



## Uniform Formulary Medical Necessity Criteria for Avandia, Avandamet, and Avandaryl

**Drug Class** – Thiazolidinediones (TZDs). This class includes pioglitazone agents (Actos, Actos plus Met, Duetact) and rosiglitazone agents (Avandia, Avandamet, and Avandaryl) used in the treatment of type 2 diabetes melitis.

**Background** - After evaluating the relative clinical and cost effectiveness of the TZD agents, the DoD P&T Committee recommended that the following medications be designated as non-formulary. This recommendation has been approved by the Director, TMA.

- Avandia (rosiglitazone)
- Avandamet (rosiglitazone + metformin)
- Avandaryl (rosiglitazone + glimepiride)

**Effective Date:** 13 April 2011

Patients currently using a nonformulary agent may wish to ask their doctor to consider a formulary alternative.

### Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for TZD Agents <sup>1-2</sup>

Uniform Formulary Status	Medication	MTF (Up to a 90-day supply)	TMOP (Up to a 90-day supply)	Retail (Up to a 30-day supply)
Non-Formulary (Tier 3)	Avandia (rosiglitazone), Avandamet (rosiglitazone + metformin), Avandaryl (rosiglitazone + glimepiride)	Not available <sup>2</sup>	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary (Tier 2)	Actos (pioglitazone), Actos plus Met (pioglitazone/metformin), Duetact (pioglitazone/ glimepiride)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Generic (Tier 1)	None	\$0	Generic cost share applies	Generic cost share applies

1. Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) the prescription must be written by an MTF provider, MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred AND 2) medical necessity is established.

## Medical Necessity Criteria

### Avandia, Avandamet, and Avandaryl

The non-formulary cost share for Avandia, Avandamet or Avandaryl may be reduced to the formulary cost share if the patient meets any of the following criteria.

1. The use of the formulary alternatives is contraindicated.
2. The patient previously responded to a non-formulary medication and changing to a formulary medication would incur unacceptable risk.

Medical necessity criteria recommended by the DoD Pharmacy & Therapeutics Committee at the November 2010 meeting and approved by the Director, TMA on 2 February 2011. For more information, please see the [DoD P&T Committee minutes](#).

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