Pharmacy Policy and Formulary Update
Effective January 1, 2011

Propoxyphene Withdrawal
On November 19, 2010, the Food and Drug Administration (FDA) announced that Xanodyne Pharmaceuticals Inc. agreed to voluntarily withdraw its pain medication Darvon® and Darvocet-N® (propoxyphene and propoxyphene/acetaminophen) from the U.S. market because of new clinical trial data indicating potentially serious or even fatal heart rhythm abnormalities. The FDA recommends that prescribers should not issue any further prescriptions for propoxyphene-containing products and pharmacists should stop dispensing the drug and patients should discontinue taking the medication. MVP has sent letters to members who have been prescribed propoxyphene-containing products and advised them to contact their health care providers as soon as possible. Should you have any questions or require further information regarding the market withdrawal of propoxyphene, contact Xanodyne’s Medical Information Department at 1-877-773-7793.

Effective January 1, 2011

Policy Updates

Proton Pump Inhibitors
- Overview section was updated to include possible increased risk of osteoporosis-related fractures with high dose, long term PPI therapy
- Information about the use of PPIs with clopidogrel was also added

Constipation and IBS Medications
- An overview section was added that details the disorder and associated symptoms

Crohn’s Disease & Ulcerative Colitis
- Name changed from Select Agents for Inflammatory Bowel Disease
- For Remicade, members who have fistulating disease must have failed or be intolerant to immunosuppressants and antibiotic therapy
- Step through Humira is not required for members <18 years of age
- For Remicade & Tysabri, documentation must include CDAI-defined symptoms

Enteral Therapy New York
- Statement added requiring all providers including pharmacies, home infusion and DME to bill through the pharmacy benefits management system

Chronic Hepatitis C
- For Pegasys & Copegus, language regarding reported red cell aplasia and use with azathioprine was added
- Information regarding duration of treatment for Rebetol and expanded indication for Infergen was also added

Immunoglobulin Therapy
- Criteria was updated and/or clarified for use in primary humoral immunodeficiency, ITP, CLL and bone marrow transplant patients
- Hizentra (SQ immunoglobulin) was added to the policy

The following policies were reviewed and approved without any changes to criteria:
- Quantity Limits
- Government Programs OTC
Formulary Updates for Commercial Members

The MVP Formulary is updated after each Pharmacy and Therapeutics Committee meeting. The most current version is available online at www.mvphealthcare.com. Simply visit the site’s Provider section and under Pharmacy, click on Formulary. The MVP Formulary can be downloaded to a PDA device from www.epocrates.com. There is a link to ePocrates® on the MVP Web site. Unless otherwise noted, the following Formulary information is effective January 1, 2011.

New drugs* (recently approved by the FDA, prior authorization required, Tier 3)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Xeomin (medical benefit)</td>
<td>Cervical dystonia</td>
</tr>
<tr>
<td>Iprivask</td>
<td>Prophylaxis of deep vein thrombosis</td>
</tr>
<tr>
<td>Suboxone Film</td>
<td>Opioid dependence</td>
</tr>
<tr>
<td>Tekamlo</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Veltin</td>
<td>Acne</td>
</tr>
</tbody>
</table>

Generic drugs added to Formulary (Tier 1)

- oxymorphone (Opana)
- adalalene gel & cream 0.1% (Differin)
- zolpidem CR QL (Ambien CR)
- lansoprazole tablets QL (Prevacid Solutabs)
- oxymorphone (Opana)
- azelastine (Astelin Nasal Spray)
- rivastigmine capsules (Exelon)
- diazepam rectal gel (Diastat)
- hydrocodone/chlorpheniramine (Tussionex)

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

Exalgo (subject to step therapy and quantity limits)

Drugs removed from the Formulary* (change from Tier 2 to Tier 3):

- Astelan Nasal Spray
- Differ Gel & Cream 0.1%
- Exelon Capsules

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

*Drugs indicated as “medical”, when provided in a physician office or outpatient facility, are a covered Medicare Part B benefit and are subject to MVP commercial policies.

Formulary Updates for Medicare Part D Members

Medicare Part D Formulary Available From ePocrates*

You can now access and download the MVP Medicare Part D Formulary for 2010 from ePocrates*. Simply follow the instructions on our Web site at https://www.mvphealthcare.com/provider/pharmacy.html.

The tier and prior authorization status of the following medications have been approved. Policies, where applicable, can be found on our Web site at https://www.mvphealthcare.com/medicare/2010MedicarePARTDPAlist.html or https://www.mvphealthcare.com/medicare/rochester/partd_pharm_mgmt_2010.html.

The following drugs were added to the Medicare Part D Formulary:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier</th>
<th>Prior Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oforta</td>
<td>Specialty</td>
<td>Yes</td>
</tr>
<tr>
<td>Vpriv</td>
<td>Specialty</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Coverage Gap Discount Program
Beginning January 1, 2011 most pharmaceutical manufacturers will provide 50 percent discounts on the cost of covered brand-name prescription drugs for non-LIS beneficiaries in the Medicare Part D coverage gap (donut hole). Only those drugs covered by the manufacturer discount agreement will be covered under the Part D program. Medicare has determined that compounds are not applicable drugs for purposes of the Coverage Gap Discount Program. In addition, the following drugs will not be covered under the Part D program on and after January 1, 2011:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACETADOTE</td>
<td>LITHOSTAT</td>
</tr>
<tr>
<td>ALFERON N</td>
<td>MYOBLOC</td>
</tr>
<tr>
<td>CARDENE SR</td>
<td>SUCRAID</td>
</tr>
<tr>
<td>ESTROGEL</td>
<td>THIOLA</td>
</tr>
<tr>
<td>FLEBOGAMMA</td>
<td>TINDAMAX</td>
</tr>
<tr>
<td>FLEBOGAMMA DIF</td>
<td>VIVOTIF BERNA</td>
</tr>
<tr>
<td>FUSILEV</td>
<td></td>
</tr>
</tbody>
</table>

A complete list of formulary changes may be found at https://www.mvphealthcare.com/medicare/rochester/partd_drug_lists.html.