

Beneficiary Advisory Panel Handout Uniform Formulary Decisions 24 July 2008

PURPOSE: The purpose of this handout is to provide BAP Committee members with a reference document for the relative clinical effectiveness presentations for each Uniform Formulary (UF) Class review.

Table 1: Uniform Formulary Recommendations from the June 2008 DoD P&T Committee Meeting

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
5-Hydroxytryptamine Agonists (Tryptans)			
Formulary	Eletriptan (Relpax)	Tabs	No
	Sumatriptan (Imitrex)	Tabs, injection, nasal spray	No
	Sumatriptan / naproxen (Treximet)	Tabs	No
	Rizatriptan (Maxalt)	Tabs, orally dissolving tabs (ODT)	No
	Zolmitriptan (Zomig)	Tabs, ODT, nasal spray	No
Non-Formulary	Almotriptan (Axert)	Tabs	No
	Frovatriptan (Frova)	Tabs	No
	Naratriptan (Amerge)	Tabs	No
Recommended implementation period	90 days		
Osteoporosis Agents			
Formulary	Bisphosphonates		
	Alendronate (Fosamax)	Daily tabs; weekly tabs	Yes
	Alendronate / vitamin D (Fosamax plus D)	Weekly tabs	No
	Ibandronate (Boniva)	Daily tabs, monthly tabs	No
	Risedronate (Actonel)	Daily tabs, weekly tabs, 2 days/month tabs, monthly tabs	No
	Risedronate / calcium (Actonel with calcium)	Weekly tabs	No
	Selective Estrogen Receptor Modulators (SERMs)		
	Raloxifene (Evista)	Tabs	No
	Parathyroid Hormone derivatives		
	Teriparatide (Forteo)	Injection	No
	Calcitonins		
	Recombinant calcitonin (Fortical)	Nasal spray	No
	Non-Formulary	Calcitonins	
Calcitonin-salmon (Miacalcin)		Nasal spray	No
Recommended implementation period	90 days		

ODT: orally dissolving tablets; Tabs: tablets

Table 2: Fenofibrate meltdose (Fenoglide): Uniform Formulary Recommendations from for the Antilipidemic-II (LIP-2) Drugs

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
Antilipidemic II (LIP-2s)			
Formulary	Fibric Acid Derivatives		
	Fenofibrate meltdose (Fenoglide) – recommended for UF June 2008	Tab	No
	Fenofibrate IDD-P (micronized) (Triglide)	tab	No
	Fenofibrate micronized/nonmicronized (Lofibra)	tab/cap	Yes
	Gemfibrozil (Lopid)	tab	Yes
	Bile Acid Sequestrants (BAS)		
	Cholestyramine / aspartame (Questran Light, Prevalite)	powder	Yes
	Cholestyramine / sucrose (Questran)	powder	Yes
	Colestipol (Colestid)	tab	Yes
Non-Formulary	Fibric Acid Derivatives		
	Fenofibrate nanocrystallized (Tricor)	tab	No
	Fenofibrate micronized (Antara)	cap	No
	Omega-3 fatty acids		
	Prescription omega-3 fatty acids (Omacor)	cap	No
	Bile Acid Sequestrants (BAS)		
Colesevelam (Welchol)	tab	No	
Recommended implementation period	N/A for Fenoglide		

Table 3: Nebivolol (Bystolic): Uniform Formulary Recommendations for the Adrenergic Beta Blocking Agents (ABAs)

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
Adrenergic Beta-Blocking Agents (ABAs)			
Formulary	ABAs evaluated for Heart Failure (HF)		
	Bisoprolol (Zebeta)	Tabs	Yes
	Carvedilol controlled/extended release (Coreg CR)	Caps	No
	Carvedilol immediate release (Coreg)	Tabs	Yes
	Metoprolol succinate (Toprol XL)	Tabs	Yes
	Metoprolol tartrate (Lopressor)	Tabs	Yes
	Older ABAs not evaluated for HF		
	Acebutolol (Sectral)	Caps	Yes
	Atenolol (Tenormin)	Tabs	Yes
	Atenolol / chlorthalidone (Tenoretic)	Tabs	Yes
	Betaxolol (Kerlone)	Tabs	Yes
	Bisoprolol / hydrochlorothiazide [HCTZ] (Ziac)	Tabs	Yes
	Labetolol (Trandate, Normodyne)	Tabs	Yes
	Metoprolol / HCTZ (Lopressor HCT)	Tabs	Yes
	Nadolol (Corgard)	Tabs	Yes
	Nadolol / benfroflumethiazide (Corzide)	Tabs	Yes
	Penbutolol (Levitol)	Tabs	Yes
	Propranolol immediate release (Inderal)	Tabs	Yes
	Propranolol extended release (Inderal LA)	Caps	Yes
	Propranolol / HCTZ (Inderide)	Tabs	Yes
Sotalol (Betapace)	Tabs	Yes	
Sotalol for atrial fibrillation (Betapace AF)	Tabs	Yes	
Timolol (Blockadren)	Tabs	Yes	
Timolol / HCTZ (Timozide)	Tabs	Yes	
Non-Formulary	Nebivolol (Bystolic) – recommended for NF June 2008	Tabs	No
Recommended implementation period	60 days for Bystolic		

Table 4: Levocetirizine (Xyzal) and Zileuton extended release (Zyflo CR): Uniform Formulary Recommendations for the Newer Antihistamines (NAs) and Leukotriene Modifiers (LMs)

UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
Newer Antihistamines (NAs)			
Formulary	Fexofenadine (Allegra)	tab; ODT; suspension	Yes
	Fexofenadine / pseudoephedrine (Allegra D)	tab	No
	Cetirizine (Zyrtec) OTC*	tab, chew tab, syrup	No
	Cetirizine / pseudoephedrine (Zyrtec -D) OTC*	tab	No
	Acrivastine / pseudoephedrine (Semprex-D)	capsule	No
	Loratadine (Claritin) *OTC	tab, ODT, chew tab, syrup	Yes
	Loratadine/ pseudoephedrine (Claritin D) *OTC	tab	Yes
Non-Formulary	Levocetirizine (Xyzal) – recommended for NF June 2008	Tab	No
	Desloratadine (Clarinex)	tab, RDT, syrup	No
	Desloratadine / pseudoephedrine (Clarinex D)	tab	No
Recommended implementation period	60 days - Xyzal		
Leukotriene Modifiers (LMs)			
Formulary	Montelukast (Singulair)	tab, chew tab, granule	No
	Zafirlukast (Accolate)	tab	No
Non-Formulary	Zileuton extended release (Zyflo CR) recommended for NF June 2008	Tab	No
	Zileuton (Zyflo)	Tab	No
Recommended implementation period	60 days – for Zyflo CR		

*Added to the UF as part of the TRICARE OTC Pilot Program

Table 5: Simvastatin / Niacin extended release (Niaspan): Uniform Formulary Recommendations for the Antilipidemic-1 (LIP-1s) Agents

Drug Class	Generic Name (Brand)	Formulations	Generics Available?
Antilipidemics I - Statins, Statin Combinations, Ezetimibe, & Niacin			
Uniform Formulary	Statins		
	Atorvastatin (Lipitor)	tabs	No
	Fluvastatin (Lescol)	tabs	No
	Fluvastatin ER (Lescol XL)	tabs	No
	Lovastatin IR (Mevacor)	tabs	Yes
	Lovastatin ER (Altoprev)	tabs	No
	Pravastatin (Pravachol)	tabs	Yes
	Simvastatin (Zocor)	tabs	Yes
	Statin Combinations		
	Simvastatin / niacin ER (Simcor) – recommended for UF June 2008	Tabs	No
	Lovastatin / niacin ER (Advicor)	tabs	No
	Simvastatin / ezetimibe (Vytorin)	tabs	No
	Add-on therapies		
	Ezetimibe (Zetia)	tabs	No
	Niacin ER (Niaspan)	tabs	No
Niacin IR (Niacor)	tabs	Yes	
Non-Formulary	Atorvastatin / amlodipine (Caduet)	tabs	No
	Rosuvastatin (Crestor)	tabs	No
Recommended implementation period	Not applicable for Simcor		

Table 6: Brimonidine / Timolol maleate (Combigan): Uniform Formulary Recommendations for the Glaucoma Agents

Glaucoma Agents			
Uniform Formulary	Prostaglandin Analogs		
	Bimatoprost (Lumigan)	ophthalmic soln	No
	Latanoprost (Xalatan)	ophthalmic soln	No
	Beta Blockers		
	Betaxolol (Betoptic, Betoptic-S)	ophthalmic soln	Yes to Betoptic, No to Betoptic-S
	Carteolol (Ocupress)	ophthalmic soln	Yes
	Levobunolol (Betagan)	ophthalmic soln	Yes
	Metipranolol (Optipranolol)	ophthalmic soln	Yes
	Timolol maleate (Timoptic)	ophthalmic soln	Yes
	Timolol maleate gel forming solution (Timoptic XE)	ophthalmic gel	Yes
	Carbonic Anhydrase Inhibitor /Combinations		
	Brimonidine / Timolol maleate (Combigan) – recommended for NF June 2008	Ophthalmic soln	No
	Dorzolamide (Trusopt)	ophthalmic soln	No
	Dorzolamide / timolol (Cosopt)	ophthalmic soln	No
	Alpha 2 Adrenergics		
	Brimonidine BAK 0.2% (brand name D/C'd)	ophthalmic soln	Yes
	Brimonidine purite 0.15%, 0.1% (Alphagan P)	ophthalmic soln	No
	Apraclonidine (Iopidine)	ophthalmic soln	No
	Adrenergics, Cholinergics, Cholinesterase Inhibitors		
	Dipivefrin (Propine)	ophthalmic soln	Yes
	Acetylcholine (Miochol-E)	ophthalmic soln	No
	Carbachol (Isopto Carbachol)	ophthalmic soln	No
	Pilocarpine (Pilocar, Pilopine HS)	ophthalmic soln and gel	Yes to soln, No to gel
Echothiophate (Phospholine iodide)	ophthalmic soln	No	
Non-Formulary	Prostaglandin Analogs		
	Travoprost (Travatan, Travatan Z)	ophthalmic soln	No
	Beta blockers		
	Timolol maleate (Istalol)	ophthalmic soln	No
	Timolol hemihydrate (Betimol)	ophthalmic soln	No
	Carbonic Anhydrase Inhibitor		
Brinzolamide (Azopt)	ophthalmic soln	No	
Recommended implementation period	Not applicable for Combigan		

Table 7: Olmesartan / Amlodipine (Azor) and Aliskiren / Hydrochlorothiazide (Tekturna HCT): Uniform Formulary Recommendations for the Renin Angiotensin Antihypertensives (RAAs)

Existing UF Status of RAAs (previous meetings) & June 2008 recommendations		
ARB /CCB Combinations	Non-Formulary	Olmesartan / amlodipine (Azor) – recommended for NF June 2008
		Valsartan / amlodipine (Exforge)
Direct Renin Inhibitors	UF	Aliskiren hydrochlorothiazide (Tekturna HCT) – recommended for UF June 2008
		Aliskiren (Tekturna)
ARBs	UF	Candesartan (Atacand)
		Candesartan /HCTZ (Atacand HCT)
		Losartan (Cozaar)
		Losartan/HCTZ (Hyzaar)
		Telmisartan (Micardis)
		Telmisartan/HCTZ (Micardis HCT)
		Candesartan (Atacand)
	Non-formulary	Eprosartan (Teveten)
		Eprosartan/HCTZ (Teveten HCT)
		Irbesartan (Avapro)
		Irbesartan/HCTZ (Avalide)
		Olmesartan (Benicar)
		Olmesartan/HCTZ (Benicar HCT)
		Valsartan (Diovan)
Valsartan/HCTZ (Diovan)		
ACE Inhibitors	UF	Benazepril and combo with HCTZ (Lotensin, Lotensin HCT)
		Captopril and combo with HCTZ (Capoten, Capozide)
		Enalapril and combo with HCTZ (Vasotec, Vaseretic)
		Fosinopril and combo with HCTZ (Monopril, Monopril HCT)
		Lisinopril and combo with HCTZ (Prinivil, Zestril, Prinzide, Zestoretic)
		Trandolapril (Mavik)
	NF	Moexipril (Univasc) and combo with HCTZ
		Perindopril (Aceon)
		Quinapril (Accupril) and combo with HCTZ
		Ramipril (Altace)
ACE/CCB Combinations	UF	Amlodipine / benazepril (Lotrel)
	Non-formulary	Felodipine / enalapril (Lexxel)
		Verapamil sustained release / trandolapril (Tarka)

ACE: Angiotensin Converting Enzyme Inhibitor; ARB: Angiotensin Receptor Blocker; CCB: Calcium Channel Blocker; HCTZ: hydrochlorothiazide

Figure 1:

Triptan MHS Utilization May 06 – Apr 08

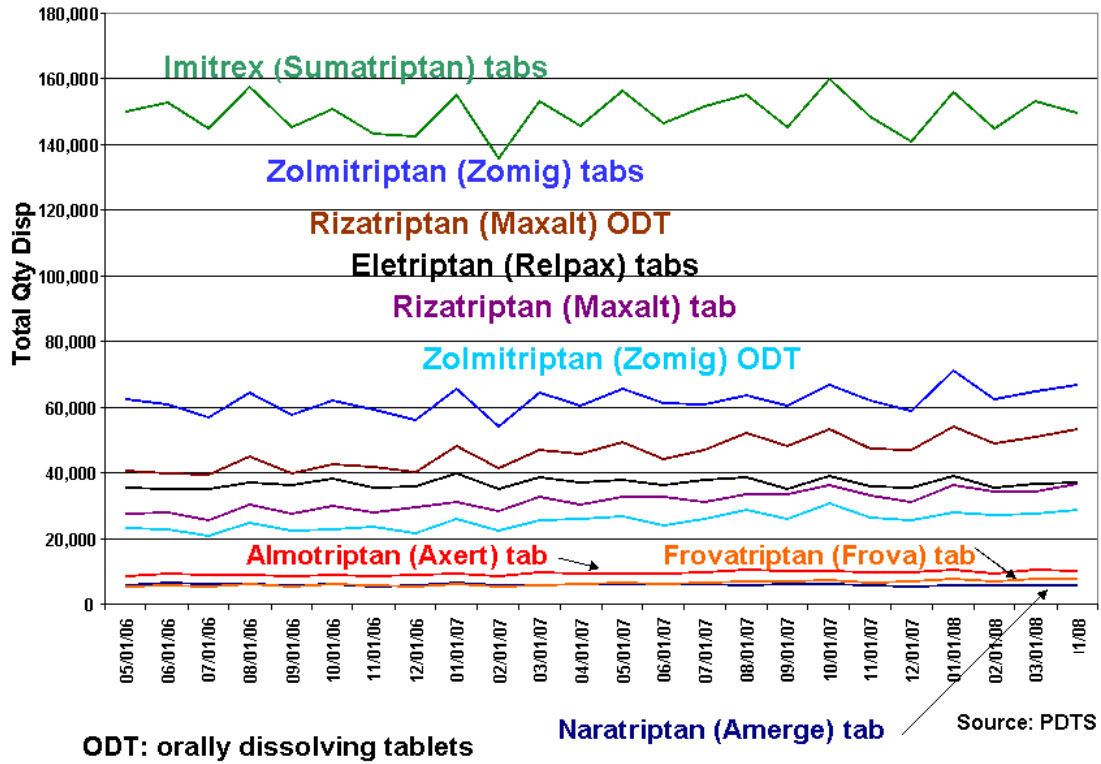


Figure 2:

Osteoporosis Agents MHS Utilization Utilization by 30 day equivalents: May 06 – Apr 08

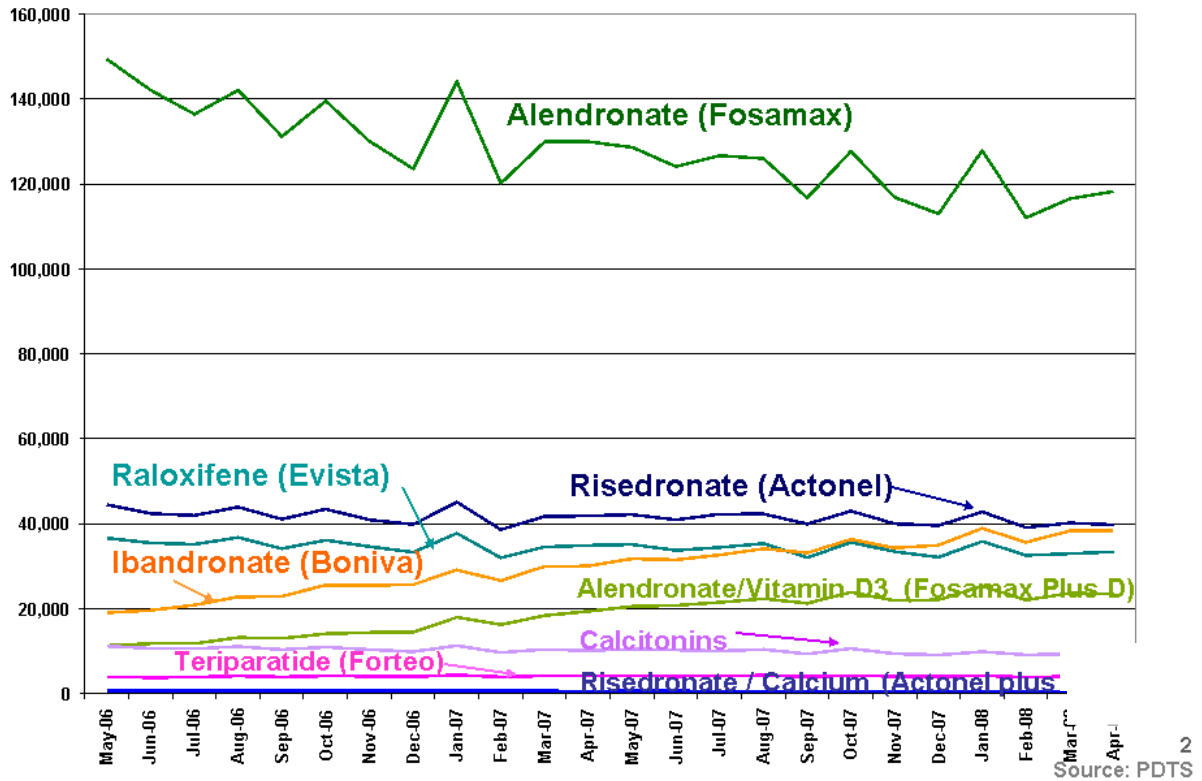


Table 8: Uniform Formulary Implementation Plan Summary

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Jun 08	Triptans	<ul style="list-style-type: none"> Almotriptan (Axert) Frovatriptan (Frova) Naratriptan (Amerge) 	3,763	208	3,212	343	90 days	Typical 90-day implementation period	No
Jun 08	Osteoporosis Agents	<ul style="list-style-type: none"> Salmon-calcitonin (Miacalcin) 	2,914	945	1,948	1,021	90 days	Typical 90-day implementation period	No
Jun 08	Newer Antihistamines (NAs) (new drug in previously reviewed class); Original decision Aug 07	<ul style="list-style-type: none"> Levocetirizine (Xyzal) 	19,254	0	19,254	0	60 days	New drug in already reviewed class	No
		<i>Original Meeting Aug 07</i> <ul style="list-style-type: none"> desloratadine (Clarinet) desloratadine / pseudoephedrine (Clarinet D) 	27,396	60	20,102	7,234	90 days	Typical 90-day implementation period	No
Jun 08	Leukotriene Modifiers (LMs) (new drug in previously reviewed class); Original decision Aug 07	<ul style="list-style-type: none"> Zileuton extended release (Zyflo CR) 	288	0	288	0	60 days	New drug in already reviewed class; low utilization	No
		<i>Original Meeting Aug 07</i> <ul style="list-style-type: none"> zileuton (Zyflo) 	144	4	110	31	90 days	Typical 90-day implementation period	No
Jun 08	Beta Adrenergic Receptor Blockers	<ul style="list-style-type: none"> Nebivolol (Bystolic) 	2,462	0	2,462	0	60 days	New drug in already reviewed class; low utilization	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
	(ABAs) (new drug in previously reviewed class); Original decision Nov 07	<i>Original Meeting Nov 07</i> (No drugs designated non formulary)	0	0	0	0	N/A	No meds moved to non-formulary status	No
Jun 08	Renin Antihypertensive Agents (RAAs) (new drug in previously reviewed class);	<i>ARB/CCB combos (Jun 08)</i> ▪ Olmesartan / amlodipine (Azor)	2,641	0	2,641	0	60 days	New drug in already reviewed class with current low utilization	No
		<i>ARB/CCB combos (Nov 07)</i> ▪ valsartan / amlodipine (Exforge)	2,376	0	2,376	0	60 days	New drug in already reviewed class with current low utilization	No
		<i>ARBs – (May 07 meeting)</i> ▪ eprosartan (Teveten) ▪ eprosartan HCTZ (Teveten HCT) ▪ irbesartan (Avapro) ▪ irbesartan HCTZ (Avalide) ▪ olmesartan (Benicar) ▪ olmesartan HCTZ (Benicar HCT) ▪ valsartan (Diovan) ▪ valsartan HCTZ (Diovan HCT) <i>ACE/CCB combos – Feb 06 meeting</i> ▪ felodipine/enalapril (Lexxel) ▪ verapamil/trandolapril (Tarka) <i>ACE Inhibitors (Aug 05 meeting)</i> ▪ moexipril (Univasc), ▪ moexipril / HCTZ (Uniretic) ▪ perindopril (Aceon) ▪ quinapril (Accupril) ▪ quinapril / HCTZ (Accuretic) ▪ ramipril (Altace)	See previous meetings for affected beneficiaries for each subclass				See previous meetings below in table	See previous meetings below in table	

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Nov 07	Benign Prostatic Hypertension (BPH) Alpha Blockers (ABs)	<ul style="list-style-type: none"> tamsulosin (Flomax) 	64,783	1,426	40,161	23,196	60-days	3 rd class for Step Therapy	Yes
Nov 07	Targeted Immunomodulatory Biologics (TIBs)	<ul style="list-style-type: none"> etanercept (Enbrel) anakinra (Kineret) 	7,397	1,939	4,149	1,309	90-days	Typical 90-day implementation period	No
Nov 07	Attention Deficit Hyperactivity Disorder (ADHD) / Narcolepsy agents (new drug in previously reviewed class); Previous decision Nov 06	<ul style="list-style-type: none"> lisdexamfetamine (Vyvanse) 	2,200 Rxs	0	2,200 Rxs	0	60 days	New drug in already reviewed class with current low utilization	No
		<i>Original decision Nov 06</i> <ul style="list-style-type: none"> Dexmethylphenidate IR (Focalin) Dexmethylphenidate SODAS (Focalin XR) Methylphenidate transdermal patch (Daytrana) 	3,078 (1.7% of patients receiving an ADHD drug)	62	2,965	51	18 Apr 07 (90 days)	Small number of beneficiaries affected	
Nov 07	Contraceptive Agents (new drug in previously reviewed class); Previous decisions May	<ul style="list-style-type: none"> EE 20 mcg / levonorgestrel 0.09 mg (Lybrel) 	290 Rxs	2 Rxs	263 Rxs	25 Rxs	60 days	New drug in already reviewed class with current low utilization	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
	06, Nov 06	<i>Previous meetings May 06 & Nov 06</i> <ul style="list-style-type: none"> EE 30 mcg / levonorgestrel 0.15 mg in special packaging for extended use (Seasonale) EE 25 mcg / norethindrone 0.4 mg (Ovcon 35) EE 50 mcg / norethindrone 1 mg (Ovcon 50) EE 20/30/35 mcg / norethindrone 1 mg (Estrostep Fe) EE 20 mcg/1 mg norethindrone-24 day regimen (Loestrin 24 Fe) EE 30/10 mcg/ 0.15 mg levonorgestrel for extended use (Seasonique) 	23,221 (4% of patients receiving a contraceptive)	3,128	19,249	844	24 Jan 07 (180 days)	Seasonale, packaged as a 3-month supply; Loestrin 24 FE and Seasonique to coincide with Seasonale decision	
			Seasonique: 161 (from Apr 06-Oct 06)	0 Rxs	112 Rxs	4 Rxs			
			Loestrin 24 Fe: 2,227 (from Apr 06-Oct 06)	22 Rxs	3,417 Rxs	64 Rxs			
Aug 07	Nasal Corticosteroid Agents (new drug in previously reviewed class); Original decision Nov 05	fluticasone furoate (Veramyst)	650	0	650	0	TMOP & TRRx: 60-days for current users; \$22 co-pay in effect immediately for new users MTF: No later than 60 days	New drug in already reviewed class with current low utilization	No
		<i>Original Decision: Nov 05</i> <ul style="list-style-type: none"> beclomethasone dipropionate (Beconase AQ, Vancenase AQ) budesonide (Rhinocort Aqua) triamcinolone (Nasacort AQ) 					19 Jan 06 (90 days)	Substantial number of beneficiaries	

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Aug 07	Growth Stimulating Agents (GSAs)	<ul style="list-style-type: none"> somatropin (Genotropin, Genotropin Miniquick) somatropin (Humatrope) somatropin (Omnitrope) somatropin (Saizen) 	653	77	310	266	TMOP & TRRx: 60-days for current users; MTF: No later than 60 days	Low number of affected beneficiaries affected	No
May 07	Antilipidemic II Agents (LIP-2s)	<ul style="list-style-type: none"> fenofibrate nanocrystallized (Tricor) fenofibrate micronized (Antara) omega-3 fatty acids (Omacor) colesevelam (Welchol) 	83,612	18,849	44,402	20,361	24 Oct 07 (90 days)	Typical 90-day implementation period	No
May 07	5-Alpha Reductase Inhibitors (5-ARIs)	<ul style="list-style-type: none"> dutasteride (Avodart) 	20,917	1,087	12,830	7,000	24 Oct 07 (90 days)	Typical 90-day implementation period	No
May 07 (Update from Feb 05)	PPIs	<ul style="list-style-type: none"> lansoprazole (Prevacid) omeprazole/sodium bicarbonate (Zegerid) pantoprazole (Protonix) rabeprazole (Aciphex) 	453,525	212,130	178,120	63,275	24 Oct 07 (90 days)	Typical 90-day implementation period	Yes
May 07 (Update from Feb 05)	ARBs	<ul style="list-style-type: none"> eprosartan (Teveten) eprosartan HCTZ (Teveten HCT) irbesartan (Avapro) irbesartan HCTZ (Avalide) olmesartan (Benicar) olmesartan HCTZ (Benicar HCT) valsartan (Diovan) valsartan HCTZ (Diovan HCT) 	228,581	68,059	109,595	50,930	21 Nov 07 (120 days)	Reservations regarding ESI ability to handle implementation	No
Feb 07	Newer Sedative Hypnotics	<ul style="list-style-type: none"> Ramelteon (Rozerem) Zaleplon (Sonata) Zolpidem ER (Ambien CR) 	40,447	5,878	31,550	3,019	1 Aug 07 (90 days)	First time automated PA with step edit	Yes

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Feb 07	Narcotic Analgesics	<ul style="list-style-type: none"> Tramadol ER (Ultram ER) 	1,088	0	46	1,042	1 Aug 07 (90 days)	Small number of beneficiaries affected	No
Feb 07	Glaucoma Agents	<ul style="list-style-type: none"> Travoprost (Travatan, Travatan Z) Timolol maleate (Istalol) Timolol hemihydrate (Betimol) Brinzolamide (Azopt) 	17,139	1,735	12,267	3,117	1 Aug 07 (90 days)	Small number of beneficiaries affected	No
Feb 07	MAOI Antidepressants	<ul style="list-style-type: none"> Selegiline transdermal system (Emsam) 	168	0	157	11	1 Aug 07 (90 days)	Small number of beneficiaries affected	No
Nov 06	ADHD	<ul style="list-style-type: none"> Dexmethylphenidate IR (Focalin) Dexmethylphenidate SODAS (Focalin XR) Methylphenidate transdermal patch (Daytrana) 	3,078 (1.7% of patients receiving an ADHD drug)	62	2,965	51	18 Apr 07 (90 days)	Small number of beneficiaries affected	No
Nov 06	Older Sedative Hypnotics	-	0	0	0	0	18 Apr 07 (90 days)	No medications moved to non-formulary status	No
Aug 06	TZDs	-	0	0	0	0	Not applicable	No medications moved to non-formulary status	No
Aug 06	H2 Antagonists / GI protectants	-	0	0	0	0	Not applicable	No medications moved to non-formulary status	No
Aug 06	Antilipidemic I Agents	<ul style="list-style-type: none"> Rosuvastatin (Crestor) Atorvastatin / amlodipine (Caduet) 	44,078	851	36,133	6,921	1 Feb 07 (90 days)	Small number of beneficiaries affected	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
May 06	Antiemetics	<ul style="list-style-type: none"> Dolasetron (Anzemet) 	852	14	668	170	27 Sept 06 (60 days)	Small number of beneficiaries affected, and acute nature of treatment (e.g., chemotherapy)	No
May 06 update for new drugs Nov 06	Contraceptive Agents	<i>Original Decision May 06</i> <ul style="list-style-type: none"> EE 30 mcg / levonorgestrel 0.15 mg in special packaging for extended use (Seasonale) EE 25 mcg / norethindrone 0.4 mg (Ovcon 35) EE 50 mcg / norethindrone 1 mg (Ovcon 50) EE 20/30/35 mcg / norethindrone 1 mg (Estrostep Fe) 	23,221 (4% of patients receiving a contraceptive)	3,128	19,249	844	24 Jan 07 (180 days)	Relatively low number of beneficiaries affected, but a high proportion are receiving Seasonale, which is packaged as a 3-month supply	No
		<i>Nov 06</i> <ul style="list-style-type: none"> EE 20 mcg/1 mg norethindrone-24 day regimen (Loestrin 24 Fe) EE 30/10 mcg/ 0.15 mg levonorgestrel for extended use (Seasonique) 	Seasonique 161 (from Apr 06-Oct 06)	0 Rxs	112 Rxs	4 Rxs	Jan 24 07 (60 days; to coincide with Seasonal)	Small number of beneficiaries affected	No
			Loestrin 24 Fe: 2,227 (from Apr 06-Oct 06)	22 Rxs	3,417 Rxs	64 Rxs			

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Feb 06	OABs	<ul style="list-style-type: none"> tolterodine IR (Detrol) oxybutynin patch (Oxytrol) tropium (Sanctura) 	19,118	2,596	13,471	3,051	26 July 06 (90 days)	Recommended 60-day implementation overturned; 90-day BAP recommendation accepted	No
Feb 06	Misc Anti-hypertensive Agents	<ul style="list-style-type: none"> felodipine/enalapril (Lexxel) verapamil/trandolapril (Tarka) 	5,946	336	4,472	1,138	26 July 06 (90 days)	Recommended 60-day implementation overturned; 90-day BAP recommendation accepted	No
Feb 06	GABA-analogs	<ul style="list-style-type: none"> pregabalin (Lyrica) 	30,649	1,120	27,566	1,963	28 Jun 06 (60 days)	Small number of beneficiaries affected	No
Nov 05	Alzheimer's Drugs	<ul style="list-style-type: none"> tacrine (Cognex) 	5	0	3	2	19 Apr 06 (90 days)	Small number of beneficiaries affected	No
Nov 05	Nasal Corticosteroid Agents	<ul style="list-style-type: none"> beclomethasone dipropionate (Beconase AQ, Vancenase AQ) budesonide (Rhinocort Aqua) triamcinolone (Nasacort AQ) 	96,999	13,556	73,381	10,062	19 Apr 06 (90 days)	Substantial number of beneficiaries affected	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Nov 05	Macrolide/ Ketolide Antibiotics	<ul style="list-style-type: none"> ▪ azithromycin 2 gm (Zmax) ▪ telithromycin (Ketek) 	Total number not provided; antibiotics are used to treat acute infections				22 Mar 06 (60 days)	Small number of beneficiaries affected, Medication used to treat acute (not chronic) infections not likely to require therapy change	No
Nov 05	Antidepressants I	<ul style="list-style-type: none"> ▪ paroxetine HCl CR (Paxil) ▪ fluoxetine 90 mg for weekly administration (Prozac Weekly) ▪ fluoxetine in special packaging for PMDD (Sarafem) ▪ escitalopram (Lexapro) ▪ duloxetine (Cymbalta) ▪ bupropion extended release (Wellbutrin XL) 	182,916	52,624	118,582	11,710	19 Jul 06 (180 days)	Substantial number of beneficiaries affected	No
Aug 05	Alpha Blockers for BPH	<ul style="list-style-type: none"> ▪ tamsulosin (Flomax) 	89,926	26,692	47,674	15,560	15 Feb 06 (120 days)	Substantial number of beneficiaries affected	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
Aug 05	CCBs	<ul style="list-style-type: none"> ▪ amlodipine (Norvasc) <ul style="list-style-type: none"> ○ Nov 07: amlodipine removed from NF status ▪ isradipine IR (Dynacirc) ▪ isradipine ER (Dynacirc CR) ▪ nicardipine IR (Cardene, generics) ▪ nicardipine SR (Cardene SR) ▪ verapamil ER (Verelan) ▪ verapamil ER for bedtime dosing (Verelan PM, Covera HS) ▪ diltiazem ER for bedtime dosing (Cardizem LA) 	274,616	133,794	101,345	39,477	15 Mar 06 (150 days)	Substantial number of beneficiaries affected	No
Aug 05	ACE Inhibitors & ACE Inhibitor / HCTZ Combinations	<ul style="list-style-type: none"> ▪ moexipril (Univasc), ▪ moexipril / HCTZ (Uniretic) ▪ perindopril (Aceon) ▪ quinapril (Accupril) ▪ quinapril / HCTZ (Accuretic) ▪ ramipril (Altace) 	158,101	77,159	57,982	22,959	16 Feb 06 (120 days)	Substantial number of beneficiaries affected	No
May 05	PDE-5 Inhibitors	<ul style="list-style-type: none"> ▪ sildenafil (Viagra) ▪ tadalafil (Cialis) 	128,007	55,161	49,850	22,996	12 Oct 05 (90 days)	Substantial number of beneficiaries affected	No
May 05 updated for new drug Nov 06	Topical Antifungals*	<ul style="list-style-type: none"> ▪ econazole ▪ ciclopirox ▪ oxiconazole (Oxistat) ▪ sertaconazole (Ertaczo) ▪ sulconazole (Exelderm) 	49,743	14,266	33,430	2,047	17 Aug 05 (30 days)	Medication used to treat acute (not chronic) infections not likely to require therapy change	No
		<ul style="list-style-type: none"> ▪ miconazole 0.25%, zinc oxide 15%, white petrolatum 82.35% (Vusion) 	581 (Apr 06-Oct 06) (UU not applicable)	7	571	3	21 Feb 07 (60 days)	Small numbers of beneficiaries affected	No

Meeting	Drug Class	Non-Formulary Medications	Total Beneficiaries Affected (# of patients affected)	Beneficiaries Affected by POS			Implementation Plan First Wednesday X days after the decision date	Justification	Step Therapy
				MTF	Retail	Mail Order			
May 05	MS-DMDs	-	0	0	0	0	Not applicable	No medications moved to non-formulary status	No
Feb 05	ARBs	<ul style="list-style-type: none"> ▪ eprosartan (Teveten) ▪ eprosartan/HCTZ (Teveten HCT) 	2,184	13	1,644	527	17 Jul 05 (90 days)	Recommended 30-day implementation overturned; 90-day BAP recommendation accepted	No
Feb 05	PPIs	<ul style="list-style-type: none"> ▪ esomeprazole (Nexium) 	138,739	6,691	117,520	14,528	17 Jul 05 (90 days)	Substantial number of beneficiaries affected	

BCF = Basic Core Formulary; ECF = Extended Core Formulary; ESI = Express-Scripts, Inc; MN = Medical Necessity; TMOP = TRICARE Mail Order Pharmacy; TRRx = TRICARE Retail Pharmacy program; UF = Uniform Formulary

CR = controlled release; ER = extended release; IR = immediate release; LA = long-acting; SR = sustained release; XL = extended release

5-ARI = 5-Alpha Reductase Inhibitors; ADHD = Attention Deficit Hyperactivity Disorder; ACE Inhibitors = Angiotensin Converting Enzyme Inhibitors; ARBs = Angiotensin Receptor Blockers; BPH = Benign Prostatic Hypertrophy; CCBs = Calcium Channel Blockers; EE = ethinyl estradiol; GSAs = Growth Stimulating Agents; GI = gastrointestinal; GABA = gamma-aminobutyric acid; H2 = Histamine-2 receptor; HCTZ = hydrochlorothiazide; Leukotriene Modifiers = LMs; LIP-1s = Antilipidemic I; LIP-2s = Antilipidemic II; MAOI = Monoamine Oxidase Inhibitor; MS-DMDs = Multiple Sclerosis Disease-Modifying Drugs; NAs = Newer Antihistamines; OABs = Overactive Bladder Medications;

PDE-5 Inhibitors = Phosphodiesterase-5 inhibitors; PMDD = Premenstrual Dysmorphic Disorder; PPIs = Proton Pump Inhibitors; RAAs = Renin Antihypertensive Agents; SODAS = spheroidal oral drug absorption system; TZDs = thiazolidinediones

*The topical antifungal drug class excludes vaginal products and products for onychomycosis (e.g., ciclopirox topical solution [Penlac])