

**Beneficiary Advisory Panel Handout
Uniform Formulary Decisions
6 Jan 2011**

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 Nov 2010 DoD P&T Committee meeting for the Non-Insulin Anti-Diabetic Drugs

Non-Insulin Anti-Diabetic Drugs			
Subclass	UF recommendation	Generic Drug Name (Brand)	Generic Available
DPP-4	UF Class step applies See note 1	Sitagliptin (Januvia)	No
		Sitagliptin+met (Janumet)	No
		Saxagliptin (Onglyza)	No
GLP-1	UF Class and subclass step apply see note 1,2	Exenatide (Byetta)	No
		Liraglutide (Victoza)	No
TZDs	UF Class step applies See note 1	Pioglitazone (Actos)	No
		Pioglitazone+met (Actoplus Met)	No
		Pioglitazone+met ER (Actoplus Met XR)	No
		Pioglitazone/glimepiride (Duetact)	No
	NF Class step applies See note 1	Rosiglitazone (Actos)	No
		Rosiglitazone/metformin (Avandamet)	No
Rosiglitazone/glimepiride (Avandaryl)		No	
Biguanides	Step Preferred UF	Metformin IR 500, 850, 1000 mg Riomet liq 500/5 Metformin ER 500, 750 mg	Yes
	NF	Metformin ER (Fortamet ER) 500, 1000 mg Metformin ER (Glumetza) 500, 1000 mg	No
Sulfonylureas	Step Preferred UF	Chlorpropamide	Yes
		Tolazamide	Yes
		Tolbutamide	Yes
		Glimepiride	Yes
		Glipizide	Yes
		Glipizide ER	Yes
		Glyburide	Yes
		Glyburide micronized	Yes
		Glipizide/met	Yes
Glyburide/met	Yes		
AGI	UF	Acarbose (Precose)	Yes
		Miglitol (Glyset)	No
Amylin Agonists	UF	Pramlintide (Symlin)	No
Meglitinides	UF	Nateglinide	Yes
		Repaglinide +/- met (Prandin, Prandimet)	No
Notes: 1. Patient must have a documented trial or contraindication for metformin or a sulfonylurea prior to receiving a drug in this subclass. 2. Patient must have a documented trial or contraindication for Byetta prior to receiving Victoza			
Recommended implementation period		60 days	

Figures 1: Anti-diabetic Subclass Utilization - 30 Day Equivalents at All POS

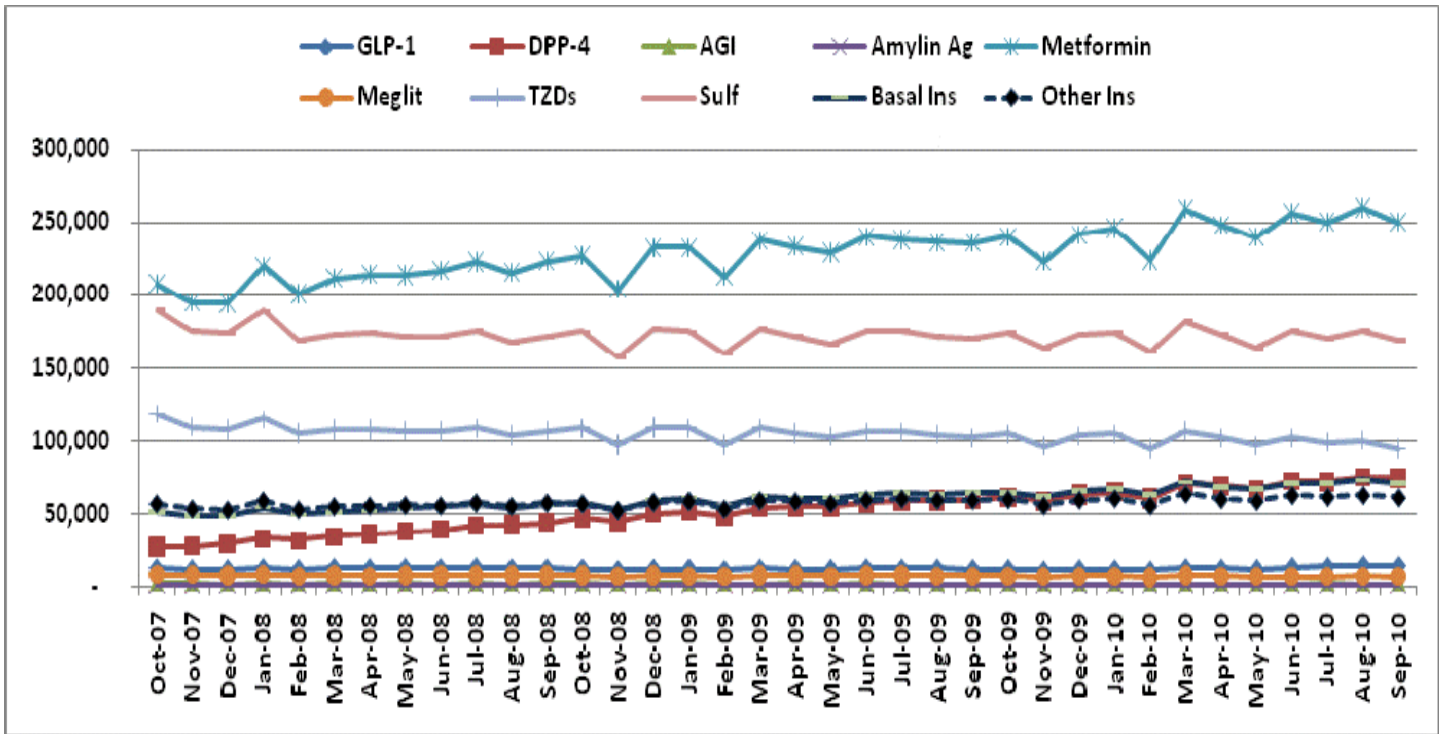


Figure 2: Biguanide (Metformin) – 30 Day Equivalents at All POS

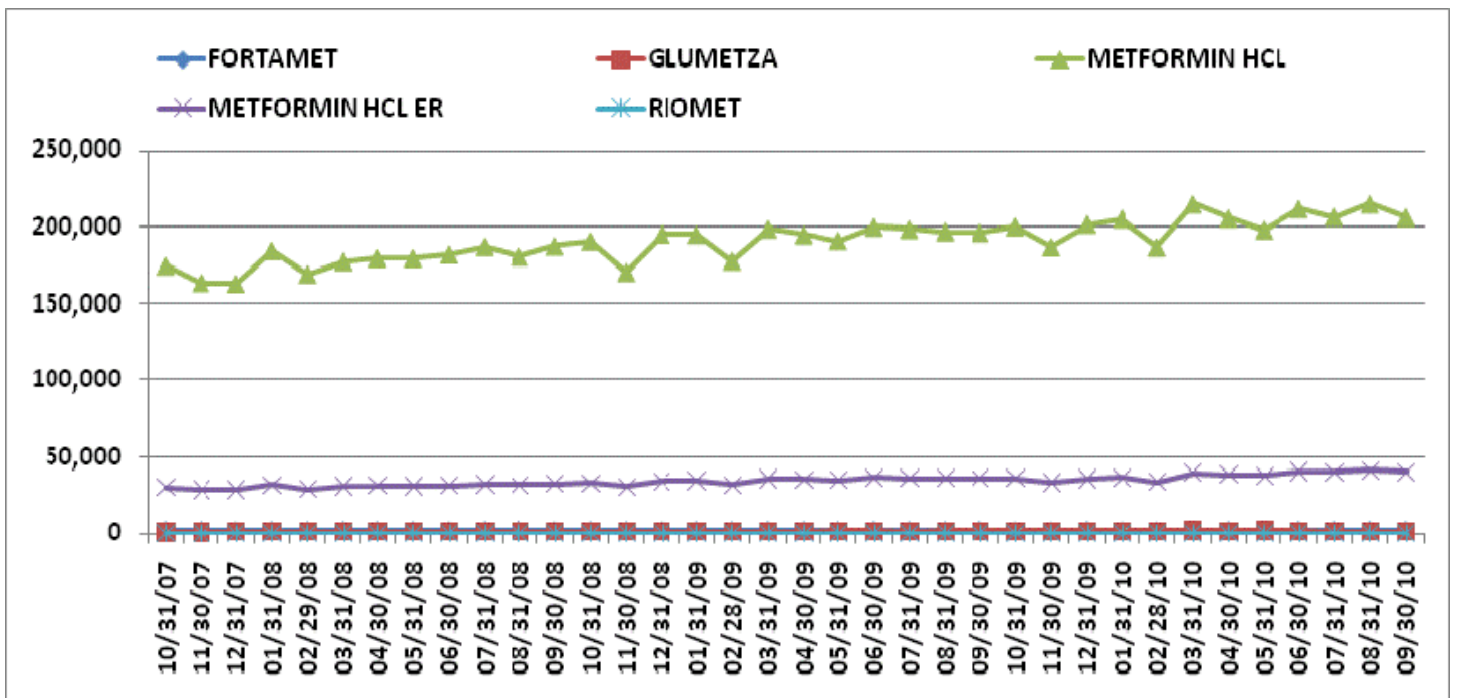


Figure 3: Sulfonylureas – 30 day Equivalents at All POS

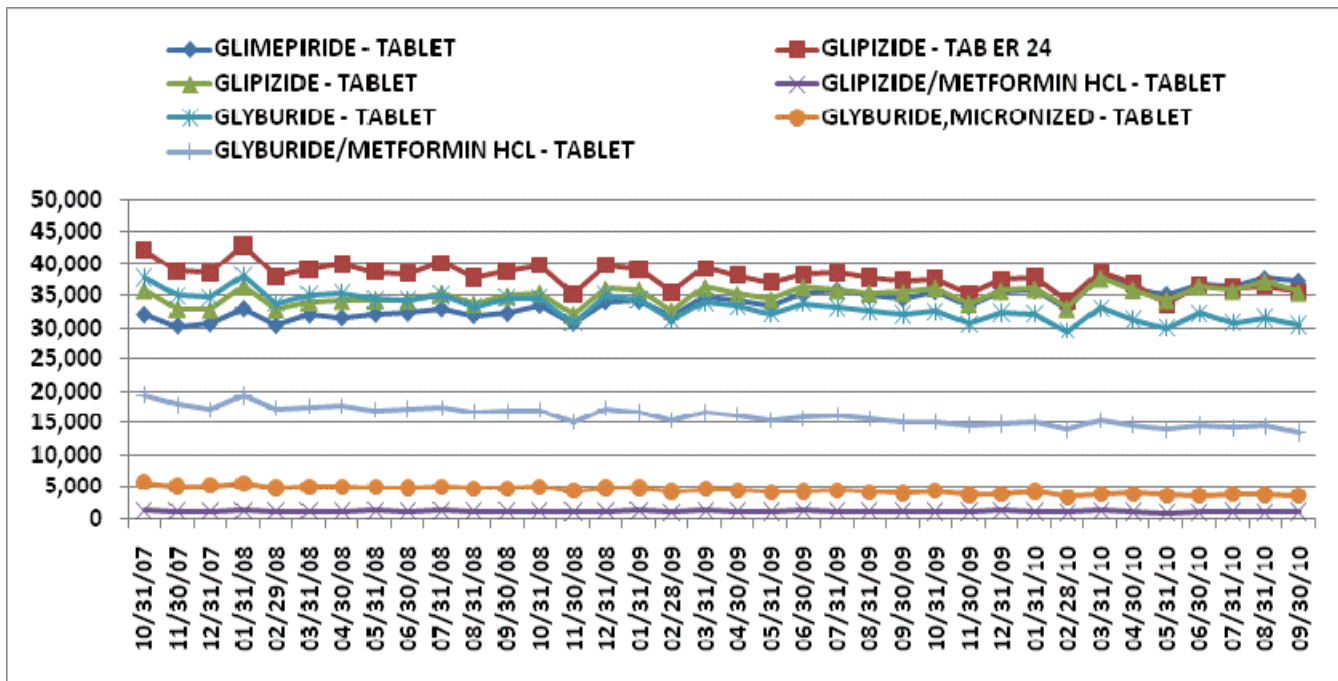


Figure 4: DPP-4 Utilization – 30 Day Equivalents at All POS

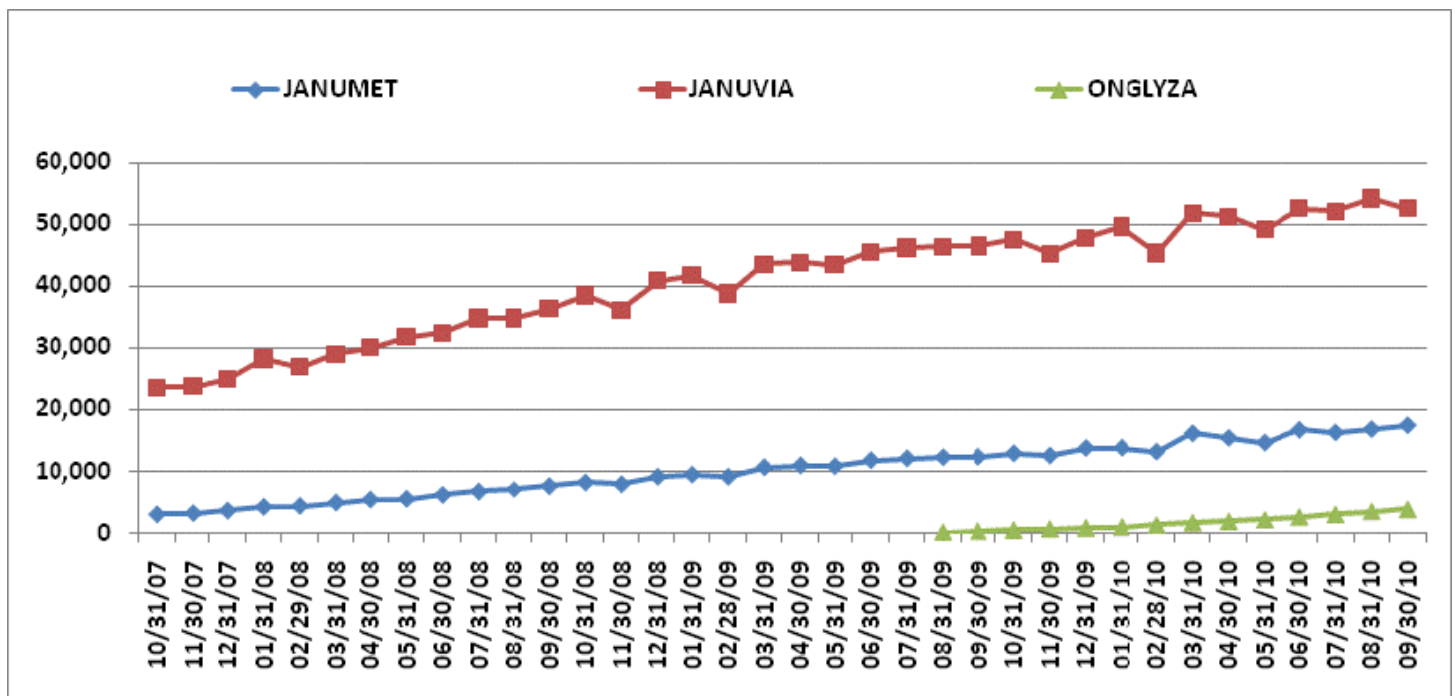


Figure 5: GLP-1 Utilization -30 Day Equivalents at All POS

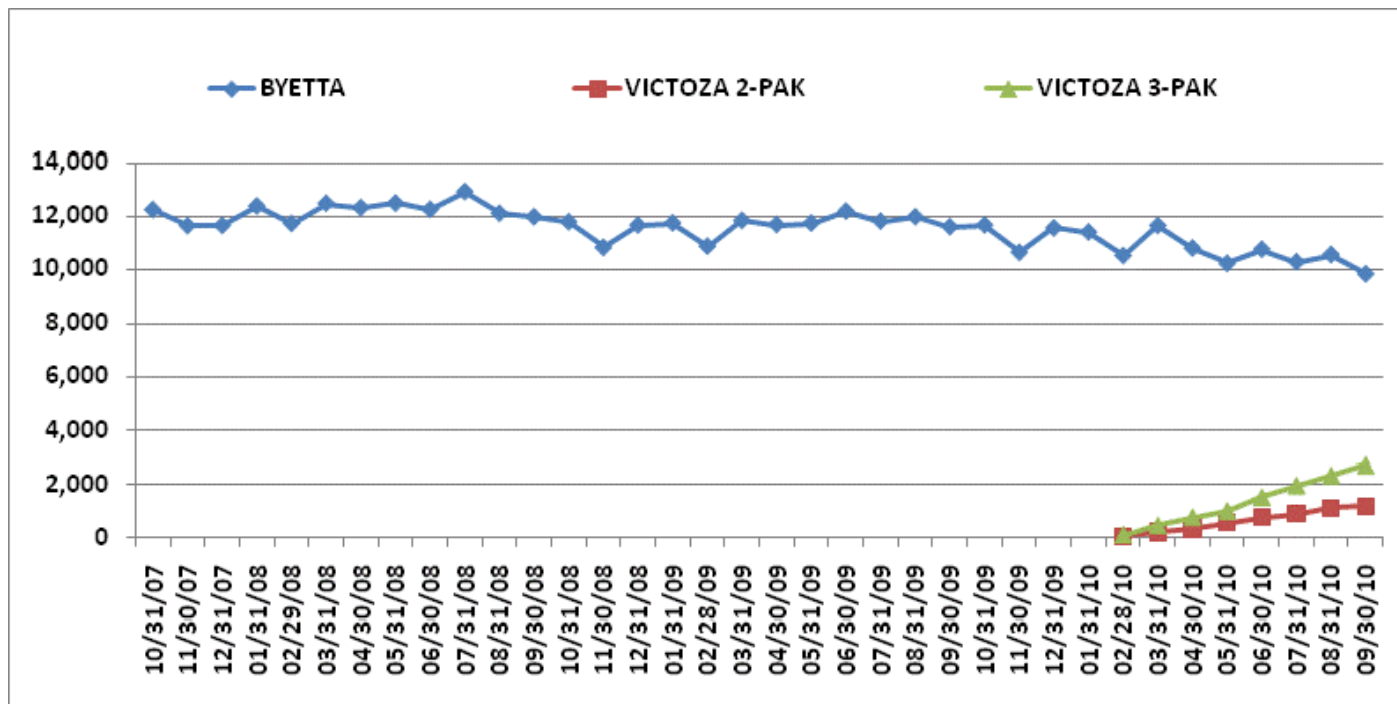


Figure 6: TZD Utilization -30 Day Equivalents at All POS

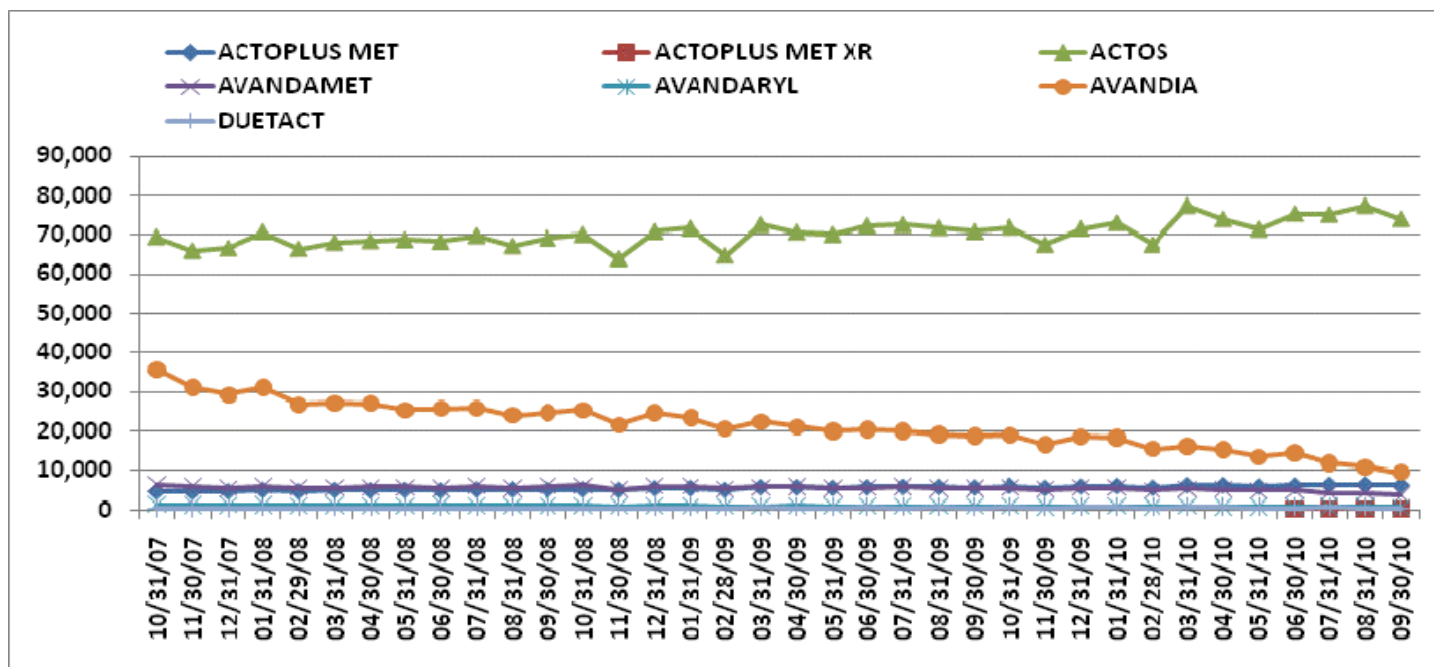


Figure 7: Meglitinide – 30 day Equivalents at All POS

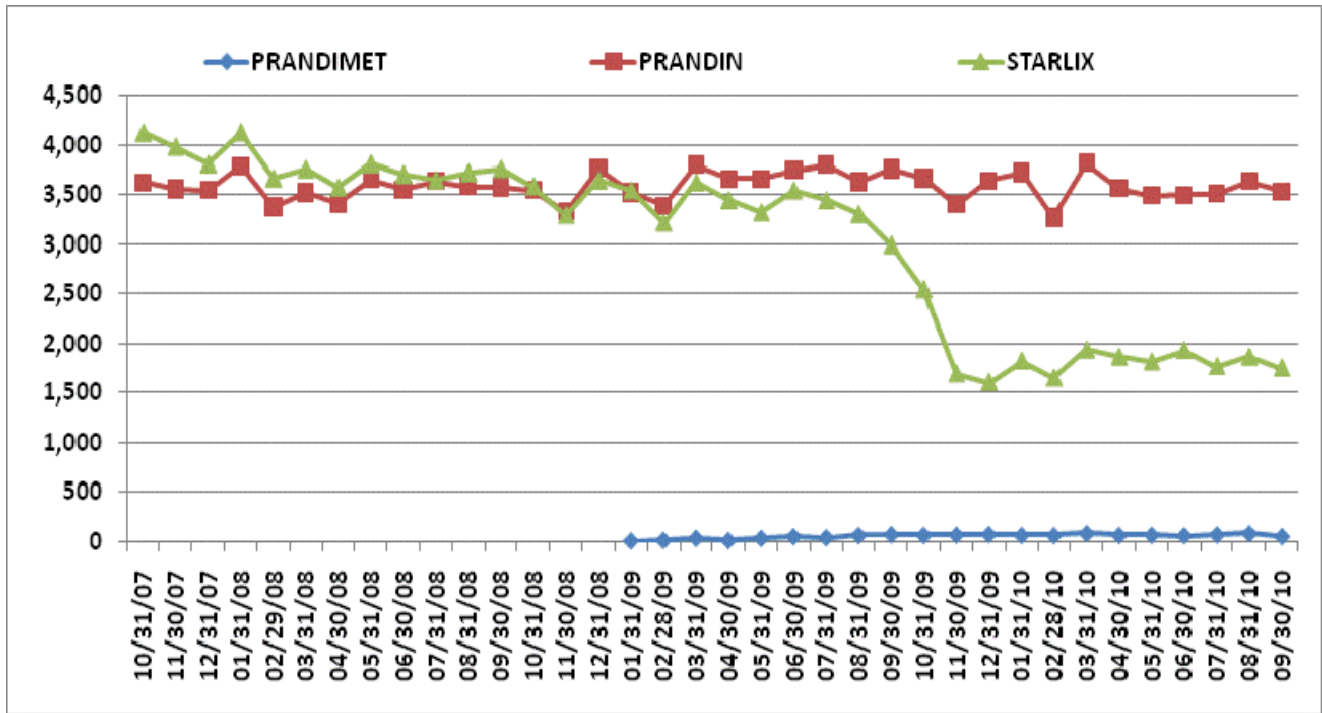


Figure 8: AGI – 30 Day Equivalents at All POS

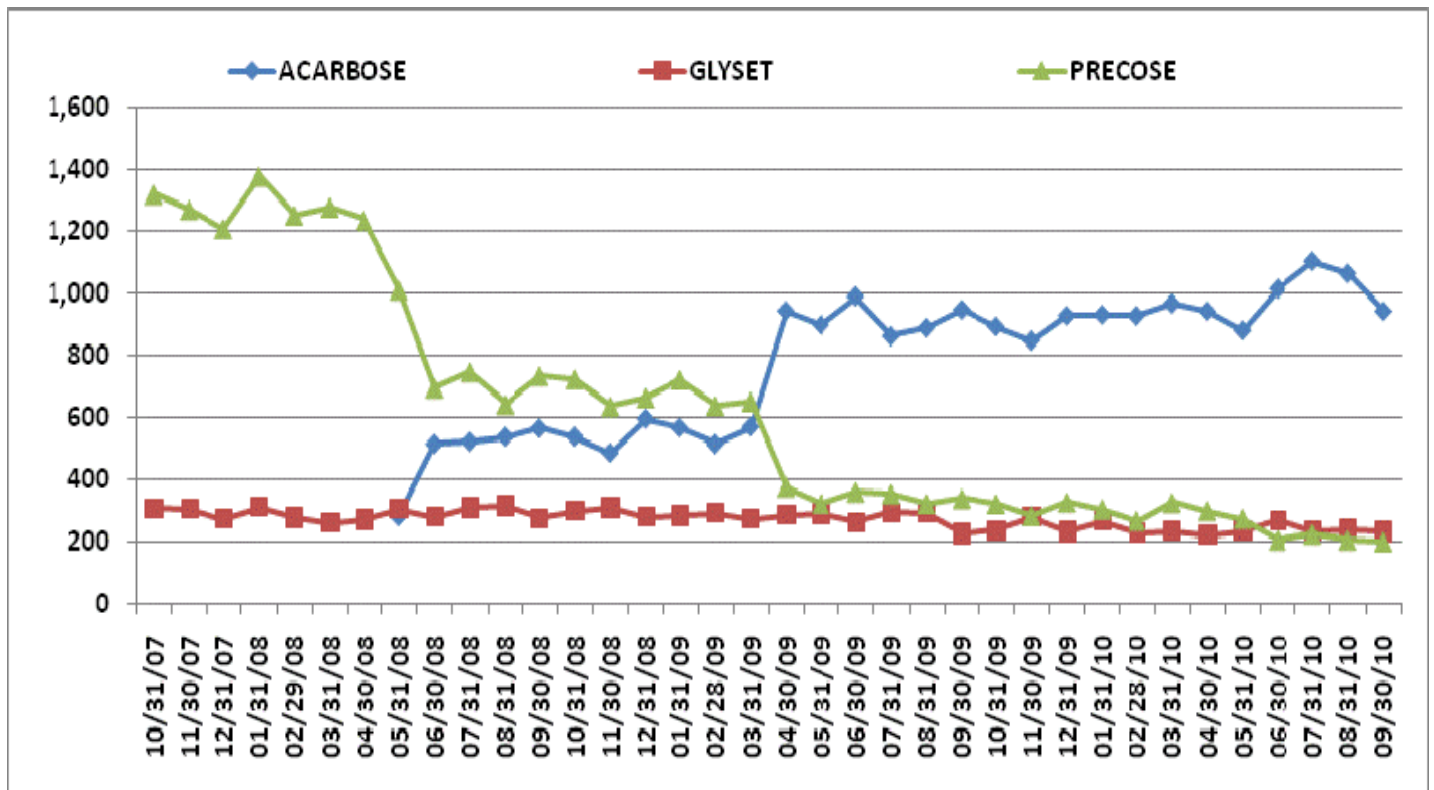


Figure 9: Amylin Agonists – 30 day Equivalents at All POS

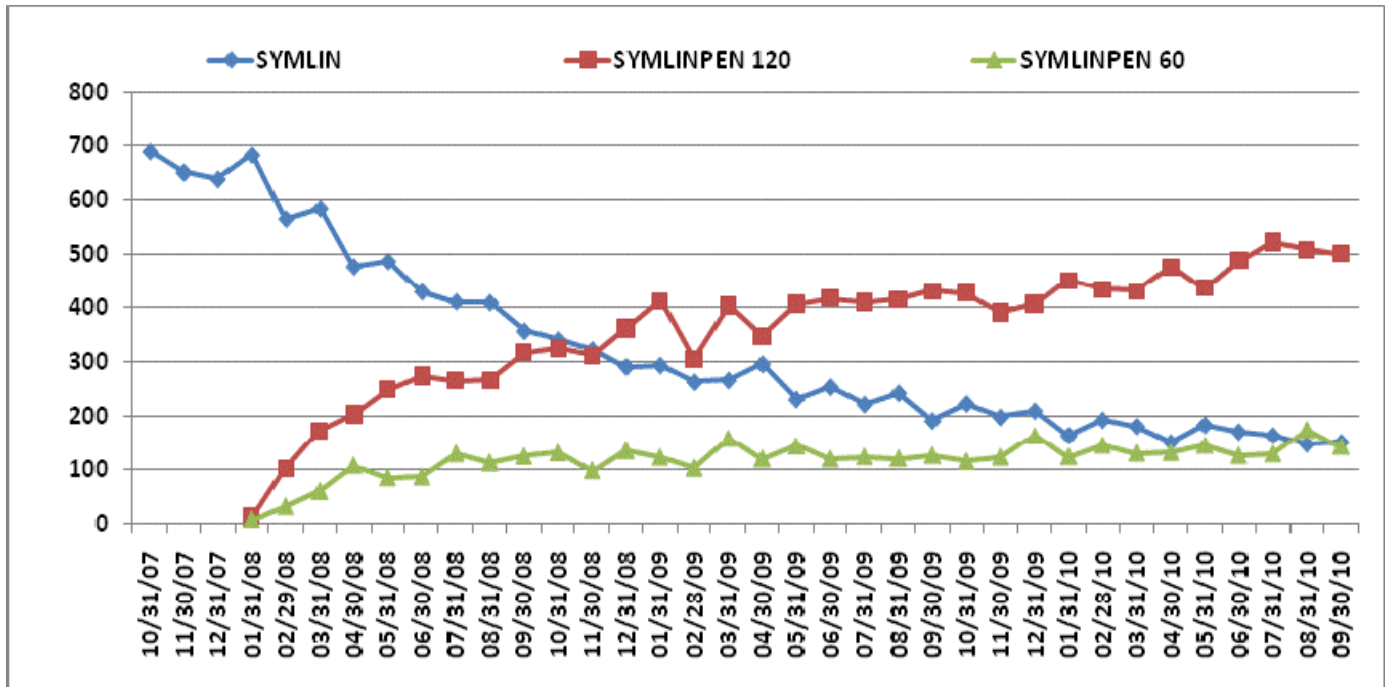


Table 2: Inhaled Corticosteroid/Long-Acting Beta Agonists

Drug Class	Generic Name (Brand)	Formulations	Generics Available?
ICS/LABA combinations			
Uniform Formulary	Fluticasone/salmeterol (Advair)	Diskus DPI/HFA MDI	No
	Budesonide/Formoterol (Symbicort)	pMDI	No
	Mometasone/Formoterol (Dulera)	HFA MDI	No
Non-Formulary	None		
Dulera was recommended for UF placement with Quantity Limits			
Recommended implementation period	60 days		

pMDI: pressurized metered dose inhaler

DPI: dry powder inhaler

HFA: hydrofluoroalkane

Figure 10: Inhaled Corticosteroid/Long-Acting Beta Agonists—Dulera (mometasone/formoterol inhaler) – Grams dispensed

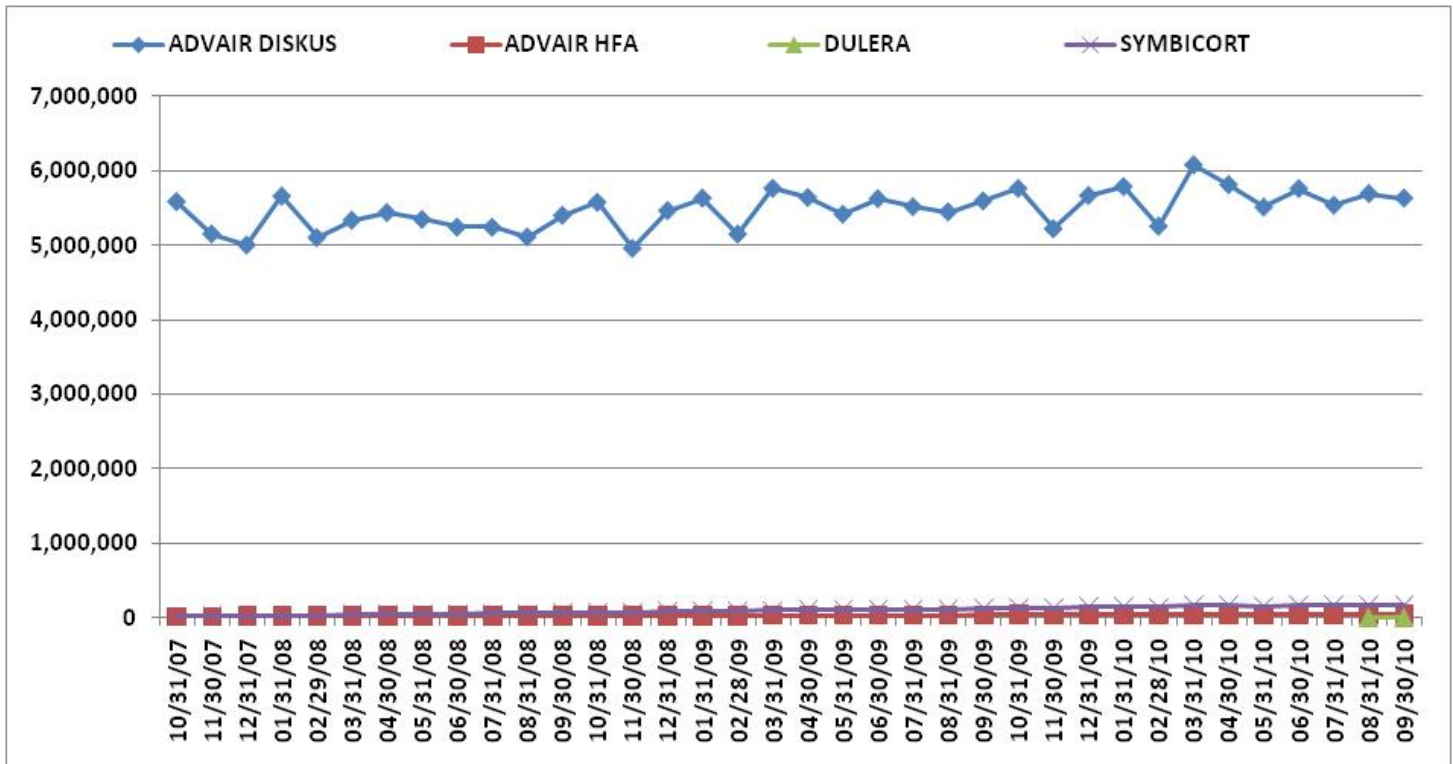


Table 3: Antilipidemic-1s

Drug Class	Generic Name (Brand)	Formulations	Generics Available?
Antilipidemic 1s - 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
	Rosuvastatin (Crestor)	tabs	No
	Statin Combinations		
	Atorvastatin / amlodipine (Caduet)	tabs	No
	Lovastatin / niacin ER (Advicor)	tabs	No
	Simvastatin / niacin ER (Simcor)	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	Pitavastatin (Livalo)	tabs	No
Pitavastatin was recommended to be made non-formulary			
Recommended implementation period	60 days		

Figure 11: Antilipidemic-1s —Livalo (pitavastatin tablets) – 30 day equivalents

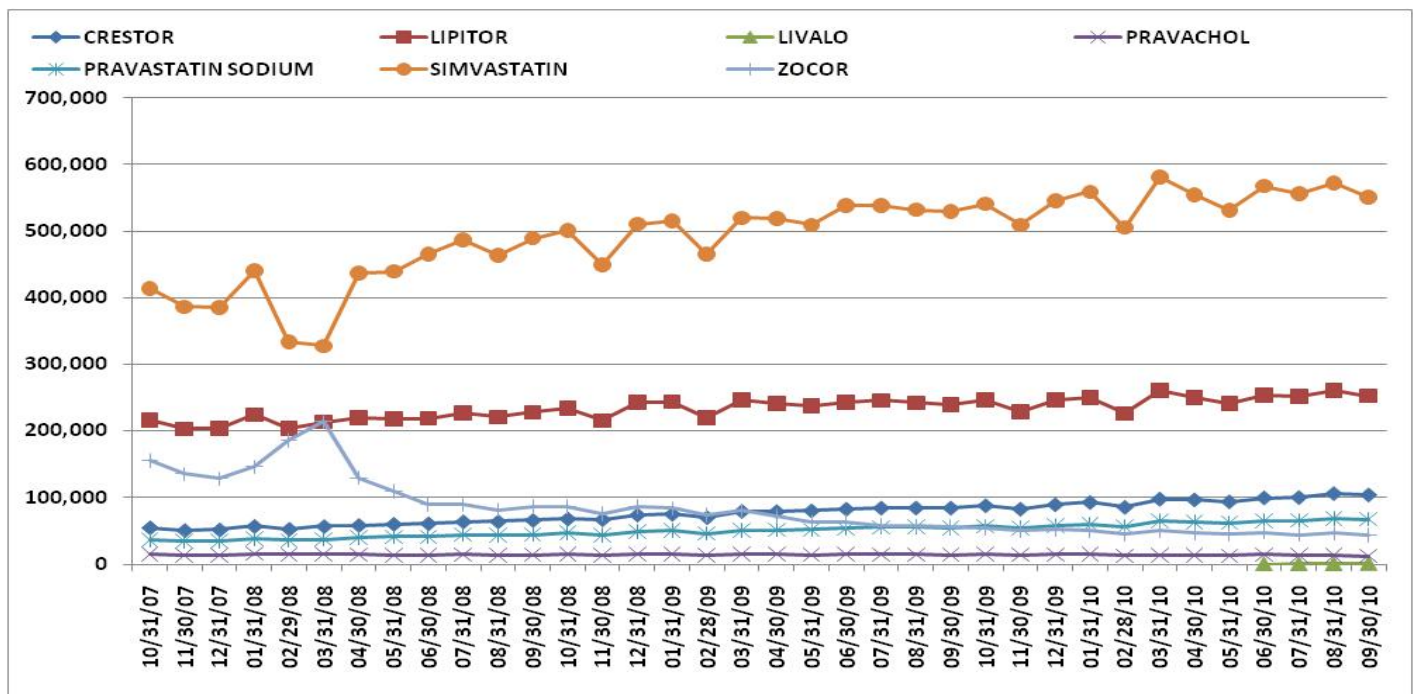


Table 4: Newer Sedative Hypnotic

Newer Sedative-Hypnotic Agents			
UF Status	Generic Name (Brand)	Formulations	Generics Available?
Uniform Formulary	Zolpidem Immediate Release (Ambien)	tab	yes
	Eszopiclone (Lunesta)	tab	no
	Doxepin (Silenor)	tab	no
Non-Formulary	Ramelteon (Rozerem)	tab	no
	Zaleplon (Sonata)	cap	yes
	Zolpidem ER (Ambien CR)	tab	no
	Zolpidem (Edluar)	sublingual	no
Silenor recommended to be Uniform Formulary			
Recommended implementation period	60 days for prior authorization on Silenor		

Figure 12: Newer Sedative Hypnotic—Silenor (doxepin tablets) – Qty dispensed

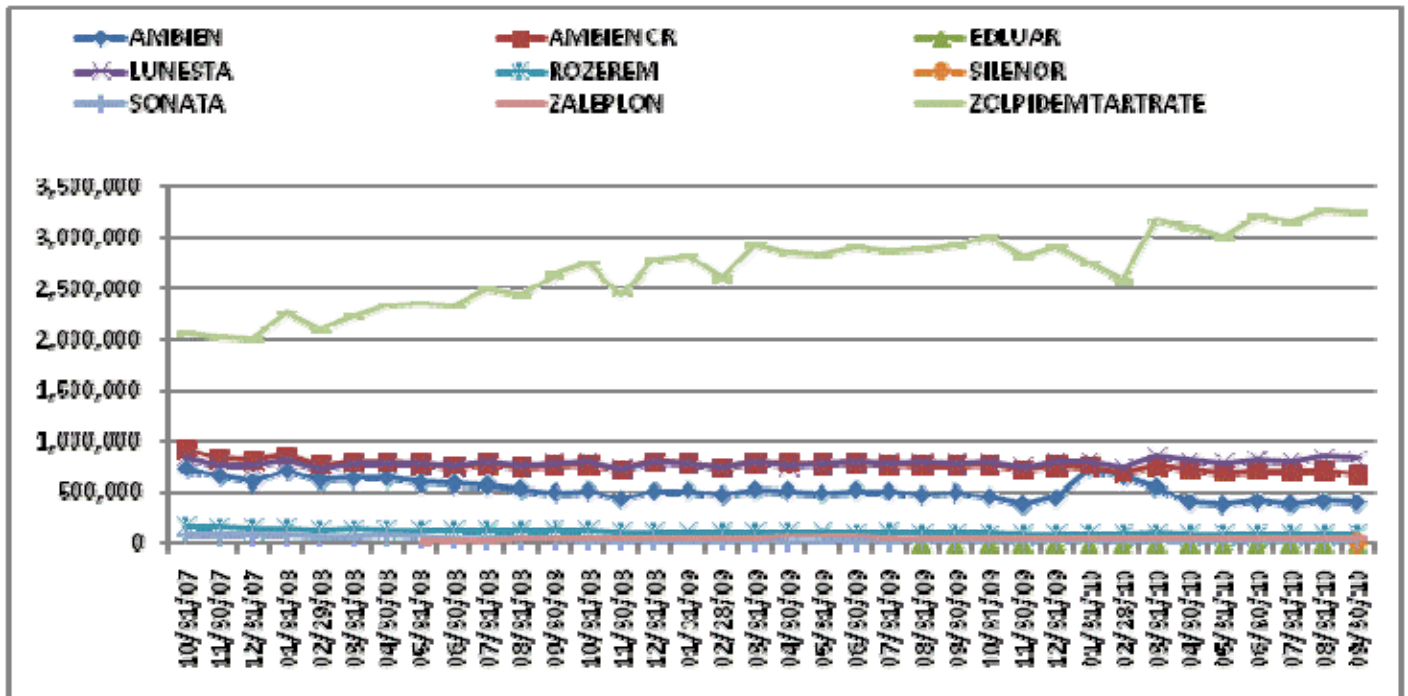


Table 5: Narcotic Analgesic—Exalgo (hydromorphone extended release tablets) Uniform Formulary Recommendations from Nov 2010 for the Narcotic Analgesics

Narcotic Analgesics			
UF Status	Generic Name (Brand)	Formulations	Generics Available?
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
	Hydromorphone ER 24 hr (Exalgo)	ER tabs	No
	Morphine sulfate ER 12 hr (MS Contin, Oramorph)	tab, soln, supp, inj	Yes
	Morphine sulfate ER/Naltrexone (Embeda)	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
	Fentanyl citrate transmucosal soluble film (Onsolis)	Soluble Film	No
	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: Narcotic Analgesic—Exalgo (hydromorphone extended release tablets) Uniform Formulary Recommendations from Nov 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 ER (Ultram ER and Ryzolt)	tab	No
	High potency single analgesic agents; short-acting agents (<12 hours duration)		
	Tapentadol (Nucynta)	tab	No
Exalgo recommended to be Uniform Formulary			
Recommended Implementation Period	Not Applicable for Exalgo		

Figure 13: Narcotic Analgesic—Exalgo (hydromorphone ER tablets) – Total Qty Dispensed

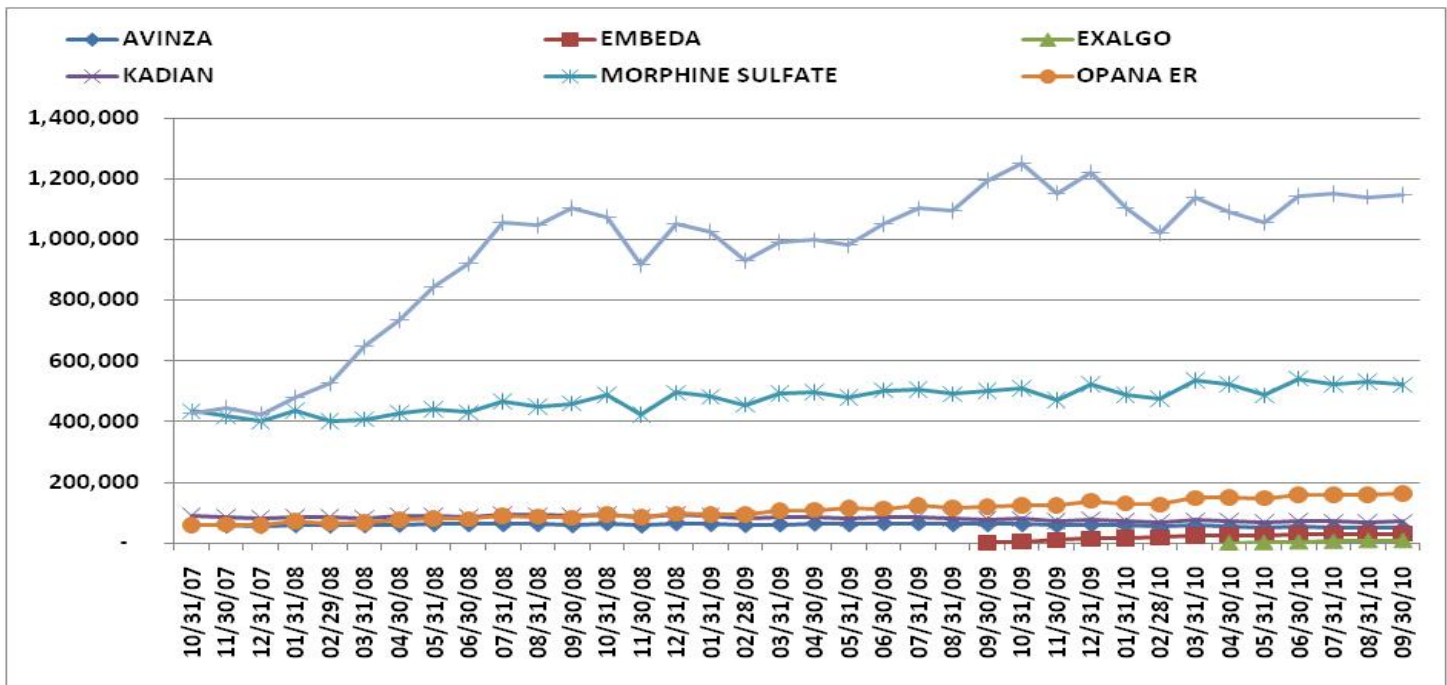


Table 6: Antilipidemic-2s

Antilipidemic II (LIP-2s)			
UF Status / Implementation Period	Generic Name (Brand)	Formulations	Generics Available?
Formulary	Fibric Acid Derivatives		
	Fenofibrate melt-dose (Fenoglide)	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 (Questran, Questran Light)	powder	Yes
Colestipol (Colestid)	tab	Yes	
Non-Formulary	Fibric Acid Derivatives		
	Fenofibrate acid (Fibracor)	caps	No
	Fenofibrate acid (Trilipix)	caps	No
	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	
Fenofibrate acid (Fibracor) recommended to be Uniform Formulary			
Recommended implementation period	60 days for Fibracor		

Figure 14: Antilipidemic-2s—Fibracor (fenofibric acid) – 30 day Equivalents

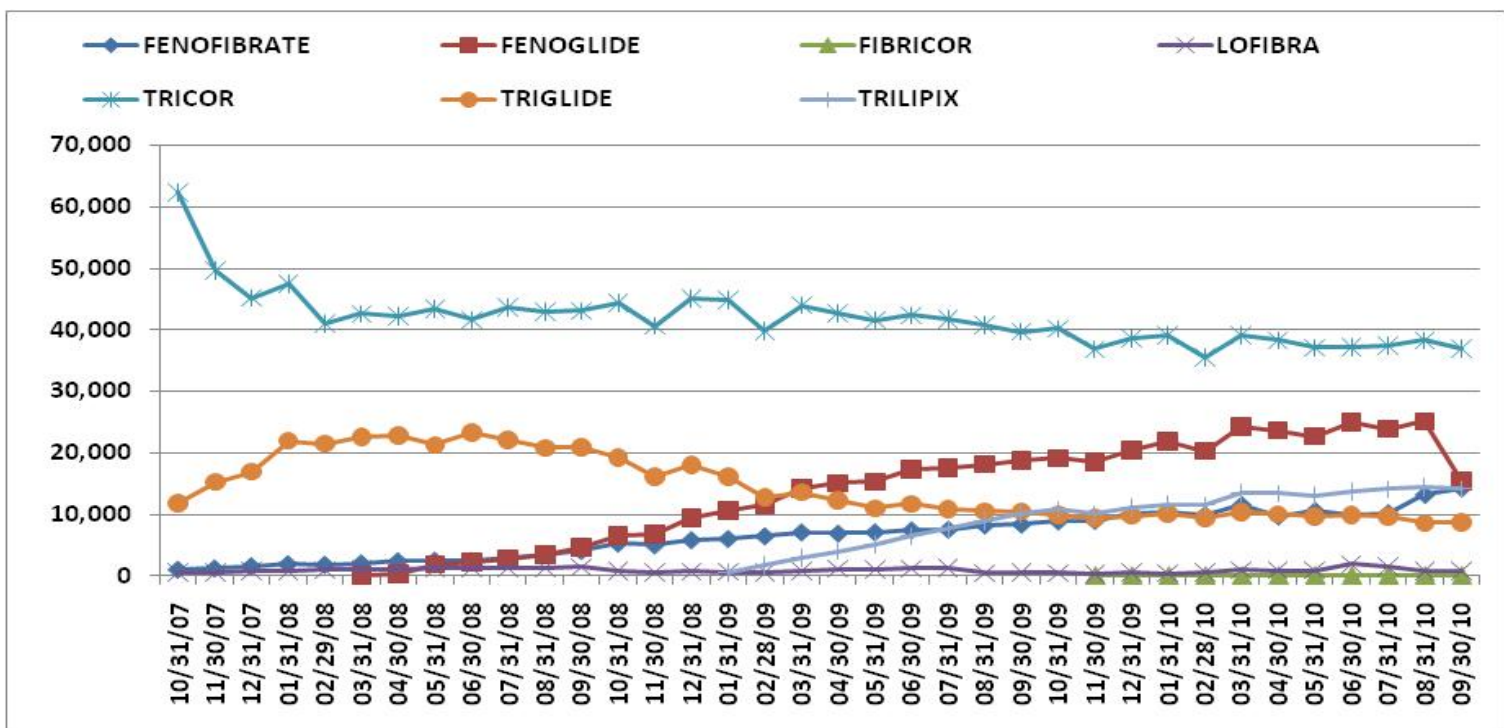


Table 7: Contraceptives

Contraceptives		
Uniform Formulary	Monophasic OCs with 20 mcg EE	EE 20 mcg; 0.1 mg levonorgestrel
		EE 20 mcg; 1.0 mg norethindrone
		EE 20 mcg; 1.0 mg norethindrone; ferrous fumarate
		EE 20 mcg; 3 mg drospirenone (Yaz)
	Monophasic OCs with 30 mcg EE	EE 30 mcg; 0.15 mg levonorgestrel (excluding Seasonale)
		EE 30 mcg; 0.3 mg norgestrel
		EE 30 mcg; 0.15 mg desogestrel
		EE 30 mcg; 1.5 mg norethindrone
		EE 30 mcg; 1.5 mg norethindrone; ferrous fumarate
		EE 30 mcg; 3 mg drospirenone (Yasmin)
	Monophasic OCs with 35 mcg EE	EE 35 mcg; 0.5 mg norethindrone
		EE 35 mcg; 0.25 mg norgestimate
		EE 35 mcg; 1.0 mg norethindrone
		EE 35 mcg; 1.0 mg ethynodiol diacetate
	Monophasic OCs with 50 mcg EE or mestranol	Mestranol 50 mcg; 1 mg norethindrone
		EE 50 mcg; 1 mg ethynodiol diacetate
		EE 50 mcg; 0.5 mg norgestrel
	Biphasic OCs	EE 35 mcg; 0.5/1.0 mg norethindrone
		EE 20/10 mcg; 0.15 mg desogestrel
	Triphasic OCs	EE 25 mcg; 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen Lo)
EE 35 mcg; 0.18/0.215/0.25 mg norgestimate		
EE 30/40/30 mcg; 0.05/0.075/0.125 mg levonorgestrel		
EE 35 mcg; 0.5/1/0.5 mg norethindrone		
EE 35 mcg; 0.5/0.75/1 mg norethindrone		
EE 25 mcg; 0.1/0.125/0.15 mg desogestrel		
Progestogen-only OCs	0.35 mg norethindrone	
Patch	EE; norelgestromin (Ortho-Evra)	
Vaginal ring	EE; etonorgestrel (Nuvaring)	
Injectable	104 mg/ 0.65mL depot medroxyprogesterone acetate (Depo-subq Provera 104)	
	150 mg/mL depot medroxyprogesterone acetate	
Emergency contraceptives	0.75 mg levonorgestrel (Plan B)	
Non-Formulary	Estradiol valerate/dienogest (Natazia)	
	EE 30 mcg; levonorgestrel 0.15 mg in special packaging for extended use (Seasonale)	
	EE 35 mcg; 0.4 mg norethindrone (Ovcon 35)	
	EE 50 mcg; 1 mg norethindrone (Ovcon 50)	
	EE 20/30/35 mcg; norethindrone 1 mg (Estrostep Fe)	
Natazia recommended for non formulary		
Implementation Plan	60 days	
EE = ethinyl estradiol; OC = oral contraceptive.		

Figure 15: Contraceptive Agents—Natazia (estradiol valerate/dienogest) – 30 day Equivalents

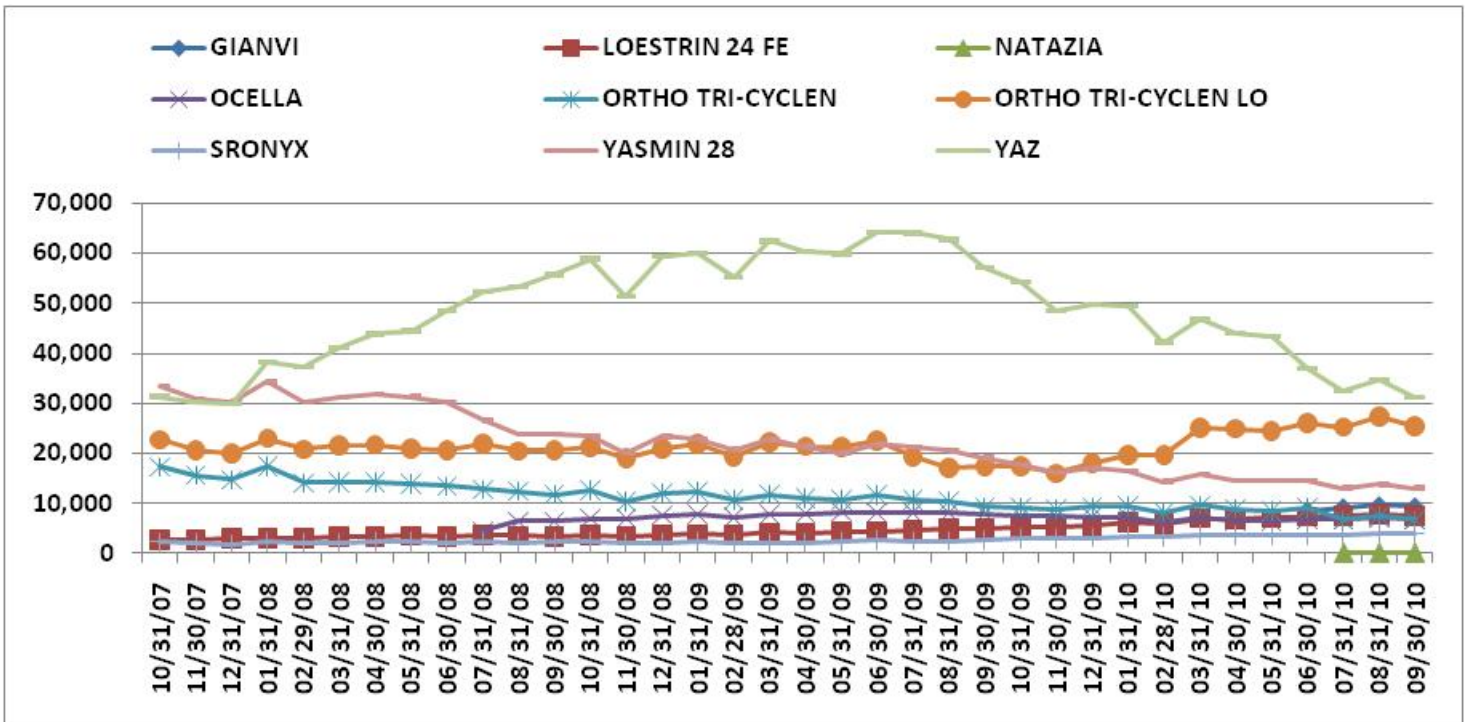


Table 7—Table of Implementation Status of UF Recommendations/Decisions Summary Table

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	Step Therapy
				MTF	Retail	Mail Order		
Nov 2010	Non-Insulin Diabetes Drugs Biguanides	<ul style="list-style-type: none"> Metformin ER 500, 1000 mg (Fortamet) Metformin ER 500, 1000 mg (Glumetza) 	4,259	142	2894	1223	60 days	no
Nov 2010	Non-Insulin Diabetes Drugs Thiazolidinediones	<ul style="list-style-type: none"> Rosiglitazone (Avandia) Rosiglitazone/metformin (Avandamet) Rosiglitazone/glimepiride (Avandaryl) 	6698 (new users who will hit metformin/sulf step per quarter) 17,497 Rosi and combo patients				60 days	Automated PA applies with metformin or a sulfonylurea preferred
Nov 2010	Non-Insulin Diabetes Drugs DPP-4 Inhibitors	<ul style="list-style-type: none"> None 	7844 (new users who will hit metformin/sulf step per quarter)				60 days	Automated PA applies with metformin or a sulfonylurea preferred
Nov 2010	Non-Insulin Diabetes Drugs GLP-1 Receptor Agonists	<ul style="list-style-type: none"> None 	2229 (new users who will hit metformin/sulf step per quarter) of those 1962 Victoza users will hit Byetta preferred step				60 days	Automated PA applies with metformin or a sulfonylurea preferred Automated PA applies with Byetta preferred
Nov 2010	Antilipidemic Agents I	<ul style="list-style-type: none"> Pitavastatin (Livalo) (Nov 2010) 	723	0	580	143	60 days	Automated PA with generics or atorvastatin or atorvastatin as the preferred drugs
Nov 2010	Antilipidemic Agents II	<ul style="list-style-type: none"> Fenofibric acid (Fibricor) (Nov 2010) 	40	0	32	8	60 days	None

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		
Nov 2010	Contraceptive Agents	<ul style="list-style-type: none"> ▪ Estradiol valerate/dienogest (Natazia) (Nov 2010) ▪ See TRICARE formulary search tool* for remainder of NF drugs 	123	2	118	3	60 days	None
Nov 2010	Newer Insomnia	<ul style="list-style-type: none"> ▪ None 	230 (new users hit step in the first month of use)				60 days	Automated PA applies with zolpidem IR preferred