DOD PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS

INFORMATION FOR THE UNIFORM FORMULARY BENEFICIARY ADVISORY PANEL

I. Uniform Formulary Review Process

Under 10 U.S.C. § 1074g, as implemented by 32 C.F.R. 199.21, the DoD P&T Committee is responsible for developing the Uniform Formulary (UF). Recommendations to the Director, TMA, on formulary status, pre-authorizations, and the effective date for a drug's change from formulary to non-formulary status receive comments from the Beneficiary Advisory Panel (BAP), which must be reviewed by the Director before making a final decision.

II. UNIFORM FORMULARY CLASS REVIEWS — Phosphodiesterase Type-5 (PDE-5) INHIBITORS FOR ERECTILE DYSFUNCTION (ED)

P&T Comments

A. PDE-5 INHIBITORS — Relative Clinical Effectiveness

The P&T Committee evaluated the clinical effectiveness of the Phosphodiesterase Type-5 (PDE-5) inhibitors for the treatment of ED. The drug class was previously reviewed for UF placement in May 2005. The class is comprised of two subclasses, PDE-5 inhibitors for ED; sildenafil (Viagra), tadalafil (Cialis), and vardenafil (Levitra); and those for for pulmonary artery hypertension (PAH): sildenafil (Revatio) and tadalafil (Adcirca). The PDE-5 inhibitors for PAH will be evaluated at a future Committee meeting.

Information regarding the safety, effectiveness, and clinical outcomes of the PDE-5s for ED subclass was considered. The clinical review included, but was not limited to, the requirements stated in the UF Rule, 32 CFR 199.21(e)(1).

Relative Clinical Effectiveness Conclusion — The P&T Committee recommended the following clinical effectiveness conclusions regarding PDE-5 inhibitors:

With regard to efficacy, the following conclusions were made:

1. ED: Sildenafil (Viagra), tadalafil (Cialis), and vardenafil (Levitra); are FDA-approved for the treatment of ED. There are no head-to head trials comparing the three PDE-5 inhibitors.

a) There is insufficient evidence to conclude that there are clinically relevant differences in efficacy of PDE-5 inhibitors for ED. Although all PDE-5s are clinically superior to placebo, the variability in study design, demographics, and outcome measures precludes the ability to designate one PDE-5 as clinically superior.

b) Based on meta-analyses by Agency for Healthcare Research and Quality, the Cochrane reviewers, and BioMed Central, indirect comparisons suggest that there are similar improvements between the three PDE-5 inhibitors in endpoints or International Index of Erectile Function (IIEF) domain change score for erectile function, the percentage of patients responding "yes" on the Global Assessment Questionnaire, question one, the percentage of patients with improved erections, and numbers needed to treat for these endpoints.

c) One Cochrane analysis found that PDE-5 inhibitors improve erections in DM patients.

d) There is insufficient evidence to conclude that daily therapy for ED is superior to on demand therapy.

2. PAH: Sildenafil (under the trade name Revatio), and tadalafil (under the trade name Adcirca) both had FDA-approved indications for treating PAH.
3. Preservation/restoration of erectile function after prostatectomy: The P&T Committee agreed that the evidence, based on positive results from published clinical trials, was supportable for daily use of the PDE-5 inhibitors for this off-label indication.
4. Raynaud's Phenomenon: Although results are conflicting and larger, longer-term trials needed, benefits have been shown with daily use of PDE-5 inhibitors in terms of improvements in digital blood flow in patients with Raynaud's disease. The P&T Committee agreed that this was a supportable off-label use.
5. Other off-label uses: The P&T Committee agreed that the current published is literature insufficient to support use of PDE-5 inhibitors for female sexual dysfunction, hypertension, esophageal motility disorders, ocular blood flow disorders, Eisenmenger's Syndrome, premature ejaculation, recurrent ischemic priapism, and lower urinary tract symptoms due to benign prostatic hypertrophy (BPH).

With regards to safety and tolerability, the P&T Committee agreed that there is insufficient evidence to conclude that there are clinically relevant differences in

safety between PDE-5s for ED. The product labeling for the three drugs is similar with regard to contraindications, precautions, and warnings.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. PDE-5 INHIBITORS — Relative Cost-Effectiveness

Results from the CMA of PDE-5s for ED agents revealed that vardenafil (Levitra) was the most cost effective PDE-5 agent. The potential impact of scenarios with selected PDE-5 was evaluated with a budget impact analysis (BIA). Results from the BIA of PDE-5s for ED revealed that placing vardenafil (Levitra) on the UF in conjunction with a PA requiring a trial of Levitra for new patients was the most cost effective scenario overall. Lowering the age limit for automatic PA approval of the treatment of typical organic erectile dysfunction in males from 50 to 40 years old would add about 3.7% to the cost of each scenario reviewed.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. PDE-5 INHIBITORS — Uniform Formulary Recommendation

Taking into consideration the conclusions from the relative clinical effectiveness and relative cost-effectiveness determinations, and other relevant factors, the P&T Committee, based upon its collective professional judgment, recommended

1. Vardenafil (Levitra) be classified as formulary on the UF.
2. Sildenafil (Viagra) and tadalafil (Cialis) be designated as non-formulary under the UF, based on cost effectiveness.

D. PDE-5 INHIBITORS — Uniform Formulary Implementation Plan

The P&T Committee recommended 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Network Pharmacy Program (TRRx), and in the MTFs, no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

E. PDE-5 INHIBITORS — Prior Authorization Criteria and Implementation Plan

The P&T Committee recommended following PA criteria should apply to PDE-5 inhibitors other than vardenafil (Levitra). Coverage would be approved if a patient met any of the following criteria, and would expire in one year. The PA implementation would be timed to coincide with the UF implementation:

1. Automated PA criteria:
   a) The patient has received a prescription for Viagra, Cialis, or Levitra at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.
   b) The patient is a male, aged 40 years or older.
2. PA if automated criteria are not met:
   a) The patient has tried Levitra and has had an inadequate response or was unable to tolerate treatment due to adverse effects.
   b) Treatment with Levitra is contraindicated.
   c) Sildenafil (Viagra or Revatio) or tadalafil (Cialis or Adcirca) is for treatment of Pulmonary Artery Hypertension (PAH).
   d) Use is for preservation/restoration of erectile function after prostatectomy.
   e) Use is for Raynaud's Phenomenon.

III. UNIFORM FORMULARY CLASS REVIEWS — Phosphodiesterase Type-5 (PDE-5) INHIBITORS FOR ED

BAP Comments

A. PDE-5 INHIBITORS — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the Phosphodiesterase Type-5 inhibitors, and other relevant factors, the P&T Committee voted to recommend sildenafil (Viagra) and tadalafil (Cialis) be designated as non-formulary under the UF, based on cost effectiveness.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. PDE-5 INHIBITORS — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period. The implementation period will begin immediately following approval by the Director, TMA.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

C. PDE-5 INHIBITORS –Prior Authorization Criteria and Implementation Plan

The P&T Committee voted to recommend PA criteria should apply to PDE-5 inhibitors other than vardenafil (Levitra). Coverage would be approved if a patient met any of the following criteria, and would expire in one year. The PA implementation would be timed to coincide with the UF implementation:

1. Automated PA criteria:
   a) The patient has received a prescription for Viagra, Cialis, or Levitra at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.
   b) The patient is a male, aged 40 years or older.
2. PA if automated criteria are not met:
   a) The patient has tried Levitra and has had an inadequate response or was unable to tolerate treatment due to adverse effects.
   b) Treatment with Levitra is contraindicated.
   c) Sildenafil (Viagra or Revatio) or tadalafil (Cialis or Adcirca) is for treatment of Pulmonary Artery Hypertension (PAH).
   d) Use is for Preservation/restoration of erectile function after prostatectomy.
   e) Use is for Raynaud's Phenomenon.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

IV. NEWLY APPROVED DRUGS — Targeted Immunomodulatory Biologics (TIBs) — Golimumab injection (Simponi)

P&T Comments

A. Simponi — Relative Clinical Effectiveness

Golimumab injection (Simponi) is a humanized monoclonal antibody that inhibits biological activity of tumor necrosis factor alpha (TNFα). Golimumab injection is classified in the Targeted Immunomodulatory Biologic (TIB) drug class, which was reviewed for Uniform Formulary (UF) placement in November 2007.

The Simponi clinical evaluation included, but was not limited to, the requirements stated in the UF rule, 32 CFR 199.21(e)(1). Simponi is administered subcutaneously (SQ) once a month. It is FDA-approved for the treatment of moderate to severely active rheumatoid arthritis (RA) in combination with methotrexate (MTX), moderate to severely active psoriatic arthritis (PsA) alone or in combination with MTX, and active ankylosing spondylitis (AS) in adults. The other injectable TNFα inhibitors with multiple FDA-approved indications for use include adalimumab (Humira), etanercept (Enbrel), and certolizumab (Cimzia).

There is insufficient evidence to determine whether treatment with golimumab would result in greater clinical response than other TNF inhibitors. The safety profile of golimumab reflects that of the other anti-TNF agents currently on the market.

A review of analysis by the Pharmacy Outcomes Research Team (PORT) reported that clinical coverage in the TIB class appears adequate overall as relatively few patients (17%) switch between the two current multi-indication TIBs (Enbrel and Humira) in the first ~3 years of treatment, and only about 5% discontinue treatment after trying both.

Relative Clinical Effectiveness Conclusion — The P&T Committee concluded although Simponi requires less frequent administration than the other multi-indication TIBs, it did not have a significant, clinically meaningful therapeutic advantage in terms of effectiveness, safety, and clinical outcomes compared to other TIBs currently included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Simponi — Relative Cost-Effectiveness

The P&T Committee evaluated the costs of Simponi in relation to the efficacy, safety, tolerability, and clinical outcomes of the TIBs class. Information considered by the P&T Committee included, but was not limited to, sources of information listed in 32 CFR 199.21(e)(2).

Relative Cost-Effectiveness Conclusion: Based on the results of the cost analyses and other clinical and cost considerations, the P&T Committee concluded golimumab was not cost-effective compared to other agents currently on the UF. Results of the CMA confirmed that adalimumab remains the most cost-effective TIB agent available on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Simponi — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the TIBs, and other relevant factors, the P&T Committee voted to recommend golimumab injection (Simponi) be designated as non-formulary under the UF, based on cost effectiveness.

D. Simponi — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

E. Simponi —Prior Authorization Criteria and Implementation Plan

Currently PA requirements apply to etanercept (Enbrel), adalimumab (Humira) and the other TIBs. The P&T Committee agreed that the following PA criteria should apply to golimumab injection, consistent with the FDA-approved labeling and PA requirements for the other TIBs. The implementation plan would be timed to coincide with the UF implementation plan.

1. Coverage would be approved for the treatment of adult patients with moderate to severely active RA in combination with MTX, moderate to severely active PsA alone or in combination with MTX, and active AS in adults.

2. Coverage would not be provided for concomitant use with abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), infliximab (Remicade), or rituximab (Rituxan).

V. NEWLY APPROVED DRUGS – Targeted Immunomodulatory Biologics (TIBs) — Golimumab injection (Simponi)

BAP Comments

A. Simponi — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the TIBs, and other relevant factors, the P&T Committee voted to recommend golimumab injection (Simponi) be designated as non-formulary under the UF, based on cost effectiveness.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. Simponi — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

C. Simponi — Prior Authorization Criteria and Implementation Plan

The P&T Committee agreed that the following PA criteria should apply to golimumab injection, consistent with the FDA-approved labeling and PA requirements for the other TIBs. The implementation plan would be timed to coincide with the UF implementation plan.

1. Coverage would be approved for the treatment of adult patients with moderate to severely active RA in combination with MTX, moderate to severely active PsA alone or in combination with MTX, and active AS in adults.
2. Coverage would not be provided for concomitant use with abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), infliximab (Remicade), or rituximab (Rituxan).

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

VI. NEWLY APPROVED DRUGS — Targeted Immunomodulatory Biologics (TIBs) — Certolizumab injection (Cimzia)

P&T Comments

A. Cimzia — Relative Clinical Effectiveness

Certolizumab injection (Cimzia) is a TNFα that is conjugated to polyethylene glycol to increase the duration of action. Cimzia is available as a lyophilized powder for reconstitution and a solution for SQ injection. It is dosed once monthly for Crohn's disease and twice weekly (with the option of once monthly dosing) for RA. Certolizumab is FDA-approved for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderate to severely active disease refractory to conventional therapy. It is also approved for the treatment of moderate to severely active RA in adults.

There is insufficient evidence to determine whether Cimzia would result in greater response than other anti-TNF agents, and pegylation did not appear to confer added benefits in efficacy or toxicity profile. The safety profile of Cimzia in general is similar to that of the other TNF inhibitors.

Relative Clinical Effectiveness Conclusion — The P&T Committee concluded that although Cimzia has the potential for less frequent administration than adalimumab (Humira) and etanercept (Enbrel), it did not have a significant,

clinically meaningful therapeutic advantage in terms of effectiveness, safety, and clinical outcomes compared to other TIBs currently included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Cimzia — Relative Cost-Effectiveness

The P&T Committee evaluated the costs of Cimzia in relation to the efficacy, safety, tolerability, and clinical outcomes of the TIBs class. Information considered by the P&T Committee included, but was not limited to, sources of information listed in 32 CFR 199.21(e)(2).

Relative Cost-Effectiveness Conclusion: Based on the results of the cost analyses and other clinical and cost considerations, the P&T Committee concluded that certolizumab was not cost-effective compared to other agents currently on the UF. Results of the CMA confirmed that adalimumab remains the most cost-effective TIB agent available on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Cimzia — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the TIBs, and other relevant factors, the P&T Committee voted to recommend certolizumab injection (Cimzia) be designated as non-formulary under the UF, based on cost effectiveness.

D. Cimzia — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

E. Cimzia — Prior Authorization Criteria and Implementation Plan

Currently PA requirements apply to etanercept (Enbrel), adalimumab (Humira) and the other TIBs. The P&T Committee agreed that the following PA criteria should apply to certolizumab injection, consistent with the FDA-approved labeling and PA requirements for the other TIBs. The implementation plan would be timed to coincide with the UF implementation plan.

1. Coverage would be approved for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderate to severely active disease refractory to conventional therapy; and also for the treatment of moderate to severely active RA in adults.
2. Coverage would not be provided for concomitant use with abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), or rituximab (Rituxan)

VII. NEWLY APPROVED DRUGS — Targeted Immunomodulatory Biologics (TIBs) — Certolizumab injection (Cimzia)

BAP Comments

A. Cimzia — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the TIBs, and other relevant factors, the P&T Committee voted to recommend certolizumab injection (Cimzia) be designated as non-formulary under the UF, based on cost effectiveness.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. Cimzia — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

C. Cimzia — Prior Authorization Criteria and Implementation Plan

The P&T Committee agreed that the following PA criteria should apply to golimumab injection, consistent with the FDA-approved labeling and PA requirements for the other TIBs. The implementation plan would be timed to coincide with the UF implementation plan.

1. Coverage would be approved for reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderate to severely active disease refractory to conventional therapy; and also for the treatment of moderate to severely active RA in adults.
2. Coverage would not be provided for concomitant use with abatacept (Orencia), adalimumab (Humira), anakinra (Kineret), golimumab (Simponi), etanercept (Enbrel), infliximab (Remicade), or rituximab (Rituxan).

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

VIII. NEWLY APPROVED DRUGS Narcolepsy/Attention Deficit Hyperactivity Disorder (ADHD) — Armodafinil tablets — (Nuvigil)

P&T Comments

A. Nuvigil — Relative Clinical Effectiveness

Armodafinil (Nuvigil) is a non-amphetamine wakefulness promoting agent. It is the single R-enantiomer of modafinil (Provigil), which is a racemic mixture. The R-enantiomer has been shown to have a longer half-life than its S-counterpart; however, the half-lives of armodafinil and modafinil are similar. The subclass of narcolepsy agents was last reviewed in November 2006 as part of the ADHD and narcolepsy drug class. The other narcolepsy agents on the uniform formulary are modafinil and sodium oxybate.

Armodafinil is FDA-approved for the treatment of excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work sleep disorder. These are the same FDA indications as the current UF agent modafinil. Generic formulations of modafinil are expected in mid-2010.

The armodafinil (Nuvigil) clinical evaluation included, but was not limited to, the requirements stated in the UF rule, 32 CFR 199.21(e)(1). There are no head-to-

head trials comparing armodafinil to modafinil and there is no conclusive data to support longer lasting effects of armodafinil as compared to modafinil. After review of the clinical literature, armodafinil does not have compelling clinical advantages over existing narcolepsy agents on the UF.

Relative Clinical Effectiveness Conclusion — The P&T Committee concluded there is currently insufficient data to conclude that armodafinil (Nuvigil) offers improved efficacy, safety, or tolerability compared to the UF product modafinil (Provigil).

COMMITTEE ACTION: The P&T Committee voted to accept the clinical effectiveness conclusion stated above.

B. Nuvigil — Relative Cost-Effectiveness

The P&T Committee evaluated the relative cost-effectiveness of Nuvigil in relation to efficacy, safety, tolerability, and clinical outcomes of modafinil (Provigil). Information considered by the P&T Committee included, but was not limited to, sources of information listed in 32 CFR 199.21(e)(2).

CMA was used to evaluate the relative cost-effectiveness of Nuvigil relative to Provigil. Results from the CMA showed the projected weighted average cost per day for Nuvigil is less than Provigil.

Relative Cost-Effectiveness Conclusion: The P&T Committee concluded armodafinil (Nuvigil) is cost effective relative modafinil (Provigil).

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Nuvigil — Uniform Formulary Recommendation

Taking into consideration the conclusions from the relative clinical effectiveness and relative cost-effectiveness determinations, and other relevant factors, the P&T Committee, based upon its collective professional judgment, recommended that armodafinil tablets (Nuvigil) be designated formulary on the UF.

D. Nuvigil — Uniform Formulary Implementation Plan – does not apply

E. Nuvigil — Prior Authorization Criteria and Implementation Plan

Taking into consideration the clinical review, the P&T Committee recommended the following PA criteria should apply to armodafinil (Nuvigil). Coverage would be approved if a patient met any of the following criteria and would expire in one year:

1. Narcolepsy associated with persistent and excessive daytime sleepiness as diagnosed by polysomnogram or meas sleep latency time (MSLT) objective testing;

2. Obstructive sleep apnea associated with persistent and excessive daytime sleepiness. (CPAP treatment adequately titrated and patient compliant with treatment);
3. Nightshift worker with diagnosis of shift work sleep disorder associated with excessive sleepiness.

IX. NEWLY APPROVED DRUGS Narcolepsy/ADHD — Armodafinil tablets — (Nuvigil)

BAP Comments

A. Nuvigil — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the Narcolepsy/ADHD, and other relevant factors, the P&T Committee voted to recommend: Nuvigil be designated formulary on the UF.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. Nuvigil — Uniform Formulary Implementation Plan — does not apply

C. Nuvigil — Prior Authorization Criteria and Implementation Plan

Taking into consideration the clinical review, the P&T Committee recommended the following PA criteria should apply to armodafinil (Nuvigil). Coverage would be approved if a patient met any of the following criteria and would expire in one year:

1. Narcolepsy associated with persistent and excessive daytime sleepiness as diagnosed by polysomnogram or meas sleep latency time (MSLT) objective testing;
2. Obstructive sleep apnea associated with persistent and excessive daytime sleepiness. (CPAP treatment adequately titrated and patient compliant with treatment);
3. Nightshift worker with diagnosis of shift work sleep disorder associated with excessive sleepiness.

BAP Comment: ☐ Concur ☐ Non-concur Additional Comments and Dissentions:

X. NEWLY APPROVED DRUGS — Alpha Blockers for Benign Prostatic Hyperplasia (BPH) — Silodosin capsules (Rapaflo)

P&T Comments

A. Rapaflo — Relative Clinical Effectiveness

Silodosin (Rapaflo) is an alpha blocker FDA-approved for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). The alpha blockers for BPH were last reviewed for UF placement in Nov 2007. Silodosin is similar to tamsulosin (Flomax) in that it is a highly selective antagonist of α1A-adrenoceptors (α1A-AR) in the prostate. Alfuzosin (Uroxatral) is the third uroselective alpha blocker for BPH in the class.

The silodosin capsules (Rapaflo) clinical evaluation included, but was not limited to, the requirements stated in the UF rule, 32 CFR 199.21(e)(1). There are no direct comparative clinical trials between Rapaflo and the other alpha blockers for BPH, and no trials are available that evaluate outcomes other than changes in signs and symptoms of BPH. The clinical trials used to obtain FDA approval reported silodosin is effective at reducing symptoms and increasing maximum urinary flow rate in patients with BPH. Improvements in these parameters are comparable to the changes seen with the other alpha blockers. The safety profile of silodosin appears to be comparable to other uroselective agents.

Relative Clinical Effectiveness Conclusion — The P&T Committee concluded silodosin capsules (Rapaflo) do not have a significant, clinically meaningful therapeutic advantage in terms of effectiveness, safety, and clinical outcomes compared to other alpha blockers for BPH currently included on the UF.

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

B. Rapaflo — Relative Cost Effectiveness

Cost minimization analysis (CMA) was used to evaluate the relative cost-effectiveness of Rapaflo relative to other UF alpha blocking agents. Results from the CMA showed the projected weighted average cost per day for Rapaflo is higher than alfuzosin (Uroxatral). The CMA also revealed the projected weighted

average cost per day for Rapaflo is lower than the non-formulary alpha blocking agent, Flomax. Uroxatral remains the most cost-effective alpha-blocking agents on the UF.

Relative Cost-Effectiveness Conclusion:

The P&T Committee, based upon its collective professional judgment, voted that silodosin (Rapaflo) are not cost effective relative to alfuzosin (Uroxatral).

COMMITTEE ACTION: The P&T Committee voted to accept the cost effectiveness conclusion stated above.

C. Rapaflo — Uniform Formulary Recommendation

Taking into consideration the conclusions from the relative clinical effectiveness and relative cost-effectiveness determinations, and other relevant factors, the P&T Committee, based upon its collective professional judgment, recommended Rapaflo be designated non-formulary on the UF. This recommendation was based on the clinical effectiveness conclusion and the determination that alfuzosin (Uroxatral) remains the most cost effective alpha blocker on the UF compared to silodosin (Rapaflo).

D. Rapaflo — Uniform Formulary Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

E. Rapaflo — Prior Authorization Criteria and Implementation Plan

An automated prior authorization (APR) or *step therapy* is currently in effect and requires use of UF alfuzosin (Uroxatral) before other non-formulary alpha blockers for BPH, unless there is therapeutic failure, intolerance, or hypersensitivity. The P&T Committee agreed that the following PA criteria should apply to silodosin capsules (Rapaflo). Coverage would be approved if the patient met any of the following criteria. Implementation would be timed to coincide with that of the UF implementation plan:

1. Automated PA criteria:

   a) The patient has received a prescription for either silodosin (Rapaflo) or alfuzosin (Uroxatral) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

2. PA criteria if automated criteria are not met:

   a) The patient has tried alfuzosin (Uroxatral) and had an inadequate response or was unable to tolerate treatment due to adverse effects.

   b) Treatment with alfuzosin (Uroxatral) is contraindicated.

   c) The patient requires an alpha blocker that can be crushed and sprinkled on food.

XI. NEWLY APPROVED DRUGS Alpha Blockers for Benign Prostatic Hyperplasia (BPH) — Silodosin Capsules (Rapaflo)

BAP Comments

A. Rapaflo — Uniform Formulary Recommendation

In view of the conclusions from the relative clinical effectiveness and relative cost effectiveness determinations of the Alpha Blocking Agents, and other relevant factors, the P&T Committee voted to recommend Rapaflo be designated as non-formulary under the UF, based on cost effectiveness.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. Rapaflo – Implementation Plan

The P&T Committee voted to recommend: 1) an effective date of the first Wednesday one week after the minutes are signed, following a 60-day implementation period in the TRICARE Mail Order Pharmacy (TMOP) and TRICARE Retail Pharmacy Network (TRRx), and at Military Treatment Facilities (MTFs) no later than a 60-day implementation period; and 2) TMA send a letter to beneficiaries affected by this UF decision. The implementation period will begin immediately following approval by the Director, TMA.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

C. Rapaflo — Prior Authorization Criteria and Implementation Plan

An automated prior authorization (APR) or *step therapy* is currently in effect and requires use of UF alfuzosin (Uroxatral) before other non-formulary alpha blockers for BPH, unless there is therapeutic failure, intolerance, or hypersensitivity. The P&T Committee agreed that the following PA criteria should apply to silodosin capsules (Rapaflo). Coverage would be approved if the patient met any of the following criteria. Implementation would be timed to coincide with that of the UF implementation plan:

1. Automated PA criteria:

   a) The patient has received a prescription for either silodosin (Rapaflo) or alfuzosin (Uroxatral) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

2. PA criteria if automated criteria are not met:

   a) The patient has tried alfuzosin (Uroxatral) and had an inadequate response or was unable to tolerate treatment due to adverse effects.

   b) Treatment with alfuzosin (Uroxatral) is contraindicated.

   c) The patient requires an alpha blocker that can be crushed and sprinkled on food.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

XII. PRIOR AUTHORIZATION FOR PREVIOUSLY REVIEWED DRUGS — Narcolepsy / ADHD drugs — Modafinil tablets (Provigil)

P&T Comments

A. Provigil — Prior Authorization Criteria and Implementation Plan

New data published since the original Narcolepsy drug class review in November 2006 was evaluated to determine if the modafinil (Nuvigil) PA required updating. The P&T Committee agreed that the evidence for using modafinil for sleepiness associated with Parkinson's disease was not supportable. There is new data for treating fatigue associated with traumatic brain injury (TBI) mentioned in a recent VA/DoD guideline, which was deemed supportable by the P&T Committee. The P&T Committee also recommended updating the criteria used for objectively diagnosing narcolepsy via polysomnogram or mean sleep latency testing (MSLT).

The P&T Committee recommended the following PA criteria should apply to Provigil. Coverage would be approved if a patient met any of the following criteria and would expire in one year. The P&T Committee also recommended an implementation date effective date of the first Wednesday one week after the minutes are signed. The implementation period will begin immediately following approval by the Director, TMA.

a) Narcolepsy associated with persistent and excessive daytime sleepiness as diagnosed by polysomnogram or MSLT objective testing;
b) Obstructive sleep apnea associated with persistent and excessive daytime sleepiness AND continuous positive airway pressure (CPAP) treatment adequately titrated and patient compliant with treatment;
c) Nightshift worker with diagnosis of shift work sleep disorder associated with excessive sleepiness;
d) Multiple sclerosis with excessive fatigue and secondary causes have been addressed;
e) Myotonic dystrophy associated with excessive fatigue;
f) A diagnosis of depression AND primary antidepressant therapy (defined as 4-6 week trial of at least one antidepressant agent) has failed AND the use of other stimulant augmentation (such as methylphenidate products) is contraindicated due to adverse effects, previous failure, or hypersensitivity;
g) Idiopathic hypersomnia diagnosed by a sleep specialist;
h) Fatigue associated with mild traumatic brain injury.

XIII. PRIOR AUTHORIZATION FOR PREVIOUSLY REVIEWED DRUGS — Narcolepsy / ADHD drugs — Modafinil tablets (Provigil)

BAP Comments

Provigil — Prior Authorization Criteria and Implementation Plan

The P&T Committee recommended the following PA criteria should apply to Provigil. Coverage would be approved if a patient met any of the following criteria and would expire in one year. The P&T Committee also recommended an implementation date effective date of the first Wednesday one week after the minutes are signed. The implementation period will begin immediately following approval by the Director, TMA.

a) Narcolepsy associated with persistent and excessive daytime sleepiness as diagnosed by polysomnogram or MSLT objective testing;
b) Obstructive sleep apnea associated with persistent and excessive daytime sleepiness AND continuous positive airway pressure (CPAP) treatment adequately titrated and patient compliant with treatment;
c) Nightshift worker with diagnosis of shift work sleep disorder associated with excessive sleepiness;
d) Multiple sclerosis with excessive fatigue and secondary causes have been addressed;
e) Myotonic dystrophy associated with excessive fatigue;
f) A diagnosis of depression AND primary antidepressant therapy (defined as 4-6 week trial of at least one antidepressant agent) has failed AND the use of other stimulant augmentation (such as methylphenidate products) is contraindicated due to adverse effects, previous failure, or hypersensitivity;
g) Idiopathic hypersomnia diagnosed by a sleep specialist;
h) Fatigue associated with mild traumatic brain injury.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

XIV. IMPLEMENTATION OF FEDERAL CEILING PRICE REGULATION

P&T Comments

The committee reviewed drugs that were not included on a Department of Defense Retail Refund Pricing Agreement; these drugs are not compliant with 32 C.F.R. 199.21(q)(2), part of the regulation implementing the FY2008 National Defense Authorization Act,

Section 703. The regulation provides that if a drug is not covered by a pricing agreement to comply with Federal Ceiling Prices, the drugs will generally be designated non-formulary (Tier 3) under the Uniform Formulary and will require a pre-authorization prior to use in the retail point of service. These drugs will remain available in the mail order point of service without pre-authorization. Drugs, with and without pricing agreements, were systematically classified based along therapeutic and pharmacologic lines. The classification system was based on the American Hospital Formulary System Classification and First Data Bank classification.

By the August P&T meeting, over 130 manufacturers had submitted executed pricing agreements representing over 90% of the drugs and 94% of the potential FCP-based refunds. Out of the 190 drugs reviewed that were not covered by pricing agreements, 169 were recommended by the Committee to move to Tier 3. Ten drugs were recommended to remain on Tier 2 and eleven drugs were tabled for the November meeting. At the meeting, all drugs that were on Tier 2 and were covered by a pricing agreement were maintained on Tier 2 (with the exception of three newly approved drugs separately reviewed by the Committee). The Committee considered each drug carefully with the goal of minimizing the impact on beneficiary care. The Committee considered many factors in its recommendations. These included whether a drug was considered "one-of-a-kind", whether there were other brand name products in the same drug class, and whether multiple generics were available in the class. From these considerations, the Committee's rationale was to move drugs to non-formulary (Tier 3) only if the committee knew there were appropriate therapeutic substitutions within that drug class. Those without appropriate therapeutic substitutes were not moved and those that the Committee needed additional information on were deferred to the November meeting. Also, the Committee recommended that any drug manufacturer that signs a pricing agreement before 14 October would not have their drug(s) moved to non-formulary (Tier 3). If their drug(s) were already in Tier 3, they would remain as Tier 3 but without an additional pre-authorization.

The DoD P&T Committee recommended the following:

A. The following drugs, though not on a pricing agreement, should retain their formulary designation on the UF:

VANCOCIN HCL	DERMA-SMOOTHE-FS	PANRETIN
ACTIMMUNE	DERMOTIC	RADIOGARDASE
APOKYN	STROMECTOL	
INTAL	THIOLA	

B. The following drugs should be designated or retain the designation of non-formulary on the UF:

MIRAPEX	ESTRACE	ATROVENT HFA
WELCHOL	SORIATANE CK	METANX
LIALDA	DAYTRANA	EVOXAC
PENTASA	FOSRENOL	CUTIVATE

CYTOMEL
SAIZEN
TRANSDERM-SCOP
MUSE
EMSAM
ENDOMETRIN
VIRAMUNE
ZONEGRAN
SEROSTIM
TRANSDERM-SCOP
DYRENIUM
BUPHENYL
INTELENCE
ELIGARD
QUIXIN
CETROTIDE
RIOMET
APTIVUS
LUVERIS
OXSORALEN
THALITONE
PLETAL
ZAROXOLYN
EURAX
SULFAMYLON
K-PHOS NO.2
LITHOSTAT
DEGARELIX
ZORBTIVE
ACIPHEX
FLOMAX
PROCRIT
VYVANSE
KADIAN
AZOR
CARBATROL
KAPIDEX
OXISTAT
POTASSIUM CHLORIDE KDUR
VALIUM
KINERET
FIORICET
DERMA-SMOOTHE-FS
SONATA
KENALOG
KLONOPIN
TESTRED
GYNAZOLE-1
CADUET
ANDROID
DIBENZYLINE
VESANOID
TINDAMAX
CHROMAGEN
NIFEREX-150 FORTE
BREVOXYL-8
NIRAVAM
CORDRAN
NEOBENZ MICRO
HALOG
BREVOXYL-4
MS CONTIN
POLY-TUSSIN DHC
PRECARE PREMIER
CORTISPORIN
CORGARD
ULTRAVATE PAC
TRETIN-X
CHROMAGEN FORTE
ALA-HIST D
PREFERA-OB
AGRYLIN
ALTACE
RESPA A.R.
DEPAKENE
POLY HIST FORTE
PRECARE
EXELDERM
PERCODAN
CATAPRES
ALA-HIST
TENEX
SALAGEN
MOBIC
POLY TAN DM
MICRO-K
PHOSLO
HEMATRON-AF
FLOXIN
GESTICARE
ELESTRIN
PROAMATINE
RESPA-BR
PREMESIS RX
NIFEREX GOLD
POLY TAN D
PRECARE CONCEIVE PCE
OXANDRIN
CARNITOR
DIPENTUM
ULTRAVATE
RHEUMATREX
MONODOX
POLY-TUSSIN DM
POLY HIST DM
K-PHOS ORIGINAL
ATROVENT
PAMINE FQ
LACTINOL-E
DECLOMYCIN
OBSTETRIX EC
LAC-HYDRIN
TAPAZOLE
PERSANTINE
TIGAN
TEMOVATE EMOLLIENT
NUZON
PAMINE
LACTINOL
KAON-CL 10
TEMOVATE
OMNICEF
VIROPTIC
HEMATRON
KYTRIL
SEPTRA DS
ELDEPRYL
ANAPROX DS
MYAMBUTOL
POLY HIST PD
NOVASTART
CORTISPORIN
CARNITOR SF
PAMINE FORTE
SILVADENE
ACLOVATE
DYNEX LA
FLEXERIL
BROVEX
PEDIAPRED
BROVEX SR
BROVEX-D
BROVEX CT
P-TEX
LEVULAN
CYTOXAN
SEDAPAP
HYCODAN
DYNEX 12
DYNEX VR
ANAPROX
SEPTRA
LIMBITROL
MINOCIN
CUTIVATE
LOCOID
WESTCORT

Preauthorization will be determined at the November DoD P&T Committee meeting.

C. The following drugs require more information prior to determination of a formulary status:

REBIF	SYNTHROID	
VOLTAREN	GONAL-F	UROCIT-K
ROZEREM	FARESTON	PAREMYD
GONAL-F RFF	GLUCAGEN	ARESTIN

Information will be provided at the November DoD P&T Committee meeting.

D. The implementation date will not be prior to 1 January 2010 and not later than 180 days after the minutes of this meeting are signed by the Director, TMA.
E. Formulary status of a drug recommended to move from Tier 2 to Tier 3 will stay in Tier 2 if a pricing agreement is received prior to October 14, 2009.
F. Recommend a transition period at MTFs to treat drugs recommended to move from Tier 2 to Tier 3 as if they were still on Tier 2 for purposes of MTF availability until 1 January 2011.

XV. ITEMS FOR INFORMATION — SECTION 703

BAP Comment

A. Drug retaining formulary status (see list above):

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

B. Designated as non-formulary under the UF (see list above):

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

C. Not applicable

D. The implementation date will not be prior to 1 January 2010 and not later than 180 days after the minutes of this meeting are signed.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

E. Formulary status of a drug recommended to move from Tier 2 to Tier 3 in these lists will stay on Tier 2 if Pricing Agreement is received prior to October 14, 2009.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions:

F. Recommend a transition period at the MTF POS until 1 January 2011.

BAP Comment: ☐ Concur ☐ Non-concur

Additional Comments and Dissentions: