

Beneficiary Advisory Panel Handout Uniform Formulary Decisions 25 March 2010

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 Feb 2010 DoD P&T Committee meeting – Basal Insulins

| UF Status / Implementation Period | Brand Name (Generic) |
|--|---|
| Basal Insulins | |
| Formulary | Insulin glargine vials (Lantus) |
| | Insulin glargine pens (Lantus SoloStar) |
| | Insulin detemir vials (Levemir) |
| Non-Formulary | Insulin detemir pens (Levemir FlexPen) – recommended for NF February 2010 |
| Recommended implementation period | 60 days |

Figure 1: Basal Insulins

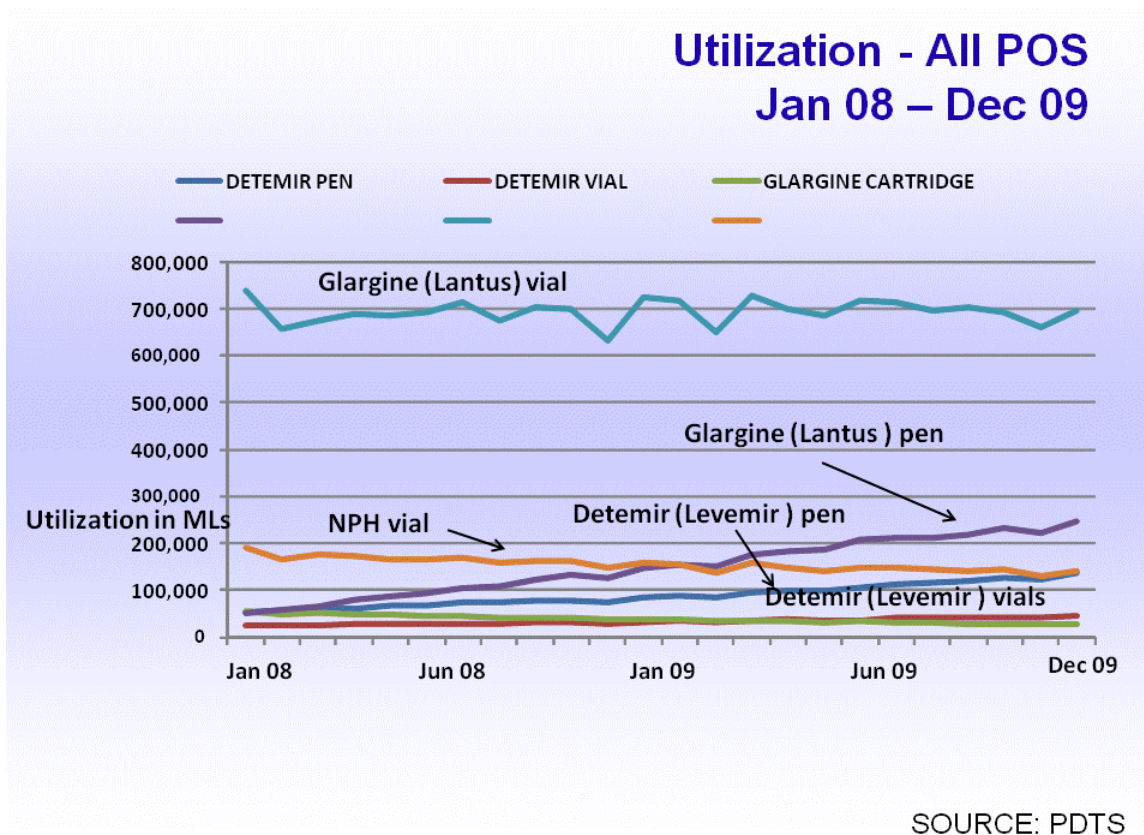


Table 2: Uniform Formulary Recommendations from the Feb 2010 DoD P&T Committee meeting – Antihemophilic Factors –Factor VIII and Factor IX concentrates

| UF Status / Implementation Period | Factor type and Brand Name |
|--|----------------------------|
| UF | Factor VIII |
| | Koate DVI |
| | Kogenate FS |
| | Refacto |
| | Xyntha |
| | Factor IX |
| | Alphanine SD |
| | Benefix |
| NF | Factor VIII |
| | Monoclate P |
| | Hemofil M |
| | Recombinate |
| | Helixate FS |
| | Advate |
| | Factor IX |
| | Mononine |
| Recommended implementation period | 180 days |

Table 3: UF Recommendations from the Feb 2010 DoD P&T Committee meeting – Antihemophilic Factors –Factor VIII/vonWillebrand factor complexes, human Prothrombin Concentrate Complexes and Inhibitor Bypassing Products

| UF Status / Implementation Period | Factor type and Brand Name |
|--|---|
| UF | Factor VIII/vonWillebrand Factor Complexes |
| | Alphanate |
| | Human Prothrombin Concentrate Complexes |
| | Profilnine SD |
| | Inhibitor Bypassing Products |
| Novoseven RT | |
| NF | Factor VIII/vonWillebrand Factor Complexes |
| | Humate-P |
| | Human Prothrombin Concentrate Complexes |
| | Bebulin VH |
| | Inhibitor Bypassing Products |
| Feiba VH | |
| Recommended implementation period | 180 days |

Table 4: Utilization of Antihemophilic Factors in MHS (Unique Utilizers)

| Factor | Unique Utilizers | Factor | Unique Utilizers |
|--------------------------|-------------------------|-----------------------------------|-------------------------|
| Human factor VIII | | Human Factor IX | |
| Hemofil | 1 | Alphanine | 0 |
| Koate | 2 | Mononine | 2 |
| Monoclote | 0 | Recombinate IX | |
| Recombinate VIII | | Benefix | 22 |
| Advate | 142 | Factor VIII/vWF | |
| Helixate | 7 | Humate | 0 |
| Kogenate | 30 | Alphanate | 1 |
| Refacto | 3 | Human PCCs | |
| Recombinate | 44 | Bebulin | 3 |
| Xyntha | 6 | Profilnine | 0 |
| | | Inhibitor Bypassing Agents | |
| | | Novoseven | 21 |
| | | Feiba | 6 |

Table 5: Morphine ER/Naltrexone (Embeda): Uniform Formulary Recommendations from Feb 2010 for the Narcotic Analgesics

| Narcotic Analgesics | | | |
|----------------------------|--|---------------------------|--------------------------|
| Uniform Formulary | High-potency single analgesic agents | | |
| | Long-acting agents (≥ 12 hour duration) | | |
| | Fentanyl transdermal system (Duragesic) | patch | Yes |
| | Morphine sulfate ER 24 hr (Kadian, Avinza) | cap | No |
| | Morphine sulfate ER 12 hr (MS Contin, Oramorph) | tab, soln, supp, inj | Yes |
| | Morphine sulfate ER/Naltrexone (Embeda) Recommended for UF Feb 2010 | caps | No |
| | Oxycodone ER (Oxycontin) | tabs | No |
| | Oxymorphone (Opana ER) | tabs | No |
| | Short acting agents (<12 hour duration) | | |
| | Codeine | tabs, soln, inj | Yes |
| | Fentanyl citrate buccal (Fentora) | tabs | No |
| | Fentanyl citrate transmucosal (Actiq) | lozenges | Yes |
| | Hydromorphone (Dilaudid) | tab, inj, liquid | Yes, except for 1 mg tab |
| | Levorphanol (Levo-Dromoran) | tab, inj | Yes |
| | Meperidine (Demerol) | tab, soln, inj | Yes |
| | Meperidine / promethazine (Mepergan Fortis) | caps | Yes |
| | Methadone (Dolophine) | tab, oral conc, soln, inj | Yes |
| | Morphine sulfate IR | tabs | Yes |
| | Opium | tincture | Yes |
| | Opium / belladonna alkaloids | supp | Yes |
| | Oxycodone IR | caps, oral conc, soln | Yes |
| | Oxymorphone IR (Opana) | tabs | No |
| | High-potency combination agents | | |
| | Oxycodone /APAP (e.g., Percocet, Tylox, others) | tab, cap, soln | Yes |
| | Oxycodone / ASA (Percodan) | tabs | Yes |
| | Low potency single analgesic agents | | |
| | Buprenorphine (Buprenex) | inj (excludes SL tabs) | Yes |
| | Butorphanol (Stadol) | nasal spray, inj | Yes |
| | Pentazocine / naloxone (Talwin NX) | tabs | Yes |
| | Propoxyphene (Darvon) | caps, tabs | Yes |
| | Nalbuphine (Nubain) not a controlled substance) | Inj | Yes |
| | Tramadol IR(Ultram) not a controlled substance | tab | Yes |

Table 5: Morphine ER/Naltrexone (Embeda): Uniform Formulary Recommendations from Feb 2010 for the Narcotic Analgesics (continued)

| | | | |
|---|--|-------------------------|-----|
| Uniform Formulary | Low potency combination agents | | |
| | Codeine / APAP (Tylenol with codeine) | tabs, elixir, oral susp | Yes |
| | Codeine / ASA | tabs | Yes |
| | Codeine / ASA / carisoprodol (Soma) | tabs | Yes |
| | Codeine / caffeine / butalbital / APAP (Fioricet with codeine) | caps | Yes |
| | Codeine / caffeine / butalbital / ASA (Fiorinal with caffeine) | caps, tabs | Yes |
| | Dihydrocodeine / caffeine / APAP e.g., Panlor DC, Panlor SS) | caps, tabs | Yes |
| | Dihydrocodeine / caffeine / ASA (Synalgos-DC) | caps | Yes |
| | Hydrocodone / APAP (e.g., Lortab, Lorcet, Vicodin, others) | caps | Yes |
| | Pentazocine / APAP (Talacen) | tabs | Yes |
| | Propoxyphene / APAP (Darvocet) | tabs | Yes |
| | Propoxyphene / ASA / caffeine (Darvon Compound 65) | caps | Yes |
| Tramadol/APAP (Ultracet) not a controlled substance | tab | Yes | |
| Non-Formulary | Low potency single analgesic agents | | |
| | Tramadol extended release (Ultram ER) | tab | No |
| | Tramadol extended release (Ryzolt) | tab | No |
| | High potency single analgesic agents; short-acting agents (<12 hours duration) | | |
| Tapentadol (Nucynta) | tab | No | |
| Recommended Implementation Period | Not Applicable for Embeda | | |

Figure 2: Narcotic Analgesics - Embeda

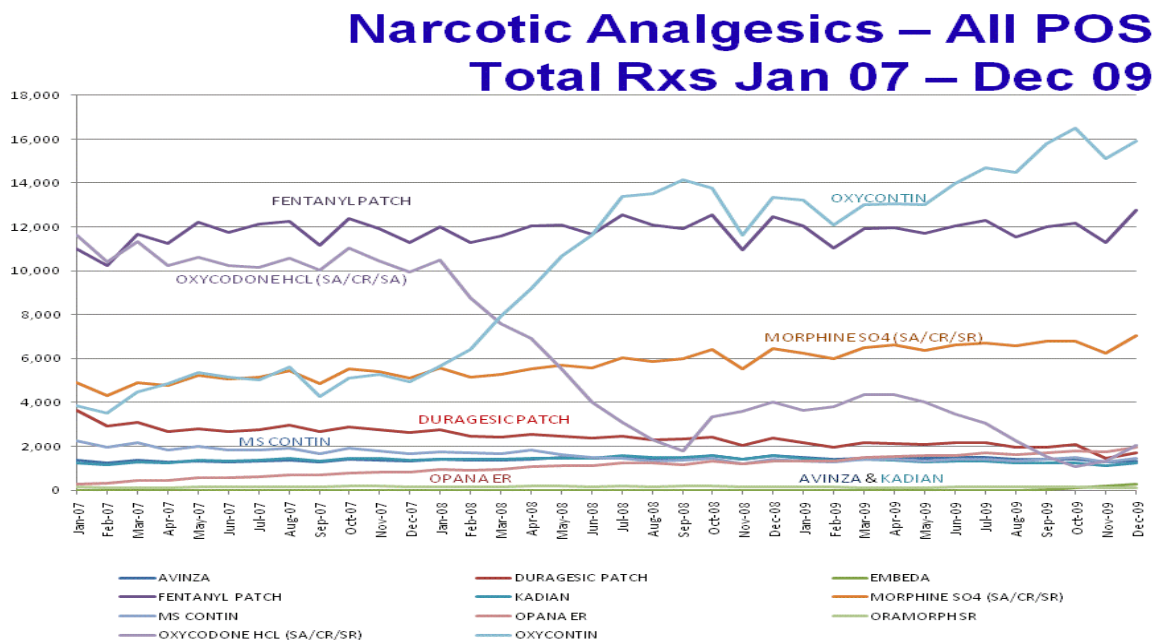
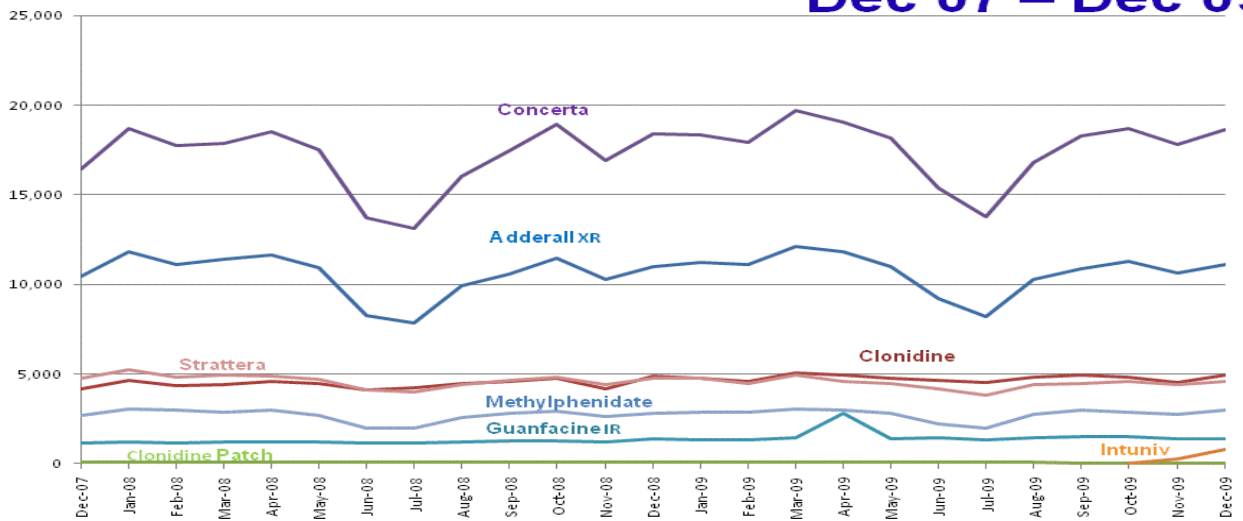


Table 6: Guanfacine ER (Intuniv): Uniform Formulary Recommendations from Feb 2010 for the ADHD/Narcolepsy agents

| Attention Deficit Hyperactivity (ADHD) and Narcolepsy Agents | |
|---|--|
| Uniform Formulary | Narcolepsy Agents |
| | Modafinil (Provigil) |
| | Armodafinil (Nuvigil) |
| | Sodium Oxybate (Xyrem) |
| | ADHD Agents |
| | Non-Stimulants |
| | Atomoxetine (Strattera) |
| | Guanfacine ER (Intuniv) Recommended for UF Feb 2010 |
| | Stimulants |
| | Once daily use products |
| | Methylphenidate IR (Ritalin, Methylin, generics) |
| | Methylphenidate ER tablets (Concerta) |
| | Mixed amphetamine salts, ER (Adderall XR) |
| | Methylphenidate OROS (Concerta) |
| | Methylphenidate 30% IR/70% ER (Metadate CD) |
| | Methylphenidate SODAS (Ritalin LA) |
| | Mixed amphetamine salts ER (Adderall XR) |
| | Multiple daily use products |
| | Methylphenidate SR (Ritalin SR) |
| | Methylphenidate IR (Ritalin, generics) |
| | Mixed Amphetamine salts (Adderall, generics) |
| | Dexamphetamine IR (Dexedrine, Dextrostat, generics) |
| | Methamphetamine IR (Desoxyn, generics) |
| Non-Formulary | Methylphenidate transdermal system (Daytrana) |
| | Dexmethylphenidate IR (Focalin) |
| | Dexmethylphenidate SODAS (Focalin XR) |
| | Lisdexamfetamine (Vyvanse) (November 2007) |
| Recommended implementation period | Not applicable for Intuniv |

Figures 3: ADHD Stimulant and Non-stimulant utilization

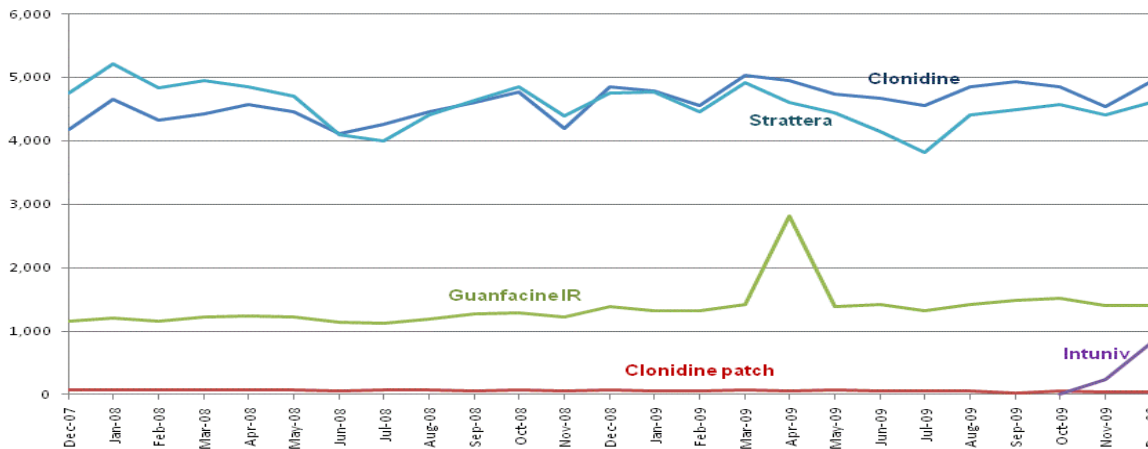
**ADHD Drugs – All POS
Total Rxs for Patient Ages 6 – 20
Dec 07 – Dec 09**



2

Figures 4: ADHD Non-stimulant utilization - Intuniv

**Non-stimulant ADHD Drugs – All POS
Total Rxs for Patient Ages 6 - 20
Dec 07 – Dec 09**



3

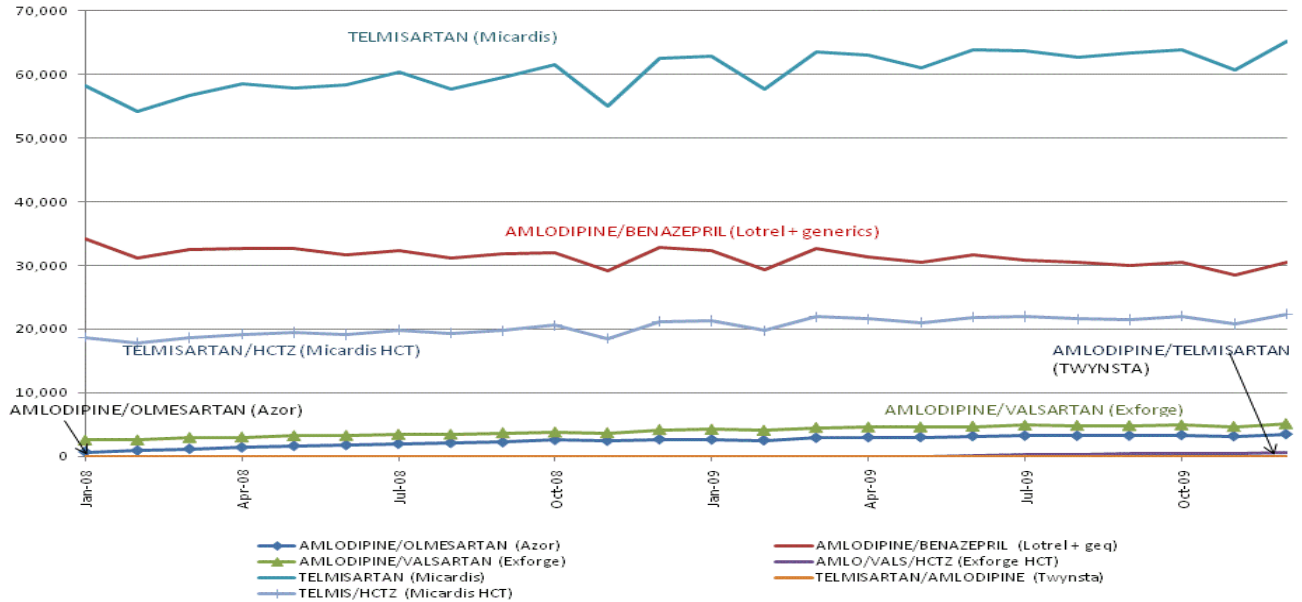
Table 7: Aliskiren/Valsartan (Valturna) and Telmisartan/Amlodipine (Twynsta): Uniform Formulary Recommendations from Feb 2010 for the Renin Angiotensin Antihypertensives (RAAs)

| Renin Angiotensin Antihypertensives (RAAs) | | | | | | | | |
|---|----------------------|--|---|----|---|--|---------------|---|
| ARB /CCB / Diuretic Combinations | UF | Valsartan /amlodipine / hydrochlorothiazide (Exforge HCT) | | | | | | |
| ARB /CCB Combinations | Non-Formulary | Olmesartan / amlodipine (Azor) | | | | | | |
| | | Valsartan / amlodipine (Exforge) | | | | | | |
| | | Telmisartan/Amlodipine (Twynsta) Recommended for NF Feb 2010 | | | | | | |
| Direct Renin Inhibitors & Combinations | UF | Aliskiren hydrochlorothiazide (Tekturna HCT) Aliskiren (Tekturna) | | | | | | |
| | Non-formulary | Aliskiren/Valturna (Valturna) Recommended for NF Feb 2010 | | | | | | |
| | 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; generics) Captopril and combo with HCTZ (Capoten, Capozide; generics) Enalapril and combo with HCTZ (Vasotec, Vasertec; generics) Fosinopril and combo with HCTZ (Monopril, Monopril HCT; generics) Lisinopril and combo with HCTZ (Prinivil, Zestril, Prinzide, Zestoretic; generics) Trandolapril (Mavik) Quinapril (Accupril) and combo with HCTZ (generics) Ramipril (Altace; generics)) | | | |
| | | | | | NF | Moexipril (Univasc) and combo with HCTZ (generics) Perindopril (Aceon) Quinapril (Accupril) and combo with HCTZ (generics) Ramipril (Altace; generics)) | | |
| | | | | | | ACE/CCB Combinations | UF | Amlodipine / benazepril (Lotrel; generics) |
| | | | | | | | Non-formulary | Felodipine / enalapril (Lexxel) – removed from market Verapamil sustained release / trandolapril (Tarka) |
| | | | | | Recommended implementation period | | | 60 days for Twynsta and Valturna |

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

Figures 5: Renin Angiotensin Antihypertensives (RAAs) – ARB/CCB Combos - Twynsta

RAAs Utilization 1 – All POS Jan 08 - Dec 09



Figures 6: Renin Angiotensin Antihypertensives (RAAs) – Direct Renin Inhibitors and combos - Valturna

RAAs Utilization 2 – All POS Jan 08 - Dec 09

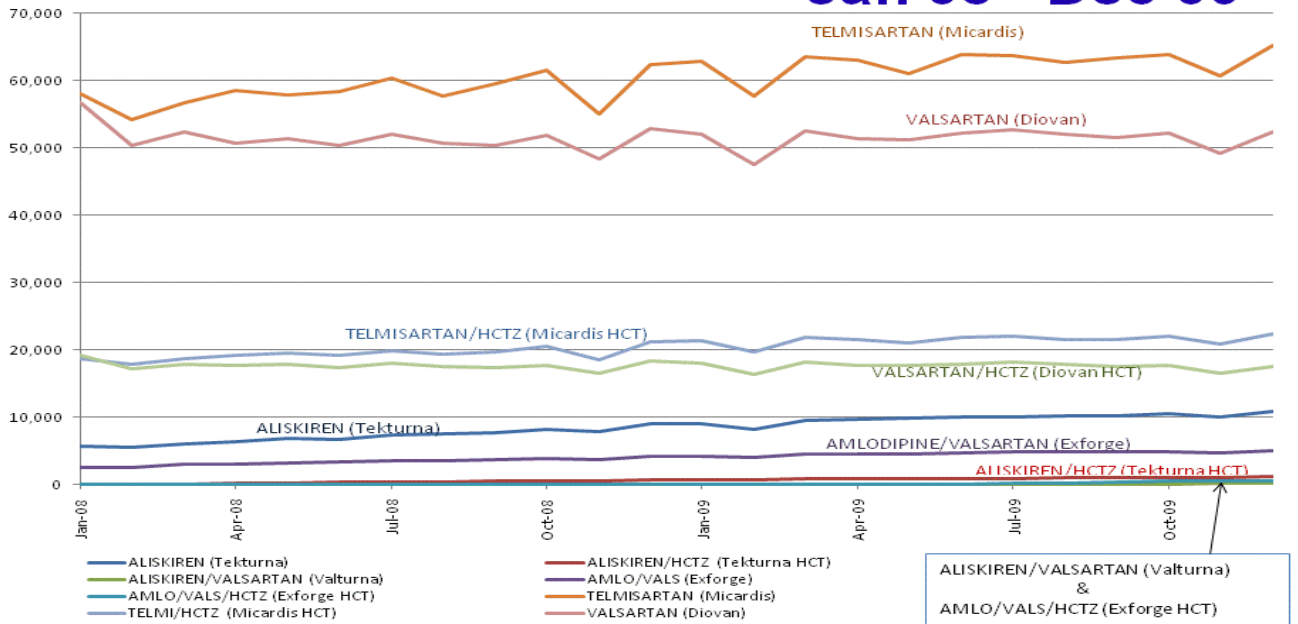
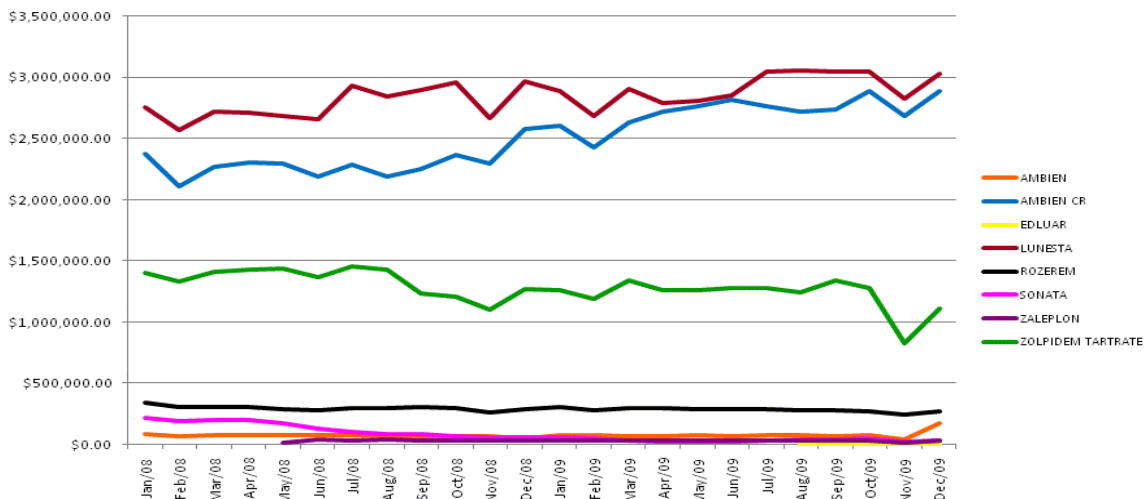


Table 8: Sublingual zolpidem (Edluar): Uniform Formulary Recommendations from Feb 2010 for the Newer sedative-hypnotic agents

| Newer Sedative-Hypnotic Agents | |
|-----------------------------------|---|
| Uniform Formulary | Zolpidem Immediate Release (Ambien) |
| | Eszopiclone (Lunesta) |
| Non-Formulary | Ramelteon (Rozerem) |
| | Zaleplon (Sonata) |
| | Zolpidem ER (Ambien CR) |
| | Zolpidem sublingual (Edluar) Recommended for NF Feb 2010 |
| Recommended implementation period | 60 days for Edluar |

Figure 7: Newer Sedative-Hypnotic agents- Edluar

Newer Sedative Hypnotics Expenditures— All POS Jan 08 – Dec 09



SOURCE: PDTS

Table 9: Formulary Implementation Plan Summary – February 2010

| 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 | Step Therapy |
|---------|--------------------------|---|---|-------------------------------|--------|------------|---|--|
| | | | | MTF | Retail | Mail Order | | |
| Feb 10 | Basal Insulins | <ul style="list-style-type: none"> Insulin detemir pens (Levemir FlexPen) | 11,782 | 3,510 | 6,226 | 2,046 | 60 days | No |
| Feb 10 | Antihemophilic Factors | <ul style="list-style-type: none"> Factor VIII: Advate, Helixate, Hemofil M, Monoclate, Recombinate Factor IX: Mononine; Factor VIII/vWF: Humate-P Human PCC: Bebulin VH Inhibitor bypassing product: Feiba VH | 266 | 26 | 238 | 2 | 180 days | No |
| Feb 10 | Narcotic Analgesics | <ul style="list-style-type: none"> Not applicable (Note: Embeda remains Uniform Formulary) | - | - | - | - | N/A | No |
| Feb 10 | ADHD drugs | <ul style="list-style-type: none"> Not applicable (Note: Intuniv remains Uniform Formulary) | - | - | - | - | N/A | No |
| Feb 10 | RAAs | <ul style="list-style-type: none"> Telmisartan/amlodipine (Twynsta) | 8 | 0 | 6 | 2 | 60 days | No |
| Feb 10 | RAAs | <ul style="list-style-type: none"> Aliskiren/valsartan (Valturna) | 180 | 0 | 148 | 32 | 60 days | No |
| Feb 10 | Newer Sedative Hypnotics | <ul style="list-style-type: none"> Zolpidem sublingual tablets (Edluar) | 73 | 0 | 73 | 0 | 60 days | Yes; zolpidem IR tablets (Ambien generic) in front of step |

