

# **Beneficiary Advisory Panel Handout Uniform Formulary Decisions 23 September 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 Aug 2010 DoD P&T Committee meeting for the Renin Angiotensin Antihypertensives (RAAs)**

<b>Renin Angiotensin Antihypertensives (RAAs)</b>		
<b>ARB /CCB / Diuretic Combinations</b>	<b>Step Preferred UF</b>	Valsartan /amlodipine / hydrochlorothiazide (Exforge HCT)
<b>ARB /CCB Combinations</b>	<b>Step Preferred UF</b>	Telmisartan/Amlodipine (Twynsta)
		Valsartan/Amlodipine (Exforge)
	UF	Olmesartan/Amlodipine (Azor)
<b>Direct Renin Inhibitors &amp; Combinations</b>	UF	Aliskiren hydrochlorothiazide (Tekturna HCT)
		Aliskiren (Tekturna)
		Aliskiren/Valturna (Valturna)
<b>ARBs</b>	<b>Step Preferred UF</b>	Losartan (Cozaar)
		Losartan/HCTZ (Hyzaar)
		Telmisartan (Micardis)
		Telmisartan/HCTZ (Micardis HCT)
		Valsartan (Diovan)
		Valsartan/HCTZ (Diovan)
	UF	Candesartan (Atacand)
		Candesartan/HCTZ (Atacand HCT)
		Eprosartan (Teveten)
		Eprosartan/HCTZ (Teveten HCT)
		Irbesartan (Avapro)
		Irbesartan/HCTZ (Avalide)
		Olmesartan (Benicar)
		Olmesartan/HCTZ (Benicar HCT)
<b>ACE Inhibitors</b>	<b>Step preferred and UF</b>	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)
		Moexipril (Univasc) and combo with HCTZ (generics)
		Perindopril (Aceon)
		Quinapril (Accupril) and combo with HCTZ (generics)
		Ramipril (Altace; generics)
<b>ACE/CCB Combinations</b>	UF	Amlodipine / benazepril (Lotrel; generics)
		Verapamil sustained release / trandolapril (Tarka)
<b>Nothing recommended for non-formulary status, but step therapy applies: losartan, losartan/HCTZ, telmisartan, telmisartan/HCTZ, valsartan, valsartan/HCTZ, telmisartan/amlodipine, valsartan/amlodipine, valsartan/amlodipine/HCTZ step-preferred</b>		
<b>Recommended implementation period</b>	<b>60 days for Step therapy</b>	

ACE: Angiotensin Converting Enzyme Inhibitor  
CCB: Calcium Channel Blocker

ARB: Angiotensin Receptor Blocker  
HCTZ: hydrochlorothiazide

Figures 1: Renin Angiotensin Antihypertensives (RAAs)

## RAAs Utilization by Subclass

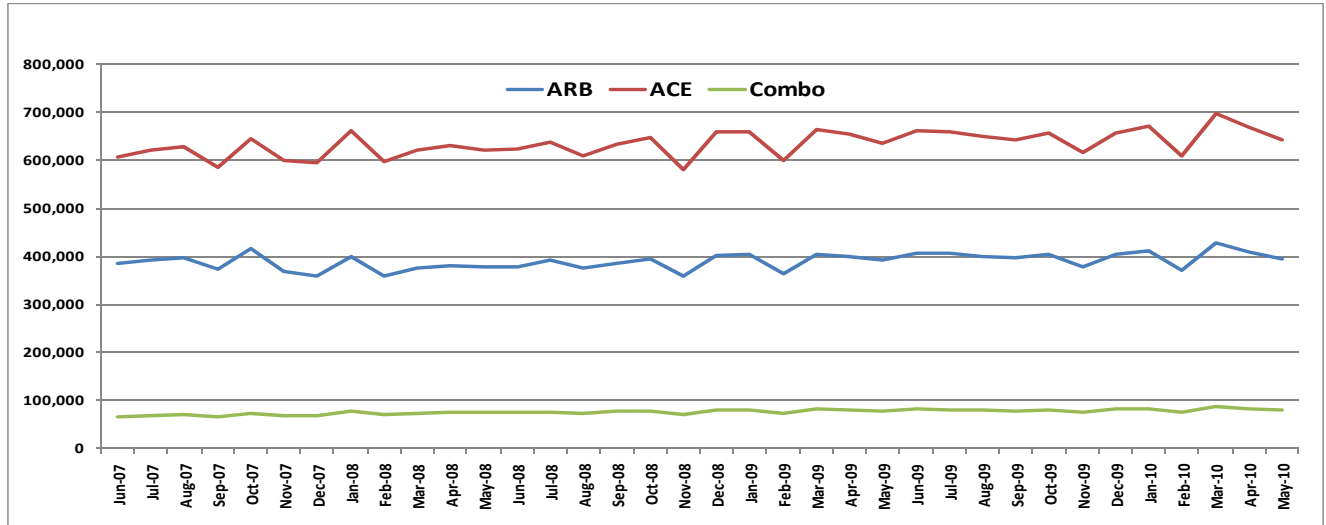


Figure 2: RAAS - ARB, ARB+HCTZ, DRI, DRI+HCTZ Utilization

## ARB, ARB/HCTZ, DRI Utilization All POS – 30 day equiv

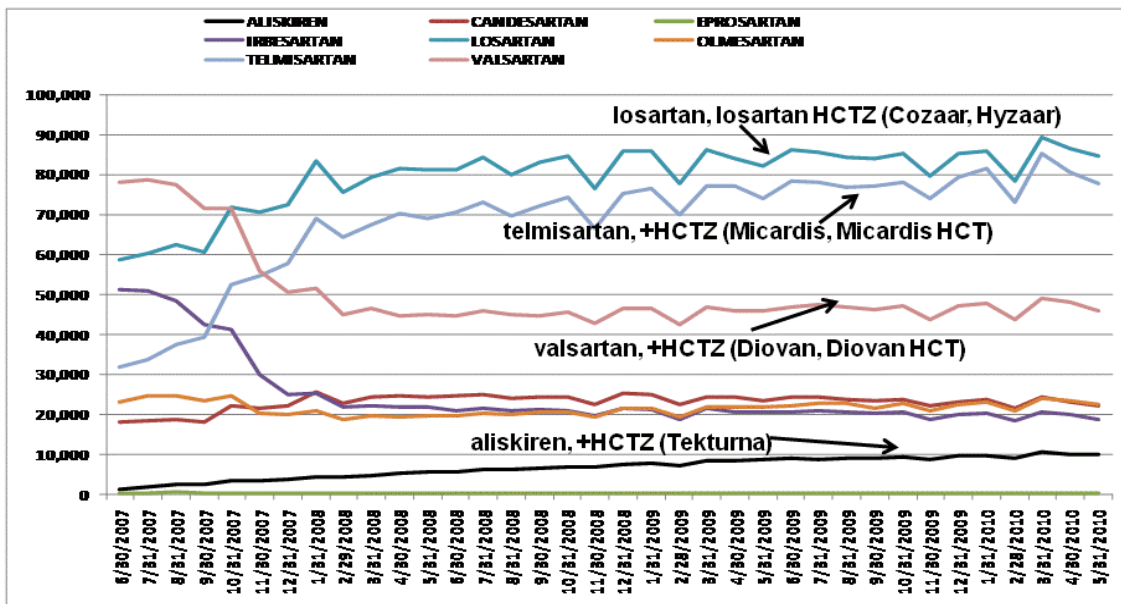
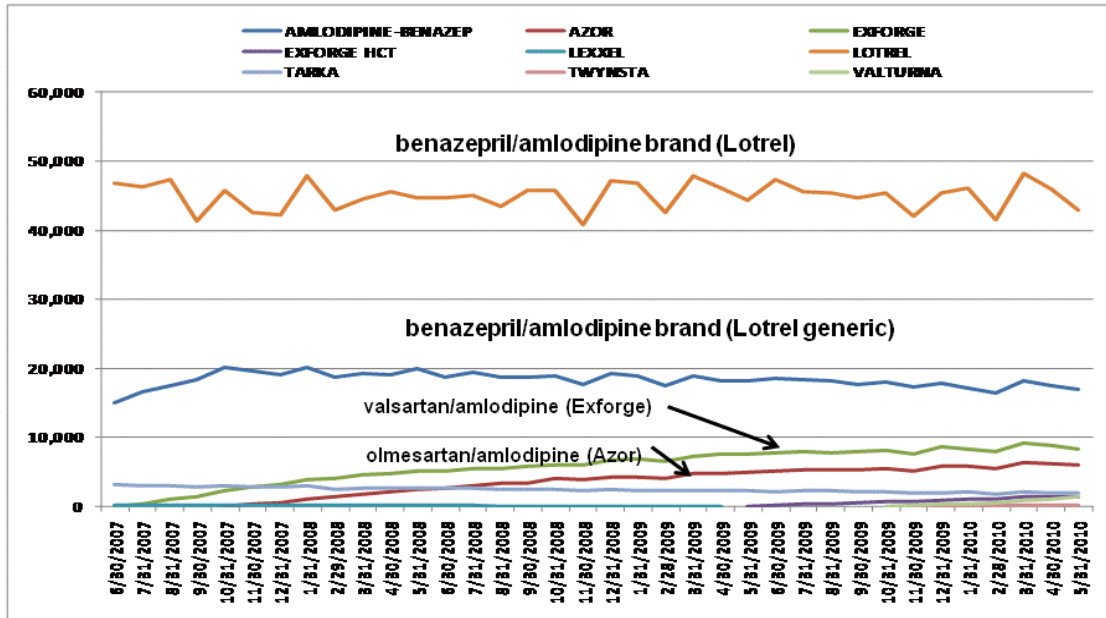


Figure 3: RAAs - ARB Combination Drug Utilization

## ARB Combination Utilization All POS – 30 day Equiv



**Table 2: Uniform Formulary Recommendations from the Aug 2010 DoD P&T Committee meeting for the Ophthalmic 1-s drug for allergic conjunctivitis**

Drug Class	Generic Name (Brand)	Generics Available?
<b>Ophthalmic-1 Agents - Antihistamine, Mast Cell Stabilizers, Dual Action Antihistamine/Mast Cell Stabilizers, &amp; Non-steroidal Anti-inflammatory drugs (NSAIDs)</b>		
<b>Uniform Formulary</b>	<b>Antihistamine</b>	
	Emedastine (Emadine)	No
	<b>Mast Cell Stabilizers</b>	
	Pemirolast (Alamast)	No
	Nedocromil (Alocril)	No
	Cromolyn (Crolom/Opticrom)	Yes
	Lodoxamide (Alomide)	No
	<b>Dual Action Antihistamine/Mast Cell Stabilizers</b>	
	Ketotifen (Zaditor)	Yes (OTC)
	Bepotastine (Bepreve)	No
	Olopatadine (Patanol/Pataday)	No
	Azelastine (Optivar)	Yes
	Epinastine (Elestat)	No
	<b>NSAIDs</b>	
	Ketorolac 0.4% (Acular LS)	Yes
	Ketorolac 0.5% (Acular)	Yes
	Ketorolac 0.45% (Acuvail)	No
	Bromfenac (Xibrom)	No
	Diclofenac (Voltaren)	Yes
	Flurbiprofen (Ocufen)	Yes
Nepafenac (Nevanac)	No	
<b>Implementation Plan</b>	<b>Not applicable – no drugs recommended for non-formulary status</b>	

Figure 4: Ophthalmic 1s – Dual Action Antihistamine/Mast Cell Stabilizers

## Antihistamines/Mast Cell Stabilizer Utilization – All POS

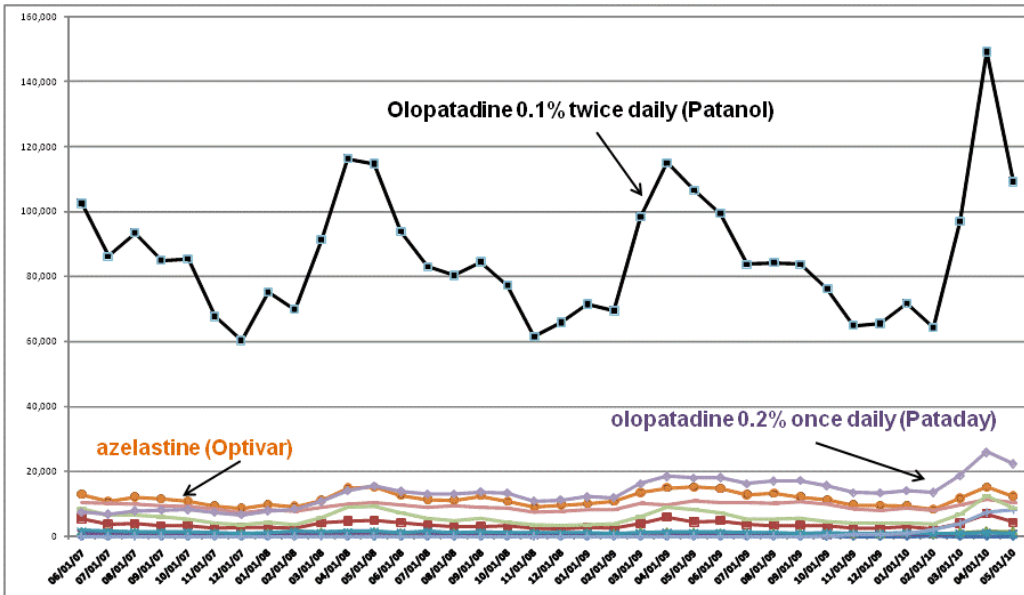


Figure 5: Ophthalmic 1s – Non-steroidal Anti-inflammatory Drugs

## NSAID Utilization All POS (in mls)

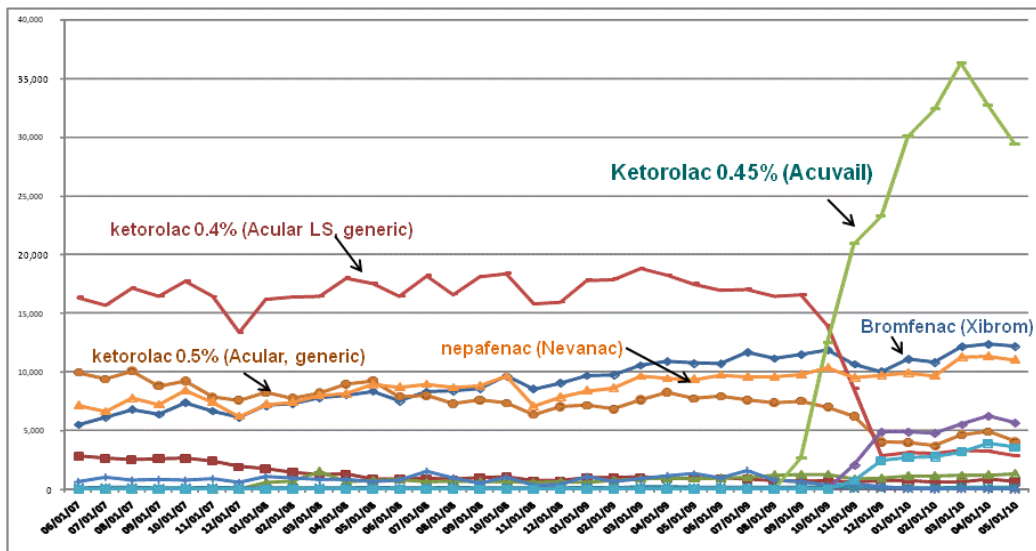
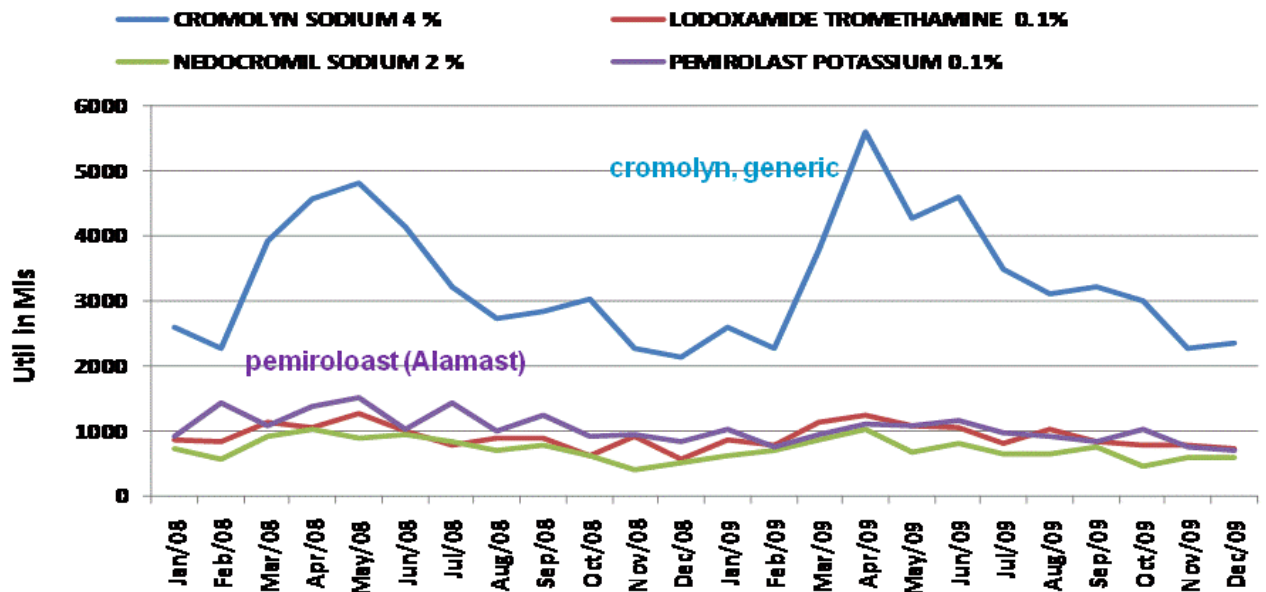


Figure 6: Ophthalmic 1s – Mast Cell Stabilizers

## Mast Cell Stabilizers Utilization - all POS



**Table 3: Formulary Implementation Plan Summary – August 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			
Aug 10	Renin Angiotensin Antihypertensives	▪ None	30,000 (new users who will hit step)	4,000	20,000	6,000	60 days	Yes; requires trial of generic losartan, generic losartan/HCTZ, Diovan, Diovan HCT, Micardis, Micardis HCT, Twynsta, Exforge, or Exforge HCT	
Aug 10	Ophthalmic-1s for allergic conjunctivitis	▪ None	Not applicable – nothing made non-formulary						
May 10	Antilipidemic-1s	▪ None	60,310 (new users will hit step)	19,125	31,227	9,958	60 days	Yes; requires trial of a generic statin or Lipitor	
May 10	Alpha Blockers for BPH	▪ Doxazosin ER (Cardura XL) ▪ Silodosin (Rapaflo)	1,408	13	888	507	60 days	Yes; requires trial of generic tamsulosin or Uroxatral	
May 10	Narcotic Analgesics	▪ None (Note: Fentanyl transmucosal soluble film; Onsolis recommended for UF)	-	-	-	-	N/A	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	Step Therapy
				MTF	Retail	Mail Order		
May 10	Triptans	<ul style="list-style-type: none"> <li>Sumatriptan needle-free injection (Sumavel DosePro)</li> </ul>	143	0	139	4	60 days	No