

Pharmacy and Therapeutics Committee Provider Update

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

FIRST QUARTER 2023

P&T Committee Decisions Effective March 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 **January 18, 2023**, 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 | | | | |
| Ozempic® (semaglutide) 0.25mg, 0.5mg per dose in 3mL prefilled pen | Antidiabetic | NF | T2, PA, QL | T3, PA, QL |
| Arnuity Ellipta® (fluticasone furoate) 50mcg, 100mcg, 200mcg inhaler <i>Effective Feb. 1, 2023.</i> | Steroid Inhalant | NF | T2, QL | T3, QL |
| Eliquis® (apixaban) 2.5mg, 5mg oral tablets <i>Effective Feb. 1, 2023.</i> | Anticoagulant | NF | T2, QL | T3, QL |
| Trelegy Ellipta® (fluticasone furoate, umeclidinium, and vilanterol) 100mcg/62.5mcg/25mcg, 200mcg/62.5mcg/25mcg <i>Effective Feb. 1, 2023.</i> | Steroid Inhalant | NF | T2, PA, QL | T3, PA, QL |
| Freestyle Libre 3 <i>Effective Feb. 1, 2023.</i> | Continuous Glucose Monitors | F, PA, QL | T2, PA, QL | T3, PA, QL |
| Sunlenca® (lenacapavir) 300mg oral tablets | Antiviral | F, PA | NF | NF |
| Sunlenca® (lenacapavir) 463.5mg/1.5mL vials | Antiviral | MB, PA | NF | NF |
| New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies. | | | | |
| insulin degludec (authorized brand alternative for Tresiba®) 100 units/mL multiple-dose vial; 100 units/mL, 200 units/mL single-patient-use FlexTouch prefilled pen <i>Branded product replaced by generic for the Centennial Care formulary.</i> | Insulin | F, ST, QL | NF | NF |
| *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* |
|---|--|------------------|----------------|--------------------|
| Estradiol Transdermal gel (generic for Divigel ®) 0.25gm, 0.5gm, 0.75gm, 1.0gm, 1.25gm <i>Branded product replaced by generic at lower tier for the Commercial and Exchange formularies.</i> | Estrogen Derivative | NF | T1 | T2 |
| roflumilast (generic for Daliresp ®) 500mcg oral tablets <i>Branded product replaced for Centennial Care, Commercial and Exchange formularies.</i> | Phosphodiesterase-4 Enzyme Inhibitor | F | T2, QL, PA | T3, PA, QL |
| penciclovir (generic for Denavir ®) 1% cream <i>Branded product replaced by generic for Commercial and Exchange formularies.</i> | Topical Antiviral | NF | T2, QL | T3, QL |
| Other Changes | | | | |
| Dupixent ® (dupilumab) 100mg/0.0.67mL, 200mg/1.1mL, 300mg/2mL prefilled syringes and pens <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Dermatological | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP |
| Firdapse ® (amifampridine) 10mg oral tablets <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Antimyasthenic/Cholinergic Agent | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP |
| Vraylar ® (cariprazine) 1.5mg, 3mg, 4.5mg, 6mg oral capsules <i>Updated Prior Authorization Criteria for Centennial Care.</i> | Antipsychotic | F, PA, QL | NF | NF |
| Tymlos ® (abaloparatide) 3120mcg/1.56mL prefilled pen <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Bone Density Regulator | F, PA, SP | T4, PA, SP | T5, PA, SP |
| Anoro Ellipta ® (umeclidinium and vilanterol) 62.5mcg/25mcg inhaler <i>Tier decreased, Step Therapy requirements removed, Quantity Limits added for Commercial and Exchange formularies. Effective Feb. 1, 2023.</i> | Steroid Inhalant | NF | T2, QL | T3, QL |
| acamprosate (generic for Campral ®) <i>Removed Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Psychotherapeutic and Neurological Agent | F, QL | T3, QL | T4, QL |
| Dexcom G6 <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Continuous Glucose Monitors | F, PA, QL | T2, PA, QL | T3, PA, QL |
| Freestyle Libre 2 and Libre 3 <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Continuous Glucose Monitors | F, PA, QL | T2, PA, QL | T3, PA, QL |
| Guardian Connect <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Continuous Glucose Monitors | F, PA, QL | T2, PA, QL | T3, PA, QL |

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Centennial, Commercial and Metal Formulary Updates

| Drug Name | Therapeutic Class | Centennial Care* | Commercial* | Metal Level Plans* |
|---|------------------------|------------------|-------------|--------------------|
| Forteo® (teriparatide) 600mcg/2.4mL in prefilled pen containing 28 daily doses of 20mcg <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Bone Density Regulator | F, PA, QL | T4, PA, QL | T5, PA, QL |
| Qvar Redihaler® (beclomethasone dipropionate) 40mcg, 80mcg <i>Tier increased, Step Therapy requirement added for Commercial and Exchange formularies. Effective Feb. 1, 2023.</i> | Steroid Inhalant | F, QL | T3, ST, QL | T4, ST, QL |
| Stiolto Respimat® (tiotropium bromide and olodaterol) 2.5mcg/2.5mcg <i>Step Therapy requirements removed, Quantity Limits added to Commercial and Exchange formularies. Effective Feb. 1, 2023.</i> | Steroid Inhalant | F, ST, QL | T2, QL | T3, QL |
| Tudorza Pressair® (aclidinium bromide) 400mcg <i>Removed from Commercial and Exchange formularies. Effective Feb. 1, 2023.</i> | Steroid Inhalant | NF | NF | NF |
| Tymlos® (abaloparatide) 3120mcg/1.5mL prefilled pen that delivers daily doses of 80mcg <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Bone Density Regulator | F, PA, QL | T4, PA, QL | T5, PA, QL |
| benzphetamine (generic for Didrex®) 25mg, 50mg oral tablet <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | CNS Stimulant | NF | T3, PA, QL | T4, PA, QL |
| Contrave® (naltrexone-bupropion er) 8mg/90mg oral tablet <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Anti-Obesity Agent | NF | T3, PA, QL | T4, PA, QL |
| diethylpropion (generic for Tenuate®) 25mg oral tablet <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Anti-Obesity Agent | NF | T3, PA, QL | T4, PA, QL |
| phendimetrazine 35mg oral tablet <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Anti-Obesity Agent | NF | T3, PA, QL | T4, PA, QL |
| phendimetrazine 105mg extended-release oral capsule <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Anti-Obesity Agent | NF | T3, PA, QL | T4, PA, QL |
| phentermine (generic for Adipex-P®) 15mg, 30mg, 37.5mg <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Anti-Obesity Agent | NF | T3, PA, QL | T4, PA, QL |

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Off-Cycle P&T Committee Approved Changes – Effective Jan. 1, 2023

| Drug Name | Therapeutic Class | Centennial Care* | Commercial* | Metal Level Plans* | Medicare |
|---|--|---------------------|---------------------|---------------------|-------------|
| Formulary Additions | | | | | |
| Ozempic® (semaglutide) 2mg/3mL, 4mg/3mL, 8mg/3mL injection <i>Added to Commercial, Exchange and Medicare formularies.</i> | Glucagon-like Peptide-1 Receptor Agonist | NF | T2, PA, QL | T3, PA, QL | T3, QL |
| Rybelsus® (semaglutide) 3mg, 7mg, 14mg oral tablets <i>Added to Commercial, Exchange and Medicare formularies.</i> | Glucagon-like Peptide-1 Receptor Agonist | NF | T2, PA, QL | T3, PA, QL | T3, QL |
| Omnitrope® (somatropin) 5mg/1.5mL, 10mg/1.5mL cartridge for injection <i>Added to Commercial and Exchange formularies.</i> | Recombinant Human Growth Hormone | NF | T4, PA, SP, NDS | T5, PA, SP, NDS | T5, PA, NDS |
| Enbrel® (etanercept) 25mg/0.5mL, 50mg/mL single-dose prefilled syringe; 50mg/mL SureClick Autoinjector; 25mg/0.5mL single-dose vial; 25mg multiple-dose vial for reconstitution <i>Added to Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immunomodulators | F, PA, QL | T4, PA, SP, QL, NDS | T5, PA, SP, QL, NDS | T5, PA, QL |
| Keyzara® (sarilumab) 150mg/1.14mL single-use prefilled syringe or pen <i>Added to Commercial and Exchange formularies.</i> | Targeted Immunomodulators | F, PA, QL, SP | T4, PA, SP, QL, NDS | T5, PA, SP, QL, NDS | NF |
| Taltz® (ixekizumab) 80mg/mL single-dose prefilled syringe, 80mg/mL single-dose prefilled autoinjector <i>Added to Centennial Care formulary.</i> | Targeted Immunomodulators | T4, PA, QL, SP, NDS | T4, PA, QL, SP | T5, PA, QL, SP | NF |
| Formulary Deletions | | | | | |
| Bydureon® (exenatide) 2mg/0.85mL injection <i>Removed from Commercial and Exchange formularies.</i> | Glucagon-like Peptide-1 Receptor Agonist | NF | NF | NF | T4, QL |
| Omnitrope® (somatropin) 5.8mg vial <i>Removed from Commercial and Exchange formularies.</i> | Recombinant Human Growth Hormone | F, PA, SP, NDS | NF | NF | T5, PA, NDS |
| Kineret® (anakinra) 100mg/0.67mL single-use prefilled syringe <i>Removed from Centennial Care formulary.</i> | Targeted Immunomodulators | NF | NF | NF | T5, PA, NDS |
| Siliq® (brodalumab) 210mg/1.5mL single-dose prefilled syringe <i>Removed from Centennial Care formulary.</i> | Targeted Immunomodulators | NF | NF | NF | NF |
| Other Changes | | | | | |
| Trulicity® (dulaglutide) 0.75mg/0.5 mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL injection <i>Updated Criteria for Commercial and Exchange formularies. Tier lowered for Medicare formulary.</i> | Glucagon-like Peptide-1 Receptor Agonist | F, PA, QL | T2, PA, QL | T3, PA, QL | T3, QL |
| Victoza® (liraglutide) 6mg/mL that delivers doses of 0.6mg, 1.2mg, 1.8mg injections <i>Updated Criteria for Commercial and Exchange formularies.</i> | Glucagon-like Peptide-1 Receptor Agonist Additions | F, PA, QL | T2, PA, QL | T3, PA, QL | T3, QL |
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|--|---|--------------------|---------------------|---------------------|-----------------|
| Xigduo XR® (dapagliflozin-metformin) 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg, 10mg/500mg, 10mg/1000mg extended-release oral tablets <i>Tier lowered for Commercial and Exchange formularies.</i> | Sodium-Glucose Co-Transporter 2 Inhibitor – Biguanide Combination | NF | T2, QL, ST | T3, QL, ST | T3, QL |
| Dupixent® (dupilumab) 200mg/1.14mL, 300mg/2mL single-dose prefilled pen; 100mg/0.67mL, 200mg/1.1mL, 300mg/2mL single-dose prefilled syringe <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Interleukin-4 Receptor Antagonist | F, PA, QL, SP, NDS | T4, PA, QL, SP, NDS | T5, PA, QL, SP, NDS | T5, PA, QL, NDS |
| Actemra® (tocilizumab) 162mg/0.9mL single-dose prefilled syringe; 80mg/4mL, 200mg/10mL, 400mg/20mL single-dose vials <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, NDS |
| Actemra® (tocilizumab) 80mg/4mL, 200mg/10mL, 400mg/20mL single-dose vials <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | MB | MB | MB | NF |
| Cosentyx® (secukinumab) 150mg prefilled syringe and auto-injector <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | NF | NF | T5, PA, NDS |
| Cosentyx® (secukinumab) 75mg/0.5mL single-dose prefilled syringe, 150mg/mL single-dose Sensoready pen <i>Updated Prior Authorization Criteria for Centennial Care formulary.</i> | Targeted Immuno-modulators | F, PA, QL, SP | NF | NF | NF |
| Cimzia® (certolizumab pegol) 200mg single-dose vial; 200mg/mL single-dose prefilled syringe <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP, NDS | T5, PA, QL, SP, NDS | NF |
| Humira® (adalimumab) 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL single-dose prefilled pen; 10mg/0.1mL, 10mg/0.2mL, 20mg/0.4mL, 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL single-dose prefilled glass syringe <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, NDS |
| Orencia® (abatacept) 125mg/mL ClickJect autoinjector <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, NDS |
| Orencia® (abatacept) 50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL single-dose prefilled syringe; 125mg/mL ClickJect autoinjector; 250mg single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | NF | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, NDS |

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|---|----------------------------|---------------------|----------------|--------------------|---------------------|
| Orencia® (abatacept) 250mg single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | MB | MB | MB | NF |
| Otezla® (apremilast) 10mg, 20mg, 30mg oral tablets <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, NDS |
| Rinvoq® (upadacitinib) 15mg, 30mg, 45mg extended-release oral tablets <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, NDS |
| Skyrizi® (risankizumab-rzaa) 600mg single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | MB | MB | MB | NF |
| Skyrizi® (risankizumab-rzaa) 75mg, 150mg, 180mg, 360mg single-dose prefilled pens and syringes; 600mg single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL |
| Stelara® (ustekinumab) 45mg/0.5mL, 90mg/mL single-dose prefilled syringe; 130mg/26mL single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, NDS |
| Taltz® (ixekizumab) 80mg/mL single-dose prefilled syringe; 80mg/mL single-dose prefilled autoinjector <i>Updated Prior Authorization Criteria for Commercial and Exchange formularies.</i> | Targeted Immuno-modulators | T4, PA, QL, SP, NDS | T4, PA, QL, SP | T5, PA, QL, SP | NF |
| Xeljanz® (tofacitinib) 1mg/mL oral solution <i>Updated Prior Authorization Criteria for Centennial Care formulary.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | NF |
| Xeljanz® (tofacitinib) 1mg/mL oral solution; 11mg, 22mg extended-release oral tablets; 5mg, 10mg oral tablets <i>Updated Prior Authorization Criteria for Centennial Care formulary.</i> | Targeted Immuno-modulators | F, PA, QL, SP | T4, PA, QL, SP | T5, PA, QL, SP | T5, PA, QL, SP, NDS |

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Medicare Formulary Changes

| Drug Name | Coverage* | Effective Date |
|--|-----------------|----------------|
| Formulary Additions | | |
| Ozempic ® (semaglutide) 2mg/1.5mL, 4mg/3mL, 8mg/3mL pen injector | T3, QL | 01/01/2023 |
| Rybelsus ® (semaglutide) 3mg, 7mg, 14mg tablet | T3, QL | 01/01/2023 |
| casprofungin 50mg, 70mg reconstituted IV solution | T4 | 01/01/2023 |
| Glatopa ® (glatiramer acetate) 20mg/mL, 40mg/mL prefilled syringe | T3, QL | 01/01/2023 |
| Kerendia ® (finerenone) 10mg, 20mg oral tablets | T4, PA, QL | 01/01/2023 |
| moxifloxacin 400mg oral tablets | T4 | 01/01/2023 |
| Pentacel ® (dtap-ipv-hib vacc.) reconstituted im suspension | T3 | 01/01/2023 |
| prehevbrio 10mcg/mL im suspension | T3, PA | 01/01/2023 |
| Priorix ® (measles, mupms, rubella vacc.) subcutaneous suspension | T3 | 01/01/2023 |
| Quadracel ® (dtap-ipv vacc.) 0.5mL prefilled syringe | T3 | 01/01/2023 |
| Ticovac ® (tickborne encephalitis vacc.) 2.4mcg/0.5mL im suspension in prefilled syringe | T3 | 01/01/2023 |
| Anoro Ellipta ® (umeclidinium-vilanterol) 62.5-25mcg/act | T3, QL | 02/01/2023 |
| Arnuity Ellipta ® (fluticasone) 50mcg/act, 100mcg/act, 200mcg/act | T3, QL | 02/01/2023 |
| Trelegy Ellipta ® (fluticasone-umeclidin-vilant) 200-62.5-25 mcg/act | T3, QL | 02/01/2023 |
| Formulary Deletions | | |
| acyclovir external cream 5% | | 01/01/2023 |
| Afinitor ® (everolimus) 2.5mg tablet | | 01/01/2023 |
| budesonide 1mg/2mL suspension | | 01/01/2023 |
| cefaclor 500mg 12-hour ER tablet | | 01/01/2023 |
| Combigan ® (brimonidine tartrate-timolol) 0.2-0.5% solution | | 01/01/2023 |
| demser 250mg capsule | | 01/01/2023 |
| desmopressin acetate spray refrigerated nasal solution 0.01% | | 01/01/2023 |
| emtriva 200mg capsule | | 01/01/2023 |
| ferriprox 500mg tablet | | 01/01/2023 |
| hydrocort 100mg enema | | 01/01/2023 |
| Neulasta ® (pegfilgrastim) 6mg/0.6mL prefilled syringe | | 01/01/2023 |
| Norvir ® (ritonavir) 100mg tablet | | 01/01/2023 |
| Revlimid ® (lenalidomide) 5mg, 10mg, 15mg, 25mg capsule | | 01/01/2023 |
| Tobi ® (tobramycin) 28mg Podhaler | | 01/01/2023 |
| Vascepa ® (icosapent ethyl) 1mg oral capsule | | 01/01/2023 |
| Vimpat ® (lacosamide) 50mg, 100mg, 150mg, 200mg tablet | | 01/01/2023 |
| Zenedi ® (dextroamphetamine) 5mg, 10mg tablet | | 01/01/2023 |
| Zortress ® (everolimus) 0.25mg, 0.5mg, 0.75mg tablet | | 01/01/2023 |
| Other Formulary Changes | | |
| estropipate 0.75mg, 1.5mg tablet <i>AL addition</i> | T4, PA, AL | 01/01/2023 |
| somavert subcutaneous solution reconstituted 10mg, 15mg, 20mg, 25mg, 30mg reconstituted subcutaneous solution <i>PA and QL addition</i> | T5, PA, QL, NDS | 01/01/2023 |
| ambrisentan 5mg, 10mg oral tablet <i>PA addition</i> | T5, PA, QL | 01/01/2023 |
| bosentan 62.5mg, 125mg oral tablet <i>PA addition</i> | T5, PA, QL, NDS | 01/01/2023 |
| budesonide 3mg oral capsule <i>PA addition</i> | T4, PA | 01/01/2023 |
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Medicare Formulary Changes

| Drug Name | Coverage* | Effective Date |
|--|-----------------|----------------|
| budesonide 9mg er oral tablet <i>PA addition</i> | T5, PA, NDS | 01/01/2023 |
| Caplyta ® (lumateperone tosylate) 42mg oral capsule <i>PA addition</i> | T5, PA, QL, NDS | 01/01/2023 |
| Daliresp ® (roflumilast) 250mcg, 500mcg tablet <i>PA addition</i> | T3, PA, QL | 01/01/2023 |
| deferasirox 180mg, 360mg oral tablet; 125mg, 250mg, 500mg soluble oral tablet <i>PA addition</i> | T5, PA, NDS | 01/01/2023 |
| diclofenac sodium 3% external gel; 3% transdermal gel <i>PA addition</i> | T4, PA | 01/01/2023 |
| febuxostat 40mg, 80mg oral tablet <i>PA addition</i> | T4, PA, QL | 01/01/2023 |
| prolactin-c 1000mg reconstituted IV solution <i>PA addition</i> | T5, PA, NDS | 01/01/2023 |
| Regranex ® (becaplermin) 0.01% gel <i>PA addition</i> | T5, PA, NDS | 01/01/2023 |
| Zarxio ® (filgrastim-sndz) 300mcg/0.5mL, 480mg/0.5mL prefilled syringe <i>PA addition</i> | T5, PA, NDS | 01/01/2023 |
| Entresto ® (sacubitril-valsartan) 24-26mg, 49-51mg, 97-103mg <i>PA deletion</i> | T3, QL | 01/01/2023 |
| Farxiga ® (dapagliflozin propanediol) 5mg, 10mg oral tablet <i>ST and QL addition</i> | T3, ST, QL | 01/01/2023 |
| rivastigmine 4.6mg/24 hour, 9.5mg/24 hour, 13.3mg/24-hour transdermal system <i>ST and QL addition</i> | T4, ST, QL | 01/01/2023 |
| clozapine 12.5mg, 25mg, 100mg, 150mg dispersible oral tablet <i>ST addition</i> | T4, ST | 01/01/2023 |
| clozapine 200mg dispersible oral tablet <i>ST addition</i> | T5, ST | 01/01/2023 |
| Janumet ® (sitagliptin-metformin) 50-1000mg, 50-500mg oral tablet; 100-1000mg, 50-1000mg, 50-500mg xr oral tablet <i>ST addition</i> | T3, ST, QL | 01/01/2023 |
| Januvia ® (sitagliptin phosphate) 25mg, 50mg, 100mg oral tablet <i>ST addition</i> | T3, ST, QL | 01/01/2023 |
| vigabatrin 500mg oral tablet <i>ST addition</i> | T5, ST | 01/01/2023 |
| Invokamet ® (canagliflozin-metformin) 50mg-500mg, 50mg-1000mg, 150mg-500mg, 150mg-1000mg immediate release and extended-release oral tablets <i>ST removal</i> | T4, QL | 01/01/2023 |
| Invokana ® (canagliflozin) 100mg, 300mg oral tablets <i>ST removal</i> | T4, QL | 01/01/2023 |
| Trulicity ® (dulaglutide) 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL <i>ST removal and Tier decrease</i> | T3, QL | 01/01/2023 |
| carbamazepine 100mg er oral tablets <i>Tier decrease</i> | T3 | 01/01/2023 |
| dalfampridine 10mg er oral tablet <i>Tier decrease</i> | T4, QL, NDS | 01/01/2023 |
| Prograf ® (tacrolimus) 1mg oral packet <i>Tier decrease</i> | T4, PA | 01/01/2023 |
| deferasirox 90mg oral tablet <i>Tier decrease and PA addition</i> | T4, PA, NDS | 01/01/2023 |
| anagrelide 0.5mg, 1mg capsule <i>Tier increase</i> | T3 | 01/01/2023 |

*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

Medicare Formulary Changes

| Drug Name | Coverage* | Effective Date |
|--|-------------|----------------|
| bromocriptine mesylate 2.5mg, 5mg oral tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| budesonide 0.25mg/2mL, 0.5mg/2mL suspension <i>Tier increase</i> | T4, PA | 01/01/2023 |
| bupropion 75mg, 100mg oral tablet <i>Tier increase</i> | T2 | 01/01/2023 |
| captopril 12.5mg, 25mg, 50mg, 100mg tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| carbamazepine 100mg, 200mg, 300mg er oral capsules; 200mg, 400mg extended-release tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| carbidopa/levodopa 25-100mg, 50-200mg extended-release tablet <i>Tier increase</i> | T2 | 01/01/2023 |
| cefepodoxime proxetil 50mg/5mL, 100mg/5mL oral solution; 100mg, 200mg oral <i>Tier increase</i> | T4 | 01/01/2023 |
| cholestyramine 4gm packet, 4gm/dose powder <i>Tier increase</i> | T3 | 01/01/2023 |
| cholestyramine light 4gm packet and 4gm/dose powder <i>Tier increase</i> | T3 | 01/01/2023 |
| clorazepate dipotassium 3.75mg, 7.5mg, 15mg tablets <i>Tier increase</i> | T3, QL, NDS | 01/01/2023 |
| dextroamphetamine sulfate 5mg, 10mg, 15mg er oral capsule <i>Tier increase</i> | T4, QL, NDS | 01/01/2023 |
| diphenoxylate/atropine 2.5-0.025mg oral tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| eplerenone 25mg, 50mg oral tablet <i>Tier increase</i> | T2 | 01/01/2023 |
| erythromycin 250mg, 500mg bs oral tablet <i>Tier increase</i> | T4 | 01/01/2023 |
| etravirine 100mg oral tablet <i>Tier increase</i> | T5 | 01/01/2023 |
| exemestane 25mg oral tablet <i>Tier increase</i> | T4 | 01/01/2023 |
| ezetimibe 10mg oral tablet <i>Tier increase</i> | T2 | 01/01/2023 |
| fluphenazine decanoate 1mg, 2.5mg, 5mg, 10mg oral tablet; 25mg/mL <i>Tier increase</i> | T4 | 01/01/2023 |
| galantamine 4mg, 8mg, 12mg oral tablet and 4mg/mL oral solution <i>Tier increase</i> | T3 | 01/01/2023 |
| galantamine hydrobromide 8mg 16mg, 24mg er oral capsule <i>Tier increase</i> | T3, QL | 01/01/2023 |
| imatinib mesylate 100mg <i>Tier increase</i> | T5, PA, QL | 01/01/2023 |
| methylphenidate 10mg, 20mg, 30mg, 40mg, 50mg, 60mg er (cd) oral capsule <i>Tier increase</i> | T3, QL, NDS | 01/01/2023 |
| methylphenidate 10mg, 18mg, 20mg er oral tablet <i>Tier increase</i> | T3, QL, NDS | 01/01/2023 |
| methylphenidate 27mg oral tablet, 36mg, 54mg hcl er oral tablet <i>Tier increase</i> | T3, QL, NDS | 01/01/2023 |
| methylphenidate HCL 18mg, 27mg, 36mg, 54mg er 24-hour oral tablet <i>Tier increase</i> | T3, QL, NDS | 01/01/2023 |

*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

Medicare Formulary Changes

| Drug Name | Coverage* | Effective Date |
|--|------------|----------------|
| octreotide 200mcg injection solution <i>Tier increase</i> | T3 | 01/01/2023 |
| perphenazine 2mg, 4mg, 8mg, 16mg oral tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| pilocarpine 5mg, 7.5mg oral tablet <i>Tier increase</i> | T3 | 01/01/2023 |
| promethazine 12.5mg, 25mg rectal suppository <i>Tier increase</i> | T3 | 01/01/2023 |
| sumatriptan succinate 4mg/0.5mL, 6mg/0.5mL, 6mg/0.5mL subcutaneous solution cartridge refill <i>Tier increase</i> | T4, QL | 01/01/2023 |
| sumatriptan succinate 4mg/0.5mL, 6mg/0.5mL subcutaneous solution auto-injector <i>Tier increase</i> | T4, QL | 01/01/2023 |
| sumatriptan succinate 6mg/0.5mL subcutaneous solution prefilled syringes <i>Tier increase</i> | T4, QL | 01/01/2023 |
| sumatriptan succinate nasal solution 20mg/act <i>Tier increase</i> | T4, QL | 01/01/2023 |
| theophylline 100mg, 300mg, 450mg er oral tablet <i>Tier increase</i> | T4 | 01/01/2023 |
| tobramycin/dexamethasone ophthalmic suspension 0.3-0.1 % <i>Tier increase</i> | T4 | 01/01/2023 |
| triamterene 50mg, 100mg oral capsule <i>Tier increase</i> | T4 | 01/01/2023 |
| ursodiol 250mg, 500mg oral tablet; 300mg oral capsule <i>Tier increase</i> | T3 | 01/01/2023 |
| zafirlukast 10mg, 20mg <i>Tier increase</i> | T3 | 01/01/2023 |
| chlorpromazine hcl 10mg, 25mg, 50mg, 100mg, 200mg <i>Tier increase</i> | T4, PA | 01/01/2023 |
| imatinib mesylate 100mg <i>Tier increase</i> | T5, PA, QL | 01/01/2023 |
| Eliquis® (apixaban) starter pack and 2.5mg, 5mg oral tablet <i>Tier increase</i> | T3, QL | 02/01/2023 |
| *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 | | |

Medicare Safety Edits (Quantity Limit Updates)

| Drug Name | Effective Date |
|--|----------------|
| 0.3mL/31g x 5/16", 0.5mL/30g x 12.7mm ultrafine insulin syringe | 01/01/2023 |
| abacavir 20mg/mL oral solution | 01/01/2023 |
| abacavir 300mg tablet | 01/01/2023 |
| abacavir 600-300mg tablet | 01/01/2023 |
| Advair HFA® (fluticasone salmeterol) 115-21mcg/act, 230-21mcg/act, 45-21mcg/act | 01/01/2023 |
| Apokyn® (apomorphine) 30mg/30mL cartridge | 01/01/2023 |
| apomorphine 30mg/30mL cartridge | 01/01/2023 |
| aptiom 800mg oral tablet | 01/01/2023 |
| aspirin/dipyridamole er 25-200mg capsule | 01/01/2023 |
| atazanavir sulfate (reyataz capsules) 200mg, 300mg oral capsule | 01/01/2023 |
| avonex 30mcg kit, 30mcg/0.5mL pen; prefilled syringe 30mcg/0.5mL | 01/01/2023 |
| butalbital/acetaminophen/caffeine 50-325-40mg oral capsule and oral tablet | 01/01/2023 |

Medicare Safety Edits (Quantity Limit Updates)

| Drug Name | Effective Date |
|--|----------------|
| cinacalcet hcl 30mg, 60mg, 90mg oral tablet | 01/01/2023 |
| Complera ® (emtricitab- rilpivir- tenofof df) 200-25-300mg oral tablet | 01/01/2023 |
| Descovy ® (emtricitabine- tenofovir af) 200-25mg oral tablet | 01/01/2023 |
| Dovato ® (dolutegravir- lamivudine) 50-300mg oral tablet | 01/01/2023 |
| Edurant ® (rilpivirine) 25mg oral tablet | 01/01/2023 |
| efavirenz 600mg oral tablet | 01/01/2023 |
| efavirenz- emtricitab- tenofovir 600-200-300mg oral tablet | 01/01/2023 |
| emtricitabine- tenofovir 100-150mg, 133-200mg, 167-250mg, 200-300mg df oral tablet | 01/01/2023 |
| enoxaparin injection 150mg/mL | 01/01/2023 |
| epinephrine 0.15mg/0.3mL, 0.3mg/0.3mL pen | 01/01/2023 |
| ergotamine/caffeine 1-100mg oral tablet | 01/01/2023 |
| evotaz 300-150mg oral tablet | 01/01/2023 |
| Fycompa ® (perampanel) 2mg oral tablet | 01/01/2023 |
| Fycompa ® (perampanel) 4mg, 6mg, 8mg, 10mg, 12mg oral tablet | 01/01/2023 |
| Genvoya ® (elviteg- cobic- emtricit- tenofaf) 150-150-200-10mg oral tablet | 01/01/2023 |
| isentress 100mg chewable oral tablet | 01/01/2023 |
| isentress 25mg chewable oral tablet | 01/01/2023 |
| isentress 400mg oral tablet, hd 600mg oral tablet | 01/01/2023 |
| itraconazole 100mg oral capsule | 01/01/2023 |
| Juluca ® (dolutegravir- rilpivirine) 50-25mg oral tablet | 01/01/2023 |
| linezolid 600mg oral tablet | 01/01/2023 |
| lopinavir- ritonavir 200-50mg oral tablets | 01/01/2023 |
| maraviroc 150mg, 300mg | 01/01/2023 |
| mesalamine 1000mg rectal suppository | 01/01/2023 |
| mesalamine 400mg oral capsule | 01/01/2023 |
| Noxafil ® (posaconazole) 40mg/mL oral suspension | 01/01/2023 |
| Odefsey ® (emtricitab- rilpivir- tenofof af) 200-25-25mg oral tablet | 01/01/2023 |
| Pifeltro ® (doravirine) 100mg oral tablet | 01/01/2023 |
| posaconazole 100mg dr oral tablet | 01/01/2023 |
| Prezcobix ® (darunavir- cobicistat) 800-150mg oral tablet | 01/01/2023 |
| Prezista ® (darunavir) 100mg/mL oral suspension | 01/01/2023 |
| Prezista ® (darunavir) 75mg oral tablets | 01/01/2023 |
| Prolia ® 60mg solution | 01/01/2023 |
| ritonavir 100mg oral tablet | 01/01/2023 |
| Rydapt ® (midostaurin) 25mg oral capsule | 01/01/2023 |
| Selzentry ® (maraviroc) 25mg oral tablet | 01/01/2023 |
| Selzentry ® (maraviroc) 75mg oral tablet; 20mg/mL oral solution | 01/01/2023 |
| Serevent ® (salmeterol xinafoate) 50mcg/dose diskus | 01/01/2023 |
| sofosbuvir- velpatasvir (ag) 400-100mg oral tablet | 01/01/2023 |
| Spiriva ® (tiotropium bromide monohydrate) 1.25mcg/act, 2.5mcg/act respimat | 01/01/2023 |
| Spiriva ® (tiotropium bromide monohydrate) 18mcg handihaler | 01/01/2023 |
| Stiolto ® (tiotropium bromide- olodaterol) 2.5-2.5mcg/act respimat | 01/01/2023 |
| Stribild ® (elviteg- cobic- emtricit- tenofdf) 150-150-200-300mg | 01/01/2023 |
| Symbicort ® (budesonide- formoterol fumarate) 80-4.5mcg/act, 160-4.5mcg/act | 01/01/2023 |
| Symtuza ® (darun- cobic- emtricit- tenofaf) 800-150-200-10mg oral tablet | 01/01/2023 |
| tenofovir disoproxil fumarate 300mg oral tablet | 01/01/2023 |

Medicare Safety Edits (Quantity Limit Updates)

| Drug Name | Effective Date |
|--|----------------|
| thalomid 50mg, 100mg, 150mg oral capsule | 01/01/2023 |
| valganciclovir 450mg oral tablet | 01/01/2023 |
| valganciclovir 50mg/mL oral solution | 01/01/2023 |
| Viread ® (tenofovir disoproxil fumarate) 150mg, 200mg, 250mg tablet; 0mg/mg powder | 01/01/2023 |
| Xarelto ® (rivaroxaban) 2.5mg, 10mg, 15mg, 20mg oral tablet; 15/20mg starter pack | 01/01/2023 |
| Dupilumab ® (dupilumab) 300mg/2mL, 200mg/1.14mL prefilled syringes; 300mg/2mL, 200mg/1.14mL pen-injectors | 01/01/2023 |
| eprontia 25mg/mL oral solution | 01/01/2023 |
| Skyrizi ® (risankizumab-rzaa) 75mg/0.83mL prefilled syringe kit | 01/01/2023 |
| Firvanq ® (vancomycin) 25mg/mL, 50mg/mL reconstituted oral solution | 01/01/2023 |
| Restasis ® cyclosporine) 0.05% multidose vial | 01/01/2023 |

Food and Drug Administration (FDA) Alerts Oct. 4, 2022, to Jan. 10, 2023

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>.

- Medical Device Correction for Omnipod DASH Personal Diabetes Managers (PDMs) Manufactured by Insulet Corporation [10/17/2022]:** Insulet Corporation announced a Medical Device Correction for all Omnipod DASH Personal Diabetes Managers (PDMs) distributed globally due to battery issues such as swelling, leakage and in rare cases extreme overheating. Insulet has identified an update to the Omnipod DASH PDM that will resolve this issue and expects to begin shipping updated products to all current Omnipod DASH customers.

Presbyterian's Response: Informed providers in the Pharmacy and Therapeutics Committee Updates newsletter (P&T newsletter).
- Recall of Quinapril and Hydrochlorothiazide Tablets USP 20mg/12.5mg Tablets Manufactured by Aurobindo Pharma USA, Inc. [10/25/2022]:** Aurobindo Pharma USA, Inc. announced a voluntary, consumer-level recall of two lots of Quinapril and Hydrochlorothiazide Tablets USP 20mg/12.5mg tablets due to the presence of Nitrosamine Drug Substance Related Impurity (NDSRI), N-Nitroso-Quinapril above the proposed interim limit. Patients should contact their doctor or health care provider about whether to continue taking their medication or consider an alternative treatment prior to returning their medication.

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.
- Medical Device Correction for Omnipod 5 Automated Insulin Delivery System Manufactured by Insulet Corporation [11/15/2022]:** Insulet Corporation announced a Medical Device Correction for the Omnipod 5 Automated Insulin Delivery System due to an issue with the charging port and cable. Patients should contact their pharmacy to request a safe replacement.

Presbyterian's Response: Informed providers in the P&T newsletter.
- Recall of Quinapril 20mg and 40mg Tablets Manufactured by Lupin Pharmaceuticals, Inc. [12/21/2022]:** Lupin Pharmaceuticals, Inc. announced a voluntary, consumer level recall of four lots of Quinapril 20mg and 40mg Tablets due to the presence of Nitrosamine Drug Substance Related Impurity (NDSRI), N-Nitroso-Quinapril above the proposed interim limit. Patients should contact their doctor or health care provider about whether to continue taking their medication or consider an alternative treatment prior to returning their medication.

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.

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.

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.

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.

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at <https://www.phs.org/providers/formularies/Pages/default.aspx> 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.


Coverage 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 Coverage Search app today.



Coverage Search
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MMIT

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

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for Medicare
- UnitedHealth Group, Inc. Preferred >
- CVS Caremark RX Covered >
- Express Scripts PBM Preferred >
- Humana, Inc. Preferred >
- Healthfirst Preferred >

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 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.

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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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.