Pharmacy Policy and Formulary Update
Effective October 1, 2010

Leukotriene Modifiers
- Exclusions, including cough, reactive airway disease and intermittent asthma were added

Xolair
- Immunologists as requesting providers were added
- Added “reduction is ER/hospital/office visits due to asthma” as a criteria for an appropriate response to treatment

Cystic Fibrosis
- Medicare language was updated regarding Part D vs Part B coverage of TOBI based on diagnosis

Arthritis, Inflammatory Biologic Drug Therapy
- Actemra was added to the policy. Coverage criteria will mirror Orencia and Remicade
- For Rituxan, initial and subsequent re-treatments will be on a case-by-case basis
- Under exclusions, biologic agents will not be covered in combination

Contraceptive Agents & Family Planning
- Lunelle was removed from the policy, product is no longer on the market

Infertility Drug Therapy
- Language added stating any drug used off-label for infertility requires prior authorization

Osteoporosis Medications (Injectables)
- Osteopenia, also called low bone mass, was defined as T-score between -1 to -2.5
- Endoscopy was added objective evidence of ulcer disease
- Hip location was added as appropriate site for BMD

Growth Hormone
- Added language that all dose increases require prior authorization

Zorbtive
- New policy establishes criteria for use in Short Bowel Syndrome
- Must be prescribed by a gastroenterologist

Orphan Drugs and Biologics
- Folotyn, Berinert and Ilaris were added

ACE/ARB
- Table identifying which products require step therapy or prior authorization was added. Also included is which tier each product is covered in
- Twynsta was added to the policy and subject to step therapy

Direct Renin Inhibitors
- Name change, previously called Tekturna policy
- Valturna was added requiring prior authorization

Pulmonary Arterial Hypertension
- Explanation of WHO PAH groups vs NYHA functional classes was added
- Treatment with Revatio requires a step through Adcirca for new starts
- Treatment with Tracleer requires a step through Letairis for new starts
- Language regarding vasoreactive testing and the use of calcium channel blockers was updated
- Extension of therapy, when approved, will be for 12 months
- Language clarified as to when six-minute walk tests are required
Pharmacy Policy Updates Effective October 1, 2010

Samsca
- New policy requiring prior authorization when treating hyponatremia
- Patient must be 18 years of age or older and been evaluated for factors contributing to the condition
- Serum sodium less than 125 mEq/L OR hyponatremic with a serum sodium greater than or equal to 125 mEq/L AND symptomatic AND unable to restrict fluid due to documented disorder or condition that would limit compliance with fluid restriction
- Unless contraindicated, must be a failure of fluid restriction, saline infusion, drug therapy (e.g. demeclocycline, urea, etc.), and/or sodium restriction (if indicated) or removal of offending medication
- Medication must be initiated and titrated while in the hospital

Hereditary Angioedema
- New policy requiring prior authorization for Cinryze, Berinert and Kalbitor
- Must be ordered by an allergist or immunologist
- Member must have a confirmed diagnosis by laboratory results, a contraindication or severe intolerance to attenuated androgens and compliance on preventative therapy
- Triggers of attacks have been prophylactically treated and severe attacks persist

Mail Order
- Exclusion statement was added that non-self administered injectable drugs are not available from mail
- Boniva IV, Reclast, Tyvaso and Cayston were added as exclusions

The following policies were reviewed and approved without any changes to criteria:
- Intranasal Steroids
- Smoking Cessation
- Acromegaly
- Treatment of Fabry Disease
- Gaucher's Disease Type 1 Treatment
- Patient Medication Safety
- Kuvan
- Acthar
- RSV

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 October 1, 2010.

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>Provenge (medical benefit)</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>Oravig</td>
<td>Oropharyngeal candidiasis</td>
</tr>
<tr>
<td>Zyclara</td>
<td>Actinic keratosis</td>
</tr>
<tr>
<td>Mirapex ER</td>
<td>Parkinson's disease</td>
</tr>
<tr>
<td>Zortress (obtain from CuraScript, medical benefit)</td>
<td>Prevent organ rejection (kidney)</td>
</tr>
<tr>
<td>Prolia (obtain from CuraScript, medical benefit)</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Lumizyme (medical benefit)</td>
<td>Pompe Disease</td>
</tr>
<tr>
<td>Zymaxid</td>
<td>Conjunctivitis</td>
</tr>
</tbody>
</table>
Pharmacy Policy Updates Effective October 1, 2010

Generic drugs added to Formulary (Tier 1)

- Natazia (Contraception)
- Vimovo (OA, RA and AS)
- Pancreaze (Exocrine pancreatic insufficiency)
- Oleptro (Major depressive disorder)

Generic drugs added to Formulary (Tier 1)

- Gianvi (Yaz) famotidine (Pepcid Susp)
- trandolapril/verapamil (Tarka) azelastine (Astelin Nasal)
- omepraz/sod bicarb (Zegerid) rivastigmine (Exelon)
- imipramine pamoate (Tofranil-PM) adapalene (Differin Gel)
- amoxicillin clavulan (Augmentin XR) anastrazole (Arimidex)
- naratriptan (Amerge) venlafaxine XR (Effexor XR)

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

- Z gargn
- Bepreve
- Intuniv
- Zipsor
- Fanapt
- Welchol Packets
- Embeda (step therapy and quantity limit)
- Istodax (medical benefit)

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

- Zirgan
- Bepreve
- Intuniv
- Zipsor
- Fanapt
- Welchol Packets
- Embeda (step therapy and quantity limit)
- Istodax (medical benefit)

^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>methamphetamine 5mg</td>
<td>1</td>
<td>No</td>
</tr>
<tr>
<td>Norvir 100mg</td>
<td>2</td>
<td>No</td>
</tr>
<tr>
<td>Zirgan</td>
<td>3</td>
<td>No</td>
</tr>
<tr>
<td>Zortress</td>
<td>Specialty</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The following drugs will be removed from the Medicare Part D Formulary on the dates indicated below:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Reason for Change</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardizem LA Tabs</td>
<td>Generic equivalent is available</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>180mg, 240mg, 300mg,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>360mg, 420mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cozaar</td>
<td>Generic equivalent is available</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>Hyzaar</td>
<td>Generic equivalent is available</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>Evocin</td>
<td>Generic equivalent is available</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>Skelaxin</td>
<td>Generic equivalent is available</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>Desoxyn</td>
<td>Generic equivalent is available</td>
<td>11/1/2010</td>
</tr>
</tbody>
</table>

**Medication Therapy Management (MTMP) Program**

The MTMP is a CMS required feature of Medicare Prescription Drug Plans. The program is for qualified MVP Health Care members that meet the following criteria:

- Have a 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 $3,500

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.

On occasion, laboratory data and/or additional information may be requested from providers so that a comprehensive medication review can be preformed. Your office may receive a request via fax or mail for this information. Your assistance with the program is greatly appreciated. Please call 1-866-942-7754 if you have any questions.