



EqualityCare Pharmacy News

Dear Providers:

June 9, 2010

Recent Wyoming Pharmacy and Therapeutics (P & T) Committee recommendations have been approved by the Department of Health Office of Pharmacy Services and will be implemented in various therapeutic drug classes.

A. NEW THERAPEUTIC CLASS ON THE PREFERRED DRUG LIST:

(Projected Effective Date 07/07/2010)

THERAPEUTIC CLASS	PREFERRED AGENTS	CLINICAL CRITERIA
TARGETED IMMUNE MODULATORS (TIMS)	ENBREL 25MG HUMIRA	<p>A 60-day trial and failure of methotrexate will be required prior to approval for <u>Enbrel</u> and <u>Humira</u> if the client has a diagnosis of <u>rheumatoid arthritis</u>.</p> <p>Diagnosis for approved indication (as follows) is required prior to approval for preferred agents:</p> <ul style="list-style-type: none"> • <u>Enbrel</u>: ankylosing spondylitis (AS), juvenile idiopathic arthritis (JIA), plaque psoriasis (PP), psoriatic arthritis (PA), rheumatoid arthritis (RA) • <u>Humira</u>: AS, Crohn's, JIA, PP, PA, RA
	NON-PREFERRED AGENTS	CLINICAL CRITERIA
		<p>Trial and failure of ONE preferred agent will be required prior to approval for a non-preferred agent.</p> <p><u>Remicade</u> will be allowed without a preferred trial for diagnosis of <u>ulcerative colitis ONLY</u>.</p> <p><u>Cimzia</u> will be allowed without a preferred trial for diagnosis of <u>Crohn's ONLY</u>.</p> <p>Diagnosis for approved indication (as follows) is required prior to approval for non-preferred agents:</p> <ul style="list-style-type: none"> • <u>Amevive</u>: PP • <u>Cimzia</u>: RA, Crohn's • <u>Kineret</u>: RA • <u>Orencia</u>: JIA, RA • <u>Raptiva</u>: PP • <u>Remicade</u>: AS, Crohn's, PP, PA, RA, Ulcerative colitis • <u>Rituxan</u>: RA • <u>Simponi</u>: AS, PA, RA • <u>Tysabri</u>: Crohn's <p>* Additional PA criteria may apply as with Multiple Sclerosis (MS)</p>

B. NEW DRUGS AND CLINICAL CRITERIA:

- **LYSTEDA** **Non-preferred;** a 90-day trial and failure of a NSAID **AND** a 90-day trial and failure of an oral contraceptive **OR** progesterone only hormone replacement in the previous 12 months will be required prior to approval.
- **RAPAFLO** **Non-preferred;** a 30-day trial and failure of a preferred agent (doxazosin, terazosin, or Uroxatral) in the previous 12 months will be required prior to approval.
- **TIROSINT** **Non-preferred;** clients must use levothyroxine TABLETS.
- **ZIRGAN** **Non-preferred;** prior authorization submission required until further review by the P&T Committee in August.

C. PANCREATIC INSUFFICIENCY MEDICATIONS:

The Wyoming EqualityCare **Pharmacy** Program will **DISCONTINUE** covering the products below. The Food and Drug Administration (FDA) has determined that these are unapproved new drugs within the meaning of Section 201(p) of the Federal Food, Drug, and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval. According to the FDA, these products do not have approved applications; therefore, the Center for Medicare and Medicaid Services (CMS) has determined that certain National Drug Codes (NDC) do not meet the definition of a covered outpatient drug as defined in Section 1972(k) of the Social Security Act and are subsequently no longer eligible for inclusion in the rebate program.

PRODUCT NAME/STRENGTH	NDC
Pancrease/MT 4	00045-0341
Pancrease/MT 10	00045-0342
Pancrease/MT 16	00045-0343
Pancrease/MT 20	00045-0346

D. MISCELLANEOUS:

- **DRONABINOL** Dronabinol will require a diagnosis of AIDS or CANCER prior to approval. Dosing limits apply. Please refer to the Dosage Limitation Chart available at www.wyequalitycare.org.
- **ZENPEP** **Preferred** as of June 1, 2010.