XR)	No
		Pioglitazone/glimepiride (Duetact)	No
	<b>NF Class step applies See note 1</b>	Rosiglitazone (Avandia)	No
		Rosiglitazone/metformin (Avandamet)	No
Rosiglitazone/glimepiride (Avandaryl)		No	
<b>Biguanides</b>	<b>Step Preferred UF</b>	Metformin IR 500, 850, 1000 mg Riomet liquid 500/5 Metformin ER 500, 750 mg	Yes
	<b>NF</b>	Metformin ER (Fortamet ER) 500, 1000 mg Metformin ER (Glumetza) 500, 1000 mg	No
<b>Sulfonylureas</b>	<b>Step Preferred UF</b>	Chlorpropamide	Yes
		Tolazamide	Yes
		Tolbutamide	Yes
		Glimepiride	Yes
		Glipizide	Yes
		Glipizide ER	Yes
		Glyburide	Yes
		Glyburide micronized	Yes
		Glipizide/met	Yes
Glyburide/met	Yes		
<b>AGI</b>	<b>UF</b>	Acarbose (Precose)	Yes
		Miglitol (Glyset)	No
<b>Amylin Agonists</b>	<b>UF</b>	Pramlintide (Symlin)	No
<b>Meglitinides</b>	<b>UF</b>	Nateglinide	Yes
		Repaglinide +/- met (Prandin, Prandimet)	No
<b>Notes:</b> <ol style="list-style-type: none"> <li>1. Patient must have a documented trial or contraindication for metformin or a sulfonylurea prior to receiving a drug in this subclass.</li> <li>2. Patient must have a documented trial or contraindication for Byetta prior to receiving Victoza</li> </ol>			
<b>Recommended implementation period</b>		<b>60 days</b>	

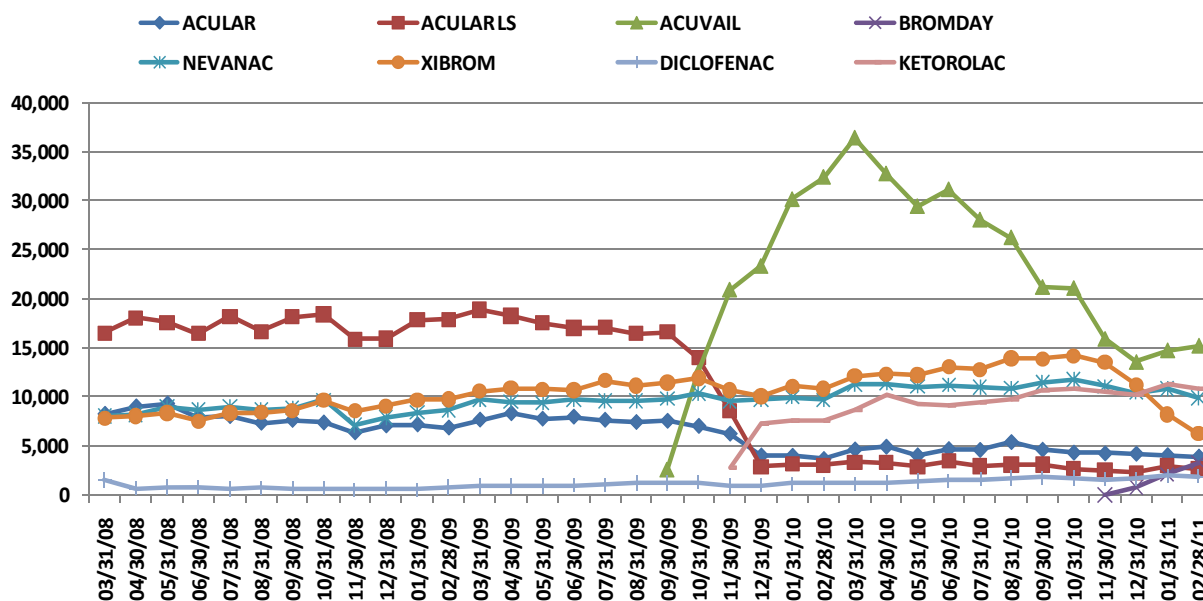
**Figure 3: DPP-4 Utilization (30 day Equiv) – All POS**



**Table 4: Uniform Formulary Recommendations from the May 2011 DoD P&T Committee meeting Nasal Allergy Drugs**

Ophthalmic 1 Drug Class			
Subclass	UF Staus	Generic Name (Brand)	Generics Available?
Non-steroidal Anti-inflammatory drugs	UF	<b>Bromfenac 0.9 once daily formulation (Bromday) – recommended for UF May 2011</b>	No
		Bromfenac 0.9% twice daily formulation (Xibrom)	Yes
		Ketorolac (Acular)	No
		Ketorolac (Acular PF)	No
		Ketorolac (Acular LS)	No
		Ketorolac (Acuvail)	Yes
		Diclofenac (Voltaren)	Yes
		Flurbiprofen (Ocufen)	Yes
		Nepafenac (Nevanac)	No
<b>Recommended implementation period</b>		<b>N/A</b>	

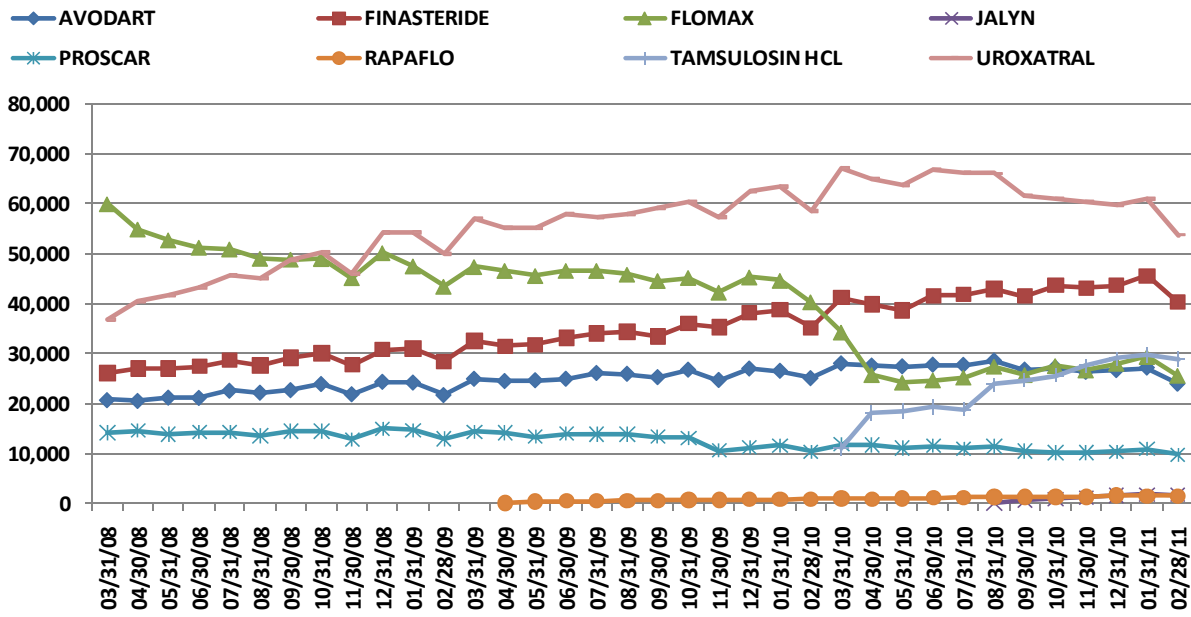
**Figure 4: Ophthalmic NSAIDs Utilization (ml) at All POS**



**Table 5: Uniform Formulary Recommendations from the May 2011 DoD P&T Committee meeting BPH Drugs**

Benign Prostatic Hyperplasia (BPH) Drugs			
Subclass	UF Status	Generic (Brand Name)	Generics Available
Alpha Blockers	UF	Tamsulosin (Flomax)	Yes
		Terazosin	Yes
		Alfuzosin (Uroxatral)	No
		Doxazosin (Cardura)	Yes
		Doxazosin extended release (Cardura XL)	No
		Silodosin (Rapaflo)	No
		<b>Tamsulosin/dutasteride (Jalyn) –recommended for UF May 2011</b>	No
5-ARI	UF	Finasteride (Proscar)	Yes
	NF	Dutasteride (Avodart)	No
Step therapy is in place: patient received a trial of tamsulosin or alfuzosin and had an inadequate response			
Recommended implementation period		60 days	

Figure 5: BPH Drug Utilization (30 day equiv) – All POS



**Table 6—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			
May 2011	Oral Anti-Psychotic Agents	• Saphris,	450	1302	450	36	60 days	N/A	
		• Fanapt	122	2	122	11			
		• Latuda	12	0	12	2			
May 2011	Nasal Allergy Drugs	<ul style="list-style-type: none"> <li>• Ciclesonide (Omnaris)</li> <li>• Fluticasone furoate (Veramyst )</li> <li>• Beclomethasone (Beconase AQ)</li> <li>• Budesonide(Rhinocort Aqua)</li> <li>• Triamcinolone (Nasacort AQ)</li> <li>• Azelastine 0.15% (Astepro)</li> </ul>	Not applicable – remains non formulary						
May 2011	Non-Insulin Diabetes Drugs	<ul style="list-style-type: none"> <li>▪ Not applicable; saxagliptin/metformin ER (Kombiglyze) recommended for UF</li> </ul>	560 (new users who will hit metformin or sulfonylurea step per quarter)				60 Days	Automated PA applies with metformin or a sulfonylurea preferred	
May 2011	Ophthalmic -1s	Not applicable. Bromfenac 0.9% ophthalmic solution (Bromday) recommended for UF							
May 2011	Alpha-1 Blockers for BPH	<ul style="list-style-type: none"> <li>▪ Not applicable; tamsulosin/dutasteride (Jalyn) recommended for UF</li> </ul>	2445 (new users who will hit tamsulosin or alfuzosin step per quarter)				60 Days	Automated PA applies with alfuzosin (Uroxatral) or tamsulosin (Flomax generic) preferred	