

Beneficiary Advisory Panel Handout

Uniform Formulary Decisions

30 September 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: Long-Acting Muscarinic Antagonists (LAMAs):

Recommended for Formulary: Umeclidinium inhaler (Incruse Ellipta)

Current Uniform Formulary Agents:

LAMA: tiotropium (Spiriva HandiHaler); aclidinium (Tudorza)

LAMA/Long-Acting Beta Agonist combinations: umeclidinium/vilanterol (Anoro Ellipta)

Non-Formulary Agents: None

Recommended Implementation Date: Not applicable

Approximate Total Number of patients affected: Not applicable (no non-formulary co-pays)

Class: Targeted Immunomodulatory Biologics (TIBs)

Recommended for Formulary, non-step preferred: secukinumab injection (Cosentyx); a trial of Humira is required prior to use of Cosentyx.

Current Uniform Formulary Agents:

Step preferred: adalimumab (Humira)

Non step preferred: apremilast (Otezla), golimumab (Simponi), tofacitinib (Xeljanz), ustekinumab (Stelara)

Non-Formulary Agents, non step preferred: abatacept (Orencia), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), tocilizumab (Actemra)

Prior Authorization (PA) criteria: Prior authorization has previously been in place for the TIBs. Cosentyx prior authorization criteria were recommended in February 2015, consistent with the class.

Recommended Implementation Date: Not applicable

Approximate Total Number of patients affected: Not applicable (no non-formulary co-pays)

DRUG CLASS REVIEWS

Class: Non-Insulin Diabetes Drugs – Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

Recommended for Formulary, step-preferred: empagliflozin (Jardiance), empagliflozin/linagliptin (Glyxambi)

Recommended for Non-Formulary, non-step-preferred:

- canagliflozin (Invokana), canagliflozin/metformin (Invokamet), dapagliflozin (Farxiga), dapagliflozin/metformin extended release (Xigduo XR)
- Must try Jardiance or Glyxambi prior to use of one of the other SGLT2 inhibitors

Other non-insulin diabetes drugs that are Uniform Formulary: metformin, sulfonylureas, sitagliptin (Januvia, Janumet), linagliptin (Tradjenta, Jentadueto), pioglitazone (Actos generic)

Prior Authorization (PA) criteria: Step therapy applies; must try metformin and at least one drug from 2 additional different non-insulin diabetes drug classes before receiving an SGLT2 inhibitor in new users.

Coverage for an SGLT2 is approved if the patient has had one of the following issues with metformin and at least one drug from 2 different non-insulin diabetes drug classes:

1. The patient has had an inadequate response
2. The patient has experienced a significant adverse event
3. The patient has a contraindication

Coverage for an SGLT2 inhibitor other than Jardiance or Glyxambi is approved if the following has occurred in all new and current users:

1. The patient has experienced significant adverse events with Jardiance or Glyxambi that are not expected to occur with Invokana, Invokamet, Farxiga, or Xigduo XR.

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 11,605 patients (affected by both the step-therapy and non-formulary recommendations)

Class: Non-Insulin Diabetes Drugs – Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs)

Recommended for Formulary, step-preferred: exenatide once weekly (Bydureon) and albiglutide (Tanzeum)

Recommended for Non-Formulary, non-step-preferred:

- Exenatide twice daily (Byetta), dulaglutide (Trulicity), liraglutide (Victoza)
- Must try Bydureon or Tanzeum prior to use of one of the other GLP1RAs

Other non-insulin diabetes drugs that are Uniform Formulary: metformin, sulfonylureas, sitagliptin (Januvia, Janumet), linagliptin (Tradjenta, Jentaducto), pioglitazone (Actos generic)

Prior Authorization (PA) criteria Step therapy applies; must try metformin or a sulfonylurea first before receiving a GLP1RA.

Coverage for a GLP1RA is approved if the patient has type 2 diabetes, and has had one of the following issues with metformin or a sulfonylurea in all new users of a GLP1RA:

1. The patient has experienced any of the following issues on metformin
 - impaired renal function precluding treatment with metformin
 - history of lactic acidosis
2. The patient has experienced any of the following issues on a sulfonylurea:
 - hypoglycemia requiring medical treatment
3. The patient has had an inadequate response to metformin or a sulfonylurea
4. The patient has a contraindication to metformin or a sulfonylurea

Coverage for a GLP1RA other than Bydureon or Tanzeum is approved if the following has occurred in all new and current users:

1. The patient has had an inadequate response to Bydureon or Tanzeum.

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 21,736 patients (affected by both the step-therapy and non-formulary recommendations)

Class: Oral Oncology Agents – Chronic Myelogenous Leukemia (CML)

Recommended for Uniform Formulary Agents: imatinib (Gleevec), dasatinib (Sprycel), nilotinib (Tasigna), bosutinib (Bosulif), ponatinib (Iclusig)

Recommended for Non-Formulary Agents: none

Recommended Implementation Date: Not applicable

Approximate Total Number of patients affected: Not applicable (no non-formulary co-pays)

Class: Narcotic Analgesic Drugs – Long-Acting High Potency Narcotic Analgesics

Recommended for Uniform Formulary Agents:

- Fentanyl transdermal system (Duragesic, generics)
- Hydrocodone ER (Hysingla ER, Zohydro ER)
- Hydromorphone ER (Exalgo, generics)
- Morphine sulfate sustained release (MS Contin, generics)
- Morphine ER (Avinza, Kadian, generics)
- Morphine ER/naltrexone (Embeda)
- Oxycodone controlled release (Oxycontin)
- Oxymorphone ER (Opana ER, generics)
- Tapentadol ER (Nucynta ER)

Recommended for Non-Formulary Agents: none

Recommended Implementation Date: Not applicable

Approximate Total Number of patients affected: Not applicable (no non-formulary co-pays)