

# Pharmacy and Therapeutics Committee Provider Update

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

FOURTH QUARTER 2022

## P&T Committee Decisions Effective January 1, 2023

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 **October 19, 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>Injectafer</b> <sup>®</sup> (ferric carboxymaltose) 100mg/2mL in a single-dose vial	Iron Product	MB, PA	MB, PA	MB, PA
carmustine ( <b>BiCNU</b> <sup>®</sup> ) 50mg and 300mg of lyophilized powder for reconstitution in a single-dose vial	Antineoplastic	MB	MB	MB
<b>Calquence</b> <sup>®</sup> (acalabrutinib) 100mg tablets	Antineoplastic – Tyrosine Kinase Inhibitor	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Caplyta</b> <sup>®</sup> (lumateperone) 10.5mg and 21mg capsules	Atypical Antipsychotic	F, QL, PA, AL	T4, QL, PA, AL	T5, QL, PA, AL
<b>Depo-Subq Provera</b> <sup>®</sup> (medroxyprogesterone acetate) 104mg/0.65mL pre-filled syringe	Contraceptive	F	PPACA	PPACA
<b>Norgesic</b> <sup>®</sup> (orphenadrine citrate, aspirin, caffeine) 25mg-385mg-30mg tablets	Analgesic	NF	NF	T4, QL, PA
<b>Oncaspar</b> <sup>®</sup> (pegaspargase) 3,750iu/5mL in a single-dose vial	Antineoplastic Enzyme	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS
<b>Vyvanse</b> <sup>®</sup> (lisdexamfetamine) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg tablets <i>Added to Commercial and Exchange formularies.</i>	Amphetamine	F, QL, PA, AL	T3, QL, PA, AL	T4, QL, PA, AL
<b>Aimovig</b> <sup>®</sup> (erenumab-aooe) 140mg/mL and 70mg/mL subcutaneous auto-injectors	Calcitonin Gene-Related Peptide Receptor Antagonist	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				

## Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
<b>New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies.</b>				
tazarotene (generic for <b>Tazorac</b> <sup>®</sup> ) 0.05% and 0.1% topical gel	Antipsoriatic	NF	T3, QL, ST	T4, QL, ST
fesoterodine (generic for <b>Toviaz</b> <sup>®</sup> ) 4mg and 8mg tablets	Anticholinergic	NF	NF	T4, QL, ST
vilazodone (generic for <b>Viibryd</b> <sup>®</sup> ) 10mg, 20mg, 40mg tablets	Selective Serotonin Reuptake Inhibitor	F, QL, PA	T3, QL, PA	T4, QL, PA
<b>Other Changes</b>				
<b>Nubeqa</b> <sup>®</sup> (darolutamide) 300mg tablets <i>Specialty Mandate added to Centennial Care, Commercial, Exchange formularies.</i>	Antiandrogen	F, PA, SP, QL	T4, PA, SP, QL	T5, PA, SP, QL
<b>Austedo</b> <sup>®</sup> (deutetetrabenazine) 6mg, 9mg, 12mg tablets <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Selective Vesicular Monoamine Transporter 2 Inhibitor	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Cosentyx</b> <sup>®</sup> (secukinumab) 75mg/0.5mL pre-filled syringe, 150mg/mL Sensoready pen and pre-filled syringe, 150mg single-dose vial <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Monoclonal Antibody	F, QL, PA, SP, NDS	NF	NF
<b>DexCom</b> <sup>®</sup> (Continuous glucose monitor) <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Continuous Glucose Monitor System	F, QL, PA	T2, QL, PA	T3, QL, PA
<b>Freestyle Libre</b> <sup>®</sup> (Continuous glucose monitor) <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Continuous Glucose Monitor System	F, QL, PA	T2, QL, PA	T3, QL, PA
<b>Guardian</b> <sup>®</sup> (Continuous glucose monitor) <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Continuous Glucose Monitor System	F, QL, PA	T2, QL, PA	T3, QL, PA
<b>Humira</b> <sup>®</sup> (adalimumab) 10mg, 20mg, 4mg, 80mg pre-filled syringes and pens <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Tumor Necrosis Factor Blocker	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Mavenclad</b> <sup>®</sup> (cladribine) 10mg tablets <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Antimetabolite	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Otezla</b> <sup>®</sup> (apremilast) 10mg, 20mg, 30mg tablets <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Disease-modifying Antirheumatic Drug	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS

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## Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
<b>Rinvoq</b> ® (upadacitinib) 15mg, 30mg, 45mg extended-release oral tablets <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Janus Kinase Inhibitor	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Siliq</b> ® (brodalumab) 210mg/1.5mL pre-filled syringe <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Monoclonal Antibodies	F, QL, PA, SP, NDS	NF	NF
<b>Skyrizi</b> ® (risankizumab-rzaa) 75mg/0.83mL pre-filled syringe, 150mg/mL pre-filled syringe <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Monoclonal Antibodies	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
<b>Stelara</b> ® (ustekinumab) 45mg/0.5mL or 90mg/mL solution in a single-dose pre-filled syringe, 130mg/26mL solution in a single-dose vial <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Monoclonal Antibodies	F, QL, PA, SP, NDS	T4, QL, PA, SP, NDS	T5, QL, PA, SP, NDS
terconazole ( <b>Terazol</b> ® 3) 0.8% vaginal cream <i>Tier lowered for Commercial and Exchange formularies.</i>	Vaginal Antifungal	F	T1	T2
<b>Vyvanse</b> ® (lisdexamfetamine dimesylate) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg <i>Updated Prior Authorization criteria for Centennial Care formulary.</i>	Stimulant	F, QL, PA, AL	T3, QL, PA, AL	T4, QL, PA, AL
<b>Feraheme</b> ® (ferumoxytol) 510mg/710mL <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Iron Product	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS
<b>Ferrlecit</b> ® (ferric gluconate) 62.5mg/5 mL <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Iron Product	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS
<b>INFeD</b> ® (iron dextran) 100mg/2 mL <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Iron Product	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS
<b>Injectafer</b> ® (ferric carboxymaltose) 750mg/15mL <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Iron Product	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS
<b>Venofer</b> ® (iron sucrose) 100mg/5mL <i>Updated Prior Authorization criteria for Centennial Care, Commercial, Exchange formularies.</i>	Iron Product	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS

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## Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
<b>Formulary Additions</b>		
<b>Omnipod</b> <sup>®</sup> (continuous glucose monitor) 5 G6 Pod and 5 G6 Intro and Dash Intro Kits	T4, QL, NDS	08/01/2022
lenalidomide (generic for <b>Revlimid</b> <sup>®</sup> ) 5mg, 10mg, 15mg, 25mg oral capsules	5, PA, QL	10/01/2022
<b>Formulary Deletions</b>		
<b>Esbriet</b> <sup>®</sup> (pirfenidone) 267mg, 801mg oral tablets	NF	08/01/2022
<b>Vimpat</b> <sup>®</sup> (lacosamide) 10mg/ml oral solution	NF	08/01/2022
<b>Viibryd</b> <sup>®</sup> (vilazidone) 10mg, 20mg, 40mg oral tablets	NF	09/01/2022
<b>Nexavar</b> <sup>®</sup> (sorafenib) 200mg oral tablets	NF	09/01/2022
<b>Targretin</b> <sup>®</sup> (bexarotene) 1% gel	NF	09/01/2022
<b>New Generics</b>		
lacosamide (generic for <b>Vimpat</b> <sup>®</sup> ) 10mg/ml oral solution	T4, ST	08/01/2022
pirfenidone (generic for <b>Esbriet</b> <sup>®</sup> ) 267mg, 801mg oral tablets	T5, PA, QL	08/01/2022
vilazodone (generic for <b>Viibryd</b> <sup>®</sup> ) 10mg, 20mg, 40mg oral tablets	T4, QL, ST	09/01/2022
sorafenib (generic for <b>Nexavar</b> <sup>®</sup> ) 200mg oral tablets	T5, PA, QL	09/01/2022
bexarotene (generic for <b>Targretin</b> <sup>®</sup> ) 1% gel	T5, PA	09/01/2022
<b>New Products</b>		
<b>Vonjo</b> <sup>®</sup> (pacritinib) 100mg oral capsules	T5, PA, QL	08/01/2022
<b>Trizivir</b> <sup>®</sup> (abacavir/lamivudine/zidovudine) 300-150-300mg oral tablets	T5	08/01/2022
<b>Skyrizi</b> <sup>®</sup> (risankisumab) 360mg/2.4ml single dose pre-filled cartridges	T5, PA, QL, NDS	10/01/2022
<b>Other Formulary Changes</b>		
<b>Xeljanz</b> <sup>®</sup> (tofacitinib) 5mg, 10mg Oral Tablets and 11mg Extended-Release, 22mg Extended-Release Oral Tablets <i>Criteria Update</i>	T5, PA, QL, NDS	08/01/2022
<b>Dupixent</b> <sup>®</sup> (dupilumab) 200mg/1.14ml, 300mg/2ml Pen-Injectors and 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml pre-filled syringes <i>Criteria Update</i>	T5, PA, QL	10/01/2022
<b>Rinvoq</b> <sup>®</sup> (upadacitinib) 15mg, 30mg, 45mg Extended-Release Oral Tablets <i>Criteria Update</i>	T5, PA, QL, NDS	10/01/2022
*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		

## Food and Drug Administration (FDA) Alerts July 11, 2022, to October 3, 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 Magnesium Citrate Saline Laxative Oral Solution Lemon Flavor Manufactured by Vi-Jon, LLC [07/15/2022]:** Vi-Jon, LLC announced a voluntary, consumer-level recall of all lots of Lemon-Flavored Magnesium Citrate Saline Laxative Oral Solution due to the potential for microbial contamination. Patients who have this recalled product should stop using it and return any remaining product to the place of purchase.  
**Presbyterian's Response:** Informed providers in the Pharmacy and Therapeutics Committee Updates newsletter (P&T newsletter).
- 2. Recall of Magnesium Citrate Saline Laxative Oral Solution Manufactured by Vi-Jon, LLC [07/29/2022]:** Vi-Jon, LLC announced an expansion to the voluntary, consumer-level recall of all lots of Lemon-Flavored Magnesium Citrate Saline Laxative Oral Solution announced on 07/25/2022. This expansion includes all lots of all flavors of Magnesium Citrate Saline Laxative Oral Solution within expiry to the consumer level. Patients who have this recalled product should stop using it and return any remaining product to the place of purchase.  
**Presbyterian's Response:** Informed providers in the P&T newsletter.
- 3. Recall of 53 Nutritional and Beverage Products Manufactured by Lyons Magnus, LLC [08/10/2022]:** Lyons Magnus, LLC announced a voluntary, consumer-level recall of 53 nutritional and beverage products due to the potential for microbial contamination. The list of recalled products does not include products intended for infants (i.e., under the age of one). Patients who are taking this product should dispose of it immediately or return it to the place of purchase for a refund.  
**Presbyterian's Response:** Informed providers in the P&T newsletter.
- 4. Recall of Nutritional and Beverage Products Manufactured by Lyons Magnus, LLC [08/10/2022]:** Lyons Magnus, LLC announced an expansion to the voluntary, consumer-level recall of nutritional and beverage products announced on 07/29/2022 due to the potential for microbial contamination. Patients who are taking this product should dispose of it immediately or return it to the place of purchase for a refund.  
**Presbyterian's Response:** Informed providers in the P&T newsletter.
- 5. Recall of Acyclovir Sodium Injection 500mg per 10mL Manufactured by Eugia US, LLC [09/27/2022]:** Eugia US, LLC announced a voluntary, consumer-level recall of one lot of Acyclovir Sodium Injection 500mg per 10mL due to the potential of the presence of a dark red, brown and black particulate inside the 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 P&T newsletter.
- 6. Recall of Atenolol 25mg Tablets and Clopidogrel 75mg Tablets Manufactured by Golden State Medical Supply, Inc. [09/29/2022]:** Golden State Medical Supply, Inc. announced a voluntary, consumer-level recall of one lot of Atenolol 25mg tablets and Clopidogrel 75mg tablets due to the potential for bottles containing Clopidogrel 75mg tablets to be mislabeled as Atenolol 25mg tablets. 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

## Medicare Part D Opioid Safety Edits 2023

Background: The purpose of the edits is to prompt prescribers and pharmacists to conduct additional safety reviews to determine if the enrollee's opioid use is appropriate and medically necessary. The edits should not be implemented as a prescribing limit or as a substitute for clinical judgment. Plan sponsors are expected to implement the edits in a manner that minimizes any additional burden on prescribers, pharmacists and beneficiaries.

Updates for 2023:

1. A hard edit is now in place (requires plan override) for a cumulative daily dose of 200 morphine milliequivalents (MME) or more.
2. The number of prescribers related to care coordination edits has decreased from three to two.

Edits not changing from 2022:

1. Hard edit for opioid naïve patients, which allows for a pharmacy to bill for a 7-day supply (120-day lookback period).
2. Care coordination edit threshold of 90 MME cumulative daily dose.

## Update to Gender-Affirming Criteria Language

Effective January 1, 2023, language within the criteria indicating "gender dysphoria treatment" will be updated to "gender-affirming treatment" as appropriate.

## Influenza Vaccine 2022-2023

Product Label	GPI-14 Description	Max Age	Min Age	Notes
Flulaval Qua Inj 2022-23	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ml			
Afluria Quad Inj 2022-23	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ml			
Afluria Quad Inj 2022-23	Influenza Virus Vac Split Quadrivalent IM Inj			
Fluzone HD Inj 2022-23	Influenza Vac Split High-dose Quad PF Susp Pref Syr .7ml		64	
Fluzone Quad Inj 2022-23	Influenza Virus Vaccine Split Quadrivalent Inj 0.5ml			
Fluzone Quad Inj 2022-23	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ml			
Fluzone Quad Inj 2022-23	Influenza Virus Vac Split Quadrivalent IM Inj			
Fluarix Quad Inj 2022-23	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ml			
Fluad Quadri Inj 2022-23	Influenza Vac Type A&B Surface Ant Adj Quad Pref Syr 0.5ml		64	
Fluclvx Quad Inj 2022-23	Influenza Vac Tiss-Cult Subunt Quad Susp Pref Syr 0.5ml			
Fluclvx Quad Inj 2022-23	Influenza Vac Tissue-Cultured Subunit Quadrivalent IM Susp			
Flublok Quad Inj 2022-23	Influenza Vac Recomb HA Quad PF Soln Pref Syr 0.5ml			Non-formulary for Medicare
Flumist Quad Sus 2022-23	Influenza Virus Vaccine Live Quadrivalent Intranasal Susp	49		Non-formulary for Medicare

Presbyterian formularies and updates, including restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences, are available online at: [www.phs.org/providers/formularies/Pages/default.aspx](http://www.phs.org/providers/formularies/Pages/default.aspx).

Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at [www.phs.org/providers/formularies/Pages/default.aspx](http://www.phs.org/providers/formularies/Pages/default.aspx).

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 the Centennial Care Practitioner and Provider Manual 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).



## 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.

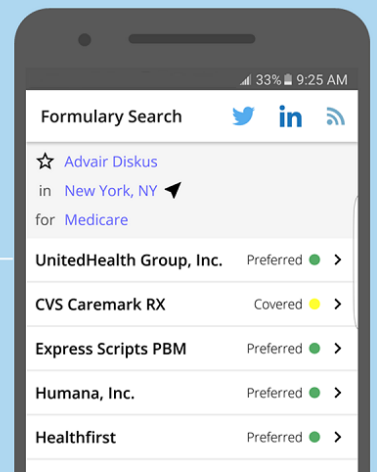
Search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com) or download the free app today.

## 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”



## 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.

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.



Presbyterian Health Plan, Inc.  
Provider Network Management  
P.O. Box 27489  
Albuquerque, NM 87125-7489  
[www.phs.org](http://www.phs.org)

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## 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).