

Beneficiary Advisory Panel Handout

Uniform Formulary Decisions

11 June 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: Newer Sedative Hypnotics:

Recommended for Nonformulary: Suvorexant (Belsomra)

Current Uniform Formulary Agents:

Step-preferred: zolpidem immediate release (Ambien generic), zaleplon (Sonata generic)

Non step-preferred: zolpidem extended release (Ambien CR), eszopiclone (Lunesta), doxepin (Silenor)

Nonformulary Agents, non step-preferred: ramelteon (Rozerem), zolpidem sublingual (Edluar), zolpidem sublingual (Intermezzo)

Prior Authorization (PA) criteria: Prior authorization has been in place for the SED-s since the most recent class review in May 2012.

Automated (step therapy) criteria requires a trial of zolpidem IR or zaleplon in all patients prior to a trial of the nonformulary SED-1s. Coverage is approved for all new users of Belsomra if:

1. The patient has received a trial of zolpidem IR or zaleplon and had an inadequate response.

OR

2. The patient has received a trial of zolpidem IR or zaleplon but was unable to tolerate it due to adverse effects.
3. Treatment with zolpidem IR or zaleplon is contraindicated for this patient (e.g., due to hypersensitivity, aberrant behaviors, or intolerable rebound insomnia).

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 4 (MTF 0, Mail Order 0, Retail Network 4)

Multiple Sclerosis Drugs

Recommended for Nonformulary: Peginterferon beta 1-a (Plegridy)

Uniform Formulary Agents:

Injectables: Interferon beta-1a SC (Rebif and Rebif Rebidose); Interferon beta-1a IM (Avonex); Interferon beta 1b SC (Extavia); Glatiramer (Copaxone)

Orals: Dalfampridine (Ampyra); Teriflunomide (Aubagio); Fingolimod (Gilenya); Dimethyl fumarate (Tecfidera)

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 106 (MTF 7, Mail Order 2, Retail Network 97)

Antiemetic/Antivertigo Agents

Recommended for Nonformulary: doxylamine succinate/pyridoxine hydrochloride (Diclegis)

Uniform Formulary Agents:

Older Antiemetics: Granisetron tablets, ondansetron oral tablets, Aprepitant (Emend)

Newer Antiemetics: dronabinol, meclizine, prochlorperazine, thiethylperazine (Torecan), trimethobenzamide (Tigan), transdermal scopolamine (Transderm Scop)

Nonformulary Agents: Newer Antiemetics: ondansetron soluble film (Zuplenz), dolasetron (Anzemet), Granisetron patch (Sancuso)

Prior Authorization (PA) criteria: Prior authorization criteria were recommended for Diclegis in August 2013.

All new users of Diclegis are required to try a nonpharmacologic method for management of nausea and vomiting during pregnancy AND over-the-counter pyridoxine before receiving pyridoxine/doxylamine (Diclegis). Pyridoxine/doxylamine (Diclegis) is approved if:

- The patient has not had relief of symptoms after trying a nonpharmacologic method to manage nausea and vomiting during pregnancy,

AND

- The patient has not had relief of symptoms after trying over-the-counter pyridoxine for management of nausea and vomiting during pregnancy
- Providers are encouraged to consider an alternate antiemetic (e.g., ondansetron) prior to prescribing pyridoxine/doxylamine.

Prior Authorization will expire after 9 months.

Recommended Implementation Date: 90 days

Approximate Total Number of patients affected: 697 (MTF 319, Mail Order 4, Retail Network 374)

DRUG CLASS REVIEWS

Class: Hepatitis C Virus (HCV) Drugs – Direct Acting Antivirals (DAAs)

Uniform Formulary Agents— DAAs: Sofosbuvir (Sovaldi), simeprevir (Olysio), ledipasvir/sofosbuvir (Harvoni), paritaprevir/ritonavir/ombitasvir plus dasabuvir (Viekira Pak). Note that boceprevir (Victrelis) will remain UF until market withdrawal in December 2015.

Non-Formulary Agents: none

Prior Authorization (PA) criteria: Manual Prior Authorization has been applied to the DAAs previously. Minor changes to the PA criteria were recommended for Sovaldi (see BAP Background information for the full PA criteria).

Recommended Implementation Date: upon signing of the minutes

Approximate Total Number of patients affected for DAAs: None

Class: Oral Anticoagulants

Uniform Formulary Agents: warfarin, dabigatran (Pradaxa), apixaban (Eliquis), edoxaban (Eliquis), rivaroxaban (Xarelto)

Non-Formulary Agents: none

Recommended Implementation Date: upon signing of the minutes