# Formulary Update

## At A Glance

### Formulary Additions

**Commercial:**
- Revlimid 20 mg capsules
- Methotrexate 25mg/ml vials

**Criteria Restricted Medication Additions**
- Sovaldi (sofosbuvir)
- Harvoni (ledipasvir and sofosbuvir)
- Olysio (simeprevir)

### National Medicare Part D Changes

- Tamiflu cap 30mg, 45mg - Tier 3
- Restasis oem 0.05% - Tier 3
- Tazorac gel 0.05%, 0.1%
- Renagel tab 400mg, 800mg
- Renvela pak 2.4gm, 800mg tab

### 2015 Medicare Prescription Drug Benefit

Effective 1/1/15, Medicare patients may received Tier 1 preferred generics at a 90 day supply via mail order at zero copay.

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## Formulary Additions

Revlimid 20 mg capsules will be added to the Commercial Formulary effective December 18, 2014. Lenalidomide (Revlimid) is a thalidomide analogue indicated for the treatment of patients with: multiple myeloma, in combination with dexamethasone, in patients who have received at least one prior therapy, transfusion-dependent anemia due to low- or intermediate-1-risk myelodysplastic syndromes (MDS) associated with a deletion 5q abnormality with or without additional cytogenetic abnormalities, mantle cell lymphoma (MCL) whose disease has relapsed or progressed after two prior therapies, one of which included bortezomib. All other strengths of Revlimid are on the Commercial Formulary.
Methotrexate 25mg/ml vials will be added to the Commercial Formulary effective December 18, 2014. Methotrexate is an antimetabolite used in the treatment of certain neoplastic diseases, severe psoriasis, and adult rheumatoid arthritis. For patients requiring injections, education can be provided to enable drawing up the methotrexate themselves from vials. This provides a convenient, compliant and cost-effective way to dispense and administer methotrexate.

**Quantity Limits**

In order to encourage appropriate drug utilization and contain medication cost, quantity limits are implemented on certain medications. The quantity limit defines the maximum quantity of a medication that can be dispensed over a specific period of time at the applicable benefit co-pay for the patient.

**The medication below will be REMOVED from the quantity limit list effective December 18, 2014.**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>dextroamphetamine (Dexedrine)</td>
<td>30 capsules/30 days</td>
</tr>
</tbody>
</table>

**New Criteria Restricted Medications**

Criteria restricted medications require review by Quality Resource Management (QRM) prior to coverage. The prior authorization process and criteria apply to all formularies except the Medicare Part D Formulary. Providers must call QRM to request authorization consideration at 404-364-7320. A complete listing of prior authorization medications and their corresponding criteria is available on the intranet under Healthcare Delivery/Guides & References/Formularies/Criteria Restricted (QRM) Medications.

**The following medications will be added to the list of Criteria Restricted Medications (QRM) effective January 1, 2015.**

- Sovaldi (sofosbuvir)
- Olysio (simeprevir)
- Harvoni (ledipasvir and sofosbuvir)

For back office medications that are not on the QRM list and not on the department floorstock list, the nurse/MD requesting the medication will need to fill out the Pharmacy Distribution Center Non-Standard Stock Request Form for approval which can be found on the Intranet.

**Medical Office Floorstock Additions**

The medications below will be added to the electronic floorstock ordering forms on the intranet:

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Medication Added</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC/CDU Clinic</td>
<td>Gelfoam size 100</td>
</tr>
<tr>
<td>Procedure Suite Pyxis</td>
<td>Lidocaine 0.5% (preservative free)</td>
</tr>
<tr>
<td></td>
<td>Cefazolin 1 g IV premix</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Kenalog 40mg/mL</td>
</tr>
<tr>
<td></td>
<td>Levofloxacin 500 mg bag 100 mL</td>
</tr>
<tr>
<td>ACC/CDU Pyxis</td>
<td>Azo standard tablet max strength 12ct</td>
</tr>
<tr>
<td></td>
<td>Let solution</td>
</tr>
<tr>
<td></td>
<td>Lidocaine viscous 2% sol 15 mL</td>
</tr>
<tr>
<td></td>
<td>Losartan 25 mg tab UD</td>
</tr>
<tr>
<td></td>
<td>Cheratussin AC syrup</td>
</tr>
<tr>
<td></td>
<td>Diltiazem CD 120 mg capsules</td>
</tr>
<tr>
<td></td>
<td>Vancomycin 1 gm IV</td>
</tr>
<tr>
<td></td>
<td>Sodium bicarbonate Kit</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:**
Daniel Lee, MD, FACS
Physician Program Director of Pharmacy

**P&T Committee Members:**
Seeme Ahmad, MD*
Behavioral Health
Debbi Baker, PharmD, BCPS
Clinical Pharmacy
Gary Beals, RPh
Director of Pharmacy
Karen Bolden, RN, BSN
Clinical Services
Deborah Burzotta, PharmD
Pharmacy Operations
Alyssa Dayton, MD
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Carole Gardner, MD
Elder Care
Patrice Gaspard, MD
Pediatrics
Marcus Griffith, MD*
Behavioral Health
Donald Hanchett, MD
Ambulatory Medicine
David Jones, MD
Pediatrics
Felecia Martin, PharmD
Pharmacy/Geriatrics
LaJune Oliver, MD
Ambulatory Medicine
Rachel Robins, MD
Hospitalist

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

*Attend alternating meetings.

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**National Medicare Part D Formulary**

Kaiser Permanente has a National Medicare Part D (MPD) Formulary. Each regional P&T Committee reviews drugs and decides on tier status. The National Medicare Part D Pharmacy and Therapeutics Committee is charged with reconciling regional differences in MPD Formulary recommendations through consensus building in order to maintain one National MPD Formulary for Kaiser Permanente.

**National MPD Formulary initial tier placements are listed below with the corresponding effective date.**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Tier</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pirfenidone 267 mg capsule (Esbriet)</td>
<td>5</td>
<td>10/24/2014</td>
</tr>
<tr>
<td>Cobicistat 150 mg tablet (Tybost)</td>
<td>4</td>
<td>12/2/2014</td>
</tr>
<tr>
<td>Netupitant and palonosetron 300 mg /0.5 mg capsule (Akynzeo)</td>
<td>4</td>
<td>12/2/2014</td>
</tr>
<tr>
<td>Dulaglutide 0.75 mg/0.5 mL, 1.5 mg/0.5 mL injection (Trulicity)</td>
<td>4</td>
<td>12/2/2014</td>
</tr>
<tr>
<td>Tavaborole 5% topical solution (Kerydin)</td>
<td>4</td>
<td>12/2/2014</td>
</tr>
<tr>
<td>Miltefosine 50 mg capsules (Impavido)</td>
<td>4</td>
<td>Pending</td>
</tr>
<tr>
<td>Suvorexant 5 mg, 10 mg, 15 mg, 20 mg tablets (Belsomra)</td>
<td>4</td>
<td>Pending</td>
</tr>
<tr>
<td>Naloxegol 12 mg, 15 mg tablets (Movantik)</td>
<td>4</td>
<td>Pending</td>
</tr>
<tr>
<td>Elvitegravir 85 mg, 150 mg tablets (Vitekta)</td>
<td>5</td>
<td>Pending</td>
</tr>
<tr>
<td>Meningococcal group B vaccine inj susp (Trumenba)</td>
<td>6</td>
<td>Pending</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

**National MPD 2014 Formulary tier changes are listed below with the corresponding effective date.**

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Tier</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tamiflu cap 30mg, 45mg</td>
<td>3</td>
<td>12/2/2014</td>
</tr>
<tr>
<td>Restasis emu 0.05%</td>
<td>3</td>
<td>10/2014</td>
</tr>
<tr>
<td>Tazorac gel 0.05%, 0.1%</td>
<td>3</td>
<td>10/2014</td>
</tr>
<tr>
<td>Renagel tab 400mg, 800mg</td>
<td>3</td>
<td>10/2014</td>
</tr>
<tr>
<td>Renvela pak 2.4gm, 800mg tab</td>
<td>3</td>
<td>10/2014</td>
</tr>
</tbody>
</table>

New Reference Link in KPHC Medication Orders: KPGA Drug and Formulary Information

The KPHC and Pharmacy team would like to introduce a new Reference Link available in the order composer for medications: *KPGA Drug and Formulary Information*.

In the Order Entry activity the reference link is below the “Dx Assoc.” box. In Smart Sets the reference link is below the "Refill Route Provider:" field.

The KPGA Drug and Formulary Information link will take you directly to the LexiComp website with medication specific drug information and formulary information for Commercial, Medicare Part D, and Qualified Health Plans. After you click on the link it will take a few seconds to load the page. If the medication you are seeking information for is a compounded product or does not have a commercially available NDC you will be prompted to type and search for the medication by name. For information on herbal supplements you can also check the Natural Medicines Comprehensive Database link from the KPHC Homepage under Links. You can continue to use the “Formulary” icon at the top of the Order Entry activity to link to the LexiComp homepage.
Drug Benefit Update: 2015 Medicare Part D Changes

This section contains a brief overview of some of the Medicare Part D drug benefit changes that will go into effect January 1, 2015.

- **Total Drug Cost (TDC)** threshold amount increases to $2,960 (from $2,850 in 2014)
- **True Out-of-Pocket (TrOOP)** limit amount increases to $4,700 (from $4,550 in 2014)
- **Group members** will continue to have a two-tier generic/brand drug benefit with different coverages and cost sharing.

Individual Enhanced Plan Part D Cost Sharing

<table>
<thead>
<tr>
<th>Drug Tier</th>
<th>Initial Coverage (to $2,960 TDC) Up to 30-day supply</th>
<th>Coverage Gap (up to $4,700 in TrOOP) Up to 30-day supply</th>
<th>Catastrophic Coverage (over $4,700 in TrOOP) Per Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 Preferred Generics</td>
<td>KP: $5 copay MOI: $0 copay (90 days)</td>
<td>KP: $5 copay MOI: $0 copay (90 days)</td>
<td>$2 copay</td>
</tr>
<tr>
<td>Tier 2 Non-preferred</td>
<td>KP: $10 copay MOI: $20 copay</td>
<td>KP: $10 copay MOI: $10 copay</td>
<td></td>
</tr>
<tr>
<td>Generics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3 Preferred Brands</td>
<td>KP: $44 copay MOI: $88 copay</td>
<td>45% brand discount 45% dispensing fee</td>
<td>$10 brand copay</td>
</tr>
<tr>
<td>Tier 4 10-15 copay</td>
<td>KP: $80 copay MOI: $160 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-preferred Brands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5 Specialty Drugs</td>
<td>33% coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 6 Injectable Vaccines</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations: MOI = Mail-order incentive - two copays for up to 90-day supply; TDC = Total Drug Costs; TrOOP = Total Out-of-Pocket

This is the best deal in town, you can’t beat free!!

Effective 1/1/15, Tier 1 preferred generic prescription medicines, when ordered for a 90 day supply and dispensed through the mail order pharmacy for Medicare patients, will have a zero dollar cost share. When prescribing these drugs, use your influence to keep prescriptions and patients internal so that they can use the mail order pharmacy. By doing this, you will give your patients their best value. A list of these MPD Tier 1 medications can be located on the Intranet ->Guides and References ->Formularies. Because adherence to medications used for diabetes, high blood pressure, and cholesterol is included in the Medicare Star Quality measures, you can also help improve KPGA’s performance. The Star Quality Ratings measure only prescriptions filled under the health plan benefit, so those filled outside are not counted.
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>
</table>
| Antihypertensives (ACE inhibitors) | • Quinapril (generic Accupril)  
• Perindopril (generic Aceon)  
• Trandolapril (generic Mavik)  
• Fosinopril (generic Monopril) | Lisinopril and benazepril                    | • For the cost of every 1 patient being treated with quinapril, 14 patients can be treated with lisinopril.  
• For the cost of every 1 patient being treated with ramipril, 21 patients can be treated with lisinopril. |
| Potassium Sparing Diuretics  | • Triamterene (generic Dyrenium)  
• Eplerenone (generic Inspra)  
• Amiloride (generic Midamor) | Amiloride/HCTZ, triamterene/HCTZ, spironolactone | • For the cost of every 1 patient being treated with eplerenone, 64 patients can be treated with spironolactone.  
• For the cost of every 1 patient being treated with triamterene, 93 patients can be treated with triamterene/HCTZ. |
| Antihyperlipidemics (statins) | • Rosuvastatin (Crestor)  
• Fluvastatin (generic Lescol)  
• Pitavastatin (Livalo) | Simvastatin and atorvastatin                | • For the cost of every 1 patient being treated with Crestor, 25 patients can be treated with atorvastatin.  
• For the cost of every 1 patient being treated with Livalo, 189 patients can be treated with simvastatin. |

**Clinical Updates**

FDA Drug Safety Communication: Long-term Antiplatelet Therapy: Safety Announcement - Preliminary Trial Data Shows Benefits But a Higher Risk of Non-Cardiovascular Death. FDA is evaluating preliminary data from a clinical trial showing that treatment for 30 months with dual antiplatelet blood-thinning therapy decreased the risk of heart attacks and clot formation in stents, but there was an increased overall risk of death compared to 12 months of treatment. The clinical trial compared 30 months versus 12 months of treatment with dual antiplatelet therapy consisting of aspirin plus either clopidogrel (Plavix) or prasugrel (Effient), following implantation of drug-eluting coronary stents. These stents are small, medicine-coated tubes inserted into narrowed arteries in the heart to keep them open and maintain blood flow to the heart. Clopidogrel and prasugrel are important medicines used to prevent heart attacks, strokes, and other clot-related diseases.

FDA believes the benefits of clopidogrel (Plavix) and prasugrel (Effient) therapy continue to outweigh their potential risks when used for approved uses. The Dual Antiplatelet Therapy (DAPT) trial was published in the New England Journal of Medicine on November 16, 2014. FDA has not reviewed the trial results nor reached any conclusions based on the findings from this clinical trial. It is communicating this safety information while continuing to evaluate the results from this trial and other available data.

FDA recommends that health care professionals should not change the way they prescribe these drugs at this time. Patients should not stop taking these drugs because doing so may result in an increased risk of heart attacks, blood clots, strokes, and other major cardiovascular problems.

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

- Elosulfase alfa (Vimizim) 5 mg/5 mL solution, not added to the Commercial Formulary, based on the cost, this drug is covered under Specialty Tier 5
- Vedolizumab (Entyvio) 300 mg not added to the Commercial Formulary, based on the cost, this drug is covered under Specialty Tier 5
- Mechlorethamine (Valchlor) 0.016% gel not added to the Commercial Formulary, based on the cost, this drug is covered under Specialty Tier 5
- Oralair (sweet vernal, orchard, perennial rye, timothy, and kentucky blue grass mixed pollens allergen extract) not added to the Commercial Formulary, decision pending for National MPD formulary
- Grasteck (timothy grass pollen allergen extract) not added to the Commercial Formulary, decision pending for National MPD formulary
- Ragwitek (short ragweed pollen allergen extract) not added to the Commercial Formulary, decision pending for National MPD formulary
- Dapagliflozin (Farxiga) 5 mg and 10 mg tablets designated for Commercial QRM review, decision pending for National MPD formulary