

December 2009

The following changes to the Neighborhood formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee. These changes are effective immediately unless otherwise indicated.

| Medications Added or Modified | Description | Rationale | | | | | |
|--|---|--|--|--|--|---|--|
| <p>Procrit® (epoetin-alpha)</p> | <ul style="list-style-type: none"> Procrit® has been removed from the formulary; Epogen® is now the preferred EPO product. | <p>Clinically, all ESAs are considered equieffective. Epogen® provides a cost savings of 9-14% s over Procrit® across all strengths.</p> | | | | | |
| <p>Ocella (3 drospirenone/ 30 EE)</p> <p>Balziva/Zenchant (0.4 Norethindrone/35 EE)</p> <p>Kariva/Azurette</p> <table border="1" data-bbox="71 772 486 884"> <tr> <td>0.15 desogestrel/ 20 EE (21 tabs)</td> <td>10 EE (5 tabs)</td> </tr> </table> <p>Tilia FE/Tri-Legest FE</p> <table border="1" data-bbox="71 940 486 1075"> <tr> <td>1 norethindrone acetate/ 20 EE (5 tablets)</td> <td>1 norethindrone acetate/ 30 EE (7 tablets)</td> <td>1 norethindrone acetate/ 35 EE (9 tablets)</td> </tr> </table> | 0.15 desogestrel/ 20 EE (21 tabs) | 10 EE (5 tabs) | 1 norethindrone acetate/ 20 EE (5 tablets) | 1 norethindrone acetate/ 30 EE (7 tablets) | 1 norethindrone acetate/ 35 EE (9 tablets) | <ul style="list-style-type: none"> These generic oral contraceptive products now require step therapy with at least one other generic product of similar hormonal activity. Coverage for current users will be grandfathered. | <p>These products do not offer clear significant clinical advantages over the other various OCPs available on formulary, such that they would need to be used first-line.</p> <p>These products cost \$11-\$25 more per Rx than other generic OCPs available on formulary.</p> |
| 0.15 desogestrel/ 20 EE (21 tabs) | 10 EE (5 tabs) | | | | | | |
| 1 norethindrone acetate/ 20 EE (5 tablets) | 1 norethindrone acetate/ 30 EE (7 tablets) | 1 norethindrone acetate/ 35 EE (9 tablets) | | | | | |
| <p>Accolate® (Zafirlukast)</p> | <ul style="list-style-type: none"> This product has been removed from the formulary. | <p>This product has disadvantages over Singulair® with regard to dosing and toxicities. Greater than 99% of NHPRI utilization for LRA is for Singulair®.</p> | | | | | |
| <p>Clemastine fumarate</p> | <ul style="list-style-type: none"> These generic products have been removed from the formulary. Coverage for current users will be grandfathered. | <p>These products do not offer any significant clinical advantages over less expensive alternative agents available within each class.</p> | | | | | |
| <p>Diflunisal</p> | | | | | | | |
| <p>Fosinopril sodium Ramipril</p> | | | | | | | |
| <p>fluconazole 150mg</p> | <ul style="list-style-type: none"> This single-use tablet has been removed from the formulary. Three (3) 50mg tablets, to be taken simultaneously, is covered instead. | <p>One single fluconazole 150mg tablet costs NHPRI nearly 2 ½ times more than the equivalent dose attained by utilizing three 50mg tablets.</p> | | | | | |

December 2009

| Medications/Classes Reviewed; Formulary Status Unchanged | Description | Rationale |
|--|--|---|
| <p>Blood Cell Stimulators</p> <p>ESAs Aranesp® (darbopoetin alfa)</p> <p>CSFs Neupogen® (pegfilgrastim) Neulasta®(filgrastim)</p> | <ul style="list-style-type: none"> This product will remain nonformulary. Prior Authorization will still be required on these agents. | <ul style="list-style-type: none"> FDA Labeled Dosing for Aranesp in the treatment of chemotherapy induced anemia is much more expensive than that for Epogen or Procrit. In addition, current utilization shows low dosage units for Aranesp, more indicative of treatment for CRF or “lighter” patients, for which Aranesp therapy is more expensive than Epogen. |
| <p>Agents for Migraine “Triptans”</p> | <ul style="list-style-type: none"> Sumatriptan will remain on formulary as the preferred triptan product with QL 6/30 days. All other products require prior authorization. | <ul style="list-style-type: none"> Over 90% of triptan utilization is for sumatriptan products, demonstrating satisfaction with the product. Quantity limits are appropriate to discourage continued repeated acute utilization which may induce rebound headaches. Consideration of preventative medication should be considered for anyone experiencing ≥2 attacks per month. |
| <p>Vimpat® (lacosamide)</p> | <ul style="list-style-type: none"> This product will remain nonformulary. | <ul style="list-style-type: none"> This brand name product does not offer any significant clinical advantages over formulary alternatives. |
| <p>Rapaflo® (silodosin)</p> | <ul style="list-style-type: none"> This product will remain nonformulary. | <ul style="list-style-type: none"> This brand name product does not offer any significant clinical advantages over formulary alternatives. |

Please call the Pharmacy Help Desk at 1-401-459-6020 for pharmacy authorization requests or for further information on the Neighborhood formulary.

Explanation of Terms

Products listed as “added” are available to most NHPRI members at zero copay, if restrictions apply they will be indicated on this form and in the electronic formulary. Drugs may be limited to certain age groups (an AGE EDIT), by demonstrating prior therapies have been attempted (a STEP EDIT), in quantity allowed per 30 days (a QUANTITY LIMIT), or by requiring precertification for use from NHPRI (a PRIOR AUTHORIZATION). Products listed as “removed” are no longer available to NHPRI members and are considered non-formulary or benefit exclusions. Physicians may request these products via the medical necessity request process only.