NATIONAL PBM BULLETIN

December 21, 2004

Dear HIV Clinicians & Pharmacy Chiefs

We send this informational email to update you on a number of formulary related issues. There are three areas that we would like to cover:

- New National formulary agents
- Use and stocking of alternative formulations of drugs on formulary
- Discontinuation of formulary product by manufacturer

New National Formulary Agents

The recently approved co-formulated products Epzicom® (abacavir/lamivudine) and Truvada® (emtricitabine/tenofovir) as well as Emtriva® (emtricitabine) were recently approved for additional to the National formulary. As with all formulary decisions, the final approval is dependent on committees' minutes being signed and the updating of local pharmacy software. We encourage you to work with your local pharmacy representative(s) to obtain these medications where appropriate. ***We urge you to take this opportunity to remind your staff and pharmacy about the potential for prescribing and dispensing errors with the co-formulated products. Although the name brands are not that similar, VA generic names might be confused and patients could receive the wrong product.*** You will find a class review for the nRTI agents attached to this e-mail for additional information on indications, dosing (including renal and hepatic), toxicities, and cost.

Alternative Formulations

In recent years, there have been a number of improvements by manufacturers to decrease pill burden by providing alternative higher-dose formulations of drugs originally formulated with lower doses. Three of these agents include efavirenz, lamivudine, and nelfinavir. A review of ARV use (formulation and SIG) in the National ICR over the past 2 months indicates that a number of patients on these three medications remain on the lower-dose, higher pill burden formulations. There are many reasons why a clinician and patient may choose to remain on the higher pill burden formulation including tolerance and dosing schedule standardization.

However, many patients may benefit from a lower pill burden and may specifically be less prone to suboptimal dosing from taking only part of a prescribed dose (intentionally or not).

The stocking of a new dose strength formulation of a drug already on the national formulary does not require reconsideration of formulary status. We would like to remind all providers that these formulations exist and urge that local HIV providers and pharmacy staff work together to ensure that all clinically appropriate alternatives of formulary items are available. The ARV medications and strengths for which alternative dose formulations exist are:

- efavirenz (200mg capsule, 600mg tablet)
- lamivudine (150 and 300mg tablets)
- nelfinavir (250 and 625mg tablets)
- didanosine

<u>Discontinuation of formulary product by manufacturer</u>

GlaxoSmithKline will cease production of amprenavir by the end of this year. Fosamprenavir, a prodrug of amprenavir, is on the National formulary. In a review of recent prescription fills, over 120 patients remain on amprenavir. We encourage you to run the Combined RX and LAB report in the new ICR to determine if you have any patients receiving amprenavir in order to convert them over to fosamprenavir (or other medication) prior to pharmacy being unable to procure the medication.