

Healthy Practices

December 2012 Updates



Policy Updates

Multiple Sclerosis, Select Oral Agents

- EDSS chart removed.
- New contraindications added to the Gilenya exclusion section.
- Ampyra: language regarding DMT stable dose updated.
- Updated language by including an alternative to the percent improvement.

Thalidomide and Thalidomide Derivatives

- Kyprolis was added to policy per NCCN Guidelines

Antineoplastic Enzyme Inhibitors

- Inlyta, Xalkorii, Zelboraf and Zytiga were added
- New indications for Afinitor and Votrient were added
- Iressa was removed as it is no longer available

Myelodysplastic Syndrome

- Dacogen and Vidaza were removed as they no longer require prior authorization

Hepatitis C Protease Inhibitors

- Charts were updated to reflect specific approval criteria and duration for each agent
- Drug to drug interaction information was added
- Select approval durations were changed

Hepatitis C Treatment

- Pegasys is the preferred agent

Enteral Therapy New York (effective 1/1/2013)

- Failure to thrive definition was expanded
- List of commercial formulas that will automatically adjudicate through a participating pharmacy was added
- Language regarding medical necessity denials was added. If a formula is denied as not medically necessary, all supplies and services associated with the administration of the formula will also be denied. Claims for supplies and services will be reviewed retrospectively.

Direct Renin Inhibitors

- Valtorna was removed from the policy
- Combination use with an ARB or ACE in renal impairment in diabetes and use in pregnancy were added as exclusions

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

- Myeloid Stimulants
- Jevtana
- Ixempra
- Xgeva
- Actimmune
- Alpha-1 Antitrypsin Inhibitor Therapy
- Growth Hormone
- Zorbitive
- Xyrem
- Formulary Exception for Non-Covered Drugs

The following policy was archived:

- Oforta

Formulary Updates for Commercial and Option Members

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

<u>Drug Name</u>	<u>Indication</u>
Perjeta	HER2-positive metastatic breast cancer

Generic drugs added to Formulary (Tier 1)

valsartan (Diovan)
valsartan/HCTZ (Diovan HCT)
pioglitazone (Actos)
pioglitazone/metformin (ActoPlus Met)
montelukast (Singulair)
calcipotriene (Dovonex Cream)
Next Choice One Step (Plan B One Step)
quinine sulfate (Qualaquin)

Drugs no longer requiring prior authorization

Bydureon ^D	Picato	Viread
Rectiv	Oxecta	Jentadueto ^D

^DSubject to diabetic copay

Drugs removed from the Formulary (effective 1/1/2013)*

Diovan	Diovan HCT	Actos
ActosPlus Met	Singulair	Dovonex Cream

*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

The following drugs were added effective 9/1/2012:

Drug Name	Strength	Dosage Form	Tier
ANDRODERM	2 MG/24 HR	PATCH, TRANSDERMAL 24 HOURS	3
ANDRODERM	4 MG/24 HR	PATCH, TRANSDERMAL 24 HOURS	3
TINIDAZOLE	500 MG	TABLET	1
ABACAVIR	300 MG	TABLET	1
VORICONAZOLE	200 MG	VIAL (SDV,MDV OR ADDITIVE) (EA)	4
OLANZAPINE-FLUOXETINE	6MG-25MG	CAPSULE (HARD,	1
OLANZAPINE-FLUOXETINE	12MG-25MG	CAPSULE	1
OLANZAPINE-FLUOXETINE	12MG-50MG	CAPSULE	1
OLANZAPINE-FLUOXETINE	6MG-50MG	CAPSULE	1
TINIDAZOLE	250 MG	TABLET	1
DEXTROAMPHETAMINE-AMPHETAMINE	10 MG	CAPSULE, EXT RELEASE 24 HR	1
DEXTROAMPHETAMINE-AMPHETAMINE	15 MG	CAPSULE, EXT RELEASE 24 HR	1
DEXTROAMPHETAMINE-AMPHETAMINE	20 MG	CAPSULE, EXT RELEASE 24 HR	1
DEXTROAMPHETAMINE-AMPHETAMINE	25 MG	CAPSULE, EXT RELEASE 24 HR	1
DEXTROAMPHETAMINE-AMPHETAMINE	30 MG	CAPSULE, EXT RELEASE 24 HR	1
DEXTROAMPHETAMINE-AMPHETAMINE	5 MG	CAPSULE, EXT RELEASE 24 HR	1

The following drugs changed to Tier 1 effective 10/1/2012:

ALOPRIM 500MG	KCL 0.15%/D5W/NAACL 0.225%
CARAFATE 1GM/10ML	LACTATED RINGERS
CLOZAPINE 200MG (EFF 9/1/2012)	MAGNESIUM SULFATE 50%
CYCLOSPORINE MODIFIED 50MG	METHOTREXATE SODIUM 1GM
CYTARABINE AQUEOUS 100MG/ML	METHYLPREDNISOLONE SOD SUC 1000MG
DEXAMETHASONE 1MG	POTASSIUM CHLORIDE 0.4MEQ/ML
DEXAMETHASONE 2MG	POTASSIUM CHLORIDE 30MEQ/100ML
DEXTROSE 5%/NAACL 0.33%	POTASSIUM CHLORIDE 0.15% /NAACL 0.45% VIAFLEX
DOCETAXEL 80MG/8ML	POTASSIUM CHLORIDE 0.15%/D5W
ERYTHROMYCIN BASE 250MG	POTASSIUM CHLORIDE 0.22% D5W/NAACL 0.45%
ERYTHROMYCIN BASE 500MG	POTASSIUM CHLORIDE 0.3%/ NAACL 0.9%
KCL 0.15%/D5W/NAACL 0.2%	

QL = Quantity Limit PA =Prior Authorization

The following drugs were added:

Drug Name	Strength	TIER
DESLORATADINE	5 MG	1
GLUMETZA (METFORMIN HCL)	1000 MG	3

The following drugs were deleted:

Drug Name	Strength	Reason
VALTURNA	150-160MG	Discontinued by manufacturer
VALTURNA	300-320MG	Discontinued by manufacturer

The following drugs were not added:

COMBIVENT RESPIMAT	SUBSYS	DYMISTA
ZETONNA	KETODAN	PERTZYE
SKLICE	ALSUMA (multi-source)	