CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

Provider Issue Briefing

CONTRA COSTA
HEALTH PLAN
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Date: September 2012

Contra Costa Health Plan Pharmacy and Therapeutics Committee

Pharmacy and Therapeutics NewsNotes

- Abbott Labs has reformulated Vicodin by reducing acetaminophen amounts. The reformulated Vicodin will be available as 5/300, 7.5/300, and 10/300 and is expected to be available 3rd quarter 2012. Given the price differential CCHP expects between the reformulated Vicodin and generic Norco, ***CCHP will not cover reformulated Vicodin***. CCHP will continue to cover generic Norco at all available strengths: 5/325, 7.5/325, 10/325 and generic Lortab at 5/500, 7.5/500, and 10/500 strengths
- CCRMC prescribers may wish to follow these steps to submit Rx Prior Authorization requests to CCHP:
  - In the patient chart, click on the Visit Navigator tab and under "Orders" click on "Meds & Orders"
  - In the medication search box, type "PBMPX" and press enter
  - Press the "F7" button or click on the "Database Lookup" tab
  - Select the PBMPX referral, this will open a referral dialog
  - Complete the referral, associate the referral with a diagnosis, and sign the order.
  - Signing the order will send the PA request electronically to CCHP

Preferred Drug List (PDL) changes should be effective around November 1, 2012

The CCHP Pharmacy and Therapeutics committee approved ***addition*** of the following agents to the Preferred Drug List. These agents *will not require Prior Authorization*:

- **Venlafaxine immediate-release (Effexor) 25mg, 37.5mg, 50mg, 75mg, 100mg tablet**
  - No longer required to be initiated by psych
- **Venlafaxine extended-release (Effexor XR) 37.5mg, 75mg, 150mg extended-release *capsule***
  - No longer required to be initiated by psych
  - The venlafaxine extended-release ***tablet*** formulation is still ***non-preferred***.
- **Fluoxetine (Prozac) 40mg capsules**
  - No longer required to double 20mg capsules to achieve 40mg daily dose
  - Fluoxetine 20mg ***tablets*** still ***non-preferred***, please prescribe capsule formulation
- **Bupropion XL (Wellbutrin XL) 300mg tablets**
  - Bupropion XL 150mg tablet still ***non-preferred***
- **Olanzepine (Zyprexa) 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg tablets**
  - Orally-dissolving tablets (Zyprexa Zydis) and intramuscular injection (Zyprexa RelPrevv) still ***non-preferred***
- **Montelukast (Singulair) 4mg and 5mg chewable tablet, 10mg tablet**
  - 4mg granules still ***non-preferred***

The committee approved ***removal*** of the following agents from the Preferred Drug List.
These agents *will require Prior Authorization*:

- **Chloral hydrate** (Somnote) 500mg capsules
  - Current patients to be requested to switch for preferred agents
- **Bupropion sustained-release** (Wellbutrin SR) 200mg tablet
  - Current patients and prescribers to be asked to use buproprion SR 100mg or SR 150mg tablets
- **Lurasidone** (Latuda) 40mg, 80mg
  - Current patients to be grandfathered indefinitely

Other formulary changes:

- Smoking cessation benefits will ***expand***
    - Nicotine patches will be authorized up to *six months* (previously only 3 months) with patient participation in smoking cessation support program or other behavioral modification therapy and techniques (e.g. 1-800-NO-BUTTS)
    - Varenicline will be authorized up to *six months* (previously only 3 months) with patient participation in smoking cessation support program or other behavioral modification therapy and techniques (e.g. 1-800-NO-BUTTS)
    - Nicotine gum and nicotine lozenges will be authorized up to *six months* contingent upon recent 90-day claims history of nicotine patches
    - Multimodal therapies allowed and encouraged, for example prescribers could treat patients for 1 year following this plan:
        - Long-acting craving control through nicotine patches with nicotine gum to control breakthrough craving combined with bupropion to encourage cessation for first six months followed by varenicline to maintain abstinence for next six months.

Prescription Drug Focus: Antidepressants

CCHP has received many requests for duloxetine (Cymbalta) at doses greater than 60mg daily for treatment of major-depressive disorder, generalized anxiety, fibromyalgia, diabetic peripheral neuropathy, and chronic musculoskeletal pain. CCHP would like to remind prescribers to first try traditional preferred agents for these indications.

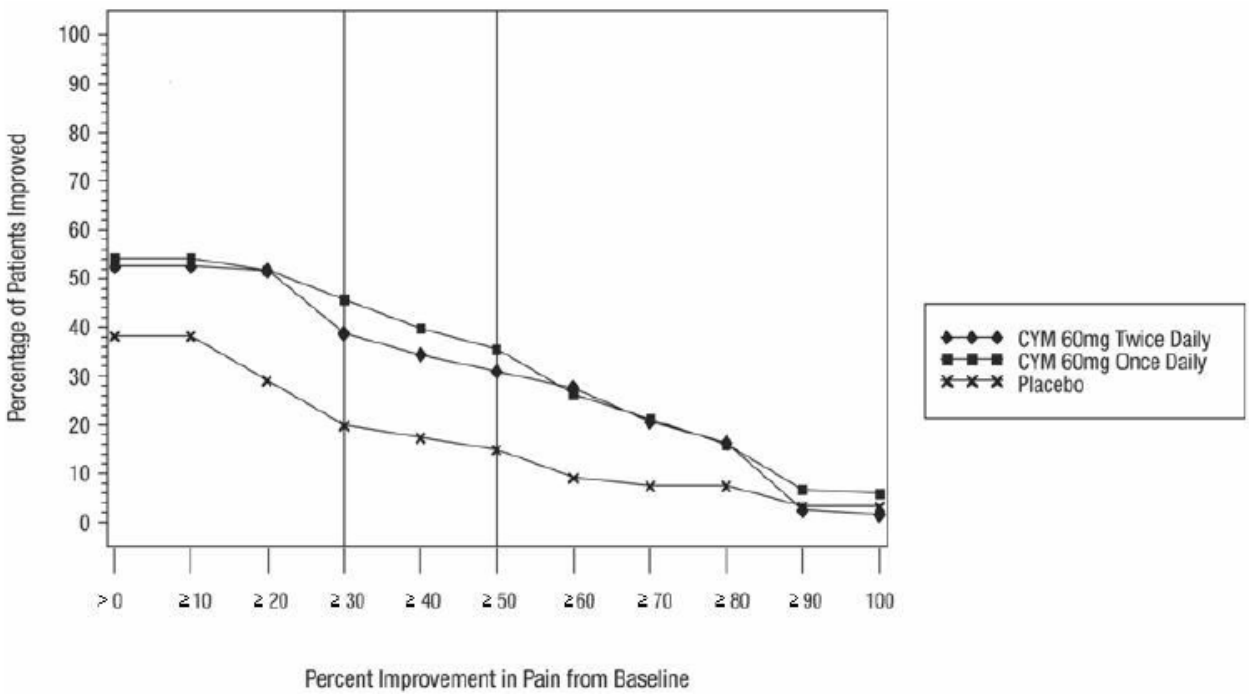
Cymbalta for MDD and GAD

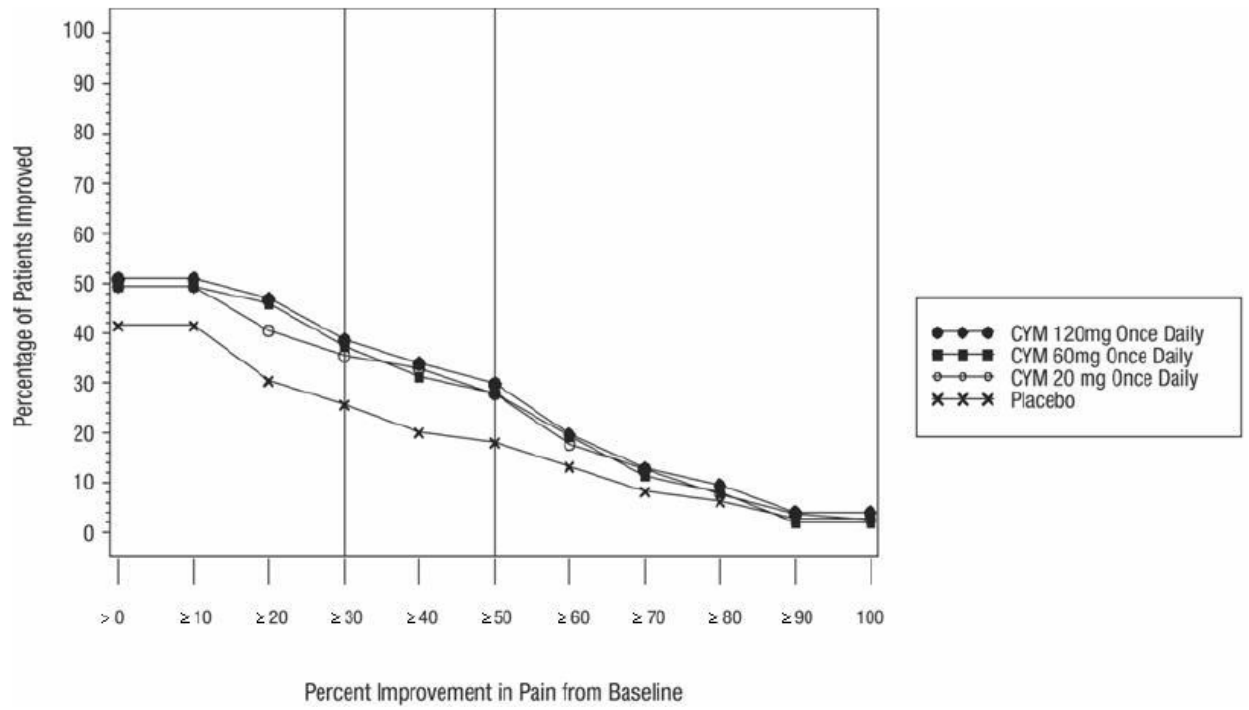
Although 120mg daily is FDA-approved for major-depressive disorder and generalized anxiety, the manufacturer's package insert states, ***"There is no evidence that doses greater than 60mg/day confers additional benefit, while some adverse reactions were observed to be dose-dependent."*** It may be reasonable to question FDA's rationale for approving the 120mg daily dosage.

Cymbalta for fibromyalgia

The efficacy of Cymbalta for the management of fibromyalgia was established in two randomized, double-blind, placebo controlled, fixed-dose studies in adult patients meeting the American College of Rheumatology criteria for fibromyalgia (a history of widespread pain for 3 months, and pain present at 11 or more of the 18 specific tender point sites). Study FM-1 was three months in duration and enrolled female patients only. Study FM-2 was six months in duration and enrolled male and female patients. Approximately 25% of participants had a comorbid diagnosis of major depressive disorder (MDD). FM-1 and FM-2 enrolled a total of 874 patients of whom 541 (62%) completed the studies. The patients had a baseline pain score of 6.5 on an 11-point scale ranging from 0 (no pain) to 10 (worse possible pain). Both studies compared Cymbalta 60 mg once daily or 120 mg daily (given in divided doses in FM-1 and as a single daily dose in FM-2) with placebo. FM-2 additionally compared Cymbalta 20 mg with placebo during the initial three months of a six-month study. A total of 354 patients (234 Cymbalta, 120 placebo) were enrolled in FM-1 and a total of 520 patients (376 Cymbalta, 144 placebo) were enrolled in FM-2 (5% male, 95% female). Treatment with Cymbalta 60 mg or 120 mg daily statistically significantly improved the endpoint mean pain scores from baseline and increase the proportion of patients with at least a 50% reduction in pain score from baseline. Pain reduction was observed in patients both with and without comorbid MDD. However, the degree of pain reduction may be greater in patients with comorbid MDD. For various degrees of improvement in pain from baseline to study endpoint, Figures below show the fraction of patients achieving that degree of improvement. The figures are cumulative so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%. Patients who did not complete the study were assigned 0% improvement. Some patients experienced a decrease in pain as early as week 1, which persisted throughout the study. Improvement was also demonstrated on measures of function (Fibromyalgia Impact Questionnaires) and patient global impression of change (PGI).

Neither study demonstrated a benefit of 120 mg compared to 60 mg, and a higher dose was associated with more adverse reactions and premature discontinuations of treatment.



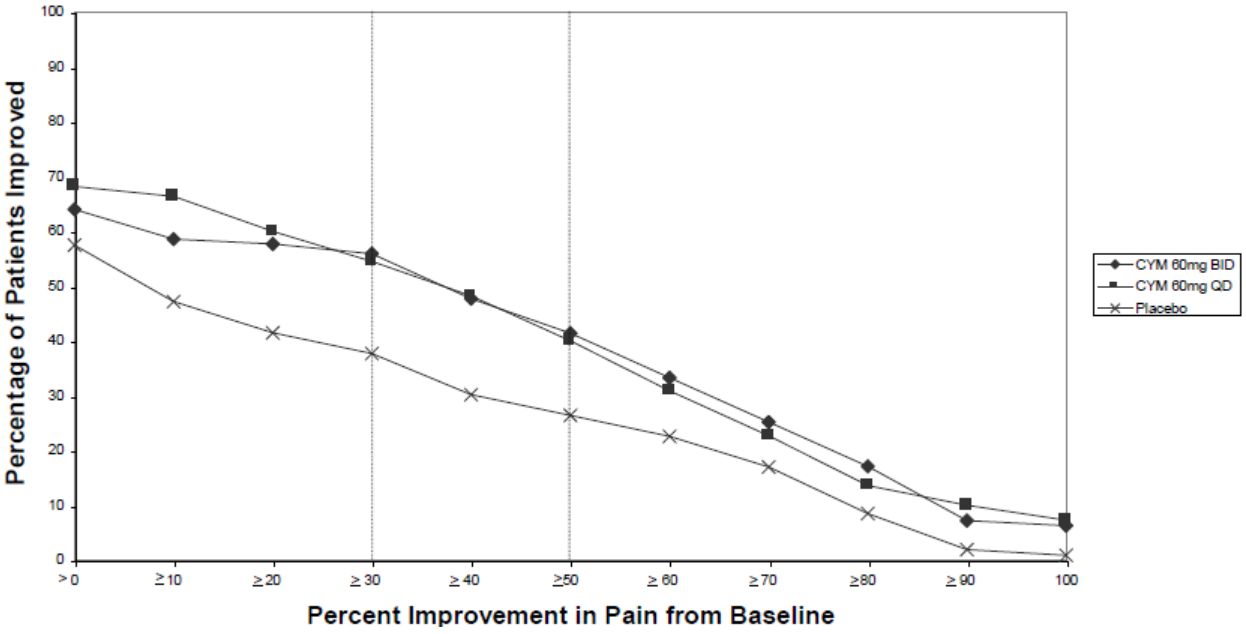


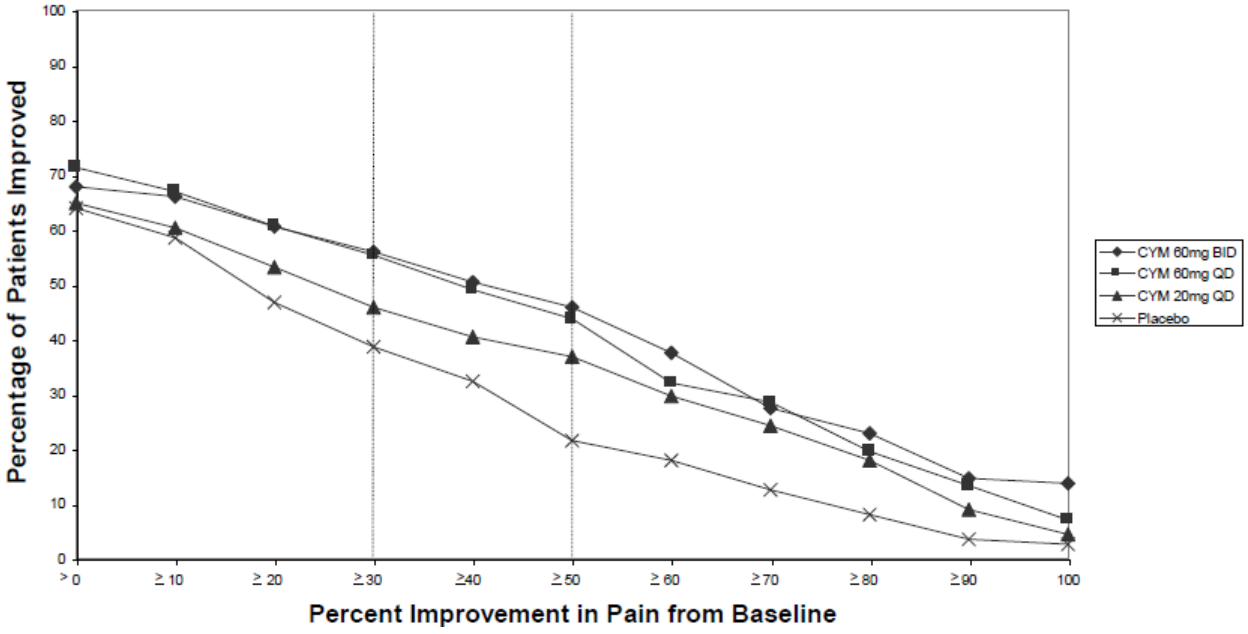
Cymbalta for diabetic neuropathy

The efficacy of Cymbalta for the management of neuropathic pain associated with diabetic peripheral neuropathy was established in 2 randomized, 12-week, double-blind, placebo-controlled, fixed-dose studies in adult patients having diabetic peripheral neuropathic pain for at least 6 months. Study DPNP-1 and Study DPNP-2 enrolled a total of 791 patients of whom 592 (75%) completed the studies. Patients enrolled had Type I or II diabetes mellitus with a diagnosis of painful distal symmetrical sensorimotor polyneuropathy for at least 6 months. The patients had a baseline pain score of ≥4 on an 11-point scale ranging from 0 (no pain) to 10 (worst possible pain). Patients were permitted up to 4 g of acetaminophen per day as needed for pain, in addition to Cymbalta. Patients recorded their pain daily in a diary.

Both studies compared Cymbalta 60 mg once daily or 60 mg twice daily with placebo. DPNP-1 additionally compared Cymbalta 20 mg with placebo. A total of 457 patients (342 Cymbalta, 115 placebo) were enrolled in DPNP-1 and a total of 334 patients (226 Cymbalta, 108 placebo) were enrolled in DPNP-2. Treatment with

Cymbalta 60 mg one or two times a day statistically significantly improved the endpoint mean pain scores from baseline and increased the proportion of patients with at least a 50% reduction in pain scores from baseline. For various degrees of improvement in pain from baseline to study endpoint, figures below show the fraction of patients achieving that degree of improvement. The figures are cumulative, so that patients whose change from baseline is, for example, 50%, are also included at every level of improvement below 50%. Patients who did not complete the study were assigned 0% improvement. Some patients experienced a decrease in pain as early as week 1, which persisted throughout the study.





Citations

DPNP-1 study: Goldstein DJ, Pain. 2005 Jul;116(1-2):109-18
DPNP-2 study: Raskin J, Pain Med. 2005 Sep-Oct;6(5):346-56
FM-1 study: Arnold LM, Pain. 2005 Dec 15;119(1-3):5-15
FM-2 study: Russell IJ, Pain. 2008 Jun;136(3):432-44

Contra Costa Health Plan
Antidepressant Price Comparison September 2012

Agent	Dosage Unit	Cost per 30-Day Supply	PDL Status
fluoxetine (Prozac)	20mg cap 40mg cap 10mg cap 10mg tab 20mg tab	$4.70 (30 caps) $7.40 (30 caps) $5.25 (30 caps) $6.69 (30 tabs) $22.75 (30 tabs)	Preferred PA
paroxetine (Paxil)	10mg tab 20mg tab 30mg tab 40mg tab	$12.74 (30 tablets) $12.61 (30 tablets) $12.32 (30 tablets) $13.35 (30 tablets)	Preferred
paroxetine XR (Paxil CR)	12.5mg XR tab 25mg XR tab 37.5mg XR tab	$86.29 (30 tabs) $81.81 (30 tabs) $83.82 (30 tabs)	PA
sertraline (Zoloft)	25mg 50mg 100mg	$11.00 (30 tabs) $11.00 (30 tabs) $11.00 (30 tabs)	Preferred
citalopram (Celexa)	10mg tab 20mg tab 40mg tab	$9.22 (30 tabs) $8.38 (30 tabs) $7.94 (30 tabs)	Preferred
escitalopram (Lexapro)	5mg tab 10mg tab 20mg tab	$106.28 (30 tabs) $111.03 (30 tabs) $115.77 (30 tabs)	PA
fluvoxamine (Luvox)	25mg tab 50mg tab 100mg tab	$60.04 (30 tabs) $18.95 (30 tabs) $18.37 (30 tabs)	PA
duloxetine (Cymbalta)	20mg cap 30mg cap 60mg cap	$157.11 (30 caps) $176.01 (30 caps) $176.01 (30 caps)	PA
venlafaxine immediate-release tablet (Effexor)	25mg tab 37.5mg tab 50mg tab 75mg tab 100mg tab	$46.80 (90 tablets) $47.70 (90 tablets) $47.70 (90 tablets) $48.60 (90 tablets) $51.30 (90 tablets)	Preferred
venlafaxine extended-release tablet	37.5mg ER tab 75mg ER tab 150mg ER tab 225mg ER tab	$85.80 (30 tablets) $96.30 (30 tablets) $104.70 (30 tablets) $211.20 (30 tablets)	PA
venlafaxine extended-release capsule (Effexor XR)	37.5mg XR cap 75mg XR cap 150mg XR cap	$20.10 (30 capsules) $21.00 (30 capsules) $23.10 (30 capsules)	Preferred
desvenlafaxine (Pristiq)	50mg ER tab 100mg ER tab	$224.74 (30 tabs) $233.72 (30 tabs)	PA
mirtazapine (Remeron)	15mg tab 30mg tab 45mg tab	$13.48 (30 tabs) $17.24 (30 tabs) $23.50 (30 tabs)	Preferred
mirtazapine ODT (Remeron Soltab)	15mg ODT 30mg ODT 45mg ODT	$67.44 (30 tabs) $69.43 (30 tabs) $73.86 (30 tabs)	PA
bupropion IR tabs (TID) (Wellbutrin)	75mg tab 100mg tab	$30.00 (90 tabs) $56.27 (90 tabs)	Preferred
bupropion SR tabs (BID) (Wellbutrin SR)	100mg tab 150mg tab 200mg tab	$36.81 (60 tabs) $53.00 (60 tabs) $125.55 (60 tabs)	Preferred PA
bupropion XL tabs (QD) (WellbutrinXL)	150mg tab 300mg tab	$59.00 (30 tabs) $30.76 (30 tabs)	PA Preferred
nefazodone (BID) (Serzone)	50mg tab 100mg tab 150mg tab 200mg tab 250mg tab	$35.79 (60 tabs) $37.20 (60 tabs) $40.93 (60 tabs) $37.72 (60 tabs) $41.45 (60 tabs)	Preferred