

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>Suboxone® (buprenorphine/naloxone) Subutex® (buprenorphine)</p>	<p>These drugs now require prior authorization.</p> <ul style="list-style-type: none"> Coverage will only be provided to waived prescribers using the medication to treat addiction; Coverage will <u>not</u> be approved if the medication is being used for pain management unless there is evidence that the patient has failed an adequate trial with existing Formulary analgesics 	<p>Despite these products having neither an FDA approved indication nor support for use in any consensus pain treatment guidelines from any organization, the off-label use of buprenorphine for this reason is increasing.</p> <p>There are numerous appropriate analgesics available on the formulary to treat pain.</p>
<p>Proton-Pump Inhibitors</p>	<ul style="list-style-type: none"> The hard-edit rejection for patients taking Plavix® who present a prescription for any proton-pump inhibitor other than pantoprazole has been removed. The step-edit requirement for pantoprazole will remain lifted for patients taking Plavix® (clopidogrel). 	<p>Initial information (including the Society for Cardiovascular Angiography and Interventions's (SCAI) statement) regarding the magnitude of this interaction warranted a pre-emptive hard edit rejection to protect against concomitant use. However, given the growing controversy regarding the relevance of PPI interaction with Plavix, the hard edit has been removed.</p> <p>Pantoprazole will still be available first line (no step edit) for those prescribers wanting to avoid omeprazole in their Plavix patients.</p>
<p>Lovenox® (enoxaparin)</p>	<ul style="list-style-type: none"> This product will now be subject to prior authorization following an initial covered 7 days supply 	<p>According to ACCP and the American Journal of Clinical Oncology, with the exception of pregnancy and secondary prophylaxis of VTE in cancer patients, very few diagnoses should require more than short term therapy (5-10 days) with LMWH. Using LMWH products temporarily as bridge therapy to maintenance anticoagulation with warfarin is standard of care. Despite this, utilization data show that a large percentage of members are obtaining several weeks of drug. At an approximate cost of \$80/day, this practice is neither cost-effective nor does it follow established treatment guidelines. Also, supplies dispensed ≥ 10 days to patients who reach target INR prior to 10 days contribute to significant waste.</p>
<p>Advair® (fluticasone/salmeterol) Symbicort® (budesonide/formoterol)</p>	<ul style="list-style-type: none"> These products will be subject to step-edit therapy with an ICS in the near future. Pulmonologists and board certified asthma specialists and allergists will be exempt from this step-edit requirement. 	<p>According to NHBLI Treatment Guidelines, these agents are usually reserved as Step 3 therapy following SABA and ICS (preferred) or other alternative prophylactic products. Utilization data show that 75% of members obtaining their first prescription for a combination LABA/ICS product have NO prior claims for ANY asthma medication, which is counter to general standard of care. However, NHPRI recognizes that some patients may first appear to the prescriber's office with symptoms warranting initial Step 3 (or higher) therapy. For this reason, specialists in the field are exempt from the step-edit so their patients will be able to obtain the medication without delay.</p>

Medications/Classes Reviewed; Formulary Status Unchanged	Description	Rationale
<p>Anticoagulants Fragmin® (dalteparin) Arixtra® (fondaparinux) ®</p>	<p>These products will remain nonformulary.</p>	<ul style="list-style-type: none"> • Although Fragmin may be a bit less expensive than Lovenox, there is no demand for this product as most local hospital formularies utilize Lovenox. • Arixtra offers no clinical advantages over Lovenox or Fragmin with the exception of improved outcomes in hip surgery; however, it has fewer indications than Lovenox and currently there is no demand for this product.
<p>Anti-Platelet Agents Aggrenox® (ASA/ER dipyridamole) Effient® (prasugrel)</p>	<p>These products will remain nonformulary.</p>	<ul style="list-style-type: none"> • Aggrenox: While ACCP and AHA/ASA place this medication as preferred for secondary stroke prevention, all 3 organizations consider formulary aspirin and Plavix to also be suitable options for initial therapy. There is also no demand for this product by NHPRI prescribers. • Effient: The product appears to be more effective than Plavix in reducing rates of MI in ACS patients, but it is associated with higher major bleeding occurrences. Having only been recently launched onto the market place, NHPRI will wait its standard 6 month waiting period prior to reassessing the product for formulary placement.
<p>Oral Inhaled Corticosteroids</p>	<p>Formulary status of products unchanged.</p>	<ul style="list-style-type: none"> • Nonformulary agents offer no significant clinical advantages over formulary products.

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.