

HEALTHY PRACTICES JULY 2012 UPDATES



Preventive Drugs

Effective July 1, 2012, inhaled corticosteroids for the treatment of asthma will be added to the Preventive Drug list. Medications on this list are not applied to a member's deductible if the member has a high deductible health plan. A complete list can be found at www.mvphealthcare.com. Choose *Members* then *Manage Prescriptions* then *Preventive Drugs*.

Policy Updates for Commercial and MVP Option Members

Cosmetic Drugs

- Egrifta was added as an exclusion for MVP Option and MVP Option Family

Gralise-NEW POLICY

- Criteria for the treatment of post-herpetic neuralgia includes but is not limited to disease for at least six months after rash has healed, minimum baseline intensity of at least 4 on an 11 point rating scale and failure, contraindication or intolerance to a 30-day trial of each of an immediate release gabapentin and a tricyclic antidepressant

Horizant- NEW POLICY

- Criteria to include diagnosis of moderate-to-severe restless leg syndrome, a score of 15 or greater on the International Restless Legs Syndrome Rating Scale, failure on a one month trial to ropinirole or pramipexole and failure on at least a one month trial of immediate-release gabapentin

Medicare B vs D Determination

- Language was added regarding drugs used as part of renal dialysis services are subject to ERSD Consolidated Billing

Formulary Updates for Commercial and Option Members

Generic drugs added to Formulary (Tier 1)

carba/levo/entaca (Stalevo)
ibandronate (Boniva)
irbesartan (Avapro)
ibresartan/HCTZ (Avalide)
podofilox solution (Condylox)
quetiapine IR (Seroquel)

Drugs removed from the Commercial Formulary (only)*

Avapro
Avalide

**Affected members will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative)*

Formulary Updates for Medicare Members

Name of Drug	Description of Change
^{QL} Afinitor 7.5mg tabs	Addition of drug to the formulary (Tier 4)
Creon 3-9.5-15K caps	Addition of drug to the formulary (Tier 2)
escitalopram oxalate 5mg, 10mg, 20mg tabs	Addition of drug to the formulary (Tier 1)
fluticasone propionate 0.05% lotion	Addition of drug to the formulary (Tier 1)
ibandronate sodium 150mg tabs	Addition of drug to the formulary (Tier 1)
^{PA} Incivek 375mg tabs	Addition of drug to the formulary (Tier 4)
progesterone 100mg, 200mg caps	Addition of drug to the formulary (Tier 1)
sulfacetamide sodium 10% eye oint	Addition of drug to the formulary (Tier 1)
trimipramine maleate 25mg, 50mg, 100mg caps	Addition of drug to the formulary (Tier 1)
^{PA} Victrelis 200mg capsules	Addition of drug to the formulary (Tier 4)
ziprasidone 20mg, 40mg, 60mg, 80mg capsules	Addition of drug to the formulary (Tier 1)

^{QL} = Quantity Limit

^{PA} = Prior Authorization