Health Care Reform & Preventive Drug Coverage Guidelines*

The Patient Protection and Affordable Care Act (ACA) allows for coverage in full for select employer groups as follows:

- **Aspirin**: The use of aspirin is covered when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage in men ages 45 – 79 years & women ages 55 – 79 years.

- **Fluoride**: Clinicians should prescribe oral fluoride supplementation at recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride. Combination products that include multiple vitamins with fluoride are not covered in full.

- **Folic Acid**: All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid. Combination products that include multiple vitamins with folic acid are not covered in full.

- **Iron**: Routine iron supplementation is recommended for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. Combination products that include multiple vitamins with iron are not covered in full.

- **Smoking Cessation Medications**: Clinicians are recommended to ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. For non-pregnant adults (>18 years), therapy includes nicotine replacement therapy (gum, lozenge, patch, inhaler and nasal spray) and sustained release bupropion (Zyban) & varenicline (Chantix).

Smoking Cessation Counseling includes but is not limited to certified and/or community, telephonic or web-based programs. Examples include Freedom from Smoking (American Lung Association), New York State Smokers Quitline, Vermont Quit Network and the Try to Stop Smokers Helpline (New Hampshire).

Prior notification must be received from a provider before claims for smoking cessation medications will adjudicate at the pharmacy. Prior notification requests should be submitted to MVP.

Members* that participate in smoking cessation counseling will be reimbursed in full for smoking cessation medications. For reimbursement, members must present a prescription to their pharmacy and pay-out-of-pocket for over-the-counter products or their prescription copay when applicable. Members should then submit the claim to MVP by following the member claim submission process available on our website at https://www.mvphealthcare.com/pharmacy/documents/health-care-reform-guidelines.pdf.

*Not all members are eligible for the above coverage. ASO grandfathered plans do not have this coverage. In addition, select groups may have chosen to modify this coverage.

Policy Updates

**Effective March 1, 2011**

**Blood Modifiers-Excluding RBC Agents**
- For commercial members only, prior authorization* will be removed from Neulasta.

**Erythropoietic Agents**
- For commercial members only, prior authorization* will be removed from Epogen, Procrit and Aranesp when billed from a place of service other than a pharmacy.

**Oforta**
- New policy which establishes prior authorization criteria for B-cell chronic lymphocytic leukemia. The medication must be prescribed by an oncologist, the member must be >18 years old and progression on or non-responsive to at least one alkylating agent regimen.
Pharmacy Programs Administration

- The Brand/Generic Difference Program language was updated. New RxCare PDP language was added.
  For Medicare, tier language was updated to reflect coverage for 2011 and the Coverage Gap Discount Program description was added.

*For members whose ID# begins with “A”, submit a request for authorization until further notice. No clinical review will be required unless for off-label use.

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

- Dermatologicals for Inflammation
- Cosmetic Agents

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 March 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>Gilenya</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>Suprep</td>
<td>Colon cleanser</td>
</tr>
<tr>
<td>Beyaz</td>
<td>Oral contraceptive</td>
</tr>
<tr>
<td>Glassia (medical benefit)</td>
<td>Emphysema</td>
</tr>
<tr>
<td>Alsuma</td>
<td>Migraine</td>
</tr>
</tbody>
</table>

Generic drugs added to Formulary (Tier 1)

- zifirlukast (Accolate)
- levocetirizine (Xyzal)
- donepezil (Aricept/Aricept ODT)

Drugs added to Formulary (Tier 2)

- Chantix

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

- Lysteda
- Cambia (quantity limits)
- Livalo

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

- Aricept/Aricept ODT (effective 7/1/2011)
- Pacnex

*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.

Medication recalls and withdrawals

In the past several weeks, the Food and Drug Administration (FDA) has issued important medication warning, withdrawals and recalls. Highlights of the FDA activity include:

- In January 2011, Bristol-Myers Squibb Co said it has recalled 64 million tablets of the blood pressure medicine Avalide in the United States and Puerto Rico due to the potential for reduced effectiveness. The move, which Bristol-Myers said was undertaken as a precautionary measure. It is expected that there will be a shortage of Avalide in the first quarter 2011.
• One January 6, 2011, Teva Pharmaceuticals, voluntarily recalled Metronidazole Tablets USP, 250mg, lot 312566, expiration date 05/2012. This product lot is being recalled due to the presence of underweight tablets.
• On December 30, 2010, the Ritedose Corporation conducted a voluntary recall of 0.083% Albuterol Sulfate Inhalation Solution, 3 mL (in 25, 30, and 60 unit dose vials). This product is an inhalation solution, administered via a nebulizer, for the treatment and maintenance of acute asthma exacerbations and exercise induced asthma in children and adults. This product is being recalled because the 2.5 mg/3 mL single use vials are embossed with the wrong concentration of 0.5 mg/3 mL and therefore, represents a potential significant health hazard.

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 2011 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/2011MedicarePARTDPAList.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>Latuda</td>
<td>3 or Specialty</td>
<td>Yes</td>
</tr>
<tr>
<td>Zymaxid</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Natazia</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Vimovo</td>
<td>3</td>
<td>No</td>
</tr>
</tbody>
</table>

A complete list of formulary changes may be found at https://www.mvphealthcare.com/medicare/documents/Formulary.pdf

Medication Therapy Management

The Medication Therapy Management Program (MTMP) is a CMS required component for all Medicare Part D Prescription Drug Plans. The program is for qualified MVP members that meet the following criteria:

- Minimum of 3 of 7 of the following targeted chronic diseases: congestive heart failure, diabetes, chronic obstructive pulmonary disease, dyslipidemia, hypertension, depression and osteoporosis.
- Taking greater than 8 Part D medications as determined by our Pharmacy Benefit Manager (PBM) in conjunction with the MVP Health Care Pharmacy and Therapeutics Committee
- Likely to incur annual costs for covered Part D drugs that exceed $3,000

Each qualified member will be offered a comprehensive medication review (CMR) which will be preformed by a MVP clinical pharmacist. The purpose of the review is to reduce medication errors, optimize the patient’s medication use and refer members to MVP case and disease management if needed. A summary of the CMR will be provided to the member and provider as appropriate. Follow up with the member and provider may also be preformed depending on the intervention.

The 2011 MTMP program is starting and your office might be receiving requests for current chart notes and/or laboratory data from MVP in writing for participating members so that a comprehensive medication review can be performed. Your office may receive request forms from MVP via fax or mail for lab data. Your assistance with the program is greatly appreciated.