

**November 2010**

*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.*

Therapeutic Class/Drug Name	Strategy or Medications Added or Modified	Rationale
2010 Comprehensive Class Review	Remove amiloride (Midamor®)	Amiloride is a potassium sparing diuretic indicated as an adjunctive treatment with thiazide diuretics for the treatment of congestive heart failure or hypertension. It is significantly more expensive (75%) than its generic combination product, amiloride/hydrochlorothiazide (Moduretic).
2010 Comprehensive Class Review	Remove clarithromycin ER	The ER or “long acting” formulation is 75% more expensive than clarithromycin immediate release. The ER formulation has not been studied or approved in all of the diagnoses that the IR is. In addition, a member must take two 500mg tablets daily, thus doubling the cost of the XL where only 1 tablet dosed Q12 hours is required for the IR. For example, the recommended adult dosage for treatment of acute exacerbation of chronic bronchitis due to H. influenzae is 500mg Q12 h for the IR.
2010 Comprehensive Class Review	Remove non-FDA approved pancreatic enzymes (Pancrease, Papcrease MT, Pancrecarb MS, Pancrelipase EC, Pangestyme EC, Ultrase, Viokase)  Add Zenpep (Creon DR is already covered)  Do not add Pancrease	In April of 2004, the FDA issued a new ruling that would require all makers of pancreatic enzymes to submit the necessary information for approval of their products. All manufacturers of pancreatic enzymes were required to submit by 4/28/10. The FDA’s goal was to assure that the pancreatic enzymes contained the exact amount of active ingredient to assist with digestion. As with many older medications, these products were available before the FDA ruling that medications needed to be reviewed prior to being available to the general public. These non-FDA Approved products are available to be sold until the stock runs out.
2010 Comprehensive Class Review	Remove Econazole (generic Spectazole®), and Ciclopirox (generic Loprox®)	The average cost per prescription for these generics is higher than their alternatives. Their indications are limited and could be treated with ketoconazole (Pregnancy Category C) which costs about 45% less. In addition, both clotrimazole (Pregnancy Category B) and miconazole (Pregnancy Category C) are over the counter alternatives that are safe for use in children and cost about 90% less.
2010 Comprehensive Class Review	Remove itraconazole tablets	Itraconazole is indicated for blastomycosis, histoplasmosis, aspergilosis and onychomycosis of the fingernail and toenail. Ketoconazole is indicated for the blastomycosis, histoplasmosis and multiple other fungal infections. Terbinafine is indicated for onychomycosis and available with prior authorization. Both agents cost approximately 90% less than itraconazole.

<p><b>2010 Comprehensive Class Review</b></p>	<p>Remove the following topical corticosteroids-halobetasol (Ultravate®), diflorasone diacetate (ApexiCon), and desoximetasone (Topicort®)</p>	<p>Suitable very high potency alternatives to halobetasol include fluocinonide (Vanos®), clobetasol propionate (Clobex®/Temovate) and augmented betamethasone dipropionate (Diprolene®; \$16); all costing about 57% less. Suitable high potency alternatives to diflorasone and desoximetasone include augmented betamethasone dipropionate (Diprolene AF®), betamethasone dipropionate (Diprosone®) or betamethasone valerate (Beta-Val®), fluocinonide (Lidex®) or triamcinolone, costing 67%-86% less.</p>
<p><b>2010 Comprehensive Class Review</b></p>	<p>Remove Orphenadrine (Norflex®)</p>	<p>Formulary muscle relaxants include cyclobenzaprine (Flexeril®), chlorzoxazone (Parafon Forte®) and baclofen (Lioresal®) all costing about 70% less.</p>
<p><b>2010 Comprehensive Class Review</b></p>	<p>Remove doxycycline (Adoxa®) and doxycycline monohydrate (Monodox®)</p>	<p>Doxycycline hyclate (Vibramycin®) is available and significantly less expensive than the other two agents. These two formulations of doxycycline are frequently used for the treatment of acne. Generic Vibramycin costs 88% and 78% less respectively.</p>
<p><b>2010 Comprehensive Class Review</b></p>	<p>Remove cefaclor</p>	<p>This recommendation is made for safety reasons as it is more likely to cause serum sickness compared to other antibiotics. Formulary cephalosporins include cephalexin, cefadroxil, cefuroxime tablets and cefprozil suspension.</p>
<p><b>Psychostimulants-Antidepressants</b></p>	<ul style="list-style-type: none"> <li>• Remove Prior Authorization (PA) on paroxetine</li> <li>• Strengthen Cymbalta Criteria</li> <li>• Do not add Oleptro® (trazodone)</li> </ul>	<ul style="list-style-type: none"> <li>• The PA was initially placed on paroxetine because the pregnancy category changed from C to D. It was to assure that providers were aware of this fact when prescribing it to their female patients who are of child bearing age</li> <li>•</li> </ul>
<p><b>Sedative Non-Barbiturates</b></p>	<ul style="list-style-type: none"> <li>• Remove triazolam</li> <li>• Do not add Silenor® (doxepin)</li> </ul>	<ul style="list-style-type: none"> <li>• Triazolam is only indicated for short term use, there are many severe psychiatric side effects associated with it amnesia (including sleep-driving, sleep-walking and sleep-eating), anxiety especially during the daytime, early morning insomnia, panic, depression or worsening of depression, suicidal thoughts or actions, “traveler’s amnesia”, abnormal thoughts and behavior including being more outgoing or aggressive than normal, confusion, agitation, hallucinations and paranoid reactions.</li> <li>• Doxepin concentrate (10mg/ml) and doxepin 10mg capsules are available and less expensive than Silenor</li> </ul>
<p><b>Stimulants and ADHD Medications</b></p>	<ul style="list-style-type: none"> <li>• Do not add Kapvay® (clonidine)</li> <li>• When authorized, limit Provigil quantities to #30 tablets/30 days</li> </ul>	<ul style="list-style-type: none"> <li>• Kapvay is an expensive alternative to clonidine. Kapvay must be dose 2 times daily while clonidine is dosed 2-3 times daily.</li> <li>• Provigil is not indicated as a twice daily drug. When used to treat a labeled diagnosis, it is doosed either in the morning or 1 hour prior to</li> </ul>

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		beginning your shift. Literature does not indicate that doses of 400mg are any more effective than 200mg daily.
<b>Suboxone Film®</b>	Do not add to formulary	Currently, Suboxone SL tablets are formulary with prior authorization. The patent for the brand tablets expired in 10/2009. Generic companies are required to submit additional studies in order to be FDA approved. There is no significant clinical advantage to using the film. If patients are switched to the Film, they will need to be switched back to the tablets once they became available generically under the Generics First Program.
<b>Intuniv®</b>	Do not add to formulary	This is a non-exempt class in the Generics First Program. Suitable generic alternatives include stimulants such as methylphenidate, dextroamphetamine and amphetamine salts as well as guanfacine IR.
<b>Nuvigil</b>	Do not add to formulary	This is a non-exempt class in the Generics First Program. Suitable generic alternatives include stimulants such as methylphenidate, dextroamphetamine and amphetamine salts.

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 Neighborhood 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 Neighborhood (a PRIOR AUTHORIZATION). Products listed as “removed” are no longer available to Neighborhood members and are considered non-formulary or benefit exclusions. Physicians may request these products via the medical necessity request process only.