EXECUTIVE SUMMARY

Uniform Formulary (UF) Beneficiary Advisory Panel (BAP) Comments 9 January 2014

The Uniform Formulary (UF) Beneficiary Advisory Panel (BAP) commented on the recommendations from the Department of Defense (DoD) Pharmacy and Therapeutics Committee November 2013 Meeting.

1. UF CLASS REVIEWS: SHORT-ACTING BETA AGONISTS (SABAs):

A. SABAs—UF Recommendation

The P&T Committee recommended (12 for, 0 opposed, 1 abstained, 3 absent) that ProAir HFA remain designated formulary on the UF. The P&T Committee also recommended that Proventil HFA, Ventolin HFA, and Xopenex HFA be designated NF on the UF.

B. SABAs—UF Implementation Plan

The P&T Committee recommended (12 for, 0 opposed, 1 abstained, 3 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician Perspective:

The SABAs are used to treat asthma and COPD (emphysema). This drug class is considered highly interchangeable – ProAir HFA, Ventolin HFA, and Proventil HFA all contain albuterol and Xopenex HFA contains levalbuterol, which is a "mirror image" of albuterol (steroisomer). Several years ago generic albuterol formulations were on the market; these inhalers used CFC as a propellant, which is environmentally harmful, so now all the inhalers must use HFA as a propellant rather than CFC. The FDA does not consider the drugs interchangeable, because of the HFA inhaler (not the drug), which is more complicated than the old CFC inhalers, but clinically there are no differences between the products.

The recommendation made was to have ProAir HFA as the preferred product for all three points of service. This was due to cost effectiveness, and the high degree of interchangeability. For the MTFs, we will put out a guidance recommending that patients be switched quickly at the pharmacy window. We did not do a step therapy here, since an asthma attack can be life-threatening, we didn't want patients to potentially be turned away from the pharmacy window without their medication.

Summary of Panel Vote/Comments:

The Panel members had questions regarding the process and guidance for patience making the switch to the preferred product at the pharmacy window without a prescription as well as the impact on doctors if they are required to write prescriptions.

Dr. Meade replied by stating that a new prescriptions would be needed for the mail and retail but the P&T committee can give authorization for the local MTFs to make the switch at the point of dispensing.

Without further discussion, the Panel voted on the following:

1. SABA's – Panel Vote on the UF Recommendations

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

2. SABAs – UF Implementation Plan

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

2. UF CLASS REVIEWS – BENIGN PROSTATE HYP0ERPLASIA AGENTS:

A. 5-ARIs Subclass—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- finasteride (Proscar, generic) remain designated with formulary status on the UF; and
- dutasteride (Avodart) and dutasteride/tamsulosin (Jalyn) be designated NF.

This recommendation includes step therapy, which requires a trial of a finasteride prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in new users.

B. 5-ARIs Subclass—Prior Authorization (PA) Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) PA criteria should apply to the nonformulary 5-ARIs. A trial of finasteride is required prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in all new users. With the new requirement for use of finasteride prior to using Jalyn, the previous prior authorization criteria where a trial of alfuzosin or tamsulosin was required no longer apply.

- **Automated PA criteria**:
  - The patient has a previous step therapy (automated prior authorization) approval for dutasteride/tamsulosin (Jalyn),

    or

  - The patient has filled a prescription for finasteride at any MHS pharmacy point of service [Military Treatment Facilities (MTFs), retail network pharmacies, or mail order] during the previous 180 days.

    AND

- **Manual PA criteria**—If automated criteria are not met, Jalyn is approved (e.g., trial of finasteride is NOT required) if:

  - Use of finasteride is contraindicated and the patient requires therapy with both an A1B and a 5-ARI.
  - The patient has tried finasteride, was unable to tolerate it due to adverse effects, and requires therapy with both an A1B and a 5-ARI.
  - The patient is unable to take finasteride (due to a contraindication or adverse events), requires therapy with both an A1B and a 5-ARI, and requires a fixed-dose combination due to, for example, swallowing difficulties.

The P&T Committee recommended (12 for, 0 opposed, abstained, 4 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

There are two drug classes used to treat enlargement of the prostate – the 5-alpha reductase inhibitors, generic Proscar and Avodart, which were evaluated at the November meeting; and the alpha blockers (Flomax and Uroxatral). For the 5-ARIs, this is also a drug class which is highly interchangeable – there are head to head studies between Proscar and Avodart which show no differences in efficacy for treating BPH symptoms, and they have similar side effects. Due to the cost effectiveness of generic Proscar, and the high degree of interchangeability, it was chosen as the preferred 5-ARI. Avodart had previously been non-formulary, but at this meeting the step therapy requirement was added, to try generic Proscar first.

Jalyn is the combination of Avodart with Flomax, it has previously been on the UF, and had a PA requiring that a generic alpha blocker (Flomax or Uroxatral) be tried first. Now, the recommendation is to make Jalyn non-formulary, and to require a trial of generic Proscar first. All existing patients receiving Jalyn are grandfathered (there are about 2,000 Jalyn patients). We've recommended removing the old step therapy requiring use of an alpha blocker, and instead will have the new step therapy.

Summary of Panel Vote/Comments:

The Panel members posed questions regarding the manual PA criteria. Jalyn contains dtasturide and tamsulosin but the new requirement for the use of finasteride does not require a trial of tamsulosin. They asked if there should be a requirement for a trial of tamsulosin to ensure that the beneficiary can tolerate the drug.

Dr. Meade responded that both of those drugs are generic. Also, when you treat BPH, you'll probably be on an A1B and a 5 ARI. The A1Bs are pretty benign when it comes to side effects and the interchangeability is probably pretty good. We didn't think that was a hurdle that needed to be in place.

Without further discussion, the Panel voted on the following:

1. 5-ARIs Subclass – Panel Vote on the UF Recommendation:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

2. 5-ARIs Subclass – PA Criteria

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☑ *These comments were taken under consideration prior to my final decision.*

3. 5-ARIs Subclass – UF and PA Implementation Plan

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☑ *These comments were taken under consideration prior to my final decision.*

3. UF CLASS REVIEWS- ANTI-LIPIDEMIC-1s (LIP-1s)

A. LIP-1s—UF Recommendation

The P&T Committee recommended (12 for, 1 opposed, 0 abstained, 3 absent) the following scenario for the UF, which is the most clinically and cost-effective option for the MHS:

- atorvastatin, atorvastatin/amlodipine, simvastatin, pravastatin, fluvastatin, and lovastatin be designated UF and step-preferred (e.g., "in front of the step");
- rosuvastatin remain designated UF and non-step-preferred (e.g., "behind the step"); and,
- atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and simvastatin/niacin (Simcor) be designated NF and non-step-preferred (e.g., "behind the step").
- This recommendation includes step therapy, which requires a trial of a generic statin at similar LDL-lowering intensity in new users of rosuvastatin (Crestor) 20 mg and 40 mg and the NF statins, and manual PA criteria for new users of rosuvastatin 5 mg and 10 mg.

Note that this recommendation does not affect the formulary status of ezetimibe (Zetia) or niacin ER (Niaspan). Ezetimibe remains UF and non-step-preferred and Niaspan remains on the BCF.

MTF pharmacies are highly encouraged to switch patients currently receiving Vytorin to statin monotherapy at the appropriate LDL-lowering intensity.

MTFs are also encouraged to reserve new prescriptions for Crestor 20 mg or 40 mg for patients who are unable to tolerate atorvastatin 40 mg or 80 mg, and to consider a generic

statin at the equivalent LDL-lowering intensity for new prescriptions, instead of Crestor 5 mg or 10 mg.

B. LIP-1s—PA Criteria

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) automated PA criteria (step therapy) and manual PA criteria for new users of rosuvastatin (Crestor) 20 mg and 40 mg, simvastatin/ezetimibe (Vytorin), atorvastatin/ezetimibe (Liptruzet), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and (simvastatin/niacin) Simcor, requiring a trial of a step-preferred statin with similar LDL-lowering intensity. The P&T Committee also recommended (11 for, 1 opposed, 1 abstained, 3 absent) manual PA criteria for new users of rosuvastatin (Crestor) 5 mg and 10 mg, requiring a trial of atorvastatin, simvastatin, and pravastatin. See full criteria listed below.

- **Rosuvastatin (Crestor) 20 mg, 40 mg**—All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 20 mg, 40 mg must try a preferred statin at appropriate LDL lowering first.

  Automated PA criteria
  - The patient has filled a prescription for a preferred statin targeting similar LDL lowering >50% (generic atorvastatin 40 mg or 80 mg), at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

    AND

  Manual PA criteria—If automated criteria are not met, Crestor 20 mg, 40 mg is approved in new users (e.g., trial of atorvastatin 40 mg, 80 mg is NOT required) if:

  - The patient requires a high-intensity statin (LDL lowering >50%) and has tried atorvastatin 40 mg or 80 mg and was unable to tolerate treatment due to adverse effects.
  - The patient requires a high-intensity statin (LDL lowering >50%) and is on a concurrent drug metabolized by the cytochrome p450 3A4 pathway.

- **Rosuvastatin (Crestor) 5 mg, 10 mg**—All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 5 mg, 10 mg must try a preferred statin at appropriate LDL lowering first.

Manual PA criteria—For new users, Crestor 5 mg or 10 mg is approved (e.g., trial of a generic statin at appropriate LDL lowering is NOT required) if:

- The patient is taking a concurrent drug that is metabolized by CYP3A4 and cannot take pravastatin. The provider must state why the patient cannot take pravastatin.
- The patient requires moderate LDL lowering (LDL decrease by 30% to 50%), and has tried all 3 of the following drugs: atorvastatin ≥10 mg, simvastatin ≥20 mg, and pravastatin ≥40 mg and could not tolerate treatment due to adverse effects.

Note that the previous requirements for step therapy are removed; all new users of Crestor 5 mg and 10 mg must have a manual ("hard copy") PA.

- **Atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), fluvastatin ER, (Lescol XL), lovastatin ER (Altoprev), pitavastatin (Livalo), lovastatin/niacin (Advicor), simvastatin/niacin (Simcor)**—All new users of Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor must try a preferred statin at appropriate LDL lowering first.

Automated PA criteria

- The patient has received a prescription for a preferred agent (generic atorvastatin, simvastatin, pravastatin, fluvastatin, lovastatin, or pravastatin) targeting similar LDL reduction (LDL lowering <50%, LDL lowering between 30% to 50%, LDL lowering <30%) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

AND

Manual PA criteria—If automated criteria are not met, Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor is approved (e.g., trial of generic statin is NOT required) if:

- For Vytorin: The patient requires a high-intensity statin and has tried atorvastatin ≥40 mg and was unable to tolerate treatment due to adverse effects.
- For Vytorin or Liptruzet: The patient requires high-intensity therapy and is receiving ezetimibe and atorvastatin or simvastatin separately, and has swallowing difficulties (needs a fixed-dose combination product).
- For Livalo, Lescol XL:
  - The patient has tried a preferred statin with similar LDL reduction (moderate or low intensity) and was unable to tolerate it due to adverse effects.
  - The patient is taking a drug that is metabolized by CYP3A4.

- For Altoprev: The patient requires treatment with lovastatin 60 mg and cannot take another statin with similar LDL lowering.
- For Simcor, Advicor: The patient requires a drug that lowers LDL and raises HDL and cannot take two separate tablets (needs fixed-dose combination).

C. LIP-1s—UF and PA Implementation Plan:

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all points of service; and, 2) DHA send a letter to beneficiaries affected by the UF and PA decisions.

Summary of Physician's Perspective:

The night before the November P&T meeting, new guidelines came out from the American College of Cardiology and American Heart Association. The guidelines were previously updated in 2004, and we had been waiting several years for the new guidelines to be released. These guidelines are considered the gold standard for treating patients with high cholesterol. There were several major changes recommended in this new set of guidelines, and there was a lot of controversy in the press, but overall, these new recommendations will become standard of care. Because of the major changes, we had an interim meeting on December 17th; this allowed for us to survey the physicians on their comments about the changes, and also to do a new pharmacoeconomic evaluation.

The major Uniform Formulary recommendation is that Vytorin is now non-formulary. Previously Vytorin had been on the Uniform Formulary, so there are about 70,000 patients who will be affected by the decision. The one dissenting vote for the formulary recommendation was due to this – the large numbers of patients currently on Vytorin. However, the new guidelines now recommend that patients with high cholesterol receive a statin, and that the non-statins are no longer recommended. Vytorin contains simvastatin with Zetia – it's the Zetia component that is not a statin and has a different mechanism of action. The statins are preferred in the guidelines because there are studies showing that they decrease the risk of stroke, heart attack and death; there are no studies available with Zetia.

The guidelines break down the drugs, by dosage strength, based on their ability to lower "bad" cholesterol (LDL). There are only two drugs classified as high intensity – Crestor 20 and 40 mg, and atorvastatin (generic Lipitor) 40 mg and 80 mg. The guidelines don't favor one drug or the other. This is also true for the moderate intensity drugs – the lower doses of Crestor and atorvastatin, and simvastatin. For Crestor, the decision was to keep it on the Uniform Formulary, and to keep it non-preferred; since the previous class review in 2010, both Crestor and Vytorin, and the other branded products have been non-preferred, requiring a trial of a generic statin at the appropriate dose first.

There were some changes made to the Prior Authorization criteria. First of all, all patients currently on Crestor will be "grandfathered" – they can stay on Crestor without any paperwork. For new patients with a prescription for the high doses of Crestor, the current step therapy remains in place – if a patient has a history of high dose atorvastatin, they can receive Crestor. The Committee did acknowledge that there are some patients who have side effects (such as muscle aches) on high doses of atorvastatin and also that Crestor is preferred in some patients taking interacting drugs.

For new prescriptions for the lower doses of Crestor, the recommendation was to require all new patients to have a hard copy PA. The patient needs to try 3 drugs first – appropriate doses or atorvastatin, simvastatin and pravastatin. There is a harder argument to favor moderate intensity doses of Crestor over the generic drugs, since the guidelines don't prefer one drug over another, and pravastatin can handle the patients with drug interactions. The manual PA criteria do allow Crestor for use in patients who have had side effects with the 3 other drugs. The reason for the one dissenting vote for the criteria here was due to the potential for increased paperwork.

All the other branded drugs, in addition to Vytorin were recommended to be non-formulary. They are not cost effective compared to the generic statins, or contain a non-statin, which is no longer recommended in the guidelines (Simcor and Advicor both contain niacin). There are only 17,000 patients affected by this recommendation, out of the 1.8 million patients receiving statin in DoD. (Simcor, Advicor, Liptruzet, Altoprev, Lescol XL, Livalo).

There were about 250 physicians (primarily MTF providers, but also some civilian providers) who responded to the survey. Overall, the survey participants did acknowledge that the new guidelines will impact their prescribing habits, and the majority of responders did say they would use atorvastatin 1st, before Crestor, in patients who required a high intensity statins. Additionally, the responders did state they would be moving patients currently on Vytorin to a statin.

Summary of Panel Vote/Comments:

Several of the Panel members asked for clarification regarding the manual PA criteria for Crestor 5 and 10; the process of grandfathering current users of Crestor; and co-pays for the grandfathered beneficiaries. A question was also asked about the P&T Committee member that opposed the Uniform Formulary recommendation.

Dr. Meade and Dr. Kugler responded to the questions posed by the Panel. Dr. Meade reiterated that all new users will require a manual PA and current users will be grandfathered. As Cestor is a UF drug, the copay will be formulary copay. The opposition to the UF recommendation dealt with the number of patients on Vitorin.

Additional question were asked about the P&T Committee discussions regarding grandfathering. More specifically, did the P&T committee give more consideration to being more directive asking beneficiaries to make switch as well as educating the prescribers.

Dr. Kugler responded by saying no. Dr. Meade responded that grandfathering has been discussed quite a bit. The sheer number of votes on Crestor and the fact they've already gone over a hurdle to get Crestor. It was the committee's decision. In response to the education question, Dr. Meade stated that every attempt will be made to educate the prescribers. They will probably use the same process when another with high utilization went generic.

Without further discussion, the Panel voted on the following:

1. **LIP-1s – UF Recommandations:**

   Concur: 7 Non-concur : 0 Abstained : 0 Absent : 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

2. **LIP-1s – PA Criteria:**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

3. **LIP-1s – UF and PA Implementation Plan:**

   Concur : 7 Non-concur : 0 Abstained : 0 Absent : 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

4. RECENTLY APPROVED U.S. FDA AGENTS – NON-INSULIN DIABETES DRUGS

A. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- alogliptin (Nesina), aloglptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni) be designated NF and non-preferred.
- This recommendation includes step therapy, which requires a trial of a sitagliptin product (Januvia, Janumet, Janumet XR) (the preferred drugs) prior to using the other DPP4-inhibitors. Prior authorization for the DPP-4 inhibitors also requires a trial of metformin or sulfonylurea for new patients.

B. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—PA Criteria

Existing automated PA (step therapy) requires a trial of metformin or a sulfonylurea prior to use of a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users must try a preferred sitagliptin product before trying linagliptin or saxagliptin-containing products. Juvisync has been voluntarily discontinued from the market as of October 2013, and will no longer be a preferred sitagliptin product on the UF.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) PA criteria should apply to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni). See full criteria listed below.

- **Alogliptin (Nesina), alogliptin/metformin (Kazano), alogliptin/pioglitazone (Oseni)**—All new and current users of a DPP-4 inhibitor are required to try metformin or a sulfonylurea before receiving a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users of alogliptin must try a sitagliptin product first.

  Automated PA criteria

  - The patient has filled a prescription for metformin or a sulfonylurea at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

  - The patient has received a prescription for a preferred DPP-4 inhibitor (Januvia, Janumet, or Janumet XR) at any MHS pharmacy POS (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

AND

Manual PA criteria—If automated criteria are not met, alogliptin, alogliptin/metformin, or alogliptin/pioglitazone is approved (e.g., trial of metformin or a sulfonylurea is NOT required) if:

- The patient has had an inadequate response to metformin or sulfonylurea.
- The patient has experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or history of lactic acidosis, a blood disorder, [for alogliptin (Nesina) or alogliptin/pioglitazone (Oseni)].
- The patient has experienced the following adverse event while receiving a sulfonylurea: hypoglycemia, low blood sugar, requiring medical treatment.
- The patient has a contraindication to metformin or a sulfonylurea.

AND

In addition to the above criteria regarding metformin and sulfonylurea, the following PA criteria would apply specifically to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni):

- The patient has experienced an adverse event with sitagliptin-containing products, which is not expected to occur with alogliptin-containing products.
- The patient has had an inadequate response to a sitagliptin-containing product.
- The patient has a contraindication to sitagliptin.

C. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all points of service (POS); and, 2) the Defense Health Agency (DHA) send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

This decision was unanimous to designate the alogliptin drugs non-formulary. Alogliptin is the 4th DPP-4 inhibitor on the market. It has no benefits over the other DPP4s – it lowers HbA1c just as well as the other DPP4s, and has the same side effect profile. Back in 2010, when the DPP4s were first reviewed, we surveyed the MTFs and the

consensus was that only one DPP4 was needed on the Uniform Formulary. Although this is the 1st DPP4 to have a combination with pioglitazone, from the TZD class, the TZDs drugs have largely gone out of favor, due to adverse events of edema (heart failure symptoms), weight gain and bladder cancer. Also, because of dosing adjustments required for patients with decreased renal function, six different dosing strengths are needed, which has the potential for dosing miscalculations and requires a lot of room on the pharmacy shelf.

The Prior Authorization criteria are similar to the other DPP4s – metformin or a sulfonylurea must be tried before a DPP4 inhibitor, and the preferred product Januvia (sitagliptin) must be tried before alogliptin.

Summary of Panel Vote/Comments:

No discussion from the Panel.

Without further discussion, the Panel voted on the following:

1. **DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – Panel Vote on the UF Recommandations:**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

2. **DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – PA Criteria :**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

3. **DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF and PA Implementation Plan:**

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA: *These comments were taken under consideration prior to my final decision.*

5. RECENTLY APPROVED U.S. FDA AGENTS – OSTEROPROSIS DRUGS

A. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Recommendation

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) effervescent alendronate (Binosto) be designated NF.

B. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

This decision was also unanimous. This product is only a minor improvement over the other bisphophonates (Actonel, Fosamax, and Boniva). Binosto has the same dosing requirements as the other bisphosphonates, except that it requires 4 ounces of water instead of 8 ounces. The bisphosphonates have strict administration requirements –they have to be taken 30 minutes before eating, with a full glass of water, and the patient can't lie down after administration – this is due to risk of severe irritation of the esophagus. As a result, compliance can be a problem.

The company did not perform any clinical trials, so there is no data to show that patients taking Binosto would have better compliance, or have a reduced risk of side effects (irritation of the esophagus).

Low-cost generic formulations of Fosamax are available. Binosto was much more costly than the other bisphoshponates, and due to the cost and lack of a major benefit, it was recommended for non-formulary placement.

Summary of Panel Vote/Comments:

No questions from the Panel.

Without further discussion, the Panel voted on the following:

1. **Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto) – Panel Vote on the UF Recommendations:**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

2. **Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Implementation Plan**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA:

   ☑ *These comments were taken under consideration prior to my final decision.*

6. **UTILIZATION MANAGEMENT – MULTIPLE SCLEROSIS (MS) DRUGS:**

A. Multiple Sclerosis (MS) Drugs: Dimethyl Fumarate (Tecfidera)—PA Criteria

Dimethyl fumarate is an oral disease modifying drug for MS that was FDA-approved in March 2013. The drug has not yet been reviewed for UF status. The package insert recommends measuring the complete blood count (CBC) within six months prior to initiation of therapy, due to the risk of lymphopenia. PA criteria apply to the other MS drugs.

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) the following PA criteria for dimethyl fumarate (Tecfidera) for relapsing forms of MS, and CBC monitoring, consistent with the product labeling.

Coverage approved for patients with:

- Documented diagnosis of relapsing forms of MS.
- CBC within six months prior to imitation of therapy, due to risk of lymphopenia.

- Coverage NOT provided for concomitant use with other disease-modifying drugs of MS.

Summary of Physician's Perspective:

No FDA indications.

***Summary of Panel Vote/Comments*:**

Dr. Salom comments this is one of the few times the generic name is easier to pronounce than the trade name.

Without further discussion, the Panel voted on the following:

1. **MS Drugs: Dimethyl Fumarate (Tecfidera) – PA Criteria:**

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

7. UTILIZATION MANAGEMENT–TARGETED IMMUHNOMODULATORY BIOLOGICS (TIBs)

A. Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara)—PA Criteria

PA criteria currently apply to the TIBs. Tocilizumab was previously limited to injection by health care professionals, but is now available in pre-filled syringes labeled for patient self-administration for treatment of rheumatoid arthritis. The FDA recently approved new indications for certolizumab for treatment of ankylosing spondylitis (AS), inflammatory disease of the skeleton and peripheral joints and psoriatic arthritis (PsA), and ustekinumab for treatment of PsA.

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) PA criteria for certolizumab for AS and PsA, tocilizumab for rheumatoid arthritis, and ustekinumab for PsA, consistent with the products' labeling. See for full criteria below.

- **Certolizumab (Cimzia)**—Coverage approved for patients ≥ 18 years with:
  - Active ankylosing spondylitis
  - Active psoriatic arthritis
  - Moderately to severely active Crohn's disease refractory to conventional therapy
  - Moderately to severely active rheumatoid arthritis
  - Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan

- **Tocilizumab (Actemra)**—Coverage approved for patients ≥ 18 years with:
  - Moderate to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs
  - Not approved for use in systemic or polyarticular juvenile idiopathic arthritis

- **Ustekinumab (Stelara)**—Coverage approved for patients ≥ 18 years with:
  - Active psoriatic arthritis
  - Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
  - Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan

Summary of Physician's Perspective:

Just updating.

Summary of Panel Votes/Comments:

No questions from the Panel.

Without further discussion, the Panel voted on the following:

1. **Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara) – PA Criteria**

   Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

   Director, DHA: 

   ☒ *These comments were taken under consideration prior to my final decision.*

8. UTILIZATION MANAGEMENT

A. Montelukast (Singulair)—PA Removal

PA criteria were recommended at the August 2011 meeting for montelukast (Singular), requiring automated PA criteria in patients with asthma, and requiring manual PA criteria for patients with seasonal allergic rhinitis or nasal polyps, based on professional treatment guidelines and cost. Generic montelukast tablets entered the market in August 2012 and, as of November 2013, there has been a significant decrease in the generic cost. The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the PA requirements for montelukast be removed, effective upon signing of the minutes.

Summary of Physician's Perspective:

No comments from Dr. Kugler

Summary of Panel Vote/Comments:

No questions from the Panel.

Without further discussions, the Panel voted on the following:

1. Montelukast (Singulair) – PA Removal

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

9. FISCAL YEAR 2008 NATIONAL DEFENSE AUTHORIZATION ACT, SECTION 703:

A. Section 703—UF Recommendation

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the products listed below (by manufacturer) be designated NF on the UF.

LUPIN PHAR	ANTARA
MISSION PH	BINOSTO
	LITHOSTAT
	THIOLA
	TINDAMAX

	UROCIT-K (10 MEQ)
	UROCIT-K (15 MEQ)
	UROCIT-K (5 MEQ)
ROMARK LAB	ALINIA
WESTWARD	ATIVAN
	ATIVAN INJECTION
	DOPRAM
	DURAMORPH
	GLYCOPYRROLATE
	INFUMORPH
	ROBAXIN
	ROBINUL

B. Section 703—Pre-Authorization Criteria

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) the following pre-authorization criteria for the drugs designated non-formulary (see XVIII, A, above): 1) obtaining the product by home delivery would be detrimental to the patient; and, 2) for branded products with AB generic availability, use of the generic product would be detrimental to the patient. These pre-authorization criteria do not apply to any point of service other than retail network pharmacies.

C. Section 703—Pre-Authorization Implementation Plan

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the drugs designated non-formulary (see XVIII, A, above) have 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by these decisions.

D. Section 703—Drugs Returned to Uniform Formulary

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the products listed below (by manufacturer) be designated with the drug's previous status on the UF because the manufacturer has become compliant with refund requirements.

ALLERGAN	ALOCRIL
	AVAGE
	AZELEX
	BETAGAN
	BLEPHAMIDE

	ELESTAT ELIMITE FML FML FORTE FML S.O.P. OCUFEN OCUFLOX POLY-PRED POLYTRIM PRED MILD PRED-G
BAXTER	TRANSDERM-SCOP
BEDFORD LABS	CAFCIT GLUCAGEN
BIOVITRUM	KINERET
DAVA	RHEUMATREX (REMAINS NF, NO PRE-AUTHORIZATION)
FRESENIUS MED	PHOSLO

F. Section 703—Removal of Pre-Authorization Criteria for Drugs Returned to UF and Implementation Plan

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that pre-authorization criteria for the drugs listed in XVIII, D, above, be removed because the manufacturer has become compliant with refund requirements. The formulary designation change and removal of pre-authorization criteria shall become effective upon signing of the minutes.

Dr. Meade noted that with this class, if any of the manufacturers who were non-compliant sign a pricing agreement prior to the signing of the minute, Lt Gen Robb will be notified that they have a signed pricing agreement.

Summary of Physician's Perspective:

No comments from Dr. Kugler.

Summary of Panel Vote/Comments:

No questions from the Panel.

Without further discussion, the Panel voted on the following:

1. Section 703 – UF Recommendation

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

Note: The DFO asked for clarification on Mr. Lewis's vote as he did not see his vote. Mr. Lewis concurred.

2. Section 703 – PA Criteria

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

3. Section 703 – PA Implementation Plan

Concur: 7 Non-Concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

4. Section 703 – Drugs Returned to Uniform Formulary

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Director, DHA:

☒ *These comments were taken under consideration prior to my final decision.*

Uniform Formulary Beneficiary Advisory Panel (BAP)

Meeting Summary
January 9, 2014
Washington, D.C.

Present Panel Members

- Dr. Ira Salom, Chairman
- Dr, Kathryn Buchta
- Mr. Steven Hein
- Dr. Amit Khurana
- Ms. Lisa Le Gette
- Robert L. Lewis
- Elizabeth Sampsel

Absent Panel Member

- Robert Tackitt

The meeting was held at the Naval Heritage Center Theater, 701 Pennsylvania Ave. N.W., Washington D.C. Mr. William Blanche (alternate DFO) called the proceedings to order at 9:00 A.M. The Panel was convened to review and comment on the therapeutic drug class recommendations resulting from the November 13 & 14 Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee meeting held in San Antonio, TX.

Agenda

The agenda for the meeting of the Panel is as follows:

- Welcome and Opening Remarks
- Public Citizen Comments
- Review and Panel discussion of P&T Committee recommendations for the following therapeutic drug class.

  - *Designated Newly Approved Drugs*

    - Dipeptidyl Peptidase-4 (DPP-4) inhibitors – Alogliptin (Nesina), Alogliptin/metformin (Kazano), alogliptin/pioglitazone (Oseni)
    - Osteoporosis Drugs – Bisphosphonates – Alendronate effervescent tables (Binosto)

  - *Drug Class Review*:

    - Short-Acting Beta Agonists (SABAs) metered dose inhalers
    - Benign Prostatic Hyperplasia (BPH) Drugs- 5-Alpha Reductase Inhibitors (5-ARIs)
    - Antilipidemic-1s (LIP-1s)

- *Utilization Management Issues*

  - Prior Authorization Criteria
    - Dimethyl Fumarate (Tecfidera)
    - Targeted Immunomodulatory Biologics (TIBs):
      - Certolizumab (Cimzia)
      - Tocilizumab (Actemra)
      - Ustekinumab (Stelara)
    - Montelukast (Singulair) – PA Removal

- *2008 Section 703 Actions*

Opening Remarks

Mr. Blanche was appointed by the DoD sponsor to act as the committee alternate DFO during the temporary absence of Commander Joseph Lawrence. Title 10, United States Code, (USC) section 1074g, subsection b requires the Secretary of Defense to establish a DoD Uniform Formulary (UF) of the pharmaceutical agent and establishes the P&T committee to review formulary on a periodic basis and make additional recommendations regarding the formulary as the committee determines necessary and appropriate.

In addition, 10 U.S.C. Section 1074g, subsection c also requires the Secretary to establish a UF Beneficiary Advisory Panel (BAP) to review and comment on the development of the Uniform Formulary. The panel includes members that represent non-governmental organizations and associations that represent the views and interests of a large number of eligible covered beneficiaries. Comments of the panel must be considered by the Director of the Defense Health Agency (DHA) before establishing the UF or implementing changes to the UF.
The panels meetings are conducted in accordance with the Federal Advisory Committee Act (FACA).

The duties of the Beneficiary Advisory Panel include the following:

- To review and comment on the recommendations of the P&T Committee concerning the establishment of the UF and subsequently recommending changes. Comments to the Director, DHA regarding recommended formulary status, pre-authorizations and the effective dates for changing drugs from "formulary" to "non-formulary" status must be reviewed by the Director, DHA before making a final decision.
- To hold quarterly meetings in an open forum. The panel may not hold meetings except at the call or with the advance approval of the DFO and his consultation with the Chairperson of the Panel.
- To prepare minutes of the proceedings and prepared comments for the Secretary or his designee regarding the Uniform Formulary or changes to the Formulary. The minutes will be available on the website and comments will be prepared by the Director, DHA.

As guidance to the Panel regarding this meeting, Mr. Blanche said the role of the BAP is to comment on the UF recommendations made by the P&T Committee at their last meeting. While the Department appreciates that the BAP maybe interested in the drug class the selected will review, drugs recommended for the basic core formula (BCF) or specific pricing data, these titles do not fall under the purview of the BAF.

The P&T Committee met for approximately 14 hours conducting this review of the drug class recommendation presented today. Since this meeting is considerably shorter, the panel will not receive the same extensive information as presented to the P&T Committee members. However, the BAP will receive an abbreviated version of each presentation and its discussion. The materials provided to the panel are available on the TRICARE website.

Detailed minutes of this meeting are being prepared. The BAP minutes, the DoD P&T Committee minutes, and the Director's decisions will be available on the TRICARE website in approximately four to six weeks.

The DFO provided ground rules for conducting the meeting:

- All discussions take place in an open, public forum. There is to be no committee discussion outside the room, during breaks, or at lunch.
- Audience participation is limited to private citizens who signed up to address the Panel.
- Members of the Pharmacoeconomic Branch and the P&T Committee are available to answer questions related to the BAP's deliberations. Should a misstatement be made, these individuals may interrupt to ensure the minutes accurately reflect relevant facts, regulations, or policy.

Mr. Blanche introduced the individual Panel members (see list above) and noted house-keeping considerations.

Private Citizen Comments

The DFO stated a private citizen comment was received and distributed to the committee for consideration from Ms. Lisa Blanton, MJ.

Dr. Salom recommended that the private citizen comment be referred to the Pharmacoeconomic Center to review for review by the P&T committee for placement on the Uniform Formulary. All the Panel members concurred with the recommendation.

Chairman's Opening Remarks

The DFO turned the meeting over to Dr. Ira Salom who opened the meeting for the first drug class review.

DRUG CLASS REVIEW PRESENTATION

(PEC Script – Dr. Meade)

I'm Dave Meade, Director of Clinical Operations at the Pharmacoeconomic Branch ("PEC Branch" for short). Joining me is Doctor and retired Army Colonel John Kugler, the Chairman of the P & T Committee, who will provide the physician perspective and comment on the recommendations made by the P & T Committee. Also joining us are Mr. Paul Hutter; General Counsel for DHA; Col Mike Spilker, Deputy Chief of the Pharmacy Operations Division; LTC Chris Conrad, PEC Branch Chief.

The DoD PEC Branch supports the DoD P&T Committee by conducting the relative (relative meaning in comparison to the other agents defined in the same class) clinical-effectiveness analyses and relative cost-effectiveness analyses of the drug classes under review and consideration by the DoD P&T Committee for the Uniform Formulary (UF).

We are here to present an overview of the analyses presented to the P & T Committee. 32 Code of Federal Regulations (CFR) establishes procedures for inclusion of pharmaceutical agents on the Uniform Formulary based upon both relative clinical effectiveness and relative cost effectiveness.

The goal of this presentation is not to provide you with the same in-depth analyses presented to the DoD P & T Committee but a summary of the processes and analyses presented to the DoD P&T Committee. These include:

1) A brief overview of the relative clinical-effectiveness analyses considered by the DoD P&T Committee. All reviews include but are not limited to the sources of information listed in 32 CFR 199.21 (e)(1).

2) A brief general overview of the relative cost-effectiveness analyses. This overview will be general in nature since we are unable to disclose the actual costs used in the economic models. This overview will include the factors used to evaluate the costs of the agents in relation to the safety, effectiveness, and clinical outcomes.

    a. The DoD P&T Committee's Uniform Formulary recommendation is based upon its collective professional judgment when considering the analyses from both the relative clinical- and relative cost-effectiveness evaluations. The Committee reviewed three Uniform Formulary Drug Classes (or sub-classes): Short Acting Beta Agonists (SABAs), 5 Alpha Reductase Inhibitors subclass from the BPH class and the Statins subclass from the Lipid Lowering Agent class Additionally, 4 newly approved drugs was reviewed – Alogliptin (Nesina), Alogliptin/Metformin (Kazano), Alogliptin/Pioglitazone (Oseni), and Alendronate Effervescent Tablet (Binosto). We will also discuss changes to prior authorizations for several drugs, a list of drugs to be placed NF and behind a pre-authorization for non-compliance with the rebate requirements as well as a list of drugs that will be returned to their prior status because the manufacturers have come in

compliance with refund requirements.

3) The DoD P & T Committee's recommendation as to the effective date of the agents being changed from formulary tier to the non-formulary tier of the Uniform Formulary. Based on 32 CFR 199.21 such change will not be longer than 180 days from the final decision date but may be less.

We've given you a handout which includes the Uniform Formulary recommendations for all the drugs discussed today; these are found on pages 2 through 8. There are tables and utilization figures for each of the drug classes. We'll be using trade names as much as possible, so you can refer to your handout throughout the presentation.

1. UF CLASS REVIEWS—SHORT-ACTING BETA AGONISTS (SABAs)

(PEC Script – Dr. Meade)

A. SABAs—Relative Clinical Effectiveness and Conclusion

Background and Relative Clinical Effectiveness—

The SABAs administered via metered dose inhalers (MDIs) were evaluated by the P&T Committee. The drugs in the class include albuterol [ProAir hydrofluoroalkane (HFA), Proventil HFA, Ventolin HFA] and levalbuterol (Xoponex HFA). The nebulized products were not evaluated. No new clinical conclusions were made since the SABAs Drug Class was reviewed in November 2011. Utilization may be found on page 2 of the handout.

The P&T Committee agreed (15 for, 0 opposed, 0 abstained, 1 absent) with the following conclusions:

- There are no studies in either adults or children assessing efficacy of albuterol versus levalbuterol when administered via MDIs for treating asthma.
- In exercise-induced bronchospasm (EIB), albuterol administered via MDI taken 15–30 minutes before exercise prevents symptoms significantly better than placebo. Although Xopenex HFA is not currently approved by the U.S. Food and Drug Administration (FDA) for EIB, phase III trials point to similar effect size as with albuterol.
- For chronic obstructive pulmonary disease such as emphysema, the SABAs are more efficacious than placebo. There is insufficient evidence to compare the efficacy of albuterol versus levalbuterol in COPD.
- Although there is a lack of comparative safety data between levalbuterol and albuterol MDIs, there is no evidence to suggest clinically relevant differences in safety between the drugs.

- Since the last UF review, ProAir HFA now includes a dose counter. Ventolin HFA also has a dose counter. Proventil HFA and Xopenex HFA do not have dose counters.
- Although the FDA states albuterol HFA products are separate entities and not substitutable, clinically there is a high degree of therapeutic interchangeability between ProAir HFA, Proventil HFA, Ventolin HFA, and Xoponex HFA.

B. SABAs—Relative Cost-Effectiveness Analysis and Conclusion

The P&T Committee concluded (13 for, 0 opposed, 0 abstained, 3 absent) that among SABA HFA MDIs, ProAir HFA was the most cost-effective agent based on the weighted average cost per day of treatment across all three points of service (POS), followed by Xopenex HFA, Ventolin HFA, and Proventil HFA. Results from the cost minimization analysis (CMA) and budget impact analysis (BIA) showed that designating ProAir HFA as the sole UF agent in this class, with all other SABA HFA MDIs designated as NF, was the most cost-effective scenario for the MHS.

C. SABAs—UF Recommendation

The P&T Committee recommended (12 for, 0 opposed, 1 abstained, 3 absent) that ProAir HFA remain designated formulary on the UF. The P&T Committee also recommended that Proventil HFA, Ventolin HFA, and Xopenex HFA be designated NF on the UF.

D. SABAs—UF Implementation Plan

The P&T Committee recommended (12 for, 0 opposed, 1 abstained, 3 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

E. SABAs – Physician's Perspective:

The SABAs are used to treat asthma and COPD (emphysema). This drug class is considered highly interchangeable – ProAir HFA, Ventolin HFA, and Proventil HFA all contain albuterol and Xopenex HFA contains levalbuterol, which is a "mirror image" of albuterol (steroisomer). Several years ago generic albuterol formulations were on the market; these inhalers used CFC as a propellant, which is environmentally harmful, so now all the inhalers must use HFA as a propellant rather than CFC. The FDA does not consider the drugs interchangeable, because of the HFA inhaler (not the drug), which is more complicated than the old CFC inhalers, but clinically there are no differences between the products.

The recommendation made was to have ProAir HFA as the preferred product for all three points of service. This was due to cost effectiveness, and the high degree of interchangeability. For the MTFs, we will put out a guidance recommending that patients

be switched quickly at the pharmacy window. We did not do a step therapy here, since an asthma attack can be life-threatening, we didn't want patients to potentially be turned away from the pharmacy window without their medication.

F. SABA's – Panel Questions and Comments:

The Panel members had questions regarding the process and guidance for patience making the switch to the preferred product at the pharmacy window without a prescription as well as the impact on doctors if they are required to write prescriptions.

Dr. Meade replied by stating that a new prescriptions would be needed for the mail and retail but the P&T committee can give authorization for the local MTFs to make the switch at the point of dispensing.

G. SABA's – Panel Vote on the UF Recommendations

The Chair read the P&T Committee recommendations UF Recommendations SABA drug class.

The P&T Committee recommended the following tha ProAir HFA remain designated formulary on the UF. The P&T Committee also recommended that Proventil HFA, Ventolin HFA, and Xopenex HFA be designated NF on the UF.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

H. SABAs – UF Implementation Plan

The Chair called for a vote on the UF Implementation Plan.

The P&T Committee recommended the following 1) the effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

2. UF CLASS REVIEWS—BENIGN PROSTATIC HYPERPLASIA AGENTS

P&T Comments

A. 5-Alpha Reductase Inhibitors (5-ARIs) Subclass—Relative Clinical Effectiveness and Conclusion

The 5-ARIs include finasteride (Proscar, generics), dutasteride (Avodart), and the combination product dutasteride/tamsulosin (Jalyn), which contains an alpha-1 blocker (A1B). Utilization may be found on page 3 of the handout. The 5-ARIs were previously reviewed for UF placement in May 2007. Jalyn was previously reviewed as a new drug in the A1B subclass in May 2011. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following for the 5-ARIs:

- The 5-ARIs finasteride and dutasteride (Avodart) improve lower urinary tract symptoms (such as increased daytime and night time frequency, straining, feeling of incomplete emptying) associated with benign prostatic hypertrophy (BPH), when compared to placebo. Because of the placebo effect in reducing symptoms, the magnitude of the effect due to treatment is small and may not be clinically significant.
- Finasteride and dutasteride (Avodart) appear interchangeable with regard to efficacy in treating lower urinary tract symptoms associated with BPH. Both agents result in similar decreases in prostate volume, increases in urinary flow rate, and improvement in symptoms stated above. Similar reductions in risk of acute urinary retention and BPH-related surgery are seen with both agents.
- The 5-ARIs are most useful in men who have enlarged prostates, but show little efficacy in men with normal prostate volumes.
- Finasteride and dutasteride (Avodart) exhibit a high degree of therapeutic interchangeability. Either finasteride or dutasteride is expected to meet the needs of the majority of benign prostatic hyperplasia patients in the MHS who have BPH. Neither drug offers a unique benefit. It is unlikely that a patient who did not have an adequate response with one 5-ARI would have an improved response with the other.
- The combination product dutasteride/tamsulosin (Jalyn) confers no additional benefit when compared with using the individual components together. As the 5-ARIs are highly interchangeable, it likely makes little clinical difference which 5-ARI is used in combination with an A1B.

B. 5-ARIs Subclass—Relative Cost-Effectiveness Analysis and Conclusion

CMA and BIA were performed to evaluate the 5-ARI subclass. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that finasteride was the most cost-effective agent in this class. Dutasteride (Avodart) and dutasteride/ tamsulosin (Jalyn) were not cost-effective when

compared with finasteride alone or in combination with generic uroselective A1Bs (tamsulosin or alfuzosin).

- BIA was performed to evaluate the potential impact of scenarios with selected 5ARIs designated formulary or nonformulary on the UF. BIA results showed the scenario with finasteride designated as formulary on the UF, and dutasteride (Avodart) and dutasteride/tamsulosin (Jalyn) designated as nonformulary on the UF was the most cost-effective for the MHS.

C. 5-ARIs Subclass—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- finasteride (Proscar, generic) remain designated with formulary status on the UF; and
- dutasteride (Avodart) and dutasteride/tamsulosin (Jalyn) be designated NF.

This recommendation includes step therapy, which requires a trial of a finasteride prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in new users.

D. 5-ARIs Subclass—Prior Authorization (PA) Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) PA criteria should apply to the nonformulary 5-ARIs. A trial of finasteride is required prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in all new users. With the new requirement for use of finasteride prior to using Jalyn, the previous prior authorization criteria where a trial of alfuzosin or tamsulosin was required no longer apply.

- Automated PA criteria:
  - The patient has a previous step therapy (automated prior authorization) approval for dutasteride/tamsulosin (Jalyn),

    or
  - The patient has filled a prescription for finasteride at any MHS pharmacy point of service [Military Treatment Facilities (MTFs), retail network pharmacies, or mail order] during the previous 180 days.

    AND
- Manual PA criteria—If automated criteria are not met, Jalyn is approved (e.g., trial of finasteride is NOT required) if:

- Use of finasteride is contraindicated and the patient requires therapy with both an A1B and a 5-ARI.
- The patient has tried finasteride, was unable to tolerate it due to adverse effects, and requires therapy with both an A1B and a 5-ARI.
- The patient is unable to take finasteride (due to a contraindication or adverse events), requires therapy with both an A1B and a 5-ARI, and requires a fixed-dose combination due to, for example, swallowing difficulties.

E. 5-ARIs Subclass—UF and PA Implementation Plan

The P&T Committee recommended (12 for, 0 opposed, abstained, 4 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

F. 5-ARIs Subclass - Physician's Perspective:

There are two drug classes used to treat enlargement of the prostate – the 5-alpha reductase inhibitors, generic Proscar and Avodart, which were evaluated at the November meeting; and the alpha blockers (Flomax and Uroxatral). For the 5-ARIs, this is also a drug class which is highly interchangeable – there are head to head studies between Proscar and Avodart which show no differences in efficacy for treating BPH symptoms, and they have similar side effects. Due to the cost effectiveness of generic Proscar, and the high degree of interchangeability, it was chosen as the preferred 5-ARI. Avodart had previously been non-formulary, but at this meeting the step therapy requirement was added, to try generic Proscar first.

Jalyn is the combination of Avodart with Flomax, it has previously been on the UF, and had a PA requiring that a generic alpha blocker (Flomax or Uroxatral) be tried first. Now, the recommendation is to make Jalyn non-formulary, and to require a trial of generic Proscar first. All existing patients receiving Jalyn are grandfathered (there are about 2,000 Jalyn patients). We've recommended removing the old step therapy requiring use of an alpha blocker, and instead will have the new step therapy.

G. 5-ARIs Subclass – Panel Questions and Comments:

The Panel members posed questions regarding the manual PA criteria. Jalyn contains dtasturide and tamsulosin but the new requirement for the use of finasteride does not require a trial of tamsulosin. They asked if there should be a requirement for a trial of tamsulosin to ensure that the beneficiary can tolerate the drug.

Dr. Meade responded that both of those drugs are generic. Also, when you treat BPH, you'll probably be on an A1B and a 5 ARI. The A1Bs are pretty benign when it comes to side effects and the interchangeability is probably pretty good. We didn't think that was a hurdle that needed to be in place.

H. 5-ARIs Subclass – Panel Vote on the UF Recommendation:

The Chair called for a vote on the Uniform Formulary recommendation on Benign Prostatic Hyperplasia Agents.

The P&T Committee recommended the following:

- finasteride (Proscar, generic) remain designated with formulary status on the UF
- dutasteride (Avodart) and dutasteride/tamsulosin (Jalyn) be designated NF

This recommendation includes step therapy, which requires a trial of a finasteride prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in new users.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

I. 5-ARIs Subclass – PA Criteria

The Chair next called for a vote on the 5-ARIs Subclass PA Criteria.

The P&T Committee recommended PA criteria should apply to the nonformulary 5ARIs. A trial of finasteride is required prior to using dutasteride (Avodart) in all current and new patients, or dutasteride/tamsulosin (Jalyn) in all new users. With the new requirement for use of finasteride prior to using Jalyn, the previous prior authorization criteria where a trial of alfuzosin or tamsulosin was required no longer apply.

- **Automated PA criteria:**
  - The patient has a previous step therapy (automated prior authorization) approval for dustasteride/tamsulosin (Jalyn),

    or
  - The patient has filled a prescription for finasteride at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

    AND
- **Manual PA criteria**—If automated criteria are not met, Jalyn is approved (e.g., trial of finasteride is NOT required) if:
  - Use of finasteride is contraindicated and the patient requires therapy with both an A1B and a 5-ARI.

- The patient has tried finasteride, was unable to tolerate it due to adverse effects, and requires therapy with both an A1B and a 5-ARI.
- The patient is unable to take finasteride (due to a contraindication or adverse events), requires therapy with both an A1B and a 5-ARI, and requires a fixed-dose combination due to, for example, swallowing difficulties.

There is no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

J. 5-ARIs Subclass – UF and PA Implementation Plan

The Chair called the vote for the 5-ARIs UF and PA Implementation Plan.

The P&T Committee recommended 1) An effective date of the first Wednesday after 60-day implementation period in all POS 2) DHA send a letter to beneficiaries affected by the UF decision

No further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

3. UF CLASS REVIEWS—ANTI-LIPIDEMIC-1s (LIP-1s)

P&T Comments

A. LIP-1s—Relative Clinical Effectiveness and Conclusion

New lipid treatment guidelines were released on November 12, 2013, one day prior to the November P&T Committee meeting. An interim meeting was held to determine the clinical and cost-effectiveness, and UF status of the LIP-1 drugs, based on the new guidelines (found at http://content.onlinejacc.org/article.aspx?articleID=1770217). MTFs and Managed Care Support Contractors were surveyed on their opinions of the new guidelines and potential changes in statin prescribing in the MHS.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (13 for, 0 opposed, 0 abstained, 3 absent) the following clinical effectiveness conclusions:

- New lipid guidelines from the American College of Cardiology/American Heart Association (ACC/AHA) released on November 12, 2013, recommend statin therapy for patients in the following four risk categories:

- With clinical atherosclerotic cardiovascular disease (ASCVD)
- Low-density lipoprotein (LDL) cholesterol ≥190 mg/dL
- Type 2 diabetic mellitus patients age 40–75 without ASCVD and with LDL between 70–189 mg/Dl
- Patients age 40–75 with 10-year cardiovascular (CV) risk ≥7.5% and LDL between 70–189 mg/dL but without history of ASCVD

- Based on the four risk groups, the number of patients eligible to receive statin therapy will likely increase.
- A new risk assessment scoring tool based on gender, race, age, total cholesterol, and LDL is now recommended.
- Other changes from the previous Adult Treatment Panel 3 guideline are that treatment targets based on LDL or high-density lipoprotein (HDL) are no longer recommended, dose titration based on LDL is not recommended, and there is no differentiation in statins in terms of primary and secondary prevention. This is a big change to the paradigms we used to treat cholesterol.
- Statins are categorized into three groups—
  - High intensity (LDL lowering ≥50%): atorvastatin 40 mg, 80 mg; rosuvastatin (Crestor) 20 mg, 40 mg
  - Moderate intensity (LDL lowering between 30% to <50%): atorvastatin 10 mg, 20 mg; rosuvastatin (Crestor) 5 mg, 10 mg; simvastatin 20 mg, 40 mg; pravastatin 40 mg, 80 mg; lovastatin 40 mg; fluvastatin ER (Lescol XL) 80 mg; fluvastatin 40 mg twice daily; pitavastatin (Livalo) 2 mg, 4 mg
  - Low intensity (LDL lowering <30%): simvastatin 10 mg; pravastatin 10 mg, 20 mg; lovastatin 20 mg; fluvastatin 20 mg, 40 mg; pitavastatin (Livalo) 1 mg
- Non-statin therapies (ezetimibe, niacin, fibrates, bile acid salts), whether alone or in addition to statins, do not provide acceptable ASCVD risk reduction benefits compared to their potential for adverse effects in the routine prevention of ASCVD.
- Non-statin therapies can be considered for patients who experience adverse events from statins, less than anticipated responses, those with statin tolerability issues, or those with drug interactions.
- Based on the current guidelines, and to meet the needs of DoD beneficiaries, at least one statin from each of the statin intensity groups (low, moderate, and high intensity) is required on the UF.

B. LIP-1s—Relative Cost-Effectiveness Analysis and Conclusion

Cost-effectiveness analysis (CEA) and BIA were performed for the LIP-1s. For the BIAs, several of the model's key assumptions were varied, with corresponding sensitivity analyses conducted. The CEA was based in part on evidence and efficacy outcomes published in the 2013 ACC/AHA lipid guidelines. The CEA assessed LIP-1s based on

the efficacy (i.e., intensity) of statin therapy, according to the average expected LDL lowering from low-, moderate-, or high-intensity statins. The CEA evaluated the following:

- statin monotherapy agents: atorvastatin, fluvastatin, fluvastatin ER (Lescol XL), lovastatin, lovastatin ER (Altoprev), pitavastatin (Livalo), pravastatin, rosuvastatin (Crestor), simvastatin; and,

- fixed-dose combination therapy agents: amlodipine/atorvastatin, ezetimibe/atorvastatin (Liptruzet), ezetimibe/simvastatin (Vytorin), niacin/lovastatin (Advicor), and niacin/simvastatin (Simcor).

Relative Cost-Effectiveness Conclusion—The P&T Committee concluded (13 for, 0 opposed, 0 abstained, 3 absent) the following:

- For low-intensity statins, generic simvastatin was the most cost-effective of this subgroup of drugs, based on the weighted average cost per day of treatment across all three POS, followed by lovastatin, pravastatin, fluvastatin, and pitavastatin (Livalo) (ranked in order from most to least cost-effectiveness)
- For moderate-intensity statins, generic simvastatin was the most cost-effective agent in this subgroup of drugs followed by generic atorvastatin 10 mg and 20 mg, lovastatin, pravastatin, rosuvastatin (Crestor) 5 mg and 10 mg, fluvastatin, pitavastatin (Livalo), amlodipine/atorvastatin, fluvastatin ER (Lescol XL), and lovastatin ER (Altoprev).
- For high-intensity statins, generic atorvastatin 40 mg and 80 mg was the most cost-effective of this subgroup of drugs, followed by rosuvastatin (Crestor) 20 mg and 40 mg.
- For branded fixed-dose combination agents, cost analysis results showed ezetimibe/simvastatin (Vytorin) to have the lowest average cost per day in this subgroup, followed by ezetimibe/atorvastatin (Liptruzet), niacin/lovastatin (Advicor), and niacin/simvastatin (Simcor).
- Among the formulary options examined, CEA and BIA results showed the most cost-effective scenario designated all generic statins UF and step-preferred, with rosuvastatin (Crestor) as the formulary non-preferred agent (all new users required to try generic statins with equivalent intensity), and all other branded statin agents with NF status and non-preferred.

C. LIP-1s—UF Recommendation

The P&T Committee recommended (12 for, 1 opposed, 0 abstained, 3 absent) the following scenario for the UF, which is the most clinically and cost-effective option for the MHS:

- atorvastatin, atorvastatin/amlodipine, simvastatin, pravastatin, fluvastatin, and lovastatin be designated UF and step-preferred (e.g., "in front of the step");
- rosuvastatin remain designated UF and non step-preferred (e.g., "behind the step"); and,
- atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and simvastatin/niacin (Simcor) be designated NF and non step-preferred (e.g., "behind the step").
- This recommendation includes step therapy, which requires a trial of a generic statin at similar LDL-lowering intensity in new users of rosuvastatin (Crestor) 20 mg and 40 mg and the NF statins, and manual PA criteria for new users of rosuvastatin 5 mg and 10 mg.

Note that this recommendation does not affect the formulary status of ezetimibe (Zetia) or niacin ER (Niaspan). Ezetimibe remains UF and non step-preferred and Niaspan remains on the BCF.

MTF pharmacies are highly encouraged to switch patients currently receiving Vytorin to statin monotherapy at the appropriate LDL-lowering intensity.

MTFs are also encouraged to reserve new prescriptions for Crestor 20 mg or 40 mg for patients who are unable to tolerate atorvastatin 40 mg or 80 mg, and to consider a generic statin at the equivalent LDL-lowering intensity for new prescriptions, instead of Crestor 5 mg or 10 mg.

D. LIP-1s—PA Criteria

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) automated PA criteria (step therapy) and manual PA criteria for new users of rosuvastatin (Crestor) 20 mg and 40 mg, simvastatin/ezetimibe (Vytorin), atorvastatin/ezetimibe (Liptruzet), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and (simvastatin/niacin) Simcor, requiring a trial of a step-preferred statin with similar LDL-lowering intensity. The P&T Committee also recommended (11 for, 1 opposed, 1 abstained, 3 absent) manual PA criteria for new users of rosuvastatin (Crestor) 5 mg and 10 mg, requiring a trial of atorvastatin, simvastatin, and pravastatin. See full criteria listed below.

- **Rosuvastatin (Crestor) 20 mg, 40 mg—**All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 20 mg, 40 mg must try a preferred statin at appropriate LDL lowering first.

Automated PA criteria

- The patient has filled a prescription for a preferred statin targeting similar LDL lowering >50% (generic atorvastatin 40 mg or 80 mg), at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

AND

Manual PA criteria—If automated criteria are not met, Crestor 20 mg, 40 mg is approved in new users (e.g., trial of atorvastatin 40 mg, 80 mg is NOT required) if:

- The patient requires a high-intensity statin (LDL lowering >50%) and has tried atorvastatin 40 mg or 80 mg and was unable to tolerate treatment due to adverse effects.
- The patient requires a high-intensity statin (LDL lowering >50%) and is on a concurrent drug metabolized by the cytochrome p450 3A4 pathway.

- **Rosuvastatin (Crestor) 5 mg, 10 mg—**All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 5 mg, 10 mg must try a preferred statin at appropriate LDL lowering first.

Manual PA criteria—For new users, Crestor 5 mg or 10 mg is approved (e.g., trial of a generic statin at appropriate LDL lowering is NOT required) if:

- The patient is taking a concurrent drug that is metabolized by CYP3A4 and cannot take pravastatin. The provider must state why the patient cannot take pravastatin.
- The patient requires moderate LDL lowering (LDL decrease by 30% to 50%), and has tried all 3 of the following drugs: atorvastatin ≥10 mg, simvastatin ≥20 mg, and pravastatin ≥40 mg and could not tolerate treatment due to adverse effects.

Note that the previous requirements for step therapy are removed; all new users of Crestor 5 mg and 10 mg must have a manual ("hard copy") PA.

- **Atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), fluvastatin ER, (Lescol XL), lovastatin ER (Altoprev), pitavastatin (Livalo), lovastatin/niacin (Advicor), simvastatin/niacin (Simcor)—**All new users of Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor must try a preferred statin at appropriate LDL lowering first.

Automated PA criteria

- The patient has received a prescription for a preferred agent (generic atorvastatin, simvastatin, pravastatin, fluvastatin, lovastatin, or pravastatin)

targeting similar LDL reduction (LDL lowering <50%, LDL lowering between 30% to 50%, LDL lowering <30%) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

AND

Manual PA criteria—If automated criteria are not met, Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor is approved (e.g., trial of generic statin is NOT required) if:

- For Vytorin: The patient requires a high-intensity statin and has tried atorvastatin ≥40 mg and was unable to tolerate treatment due to adverse effects.
- For Vytorin or Liptruzet: The patient requires high-intensity therapy and is receiving ezetimibe and atorvastatin or simvastatin separately, and has swallowing difficulties (needs a fixed-dose combination product).
- For Livalo, Lescol XL:
  - The patient has tried a preferred statin with similar LDL reduction (moderate or low intensity) and was unable to tolerate it due to adverse effects.
  - The patient is taking a drug that is metabolized by CYP3A4.
- For Altoprev: The patient requires treatment with lovastatin 60 mg and cannot take another statin with similar LDL lowering.
- For Simcor, Advicor: The patient requires a drug that lowers LDL and raises HDL and cannot take two separate tablets (needs fixed-dose combination).

E. LIP-1s—UF and PA Implementation Plan:

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all points of service; and, 2) DHA send a letter to beneficiaries affected by the UF and PA decisions.

F. LIP-1s – Physician's Perspective

The night before the November P&T meeting, new guidelines came out from the American College of Cardiology and American Heart Association. The guidelines were previously updated in 2004, and we had been waiting several years for the new guidelines to be released. These guidelines are considered the gold standard for treating patients with high cholesterol. There were several major changes recommended in this new set of guidelines, and there was a lot of controversy in the press, but overall, these new recommendations will become standard of care. Because of the major changes, we had an interim meeting on December 17th; this allowed for us to survey the physicians on their comments about the changes, and also to do a new pharmacoeconomic evaluation.

The major Uniform Formulary recommendation is that Vytorin is now non-formulary. Previously Vytorin had been on the Uniform Formulary, so there are about 70,000

patients who will be affected by the decision. The one dissenting vote for the formulary recommendation was due to this – the large numbers of patients currently on Vytorin. However, the new guidelines now recommend that patients with high cholesterol receive a statin, and that the non-statins are no longer recommended. Vytorin contains simvastatin with Zetia – it's the Zetia component that is not a statin and has a different mechanism of action. The statins are preferred in the guidelines because there are studies showing that they decrease the risk of stroke, heart attack and death; there are no studies available with Zetia.

The guidelines break down the drugs, by dosage strength, based on their ability to lower "bad" cholesterol (LDL). There are only two drugs classified as high intensity – Crestor 20 and 40 mg, and atorvastatin (generic Lipitor) 40 mg and 80 mg. The guidelines don't favor one drug or the other. This is also true for the moderate intensity drugs – the lower doses of Crestor and atorvastatin, and simvastatin. For Crestor, the decision was to keep it on the Uniform Formulary, and to keep it non-preferred; since the previous class review in 2010, both Crestor and Vytorin, and the other branded products have been non-preferred, requiring a trial of a generic statin at the appropriate dose first.

There were some changes made to the Prior Authorization criteria. First of all, all patients currently on Crestor will be "grandfathered" – they can stay on Crestor without any paperwork. For new patients with a prescription for the high doses of Crestor, the current step therapy remains in place – if a patient has a history of high dose atorvastatin, they can receive Crestor. The Committee did acknowledge that there are some patients who have side effects (such as muscle aches) on high doses of atorvastatin and also that Crestor is preferred in some patients taking interacting drugs.

For new prescriptions for the lower doses of Crestor, the recommendation was to require all new patients to have a hard copy PA. The patient needs to try 3 drugs first – appropriate doses or atorvastatin, simvastatin and pravastatin. There is a harder argument to favor moderate intensity doses of Crestor over the generic drugs, since the guidelines don't prefer one drug over another, and pravastatin can handle the patients with drug interactions. The manual PA criteria do allow Crestor for use in patients who have had side effects with the 3 other drugs. The reason for the one dissenting vote for the criteria here was due to the potential for increased paperwork.

All the other branded drugs, in addition to Vytorin were recommended to be non formulary. They are not cost effective compared to the generic statins, or contain a non-statin, which is no longer recommended in the guidelines (Simcor and Advicor both contain niacin). There are only 17,000 patients affected by this recommendation, out of the 1.8 million patients receiving statin in DoD. (Simcor, Advicor, Liptruzet, Altoprev, Lescol XL, Livalo).

There were about 250 physicians (primarily MTF providers, but also some civilian providers) who responded to the survey. Overall, the survey participants did acknowledge that the new guidelines will impact their prescribing habits, and the majority of responders did say they would use atorvastatin 1st, before Crestor, in patients

who required a high intensity statins. Additionally, the responders did state they would be moving patients currently on Vytorin to a statin.

G. LIP-1s – Panel Questions and Comments:

Several of the Panel members asked for clarification regarding the manual PA criteria for Crestor 5 and 10; the process of grandfathering current users of Crestor; and co-pays for the grandfathered beneficiaries. A question was also asked about the P&T Committee member that opposed the Uniform Formulary recommendation.

Dr. Meade and Dr. Kugler responded to the questions posed by the Panel. Dr. Meade reiterated that all new users will require a manual PA and current users will be grandfathered. As Cestor is a UF drug, the copay will be formulary copay. The opposition to the UF recommendation dealt with the number of patients on Vitorin.

Additional question were asked about the P&T Committee discussions regarding grandfathering. More specifically, did the P&T committee give more consideration to being more directive asking beneficiaries to make switch as well as educating the prescribers.

Dr. Kugler responded by saying no. Dr. Meade responded that grandfathering has been discussed quite a bit. The sheer number of votes on Crestor and the fact they've already gone over a hurdle to get Crestor. It was the committee's decision. In response to the education question, Dr. Meade stated that every attempt will be made to educate the prescribers. They will probably use the same process when another with high utilization went generic.

H. LIP-1s – UF Recommendations:

The Chair called for a vote on the Uniform Formulary recommendations on the LIP-1s.

The P&T Committee recommended the following scenario for the UF, which is the most clinically and cost-effective option for the MHS:

- atorvastatin, atorvastatin/amlodipine, simvastatin, pravastatin, fluvastatin, and lovastatin be designated UF and step-preferred (e.g., "in front of the step");
- rosuvastatin remain designated UF and non step-preferred (e.g., "behind the step"); and,
- atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and simvastatin/niacin (Simcor) be designated NF and non step-preferred (e.g., "behind the step").
- This recommendation includes step therapy, which requires a trial of a generic statin at similar LDL-lowering intensity in new users of rosuvastatin (Crestor) 20 mg and 40 mg and the NF statins, and manual PA criteria for new users of rosuvastatin 5 mg and 10 mg.

Note that this recommendation does not affect the formulary status of ezetimibe (Zetia) or niacin ER (Niaspan). Ezetimibe remains UF and non step-preferred and Niaspan remains on the BCF.

MTF pharmacies are highly encouraged to switch patients currently receiving Vytorin to statin monotherapy at the appropriate LDL-lowering intensity.

MTFs are also encouraged to reserve new prescriptions for Crestor 20 mg or 40 mg for patients who are unable to tolerate atorvastatin 40 mg or 80 mg, and to consider a generic statin at the equivalent LDL-lowering intensity for new prescriptions, instead of Crestor 5 mg or 10 mg.

There was no further discussion by the Panel.

The BAP voted :

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

I. LIP-1s – PA Criteria

The Chair called for a vote on the Prior Authorization (PA) for the LIP-1s.

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) automated PA criteria (step therapy) and manual PA criteria for new users of rosuvastatin (Crestor) 20 mg and 40 mg, simvastatin/ezetimibe (Vytorin), atorvastatin/ezetimibe (Liptruzet), pitavastatin (Livalo), fluvastatin ER (Lescol XL), lovastatin ER (Altoprev), lovastatin/niacin (Advicor), and (simvastatin/niacin) Simcor, requiring a trial of a step-preferred statin with similar LDL-lowering intensity. The P&T Committee also recommended (11 for, 1 opposed, 1 abstained, 3 absent) manual PA criteria for new users of rosuvastatin (Crestor) 5 mg and 10 mg, requiring a trial of atorvastatin, simvastatin, and pravastatin. See full criteria listed below.

- **Rosuvastatin (Crestor) 20 mg, 40 mg—**All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 20 mg, 40 mg must try a preferred statin at appropriate LDL lowering first.

  Automated PA criteria
  - The patient has filled a prescription for a preferred statin targeting similar LDL lowering >50% (generic atorvastatin 40 mg or 80 mg), at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

    AND

  Manual PA criteria—If automated criteria are not met, Crestor 20 mg, 40 mg is approved in new users (e.g., trial of atorvastatin 40 mg, 80 mg is NOT required) if:

- The patient requires a high-intensity statin (LDL lowering >50%) and has tried atorvastatin 40 mg or 80 mg and was unable to tolerate treatment due to adverse effects.
- The patient requires a high-intensity statin (LDL lowering >50%) and is on a concurrent drug metabolized by the cytochrome p450 3A4 pathway.

- **Rosuvastatin (Crestor) 5 mg, 10 mg—**All current users of Crestor are exempt from the PA criteria ("grandfathered"). New users of Crestor 5 mg, 10 mg must try a preferred statin at appropriate LDL lowering first.

  Manual PA criteria—For new users, Crestor 5 mg or 10 mg is approved (e.g., trial of a generic statin at appropriate LDL lowering is NOT required) if:

  - The patient is taking a concurrent drug that is metabolized by CYP3A4 and cannot take pravastatin. The provider must state why the patient cannot take pravastatin.
  - The patient requires moderate LDL lowering (LDL decrease by 30% to 50%), and has tried all 3 of the following drugs: atorvastatin ≥10 mg, simvastatin ≥20 mg, and pravastatin ≥40 mg and could not tolerate treatment due to adverse effects.

  Note that the previous requirements for step therapy are removed; all new users of Crestor 5 mg and 10 mg must have a manual ("hard copy") PA.

- **Atorvastatin/ezetimibe (Liptruzet), simvastatin/ezetimibe (Vytorin), fluvastatin ER, (Lescol XL), lovastatin ER (Altoprev), pitavastatin (Livalo), lovastatin/niacin (Advicor), simvastatin/niacin (Simcor)—**All new users of Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor must try a preferred statin at appropriate LDL lowering first.

  Automated PA criteria
  - The patient has received a prescription for a preferred agent (generic atorvastatin, simvastatin, pravastatin, fluvastatin, lovastatin, or pravastatin) targeting similar LDL reduction (LDL lowering <50%, LDL lowering between 30% to 50%, LDL lowering <30%) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

    AND

  Manual PA criteria—If automated criteria are not met, Liptruzet, Vytorin, Lescol XL, Livalo, Altoprev, Advicor, and Simcor is approved (e.g., trial of generic statin is NOT required) if:

- For Vytorin: The patient requires a high-intensity statin and has tried atorvastatin ≥40 mg and was unable to tolerate treatment due to adverse effects.
- For Vytorin or Liptruzet: The patient requires high-intensity therapy and is receiving ezetimibe and atorvastatin or simvastatin separately, and has swallowing difficulties (needs a fixed-dose combination product).
- For Livalo, Lescol XL:
  - The patient has tried a preferred statin with similar LDL reduction (moderate or low intensity) and was unable to tolerate it due to adverse effects.
  - The patient is taking a drug that is metabolized by CYP3A4 .
- For Altoprev: The patient requires treatment with lovastatin 60 mg and cannot take another statin with similar LDL lowering.
- For Simcor, Advicor: The patient requires a drug that lowers LDL and raises HDL and cannot take two separate tablets (needs fixed-dose combination).

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

E. LIP-1s – UF and PA Implementation Plan

The P&T Committee recommended 1) effective date of the first Wednesday after a 60-day implementation period in all points of service, 2) DHA send a letter to beneficiaries affected by the UF and PA decisions

There was no further discussion from the Panel.

The BAP voted :

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

4. RECENTLY APPROVED U.S. FDA AGENTS—NON-INSULIN DIABETES DRUGS

P&T Comments

A. Dipeptidyl Peptidase-4 (DPP-4) Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—Relative Clinical Effectiveness and Conclusion

Alogliptin (Nesina) is the fourth DPP-4 inhibitor to reach the market. Similar to the other DPP-4 inhibitors, it is combined with metformin (alogliptin/metformin; Kazano), but is the first DPP-4 inhibitor with a thiazolidinedione (TZD) combination [alogliptin/pioglitazone (Oseni)].

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following with regard to the clinical efficacy and safety of the alogliptin-containing drugs:

- Alogliptin and the combinations with metformin and pioglitazone exhibit similar hemoglobin A1c (HbA1c) lowering effects compared to the other DPP-4 inhibitors. Dual therapy with alogliptin provided greater decreases in HbA1c from baseline in treatment naïve patients (HbA1c lowering of 1.22% to 1.71%) compared to patients previously treated with a DPP-4 inhibitor (HbA1c lowering of 0.39% to 0.6%). Triple therapy with alogliptin plus metformin and pioglitazone resulted in HbA1c changes from baseline ranging from 0.63% to 1.4%.
- Alogliptin, similar to the other DPP-4 inhibitors, is lipid- and weight-neutral and has minimal effects on blood pressure.
- The fixed-dose combinations of alogliptin with metformin or pioglitazone have the usual safety concerns (i.e., lactic acidosis, heart failure, fracture risk, edema, hepatic impairment, and bladder cancer).
- Alogliptin-containing products all require renal dosing.
- Although alogliptin is the only DPP-4 available in a fixed-dose combination with a TZD, it offers no additional clinical benefits, as alogliptin requires renal dosing and the multiple tablets strengths available may limit use.

B. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—Relative Cost-Effectiveness Analysis and Conclusion

CMA was performed. Based on the CMA results, the P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) that alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni) are more costly than the current UF (linagliptin products), BCF (sitagliptin products), and NF (saxagliptin products) DPP-4-inhibitors.

C. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- alogliptin (Nesina), aloglptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni) be designated NF and non-preferred.

- This recommendation includes step therapy, which requires a trial of a sitagliptin product (Januvia, Janumet, Janumet XR) (the preferred drugs) prior to using the other DPP4-inhibitors. Prior authorization for the DPP-4 inhibitors also requires a trial of metformin or sulfonylurea for new patients.

D. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—PA Criteria

Existing automated PA (step therapy) requires a trial of metformin or a sulfonylurea prior to use of a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users must try a preferred sitagliptin product before trying linagliptin or saxagliptin-containing products. Juvisync has been voluntarily discontinued from the market as of October 2013, and will no longer be a preferred sitagliptin product on the UF.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) PA criteria should apply to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni). See full criteria listed below.

- **Alogliptin (Nesina), alogliptin/metformin (Kazano), alogliptin/pioglitazone (Oseni)—**All new and current users of a DPP-4 inhibitor are required to try metformin or a sulfonylurea before receiving a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users of alogliptin must try a sitagliptin product first.

  Automated PA criteria
  - The patient has filled a prescription for metformin or a sulfonylurea at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

  - The patient has received a prescription for a preferred DPP-4 inhibitor (Januvia, Janumet, or Janumet XR) at any MHS pharmacy POS (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

  AND

  Manual PA criteria—If automated criteria are not met, alogliptin, alogliptin/metformin, or alogliptin/pioglitazone is approved (e.g., trial of metformin or a sulfonylurea is NOT required) if:

  - The patient has had an inadequate response to metformin or sulfonylurea.
  - The patient has experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or

history of lactic acidosis, a blood disorder, [for alogliptin (Nesina) or alogliptin/pioglitazone (Oseni)].

- The patient has experienced the following adverse event while receiving a sulfonylurea: hypoglycemia, low blood sugar, requiring medical treatment.
- The patient has a contraindication to metformin or a sulfonylurea.

AND

In addition to the above criteria regarding metformin and sulfonylurea, the following PA criteria would apply specifically to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni):

- The patient has experienced an adverse event with sitagliptin-containing products, which is not expected to occur with alogliptin-containing products.
- The patient has had an inadequate response to a sitagliptin-containing product.
- The patient has a contraindication to sitagliptin.

E. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all points of service (POS); and, 2) the Defense Health Agency (DHA) send a letter to beneficiaries affected by the UF decision.

F. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – Physician's Perspective

This decision was unanimous to designate the alogliptin drugs non-formulary. Alogliptin is the 4th DPP-4 inhibitor on the market. It has no benefits over the other DPP4s – it lowers HbA1c just as well as the other DPP4s, and has the same side effect profile. Back in 2010, when the DPP4s were first reviewed, we surveyed the MTFs and the consensus was that only one DPP4 was needed on the Uniform Formulary. Although this is the 1st DPP4 to have a combination with pioglitazone, from the TZD class, the TZDs drugs have largely gone out of favor, due to adverse events of edema (heart failure symptoms), weight gain and bladder cancer. Also, because of dosing adjustments required for patients with decreased renal function, six different dosing strengths are needed, which has the potential for dosing miscalculations and requires a lot of room on the pharmacy shelf.

The Prior Authorization criteria are similar to the other DPP4s – metformin or a sulfonylurea must be tried before a DPP4 inhibitor, and the preferred product Januvia (sitagliptin) must be tried before alogliptin.

G. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – Panel Questions and Comments

No discussion from the Panel.

H. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – Panel Vote on the UF Recommendations :

The Chair called for the vote on the Uniform Formulary recommendations on the DPP-4 Inhibitors.

The P&T Committee recommended the following:

- alogliptin (Nesina), aloglptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni) be designated NF and non-preferred.
- This recommendation includes step therapy, which requires a trial of a sitagliptin product (Januvia, Janumet, Janumet XR) (the preferred drugs) prior to using the other DPP4-inhibitors. Prior authorization for the DPP-4 inhibitors also requires a trial of metformin or sulfonylurea for new patients.

There was no further discussion by the Panel.

The BAP voted :

Concur : 7 Non-concur : 0 Abstained : 0 Absent :

I. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni) – PA Criteria

The Chair called for the vote on PA Criteria for DPP-4 Inhibitors.

Existing automated PA (step therapy) requires a trial of metformin or a sulfonylurea prior to use of a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users must try a preferred sitagliptin product before trying linagliptin or saxagliptin-containing products. Juvisync has been voluntarily discontinued from the market as of October 2013, and will no longer be a preferred sitagliptin product on the UF.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) PA criteria should apply to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni). See full criteria listed below.

- **Alogliptin (Nesina), alogliptin/metformin (Kazano), alogliptin/pioglitazone (Oseni)—**All new and current users of a DPP-4 inhibitor are required to try

metformin or a sulfonylurea before receiving a DPP-4 inhibitor. Additionally, sitagliptin-containing products (Januvia, Janumet, Janumet XR) are the preferred agents in the DPP-4 inhibitors subclass. New users of alogliptin must try a sitagliptin product first.

Automated PA criteria

- The patient has filled a prescription for metformin or a sulfonylurea at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

- The patient has received a prescription for a preferred DPP-4 inhibitor (Januvia, Janumet, or Janumet XR) at any MHS pharmacy POS (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

AND

Manual PA criteria—If automated criteria are not met, alogliptin, alogliptin/metformin, or alogliptin/pioglitazone is approved (e.g., trial of metformin or a sulfonylurea is NOT required) if:

- The patient has had an inadequate response to metformin or sulfonylurea.
- The patient has experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or history of lactic acidosis, a blood disorder, [for alogliptin (Nesina) or alogliptin/pioglitazone (Oseni)].
- The patient has experienced the following adverse event while receiving a sulfonylurea: hypoglycemia, low blood sugar, requiring medical treatment.
- The patient has a contraindication to metformin or a sulfonylurea.

AND

In addition to the above criteria regarding metformin and sulfonylurea, the following PA criteria would apply specifically to alogliptin (Nesina), alogliptin/metformin (Kazano), and alogliptin/pioglitazone (Oseni):

- The patient has experienced an adverse event with sitagliptin-containing products, which is not expected to occur with alogliptin-containing products.
- The patient has had an inadequate response to a sitagliptin-containing product.
- The patient has a contraindication to sitagliptin.

There was no further discussion by the Panel.

The BAP voted :

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

J. DPP-4 Inhibitors: Alogliptin (Nesina), Alogliptin/Metformin (Kazano), and Alogliptin/Pioglitazone (Oseni)—UF and PA Implementation Plan

The Chair called the next vote for the UF and PA Implementation of the DPP-4 Inhibitors.

The P&T Committee recommended 1) an effective date of the first Wednesday after a 60-day implementation period in all points of service (POS); 2) the Defense Health Agency (DHA) send a letter to beneficiaries affected by the UF decision

There was no futher discussion by the Panel.

The BAP voted :

Concur : 7 Non-concur : 0 Abstained : 0 Absent : 1

5. RECENTLY APPROVED U.S. FDA AGENTS—OSTEOPOROSIS DRUGS

P&T Comments

A. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—Relative Clinical Effectiveness and Conclusion

Effervescent alendronate (Binosto) is a new effervescent formulation of alendronate (Fosamax, generics). The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 2 absent) that although Binosto may be more convenient for patients by requiring less consumption of water and to those patients with swallowing difficulties, there is no data that Binosto is better tolerated or safer than other alendronate formulations. The high sodium content with Binosto is a disadvantage over other alendronate formulations. Binosto offers no clinically compelling advantages over current formulary bisphosphonate agents.

B. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—Relative Cost-Effectiveness Analysis and Conclusion

CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) effervescent alendronate (Binosto) is the least cost-effective oral bisphosphonate compared to current UF agents.

C. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Recommendation

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) effervescent alendronate (Binosto) be designated NF.

D. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

E. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto) – Physician's Perspective

This decision was also unanimous. This product is only a minor improvement over the other bisphophonates (Actonel, Fosamax, and Boniva). Binosto has the same dosing requirements as the other bisphosphonates, except that it requires 4 ounces of water instead of 8 ounces. The bisphosphonates have strict administration requirements –they have to be taken 30 minutes before eating, with a full glass of water, and the patient can't lie down after administration – this is due to risk of severe irritation of the esophagus. As a result, compliance can be a problem.

The company did not perform any clinical trials, so there is no data to show that patients taking Binosto would have better compliance, or have a reduced risk of side effects (irritation of the esophagus).

Low-cost generic formulations of Fosamax are available. Binosto was much more costly than the other bisphoshponates, and due to the cost and lack of a major benefit, it was recommended for non-formulary placement.

F. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto) – Panel Questions and Comments

No questions from the Panel.

G. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto) – Panel Vote on the UF Recommendations:

The Chair called for the vote on the Uniform Formulary recommendation on the Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto).

The P&T Committee recommended effervescent alendronate (Binosto) be designated NF.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

H. Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto)—UF Implementation Plan

The Chair called the vote on UF Implementation Plan on Bisphosphonate Subclass: Alendronate Effervescent Tablet (Binosto).

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

6. UTILIZATION MANAGEMENT

P&T Comments

A. Multiple Sclerosis (MS) Drugs: Dimethyl Fumarate (Tecfidera)—PA Criteria

Dimethyl fumarate is an oral disease modifying drug for MS that was FDA-approved in March 2013. The drug has not yet been reviewed for UF status. The package insert recommends measuring the complete blood count (CBC) within six months prior to initiation of therapy, due to the risk of lymphopenia. PA criteria apply to the other MS drugs.

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) the following PA criteria for dimethyl fumarate (Tecfidera) for relapsing forms of MS, and CBC monitoring, consistent with the product labeling.

Coverage approved for patients with:

- Documented diagnosis of relapsing forms of MS.
- CBC within six months prior to imitation of therapy, due to risk of lymphopenia.
- Coverage NOT provided for concomitant use with other disease-modifying drugs of MS.

B. MS Drugs: Dimethyl Fumarate (Tecfidera) – Physician's Perspective

No FDA indications.

C. MS Drugs: Dimethyl Fumarate (Tecfidera) – Panel Questions and Comments

Dr. Salom comments this is one of the few times the generic name is easier to pronounce than the trade name.

D. MS Drugs: Dimethyl Fumarate (Tecfidera) – PA Criteria:

The Chair called for the vote the MS Drugs: Dimethyl Fumarate (Tecfidera) PA Criteria.

The P&T Committee recommended the following PA criteria for dimethyl fumarate (Tecfidera) for relapsing forms of MS, and CBC monitoring, consistent with the product labeling. □

Coverage approved for patients with:

- Documented diagnosis of relapsing forms of MS.
- CBC within six months prior to imitation of therapy, due to risk of lymphopenia.
- Coverage NOT provided for concomitant use with other disease-modifying drugs of MS.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

7. UTILIZATION MANAGEMENT

P&T Comments

A. Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara)—PA Criteria

PA criteria currently apply to the TIBs. Tocilizumab was previously limited to injection by health care professionals, but is now available in pre-filled syringes labeled for patient self administration for treatment of rheumatoid arthritis. The FDA recently approved new indications for certolizumab for treatment of ankylosing spondylitis (AS), inflammatory disease of the skeleton and peripheral joints and psoriatic arthritis (PsA), and ustekinumab for treatment of PsA.

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) PA criteria for certolizumab for AS and PsA, tocilizumab for rheumatoid arthritis, and ustekinumab for PsA, consistent with the products' labeling. See for full criteria below.

- **Certolizumab (Cimzia)—**Coverage approved for patients ≥ 18 years with:
  - Active ankylosing spondylitis
  - Active psoriatic arthritis
  - Moderately to severely active Crohn's disease refractory to conventional therapy
  - Moderately to severely active rheumatoid arthritis
  - Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan

- **Tocilizumab (Actemra)—**Coverage approved for patients ≥ 18 years with:
  - Moderate to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs
  - Not approved for use in systemic or polyarticular juvenile idiopathic arthritis

- **Ustekinumab (Stelara)—**Coverage approved for patients ≥ 18 years with:
  - Active psoriatic arthritis
  - Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
  - Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan

B. Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara) – Physician's Perspective

Just updating.

C. Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara) – Panel Questions and Comments

No questions from the Panel.

D. Targeted Immunomodulatory Biologics (TIBs): Certolizumab (Cimzia), Tocilizumab (Actemra), and Ustekinumab (Stelara) – PA Criteria

The Chair called the vote on Targeted Immunomodulatory Biologics (TIBs).

PA criteria currently apply to the TIBs. Tocilizumab was previously limited to injection by health care professionals, but is now available in pre-filled syringes labeled for patient self administration for treatment of rheumatoid arthritis. The FDA recently approved new

indications for certolizumab for treatment of ankylosing spondylitis (AS) and psoriatic arthritis (PsA), and ustekinumab for treatment of PsA.

The P&T Committee recommended PA criteria for certolizumab for AS and PsA, tocilizumab for rheumatoid arthritis, and ustekinumab for PsA, consistent with the products' labeling. See for full criteria below.

- **Certolizumab (Cimzia)—**Coverage approved for patients > 18 years with:
  - o Active ankylosing spondylitis
  - o Active psoriatic arthritis
  - o Moderately to severely active Crohn's disease refractory to conventional therapy
  - o Moderately to severely active rheumatoid arthritis o Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan
- **Tocilizumab (Actemra)—**Coverage approved for patients > 18 years with:
  - o Moderate to severely active rheumatoid arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs
  - o Not approved for use in systemic or polyarticular juvenile idiopathic arthritis
- **Ustekinumab (Stelara)—**Coverage approved for patients > 18 years with:
  - o Active psoriatic arthritis
  - o Moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy
  - o Coverage NOT provided for concomitant use with other TIBs, Kineret, Enbrel, Remicade, Orencia, or Rituxan

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

8. UTILIZATION MANAGEMENT

P&T Comments

A. Montelukast (Singulair)—PA Removal

PA criteria were recommended at the August 2011 meeting for montelukast (Singular),

requiring automated PA criteria in patients with asthma, and requiring manual PA criteria for patients with seasonal allergic rhinitis or nasal polyps, based on professional treatment guidelines and cost. Generic montelukast tablets entered the market in August 2012 and, as of November 2013, there has been a significant decrease in the generic cost. The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the PA requirements for montelukast be removed, effective upon signing of the minutes.

B. Montelukast (Singulair) – Physician's Perspective

No comments from Dr. Kugler

C. Montelukast (Singulair) – Panel Questions and Comments

No questions from the Panel.

D. Montelukast (Singulair) – PA Removal

The Chair called the vote for Montelukast (Singulair) PA Removal.The P&T Committee recommended that the PA requirements for montelukast be removed, effective upon signing of the minutes.

There were no further discussions by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

9. FISCAL YEAR 2008 NATIONAL DEFENSE AUTHORIZATION ACT, SECTION 703

P&T Comments

The P&T Committee reviewed drugs from manufacturers that were not included on a DoD Retail Refund Pricing Agreement; these drugs are not compliant with Fiscal Year 2008 National Defense Authorization Act, Section 703. The law stipulates that if a drug is not compliant with Section 703, these drugs will be designated NF on the UF and will require pre-authorization prior to use in the Retail POS and medical necessity in MTFs. These NF drugs will remain available in the Mail Order POS without pre-authorization.

A. Section 703—UF Recommendation

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the products listed below (by manufacturer) be designated NF on the UF.

LUPIN PHAR ANTARA

MISSION PH	BINOSTO
	LITHOSTAT
	THIOLA
	TINDAMAX
	UROCIT-K (10 MEQ)
	UROCIT-K (15 MEQ)
	UROCIT-K (5 MEQ)
ROMARK LAB	ALINIA
WESTWARD	ATIVAN
	ATIVAN INJECTION
	DOPRAM
	DURAMORPH
	GLYCOPYRROLATE
	INFUMORPH
	ROBAXIN
	ROBINUL

B. Section 703—Pre-Authorization Criteria

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) the following pre-authorization criteria for the drugs designated nonformulary (see XVIII, A, above): 1) obtaining the product by home delivery would be detrimental to the patient; and, 2) for branded products with AB generic availability, use of the generic product would be detrimental to the patient. These pre-authorization criteria do not apply to any point of service other than retail network pharmacies.

C. Section 703—Pre-Authorization Implementation Plan

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the drugs designated nonformulary (see XVIII, A, above) have 1) an effective date of the first Wednesday after a 60-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by these decisions.

D. Section 703—Drugs Returned to Uniform Formulary

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that the products listed below (by manufacturer) be designated with the drug's previous status on the UF because the manufacturer has become compliant with refund requirements.

ALLERGAN	ALOCRIL
	AVAGE
	AZELEX

	BETAGAN
	BLEPHAMIDE
	ELESTAT
	ELIMITE
	FML
	FML FORTE
	FML S.O.P.
	OCUFEN
	OCUFLOX
	POLY-PRED
	POLYTRIM
	PRED MILD
	PRED-G
BAXTER	TRANSDERM-SCOP
BEDFORD LABS	CAFCIT
	GLUCAGEN
BIOVITRUM	KINERET
DAVA	RHEUMATREX (REMAINS NF, NO PRE-AUTHORIZATION)
FRESENIUS MED	PHOSLO

E. Section 703—Removal of Pre-Authorization Criteria for Drugs Returned to UF and Implementation Plan

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 3 absent) that pre-authorization criteria for the drugs listed in XVIII, D, above, be removed because the manufacturer has become compliant with refund requirements. The formulary designation change and removal of pre-authorization criteria shall become effective upon signing of the minutes.

Dr. Meade noted that with this class, if any of the manufacturers who were non-compliant sign a pricing agreement prior to the signing of the minute, Lt Gen Robb will be notified that they have a signed pricing agreement.

F. Section 703 – Physician's Perspective

No comments from Dr. Kugler.

G. Section 703 – Panel Questions and Comments

No questions from the Panel.

H. Section 703 – UF Recommendation

The Chair called for the vote on the Uniform Formulary recommendation on Section 703.

The P&T Committee recommended that the products listed below (by manufacturer) be designated NF on the UF.

LUPIN PHAR	ANTARA
MISSION PH	BINOSTO LITHOSTAT THIOLA TINDAMAX UROCIT-K (10 MEQ) UROCIT-K (15 MEQ) UROCIT-K (5 MEQ)
ROMARK LAB	ALINIA
WESTWARD	ATIVAN ATIVAN INJECTION DOPRAM DURAMORPH GLYCOPYRROLATE INFUMORPH ROBAXIN ROBINUL

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

The DFO asked for clarification on Mr. Lewis's vote as he did not see his vote. Mr. Lewis concurred.

I. Section 703 – PA Criteria

The Chair called for the vote on Section 703 PA Criteria.

The P&T Committee recommended the following pre-authorization criteria for the drugs designated non-formulary (see XIX, A, above): 1) obtaining the product by home delivery would be detrimental to the patient; and, 2) for branded products with AB generic availability, use of the generic product would be detrimental to the patient. These pre-authorization criteria do not apply to any point of service other than retail network pharmacies.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

J. Section 703 – PA Implementation Plan

The Chair called for the vote on Section 703 PA Implementation plan.

The P&T Committee recommended that the drugs designated nonformulary (see XIX, A, above) have 1) An effective date of the first Wednesday after a 60-day implementation period in all POS; and 2) DHA send a letter to beneficiaries affected by these decisions.

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-Concur: 0 Abstained: 0 Absent: 1

K. Section 703 – Drugs Returned to Uniform Formulary

The P&T Committee recommended that the products listed below (by manufacturer) be designated with the drug's previous status on the UF because the manufacturer has become compliant with refund requirements.

ALLERGAN	ALOCRIL
	AVAGE
	AZELEX
	BETAGAN
	BLEPHAMIDE
	ELESTAT
	ELIMITE
	FML
	FML FORTE

	FML S.O.P. OCUFEN OCUFLOX POLY-PRED POLYTRIM PRED MILD PRED-G
BAXTER	TRANSDERM-SCOP
BEDFORD LABS	CAFCIT GLUCAGEN
BIOVITRUM	KINERET
DAVA	RHEUMATREX (REMAINS NF, NO PRE-AUTHORIZATION)
FRESENIUS MED	PHOSLO

There was no further discussion by the Panel.

The BAP voted:

Concur: 7 Non-concur: 0 Abstained: 0 Absent: 1

Dr. Salom thanks everyone for their diligence, and thanks the audience for their patience.

Mr. Blanche thanks the Panel for their service, and thanks the audience for attending. He adjourns the meeting at 10:40am.

Ira Salom MD

Dr. Ira Salom, Chair

Brief Listing of Acronyms Used in This Summary

Abbreviated terms are spelled out in full in this summary; when they are first used, the acronym is listed in parentheses immediately following the term. All of the terms commonly used as acronyms in Panel discussions are listed below for easy reference. The term "Panel" in this summary refers to the "Uniform Formulary Beneficiary Panel," the group whose meeting is the subject of this report.

- 5-ARIs – 5-Alpha Reductase Inhibitors
- A1B – Alpha-1 Blocker
- ACC/AHA – American College of Cardiology/American Heart Association
- As – Ankylosing Spondylitis
- ASCVD – Atherosclerotic Cardiovascular Disease
- BAP – Beneficiary Advisory Panel
- BCF – Basic Core Function
- BIA – Budget Impact Analysis
- BPH – Benign Prostatic Hyperplasia
- BPH – Benign Prostatic Hypertrophy
- CBC – Complete Blood Count
- CEA – Cost-Effectiveness Analysis
- CFC – Chlorofluorocarbons
- CFR – Code of Federal Regulations
- CMA – Cost Minimization Analysis
- COPD – Chronic Obstructive Pulmonary Disease
- CV – Cardiovascular
- CYP3A4 – Cytochrome P450 3A4
- DFO – Designated Federal Officer
- DHA – Defense Health Agency
- DoD – Department of Defense
- DPP-4 – Dipeptidyl Petidase-4
- EIB – Exercise-Induced Bronchospasm
- ER – Extended Release
- FACA – Federal Advisory Committee Act
- FDA – Food and Drug Administration
- HbA1c – Hemoglobin A1c
- HDL – High-Density Lipoprotein
- LDL – Low-Density Lipoprotein
- LIP-1 – Anti-Lipidemic-1s
- MDIs – Metered Dose Inhalers
- MHS – Military Health System
- MS – Multiple Sclerosis
- MTF – Military Treatment Facility

- NF – Non-formulary
- P&T Committee – DoD Pharmacy and Therapeutics Committee
- PA – Prior Authorization
- PEC Branch – Pharmacoeconomic Branch
- POS – Point of Service
- PsA – Psoriatic Arthritis
- SABAs – Short Acting Beta Agonists
- TIBs – Targeted Immunomodulatory Biologics
- TZD – Thiazolidinedione
- UF – Uniform Formulary
- USC – United States Code
- XL – Prolonged-Released Tablets
- XR – Extended Release

Letter

Lisa Blanton, MJ
123 Ashley Court, Jupiter, FL 33458
[redacted]

December 11, 2013

RADM Thomas McGinnis, USPHS
Chief, DoD Pharmacy Programs
TRICARE Management Activity
7700 Arlington Boulevard, Suite 5101
Falls Church, VA 22402

CDR Joseph Lawrence, DFO
Uniform Formulary Beneficiary Advisory Panel
4130 Stanley Road, Suite 208, Building
1000, San Antonio, TX 78234–6012
Telephone: (210) 295–1271
Fax: (210) 295–2789
Email Address: Baprequests@tma.osd.mil

SUBMITTED via electronic mail and regular post.

Dear RADM McGinnis and CDR Lawrence:

I am a patient advocate consulting with various providers. I request your help in placing my comments in front of the committee in a public format so they can be recorded into the minutes and presented to the Director of TRICARE Management Activity. I know a meeting of the Uniform Formulary Beneficiary Advisory Panel is scheduled for January 9, 2014 at 9:00am. I request this letter be given to the Committee ahead of this meeting and be placed into the minutes. Thank you for your help with this. Please let me know if there is anything I should do in addition to this letter to get appropriate medical necessity and clinical information to this or any other committee or group delegated the responsibility of medical caring for our military personnel. I appreciate in particular CDR Lawrence's patience with my advocacy; we have corresponded on this subject previously. I am also copying Colonel Mark Torres, who is Chair of Ophthalmology and the Ophthalmology Consultant to US Army Surgeon General at Madigan Army Medical Center.

I am very concerned with the VA and TRICARE policies for coverage of compounded drugs.

Previous commenters have supported the use of non-FDA approved, non-cGMP manufactured drugs for veteran, retired and active military with rationale and reasoning that do not meet pharmacological, medical/clinical or financial stewardship obligations made by the U.S. government to our military personnel. Equine use of compounded drugs should not inform military medical coverage.

While compounding can fulfill unmet medical needs, it is also recognized as both a medical and safety concern and caution is urged by the FDA.1 In addition to the concerns regarding manufacturing and the lack of a rigorous approval process, pharmacies aren't required to report adverse events associated with compounded drugs as would be required for approved manufacturers.2 (21 U.S.C.A. § 321 (West). See (p)(1). See also 67 Fed. Reg. 39, 409 (June 7, 2002).

Example of New FDA Approved Product for which Compounds are Being Favored in Military Patients

Mitosol® is a new FDA approved, orphan status designated antimetabolite indicated as an adjunct to ab externo glaucoma surgery to reduce scarring. The use of mitomycin - the active ingredient in Mitosol - has been shown to improve the efficacy of glaucoma filtering surgery, by reducing post-operative medications and improving the survivability of "blebs" - the functional result of glaucoma filtering surgery.[3] Ophthalmologists provide surgical treatment for glaucoma patients which results in sight preservation, higher quality of life and lowered future healthcare costs.

Between two and three million Americans are diagnosed with glaucoma, with estimates of total undiagnosed population effectively doubling this number of affected Americans.[4] Thousands lose vision every day; the exact number is unknown as many sufferers have no symptoms until vision loss occurs.[5] Glaucoma is incurable and vision loss is irreversible.[6] Eight percent (8%) of people over age 70 have glaucoma.[7] African Americans are 15 times more likely to be visually impaired from glaucoma than Caucasians and blindness results 6 to 8 times more often in

[1] U.S. Food and Drug Administration, *Guidance for FDA Staff and Industry, Compliance Policy Guides Manual, Sec 460.200, Pharmacy Compounding(*6/7/2002). *Available at* http://www.fda.gov/downloads/AboutFDA/CentersOffices/CDER/UCM118050.pdf (AccessedJune30, 2013)

[2] Id. (Accessed June 30, 2013)

[3] Wilkins M, Indar A, Wormald R. Intra-operative Mitomycin C for glaucoma surgery. The Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD002897.pub2. DOI: 10.1002/14651858.CD002897.pub2

[4] Quigley HA, Broman AT. The number of people with glaucoma worldwide in 2010 and 2020. Br J Ophthalmol. 2006;90(3):262-7.

[5] Glaucoma Research Foundation, available at http://www.glaucoma.org/glaucoma/glaucoma-facts-and-stats.php Accessed June 12, 2013. Also see The Eye Diseases Prevalence Research Group, Arch Ophthalmol. 2004; Prevent Blindness America.

[6] *Id*.at Glaucoma Research Foundation.

[7] Intraocular pressure and prevalence of glaucoma in elderly people in Finland: a population-based study.Hirvelä H, Tuulonen A, Laatikainen L. Department of Ophthalmology, University of Oulu, Finland. Int Ophthalmol. 1994-1995;18(5):299-307.

African Americans than Caucasians.[8] [9] The most common form, open-angle glaucoma, accounts for 19% of all blindness among African Americans compared to 6% in Caucasians.[10] Nine to twelve percent of all blindness is caused by untreated glaucoma.[11] Additional at risk groups are patients over 60, Hispanics, and diabetics, with increased risk of serious vision loss and blindness.[12]

While trabeculectomy (ab externo surgery) is considered medically necessary, safe and effective by medical professionals, scarring is the most common post-surgical concern.[13] Scarring is a particular problem in young patients, darker skinned patients such as African Americans and Latinos, patients who have taken multiple drugs, have had an inflammatory disease, or have had cataract surgery.[14] Some of our patients are both minorities, older and many have co-morbidities – arguably the most vulnerable group we service.

Mitosol is not generic mitomycin. Mitosol is an FDA approved, Orphan Drug designated, cGMP manufactured ophthalmic topical anti-fibrotic available as a closed, sterile kit to reduce scarring in glaucoma surgery.[15] Other generic anti-fibrotic products are compounded at the point of surgery, potentially exposing staff to a cytotoxic and the patient to a sterility risk.[16]

Pharmacy or physician compounding of drugs is a process described by federal law[17] when it is used to create custom drugs for an individual "identified" patient. The drug being compounded must not be available as an FDA approved product, and must be compounded only when "based on the unsolicited receipt of a valid prescription order".[18] An example of an appropriate patient customized compound is when a patient is allergic to an inert ingredient in a manufactured product and the pharmacist duplicates the formula and replaces the offending material, or when dosages must be substantially different than commercially available.[19] Because of the character of the compounding process, compounded products are not FDA approved nor are they manufactured under cGMP regulations.[20]

Pharmacy or physician compounding of drugs is a process described by federal law[17] when it is used to create custom drugs for an individual "identified" patient. The drug being compounded must not be available as an FDA approved product, and must be compounded only when "based on the unsolicited receipt of a valid prescription order".[18] An example of an appropriate patient customized compound is when a patient is allergic to an inert ingredient in a manufactured product and the pharmacist duplicates the formula and replaces the offending material, or when dosages must be substantially different than commercially available.[19] Because of the character of the compounding process, compounded products are not FDA approved nor are they manufactured under cGMP regulations.[20]

[8] Rudnicka AR, Mt-Isa S, Owen CG, et al. Variations in primary open-angle glaucoma prevalence by age, gender, and race: a Bayesian meta-analysis. Invest Ophthalmol Vis Sci. 2006; 47(10):4254-61.

[9] Javitt et al, Undertreatment of Glaucoma Among Black Americans. N Eng J Med 1991.

[10] Racial differences in the cause-specific prevalence of blindness in east Baltimore. N Engl J Med. 1991.

[11] National Institutes of Health; Quigley and Vitale, Invest Ophthalmol Vis Sci. 1997.

[12] The Eye Diseases Prevalence Research Group, Arch Ophthalmol. 2004; Prevent Blindness America.

[13] Prevention of ocular scarring after glaucoma filtering surgery using the monoclonal antibody LT1009 (Sonepcizumab) in a rabbit model. Lukowski ZL, Min J, Beattie AR, Meyers CA, Levine MA, Stoller G, Schultz GS, Samuelson DA, Sherwood MB. Department of Ophthalmology, COM University of Florida, Gainesville, FL, USA. J Glaucoma. 2013 Feb;22(2):145-51. doi: 10.1097/IJG.0b013e31822e8c83.

[14] *Id.*
[15] Mitosol Package Label
[16] U.S. Food and Drug Administration, The Special Risks of Pharmacy Compounding, Available at http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm107836.htm (Accessed June 21, 2013)
[17] 21 U.S.C.A. § 353a (West).
[18] *Id.*
[19] U.S. Food and Drug Administration, The Special Risks of Pharmacy Compounding, Available at http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm107836.htm (Accessed June 21, 2013)
[20] *Id.* (Accessed June 13, 2013)

We believe all patients should have equal access to the highest level of care possible, and ask that all military medical beneficiaries have access to coverage and payment for Mitosol.

While the aforementioned exceptions to the medical value of compounding do exist, we do not believe a compounded any non-FDA approved product which is not manufactured under cGMP manufacturing standards generally represents the current medical standard of care when the FDA has approved essentially identical products for commercial use. We are asking for a published coverage policy on compounded drugs that takes all the medical considerations into account for the protection of our veterans and military.

Thank you so much for your time and help with this important subject.

Lisa Blanton, MJ

cc:

Colonel Mark Torres
Chair of Ophthalmology
Ophthalmology Consultant to US Army Surgeon General
Madigan Army Medical Center
Tacoma, WA 98431
[redacted]