

# HEALTHY PRACTICES JUNE 2013 UPDATES

FROM MVP HEALTH CARE'S PHARMACY DEPARTMENT

---

## POLICY UPDATES

### Acthar

- Criteria for coverage for the treatment of multiple sclerosis was updated
- Criteria for coverage for nephrotic syndrome was added
- Exclusions section was updated

### Mepron (NEW) (effective July 1, 2013)

- Establishes prior authorization to ensure appropriate utilization

### Weight Loss (NEW) (effective July 1, 2013)

- Prior authorization will be required for all BRAND (only) weight loss products.
- Criteria includes but is not limited to a BMI of 30 or 27 with co-morbidities and/or risk factors

### Pharmacy Programs Administration

- Effective 1/1/2013, benzodiazepines and barbiturates are eligible for Part D coverage
- Medicare home infusion language was updated.

### Thalidomide and Thalidomide Derivatives

- Prior therapy criteria was removed
- Combination use with a corticosteroid language was removed

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

- Zyvox
- Antibiotic/Antiviral (Oral) Prophylaxis
- Xifaxan
- Onychomycosis
- Antimalarial Drugs
- Hepatitis B Agents (Pegasys)
- Doryx/Oracea
- Solodyn
- Difacid
- Copayment Adjustment for Medical Necessity
- Medicare Part B vs Part D Determinations



## 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)

<u>Drug Name</u>	<u>Indication</u>
Arcapta Neohaler (indacaterol)	COPD
Skyla* IUD (levonorgestrel)	Prevention of pregnancy
Cometriq (cabozantinib)	Thyroid cancer
Eliquis (apixaban)	Nonvalvular atrial fibrillation
Gattex (teduglutide)	Short bowel syndrome
Iclusig (ponatinib)	Chronic myeloid leukemia
Juxtapid (lomitapide)	Homozygous familial hypercholesterolemia
Vascepa (icosapent ethyl)	Severe hypertriglyceridemia
Giazo (balsalazide)	Ulcerative colitis
Oxtellar XR (oxcarbazepine ER)	Epilepsy
Quillivant XR (methylphenidate ER)	ADHD

\*Medical drug

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

fenofibric acid (Antara)  
buprenorphine/naloxone (Suboxone tabs)  
betamethasone valerate (Luxiq)

### Drugs added to Formulary (Tier 2)

Delzicol

### Drugs covered at Tier 3 (non-formulary for two tier members)

Minivelle                      Auvi-Q

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

Luxiq

\*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)

Perjeta\*

\*Medical drug

### Temodar

Effective June 1, 2013, there will no longer be a quantity limit on Temodar for MVP Option and MVP Option Family members.

### Coverage for Meningitis Vaccine

Recent warnings by public health officials have brought heightened attention to a new lethal strain of meningitis affecting select high-risk males. This is a reminder that MVP reimburses for meningitis vaccine for high-risk populations as recommended by ACIP. For more information, [click here](#).