

Pharmacy and Therapeutics Update

Formulary and pharmacy benefit updates for Presbyterian Healthcare Services professionals, providers and staff

SECOND QUARTER 2022

Pharmacy and Therapeutics Committee Decisions Effective June 1, 2022

The Presbyterian Health Plan, Inc., and Presbyterian Insurance Company, Inc., (Presbyterian) Pharmacy and Therapeutics (P&T) Committee meets quarterly to promote the appropriate use of drugs to maintain the Presbyterian formularies and support our network of practitioners. The P&T Committee met on **April 20, 2022**, and we would like to share the decisions made at the meeting that affect our formularies and pharmacy benefits.

Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Formulary Additions				
Apretude™ (cabotegravir) 600mg/3mL of cabotegravir in a single-dose vial	Antiviral	MB	ME	ME
Biktarvy® (bictegravir/emtricitabine/tenofovir alafenamide) 30mg-120mg-15mg tablets	Antiviral	F, QL	T4, QL	T5, QL
Descovy® (emtricitabine/tenofovir alafenamide) 120mg/15mg tablets	Antiviral	PPACA, QL	PPACA, QL	PPACA, QL
Rinvoq® (upadacitinib) 30mg and 45mg extended-release tablets	Janus Kinase Inhibitor	F, QL, PA, SP	T4, PA, QL, SP	T5, PA, QL, SP
Mavyret® (glecaprevir/pibrentasvir) 50mg/20mg oral pellets	Antiviral	F, QL, PA, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Talzenna® (talazoparib) 0.5mg and 0.75mg capsules	Antineoplastic	F, QL, PA, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Nuwiq® (antihemophilic factor [recombinant]) 1,500 IU lyophilized powder for reconstitution in single-use vials	Antihemophilic Factor	MB	MB	MB
Takhzyro® (lanadelumab-flyo) 300mg/2mL prefilled syringe	Immunological Agent	NF	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
hydroxyprogesterone capoate (generic for Makena®) 250mg/mL in a single-dose vial	Hormonal Agent	MB, PA	MB, PA	MB, PA

*MB = Medical Benefit, ME = Medical Exception, F = Formulary, NDS = Non-Extended Day Supply, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion

Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Formulary Additions (continued)				
Trikafta [®] (elexacaftor/tezacaftor/ivacaftor; ivacaftor) 50mg-25mg-37.5mg and 75mg, 100mg-50mg-75mg and 150mg tablet therapy packs	Cystic Fibrosis Transmembrane Conductance Regulator	F, QL, PA, SP	T4, PA, QL, SP	T5, PA, QL, SP
Farxiga [®] (dapagliflozin) 5mg tablets <i>Added to Centennial Care formulary.</i>	Antidiabetic Agent	F, QL, PA	T2, ST, QL	T3, ST, QL
New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies.				
amphotericin B (generic for AmBisome [®]) 50mg lyophilized vial	Antifungal	ME	MB	ME
cyclosporine (generic for Restasis [®]) 0.05% preservative-free single-use vials	Ophthalmic Agent	F, QL, PA	T3, QL, PA	T5, QL, PA
maraviroc (generic for Selzentry [®]) 150mg and 300mg tablets	Antiviral	F, QL	T2, QL	T3, QL
lacosamide (generic for Vimpat [®]) 50mg, 100mg, 150mg and 200mg tablets	Anticonvulsant	F, QL, PA	T4, QL, PA	T5, QL, PA
insulin glargine (generic for Semglee [®]) 100 units/mL in 10mL multiple-dose vials and 3mL pre-filled pens	Insulin	F, QL	T2, QL	T3, QL
Other Changes				
Xeljanz [®] and Xeljanz XR [®] (tofacitinib) 5mg, 10mg tablets; 11mg, 22mg extended-release tablets; 1mg/mL oral solution <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunological Agent	F, QL, PA, SP	T4, QL, PA, SP	T5, QL, PA, SP
Rinvoq [®] (upadacitinib) 15mg extended-release tablets <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Janus Kinase Inhibitor	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
Caplyta [®] (lumateperone) 42mg capsules <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Antipsychotic	F, QL, PA, AL	T4, QL, PA, AL	T5, QL, PA, AL
Rexulti [®] (brexpiprazole) 0.25mg, 0.5mg, 1mg, 2mg, 3mg and 4mg tablets <i>Updated age restrictions for Centennial Care and Exchange formularies.</i>	Antipsychotic	F, QL, PA, AL	NF	T5, QL, PA, AL
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Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Other Changes (continued)				
Cosentyx [®] (secukinumab) 150mg/mL single-dose Sensoready pen and prefilled syringe, 75mg/0.5mL single-dose prefilled syringe (for pediatric patients) <i>Updated prior authorization criteria for Centennial Care formulary.</i>	Dermatological Agent	F, QL, PA, SP	NF	NF
Skyrizi [®] (risankizumab-rzaa) 150mg/mL single-dose prefilled pen, 150mg/mL single-dose prefilled syringe, and 75mg/0.83mL single-dose prefilled syringe <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Dermatological Agent	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
Basaglar [®] (insulin glargine) 100 units/mL single-patient syringes <i>Removed from Centennial Care, Commercial and Metal Level formularies.</i>	Insulin	NF	NF	NF
Renflexis [®] (infliximab) 100mg in a single-dose vial <i>Removed from Centennial Care, Commercial and Metal Level formularies.</i>	Tumor Necrosis Factor Inhibitor	NF	NF	NF
Remicade [®] (infliximab) 100mg in a single-dose vial <i>Removed from Centennial Care, Commercial and Metal Level formularies.</i>	Tumor Necrosis Factor Inhibitor	NF	NF	NF
Trulicity [®] (dulaglutide) 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, and 4.5mg/0.5mL solution in a pen-injector <i>Updated prior authorization criteria for Centennial Care formulary.</i>	Antidiabetic Agent	F, QL, PA	T2, QL, ST	T3, QL, ST
Victoza [®] (liraglutide) 6gm/mL solution in a prefilled, single-patient-use pen <i>Updated prior authorization criteria for Centennial Care formulary.</i>	Antidiabetic Agent	F, QL, PA	T2, QL, ST	T3, QL, ST
Farxiga [®] (dapagliflozin) 5mg tablets <i>Updated prior authorization criteria for Commercial and Exchange formularies.</i>	Antidiabetic Agent	F, QL, PA	T2, ST, QL	T3, ST, QL
Avsola [®] (infliximab) 100mg in a single-dose vial <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Tumor Necrosis Factor Inhibitor	MB, PA	MB, PA	MB, PA
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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Additions		
Restasis ® (cyclosporine) 0.05% ophthalmic emulsion	T3	02/01/2022
chlorthalidone (generic for Thorazine ®) 30mg/mL oral concentrate	T4	02/01/2022
Nylia ® (norethin-eth estrad triphasic) 1mg/35mcg tablet	T3	03/01/2022
Scemblix ® (asciminib) 20mg, 40mg tablet	T5	03/01/2022
Eprontia ® (topiramate) 25mg/mL solution	T4	03/01/2022
Besremi ® (ropeginterferon alfa-2b-njft) 500mcg/mL prefilled syringe	T5	03/01/2022
Accutane ® (isotretinoin) 10mg capsule	T4	04/01/2022
Rinvoq ® (upadacitinib) 15mg extended-release tablets	T5	06/01/2022
Skyrizi ® (risankizumab-rzaa) 150mg/mL single-dose prefilled pen, 150mg/mL single-dose prefilled syringe, and 75mg/0.83mL single-dose prefilled syringe	T5	06/01/2022
Formulary Deletions		
Afinitor ® (everolimus) 10mg tablet		02/01/2022
Zortress ® (everolimus) 1mg tablet		04/01/2022
New Generics		
varenicline (generic for Chantix ®) 0.5mg, 1mg tablet	T4	02/01/2022
everolimus (generic for Afinitor ®) 10mg tablet	T5	02/01/2022
everolimus (generic for Zortress ®) 1mg tablet	T5	04/01/2022
New Products		
Panretin ® (alitreinoin) 0.1% gel	T5	02/01/2022
sertraline (generic for Zoloft ®) 150mg, 200mg capsule	T4	02/01/2022
Truseltiq ® (ifingratinib) 100mg, 100mg and 25mg, 25mg, 25mg capsule therapy packs	T5	02/01/2022
Welireg ® (belzutifan) 40mg tablet	T5	02/01/2022
Sajazir ® (icatibant) 30mg/3mL subcutaneous solution	T5	02/01/2022
Lybalvi ® (olanzapine-samidorphane) 5mg-10mg, 10mg 10mg, 15mg-10mg, 20mg-10mg tablet	T5	02/01/2022
Invega Hafyera ® (paliperidone palmitate er) 1092mg/3.5mL, 1560mg /5mL prefilled syringe	T5	02/01/2022
paroxetine (generic for Paxil ®) 10mg /5mL oral suspension	T3	02/01/2022
azathioprine (generic for Imuran ®) 75mg, 100mg tablet	T4	02/01/2022
Exkivity ® (mobocertinib) 40mg capsule	T5	03/01/2022
Biktarvy ® (bictegravir-emtricitabine-tenofovir) 30-120-15mg tablet	T5	04/01/2022
Descovy ® (emtricitabine/tenofovir alafenamide) 120mg/15mg tablets	T5	06/01/2022
Rinvoq ® (upadacitinib) 30mg, 45mg extended-release tablets	T5	06/01/2022
Other Formulary Changes		
ivermectin (generic for Stromectol ®) 3mg tablet <i>Criteria Addition</i>	T2	03/01/2022
Xeljanz ® and Xeljanz XR ® (tofacitinib) 5mg, 10mg tablets; 11mg, 22mg extended-release tablets; 1mg/mL oral solution <i>Criteria Update</i>	T5	06/01/2022
Cosentyx ® (secukinumab) 150mg/mL single-dose Sensoready pen and prefilled syringe, 75mg/0.5mL single-dose prefilled syringe (for pediatric patients) <i>Criteria Update</i>	T5	06/01/2022

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Food and Drug Administration (FDA) Alerts

Jan. 7, 2022, to March 22, 2022

For a full list of FDA alerts and additional information, see the FDA website at:

<https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts>.

- 1. Recall of Metformin HCL Extended-Release 750mg Tablets Manufactured by Viona Pharmaceuticals Inc. [Jan. 7, 2022]:** Viona Pharmaceuticals Inc. announced a voluntary, consumer-level recall of several lots of Metformin Hydrochloride Extended-Release 750mg tablets due to contamination with n-nitrosodimethylamine, a potential carcinogen. Patients who are taking this product should continue taking it until a doctor or pharmacist gives them a replacement or a different treatment option.
Presbyterian's Response: Informed providers in the Pharmacy and Therapeutics Committee Updates newsletter (P&T newsletter) and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
- 2. Recall of Semglee (U-100) 3mL Prefilled Pens Manufactured by Mylan Pharmaceuticals Inc. [Jan. 18, 2022]:** Mylan announced a voluntary, consumer-level recall of one batch of its non-interchangeable Semglee (insulin glargine injection) (U-100) 3mL prefilled pens due to the potential for the label to be missing. Patients should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this product.
Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
- 3. Recall of Polymyxin B for Injection 500,000 Unit/Vial manufactured by AuroMedics Pharma LLC [Jan. 26, 2022]:** AuroMedics Pharma LLC announced a voluntary, consumer-level recall of one lot of Polymyxin B for injection 500,000 units/vial due to a product complaint about the presence of particulate matter identified as hair being discovered in a vial. Patients should contact their physician or healthcare provider if they have experienced any problems that may be related to taking or using this drug product.
Presbyterian's Response: Informed providers in the P&T newsletter.
- 4. Recall of Symjepi Injection manufactured by Adamis Pharmaceuticals Corporation [March 21, 2022]:** Adamis announced a voluntary, user-level recall of several lots of Symjepi (epinephrine) injection due to the potential clogging of the needle preventing the dispensing of the medication. Patients who have products that are subject to this recall should stop using the products immediately and may either return or discard the recalled lots.
Presbyterian's Response: Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
- 5. Recall of Orphenadrine Citrate 100mg Extended-Release Tablets manufactured by Sandoz, Inc. [March 21, 2022]:** Sandoz, Inc. announced a voluntary, user-level recall of several lots of Orphenadrine 100mg Extended-Release tablets due to the presence of a Nitrosamine impurity. Patients should stop taking the recalled product and immediately consult with their physician to obtain another prescription.
Presbyterian's Response: Informed providers in the P&T newsletter.
- 6. Recall of Accuretic, Quinapril and Hydrochlorothiazide Tablets, and Quinapril/Hydrochlorothiazide Tablets manufactured by Pfizer [March 22, 2022]:** Pfizer announced a voluntary, consumer-level recall of Accuretic (quinapril/hydrochlorothiazide) tablets as well as two authorized generics distributed by Pfizer and Greenstone due to the presence of N-nitroso-quinapril above the Acceptable Daily Intake level. Patients who are taking this product should consult with their healthcare provider or pharmacy to determine if they have the affected product.
Presbyterian's Response: Informed providers in the P&T newsletter.

NOTE: Notification is sent to Presbyterian members regarding Class I or II drug recalls or market withdrawals due to a drug safety issue. Notifications regarding drug recalls that are lot-specific are not required as it is not possible for the health plan to identify members who were dispensed a specific lot of a medication.

ANNOUNCEMENTS

Substitution Consent Criteria

The formulary team will monitor for new FDA-approved biosimilar drugs and ABAs. If these agents prove to be a more cost-effective alternative with the same indication and equivalent therapeutic response as the parent drug that is a covered formulary agent, they will be placed on the Centennial Care, Commercial and Exchange formularies with similar coverage as the parent drug. The covered parent drug will be removed from the formularies. This information will be presented to the committee at the next P&T Committee meeting as an update. In addition, providers and existing members will be notified of the changes at least 60 days in advance to allow for the adoption of updated prescribing practices.

Presbyterian formularies and updates, including preferences and restrictions (e.g., quantity limits, step therapy and prior authorization criteria) are available online at the following link:

www.phs.org/providers/formularies.

Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at www.phs.org/providers/formularies.

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at www.phs.org/providermanual and include information about pharmacy benefits, the prior authorization process, generic substitution and requesting non-formulary medications based on medical necessity. Providers may receive a printed copy of both provider manuals at no cost from Presbyterian by contacting their Provider Network Operations relationship executive. Providers may find their relationship executive's contact information at www.phs.org/ContactGuide.

Formulary Search App

As a reminder, Presbyterian formularies are also accessible through the Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required.

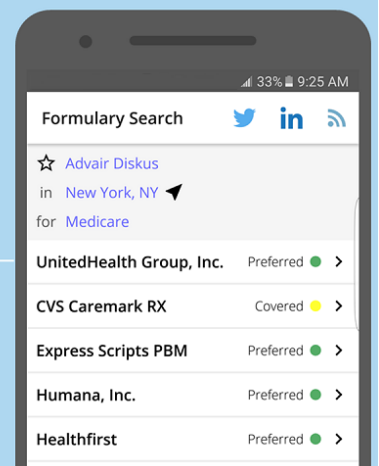
Search from your desktop at www.FormularyLookup.com or download the free app today.

Formulary Search

#1 drug formulary app on the web



"Take the guesswork out of selecting medications for your patients and reduce staff time spent on getting authorizations"



Requests for Formulary Additions, Deletions or Modifications

Use the [Formulary Addition Request form](#) to request medication additions, deletions or other changes to the Presbyterian formularies. Complete and submit the form to askphppt@phs.org. The form can be accessed at http://docs.phs.org/idc/groups/public/documents/communication/pel_00251399.pdf.

Presbyterian Health Plan Formularies

Presbyterian strives to give our providers access to the information and support they need. One way we do this is by providing information on medications that are covered by the plan. Presbyterian formularies may be accessed in the following ways:

- Searchable formularies are available on the Formularies page of the provider website at the following link: www.phs.org/providers/formularies. Providers may search for a drug using this tool by viewing an alphabetical list of drugs, searching by drug name or searching by therapeutic class. Providers may also learn if a covered drug has any restrictions by clicking on the link for the drug.
- Providers can access PDF versions of Presbyterian formularies and updates, including preferences and restrictions (e.g., quantity limits, step therapy and prior authorization criteria), which are available on the Formularies page of the provider website at the link previously provided.
- Presbyterian formularies may also be accessed using Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required. Search from your desktop at www.FormularyLookup.com, or download the free app from the App Store or Google Play.

Contact Us



The changes to our formularies are based on requests from our practitioners and the recommendations of the P&T Committee. We value your input. If you have any questions or concerns, please email askphppt@phs.org.



For questions about the formulary coverage of medications, please call Presbyterian's Pharmacy Services Help Desk at (505) 923-5500 or toll-free at 1-888-923-5757. Help Desk business hours are Monday through Friday, from 8 a.m. to 5 p.m. You may also email ASKRX@phs.org. The email box is monitored during regular business hours, Monday through Friday, from 8 a.m. to 5 p.m., and one of our clinical pharmacists will respond within one business day.



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