State and Public School Life and Health Insurance Board Clinical and Fiscal Drug Utilization and Evaluation Committee
Minutes
April 4, 2011

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, April 4, 2011 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Members present:	**Members absent:**
Dr. William Golden	Robert Watson
Dr. Joe Stallings	Matthew Hadley
Kat Neill	
Larry Dickerson/Proxy	
Dr. Hank Simmons	
Mark McGrew	

Jason Lee, Executive Director, Employee Benefits Division of DFA.

OTHERS PRESENT
Jill Johnson, UAMS College of Pharmacy/EBRx; Connie Bennett, Informed Rx; Doug Shackelford, Lori Eden, Amy Tustison, Sherri Saxby, Kristie Cox, Sherry Bryant; Cathy Harris, EBD; Barbara Melugin, Health Advantage; Bridget Johnson, Pfizer, Wayne Whitley, Ronda Walthall, AHTD; Dwight Davis, UAMS; Julie Ryba; Shonda Rocke, Informed Rx; Bryan Meldrum, Novasys; Frances Baumen, Novo Nordisk; Warren Tyes, Merck; Mark DeClark, Lilly; Charlene Kaiser, Amgen; Julie Huff, Takeda

CALL TO ORDER
Meeting was called to order by Dr. Golden.

APPROVAL OF MINUTES
The motion was made by Dr Golden to approve the February 7, 2011 minutes. Minutes were approved by consensus.

DIABETIC MEDICATION DISCUSSON *by Jill Johnson*
Dr. Golden explained that the Board requested that the committee resubmit their recommendation for Pioglitazone with a step therapy criteria, and create a step therapy criteria for Pramlintide (Symlin, SymlinPen) before the Board will entertain the recommendation to exclude Pramlintide from coverage.

Dr. Golden said the Board was interested in option 2 for Exenatide (Byetta), Liraglutide (Victoza) and Sitagliptin (Janumet) Saxagliptin, (Onglyza, Kombiglyze XR) but decline to make a decision until the DUEC return with a viable mechanism on how to implement option 2

1. **TZDs (rosiglitazone, pioglitazone), (Avandia, Avandaryl, Avandamet, Actos, Actoplus Met)**

    - Restrict the access to rosiglitazone. Stop covering rosiglitazone (Avandia, Avandamet, and Avandaryl) effective July 1, 2011. (This item approved by the Board in previous meeting.)
    - No pioglitazone (Actos) without metformin (at a near maximum daily dose-2000mg daily) or a contraindication to metformin.

    Johnson presented the proposed step therapy guidelines for pioglitazone (Actos and Actos-containing products including pioglitazone-glimepiride, pioglitazone-metformin, and future combinations).

    STEP THERAPY:

    a. Patients taking metformin for the past 4 of 5 months and taking a sulfonylurea for the past 4 of 5 months may have pioglitazone. If the 80% adherence rate is not maintained, pioglitazone access will be denied at the point of sale.

    b. Patients must adhere to at least 4 of the previous 5 months of metformin + sulfonylurea and fail to meet HbA1C goal prior to gaining access to pioglitazone-metformin (Actoplus Met) combination therapy.

    c. Patients must adhere to at least 4 months of metformin monotherapy and an additional 4 months of metformin + sulfonylurea and/or fail to meet HbA1C goal prior to gaining access to pioglitazone-glimepride (Duetact) combination.

    PRIOR AUTHORIZATION
    Patients with a contraindication to metformin and having a sulfonylurea fill for the previous 4 of 5 months may have pioglitazone. The 80% adherence rate must be maintained in order to maintain access to pioglitazone.

    Patients with a contraindication to metformin and to sulfonylurea may have pioglitazone but will require a PA. No pioglitazone monotherapy.

This proposal allows access to pioglitazone prior to requiring basal insulin as the guidelines suggest. Use of pioglitazone is considered a less well-validated therapy than basal insulin.

Metformin must be taken at the maximally tolerated dose. Metformin use without titrating the dose slowly upwards is known to cause gastrointestinal side effects. Metformin 500mg twice daily is a starting dose. Many will require 1000mg twice daily.

The committee decided by consensus to approve the proposed step therapy guidelines for pioglitazone.

2. **Pramlintide (Symlin, SymlinPen; both injectables)**
Johnson informed the committee she could not put together a proposed step therapy guideline for Pramlintide because she did not find any useful evidence to support covering the drug.

Recommendation: Exclude New Users

The committee decided by consensus that everyone should start with metformin. Current user will be able to continue using the drug if they have hemoglobin A1C under 8% and they are a continuous user (4 out of 5 previous months on a continuing basis).

3. **Exenatide (Byetta) Liraglutide (Victoza) (both injectables)**

Recommendation: Proposed criteria for exenatide (Byetta) and liraglutide (Victoza):

1. Deny if any insulin claim in the past 30 days.
2. Continue no monotherapy access for exenatide or liraglutide.
3. PA all prescriptions
4. No therapeutic duplication. Do not allow concomitant exenatide and liraglutide use.

Initial PA, effective for 6 months:

- Require a current metformin fill for 120 of the past 150 days(4 out of 5 months) at the maximum or near-maximum dose (2000 mg daily), failure to reach goal A1C, AND
- Require, in patients who cannot tolerate metformin, the use of a sulfonylurea for 120 days and then the use of pioglitazone, unless contraindicated due to HF, edema, or fracture risk.
- Pioglitazone must be used for 120 days without achieving HbA1C goal before gaining access to exenatide or liraglutide.

Subsequent PA, effective for 1 year: (After patients have already been on Byetta or Victoza).
Allow access to exenatide or liraglutide if patient maintained metformin days supply of 150 of past 180 days unless contraindicated. If metformin is contraindicated, allow access to exenatide or liraglutide if patient maintained sulfonylurea and pioglitazone days supply of 150 of past 180 days. If either sulfonylurea or pioglitazone is contraindicated, require insulin use for a day's supply of 150 of past 180 days without achieving the goal prior to access to the GLP-2 analogs.

- ❖ Existing patients on either medication can continue if they are well controlled (HbA1C <8%) and compliant 4 out of the 5 past months on a rolling basis.

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The committee decided by consensus to approve the recommendation for Exenatide (Byetta) Liraglutide (Victoza).

4. **Sitagliptin (Januvia, Janumet), Saxagliptin (Onglyza, and Kombiglyze XR)**
Proposed criteria for sitagliptin (Januvia) and saxagliptin (Onglyza) or any sitagliptin or saxagliptin-containing product:

1. Deny if any insulin claim in past 30 days.
2. Continue no monotherapy access for sitagliptin or saxagliptin.

Combination products require monotherapy prior to access (ie; Must fail metformin monotherapy as well as other combo therapies prior to getting this nonvalidated therapy.)

3. PA all prescriptions, criteria:
   - Require a current metformin fill for 120 of the past 150 days at the maximum or near-maximum dose, failure to reach goal A1C, AND then
   - Require the use of concomitant sulfonylurea (unless contraindicated) and then 120 of the past 150 days of pioglitazone in patients who have not reached their HbA1C goal with metformin monotherapy, unless pioglitazone is contraindicated due to HF, edema, or fracture risk.
   - Prior to access to Kombiglyze (saxagliptin + metformin), metformin + sulfonylurea + pioglitazone and without saxagliptin, must fail to achieve goal HbA1C.

   No therapeutic duplication with sita- or saxa-gliptin. (Deny the drug if the other is filled in the previous 30 days.)

Metformin must be titrated slowly upward. Metformin 500mg twice daily is the initial dose. Patients should increase to at least 1000mg twice daily before determining failure. Metformin must have an adherence rate of 4 of the past 5 months prior to gaining access to sitagliptin or saxagliptin.

The committee decided by consensus to approve the recommendation for Sitagliptin (Januvia, Janumet), Saxagliptin (Onglyza, and Kombiglyze XR).

FIRST REVIEW MEDICATIONS

Drug Name	**Tier Status**

CYCLOSET TAB 0.8MG **Exclude**
Cycloset, an ergot derivative, is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Cycloset should not be used as a treatment of type 1 diabetes or diabetic ketoacidosis. There is limited efficacy data for the use of Cycloset in combination use with thiazolidinediones, and efficacy has not been confirmed in combination with insulin.

ELLA TAB 30MG **Exclude**
ELLA can be used up to 5 days after unprotected intercourse or a known or suspected contraceptive failure. In comparison, PLAN B and PLAN B ONE-STEP should be used within 3 days per FDA

XGEVA INJ **Not Applicable**
For the treatment of osteoporosis in postmenopausal women at high risk for fracture and for the prevention of skeletal-related events in patients with bone metastases from solid tumors

CARBAGLU TAB 200MG **T3/wPA Specialty**
CARBAGLU (carglumic acid) is a Carbamoyl Phosphate Synthetase 1 (CPS 1) activator indicated as: (1) adjunctive therapy for the treatment of acute hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS) and (2) maintenance therapy for the treatment of chronic hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS).

BROMDAY Sol 0.09% **T3**

BEYAZ TAB **Exclude**
Beyaz (bee-YAZ) is a new version of Yaz with folate. Recommend using a generic OC plus a separate multivitamin or folic

PEDIADERM TA KIT **Exclude**

Drug Name	Tier Status
PEDIADERM AF KIT COMPLETE	**Exclude**
ATELVIA TAB	**T3**
EGRIFTA INJ 1MG	**Exclude**
KRYSTEXXA INJ	**N/A Medical**
TEFLARO INJ 600MG,	**400mg Exclude**

Acute bacterial skin and skin structure infectioSSSI). Community acquired bacterial pneumonia (CABP) including MRSA.

FIRST DUKES SUS MOUTHWSH **T3**

Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.

FIRST-MARYS SUS MOUTHWSH **T3**

Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.

LATUDA TAB 40, 80MG **Exclude**

40-80mg daily for the treatment of schizophrenia in adults.

NEXICLON XR SUS 0.09/ML **Exclude**

Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.

NEXICLON XR TAB 0.17MG **Exclude**

Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.

NUEDEXTA CAP 20-10MG **T3w/PA**

One 20/10mg tablet daily for 7 days then increase to one tablet every 12 hours for the treatment of pseudobulbar affect (PBA).

PA criteria:

1. Dx of amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS(, and
2. Dx of clinically significant Pseudobulbar Affect (PBA) (a baseline score ≥13 on the Center for Neurologic Studies-Lability Sclase [CNS-LS]).

ZOLPIMIST SPR 5MG **Exclude**

10mg (2 sprays) PO immediately before bedtime.

MOXEZA SOL 0.5% **T3**

One drop in each affected eye BID for 7 days for bacterial conjunctivitis.

Drug Name	Tier Status

OFIRMEV INJ 10MG/ML **Exclude**
Intravenous acetaminophen (Ofirmev) approved for the treatment of pain/fever in adults and children over the age of 2 years. Adults, Adolescents 50kg or greater: 1000mg IV every six hours or 650mg IV every 4 hours as needed.

SAFYRAL TAB **Exclude**
Indicated for pregnancy prevention and to raise folate levels in women who want to use an oral contraceptive for contraception. One tablet PO daily following in order directed on package.

XYNTHA INJ 3000UNIT **Tabled**
Hemophilia

AMTURNIDE150 TAB -5-12.5 **T3 with ARB ST**
Hypertension

AMTURNIDE300 TAB -10-12.5 **T3 with ARB ST**
Hypertension

AMTURNIDE300 TAB -10-25MG **T3 with ARB ST**
Hypertension

AMTURNIDE300 TAB -5-12.5 **T3 with ARB ST**
Hypertension

AMTURNIDE300 TAB -5-25MG **T3 with ARB ST**
Hypertension

FORTESTA GEL 10MG/ACT **T3 w/PA**
Hypogonadism

PA Criteria:

1. Dx of testosterone deficiency in males OR hypogonadism or hypoganodotropic hypogonadism in males OR delayed puberty in males.

NATROBA SUS 0.9% **T2 w/PA**
Head Lice

PA Criteria:

2. Requires 1 course of treatment of permethrins in the past 30 days. Allow no more than 2 fills per quarter.

PROHIST CD LIQ **Exclude**
Antitusswive/Decongestant/Antihistamine

Drug Name	Tier Status
PROHIST CF LIQ Antitussive/Antihistamine	**Exclude**
PROIHIST LQ LIQ Antitussive/Low sedating antihistamine	**Exclude**
ALUVEA CRE 39% Dystrophic nail removal, mild kerosis, keratolytic	**Exclude**
ALUVEA CRE 43% Dystrophic nail removal, mild kerosis, keratolytic	**Exclude**
EDARBI 40MG ARB-hypertension	**T3 ARB ST**
EDARBI 80MG TAB ARB-Hypertension	**T3 ARB ST**
KAPVAY 0.1 mg tablet	**Exclude**
Axiron Soln Hypogonadism PA Criteria: Same as Androgel, Testim and Androderm	**T2 w/PA**
Benlysta inj For tx of active, autoantibody-positive, systemic lupus erythematosus (SLE) in combination with standard therapy.	**N/A Medical**

ELECTION OF COMMITTEE CHAIR

Dr. Golden accepted nominations for the two-year term of Chairman of the DUEC. Neil nominated Hadley, Whitley seconded the nomination. After receiving no additional nominations, Dr. Golden closed the nominations. Hadley was declared elected by acclamation as Chair man of the DUEC.

Dr. Golden accepted nominations for the two-year term of Vice Chairman of the DUEC. Whitley nominated Neil. Dr. Simmons seconded the nomination. After receiving no additional nominations, Dr. Golden closed the nominations. Neil was declared elected by acclamation as Vice-Chair of the DUEC.

Meeting adjourned.

From February 2011 Insurance Board Meeting:

3.a. TZD's----The Board already voted to exclude coverage of Avandia, Avandamet and Avandaryl effective 7/1/2011 and we have that in place. However, there is still a determination to be made on Actos and what step therapy guidelines we should use.

3.b. Byetta and Victoza-----The Board was interested in Option 2 under your proposed recommendations.

Januvia, Janumet, Onglyza, and Kombiglyze XR-----The Board was interested in Option 2 under your proposed recommendations.

3.c. Symlin and Symlinpen----The Board was interested in developing step therapy criteria for these medications before they agree to exclude from coverage.

For all of these items, you will need to present final step therapy criteria at Monday's meeting so that those recommendations can be presented at the subsequent Board meeting. Jason doesn't want to go back through all of the clinical evidence but wants more defined step therapy criteria so that the Board will be able to understand how we are implementing the changes. Also, we need to be sure to include whether or not these changes will affect only new users of these medications, etc.

Antidiabetic Recommendations
Jill Johnson, Pharm.D., College of Pharmacy
4/3/11 Proposals:

Consensus Statement

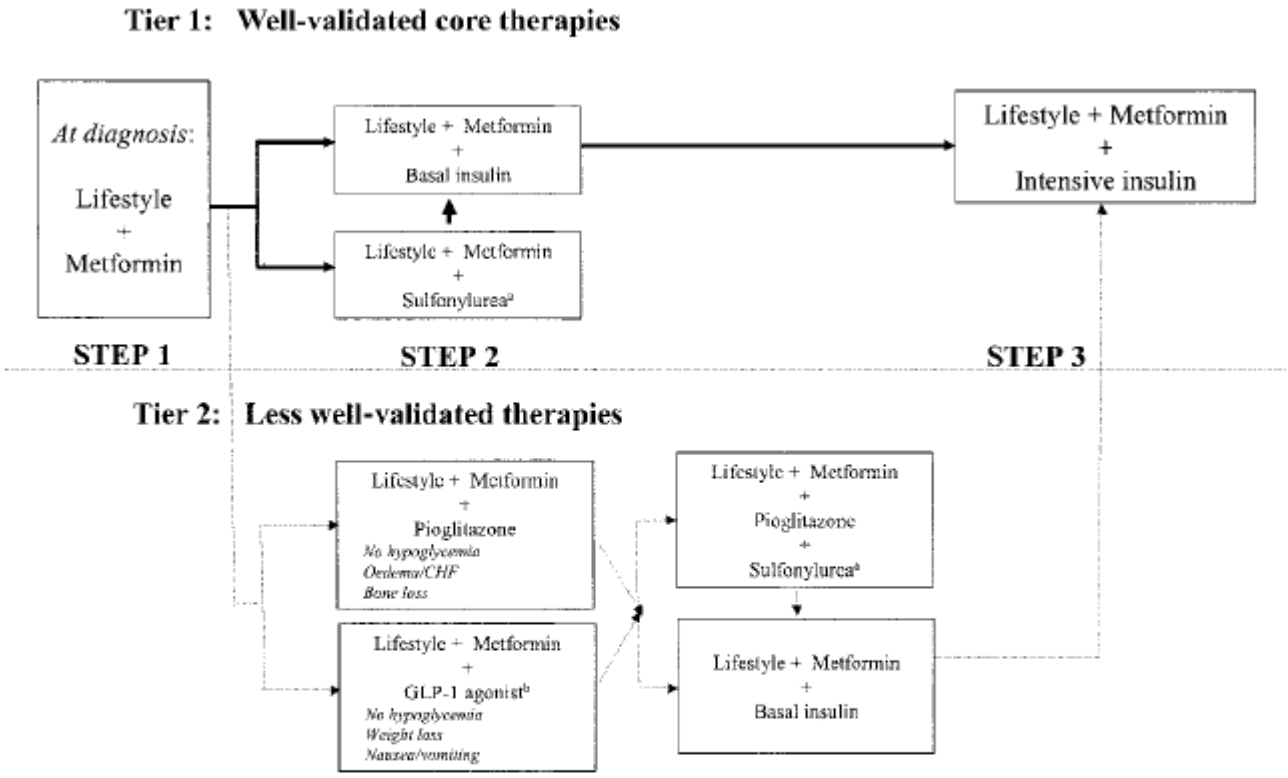


Figure 2—*Algorithm for the metabolic management of type 2 diabetes; Reinforce lifestyle interventions at every visit and check A1C every 3 months until A1C is <7% and then at least every 6 months. The interventions should be changed if A1C is ≥7%. [a]Sulfonylureas other than glyburide (glyburide) or chlorpropamide. [b]Insufficient clinical use to be confident regarding safety. See text box, entitled* TITRATION OF METFORMIN. *See Fig. 1 for initiation and adjustment of insulin. CHF, congestive heart failure.*

EFFECTIVE: beginning 1/1/2012 for all new users of the considered drugs.

3a:

TZDs (rosiglitazone, pioglitazone), (Avandia, Avandaryl, Avandamet, Actos, ActoplusMet)

CURRENT	PROPOSED
▪ No edits for EBD members	▪ Restrict the access to rosiglitazone. Stop covering rosiglitazone (Avandia, Avandamet, Avandaryl) effective July 1, 2011. ▪ No pioglitazone (Actos) without metformin (at a near maximum daily dose-1000mg daily) or a contraindication to metformin.

4

4/3/11 Proposed step therapy guidelines for pioglitazone (Actos and Actos-containing products including pioglitazone-glimepiride, pioglitazone-metformin, and future combinations):

STEP THERAPY[a]:
1. Patients taking metformin[b] for the past 4 of 5 months and taking a sulfonylurea for the past 4 of 5 months may have pioglitazone. If the 80% adherence rate is not maintained, pioglitazone access will be denied at the point of sale.

2. Patients with a contraindication to metformin and having a sulfonylurea fill for the previous 4 of 5 months may have pioglitazone. The 80% adherence rate must be maintained in order to maintain access to pioglitazone.

3. Patients must adhere to at least 4 of the previous 5 months of metformin + sulfonylurea and fail to meet HbA1C goal prior to gaining access to pioglitazone-metformin (Actoplus Met) combination therapy.

4. Patients must adhere to at least 4 months of metformin monotherapy and an additional 4 months of metformin + sulfonylurea and fail to meet HbA1C goal prior to gaining access to pioglitazone-glimepride (Duetact) combination.

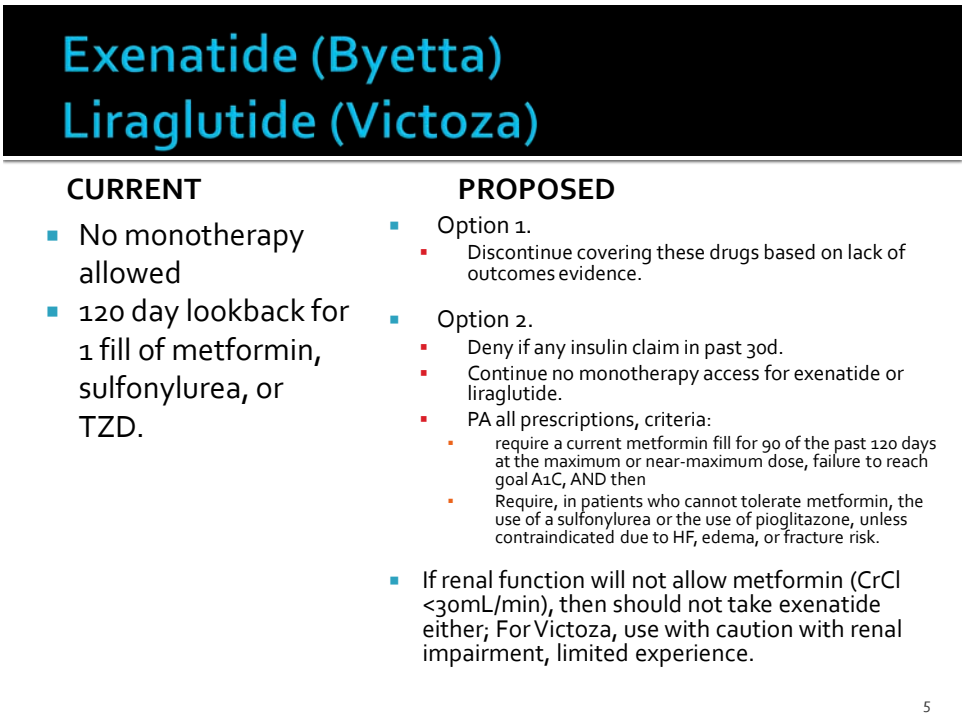
PRIOR AUTHORIZATION
5. Patients with a contraindication to metformin and to sulfonylurea may have pioglitazone but will require a PA. No pioglitazone monotherapy.

[a]This proposal allows access to pioglitazone prior to requiring basal insulin as the guidelines suggest. Use of pioglitazone is considered a less well-validated therapy than basal insulin.
[b]Metformin must be taken at the maximally tolerated dose. Metformin use without titrating the dose slowly upwards is known to cause gastrointestinal side effects. Metformin 500mg twice daily is a starting dose. Many will require 1000mg twice daily.

REFERENCES:
1. Nathan DM, Holman RR, Buse JB, Davidson MB, et al. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. *Diabetes Care.* 2009. 32:193–203. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\T2DM glycemic algorithm ADA 2009.pdf

2. Drug Effectiveness Review Project. Oregon Health Sciences Center. Newer Diabetes Drugs. \\Copnt1\users\anyone shared\JohnsonJill\Diabetes_draft for final approval_report_original_Jan 2011.pdf

3b. Byetta and Victoza-----The Board was interested in Option 2 under your proposed recommendations.



4/3/2011 Proposed criteria for exenatide (Byetta) and liraglutide (Victoza):

1. Deny if any insulin claim in the past 30 days.
2. Continue no monotherapy access for exenatide or liraglutide.
3. PA all prescriptions, criteria:

   Initial PA, effective for 6 months:
   - require a current metformin fill for 90 of the past 120 days at the maximum or near-maximum dose, failure to reach goal A1C, AND
   - Require, in patients who cannot tolerate metformin[a, 1], the use of a sulfonylurea[2] or the use of pioglitazone[3], unless contraindicated due to HF, edema, or fracture risk.
   - [b,c] Pioglitazone must be used for 120 days without achieving HbA1C goal before gaining access to exenatide or liraglutide.

   Subsequent PA, effective for 1 year:
   - Allow access to exenatide or liraglutide if patient maintained metformin days supply of 140 of past 180 days unless contraindicated. If metformin is contraindicated, allow access to exenatide or liraglutide if patient maintained sulfonylurea or pioglitazone days supply of 140 of past 180 days. If either sulfonylurea or pioglitazone is contraindicated, require insulin use for a days supply of 120 of past 180 days without achieving the goal prior to access to the GLP-2 analogs.
4. No therapeutic duplication. Do not allow concomitant exenatide and liraglutide use.

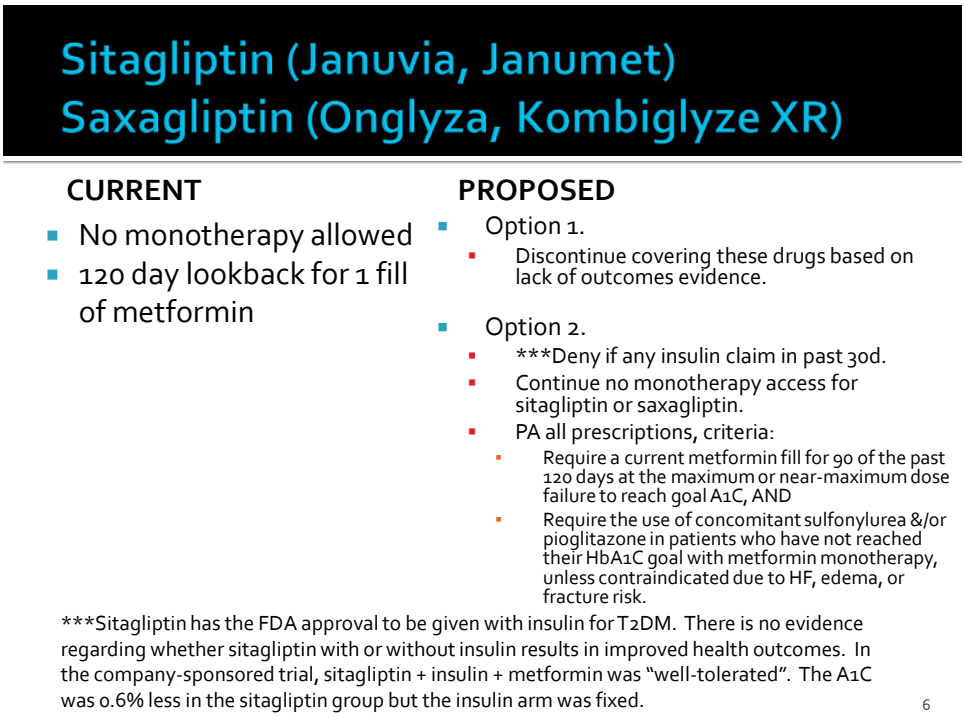
[a]Metformin must be titrated slowly upward. Metformin 500mg twice daily is the initial dose.
[b]This proposal allows access to pioglitazone prior to requiring basal insulin as the guidelines suggest. Use of pioglitazone is considered a less well-validated therapy[4] than basal insulin.
[c]Consider requiring basal insulin, a well-validated core therapy[4], prior to using pioglitazone.

References:
[1]UKPDS 34. Lancet 1998; 352: 854–65. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 34.pdf
[2]UKPDS 33. Lancet 1998; 352: 837–53. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 33.pdf

[3]Lincoff AM, et al. **Pioglitazone and Risk of Cardiovascular Events in Patients With Type 2 Diabetes Mellitus** A Meta-analysis of Randomized Trials. *JAMA.* 2007;298(10):1180-1188. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\Pioglitazone CV risk reduction-JAMA 07.pdf

[4] Nathan DM, Holman RR, Buse JB, Davidson MB, et al. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. *Diabetes Care.* 2009. 32:193–203. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\T2DM glycemic algorithm ADA 2009.pdf

Januvia, Janumet, Onglyza, and Kombiglyze XR-----The Board was interested in Option 2 under your proposed recommendations.



4/3/2011 Proposed criteria for sitagliptin (Januvia) and saxagliptin (Onglyza) or any sitagliptin or saxagliptin-containing product:

1. Deny if any insulin claim in the past 30 days.
2. Continue no monotherapy access for sitagliptin or saxagliptin. Combination products require generic monotherapy prior to access.(i.e. Must fail metformin monotherapy as well as other generic combo therapies prior to getting this nonvalidated therapy.)
3. PA all prescriptions, criteria:
   - require a current metformin fill for 90 of the past 120 days at the maximum or near-maximum dose, failure to reach goal A1C, AND then
   - Require the use of concomitant sulfonylurea, unless contraindicated, &/or pioglitazone in patients who have not reached HbA1C goal with metformin monotherapy, unless pioglitazone is contraindicated due to HF, edema, or fracture risk.
   - Prior to access to Kombiglyze XR (saxagliptin + metformin), metformin[b] + sulfonylurea + pioglitazone and without saxagliptin must fail to achieve goal HbA1C.
4. No therapeutic duplication with sita- or saxa-gliptin. (Deny the drug if the other is filled in the previous 30 days.)

[a]Metformin must be titrated slowly upward. Metformin 500mg twice daily is the initial dose. Patients should increase to at least 850 mg twice daily before determining failure.
[b]Metformin must have an adherence rate of 4 of the past 5 months prior to gaining access to sitagliptin or saxagliptin.

References:

[1]UKPDS 34. Lancet 1998; 352: 854–65. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 34.pdf
[2]UKPDS 33. Lancet 1998; 352: 837–53. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 33.pdf
[3]Lincoff AM, et al. **Pioglitazone and Risk of Cardiovascular Events in Patients With Type 2 Diabetes Mellitus** A Meta-analysis of Randomized Trials. *JAMA.* 2007;298(10):1180-1188. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\Pioglitazone CV risk reduction-JAMA 07.pdf

3.c. Symlin and Symlinpen----The Board was interested in developing step therapy criteria for these medications before they agree to exclude from coverage.

Pramlintide (Symlin, Symlinpen)

CURRENT	PROPOSED
▪ No edits	▪ Exclude

7

4/3/11 Proposed Step Therapy:
1. None[a].

[a]No proposed step therapy due to no evidence of reduction in any diabetes related events, an increased risk of severe hypoglycemia when given with insulin, increased risk of nausea (30% of patients), slowed gastric emptying (in patients already at risk for diabetic gastroparesis), and only a 0.7% reduction in HbA1C at best, again without evidence of risk reduction.

DUEC New Drugs Oct-Dec 2010

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
CYCLOSET TAB 0.8MG	BROMOCRIPTINE MESYLATE TAB 0.8 MG (BASE EQUIVALENT)	metformin $42-$108 per 30 dyas, sufonylureas $10-$93, per 30 days	Actos 15-45mg $173.40--$287.40 per month, januvia $226.50 per month	1.8 per 0.8mg tab	2- 6 ta/day ($108-$324 per month)	Cycloset, an ergot derivative, is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Cycloset should not be used as a treatment of type 1 diabetes or diabetic ketoacidosis. There is limited efficacy data for the use of Cycloset in combination use with thiazolidinediones, and efficacy has not been confirmed in combination with insulin.	Cycloset is a novel therapy directly targeting the body's dopamine activity to improve glycemic control. It provides physicians with another treatment option for their patients with type 2 diabetes. • Unlike many other currently available drugs that stimulate insulin release, Cycloset improves glycemic control without increasing circulating insulin levels.	Exclude at this time. Has not been compared to metformin. No outcomes except HbA1C.		
KOMBIGLYZE TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 2.5-1000 MG	Janumet 50-500mg and 50-1000mg 3.77	$226.30 per month	3.67	$110.10 per month	For the treatment of type 2 diabetes mellitus in combination with diet and exercise when treatment with both saxagliptin and metformin is appropriate	Tier 3 with step (like Janumet)	T3 with lookback 180d for metformin monotherapy.		
KOMBIGLYZE TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 5-1000 MG	Janumet 50-500mg and 50-1000mg 3.77		7.34	$220.20 per month		Tier 3 with step (like Janumet)	"		
KOMBIGLYZE TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 5-500 MG	Janumet 50-500mg and 50-1000mg 3.77		7.34	$220.20 per month		Tier 3 with step (like Janumet)	"		
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	Plan B, Plan B one step, Next Choice	Plan b $15.88 per tab= $31.76 per dose, plan B one step $40.62, Next Chcice average generic $14.62	42.90		ELLA can be used up to 5 days after unprotected intercourse or a known or suspected contraceptive failure. In comparison, PLAN B and PLAN B ONE-STEP should be used within 3 days per FDA	A disadvantage to ELLA is its Rx-only availability. PLAN B and PLAN B ONE-STEP are available over-the-counter (OTC) for patients > 17 years of age; both are Rx for those < 17 years of age. ► PLAN B is available generically as NEXT . exclude, same as Plan B	Exclude, OTC alternatives		
XGEVA INJ	DENOSUMAB INJ 120 MG/1.7ML	Same drug as Prolia, different indications	Prolia 60mg $990/unit	1164.71	$1165 (120mg every 4 weeks)	For the treatment of osteoporosis in postmenopausal women at high risk for fracture and For the prevention of skeletal-related events in patients with bone metastases from solid tumors	exclude (same as Prolia)	Medical N/A		
CARBAGLU TAB 200MG	CARGLUMIC ACID TAB 200 MG	There are 2 currently marketed products known as "nitrogen scavengers," Medicis Pharmaceutical Corp's AMMONUL (sodium phenylacetate/sodium benzoate) and BUPHENYL (sodium phenylbutyrate) approved	Ammonul $2,866.80 per 50 mL single-use vial Child: $5,733.60 Adult: $11,467.20 for 30 day supply. Buphenyl $7.72 per tablet; $3,857.38 per 250 gram can Child: $3,857.38 -	159.60	$5586 per day	CARBAGLU (carglumic acid) is a Carbamoyl Phosphate Synthetase 1 (CPS 1) activator indicated as: (1) adjunctive therapy for the treatment of acute hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS) and (2) maintenance therapy for the treatment of chronic hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS).	CARBAGLU is the only product FDA-approved as a specific treatment of hyperammonemia due to NAGS deficiency. Other available treatments are unspecific for this indication.	PA T3. Specialty		
BROMDAY SOL 0.09%	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Xibrom		91.18	1.700ML					

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
GILENYA CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Avonex, Betaseron, COPAXONE, EXTAVIA, NOVANTRONE, REBIF, TYSABRI	(vs. $2,800 - $3,200 month for injectable therapies)	158.08	$4426 per 28 day supply	GILENYA (fingolimod) is the first oral therapy approved for the treatment of patients with relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability. GILENYA belongs to a new class of drugs called sphingosine-1-phosphate receptor (S1P) modulator	Current treatment guidelines recommend that initiation of interferon beta or glatiramer acetate should be considered when a diagnosis of relapsing disease is made. Natalizumab is generally reserved for patients who had an inadequate response or were unable to tolerate other MS therapies. Mitoxantrone is reserved for relapsing patients with worsening disease or patients with secondary progressive disease, whether or not relapses are occurring. first in class drug that prevents white cell release from lymph nodes, which attach the myelin sheath...* risk of toxicity for the heart, lung & eye along with increase risk of infection.	T3 w PA. Specialty	T3 w PA. Specialty	T3 w PA. Specialty
GLASSIA INJ	PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/50ML	ARALAST - PROLASTIN –ZEMAIRA -		11.04	Single use vial 1 gram Alpha1-PI in 50 mL Solution 60 mg/kg body weight			Exclude. Specialty		
BEYAZ TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	compared to about $50 for the generic without folate (*Gianvi*) plus $2 for a folate supplement		3.04286	85.12		Beyaz (bee-YAZ) is a new version of Yaz with folate. recommend using a generic OC plus a separate multivitamin or folic	Exclude		
PEDIADERM TA KIT	*TRIAMCINOLONE CREAM 0.1% & EMOLLIENT CREAM KIT**			1.45043			exclude kits	Exclude		
PEDIADERM AF KIT COMPLETE	*NYSTATIN CREAM 100000 UNIT/GM & DIAPER RASH CREAM KIT**			1.15833			exclude kits	Exclude		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
PRADAXA CAP 75, 150MG	DABIGATRAN ETEXILATE MESYLATE CAP	warfarin $23/month		4.05	$8.10 per day and/or $243 per 30 day supply.	PRADAXA is the first oral direct thrombin inhibitor (a type of anticoagulant). It is FDA-approved to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). PRADAXA will be competing with warfarin (COUMADIN, JANTOVEN), the existing "gold standard" oral anticoagulant that has been on the market for over 50 years. PRADAXA was designed to overcome the disadvantages of warfarin, specifically regarding onset of action and dissipation, predictability of anticoagulant effect, probability of food-drug interactions, and need for monitoring. PRADAXA is also being studied for other conditions such as venous thromboembolism (which will open the market for it to compete against heparin and low molecular weight heparins (LMWH)).	* Significant decrease risk of bleeding complications as compared to warfarin. Cost effectiveness study in the Annals of Internal Medicine supports this. * More predictable anticoagulant action thus less frequent coagulation monitoring & dosage adjustments * More rapid onset and offset of action. * Low risk of drug interactions To mitigate the risks of bleeding associated with the use of PRADAXA, the drug will be subject to a risk evaluation and mitigation strategy (REMS). A Medication Guide will be required to be dispensed along with each prescription informing patients of the serious risks associated with PRADAXA, particularly the increased risk of bleeding and how such symptoms should be recognized. : Cover with a daily dose limit of 2 per day.	T3	T3 PA: 1. Dx of AF. QL of 62/32d.	T2 PA: 1. Dx of AF. QL of 62/32.
ATELVIA TAB	RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	Actonel 35mg		30.45	$121.76			T3		
EGRIFTA INJ 1MG	TESAMORELIN ACETATE FOR INJ 1 MG (BASE EQUIV)			39.29				Exclude. Whether Egrifta decreases the risk of cardiovascular disease or improves compliance with antiretroviral drugs has not been studied.		
KRYSTEXXA INJ 8MG/ML	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)			1,380.00				N/A Medical.		

DUEC New Drugs Jan-March 2011

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
02500030102100**	TEFLARO INJ 600MG, 400mg	CEFTAROLINE FOSAMIL FOR IV SOLN 600 MG	Cubicin/Tygacil/Vancomycin/Vibativ	NA	49.2	NA	Acute bacterial skin and skin structure infectioSSSI). Community acquired bacterialpneumonia (CABP) including MRSA.	exclude IV	Exclude. This should be an inpatient drug or one supplied by a home infusion company and would be covered by medical.		
88109903491820	FIRST DUKES SUS MOUTHWSH	*DIPHENHYDRAMINE-HYDROCORTISONE-NYSTATIN SUSP***	available as separate components to compound	$25-30	0.173	$41.00	Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.	Each compounding kit is made for one patient and include pre-weighed powders and pre-measured suspension for the pharmacist to reconstitute. alternative to compound RX	T3. Pharmacist-compounded products are reimbursed at the T3 level. A T3 copay would cover this completely as long as $41 is for a 31 days supply.		
88109904601820	FIRST-MARYS SUS MOUTHWSH	*DIPHENHYDRAMINE-HYDROCORTISONE-NYSTATIN-TETRACYCLINE SUSP**	available as separate components to compound	$25-30	0.18354	$43.50	Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.	Each compounding kit is made for one patient and include pre-weighed powders and pre-measured suspension for the pharmacist to reconstitute. alternative to compound RX	T3. Pharmacist-compounded products are reimbursed at the T3 level. A T3 copay would cover this completely as long as $41 is for a 31 days supply.		
59400023100300**	LATUDA TAB 40, 80MG	LURASIDONE HCL TAB 80 MG	Abilify/Geodon/Invega/risperidone/Saphris/Seroquel XR/Zyprexa	#330-610	16.8	$504	40-80mg daily for the treatment of schizophrenia in adults.	May offer an early onset of action (3 days). Early data indicates lower weight gain compared to olanzapine. Lacks long-term safety and efficacy data. All the pivotal phase III clinical trials were limited to 6 weeks duration.add to tier 2	Exclude. Latuda has only 4 six-week placebo controlled trials. There is no evidence for superiority because it has not been compared to any active controlled use where the trial was powered to find any clinical difference. Re-search the literature in 6 months for comparative data.		
49102030002060	CUVPOSA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	GLYCOPYRROLATE tablet 1 and 2mg	$1.05/1MG TAB	0.95 or $4.75/5ml		For the reduction of severe chronic drooling in patients with neurologic conditions associated with drooling (e.g., cerebral palsy). Dosage: Children/adolescents max dose: 0.1mg/kg/dose TID	Only oral solution available but generic 1mg tab available	T3		
36201010101120	NEXICLON XR SUS 0.09/ML	CLONIDINE HCL EXTENDED RELEASE SUSP 0.09 MG/ML (BASE EQUIV)	Jenloga/Kapvay/clonidine/Catapres TTS	30 mday supply:: Clonidine IR-$33;Kapvay XR-$151; Catapres TTS-$95	2.44068	$366/mo	Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.	Extended release oral suspension form; exclude-generic available	Exclude; IR tablets can be crushed. Extemporaneously prepared 0.1mg/mL oral suspension may be made from tablets. Directions in LexiComp. This clonidine is for HTN.		
36201010107510	NEXICLON XR TAB 0.17MG	CLONIDINE HCL TAB SR 24HR 0.17 MG (BASE EQUIVALENT)	Jenloga/Kapvay/clonidine/Catapres	30 mday supply:: Clonidine IR-$33;Kapvay XR-$151; Catapres TTS-$95	4.8	$288/mo	Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.	exclude-generic available	Exclude. This clonidine is for HTN.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
62609902300120	NUEDEXTA CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	NA		9.78	$586.80	One 20/10mg tablet daily for 7 days then increase to one tablet every 12 hours for the treatment of pseudobulbar affect(PBA)	This combo first FDA approved treatment for PBA occurs secondary to various unrelated neurological conditions and is characterized by uncontrollable episodes of laughing and/or crying. cover with QL of 2 per day	T3 with PA. 1. Dx of amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS), and 2. Dx of clinically significant Pseudobulbar Affect (PBA) (a baseline score ≥13 on the Center for Neurologic Studies-Lability Scale [CNS-LS]). (not effective for heroin detox). The quinidine increases dextromethorphan's bioavailability by 20-fold. The dextromethorphan is what treats the disease.		
60204080102020	ZOLPIMIST SPR 5MG	ZOLPIDEM TARTRATE ORAL SPRAY 5 MG/ACT	Ambien,Ambien CR, Edluar.	30 day supply: $204-385	9.35065	$72.00	10mg (2 sprays) PO immediately before bedtime.	Oral spray dosage form.exclude-generic available	Exclude		
86101038102025	MOXEZA SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Vigamox	$30.58/ML $92.00/7 DAY	30.58	$92.00/7 DAYS	One drop in each affected eye BID for 7 days for bacterial conjunctivitis.	Moxeza needs only to be administered twice daily vs Vigmox TID.add to tier 3 (same as Vigamox)	Which tier is Vigamox? (place at same tier; negotiate for T2 if rebates available) Moxeza provided total peak and superior exposure vs Vigamox. Whether this translates into greater bacteria eradication		
64200010002070	OFIRMEV INJ 10MG/ML	ACETAMINOPHEN IV SOLN 10 MG/ML		NA	0.129		Intravenous acetaminophen (Ofirmev) approved for the treatment of pain/fever in adults and children over the age of 2 years.Adults,Adolescents 50kg or greater: 1000mg IV every six hours or 650mg IV every 4 hours as needed.	Exclude-generic available and IV dosage form	Exclude. IV; not outpatient drug.		
25990003200330	SAFYRAL TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Beyaz $85.12 per month		3.04286	$85.12	Indicated for pregnancy prevention and to raise folate levels in women wo want to use an oral contraceptive for contraception.One tablet PO daily following in order directed on package.	recommend using a generic OC plus a separate multivitamin or folic acid supplement	Exclude; consider reference pricing with all OC's.		
85100010266470	XYNTHA INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 3000 UNIT	Kogenate, Humate, Alphante	$0.50-$2.17/unit 3000units/$3,600-$%,040	1.66	3000 units = $4,980	Hemophilia	Antihemophilic factors covered with PA at Ascend	Specialty. T3 PA.		
36996803200320	AMTURNIDE150 TAB -5-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 150-5-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 3.21	2.976	$89.28	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200340	AMTURNIDE300 TAB -10-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-10-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.25	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
36996803200345	AMTURNIDE300 TAB -10-25MG	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-10-25 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.34	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200330	AMTURNIDE300 TAB -5-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-5-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.06	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200335	AMTURNIDE300 TAB -5-25MG	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-5-25 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.34	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
65100025100700**	ABSTRAL SUB 100MCG, 200, 400, 600, 800	FENTANYL CITRATE SL TAB 100 MCG (BASE EQUIV)	Fentora, Onsolis, Fentanyl, Actiq	22.58-59.76 100 to 800mcg for Fentora, 23.33-67.08 Onsolis 45-150 for actiq, 18.80 -$55.43 for generic Actiq	16.8- 48		Abstral is indicated for the management of breakthrough pain in patients with cancer, ages 18 years and older, who already use opioid pain medication around the clock and who need and are able to safely use high doses of an additional opioid medicine.	Abstral is available only through a Risk Evaluation and Mitigation Strategy (REMS) program, which is intended to minimize the risk of misuse, abuse, addiction and overdose. Under this program, pharmacies, distributors, and health care professionals who prescribe to outpatients are required to enroll in the program to prescribe, dispense and distribute this product.	T3 PA. QL of 4 tabs/1 day or 120/30d. PA criteria: 1. Dx of cancer AND on who are taking at least 60 mg of oral morphine/daily, or at least 25 mcg transdermal fentanyl/hour, or at least 30 mg of oral oxycodone daily, or at least 8 mg oral hydromorphone daily, at least 25 mg oral oxymorphone daily or an equianalgesic dose of another opioid for a week or longer. ABSTRAL is indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain		
23100030004070	FORTESTA GEL 10MG/ACT	TESTOSTERONE TD GEL 10MG/ACT (2%)	Androgel , Testim, Androderm	Androgel $333.00, Androderm $325	5.01483	$300 per 60gm	Hypogonadism	Androgel, Testim and Androderm tier 2 with PA	T3, PA: 1. Dx of testosterone deficiency in males OR hypogonadism or hypoganodotropic hyogonadism in males OR delayed puberty in males. (We should select one testosterone topical and negotiate for rebates.)		
90900048001820	NATROBA SUS 0.9%	SPINOSAD SUSP 0.9%	Lindane lotion, shampoo-$15-$91 Elimite $79.80	Pronto OTC $12	1.99	$238.80/4 oz	Head Lice	exclude, less expensive options avaialble	T2 w/ ST: Require 2 fills of permethrins in the past 30 days. (Permethrins is 1st line tx by the American Academy of Pediatrics).		
43995803 75**	PROHIST CD LIQ	PHENYLEPH-TRIPROLIDINE-CHLORPHEDIANOL 10-2.5-25MG/5ML	Brotapp DM, C-Phen	$0.04/ml $4.80/120ml	0.18867	$22.64/120ml	Antitusswive/Decongestant/Antihistamine	Multiple generics available - exclude	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
43995702 0709**	PROHIST CF LIQ	CHLOPHEDIANOL-TRIPROLIDINE 25-2.5MG/5ML	Promethazine DM	$0.04/ml $4.80/120ml	0.18867	$22.64/120ml	Antitussive/Antihistamine	Exclude- generic available	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
43993002 8309**	PROIHIST LQ LIQ	TRIPROLIDINE-PHENYLEPHRINE LIQ 2.5-10MG/5ML	Triproline/PSE syrup	$0.64/ml $7.68/120ml	0.18867	$22.64/120ml	Antitussive/Low sedating antihistamine	Exclude - generic available	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
906600800	ALUVEA CRE 39%	UREA 39%	Urea 50% cream	$1.12/gm $159.00/142gm	1.5806	$224.36/142gm	Dystrophic nail removal , milld kerosis, keratolytic	exclude-generic available	exclude. Generics available.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
90660080002	ALUVEA CRE 43%	UREA 43%	Urea 50% cream	$1.12/gm $159.00/142gm	1.5806	$224.36/142gm	Dystrophic nail removal , milld kerosis, keratolytic	exclude-generic available	exclude. Generics available.		
36150010200**	EDARBI 40MG	AZILSARTAN MEDOXOMIL 40MG	Cozaar,Atacand,Diovan,Avapro, Losartan,Micardis,Teveten,Benicar	$90-114/month	2.94	$88.20	ARB-hypertension	Tier 3 with step therapy	T3 ARB ST		
36150010200 3	EDARBI 80MG TAB	AZILSARTAN MEDOXOMIL 80MG	Cozaar,Atacand,Diovan,Avapro, Losartan,Micardis,Teveten,Benicar	$90-114/month	2.94	$88.20	ARB-Hypertension	Tier 3 with step therapy	T3 ARB ST		
	Kapvay 0.1 mg tablet	clonidine XR	clonidine 0.1mg tab, MAC=$0.04	$2	AWP per tab =$2.52	$151			This clonidine is for ADHD. Exclude. This is administered BID like the IR except it is not interchangable. PI states longterm use (>5w) has not been studied. In 1 trial vs placebo, it was superior to placebo @5w.		
	Axiron Soln	Testosterpme TD Soln	Androgel , Testim, Androderm	Androgel $333.00, Androderm $325	$3.71	$334.32/90ml	Hypogonadism	Androgel, Testim and Androderm tier 2 with PA			
	Benlysta inj	Belimumab IV soln				$531/120 mg $1772.71/400mg	For tx of active, autoantibody-positive, systemic lupus erythematosus (SLE) in combination with standard therapy	10m/kg/dose IV every 2 weeks for the first 3 doses then every 2 weeks thereafter. Only healthcare providers prepared to manage anaphylaxis should administer Benlysta.	No peer-reviewed trials in pubmed. From PI, did not work in Blacks. Mortality was higher with the drug than with placebo. Only worked in auto-antibody positive patients.		

From February 2011 Insurance Board Meeting:

3.a. TZD's----The Board already voted to exclude coverage of Avandia, Avandamet and Avandaryl effective 7/1/2011 and we have that in place. However, there is still a determination to be made on Actos and what step therapy guidelines we should use.

3.b. Byetta and Victoza-----The Board was interested in Option 2 under your proposed recommendations.

Januvia, Janumet, Onglyza, and Kombiglyze XR-----The Board was interested in Option 2 under your proposed recommendations.

3.c. Symlin and Symlinpen----The Board was interested in developing step therapy criteria for these medications before they agree to exclude from coverage.

For all of these items, you will need to present final step therapy criteria at Monday's meeting so that those recommendations can be presented at the subsequent Board meeting. Jason doesn't want to go back through all of the clinical evidence but wants more defined step therapy criteria so that the Board will be able to understand how we are implementing the changes. Also, we need to be sure to include whether or not these changes will affect only new users of these medications, etc.

Antidiabetic Recommendations
Jill Johnson, Pharm.D., College of Pharmacy
4/3/11 Proposals:

Consensus Statement

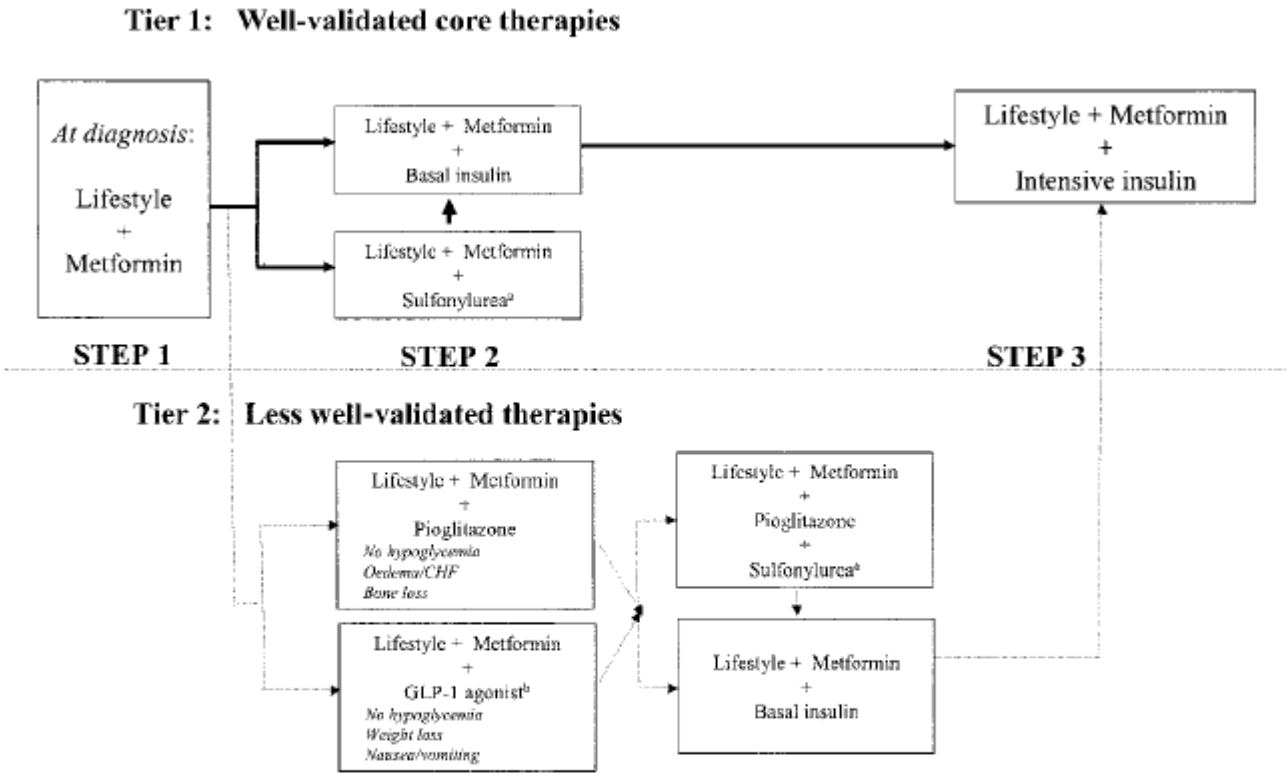


Figure 2—*Algorithm for the metabolic management of type 2 diabetes; Reinforce lifestyle interventions at every visit and check A1C every 3 months until A1C is <7% and then at least every 6 months. The interventions should be changed if A1C is ≥7%. [a]Sulfonylureas other than glyburide (glyburide) or chlorpropamide. [b]Insufficient clinical use to be confident regarding safety. See text box, entitled* TITRATION OF METFORMIN. *See Fig. 1 for initiation and adjustment of insulin. CHF, congestive heart failure.*

EFFECTIVE: beginning 1/1/2012 for all new users of the considered drugs.

3a:

TZDs (rosiglitazone, pioglitazone), (Avandia, Avandaryl, Avandamet, Actos, ActoplusMet)

CURRENT	PROPOSED
▪ No edits for EBD members	▪ Restrict the access to rosiglitazone. Stop covering rosiglitazone (Avandia, Avandamet, Avandaryl) effective July 1, 2011. ▪ No pioglitazone (Actos) without metformin (at a near maximum daily dose-1000mg daily) or a contraindication to metformin.

4

4/3/11 Proposed step therapy guidelines for pioglitazone (Actos and Actos-containing products including pioglitazone-glimepiride, pioglitazone-metformin, and future combinations):

STEP THERAPY[a]:
1. Patients taking metformin[b] for the past 4 of 5 months and taking a sulfonylurea for the past 4 of 5 months may have pioglitazone. If the 80% adherence rate is not maintained, pioglitazone access will be denied at the point of sale.

2. Patients with a contraindication to metformin and having a sulfonylurea fill for the previous 4 of 5 months may have pioglitazone. The 80% adherence rate must be maintained in order to maintain access to pioglitazone.

3. Patients must adhere to at least 4 of the previous 5 months of metformin + sulfonylurea and fail to meet HbA1C goal prior to gaining access to pioglitazone-metformin (Actoplus Met) combination therapy.

4. Patients must adhere to at least 4 months of metformin monotherapy and an additional 4 months of metformin + sulfonylurea and fail to meet HbA1C goal prior to gaining access to pioglitazone-glimepride (Duetact) combination.

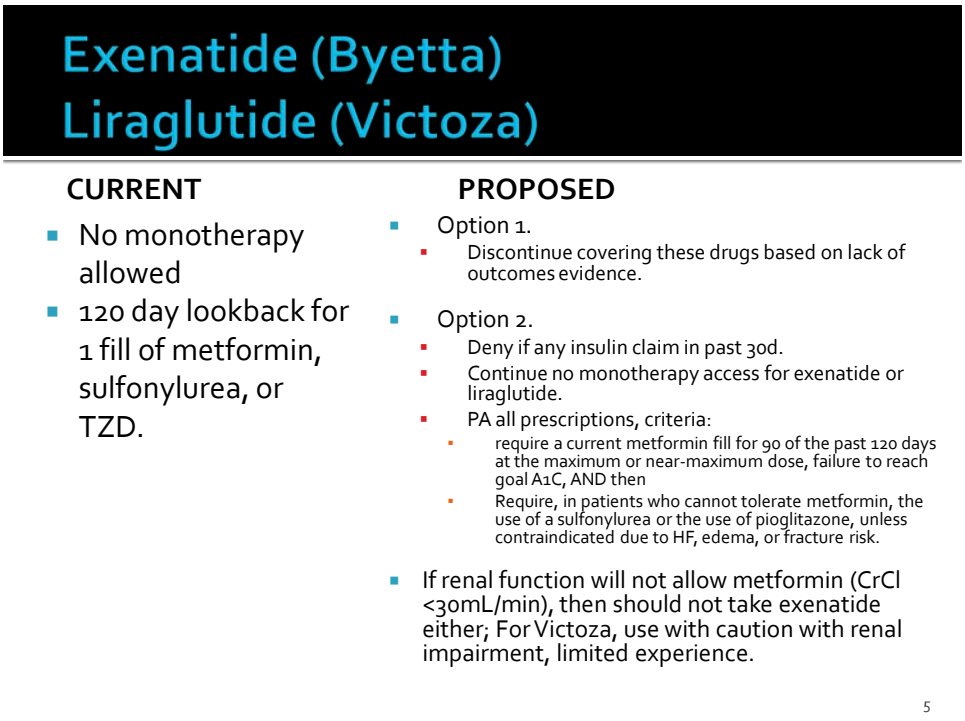
PRIOR AUTHORIZATION
5. Patients with a contraindication to metformin and to sulfonylurea may have pioglitazone but will require a PA. No pioglitazone monotherapy.

[a]This proposal allows access to pioglitazone prior to requiring basal insulin as the guidelines suggest. Use of pioglitazone is considered a less well-validated therapy than basal insulin.
[b]Metformin must be taken at the maximally tolerated dose. Metformin use without titrating the dose slowly upwards is known to cause gastrointestinal side effects. Metformin 500mg twice daily is a starting dose. Many will require 1000mg twice daily.

REFERENCES:
1. Nathan DM, Holman RR, Buse JB, Davidson MB, et al. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. *Diabetes Care.* 2009. 32:193–203. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\T2DM glycemic algorithm ADA 2009.pdf

2. Drug Effectiveness Review Project. Oregon Health Sciences Center. Newer Diabetes Drugs. \\Copnt1\users\anyone shared\JohnsonJill\Diabetes_draft for final approval_report_original_Jan 2011.pdf

3b. Byetta and Victoza-----The Board was interested in Option 2 under your proposed recommendations.



4/3/2011 Proposed criteria for exenatide (Byetta) and liraglutide (Victoza):

1. Deny if any insulin claim in the past 30 days.
2. Continue no monotherapy access for exenatide or liraglutide.
3. PA all prescriptions, criteria:

   Initial PA, effective for 6 months:
   - require a current metformin fill for 90 of the past 120 days at the maximum or near-maximum dose, failure to reach goal A1C, AND
   - Require, in patients who cannot tolerate metformin[a, 1], the use of a sulfonylurea[2] or the use of pioglitazone[3], unless contraindicated due to HF, edema, or fracture risk.
   - [b,c] Pioglitazone must be used for 120 days without achieving HbA1C goal before gaining access to exenatide or liraglutide.

   Subsequent PA, effective for 1 year:
   - Allow access to exenatide or liraglutide if patient maintained metformin days supply of 140 of past 180 days unless contraindicated. If metformin is contraindicated, allow access to exenatide or liraglutide if patient maintained sulfonylurea or pioglitazone days supply of 140 of past 180 days. If either sulfonylurea or pioglitazone is contraindicated, require insulin use for a days supply of 120 of past 180 days without achieving the goal prior to access to the GLP-2 analogs.
4. No therapeutic duplication. Do not allow concomitant exenatide and liraglutide use.

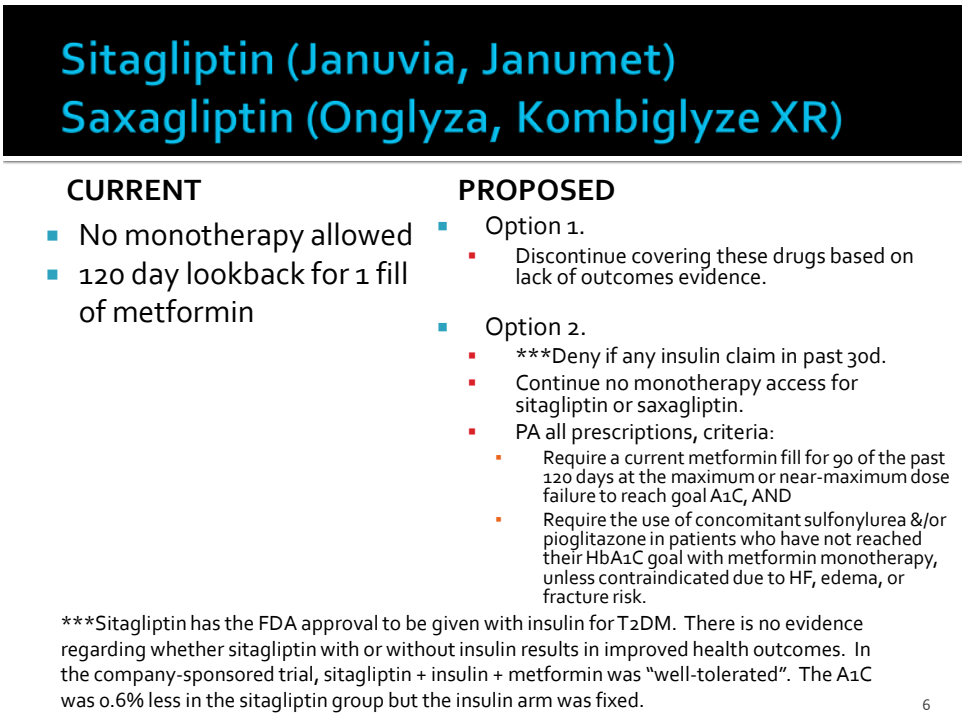
[a]Metformin must be titrated slowly upward. Metformin 500mg twice daily is the initial dose.
[b]This proposal allows access to pioglitazone prior to requiring basal insulin as the guidelines suggest. Use of pioglitazone is considered a less well-validated therapy[4] than basal insulin.
[c]Consider requiring basal insulin, a well-validated core therapy[4], prior to using pioglitazone.

References:
[1]UKPDS 34. Lancet 1998; 352: 854–65. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 34.pdf
[2]UKPDS 33. Lancet 1998; 352: 837–53. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 33.pdf

[3]Lincoff AM, et al. **Pioglitazone and Risk of Cardiovascular Events in Patients With Type 2 Diabetes Mellitus** A Meta-analysis of Randomized Trials. *JAMA.* 2007;298(10):1180-1188. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\Pioglitazone CV risk reduction-JAMA 07.pdf

[4] Nathan DM, Holman RR, Buse JB, Davidson MB, et al. Medical Management of Hyperglycemia in Type 2 Diabetes: A Consensus Algorithm for the Initiation and Adjustment of Therapy. *Diabetes Care.* 2009. 32:193–203. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\T2DM glycemic algorithm ADA 2009.pdf

Januvia, Janumet, Onglyza, and Kombiglyze XR-----The Board was interested in Option 2 under your proposed recommendations.



4/3/2011 Proposed criteria for sitagliptin (Januvia) and saxagliptin (Onglyza) or any sitagliptin or saxagliptin-containing product:

1. Deny if any insulin claim in the past 30 days.
2. Continue no monotherapy access for sitagliptin or saxagliptin. Combination products require generic monotherapy prior to access.(i.e. Must fail metformin monotherapy as well as other generic combo therapies prior to getting this nonvalidated therapy.)
3. PA all prescriptions, criteria:
   - require a current metformin fill for 90 of the past 120 days at the maximum or near-maximum dose, failure to reach goal A1C, AND then
   - Require the use of concomitant sulfonylurea, unless contraindicated, &/or pioglitazone in patients who have not reached HbA1C goal with metformin monotherapy, unless pioglitazone is contraindicated due to HF, edema, or fracture risk.
   - Prior to access to Kombiglyze XR (saxagliptin + metformin), metformin[b] + sulfonylurea + pioglitazone and without saxagliptin must fail to achieve goal HbA1C.
4. No therapeutic duplication with sita- or saxa-gliptin. (Deny the drug if the other is filled in the previous 30 days.)

[a]Metformin must be titrated slowly upward. Metformin 500mg twice daily is the initial dose. Patients should increase to at least 850 mg twice daily before determining failure.
[b]Metformin must have an adherence rate of 4 of the past 5 months prior to gaining access to sitagliptin or saxagliptin.

References:

[1]UKPDS 34. Lancet 1998; 352: 854–65. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 34.pdf
[2]UKPDS 33. Lancet 1998; 352: 837–53. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\UKPDS 33.pdf
[3]Lincoff AM, et al. **Pioglitazone and Risk of Cardiovascular Events in Patients With Type 2 Diabetes Mellitus** A Meta-analysis of Randomized Trials. *JAMA.* 2007;298(10):1180-1188. C:\Documents and Settings\johnsonjillt1\My Documents\Johnson\1Jill\My Dropbox\PDF's\Pioglitazone CV risk reduction-JAMA 07.pdf

3.c. Symlin and Symlinpen----The Board was interested in developing step therapy criteria for these medications before they agree to exclude from coverage.

Pramlintide (Symlin, Symlinpen)

CURRENT	PROPOSED
▪ No edits	▪ Exclude

7

4/3/11 Proposed Step Therapy:
1. None[a].

[a]No proposed step therapy due to no evidence of reduction in any diabetes related events, an increased risk of severe hypoglycemia when given with insulin, increased risk of nausea (30% of patients), slowed gastric emptying (in patients already at risk for diabetic gastroparesis), and only a 0.7% reduction in HbA1C at best, again without evidence of risk reduction.

DUEC New Drugs Oct-Dec 2010

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
CYCLOSET TAB 0.8MG	BROMOCRIPTINE MESYLATE TAB 0.8 MG (BASE EQUIVALENT)	metformin $42-$108 per 30 dyas, sufonylureas $10-$93, per 30 days	Actos 15-45mg $173.40--$287.40 per month, januvia $226.50 per month	1.8 per 0.8mg tab	2- 6 ta/day ($108-$324 per month)	Cycloset, an ergot derivative, is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus. Cycloset should not be used as a treatment of type 1 diabetes or diabetic ketoacidosis. There is limited efficacy data for the use of Cycloset in combination use with thiazolidinediones, and efficacy has not been confirmed in combination with insulin.	Cycloset is a novel therapy directly targeting the body's dopamine activity to improve glycemic control. It provides physicians with another treatment option for their patients with type 2 diabetes. • Unlike many other currently available drugs that stimulate insulin release, Cycloset improves glycemic control without increasing circulating insulin levels.	Exclude at this time. Has not been compared to metformin. No outcomes except HbA1C.		
KOMBIGLYZE TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 2.5-1000 MG	Janumet 50-500mg and 50-1000mg 3.77	$226.30 per month	3.67	$110.10 per month	For the treatment of type 2 diabetes mellitus in combination with diet and exercise when treatment with both saxagliptin and metformin is appropriate	Tier 3 with step (like Janumet)	T3 with lookback 180d for metformin monotherapy.		
KOMBIGLYZE TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 5-1000 MG	Janumet 50-500mg and 50-1000mg 3.77		7.34	$220.20 per month		Tier 3 with step (like Janumet)	"		
KOMBIGLYZE TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB SR 24HR 5-500 MG	Janumet 50-500mg and 50-1000mg 3.77		7.34	$220.20 per month		Tier 3 with step (like Janumet)	"		
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	Plan B, Plan B one step, Next Choice	Plan b $15.88 per tab= $31.76 per dose, plan B one step $40.62, Next Chcice average generic $14.62	42.90		ELLA can be used up to 5 days after unprotected intercourse or a known or suspected contraceptive failure. In comparison, PLAN B and PLAN B ONE-STEP should be used within 3 days per FDA	A disadvantage to ELLA is its Rx-only availability. PLAN B and PLAN B ONE-STEP are available over-the-counter (OTC) for patients > 17 years of age; both are Rx for those < 17 years of age. ► PLAN B is available generically as NEXT . exclude, same as Plan B	Exclude, OTC alternatives		
XGEVA INJ	DENOSUMAB INJ 120 MG/1.7ML	Same drug as Prolia, different indications	Prolia 60mg $990/unit	1164.71	$1165 (120mg every 4 weeks)	For the treatment of osteoporosis in postmenopausal women at high risk for fracture and For the prevention of skeletal-related events in patients with bone metastases from solid tumors	exclude (same as Prolia)	Medical N/A		
CARBAGLU TAB 200MG	CARGLUMIC ACID TAB 200 MG	There are 2 currently marketed products known as "nitrogen scavengers," Medicis Pharmaceutical Corp's AMMONUL (sodium phenylacetate/sodium benzoate) and BUPHENYL (sodium phenylbutyrate) approved	Ammonul $2,866.80 per 50 mL single-use vial Child: $5,733.60 Adult: $11,467.20 for 30 day supply. Buphenyl $7.72 per tablet; $3,857.38 per 250 gram can Child: $3,857.38 -	159.60	$5586 per day	CARBAGLU (carglumic acid) is a Carbamoyl Phosphate Synthetase 1 (CPS 1) activator indicated as: (1) adjunctive therapy for the treatment of acute hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS) and (2) maintenance therapy for the treatment of chronic hyperammonemia due to the deficiency of the hepatic enzyme N-acetylglutamate synthase (NAGS).	CARBAGLU is the only product FDA-approved as a specific treatment of hyperammonemia due to NAGS deficiency. Other available treatments are unspecific for this indication.	PA T3. Specialty		
BROMDAY SOL 0.09%	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Xibrom		91.18	1.700ML					

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
GILENYA CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Avonex, Betaseron, COPAXONE, EXTAVIA, NOVANTRONE, REBIF, TYSABRI	(vs. $2,800 - $3,200 month for injectable therapies)	158.08	$4426 per 28 day supply	GILENYA (fingolimod) is the first oral therapy approved for the treatment of patients with relapsing forms of multiple sclerosis (MS) to reduce the frequency of clinical exacerbations and to delay the accumulation of physical disability. GILENYA belongs to a new class of drugs called sphingosine-1-phosphate receptor (S1P) modulator	Current treatment guidelines recommend that initiation of interferon beta or glatiramer acetate should be considered when a diagnosis of relapsing disease is made. Natalizumab is generally reserved for patients who had an inadequate response or were unable to tolerate other MS therapies. Mitoxantrone is reserved for relapsing patients with worsening disease or patients with secondary progressive disease, whether or not relapses are occurring. first in class drug that prevents white cell release from lymph nodes, which attach the myelin sheath...* risk of toxicity for the heart, lung & eye along with increase risk of infection.	T3 w PA. Specialty	T3 w PA. Specialty	T3 w PA. Specialty
GLASSIA INJ	PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/50ML	ARALAST - PROLASTIN –ZEMAIRA -		11.04	Single use vial 1 gram Alpha1-PI in 50 mL Solution 60 mg/kg body weight			Exclude. Specialty		
BEYAZ TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	compared to about $50 for the generic without folate (*Gianvi*) plus $2 for a folate supplement		3.04286	85.12		Beyaz (bee-YAZ) is a new version of Yaz with folate. recommend using a generic OC plus a separate multivitamin or folic	Exclude		
PEDIADERM TA KIT	*TRIAMCINOLONE CREAM 0.1% & EMOLLIENT CREAM KIT**			1.45043			exclude kits	Exclude		
PEDIADERM AF KIT COMPLETE	*NYSTATIN CREAM 100000 UNIT/GM & DIAPER RASH CREAM KIT**			1.15833			exclude kits	Exclude		

Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	Notes	Consultant's Notes	DUEC Vote	Insurance Vote
PRADAXA CAP 75, 150MG	DABIGATRAN ETEXILATE MESYLATE CAP	warfarin $23/month		4.05	$8.10 per day and/or $243 per 30 day supply.	PRADAXA is the first oral direct thrombin inhibitor (a type of anticoagulant). It is FDA-approved to reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF). PRADAXA will be competing with warfarin (COUMADIN, JANTOVEN), the existing "gold standard" oral anticoagulant that has been on the market for over 50 years. PRADAXA was designed to overcome the disadvantages of warfarin, specifically regarding onset of action and dissipation, predictability of anticoagulant effect, probability of food-drug interactions, and need for monitoring. PRADAXA is also being studied for other conditions such as venous thromboembolism (which will open the market for it to compete against heparin and low molecular weight heparins (LMWH)).	* Significant decrease risk of bleeding complications as compared to warfarin. Cost effectiveness study in the Annals of Internal Medicine supports this. * More predictable anticoagulant action thus less frequent coagulation monitoring & dosage adjustments * More rapid onset and offset of action. * Low risk of drug interactions To mitigate the risks of bleeding associated with the use of PRADAXA, the drug will be subject to a risk evaluation and mitigation strategy (REMS). A Medication Guide will be required to be dispensed along with each prescription informing patients of the serious risks associated with PRADAXA, particularly the increased risk of bleeding and how such symptoms should be recognized. : Cover with a daily dose limit of 2 per day.	T3	T3 PA: 1. Dx of AF. QL of 62/32d.	T2 PA: 1. Dx of AF. QL of 62/32.
ATELVIA TAB	RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	Actonel 35mg		30.45	$121.76			T3		
EGRIFTA INJ 1MG	TESAMORELIN ACETATE FOR INJ 1 MG (BASE EQUIV)			39.29				Exclude. Whether Egrifta decreases the risk of cardiovascular disease or improves compliance with antiretroviral drugs has not been studied.		
KRYSTEXXA INJ 8MG/ML	PEGLOTICASE INJ 8 MG/ML (FOR IV INFUSION)			1,380.00				N/A Medical.		

DUEC New Drugs Jan-March 2011

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
02500030102100**	TEFLARO INJ 600MG, 400mg	CEFTAROLINE FOSAMIL FOR IV SOLN 600 MG	Cubicin/Tygacil/Vancomycin/Vibativ	NA	49.2	NA	Acute bacterial skin and skin structure infectioSSSI). Community acquired bacterialpneumonia (CABP) including MRSA.	exclude IV	Exclude. This should be an inpatient drug or one supplied by a home infusion company and would be covered by medical.		
88109903491820	FIRST DUKES SUS MOUTHWSH	*DIPHENHYDRAMINE-HYDROCORTISONE-NYSTATIN SUSP***	available as separate components to compound	$25-30	0.173	$41.00	Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.	Each compounding kit is made for one patient and include pre-weighed powders and pre-measured suspension for the pharmacist to reconstitute. alternative to compound RX	T3. Pharmacist-compounded products are reimbursed at the T3 level. A T3 copay would cover this completely as long as $41 is for a 31 days supply.		
88109904601820	FIRST-MARYS SUS MOUTHWSH	*DIPHENHYDRAMINE-HYDROCORTISONE-NYSTATIN-TETRACYCLINE SUSP**	available as separate components to compound	$25-30	0.18354	$43.50	Treatment of pain/inflammation associated with mucositis caused by radiation therapy or chemotherapy, aphthous and other oral ulcers, and mouth pain.	Each compounding kit is made for one patient and include pre-weighed powders and pre-measured suspension for the pharmacist to reconstitute. alternative to compound RX	T3. Pharmacist-compounded products are reimbursed at the T3 level. A T3 copay would cover this completely as long as $41 is for a 31 days supply.		
59400023100300**	LATUDA TAB 40, 80MG	LURASIDONE HCL TAB 80 MG	Abilify/Geodon/Invega/risperidone/Saphris/Seroquel XR/Zyprexa	#330-610	16.8	$504	40-80mg daily for the treatment of schizophrenia in adults.	May offer an early onset of action (3 days). Early data indicates lower weight gain compared to olanzapine. Lacks long-term safety and efficacy data. All the pivotal phase III clinical trials were limited to 6 weeks duration.add to tier 2	Exclude. Latuda has only 4 six-week placebo controlled trials. There is no evidence for superiority because it has not been compared to any active controlled use where the trial was powered to find any clinical difference. Re-search the literature in 6 months for comparative data.		
49102030002060	CUVPOSA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	GLYCOPYRROLATE tablet 1 and 2mg	$1.05/1MG TAB	0.95 or $4.75/5ml		For the reduction of severe chronic drooling in patients with neurologic conditions associated with drooling (e.g., cerebral palsy). Dosage: Children/adolescents max dose: 0.1mg/kg/dose TID	Only oral solution available but generic 1mg tab available	T3		
36201010101120	NEXICLON XR SUS 0.09/ML	CLONIDINE HCL EXTENDED RELEASE SUSP 0.09 MG/ML (BASE EQUIV)	Jenloga/Kapvay/clonidine/Catapres TTS	30 mday supply:: Clonidine IR-$33;Kapvay XR-$151; Catapres TTS-$95	2.44068	$366/mo	Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.	Extended release oral suspension form; exclude-generic available	Exclude; IR tablets can be crushed. Extemporaneously prepared 0.1mg/mL oral suspension may be made from tablets. Directions in LexiComp. This clonidine is for HTN.		
36201010107510	NEXICLON XR TAB 0.17MG	CLONIDINE HCL TAB SR 24HR 0.17 MG (BASE EQUIVALENT)	Jenloga/Kapvay/clonidine/Catapres	30 mday supply:: Clonidine IR-$33;Kapvay XR-$151; Catapres TTS-$95	4.8	$288/mo	Dosage: 0.17mg daily at bedtime for hypertension. Max dose is 0.52mg/day.	exclude-generic available	Exclude. This clonidine is for HTN.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
62609902300120	NUEDEXTA CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	NA		9.78	$586.80	One 20/10mg tablet daily for 7 days then increase to one tablet every 12 hours for the treatment of pseudobulbar affect(PBA)	This combo first FDA approved treatment for PBA occurs secondary to various unrelated neurological conditions and is characterized by uncontrollable episodes of laughing and/or crying. cover with QL of 2 per day	T3 with PA. 1. Dx of amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS), and 2. Dx of clinically significant Pseudobulbar Affect (PBA) (a baseline score ≥13 on the Center for Neurologic Studies-Lability Scale [CNS-LS]). (not effective for heroin detox). The quinidine increases dextromethorphan's bioavailability by 20-fold. The dextromethorphan is what treats the disease.		
60204080102020	ZOLPIMIST SPR 5MG	ZOLPIDEM TARTRATE ORAL SPRAY 5 MG/ACT	Ambien,Ambien CR, Edluar.	30 day supply: $204-385	9.35065	$72.00	10mg (2 sprays) PO immediately before bedtime.	Oral spray dosage form.exclude-generic available	Exclude		
86101038102025	MOXEZA SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Vigamox	$30.58/ML $92.00/7 DAY	30.58	$92.00/7 DAYS	One drop in each affected eye BID for 7 days for bacterial conjunctivitis.	Moxeza needs only to be administered twice daily vs Vigmox TID.add to tier 3 (same as Vigamox)	Which tier is Vigamox? (place at same tier; negotiate for T2 if rebates available) Moxeza provided total peak and superior exposure vs Vigamox. Whether this translates into greater bacteria eradication		
64200010002070	OFIRMEV INJ 10MG/ML	ACETAMINOPHEN IV SOLN 10 MG/ML		NA	0.129		Intravenous acetaminophen (Ofirmev) approved for the treatment of pain/fever in adults and children over the age of 2 years.Adults,Adolescents 50kg or greater: 1000mg IV every six hours or 650mg IV every 4 hours as needed.	Exclude-generic available and IV dosage form	Exclude. IV; not outpatient drug.		
25990003200330	SAFYRAL TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Beyaz $85.12 per month		3.04286	$85.12	Indicated for pregnancy prevention and to raise folate levels in women wo want to use an oral contraceptive for contraception.One tablet PO daily following in order directed on package.	recommend using a generic OC plus a separate multivitamin or folic acid supplement	Exclude; consider reference pricing with all OC's.		
85100010266470	XYNTHA INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMBINANT PAF FOR INJ KIT 3000 UNIT	Kogenate, Humate, Alphante	$0.50-$2.17/unit 3000units/$3,600-$%,040	1.66	3000 units = $4,980	Hemophilia	Antihemophilic factors covered with PA at Ascend	Specialty. T3 PA.		
36996803200320	AMTURNIDE150 TAB -5-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 150-5-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 3.21	2.976	$89.28	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200340	AMTURNIDE300 TAB -10-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-10-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.25	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
36996803200345	AMTURNIDE300 TAB -10-25MG	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-10-25 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.34	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200330	AMTURNIDE300 TAB -5-12.5	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-5-12.5 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.06	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
36996803200335	AMTURNIDE300 TAB -5-25MG	ALISKIREN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 300-5-25 MG	Tekturna HCT and amlodipine	Tekturna HCT 4.34	3.756	$112.68	Hypertension	* Dose consolidation that can lead to improved adherence rates. add to tier 3 with ST	T3 with ARB ST.		
65100025100700**	ABSTRAL SUB 100MCG, 200, 400, 600, 800	FENTANYL CITRATE SL TAB 100 MCG (BASE EQUIV)	Fentora, Onsolis, Fentanyl, Actiq	22.58-59.76 100 to 800mcg for Fentora, 23.33-67.08 Onsolis 45-150 for actiq, 18.80 -$55.43 for generic Actiq	16.8- 48		Abstral is indicated for the management of breakthrough pain in patients with cancer, ages 18 years and older, who already use opioid pain medication around the clock and who need and are able to safely use high doses of an additional opioid medicine.	Abstral is available only through a Risk Evaluation and Mitigation Strategy (REMS) program, which is intended to minimize the risk of misuse, abuse, addiction and overdose. Under this program, pharmacies, distributors, and health care professionals who prescribe to outpatients are required to enroll in the program to prescribe, dispense and distribute this product.	T3 PA. QL of 4 tabs/1 day or 120/30d. PA criteria: 1. Dx of cancer AND on who are taking at least 60 mg of oral morphine/daily, or at least 25 mcg transdermal fentanyl/hour, or at least 30 mg of oral oxycodone daily, or at least 8 mg oral hydromorphone daily, at least 25 mg oral oxymorphone daily or an equianalgesic dose of another opioid for a week or longer. ABSTRAL is indicated only for the management of breakthrough pain in cancer patients 18 years of age and older who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain		
23100030004070	FORTESTA GEL 10MG/ACT	TESTOSTERONE TD GEL 10MG/ACT (2%)	Androgel , Testim, Androderm	Androgel $333.00, Androderm $325	5.01483	$300 per 60gm	Hypogonadism	Androgel, Testim and Androderm tier 2 with PA	T3, PA: 1. Dx of testosterone deficiency in males OR hypogonadism or hypoganodotropic hyogonadism in males OR delayed puberty in males. (We should select one testosterone topical and negotiate for rebates.)		
90900048001820	NATROBA SUS 0.9%	SPINOSAD SUSP 0.9%	Lindane lotion, shampoo-$15-$91 Elimite $79.80	Pronto OTC $12	1.99	$238.80/4 oz	Head Lice	exclude, less expensive options avaialble	T2 w/ ST: Require 2 fills of permethrins in the past 30 days. (Permethrins is 1st line tx by the American Academy of Pediatrics).		
43995803 75**	PROHIST CD LIQ	PHENYLEPH-TRIPROLIDINE-CHLORPHEDIANOL 10-2.5-25MG/5ML	Brotapp DM, C-Phen	$0.04/ml $4.80/120ml	0.18867	$22.64/120ml	Antitusswive/Decongestant/Antihistamine	Multiple generics available - exclude	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
43995702 0709**	PROHIST CF LIQ	CHLOPHEDIANOL-TRIPROLIDINE 25-2.5MG/5ML	Promethazine DM	$0.04/ml $4.80/120ml	0.18867	$22.64/120ml	Antitussive/Antihistamine	Exclude- generic available	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
43993002 8309**	PROIHIST LQ LIQ	TRIPROLIDINE-PHENYLEPHRINE LIQ 2.5-10MG/5ML	Triproline/PSE syrup	$0.64/ml $7.68/120ml	0.18867	$22.64/120ml	Antitussive/Low sedating antihistamine	Exclude - generic available	Exclude. Generic alternatives. Not in Drug Facts and Comparisons. Accessed 3/28/11.		
906600800	ALUVEA CRE 39%	UREA 39%	Urea 50% cream	$1.12/gm $159.00/142gm	1.5806	$224.36/142gm	Dystrophic nail removal , milld kerosis, keratolytic	exclude-generic available	exclude. Generics available.		

GPI	Drug	Generic Name	Other Drugs in Same Class (AWP Pricing)		AWP per unit	Estimated AWP/month	Indications	PBM Notes	Consultant's Notes	DUEC Vote	Insurance Vote
90660080002	ALUVEA CRE 43%	UREA 43%	Urea 50% cream	$1.12/gm $159.00/142gm	1.5806	$224.36/142gm	Dystrophic nail removal , milld kerosis, keratolytic	exclude-generic available	exclude. Generics available.		
36150010200**	EDARBI 40MG	AZILSARTAN MEDOXOMIL 40MG	Cozaar,Atacand,Diovan,Avapro, Losartan,Micardis,Teveten,Benicar	$90-114/month	2.94	$88.20	ARB-hypertension	Tier 3 with step therapy	T3 ARB ST		
36150010200 3	EDARBI 80MG TAB	AZILSARTAN MEDOXOMIL 80MG	Cozaar,Atacand,Diovan,Avapro, Losartan,Micardis,Teveten,Benicar	$90-114/month	2.94	$88.20	ARB-Hypertension	Tier 3 with step therapy	T3 ARB ST		
	Kapvay 0.1 mg tablet	clonidine XR	clonidine 0.1mg tab, MAC=$0.04	$2	AWP per tab =$2.52	$151			This clonidine is for ADHD. Exclude. This is administered BID like the IR except it is not interchangable. PI states longterm use (>5w) has not been studied. In 1 trial vs placebo, it was superior to placebo @5w.		
	Axiron Soln	Testosterpme TD Soln	Androgel , Testim, Androderm	Androgel $333.00, Androderm $325	$3.71	$334.32/90ml	Hypogonadism	Androgel, Testim and Androderm tier 2 with PA			
	Benlysta inj	Belimumab IV soln				$531/120 mg $1772.71/400mg	For tx of active, autoantibody-positive, systemic lupus erythematosus (SLE) in combination with standard therapy	10m/kg/dose IV every 2 weeks for the first 3 doses then every 2 weeks thereafter. Only healthcare providers prepared to manage anaphylaxis should administer Benlysta.	No peer-reviewed trials in pubmed. From PI, did not work in Blacks. Mortality was higher with the drug than with placebo. Only worked in auto-antibody positive patients.		