

# HEALTHY PRACTICES

## APRIL 2013 UPDATES



The following policy and formulary changes are effective for commercial and select ASO members. These changes do not affect Medicare, MVP Option or MVP Option Family members. MVP will notify all impacted members and providers by mail prior to the effective date of this change. Prior authorization requests should be submitted on the *Medications (General and Formulary Exceptions)* form which can be found on our website at <http://www.mvphealthcare.com/provider/ny/forms.html>.

### ANTIDIABETIC AGENTS (DPP-4)

Janumet XR will be covered. Onglyza and Kombiglyze XR will require prior authorization. The following products are covered and do not require prior authorization:

#### Drug Name

Janumet/Janumet XR (sitagliptin/metformin)  
Januvia (sitagliptin)  
Jentadueto (linagliptin/metformin)  
Tadjenta (linagliptin)

### INHALED CORTICOSTEROIDS

Qvar will be changed to tier 2. Flovent will be changed to tier 3 and prior authorization will be required for Alvesco and Flovent. The following products are tier 2 and do not require prior authorization:

#### Drug Name

Asmanex (mometasone)  
budesonide nebs  
Pulmicort (budesonide) Flexhaler/MDI  
QVAR (beclomethasone)

### INHALED CORTICOSTEROIDS/LABA COMBINATIONS

Dulera will be changed to tier 2. Advair will be changed to tier 3 and require prior authorization. The following products are tier 2 and do not require prior authorization:

#### Drug Name

Dulera (formoterol/mometasone)  
Symbicort (formoterol/budesonide)

### URINARY ANTICHOLINERGICS/ANTISPASMODICS

Toviaz and Vesicare will be changed to tier 2. Prior authorization will be required for tier 3 (oral) agents. The following products are tier 2 and do not require prior authorization:

#### Drug Name

Detrol LA (tolterodine LA)  
oxybutynin/XR  
tolterodine  
Toviaz (fesoterodine)  
trospium  
Vesicare (solifenacin)

### POLICY UPDATES

#### Cox-2 Inhibitors

- Formulary language updated for MVP Option/MVP Option Family

#### Pain Medication

- Subsys was added to policy.
- Language referring to the new REMS Program for Transmucosal Immediate Release Fentanyl was added.
- Use of buprenorphine in combination with opioids was excluded

#### Select Hypnotics

- Intermezzo was added to the policy with quantity limits
- Select Medicare language was removed as new CMS guidelines allow coverage for select benzodiazepines.

#### Horizant

- New indication and criteria for the use in post-herpetic neuralgia was added. Criteria is the same as Gralise

#### Migraine Agents

- Clarified prior authorization requirements on drug table

#### Antipsychotics for Depression

- Step edit requirement language was clarified

#### Prescribers Treating Self and Family Members

- Contract language was updated

#### Xyrem

- Use with alcohol added as an exclusion

#### Compounded (Extemporaneous) Meds

- Language clarified that self-administered compounds must process through the PBM
- All compounds, medical or pharmacy, over \$250 require prior authorization.

#### Inhaled Corticosteroids and Combinations (NEW)

- New policy requiring prior authorization for non-formulary Alvesco, Flovent and Advair
- Criteria includes FDA approved dosing and age requirements as well as failure on all other formulary covered drugs

#### DPP4 Inhibitors (NEW)

- New policy requiring prior authorization for non-formulary Onglyza and Kombiglyze XR
- Criteria includes failure on formulary DPP4 agents

#### Overactive Bladder (Oral) Treatment (NEW)

- New policy requiring prior authorization for non-formulary Sanctura/XR and Enablex
- Criteria includes failure on formulary agents

#### Erivedge (NEW)

- New policy establishing prior authorization criteria that includes but is not limited to diagnosis of locally advanced or metastatic basal cell carcinoma, prescribed by an oncologist or dermatologist and age 18 or older.

#### Provenge

- Prostate cancer stats were updated. No changes to criteria

#### Pharmacy Programs Administration

- Prescriber prevails provision added for atypical antipsychotics for MVP Option and MVP Option Family business (only)

#### Mepron (NEW effective 7/1/2013)

- New policy establishing prior authorization to ensure appropriate utilization.

#### The following policies were reviewed and approved without any changes to criteria:

- Vimovo
- Qutenza
- Sabril
- Physician Prescriptions Eligibility
- Gralise
- Mail Order

#### FORMULARY UPDATES FOR COMMERCIAL AND MVP OPTION MEMBERS

**New drugs** (recently FDA approved, prior authorization required, Tier 3, non-formulary for MVP Option/MVP Option Family)

Drug Name	Indication
Synribo*	Chronic myeloid leukemia
Aubagio	Multiple sclerosis
Xeljanz	Rheumatoid arthritis
Linzess	IBS-C and CIC
Viokace	Exocrine pancreatic insufficiency
Ultresa	Exocrine pancreatic insufficiency

\*Medical drug

**Generic drugs added to Formulary (Tier 1)**

fenofibrate (Tricor)  
griseofulvin ultra (Gris-Peg)  
candesartan-HCTZ (Atacand HCT)  
rizatriptan (Maxalt/MLT)  
phenytoin (Dilantin Chewable)  
tranexamic acid (Lysteda)  
glimepiride-metformin (Duetact)  
oxymorphone (Opana ER –old formulation)  
betamethasone foam (Luxiq)  
Lamictal XR (lamotrigine XR)

**Drugs removed from the Formulary (effective April 1, 2013)\***

Tricor	Celontin
Maxalt/MLT	Peganone
Duetact	

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

**Drugs removed from prior authorization** *(all medications are non-formulary, Tier 3 unless otherwise noted)*

Voraxaze*	Sorilux
Pertzye	

*\*Medical drug*

**Effective July 1, 2013**

All BRAND (only) weight loss medications will require prior authorization. Generic weight loss drugs are covered without prior authorization at the lowest copay tier.