

# Pharmacy and Therapeutics Committee Provider Update

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

THIRD QUARTER 2022

## Pharmacy and Therapeutics Committee Decisions Effective Sept. 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 **July 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*
<b>Formulary Additions</b>				
<b>Skyrizi</b> <sup>®</sup> (risankizumab-rzaa) 600mg/10mL single-dose vial for infusion and 360mg/2.4mL prefilled cartridge for subcutaneous administration	Immunological Agent	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Triumeq PD</b> <sup>®</sup> (abacavir-dolutegravir-lamivudine) 60mg-5mg- 30mg soluble tablets	Anti-HIV Agent	F, QL	T4, QL	T5, QL
fluticasone propionate HFA (authorized brand alternative for <b>Flovent HFA</b> <sup>®</sup> )	Respiratory Tract/ Pulmonary Agents	F	NF	NF
<b>Omnipod 5</b> <sup>®</sup> (insulin delivery system)	Insulin Delivery System	F, QL, PA	T3, QL, PA	T4, QL, PA
<b>Paxlovid</b> <sup>®</sup> (nirmatrelvir-ritonavir) 150mg-100mg tablets	Antiviral	F, QL	T3, QL	T4, QL
<b>Lagevrio</b> <sup>®</sup> (molnupiravir)	Antiviral	F, QL	T3, QL	T4, QL
<b>New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies.</b>				
sorafenib (generic for <b>Nexavar</b> <sup>®</sup> ) 200mg tablets	Antineoplastic	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
bortezomib (generic for <b>Velcade</b> <sup>®</sup> ) 3.5mg of lyophilized powder in a single-dose vial for injection	Proteasome Inhibitor	MB	MB	ME
*MB = Medical Benefit, ME= Medical Exception, F=Formulary, 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, NDS = Non-extended day supply				

## Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
<b>Other Changes</b>				
<b>Dupixent®</b> (dupilumab) 300mg/2mL in a pre-filled syringe and pre-filled pen <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunological Agent	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP
<b>Xeljanz®</b> (tofacitinib) 5mg, 10mg tablets and 11mg, 22mg extended-release tablets <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
<b>Entresto®</b> (sacubutril-valsartan) 24mg-26mg, 49mg-51mg tablets <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Cardiovascular Agent	F, QL, PA	T3, QL, PA	T4, QL, PA
<b>Actemra®</b> (tocilizumab) 162mg/0.9mL in a pre-filled syringe and ACTPen auto-injector and 80mg/4mL, 200mg/10mL, 400mg/20mL solution for intravenous administration <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunomodulator	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Orencia®</b> (abatacept) 125mg/mL in a ClickJect auto-injector; 125mg/mL, 50mg/0.4mL, 87.5/0.7mL in a pre-filled syringe; and 250mg reconstituted solution for intravenous administration <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunomodulator	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Otezla®</b> (apremilast) 30mg tablets and 10 and 20 and 30mg therapy pack <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunomodulator	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Rinvoq®</b> (upadacitinib) 15mg, 30mg, 45mg extended release tablets <i>Updated prior authorization criteria for Centennial Care, Commercial and Exchange formularies.</i>	Immunomodulator	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
*MB = Medical Benefit, ME= Medical Exception, F=Formulary, 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, NDS = Non-extended day supply				

## Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
<b>Formulary Additions</b>		
<b>Rinvoq</b> ® (upadacitinib er) 15mg and 30mg extended-release tablets	T5, PA, QL, NDS	06/01/2022
<b>Skyrizi</b> ® (risankizumab-rzaa) 75mg/0.83mL prefilled syringe, 150mg/mL prefilled syringe and pen	T5, PA, QL, NDS	06/01/2022
<b>Rinvoq</b> ® (upadacitinib er) 45mg extended-release tablets	T5, PA, QL	07/01/2022
<b>Carbaglu</b> ® (carglumic acid) 200mg tablet	NF	05/01/2022
<b>Cystadane</b> ® (betaine) 1000mg powder for oral suspension	NF	06/01/2022
<b>Ferriprox</b> ® (deferiprone) 1000mg tablets	NF	07/01/2022
<b>Restasis</b> ® (cyclosporine) 0.05% ophthalmic emulsion	NF	07/01/2022
<b>Chantix</b> ® (varenicline) Starting month pak	NF	07/01/2022
carglumic acid (generic for <b>Carbaglu</b> ®) 200mg tablet	T5, PA	05/01/2022
betaine (generic for <b>Cystadane</b> ®) 1000mg powder for oral suspension	T5, NDS	06/01/2022
lacosamide (generic for <b>Vimpat</b> ®) 50mg tablets	T4, ST, QL	06/01/2022
deferiprone (generic for <b>Ferriprox</b> ®) 1000mg tablets	T5, PA	07/01/2022
cyclosporine (generic for <b>Restasis</b> ®) 0.05% ophthalmic emulsion	T3, QL	07/01/2022
varenicline (generic for <b>Chantix</b> ®) Starting month pak	T4	07/01/2022
lacosamide (generic for <b>Vimpat</b> ®) 100mg, 150mg, 200mg tablets	T4, ST, QL	07/01/2022
<b>Xarelto</b> ® (rivaroxaban) 1mg/mL suspension	T3	05/01/2022
<b>Triumeq PD</b> ® (abacavir-dolutegravir-lamivud) 60mg-5mg-30mg soluble tablets	T5, QL	07/01/2022
<b>Talzenna</b> ® (talazoparib) 0.5mg and 0.75mg capsules	T5, PA, QL, NDS	06/01/2022
<b>Paxlovid</b> ® (nirmatrelvir and ritonavir) 10 x 150mg and 10 x 100mg, 20 x 150mg and 10 x 100mg tablet therapy packs	T4, QL	07/01/2022
<b>Lagevrio</b> ® (molnupiravir) 200mg capsules	T4, QL	07/01/2022
losartan/hydrochlorothiazide (generic for <b>Hyzaar</b> ®) 12.5mg-50mg, 12.5mg 100mg, 25mg-100mg tablets	T1	07/01/2022
losartan (generic for <b>Cozaar</b> ®) 25mg, 50mg, 100mg tablets	T1	07/01/2022

\*Coverage acronym meanings: MB = Medical Benefit, ME= Medical Exception, 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, NDS = Non-Extended Day Supply

### 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.

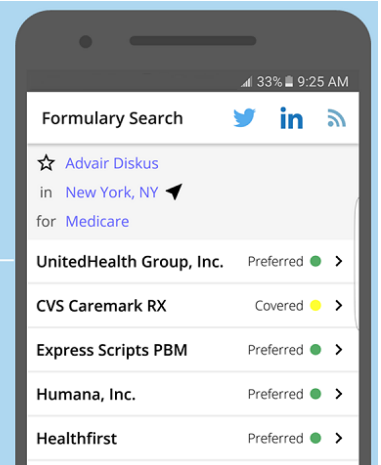
Search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com) or download the free app today.

### 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”



# Food and Drug Administration (FDA) Alerts March 22, 2022, to July 10, 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 Insulin Glargine-yfng Vials Manufactured by Mylan Pharmaceuticals Inc. [April 12, 2022]:**  
Mylan Pharmaceuticals Inc. announced a voluntary, consumer-level recall of one lot of Insulin Glargine-yfng vials due to the potential for the label to be missing on some vials. 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 Pharmacy and Therapeutics Committee Provider Update 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 Accupril Tablets Manufactured by Pfizer [April 22, 2022]:** Pfizer announced a voluntary, consumer-level recall of five lots of Accupril tablets due to the presence of N-nitroso-quinapril. 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.
- 3. Recall of Zonisamide Capsules manufactured by Glenmark Pharmaceuticals [April 25, 2022]:**  
Glenmark Pharmaceuticals announced a voluntary, consumer-level recall of several lots of Zonisamide capsules due to potential product contamination. 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 and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.
- 4. Recall of Anagrelide 0.5mg Capsules Manufactured by Teva Pharmaceuticals USA [May 20, 2022]:**  
Teva Pharmaceuticals announced a voluntary, consumer-level recall of one lot of Anagrelide 0.5mg capsules due to dissolution test failure detected during routine stability testing. Patients with questions or concerns should first consult with their healthcare providers. **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 Insulin Glargine-yfng (U-100) 3mL Prefilled Pens Manufactured by Mylan Pharmaceuticals Inc. [July 05, 2022]:** Mylan Pharmaceuticals Inc. announced a voluntary, consumer-level recall of one lot of Insulin Glargine-yfng (U-100) 3mL prefilled pens due to the potential for the label to be missing on some pens. 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.

**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

### MTM Inclusion Criteria

Identification and outreach to Medicare members who meet the following criteria:

#### Minimum of three chronic diseases

- Bone disease (Osteoporosis)
- Arthritis-Rheumatoid Arthritis
- Chronic heart failure
- Diabetes
- Hypertension (High Blood Pressure)
- Hyperlipidemia (High Cholesterol)

#### Minimum of eight Part D covered drugs

- ACE inhibitors
- ARBs
- Anticoagulants
- Antihypertensives
- Antihyperlipidemic
- Beta blockers
- Calcium channel blockers
- DMARDs
- Diuretics
- Insulins
- Oral hypoglycemics
- Antiarrhythmic
- Antiplatelets

*Members whose total incurred annual cost threshold is likely to exceed \$4,935 OR at-risk beneficiaries under a Drug Management Program (DMP) regardless of meeting the above criteria.*

## Medicare Part D Transition Policy

### Outpatient (Non-LTC)

Newly eligible Medicare members and new enrollees to Presbyterian from another plan are eligible for multiple fills up to a 30-day transitional supply of Part D medications in the first 90 days of coverage.

*Transition applies to non-formulary medications, medications requiring Prior Authorization or Step Therapy and dosages exceeding quantity over Presbyterian's formulary Quantity Limit (QL).*

### Long-Term Care (LTC)

Medicare members in an LTC facility are eligible for multiple fills up to a 31-day temporary supply of Part D medications in their first 90 days of coverage. After the first 90-day transition period has expired, a 31-day emergency fill will be provided while in an LTC setting or when there is a level of care change (admitted or discharged from an LTC facility).

*Transition applies to non-formulary medications, medications requiring Prior Authorization or Step Therapy and dosages exceeding quantity over Presbyterian's formulary QL.*

*\*\*Transition for single emergency fills up to a 31-day supply applies to non-formulary medications, medications requiring Prior Authorization or Step Therapy, dosages exceeding quantity over Presbyterian's formulary QL and medications being refilled too soon.*

### Transition Notice

All enrollees who receive a temporary supply of a non-formulary Part D medication will receive written notice via US mail regarding their transition supplies and the transition process. This notification will be sent within three (3) business days of the approval of the temporary supplies.

The notice will include the following:

- An explanation of the transition supply that the enrollee received.
- Instructions for working with Presbyterian and their prescriber to identify appropriate therapeutic formulary alternatives.
- An explanation of the enrollee's right to request a formulary exception.
- A description of the exception request process.

Exception requests and prior authorization requests are available to enrollees, their appointed representatives and physicians via mail, fax, email and our website at [www.phs.org/Medicare](http://www.phs.org/Medicare).

## 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](mailto:askphppt@phs.org). The form can be accessed at [http://docs.phs.org/idc/groups/public/documents/communication/pel\\_00251399.pdf](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](http://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](http://www.FormularyLookup.com), or download the free app from the App Store or Google Play.



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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](http://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](http://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](http://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](http://www.phs.org/ContactGuide).

## 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](mailto: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](mailto: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.