Formulary Additions

Armodafinil added to the Commercial formulary effective April 26, 2017 is indicated for the improvement of wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea, narcolepsy, and shift work sleep disorder. It is also used off-label for several disorders, including ADHD, chronic MS-related fatigue, and bipolar disorder. Armodafinil is the R-enantiomer of modafinil and both medications are pharmacologically similar. Adding armodafinil to the KPGA Commercial formulary provides a lower-cost alternative to stimulants with a lower abuse potential.
Formulary Remonvals

The following medications will be removed from the Commercial Formulary effective June 30, 2017:

- Complera: antiretroviral combination used for the treatment of human immunodeficiency virus (HIV). Although Complera is efficacious for HIV treatment, it is associated with kidney and bone toxicities due to the tenofovir disoproxil formulation (TDF). Odefsey is an alternative to Complera that contains tenofovir alafenamide (TAF) which has a reduced risk of kidney injury and bone loss. The cost of Complera is now 1.2 times the cost of Odefsey, and there is an ongoing interregional initiative to reduce Complera market share at KP.

Changes to Criteria Restricted Medications

Multiple Sclerosis Medications:

- Glatopa 20 mg/ml will be covered for new KP Members who are already established on glatiromer acetate 20 mg or 40 mg if there is no clinical reason to change therapy.

- Daclizumab (Zinbryta): A baseline negative pregnancy test AND either a prescription for birth control OR documentation of the patient declining contraception and being counseled of the potential risk of pregnancy has been added to criteria for female members of child bearing age.

Omalizumab (Xolair):

- Aligned with interregional guidelines and updated to reflect change in labeling which now includes 6-11 year olds.

Lumacaftor/ivacaftor (Orkambi):

- Aligned with interregional guidelines and updated to reflect changes to labeling which now includes 6-11 year olds.

Denosmab (Xgeva):

- Updated to reflect current National Comprehensive Cancer Network Guidelines. Denosmab recommended as first line for bone metastases associated with prostate cancer.

Non-Formulary Cost Considerations

<table>
<thead>
<tr>
<th>Class</th>
<th>Non-formulary Medications</th>
<th>Formulary Alternatives</th>
<th>Clinical/Cost Pearls</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAMA</td>
<td>• Tiotropium (Spiriva Handihaler) 18 mcg/cap</td>
<td>• Tiotropium (Spiriva Respimat) 2.5 mcg/inh</td>
<td>• Inhaled bronchodilators in COPD are central to symptom management.</td>
</tr>
<tr>
<td></td>
<td>• Acclidinium (Tudorza Pressair) 400 mcg/inh</td>
<td></td>
<td>• The cost of Non-formulary LAMA inhalers are more than 1.7 times the cost of the preferred KPGA LAMA, Spiriva Respimat</td>
</tr>
<tr>
<td></td>
<td>• Umeclidinium (Incruse Ellipta) 62.5 mcg/inh</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Glycopyrrolate (Seebri Neohaler) 15.6 mcg/cap</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Glycopyrrolate/indacaterol (Utibron Neohaler) 15.6 mcg/27.5 mcg/cap</td>
<td>• Totropium/olodaterol (Stiolto Respimat) 2.5 mcg/2.5 mcg</td>
<td>• Combination treatment with a LABA/LAMA increases FEV1 and reduces symptoms compared to monotherapy.</td>
</tr>
<tr>
<td></td>
<td>• Umeclidinium/vilanterol (Anoro Ellipta) 62.5 mcg/25 mcg</td>
<td></td>
<td>• The cost of Non-formulary LABA/LAMA inhalers are more than 1.3 times the cost of the preferred KPGA LABA/LAMA inhaler, Stiolto Respimat.</td>
</tr>
<tr>
<td></td>
<td>• Glycopyrrolate/formoterol (Bevespi Aerosphere) 9 mcg/4.8 mcg</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you have any questions or concerns, please contact any of the following P&T Committee members and designated alternates:

**P&T Chair:**
Carole Gardner, MD

**P&T Committee Members:**
Debbi Baker, PharmD, BCPS
Clinical Pharmacy
Gary Beals, RPh
Director of Pharmacy
Karen Bolden, RN, BSN
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Alyssa Dayton, MD
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Rachel Robins, MD
Hospitalist
Jennifer Rodriguez, MD
Behavioral Health

**Designated Alternates:**
Jacqueline Anglade, MD
Obstetrics and Gynecology
Lesia Jackson, RN
Clinical Services

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**Medications Reviewed, but Not Added to the Formulary**

- **Pimavanserin (Nuplazid)** - treatment of hallucinations or delusions associated with Parkinson’s Disease Psychosis
- **Cariprazine (Vraylar)** - atypical antipsychotic indicated for the treatment of schizophrenia and the acute treatment of mania or mixed episodes associated with bipolar disorder.
- **Glycopyrrolate inhalation powder (Seebri Neohaler)** - Long-term maintenance treatment of COPD.
- **Glycopyrrolate and indacaterol Inhalation powder (Utibron Neohaler)** - Long-term maintenance treatment of COPD.

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**Standing Order for Infliximab (Remicade) to Infliximab-dyyb (Inflectra) Intravenous infusion**

Inflectra is a biosimilar approved by the FDA, based on the reference product infliximab (Remicade). Inflectra has no clinically meaningful difference in terms of safety and effectiveness from infliximab (Remicade).

<table>
<thead>
<tr>
<th>REMICADE</th>
<th>Equivalent to</th>
<th>INFLECTRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infliximab (Remicade*) 100 mg</td>
<td></td>
<td>Infliximab-dyyb (Inflectra*) 100 mg</td>
</tr>
</tbody>
</table>

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**Standing Order for Nifedipine ER to Amlodipine**

<table>
<thead>
<tr>
<th>Nifedipine*</th>
<th>Equivalent to</th>
<th>Amlodipine</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mg</td>
<td></td>
<td>2.5 mg once daily</td>
</tr>
<tr>
<td>60 mg</td>
<td></td>
<td>5 mg once daily</td>
</tr>
<tr>
<td>90 mg</td>
<td></td>
<td>10 mg once daily</td>
</tr>
</tbody>
</table>

*Total daily dose
Class Review

MPD Formulary 2017 initial tier placements are listed below:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Tier</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deflazacort (Emflaza) 6, 18,30, 36 mg tablets, 22.75 mg/ml suspension</td>
<td>5</td>
<td>2/16/2017</td>
</tr>
<tr>
<td>Olaratumab 190 mg/19 ml solution (Lartuvo) IV infusion</td>
<td>5</td>
<td>2/23/2017</td>
</tr>
<tr>
<td>Telotristat (Xermelo) 250 mg tablets</td>
<td>5</td>
<td>3/3/2017</td>
</tr>
<tr>
<td>Ribociclib (Kisquali) 200 mg tablets</td>
<td>5</td>
<td>3/18/2017</td>
</tr>
</tbody>
</table>

MPD Formulary 2017 Tier Changes:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Initial Tier</th>
<th>Tier Change</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naloxone (Evzio) auto-injector 0.4 mg/0.4 ml</td>
<td>4</td>
<td>5</td>
<td>5/2017</td>
</tr>
<tr>
<td>Epinephrine (AG Epipen) auto-injector 0.3 mg/0.3 ml</td>
<td>2</td>
<td>4</td>
<td>Pending CMS approval</td>
</tr>
</tbody>
</table>

Tier 1 = Value Generic  Tier 3 = Brand  Tier 5 = Specialty
Tier 2 = Generic    Tier 4 = Non-Preferred Brand  Tier 6 = Injectable Part D Vaccine

Medical Office Floorstock Additions

Approved medications will be added to the electronic floorstock ordering forms on the intranet.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flurox 0.25%/0.4% Ophthalmic Solution</td>
<td>Ophthalmology</td>
</tr>
</tbody>
</table>

Step Therapy No Longer Required for the Following Medications:

ACA Formulary Only. Effective April 26, 2017

- Renvela
- Aripiprazole
- Dulera Inhalation aerosol
- Lialda
- Gatifloxacin Ophthalmic Solution
- Armodafinil

Kaiser Permanente Georgia
A Drug Use Evaluation (DUE) was performed to assess whether Kaiser Permanente Georgia’s amiodarone monitoring outcomes are in accordance with the Heart Rhythm Society’s (HRS) recommendations. Per the HRS, patients initiated on amiodarone should have baseline aminotransferase liver enzymes, thyroid function tests, pulmonary function tests, a chest x-ray, and an electrocardiogram (EKG). If there are signs/symptoms of visual impairment or pulmonary toxicity, an ophthalmologic evaluation and CT scan should be performed respectively. To monitor for adverse effects, follow-up should include liver and thyroid function tests every 3-6 months for the first year, and every 6 months thereafter. An EKG should be completed annually to monitor for improved arrhythmias. This retrospective review involved reviewing patients newly initiated on chronic amiodarone therapy from January 1, 2015 – December 31, 2015.

Of the 101 patients included in the study, less than 25% received liver enzyme and thyroid follow-up labs at the recommended monitoring interval. When assessing the continuity of amiodarone monitoring for a year of therapy, only 8% of patients received follow-up in accordance with the HRS guidelines. Thirty-five unique patients (35%) experienced at least one unplanned hospitalization post-amiodarone initiation, totaling 66 unplanned hospitalizations at 66. The amiodarone monitoring results are based on the 12-month study period. Therefore, no conclusion about the use of amiodarone can be extrapolated to a period beyond a year.

Although amiodarone is advantageous for cardiac clinical outcomes, it can be associated with drug interactions and adverse events related to toxicity. There is an opportunity in current clinical practice to better define amiodarone monitoring parameters to improve outcomes. KPGA Safety Net has recently relaunched Provider notifications when labs are overdue in amiodarone patients.


Drug Utilization Evaluation (DUE) of NovoLog® (insulin aspart) versus Humalog® (insulin lispro)

Michelle Aslami, PharmD, PGY1 Pharmacy Resident

Current literature does not support greater safety or efficacy of one rapid-acting insulin analog over the other, thus Humalog® is the KPGA preferred non-formulary agent based on cost-effectiveness. NovoLog® is available for closed formulary members with a previous trial of Humalog®. This retrospective chart review was developed to determine if NovoLog® results in more effective A1c control for patients with a previous trial of Humalog® and to review utilization.

In this very small patient sample, Novolog® demonstrated a non-statistically significant mean A1c reduction of 0.8% (n=12). A clinically significant difference in A1c control has not been demonstrated in the literature. Regarding utilization, 70% of patients (n = 43) did not have a previous trial of Humalog® likely attributed to their open formulary Pharmacy Benefit. This reveals an opportunity to shift prescribing practice in this population. All closed formulary members did have a previous trial for an appropriate duration.

Future directions include: (1) converting eligible patients to preferred agents resulting in lower cost-shares for patients; (2) re-tuning clinical decision support tools to re-emphasize Humalog® as the preferred non-formulary agent as it is almost 8 times less expensive than NovoLog®.