

HEALTHY PRACTICES OCTOBER 2012 UPDATES



Policy Updates

Contraceptive Agents and Family Planning

- Implanon was removed, Nexplanon was added

Hereditary Angioedema

- Firazyre was added. Age, dosing and authorization period limitations were added.

Lyme Disease/IV Antibiotic Treatment

- Clarified documentation requirements for sign and symptoms of early disseminated Lyme disease, clarified testing specific to positive Western Blot for IgM and language was updated regarding duration of therapy for IV antibiotic use

Osteoporosis Medications

- New indication for Prolia was incorporated in to policy criteria

Pharmacy Programs Administration

- Language was added that for members in a Vermont product, if an adverse determination is appealed, MVP must cover the drug during the appeals process

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

- Acthar
- Kuvan
- Lovaza
- Pradaxa
- RSV/Synagis
- Smasca
- Thrombopoiesis-Stimulating Proteins

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
Dymista	Seasonal allergic rhinitis
Pertzye	Exocrine pancreatic insufficiency
Zetonna	Seasonal & perennial allergic rhinitis

Generic drugs added to Formulary (Tier 1)

abacavir tablets (Ziagen)

desloratadine (Clarinx)

olanzapine/fluoxetine (Symbyax)

tolterodine (Detrol)

Drugs no longer requiring prior authorization

Eylea

Erwinaze

Onfi

Ferriprox

Drugs removed from the Formulary*

Detrol

Ziagen tablets

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

Formulary Updates for MVP Option and MVP Option Family Members

Neupogen and Soriatane CK changed will be added to the formulary

Formulary Updates for Medicare Members

Name of Drug	Description of Change
clopidogrel 75mg & 300mg	Addition of drug to the formulary (Tier 1)
doxycycline hyclate 150mg	Addition of drug to the formulary (Tier 1)
Marlissa tabs	Addition of drug to the formulary (Tier 1)
nevirapine 200mg tabs	Addition of drug to the formulary (Tier 1)
ropinirole ER tb24: 2mg, 4mg, 6mg, 8mg, 12mg	Addition of drug to the formulary (Tier 1)
Xarelto 10mg, 15mg, 20mg	Addition of drug to the formulary (Tier 3)
escitalopram 5mg/5ml soln	Addition of drug to the formulary (Tier 1)
fluvastatin 20mg & 40mg caps	Addition of drug to the formulary (Tier 1)
irbesartan/HCTZ	Addition of drug to the formulary (Tier 1)
quetiapine tabs	Addition of drug to the formulary (Tier 1)
Ella 30mg	Addition of drug to the formulary (Tier 3)
Latuda 20mg tabs	Addition of drug to the formulary (Tier 3)
^{PA} Potiga tabs	Addition of drug to the formulary (Tier 3)
^{PA} Uloric tabs	Addition of drug to the formulary (Tier 3)
Zyflo 600mg tabs	Addition of drug to the formulary (Tier 3)
^{PA} Firazyr	Addition of drug to the formulary (Tier 4)
vancomycin caps	Addition of drug to the formulary (Tier 4)
lansoprazole caps	Increase quantity to allow 180 capsules per 90 days
pantoprazole tabs	Increase quantity to allow 180 tablets per 90 days
calcitriol ointment	No longer a Part D covered drug per CMS

QL = Quantity Limit PA =Prior Authorization