

2011 Fidelis Care New York - Preferred Drug List

Overview:

The pharmacy benefits for Fidelis Medicaid and Family Health Plus members will be carved back into the benefit package provided by Fidelis Care **effective October 1, 2011**. This is one of the recommendations made by Medicaid Redesign Team(MRT) to achieve the goal of measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure. The benefits expected as a result of this transition is improved coordination of care, quality and lower costs.

An existing Fidelis Care Formulary which has been in place since January 2004 which currently covers Child Health Plus and select Family Health Plus members will be used for all members as of October 1, 2011. An extensive review and comparison of the current Medicaid FFS formulary and the current Fidelis formulary was undertaken which resulted in additional agents being added to the formulary

The Fidelis Care Preferred Drug List Development:

A formulary or preferred drug list (PDL) is a continuously updated list of medications and related supplies that are covered by a health plan's prescription benefits. Formularies are developed based on current medical evidence, judgment of physicians, pharmacists and other experts in the diagnosis, treatment of disease. The purpose of the formulary is to encourage the use of safe, effective, and affordable medications.

The Fidelis Care Formulary is maintained by the Fidelis Care Pharmacy and Therapeutics (P&T) Committee. This P&T Committee is an advisory committee that is responsible for developing, managing, and updating the formulary. The Fidelis Care P&T Committee consists of practicing physicians and pharmacists who review current treatment guidelines, clinical literature on drugs safety and effectiveness, along with health outcome and economic studies, to determine if a medication is appropriate for inclusion for the formulary. When a drug is appropriate to include on the formulary the Committee will also recommend specific utilization management tools such as prior authorization, step therapy (if appropriate to try another agent first), and quantity limits to further insure safe and appropriate drug use.

The Fidelis Care Preferred Drug List:

Although the majority of medications covered under the NY Medicaid Preferred Drug list will also be covered under the Fidelis Care Formulary, there are a few highly used medications that will no longer be covered under the Fidelis Care Formulary.

- **Non Preferred Drug List Requests:** If your NY Medicaid or FHP patient is on a medication which is not on the PDL and you feel the suggested alternative is not

appropriate, you may request a formulary exception by submitting the form available at:

<http://www.fideliscare.org/downloads/nonformulary_req_20101110.pdf>

- Please include pertinent clinical information and fax the request to the number on the form.
- You will be notified in no less than 3 business days on the outcome of the request.
- Complete PDL List: For a complete list of all the medications covered under the Fidelis Care PDL, consult the following link:

< http://www.fideliscare.org/downloads/prefdruglists_20111003.pdf>

- Partial PDL List: Below is a partial list of the commonly prescribed medications that are NOT on the Fidelis Care formulary, along with suggested alternatives. Please consult with the lists below, which have been separated by key clinical subspecialty:

Internal Medicine and Family Practice:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Astepro	Azelastine nasal spray
Avelox	Levofloxacin
Celebrex	Meloxicam, Nabumetone, Etodolac
Crestor	Simvastatin, Atorvastatin, Lovastatin, Pravastatin
Diovan	Losartan
Exforge, Exforge Hct	Losartan with Amlodipine, Losartan Hct with Amlodipine
Nexium	Omeprazole, Lansoprazole, and Pantoprazole, Zegerid OTC
Patanol	Ketotifen and Alaway eye drops
Pataday	Ketotifen and Alaway eye drops
Tricor	Fenofibrate, Fibricor
Trilipix	Fenofibrate, Fibricor
Lovaza	Fenofibrate, Fibricor

Pediatrics:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Astepro	Azelastine nasal spray
Patanol	Ketotifen and Alaway eye drops
Pataday	Ketotifen and Alaway eye drops
Patanase	Astelazine nasal spray
Proventil HFA	Ventolin HFA and Proair HFA
Singulair	Qvarr, Flovent

Prior Authorization or Step Therapy
Singulair

Endocrinology :

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Axiron	Testim, Androgel
Diovan	Losartan
Exforge, Exforge Hct	Losartan and Amlodipine, Losartan Hct and Amlodipine
Fortesta	Testim, Androgel
Genotropin, Nutropin	Tev-tropin, Omnitrope
Levemir	Lantus
Crestor	Simvastatin, Atorvastatin, Lovastatin, Pravastatin
Tricor	Fenofibrate, Fibricor
Trilipix	Fenofibrate, Fibricor
Lovaza	Fenofibrate, Fibricor

Cardiology:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Crestor	Simvastatin, Atorvastatin, Lovastatin, Pravastatin
Diovan	Losartan
Exforge, Exforge Hct	Losartan and Amlodipine, Losartan Hct and Amlodipine
Tricor	Fenofibrate, and Fibracor
Trilipix	Fenofibrate, and Fibracor
Lovaza	Fenofibrate, Fibracor

Gastroenterology:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Nexium	Omeprazole, Lansoprazole, Pantoprazole, Zegerid OTC
Tyzeka	Viread, Hepsera, and Baraclude

Prior Authorization
Pegasys, Peg-Intron
Incivek
Vitreolis
Ribavirin

Psychiatry:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Abilify	Risperidone, Olanzapine, Geodon
Cymbalta	Venlafaxine ER, Fluoxetine, Citalopram
Daytrana	Metadate CD, Vyvanse, Ritalin LA
Fanapt	Risperidone, Olanzapine, Geodon
Fazacllo	Risperidone, Olanzapine, Geodon
Invega	Risperidone, Olanzapine, Geodon
Latuda	Risperidone, Olanzapine, Geodon
Pristiq	Venlafaxine ER
Savella	Venlafaxine ER, Gabapentin

Rheumatology:

Drug NOT Covered on the Fidelis PDL	Covered Alternative(s)
Cimzia	Humira, Enbrel

Prior Authorization
Humira
Enbrel
Cimzia