



Health Plan
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Dear Healthcare Practitioner:

Presbyterian Health Plan and Presbyterian Insurance Company's Pharmacy and Therapeutics Committee (P&T Committee) met on January 16th, 2008 to promote appropriate use of drugs in maintaining the formularies. We are dedicated to supporting our network of practitioners and would like to share with you the decisions made at that meeting that affect our formularies and pharmacy benefits. Please note that online versions of all Presbyterian formularies are available on our website at www.phs.org/pharmacy/index.htm, as well as on www.nm-formulary.com. All formularies are downloadable onto your handheld Palm device through the **Epocrates Rx** software.

Additional Formularies added to Epocrates

SCI (State Coverage Insurance) Plan: The Presbyterian SCI (State Coverage Insurance) Plan formulary is now available on the Epocrates Rx software. The plan is listed as "Presbyterian Health Plan – SCI" under the available health plans option.

P&T COMMITTEE DECISIONS ADDITIONS/CHANGES TO PRESBYTERIAN FORMULARIES/PDLs

Asmanex® Twisthaler®: Asmanex is mometasone furoate inhalation powder which is an orally inhaled corticosteroid that is indicated for the treatment of asthma in patients 12 years of age and older as a means of prophylactic therapy. Asmanex is available in a 220 mcg/inhalation strength and is marketed in three different sizes: 30 inhalations/canister, 60 inhalations/canister, and 120 inhalations/canister.

The committee voted to add only the 60 and 120 inhalations/canister sizes of Asmanex to the Presbyterian formularies due to the fact that it is dosed once a day. This will be an added value for those members whose canister may last for more than one month. Asmanex is available at the 2nd tier copay for the multi-tier formularies.

Recommended Adult Doses for Asmanex® Twisthaler®

Previous Therapy	Recommended Starting Dose	Highest Recommended Daily Dose
Bronchodilators alone	220 mcg once daily in the evening	440 mcg
Inhaled corticosteroids	220 mcg once daily in the evening	440 mcg
Oral corticosteroids	440 mcg once daily or in divided doses	880 mcg

*When administered once daily, the dose should only be taken in the PM.

Important features of the inhaled corticosteroid products available on the formulary

Drug	Cost per Actuation (AWP*)	Average Cost per Day	Indication Age	Average Dosage	Dose Counter Available
Flovent® HFA 44 mcg/inh #120 110 mcg/inh #120 220 mcg/inh #120	\$0.79 \$1.05 \$1.62	\$1.58 \$2.10 \$3.24	≥ 4 years	1 to 2 inhalations twice a day	Yes
Pulmicort Flexhaler® 90 mcg/inh # 60 180 mcg/inh #120	\$1.62 \$1.08	\$3.24 \$2.16	≥ 6 years*	1 to 2 inhalations twice a day	Yes
Qvar® 40 mcg/inh #100 80 mcg/inh #100	\$0.69 \$0.87	\$1.38 \$1.74	≥ 5 years	1 to 2 inhalations twice a day	No
Asmanex® Twisthaler® 220 mcg/inh # 60 220 mcg/inh #120	\$1.79 \$1.79	\$1.79 \$1.79	≥ 12 years	1 inhalation once a day	Yes

*Pulmicort respules are approved for children aged 12 months to 8 years

**AWP Average wholesale price based on Redbook February 2008 update.

Avelox (Moxifloxacin) tablets: The committee voted to remove the step edit requirement for Avelox tablets on the Salud/SCI/NMRx formularies. **As with all antibiotics first line use of a generic antibiotic is encouraged when appropriate.** Avelox is a fluoroquinolone anti-microbial that is indicated to treat community-acquired respiratory-tract infections including acute bacterial exacerbations of chronic bronchitis, acute bacterial sinusitis, and community-acquired pneumonia. It is also indicated to treat skin and skin structure infections and complicated intra-abdominal infections. Avelox is now formulary on all the Presbyterian plans with no prior authorization or step edit requirement.

Fluconazole tablets and suspension: The committee voted to add fluconazole tablets and suspension to all of the Presbyterian formularies. The tablets and suspension will be available at the 1st tier copay for the multi-tier formularies with a quantity limit.

Strength of Fluconazole	Quantity Limit
50mg	#56 tablets/14 days
100mg	#28 tablets/14 days
150mg	#1 tablet/14 days
200mg	#14 tablets/14 days
10mg/5ml	#280ml/14 days
40mg/5ml	#70ml/14 days

Terbinafine tablets (generic for Lamisil tablets): The committee voted to add terbinafine 250mg tablets to all of the Presbyterian formularies. Terbinafine tablets are indicated for the treatment of onychomycosis of the toenail or fingernail. It is still recommended to conduct liver function lab tests prior to prescribing terbinafine to rule out any pre-existing liver disease. The tablets will be available at the 1st tier copay for the multi-tier formularies with a quantity limit of #90 tablets per 365 days.

Ondansetron tablets (generic for Zofran tablets): The committee voted to add all strengths of ondansetron tablets including the orally disintegrating tablets to all of the Presbyterian formularies. Ondansetron tablets are only indicated for the prevention of nausea and vomiting that is caused by the treatment with chemotherapy, radiotherapy, or for use post-operatively. The tablets will be available at the 1st tier copay for the multi-tier formularies with a quantity limit of #20 tablets per prescription.

**SUMMARY OF P&T COMMITTEE DECISIONS
ADDITIONS/CHANGES TO PRESBYTERIAN FORMULARIES/PDLs**

Drug Name	Commercial 2-Tier	Commercial 4-Tier	Salud, SCI, NMRx	Medicare, Senior
Asmanex Twisthaler (mometasone furoate) *Only the #60 and #120 actuation count sizes	Formulary	2nd Tier	Formulary	2nd Tier
Avelox 400mg tablets (Moxifloxacin)	Formulary	2nd Tier	Formulary	2nd Tier
Fluconazole tablets and suspension (all strengths)	Formulary QL	1st Tier QL	Formulary QL	1st Tier QL
Terbinafine 250mg tablets	Formulary QL	1st Tier QL	Formulary QL	1st Tier QL
Ondansetron tablets including ODT	Formulary QL	1st Tier QL	Formulary QL	1st Tier QL

(all strengths)				
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QL – Quantity Limits

Formulary Criteria

Cymbalta capsules (duloxetine): It was approved by the committee to remove Effexor XR from the current prior authorization criteria for Cymbalta for the diagnosis of neuropathic pain. Cymbalta is a SNRI (selective serotonin and norepinephrine reuptake inhibitor) that is indicated for major depressive disorders, diabetic peripheral neuropathic pain, and generalized anxiety disorders.

Cymbalta is currently on the formulary of the Presbyterian commercial plans and available at a 3rd tier copay with a quantity limit of #60 capsules/30 days for the 20mg and 30mg strengths and #30 capsules/30 days for the 60mg strength.

Cymbalta requires prior authorization on the Presbyterian Salud/NMRx/SCI plans and the Senior/Medicare plans. The revised criteria for prior authorization are as follows:

1. For depression:

Patient must have documented failure at therapeutic doses on two antidepressants, which includes SSRIs, SNRIs, or bupropion.

2. For neuropathic pain:

Patient must have documented failure at therapeutic doses on:

- i. Gabapentin.

AND

- ii. One of the following alternatives: amitriptyline, lamotrigine (generic for Lamictal), Depakote, or carbamazepine (generic for Tegretol).

Review of Prior Authorization criteria for Lyrica (Pregabalin): Lyrica is indicated for the treatment of diabetic peripheral neuropathic pain, post-herpetic neuralgia, partial seizures, and fibromyalgia. Lyrica requires prior authorization on all the Presbyterian plans. The current criteria for prior authorization for Lyrica are as follows:

1. For partial seizures:

Patient must have documented failure at therapeutic doses on at least two preferred anticonvulsants.

2. For neuropathic pain and post-herpetic neuralgia:

Patient must have documented failure at therapeutic doses on:

- i. Gabapentin (1,200 to 2,400 mg/day).

AND

- ii. One of the following preferred alternatives: An antidepressant (tricyclic, SSRIs, or venlafaxine or Effexor XR), lamotrigine (generic for Lamictal), Depakote, or carbamazepine (generic for Tegretol).

3. Fibromyalgia:

Patient must have documented failure of:

- i. A daily low impact exercise program.

AND

- ii. Amitriptyline at low doses (10mg to 25 mg at bedtime).

AND

- iii. Gabapentin (1,200 to 2,400 mg/day).

Cost comparison of medications indicated for neuropathic pain

Medication	Strength	Average Cost per Tablet/Capsule*	Dosing (Recommended Adult Dose)	Estimated Patient Copay per Month
Lyrica capsules	25 mg	\$2.06	Start at 50 mg TID (150 mg/day) and may increase to a maximum of 100 mg TID (300 mg/day) within one week if tolerated. To be administered as a TID dose.	\$45 - \$60
	50 mg	\$2.06		
	75 mg	\$2.06		
	100 mg	\$2.06		
	150 mg	\$2.06		
	175 mg	\$2.06		
	200 mg	\$2.06		
	225 mg	\$2.06		
Gabapentin capsules	100 mg	\$0.11	Dosage range is 300 mg to 1200 mg TID. Start at 300 mg daily and titrate up to a TID dose.	\$4 - \$10
	300 mg	\$0.13		
	400 mg	\$0.16		
Gabapentin tablets	600 mg	\$0.49		
	800 mg	\$0.57		

*The prices referenced above are from several discount pharmacies and are quotes from their websites. Prices may differ from pharmacy to pharmacy.

The changes to the formularies, as outlined above, are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact Larry Georgopoulos, R.Ph, by e-mail at lgeorgop@phs.org or by phone at (505) 923-5530, or Julie DiTucci-Reiter, R.Ph, by e-mail at jditucci@phs.org or by phone at (505) 923-5404. We can be reached Monday through Friday from 8:00 a.m. to 5:00 p.m. As always, thank you for partnering with us to improve the health of individuals, families and communities

In addition to the formulary changes, we would like to remind you that our phone numbers have changed. The new numbers are (505) 923-5757 (in the Albuquerque area) or 1-888-923-5757 (outside the Albuquerque area). Pharmacy department hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Pres Online is also available for you to verify eligibility and submit prior authorizations. Please visit the Provider page of www.phs.org for more information.

Sincerely,



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