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To: Scott & White Physicians and Affiliated Scott & White Health Plan (SWHP) Providers

From: SWHP Pharmacy and Therapeutics Committee

Date: April 25, 2012

Re: SWHP Formulary Update

The SWHP P&T Committee met on 4/23/2012 and made the following changes to the SWHP formularies. Unless otherwise noted in the comments, these **changes will be effective 6/1/2012 (unless otherwise noted below)**.

FORMULARY CHANGES

Medication	Copay	Comments	Therapeutic Class	Indication(s)	SWHP Formulary Alternatives
Androgel®(testosterone gel)	C tier MCD-Tier 3		Androgen	For androgen replacement therapy in males with a deficiency or absence of endogenous testosterone	Androderm® Testim® Testosterone Cypionate Testosterone Enanthate
Picato® (ingenol mebutate gel)	MCD- Tier 3 SWHP-not added		Topical Antineoplastic	For the topical treatment of actinic keratosis	Imiquimod Fluorouracil Zyclara®

MCD- SWHP Medicare Part D Formulary (SeniorCare Rx)

YEAR-TO-DATE FORMULARY GENERIC RELEASES (generic drug is available at copay listed once drug is available on market)

Generic Name	For Brand Name	Copay	Therapeutic Class	Comments
vancomycin capsule	Vancocin	C tier	Antibiotic	Available April 2012
modafinil	Provigil	C tier	CNS Stimulant	Available April 2012
quetiapine	Seroquel	A tier	Antipsychotic	Available April 2012
ziprasidone	Geodon	C tier	Antipsychotic	Available March 2012
methylphenidate hydrochloride LA	Ritalin LA®	A tier	Stimulant	Available January 2012
felbamate suspension	Felbatol® suspension	A tier	Anticonvulsant	Available December 2011
lamivudine/zidovudine	Combivir®	A tier	Antiviral	Available December 2011

lamivudine	Epivir®	A tier	Antiviral	Available December 2011
levonorgestrel-ethinyl estradiol	LoSeasonique®	A tier	Oral contraceptive	Available December 2011
fluocinolone acetonide topical	Derma-Smoothe/FS®	A tier	Topical corticosteroid	Available November 2011
trimipramine maleate	Surmontil®	A tier	Antidepressant	Available November 2011

MCD- SWHP Medicare Part D Formularies (SeniorCare Rx)

YEAR-TO-DATE FORMULARY CHANGES

Medication	Copay	Comments	Therapeutic Class	Indication(s)	SWHP Formulary Alternatives	Effective date
Xiaflex®(collagenase clostridium histolyticum)	Specialty Formulary-Tier 3	Prior Authorization Required	Collagenase Enzyme	For the treatment of Dupuytren's contracture with a palpable cord		5/1/2012
Pradaxa® (dabigatran)		Revision of SWHP and MCD Prior Authorization Criteria				5/1/2012
Yervoy® (ipilimumab)	Specialty Formulary-Tier 4	Prior Authorization Required	Antineoplastic Agent	For the treatment of unresectable or metastatic melanoma	Zelboraf®	4/1/2012
Provenge® (sipuleucel-T)	Specialty Formulary-Tier 4	Prior Authorization Required	Antineoplastic Agent	For the treatment of asymptomatic/minimally symptomatic metastatic castrate resistant (hormone refractory) prostate cancer		4/1/2012
Inlyta® (axitinib)	Specialty Formulary-Tier 1 MCD-Tier 4	Prior Authorization Required (Specialty only)	Antineoplastic Agent	For the treatment of advanced renal cell carcinoma after failure of one prior systemic therapy		4/1/2012
Erivedge® (vismodegib)	Specialty Formulary-Tier 1 MCD-Tier 4	Prior Authorization Required (Specialty only)	Antineoplastic Agent	For the treatment of adults with metastatic basal cell carcinoma, or with locally advance basal cell carcinoma that has recurred following surgery or who are not candidates for surgery, and who are not candidates for radiation		4/1/2012
Humira® (adalimumab)		Revision of SWHP Prior				4/1/2012

		Authorization-to require step therapy with Enbrel® and Cimzia®				
Simponi® (golimumab)		Revision of SWHP Prior Authorization-to require step therapy with Enbrel® and Cimzia®				4/1/2012
Prolia® (denosumab)		Revision of SWHP Prior Authorization				4/1/2012
Xgeva® (denosumab)	Specialty Formulary-Tier 3	Prior Authorization Required	Bone Resorption Inhibitor	For the prevention of skeletal-related events in patients with bone metastases from solid tumors	Zometa® pamidronate	3/1/2012
Zytiga® (abiraterone)	Specialty Formulary-Tier 1 MCD-currently Tier 4	Prior Authorization Required	Antineoplastic Agent	For use in combination with prednisone for the treatment of metastatic castration-resistant prostate cancer in patients previously treated with docetaxel	docetaxel	3/1/2012
Jakafi® (ruxolitinib)	Specialty Formulary-Tier 1 MCD- Tier 4	Prior Authorization Required	Antineoplastic Agent	For the treatment of intermediate or high-risk myelofibrosis		3/1/2012
Incivek® (telaprevir)	Specialty Formulary-Tier 1 MCD-Tier 4	Prior Authorization Required	Hepatitis C protease inhibitor	In combination with peginterferon alpha and ribavirin for the treatment of genotype 1 chronic HCV in adult patients with compensated liver disease who are treatment naïve or previous relapsers	Victrelis®	1/1/2012
Victrelis® (boceprevir)	Specialty Formulary-Tier 1 MCD-Tier 4	Prior Authorization Required	Hepatitis C protease inhibitor	In combination with peginterferon alpha and ribavirin for the treatment of chronic hepatitis C genotype 1 infection in both untreated and previously treated patients with compensated liver disease, including cirrhosis	Incivek®	1/1/2012
atorvastatin (generic for Lipitor®)	A tier MCD-currently	effective 12/1/2011; maintenance	Cholesterol Lowering Agent		simvastatin pravastatin lovastatin	1/1/2012

	tier 1	eligible			Crestor®	
Symbicort® budesonide/formoterol fumarate)	MCD-Tier 2 (was Tier 3) SWHP-no change	To be effective 1/1/2012				1/1/2012
Gilenya® (fingolimod)	Specialty Formulary-Tier 2 MCD-Tier 4	Prior Authorization required; MCD addition to be effective 3/1/2012	Agent to treat Multiple Sclerosis	For the treatment of patients with relapsing forms of multiple sclerosis	Avonex® Copaxone® Extavia® Tysabri® Rebif®	12/1/11