

**Beneficiary Advisory Panel Handout
Uniform Formulary Decisions
22 Sept 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 Aug DoD P&T Committee meeting for Non-Steroidal Anti-Inflammatory Drugs

Non-Steroidal Anti-Inflammatory Drugs		
UF Recommendation	Generic Name (Brand)	Generics Available?
Uniform Formulary	Celecoxib (Celebrex)	No
	Diclofenac/misoprostol (Arthrotec)	No
	Naproxen/esomeprazole (Vimovo)	No
	Diclofenac potassium (Cataflam)	Yes
	Diclofenac sodium (Voltaren)	Yes
	Diflunisal (generic)	Yes
	Etodolac (generic)	Yes
	Fenoprofen (Nalfon)	Yes
	Flurbiprofen (Ansaid)	Yes
	Ibuprofen (Motrin)	Yes
	Indomethacin (Indocin)	Yes
	Ketoprofen (Oruvail)	Yes
	Ketorolac tromethamine (Toradol)	Yes
	Meclofenamate (generic)	Yes
	Meloxicam (Mobic)	Yes
	Nabumetone (Relafen)	Yes
	Naproxen (Naprosyn)	Yes
	Naproxen sodium (Anaprox, generics)	Yes
	Oxaprozin (Daypro)	Yes
	Piroxicam (Feldene)	Yes
Sulindac (Clinoril)	Yes	
Tolmetin (Tolectin)	Yes	
Non-Formulary	Diclofenac potassium liquid filled capsules (Zipsor)	No
	Diclofenac potassium powder packets for suspension (Cambia)	No
	Naproxen sodium ER (Naprelan CR)	Yes
	Mefenamic acid (Ponstel)	Yes
Recommended implementation period 60 days		

Table 2: Uniform Formulary Recommendations from the Aug DoD P&T Committee meeting for the Contraceptives

Contraceptives		
Uniform Formulary	Monophasic OCs with 20 mcg EE	EE 20 mcg; 0.1 mg levonorgestrel
		EE 20 mcg; 1.0 mg norethindrone
		EE 20 mcg; 1.0 mg norethindrone; ferrous fumarate
		EE 20 mcg; 3 mg drospirenone
	Monophasic OCs with 25 mcg EE	EE 25 mcg; 0.8 mg norethindrone
	Monophasic OCs with 30 mcg EE	EE 30 mcg; 0.15 mg levonorgestrel –Jolesa (excluding Seasonale, Introvale, Quasense)
		EE 30 mcg; 0.3 mg norgestrel
		EE 30 mcg; 0.15 mg desogestrel
		EE 30 mcg; 1.5 mg norethindrone
		EE 30 mcg; 1.5 mg norethindrone; ferrous fumarate
		EE 30 mcg; 3 mg drospirenone
	Monophasic OCs with 35 mcg EE	EE 35 mcg; 0.5 mg norethindrone
		EE 35 mcg; 0.25 mg norgestimate
		EE 35 mcg; 1.0 mg norethindrone
		EE 35 mcg; 1.0 mg ethynodiol diacetate
	Monophasic OCs with 50 mcg EE or mestranol	Mestranol 50 mcg; 1 mg norethindrone
		EE 50 mcg; 1 mg ethynodiol diacetate
		EE 50 mcg; 0.5 mg norgestrel
	Biphasic OCs	EE 35 mcg; 0.5/1.0 mg norethindrone
		EE 20/10 mcg; 0.15 mg desogestrel
	Triphasic OCs	EE 25 mcg; 0.18/0.215/0.25 mg norgestimate
		EE 35 mcg; 0.18/0.215/0.25 mg norgestimate
		EE 30/40/30 mcg; 0.05/0.075/0.125 mg levonorgestrel
EE 35 mcg; 0.5/1/0.5 mg norethindrone		
EE 35 mcg; 0.5/0.75/1 mg norethindrone		
Progestogen-only OCs	EE 25 mcg; 0.1/0.125/0.15 mg desogestrel	
	0.35 mg norethindrone	
Patch	EE; norelgestromin (Ortho-Evra)	
Vaginal ring	EE; etonorgestrel (Nuvaring)	
Injectable	104 mg/ 0.65mL depot medroxyprogesterone acetate (Depo-subq Provera 104)	
	150 mg/mL depot medroxyprogesterone acetate	
Emergency contraceptives	0.75 mg levonorgestrel (Next Choice)	
	1.5 mg levonorgestrel (Plan B One-Step)	
	30 mg ulipristal (Ella)	
Non-Formulary	EE 30 mcg; levonorgestrel 0.15 mg in special packaging for extended use (Seasonale)	
	EE30 mcg + 10 mcg; levonorgestrel 0.15 mg for extended use (Seasonique, generics)	
	EE20 mcg + 10 mcg; levonorgestrel 0.15 mg for extended use (LoSeasonique)	
	EE 35 mcg; 0.4 mg norethindrone (Ovcon 35 or equiv [Zenchent, Balziva]; Femcon Fe, Zeosa)	
	EE 50 mcg; 1 mg norethindrone (Ovcon 50)	
	EE 20/30/35 mcg; norethindrone 1 mg; ferrous fumarate (Estrostep Fe or equiv [Tilia Fe, Tri-Legest Fe])	
	EV 3/2/2/1 mg/dienogest 2/3mg (Natazia)	
	EE 10 mcg; norethindrone acetate 1 mg - 24 day regimen (Lo Loestrin 24 Fe)	
	EE 20 mcg; norethindrone acetate 1 mg - 24 day regimen (Loestrin 24 Fe)	
	EE 20 mcg; levonorgestrel 0.9 mg – 28 day continuous regimen (Lybrel, generics)	
	EE 20 mcg; drospirenone 3 mg + levomefolate (Beyaz)	
	EE 30 mcg; drospirenone 3 mg + levomefolate (Safyral)	

EE = ethinyl estradiol; OC = oral contraceptive EV = estradiol valerate.

Recommended implementation period 60 days

Figure 2: Utilization by Category - 30 DE - All POS

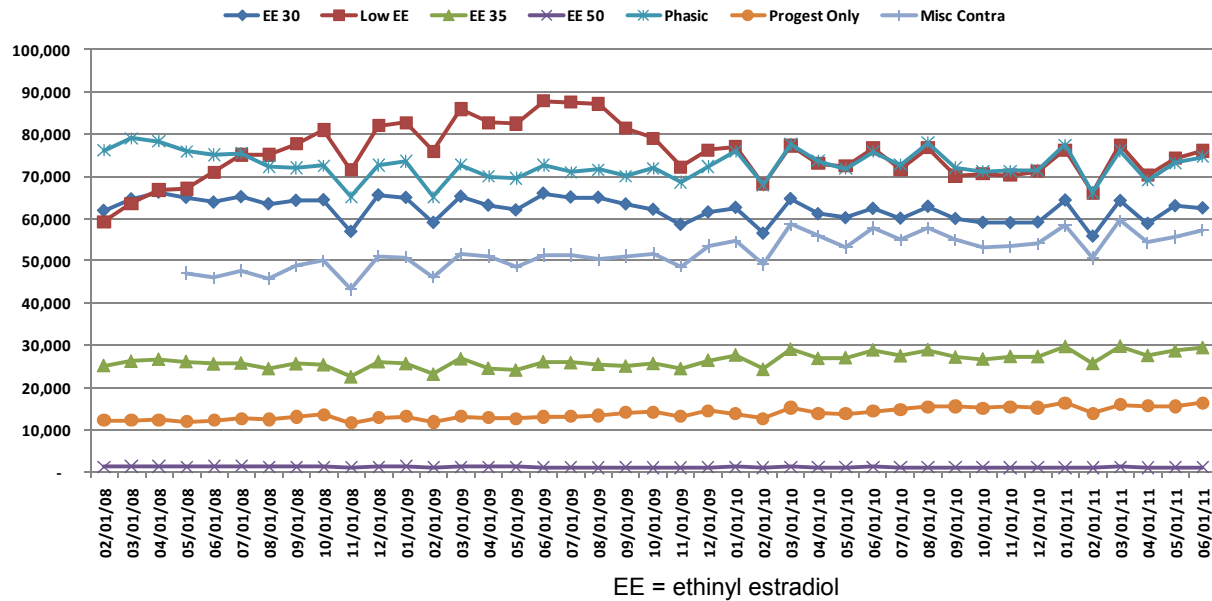


Figure 3: Emergency Contraceptives – Total Number of Rxs – All POS

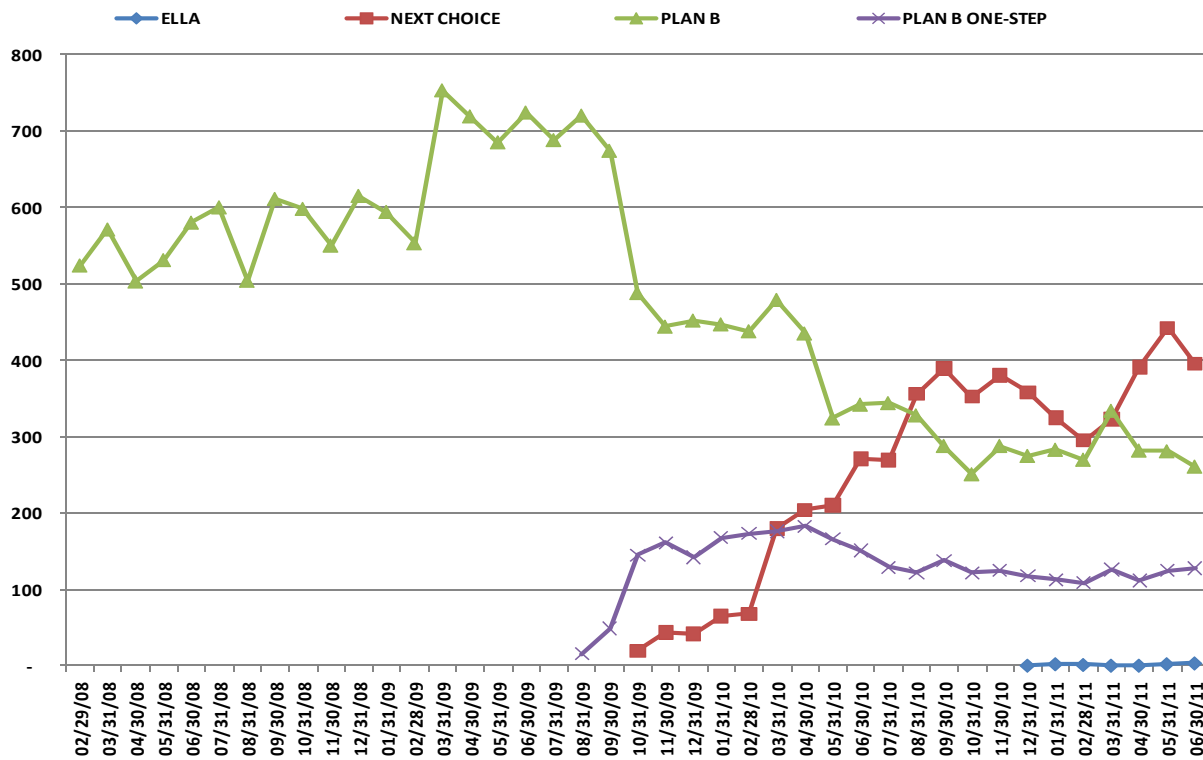


Table 3: Renin Angiotensin Antihypertensives (RAAs)

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/HCTZ (Tekturna HCT)
		Aliskiren (Tekturna)
		Aliskiren / amlodipine / HCTZ (Amturnide)
	NF	Aliskiren/amlodipine (Tekamlo)
ARBs	Step Preferred UF	Losartan (Cozaar)
		Losartan /HCTZ (Hyzaar)
		Telmisartan (Micardis)
		Telmisartan/HCTZ (Micardis HCT)
		Valsartan (Diovan)
		Valsartan/HCTZ (Diovan)
	UF	Azilsartan (Edarbi)
		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, Vaseretic; 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)
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 4: RAAs Utilization 30 DE by Class – All POS

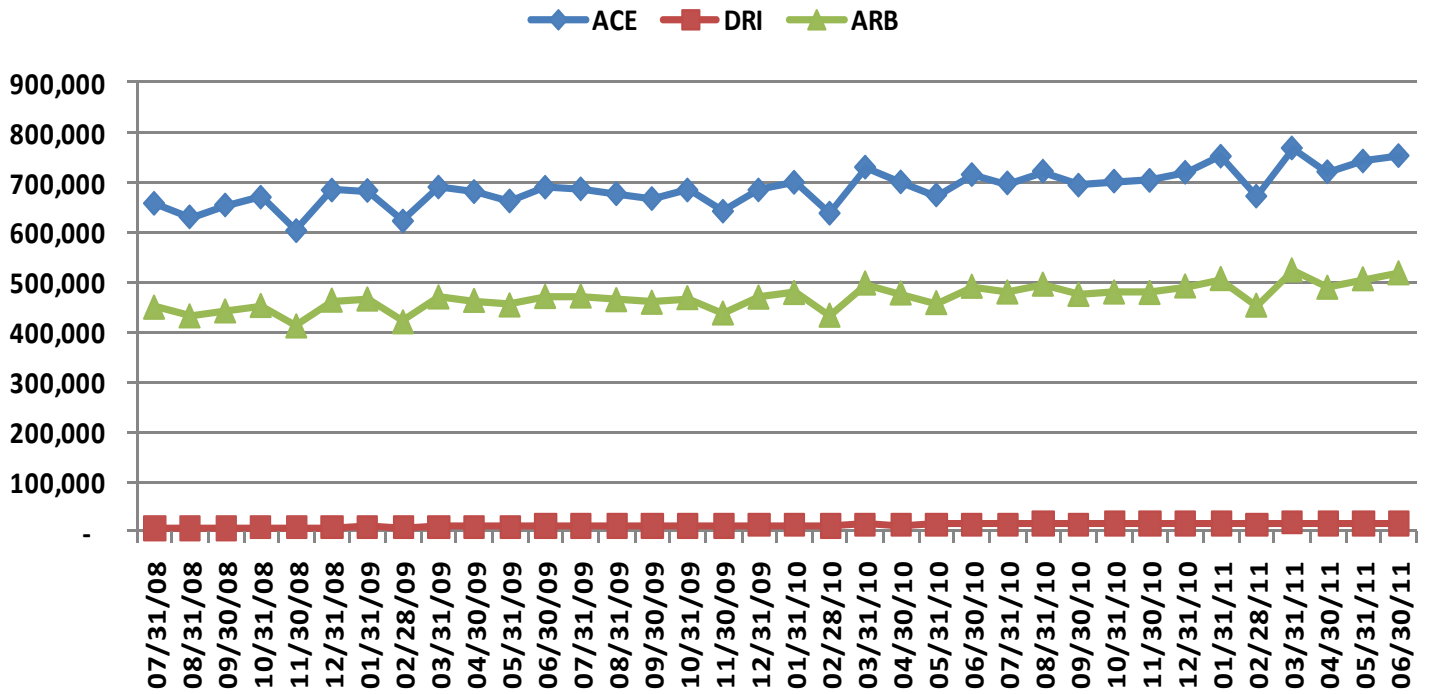


Figure 5: Top Utilized ARBs (30DE) – All POS

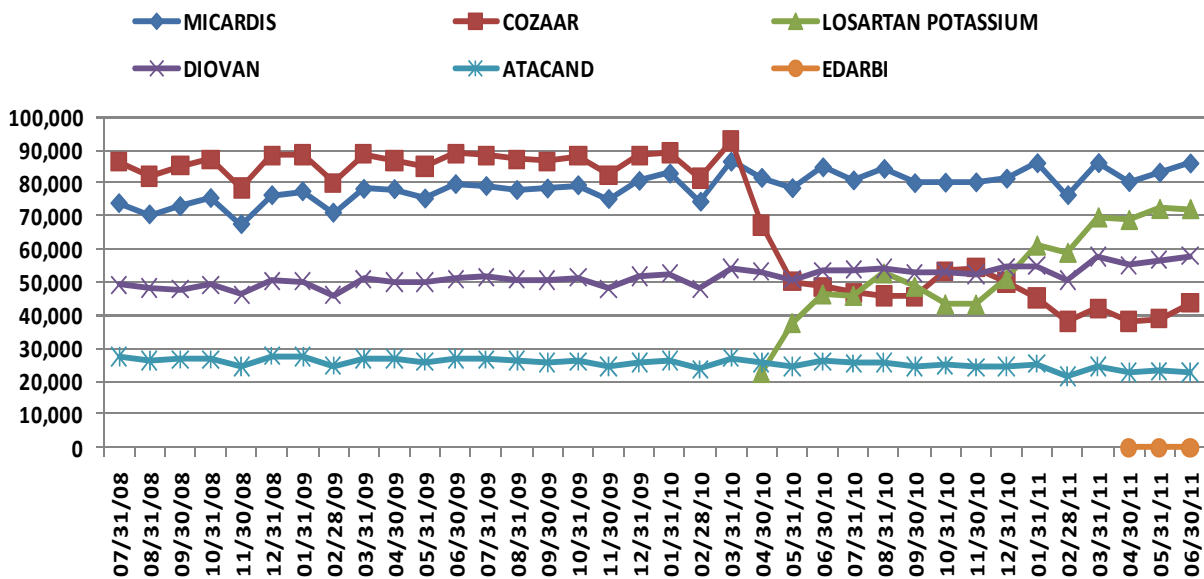


Figure 6: Combo Utilization (30 DE) – All POS

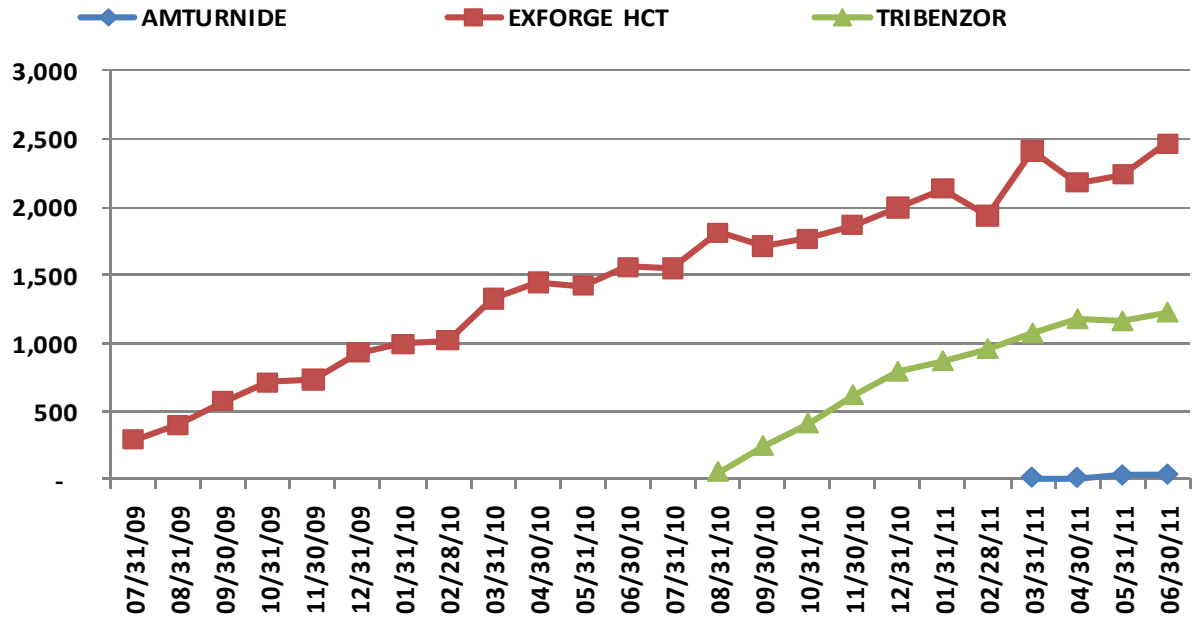


Table 5: Uniform Formulary Recommendations from the Aug 2011 DoD P&T Committee meeting for the Non-Insulin Diabetes Drugs

Non-Insulin Diabetes Drugs			
Subclass	UF recommendation	Generic Drug Name (Brand)	Generic Available
DPP-4	UF Class step applies See note 1	Sitagliptin (Januvia)	No
		Sitagliptin+met (Janumet)	No
		Saxagliptin (Onglyza)	No
		Saxagliptin+met (Kombiglyze XR) recommended for UF May 2011	No
GLP-1	UF Class and subclass step apply see note 1,2	Exenatide (Byetta)	No
		Liraglutide (Victoza)	No
TZDs	UF Class step applies See note 1	Pioglitazone (Actos)	No
		Pioglitazone+met (Actoplus Met)	No
		Pioglitazone+met ER (Actoplus Met XR)	No
		Pioglitazone/glimepiride (Duetact)	No
	NF Class step applies See note 1	Rosiglitazone (Avandia)	No
		Rosiglitazone/metformin (Avandamet)	No
Biguanides	Step Preferred UF	Metformin IR 500, 850, 1000 mg Riomet liquid 500/5 Metformin ER 500, 750 mg	Yes
		NF	Metformin ER (Fortamet ER) 500, 1000 mg Metformin ER (Glumetza) 500, 1000 mg
Sulfonylureas	Step Preferred UF	Chlorpropamide	Yes
		Tolazamide	Yes
		Tolbutamide	Yes
		Glimepiride	Yes
		Glipizide	Yes
		Glipizide ER	Yes
		Glyburide	Yes
		Glyburide micronized	Yes
		Glipizide/met	Yes
Glyburide/met	Yes		
AGI	UF	Acarbose (Precose)	Yes
		Miglitol (Glyset)	No
Amylin Agonists	UF	Pramlintide (Symlin)	No
Meglitinides	UF	Nateglinide	Yes
		Repaglinide +/- met (Prandin, Prandimet)	No
Dopamine Agonist	NF- Class step applies See note 1	Bromocriptine mesylate (Cycloset)	No
Notes: 1. Patient must have a documented trial or contraindication for metformin or a sulfonylurea prior to receiving a drug in this subclass. 2. Patient must have a documented trial or contraindication for Byetta prior to receiving Victoza			
Recommended implementation period 60 days for Cycloset			

Figure 7: Non-insulin Drug Subclass Utilization – 30 day equiv – All POS

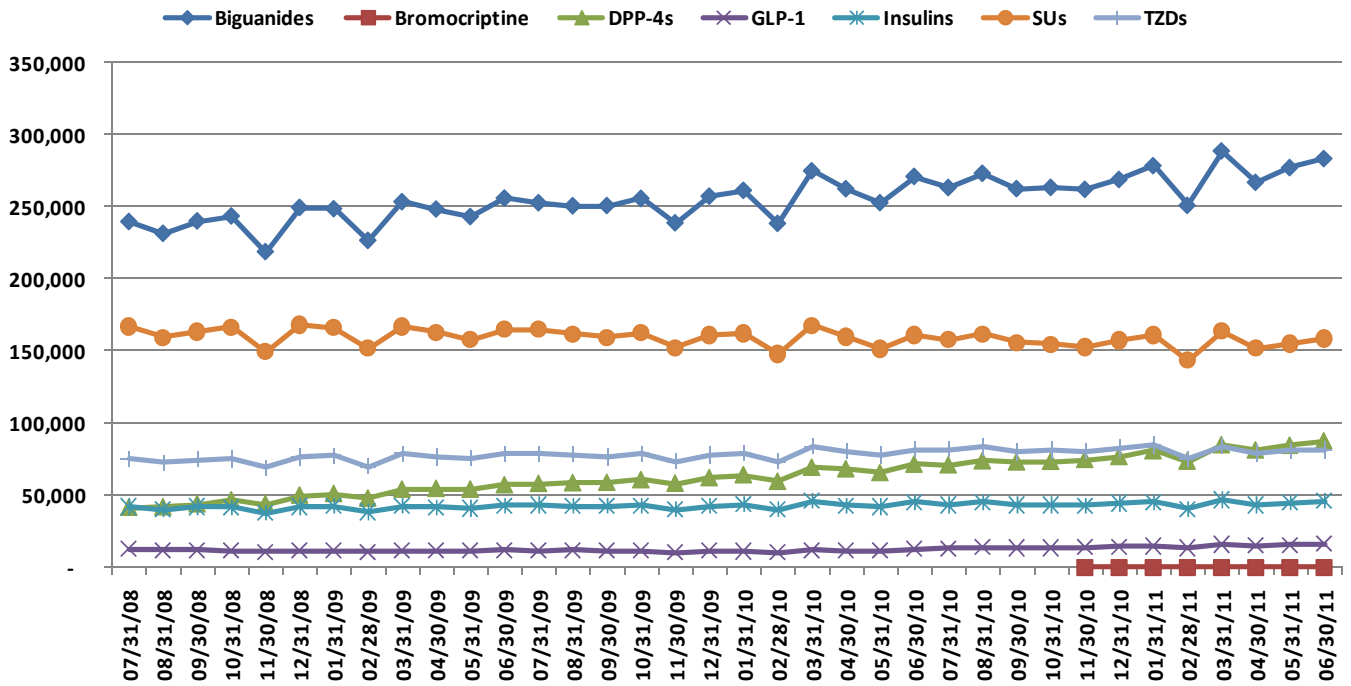


Table 6: Current formulary position of PDE5 inhibitor for erectile dysfunction pending cost determination

Phosphodiesterase Type-5 Inhibitors for Erectile Dysfunction		
UF recommendation	Generic Drug Name (Brand)	Generic Available
UF- Step Preferred	Vardenafil (Levitra)	No
UF	Vardenafil ODT (Staxyn)	No
NF	Sildenafil (Viagra)	No
	Tadalafil (Cialis)	No
Patient must have a documented trial or contraindication for Levitra prior to receiving a drug in this subclass		

ODT: orally dissolving tablet

Figure 8: PDE5 Utilization (Tot Qty Disp) – All POS

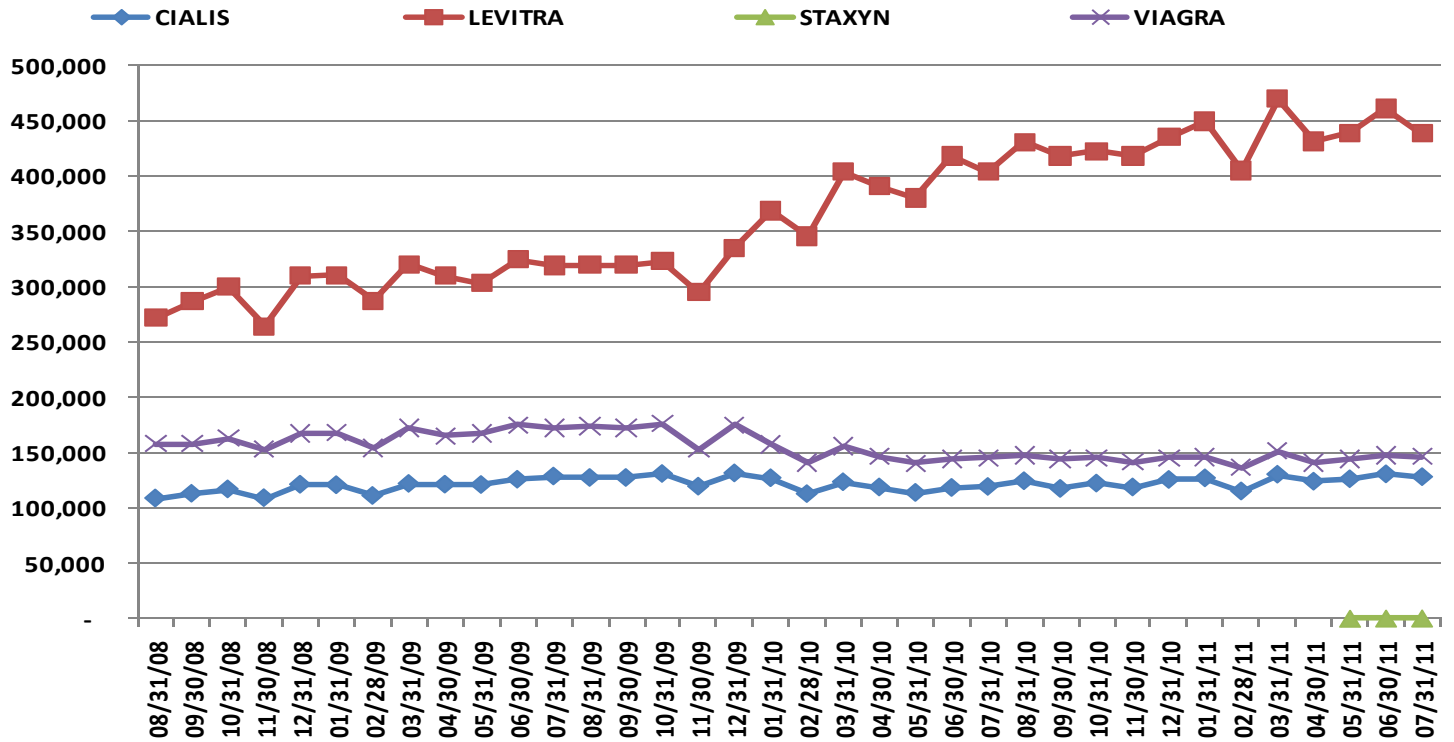


Table 7: Table 5: Uniform Formulary Recommendations from the Aug 2011 DoD P&T Committee meeting for lower potency single analgesic agents

Lower Potency single analgesic agents		
UF recommendation	Generic Drug Name (Brand)	Generic Available
Uniform Formulary*	Tramadol IR 50 mg (Ultram, Rybix, and generic)	Yes
	Butorphanol intranasal (Stadol)	Yes
	Pentazocine/naloxone (Talwin NX)	Yes
	Nalbuphine	Yes
	Buprenorphine Patch (Butrans)	No
Non-Formulary	Tramadol ER (Ultram ER, Ryzolt – Nov 2009)	

- Coverage provided for Patients ≥ 18 yrs with:
- Moderate to severe chronic pain
- Opioid naïve patients (prior use of < 30 mg of morphine or equivalent in past 180 days) limited to Butrans 5 mcg/hr patch
- Opioid tolerant patients (prior use of 30 to 80 mg of morphine or equivalent within past 180 days or Butrans 5 mcg/patch) can receive Butrans 10 mcg/hr and 20 mcg/hr patches
- Coverage NOT provided for patients with long QT syndrome or family history of long QT syndrome
- Coverage NOT provided for treatment of opioid-dependence

Recommended implementation period 60 days

Figure 9: Mild/mod Pain Drugs – Tot Qty Disp – All POS

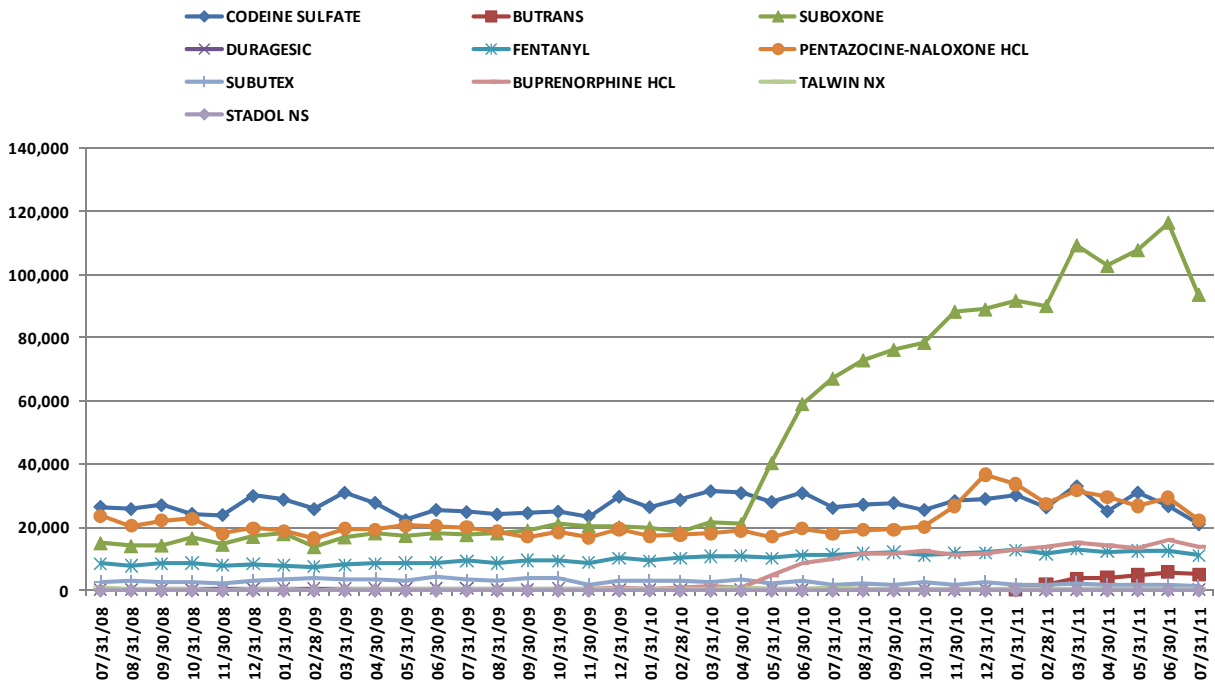


Table 8—Table of Implementation Status of UF Recommendations/Decisions Summary Table

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		
Aug 2011	Non-Steroidal Anti-inflammatory Drugs	Zipsor	730	0	730	0	60 days	N/A
		Ponstel	8478	190	7842	446		
		Naprelan CR	1268	1162	1206	0		
		Cambia	5433	0	5233	200		
Aug 2011	Contraceptives	Beyaz	2234	329	135	67	60 days	N/A
		Lo Loestrin FE	853	2	1339	43		
		LoSeasonique	1467	25	808	103		
		Safyral	141	0	1838	6		
Aug 2011	Renin-Angiotension Antihypertensive class (RAAs)	NA – Azilsartan recommended for UF	91 patients will encounter class step			60 days	losartan, telmisartan, valsartan are step preferred agents	
		NA- Amturnide recommended for UF	35 patients will encounter class step					
Aug 2011	Non-Insulin Diabetes Drugs	Cycloset	230	0	168	62	60 days	Automated PA applies with metformin or a sulfonylurea preferred
Aug 2011	Narcotic analgesics	NA – Butrans recommended for UF	4182 patients will encounter opioid safety prior authorization			60 Days	N/A	
Aug 2011	Leukotriene Inhibitors	Singulair	91,220 patients will encounter prior authorization			90 Days	Automated PA: a) inhaled corticosteroid or beta agonist. b) Pt ≤ 18 y/o Manual PA: a) Pt failed on nasal corticosteroid b) Intolerant or contraindication to nasal/inhaled corticosteroids	