Beneficiary Advisory Panel Handout

Uniform Formulary Decisions

7 January 2016

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: Alzheimer's Drugs:

Recommended for Nonformulary:

- **memantine extended release (Namenda XR)**
- **memantine extended release/donepezil (Namzaric)**

Current Uniform Formulary Agents:

- donepezil (Aricept, generics)
- memantine immediate release (Namenda, generics)
- galantamine (Razadyne, generics)
- galantamine extended release (Razadyne ER)
- rivastigmine (Exelon)
- rivastigmine patch (Exelon patch)

Current Nonformulary Agents:

- donepezil 23 mg (Aricept 23 mg)
- tacrine (discontinued from market)

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected:

memantine extended release (Namenda XR): Total: 17,555 (MTF 1,451; Mail Order 8,953; Retail 7,151)

memantine extended release/donepezil (Namzaric): Total: 527 (MTF 7; Mail Order 262; Retail 258)

DRUG CLASS REVIEWS

Class: Attention Deficit Hyperactivity Disorder (ADHD) – Stimulants

Recommended for Uniform Formulary

- mixed amphetamine salts ER (Adderall XR, generic)
- methylphenidate controlled release osmotic oral delivery system (Concerta, generic)
- amphetamine sulfate tablets (Evekeo)
- methamphetamine (Desoxyn; generic)
- methylphenidate ER (Aptensio XR)
- methylphenidate ER oral suspension (Quillivant XR)
- dextroamphetamine (Dexedrine spansule - generic; Dextrostat tablets generic; Procentra solution - generic; generic; Zenzedi tablets)
- dexmethylphenidate IR (Focalin IR; generic)
- methylphenidate CD (Metadate CD; generic)
- methylphenidate IR (Ritalin; generic)
- methylphenidate LA (Ritalin LA; generic)
- methylphenidate SR (Ritalin SR; generic)
- methylphenidate ER (Metadate ER – not generic; Methylin ER; generic)
- methylphenidate chewable tablets and solution (Methylin, generic)
- mixed amphetamine salts IR (Adderall, generic)

Recommended for Nonformulary

- methylphenidate transdermal system (Daytrana)
- dexmethylphenidate ER (Focalin XR)
- lisdexamfetamine (Vyvanse)

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 0 (Daytrana, Focalin XR, and Vyvanse currently nonformulary; no change in co-pay; no need to mail letters)

Class: Antirheumatics – Injectable Methotrexate

Recommended for Uniform Formulary

- methotrexate 50 mg/2mL vials (generic)

Recommended for Nonformulary

- injectable methotrexate (Otrexup auto-injector)
- injectable methotrexate (Rasuvo auto-injector)

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected:

Otrexup: Total: 212 (MTF 9; Mail Order 95; Retail 108)
Rasuvo: Total: 193 (MTF 15; Mail Order 71; Retail 107)

Prior Authorization (PA) Criteria: Manual Prior Authorization applies to Otrexup and Rasuvo– the patient has experienced intolerance or significant adverse effects from generic methotrexate vials or has decreased finger dexterity, limited vision, or impaired cognition that prevents them from using generic injectable methotrexate vials.

Class: Acne Drugs – Oral Isotretinoins

Recommended for Uniform Formulary

- oral isotretinoin (Amnesteem)
- oral isotretinoin (Claravis)
- oral isotretinoin (Myorisan)
- oral isotretinoin (Zenatane)

Recommended for Nonformulary

- oral isotretinoin (Absorica)

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected:

Absorica Total: 740 (MTF 21; Mail Order - not applicable; Retail 719)

Prior Authorization (PA) Criteria: Manual Prior Authorization apply to Absorica– the patient is unable to comply with the dietary requirements of an AB-rated generic oral isotretinoin.

Innovator Drugs – currently in pending Tier 3 (nonformulary) status

Recommended for Uniform Formulary

- Oncology Drugs: tifluridine/tipiracil (Lonsurf)
- Sodium-Glucose Co-Transportor-2 (SGLT2) Inhibitors: empagliflozin/metformin IR (Synjardy); Synjardy will be step-preferred. No changes were recommended for the previously approved step-therapy and manual PA criteria.

Recommended for Nonformulary

- Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor: evolocumab (Repatha). No changes were recommended for the previously approved manual PA criteria.

Recommended Implementation Date: Upon signing of the minutes