

Beneficiary Advisory Panel Handout

Uniform Formulary Decisions

8 January 2015

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

NEW DRUG REVIEWS

Class: Insulin Drugs: Miscellaneous Insulin Devices–Vo-Go

Recommended for Non-Formulary: V-Go Device

Current Uniform Formulary Agents: Insulin delivered with vials and pens (Lantus, Levemir vial, Novolog, Humalog, Humulin R, Humulin N, Novolin N, Novolin R)

Non-Formulary Agents: Levemir flex pen

Prior Authorization (PA) criteria: PA recommended at the August 2014 P&T Committee meeting and implemented on November 14, 2014. Revised PA criteria recommended.

Prior Authorization Criteria: Coverage is approved for all new users of V-Go

1. Patient has Type 2 diabetes mellitus
2. Patient does not need more than 40 units of basal insulin daily AND the patient does not need more than 36 units of bolus insulin daily
3. Patient does not need less than 2 unit increments of bolus dosing
4. Patient has been maintained on stable basal insulin for at least 3 months (at dosages ranging from 20U to 40U)
5. Patient has been using prandial insulin for at least 3 months

Recommended Implementation Date: 60 days

Total Number of patients affected: 55 (MTF 0, Mail Order 21, Retail Network 34)

Class: Chronic Obstructive Pulmonary Disease–umeclidinium/vilantero (Anoro Ellipta)

Recommended for Formulary: umeclidinium/vilantero (Anoro Ellipta)

Uniform Formulary Agents: ipratropium bromide (Atrovent HFA), ipratropium bromide/albuterol nebulized solution (Duoneb), salmeterol (Serevent), tiotropium (Spiriva), aclidinium (Tudorza), arformoterol (Brovana), formoterol (Foradil), ipratropium bromide/albuterol (Combivent Respimat), roflumilast (Daliresp)

Non-Formulary Agents: formoterol (Perforomist), indacaterol (Arcapta)

Recommended Implementation Date: Not applicable

Class: Glaucoma Drugs—brinzolamide 1%/brimonidine 0.2% ophthalmic suspension (Simbrinza)

Recommended for Formulary: brinzolamide 1%/brimonidine 0.2% ophthalmic suspension (Simbrinza)

Uniform Formulary Agents: latanoprost, generic, timolol, generic, brimonidine 0.15%, 0.2%, generic, bimatoprost (Lumigan), betaxolol (Betoptic, Betoptic-S), carteolol (Ocupress), levobunolol (Betagan), metipranolol (Optipranolol), timolol maleate (Timoptic), timolol maleate gel forming solution (Timoptic XE), dorzolamide (Trusopt), dorzolamide/timolol (Cosopt), brimonidine purite 0.1% (Alphagan P), apraclonidine (Iopidine), dipivefrin (Propine), acetylcholine (Miochol-E), carbachol (Isopto Carbachol), pilocarpine (Pilocar, Pilopine HS), echothiophate (Phospholine iodide)

Non-Formulary Agents: travoprost (Travatan and Travatan Z), tafluprost (Zioptan), timolol (Betimol), timolol (Istalol), brinzolamide (Azopt)

Recommended Implementation Date: Not applicable

Class: Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)—bromfenac 0.07% ophthalmic solution (Prolensa)

Recommended for Non-Formulary: bromfenac 0.07% ophthalmic solution (Prolensa)

Uniform Formulary Agents: Bromfenac 0.9%, generic (Xibrom, Bromday), diclofenac (Voltaren), flurbiprofen (Ocufen), ketorolac 0.4% (Acular LS), ketorolac 0.45% (Acuvail), ketorolac 0.5% (Acular), nepafenac (Nevanac)

Non-Formulary Agents: None

Recommended Implementation Date: 90 days

Total Number of patients affected: 8,499 (MTF 659, Mail Order 297, Retail Network 7,543)

DRUG CLASS REVIEW

Class: Multiple Sclerosis Drugs (MS)

Uniform Formulary Agents: interferon beta 1a subcutaneous injection (Rebif, Rebif Rebidose); interferon beta 1a intramuscular injection (Avonex); interferon beta 1b subcutaneous injection (Betaseron, Extavia); dalfampridine (Ampyra); teriflunomide (Aubagio); glatiramer (Copaxone); fingolimod (Gilenya); dimethyl fumarate (Tecfidera)

Non-Formulary Agents: none

Recommended Implementation Date: 30 days

Total Number of patients affected: None – no non-formulary co-pays

Class: Self-Monitoring Blood Glucose System Test Strips

Uniform Formulary Agents (preferred): Precision Xtra, FreeStyle Lite

Non-Formulary Agents (non-preferred): ACCU-CHEK Aviva Plus, GLUCOCARD-01 SENSOR, GLUCOCARD Vital, CONTOUR NEXT, FreeStyle Insulinx, Nova Max, TRUEtest, Prodigy No Coding, One Touch Verio, One Touch Ultra Blue plus the test strips as follows:

Accu-Chek, Accu-Chek Active, Accu-Chek Advantage, Accu-Chek Aviva, Accu-Chek Comfort Curve, Accu-Chek Instant, Accu-Chek Smartview, AccuTrend glucose, Acura test strips, Advance test strips, Advocate test strip, Advocate Redi-Code, Advocate Redi-Code+, Ascensia Elite, Assure 3, Assure 4, Assure Platinum, Assure Pro, BD test strips, BG-star, Blood glucose test strips, Blood glucose test strips – Leader, Chemstrip BG, ChoiceDM, G20, ChoiceDM GD20, Clever Check, Clever Choice test strips, Clever Choice Pro, Contour, Control, Dextrostix reagent, Easymax, EasyPlus glucose test strips, EasyPlus mini strip, Easy Pro Plus, Easy Touch, Easy Touch glucose, Easy Gluco, Easy Gluco G2 test strip, Element test strips, Element Plus, Embrace, Evencare test strip, Evencare G2, EZ Smart, EZ Smart Plus, Fast Take, Fifty50 test strip, Fora G20, Fora test strip, Fora v10, Fora V12, Fora V30a, G-4 test strip, GE blood glucose test, GE100 blood glucose test strip, Glucocard Expression, Glucocard X sensor, Glucolab, Glucose test strip, Glucometer Encore, Glucostix, Infinity, Keynote, Liberty test strips, Micro, Microdot, Neutek 2Tek test strips, On Call Vivid test strip, Optium, Optium EZ, Pocketchem EZ, Precision PCX, Precision PCX Plus, Precision Point Of Care, Precision QID, Premium blood glucose, Prestige test, Prestige smart system, Prodigy, Quintet, Quintet AC, RefuAH Plus test strip, Reveal test strip, Relion Confirm Micro, Relion Prime, Rightest GS100 test strips, Rightest GS 300 test strips, Rightest GS 550 test strips, SmartDiabetes Xpres, Smartest test, Surechek test strips, Surestep, Surestep Pro, Sure test, Solus v2, Telcare test strips, Tracer BG, TRUETrack, TRUETrack Smart System, Ultima, Ultratrak, Ultratrak Pro, Ultratrak Ultimate test strip, Victory, Wavesense AMP, Wavesense Jazz, Wavesense Presto

Step therapy applies to new and current users of the test strips. A trial of FreeStyle Lite or Precision Xtra is required prior to use of a non-formulary test strip. The recommendation requires all current and new users to try FreeStyle Lite or Precision Xtra, or meet the PA criteria for the non-preferred test strips.

A trial of FreeStyle Lite or Precision Xtra is not required if and non-preferred test strip is allowed if:

- Patient is blind/severely visually impaired and requires a test strip used in a talking meter—Prodigy Voice, Prodigy AutoCode, Advocate Redicode
- Patient uses an insulin pump and requires a specific test strip that communicates wirelessly with a specific meter
 - Contour NEXT strip with CONTOUR NEXT Link meter for Medtronic pump
 - Nova Max strip with Nova Max Link meter for Medtronic pump
 - For Retail Network Only: One Touch Ultra test strips with One Touch Ultra Link meter for Medtronic Mini Med Paradigm insulin pump
 - For Retail Network Only: One Touch Ultra test strips with One Touch Ping meter and using the One Touch Ping insulin pump
- The patient has a documented physical or mental health disability requiring a special strip or meter. For example, the patient requires ACCU-CHEK Aviva Plus strip due to manual dexterity issues (Arthritis Association Seal of Approval)

Recommended Implementation Date: 120 days

Total Number of patients affected: 97,000 patients (approximately as follows: MTF 15,000; Mail Order 47,000; Retail Network 35,000)