

Pharmacy Policy and Formulary Update Effective September 1, 2009

Acromegaly Policy

- Somatuline Depot® (lanreotide SQ) will be covered under the prescription drug benefit

The following policies were reviewed and approved with no changes to criteria:

- Contraceptive Agents and Family Planning
- Fabry Disease
- Gaucher's Disease

Medications Removed from Prior Authorization

- Toviax™
- Vimpat®
- Rapaflo™

All medications are non-formulary, Tier 3

Medication Recalls and Withdrawals

In the past several weeks, the Food and Drug Administration (FDA) has issued important medication warnings, withdrawals and requests for product labeling changes. Highlights of FDA activities include:

- On May 7, 2009, the FDA announced that it will require manufacturers of AndroGel 1% and Testim 1% to include a boxed warning in the package labeling. The agency has received reports of adverse effects in children who were inadvertently exposed to testosterone through contact with another person being treated with these products
- On April 30, 2009, the FDA announced that safety label changes, including a boxed warning and a Risk Evaluation and Mitigation Strategy (REMS) are necessary for all botulinum toxin products because the effects of the drug may spread from the area of injection to other areas of the body causing symptoms similar to botulism.
- In June of 2009, Genzyme Corp. announced that they have halted production of Cerezyme® and Fabrazyme® because a virus was discovered in production equipment at its Allston plant. Currently, supply is being rationed. For more information, go to www.fda.gov.

Formulary Update for Commercial (non-Medicare Part D) Members

The MVP Formulary is updated after each Pharmacy and Therapeutics committee meeting. The most current version is available online at www.mvphealthcare.com. Simply go to the *Provider* section of the site and under *Pharmacy*, click on *Formulary*. The MVP Formulary can be downloaded to a PDA device from www.epocrates.com. There is a link to ePocrates® on the MVP Web site. Please update your e-Pocrates account if your computer or PDA is set up to automatically download the Formulary. Unless otherwise noted, the following Formulary information is effective September 1, 2009.

New Drugs (newly approved by the FDA), prior authorization required, Tier 3)

Besivance [®]	Samsca [™]
Fanapt [®]	Dysport [™] (medical benefit)
Simponi [™] (must be obtained from CuraScript [®])	Adcirca [™]
Lamictal [®] XR	Lamictal [®] ODT
Cetraxal [®] Otic	Exforge HCT [®]
Tyzeka [®] Oral Soln	Cycloset [™]

Drugs Added to Formulary

mycophenolate (generic CellCept[®])
carbamazepine ext-rel (generic Tegretol XR[®])
ActoPlus Met[®] XR

Drugs Removed from Formulary*

CellCept[®] Tegretol XR[®]

**Impacted members on drugs removed from the formulary will receive a letter if further action is required (i.e. contacting the prescriber for a formulary alternative)*
