# Beneficiary Advisory Panel Handout
# Uniform Formulary Decisions
# 27 June 2013

Purpose: The purpose of this handout is to provide the BAP members with a reference document for the clinical effective presentation for each Uniform Formulary (UF) decision.

**Gout Medication**

Formulary Agents (step preferred): allopurinol,

Formulary Agents (not included in the step process): colchicines, probenecid and probenecid/colchicine

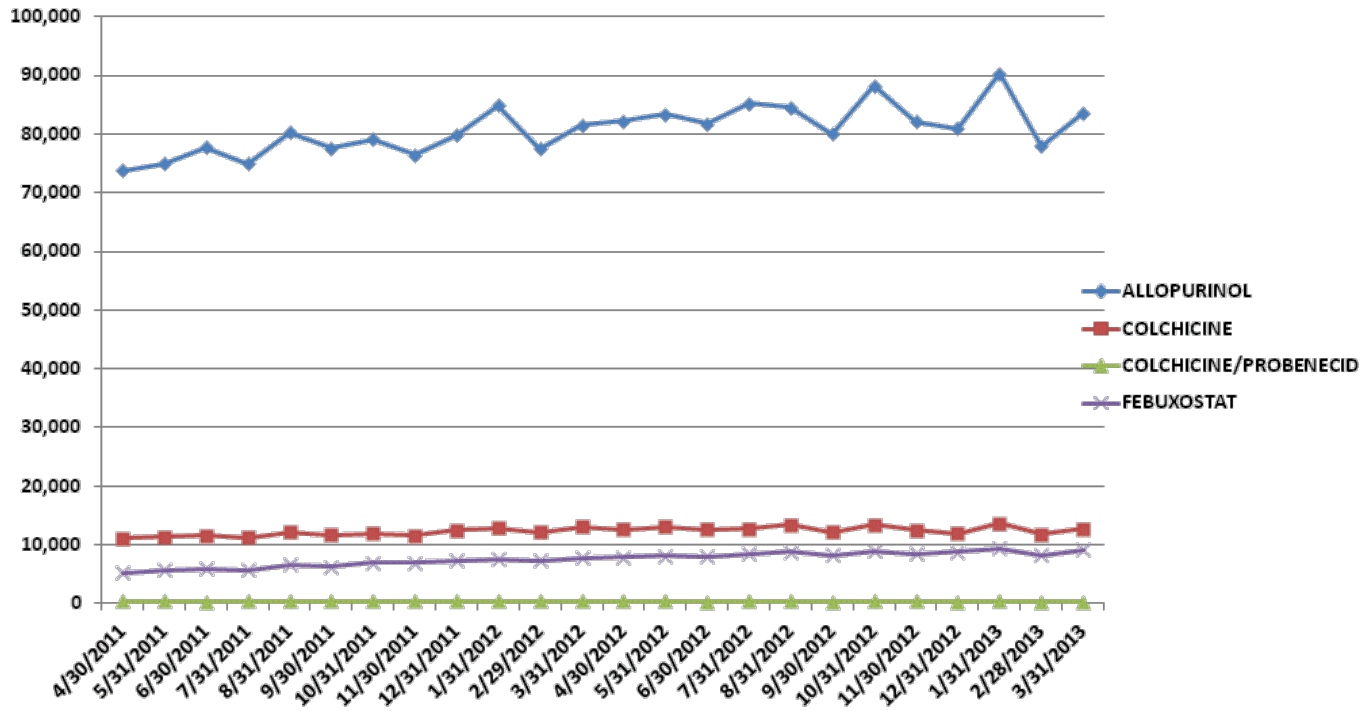
Non-formulary Agents(not step preferred): febuxostat (Uloric)

Prior Authorization recommended for all new and current patients

- Inadequate response to allopurinol after adequate trial (≥ 300 mg per day)
- Intolerable adverse effects to allopurinol
- Contraindication to allopurinol

Recommended Implementation Period: 90 days

Figure 1: Gout Medication Utilization in 30-day Equivalents at All Points of Service



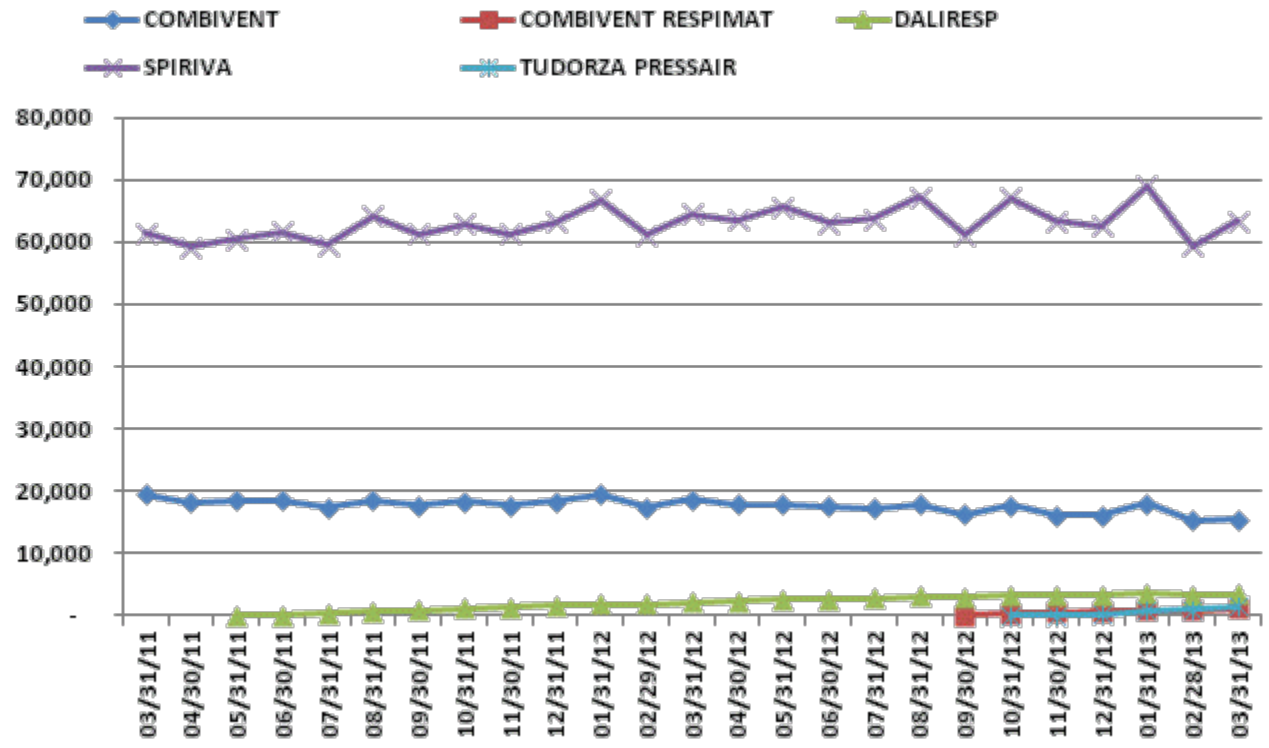
**Chronic Obstructive Pulmonary Disease (COPD) Medication**

Formulary Agents: Ipratropium solution and HFA inhaler, Spiriva, Turdoza, Combivent, Combivent Respimat, Daliresp

Non-formulary Agents: None

Recommended Implementation Period: NA

Figure 2: COPD Medication Utilization in 30-day Equivalents at All Points of Service



**Non-Insulin Diabetes Mellitus Drugs (NIDMs)**

Formulary Agents (step preferred): metformin, sulfonylureas (SUs), sitagliptin containing agents

Non-formulary Agents(not step preferred): Invokana (canagliflozin)

Prior Authorization recommended for all new and current patients:

Patient has experienced one or more of the following

- metformin:
  - impaired renal function preclude treatment with metformin
  - history of lactic acidosis
- Sulfonylureas:
  - hypoglycemia requiring medical treatment
- patient had inadequate response to step preferred agents
- patient has contraindication to step preferred agents

Recommended Implementation Period: 30 days

Total number of patients affected 207 (May 13)

**Lipid Lowering Agents 2 (Lip-2)**

Formulary Agents: Lovaza, VascEPA

Non-formulary Agents: None

Prior Authorization recommended for all new and current patients:

Patient has experienced one or more of the following

- **Patients Receiving Statins:**
  - Patients with TG Levels > 500 mg/dL **AND**
  - Inadequate TG-lowering response to a therapeutic trial of niacin (1-g/day), unable to tolerate niacin/fibrate or are not a candidate for niacin/fibrate therapy
- **Patients NOT Receiving Statins:**
  - Patients with TG Levels > 500 mg/dL **AND**
  - Inadequate response to a therapeutic trial of monotherapy with both a fibrate and niacin (1-2 g/d), unable to tolerate a fibrate and niacin or are not candidates for fibrates and niacin therapy
- **Patients with TG <500 mg/dL or <500 mg/dL** with an inadequate TG-lowering response to niacin or fibrates or who are unable to tolerate/are not candidates for niacin or fibrates

Recommended Implementation Period: 60 days

Total number of patients affected 639 (May 13)

| Meeting | Drug Class | Non-formulary Medication | Total Patients Affected | Patients Affected by Point of Service | | | Implementation Plan 1st Wed X days after decision date | Step Therapy |
|---|---|---|---|---|---|---|---|---|
| | | | | MTF | Retail | Mail Order | | |
| May 13 | Gout Medication | febuxostat (Uloric) | 9,697 | 537 | 5,092 | 4,068 | 90 | Allopurinol preferred agent |
| | NIDM | Invokana (canagliflozin) | 207 | 0 | 207 | 0 | 30 | Metformin, SU, Sitagliptin products |
| | Lip-2s | Fish oil (VascEPA | 639 | 0 | 472 | 167 | 60 | Limited to FDA indications |