

Medicare Part D Formulary Updates

The formulary change list below includes changes that have occurred to the BCBSNM Medicare Part D formulary in the second quarter of the 2009 plan year. This list is updated regularly by our pharmacy provider Prime Therapeutics. For future inquiries of recent Medicare Part D Ideal formulary changes for your BCBSNM members, please utilize the following instructions:

- a) Access the Web site: <https://www.myrxassistant.com>
- b) Click on 'advanced search' in the 'Find Drugs' section.
- c) Follow directions to a corresponding health plan (e.g. BCBS New Mexico, Blue Medicare PPO).
- d) Click on the hyperlink 'Formulary Updates. pdf' in the **Forms and Related Information** section.

Generic name (TRADE NAME)	BRAND Generic Product	Effective Date	Nature of Change	Comments
AFINITOR (everolimus) tabs 5mg, 10mg	BRAND	6.1.09	Addition	<ul style="list-style-type: none"> Tier 4
Balsalazide caps 750mg	Generic	3.1.09	Addition	<ul style="list-style-type: none"> First generic for COLAZAL Tier 1
BANZEL (rufinamide) tabs 200mg, 400mg	BRAND	3.1.09	Addition	<ul style="list-style-type: none"> Tier 3
Carbamazepine ER tabs 200mg, 400mg	Generic	5.10.09	Addition	<ul style="list-style-type: none"> First generic for these strengths of TEGRETOL XR Tier 1
DEGARELIX for inj. 80mg	BRAND	3.2.09	Addition	<ul style="list-style-type: none"> Tier 3
DEGARELIX for inj. 120mg	BRAND	3.8.09	Addition	<ul style="list-style-type: none"> Tier 3
Liothyronine tabs 5mcg, 25mcg, 50mcg	Generic	3.29.09	Addition	<ul style="list-style-type: none"> First generic for CYTOMEL Tier 1
Mycophenolate caps 250mg	Generic	5.10.09	Addition	<ul style="list-style-type: none"> First generic for CELLCEPT Tier 1
Mycophenolate tabs 500mg	Generic	5.10.09	Addition	<ul style="list-style-type: none"> First generic for CELLCEPT Tier 4
Nicotine transdermal patch 7mg/24hr, 14mg/24hr, 21mg/24hr	Generic	5.23.09	Removal	<ul style="list-style-type: none"> Rx product discontinued, not eligible for Part D coverage
PATANASE (olopatadine) Nasal sol'n 0.6%	BRAND	3.1.09	Addition	<ul style="list-style-type: none"> Quantity limits apply Tier 3
Polyethylene glycol 3350 powder for sol'n, 17gm/scoopful	Generic	7.1.09	Removal	<ul style="list-style-type: none"> Rx product does not meet the definition of a Part D drug. Now available OTC – without a prescription.
RAPTIVA (efalizumab) for inj. 125mg	BRAND	6.9.09	Removal	<ul style="list-style-type: none"> Product withdrawn from the market due to safety concerns, not eligible for Part D coverage.
Ribavirin Caps 200mg Tabs 200mg, 400mg, 600mg	Generic	3.20.09	Cost Share Reduction	<ul style="list-style-type: none"> Move from Tier 4 to Tier 1
Risperidone ODT 0.5mg, 2mg	Generic	3.8.09	Addition	<ul style="list-style-type: none"> Quantity limits apply Tier 1
RISPERIDONE ODT 1mg, 3mg, 4mg	BRAND	3.8.09	Addition	<ul style="list-style-type: none"> Quantity limits apply Tier 3
Stavudine for sol'n 1mg/ml	Generic	3.29.09	Addition	<ul style="list-style-type: none"> First generic for ZERIT soln Tier 1

TEMODAR (temozolomide) for inj. 100mg	BRAND	3.15.09	Addition	<ul style="list-style-type: none"> Tier 4
Topiramate caps 15mg, 25mg	Generic	4.19.09	Addition	<ul style="list-style-type: none"> First generic for TOPAMAX SPRINKLES Tier 1
Topiramate tabs 25mg, 50mg, 100mg, 200mg	Generic	3.29.09	Addition	<ul style="list-style-type: none"> First generic for TOPAMAX Tier 1
VIMPAT (lacosamide) tabs 50mg, 100mg, 150mg, 200mg	BRAND	6.1.09	Addition	<ul style="list-style-type: none"> Step Therapy applies Tier 3
XENAZINE (tetrabenazine) tabs 12.5mg, 25mg	BRAND	6.1..09	Addition	<ul style="list-style-type: none"> Prior Authorization is required Tier 4
*ST = Step Therapy, **QL = quantity limits, ***PA = Prior authorization				

Propylthiouracil (PTU) and liver injury

The Food and Drug Administration (FDA) notified healthcare professionals of the risk of serious liver injury, including liver failure and death, with the use of propylthiouracil (PTU) in both adults and pediatric patients. Reports to FDA's Adverse Event Reporting System (AERS) suggest that there is an increased risk of hepatotoxicity with PTU when compared to methimazole (MMI). FDA has identified 32 AERS cases (22 adults and 10 pediatric) of serious liver injury associated with PTU use. Although both PTU and MMI are indicated for the treatment of hyperthyroidism due to Graves's disease, healthcare professionals should carefully monitor patients on PTU therapy for signs and symptoms of liver injury, especially during the first six months after initiation of therapy. PTU should **NOT** be used in pediatric patients unless the patient is allergic to or intolerant of MMI, and there are no other treatment options available.

In general, PTU should be considered second-line therapy for the treatment of hyperthyroidism except in patients who are allergic to or intolerant of methimazole. Rare cases of embryopathy, including aplasia cutis, have been reported with use of MMI during pregnancy, while no such cases have been reported with PTU use. Thus, PTU may be more appropriate for patients with Graves's disease who are in their first trimester of pregnancy.

References:

1. U.S. Food and Drug Administration MedWatch. Propylthiouracil (PTU). 6/3/2009. Assessed on 6.3.09 at:
<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm164162.htm>
2. Propylthiouracil (PTU) Induced Liver Failure. Healthcare Professional Sheet. 6/3/09. Assessed on 6/4/09:
<http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/DrugSafetyInformationforHeathcareProfessionals/ucm162701.htm>