

Pharmacy and Therapeutics Committee Provider Update

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

SECOND QUARTER 2023

P&T Committee Decisions Effective June 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 **April 19, 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				
Orserdu™ (elacestrant) 86mg, 345mg oral tablets	Antineoplastic	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Jaypirca™ (pirtobrutinib) 50mg, 100mg oral tablets	Antineoplastic	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Takhzyro® (lanadelumab-flyo) 150mg/1mL solution in single-dose prefilled syringe	Hematological Agent	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP
Erleada™ (apalutamide) 240mg oral tablets	Antineoplastic	F, PA, QL	T4, PA, QL	T5, PA, QL
Amjevita® (adalimumab-atto) 40mg/0.8mL solution in a prefilled auto-injector <i>Added to Centennial Care formulary effective Jan. 1, 2023.</i>	Analgesic – Anti-Inflammatory	F, SP, PA, QL, NDS	NF	NF
sofosbuvir/velpatasvir (generic for Epclusa®) 400mg–100mg oral tablets <i>Added to Centennial Care formulary effective April 19, 2023.</i>	Hepatitis Agent	F, PA, SP, QL, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
*MB = Medical Benefit, ME = Medical Exception, F = Formulary, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, BH = Behavioral Health Drug, 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*
New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.				
lurasidone (generic for Latuda ®) 20mg, 40mg, 60mg, 80mg, 120mg oral tablets <i>Branded product replaced for Centennial Care, Commercial and Exchange formularies.</i>	Antipsychotic	F, PA, QL, AL	T4, PA, QL, AL, BH	T5, PA, QL, AL, BH
teriflunomide (generic for Aubagio ®) 7mg and 14mg oral tablets <i>Branded product replaced for Centennial Care, Commercial and Exchange formularies.</i>	Psychotherapeutic and Neurological Agent	F, QL, SP, NDS	T4, QL, SP, NDS	T5, QL, SP, NDS
Other Changes				
Kevzara ® (sarilumab) 150mg/1.14mL or 200mg/1.14mL solution in single-dose prefilled syringe or prefilled pen <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i>	Analgesic – Anti-Inflammatory	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Humira ® (adalimumab) 80mg/0.8mL, 40mg/0.4mL, 80mg/0.8mL pediatric Crohn's starter prefilled syringe kits 40mg/0.8mL, 80mg/0.8mL CD/UC/HS starter pen injector kits 80mg/0.8mL pediatric UC starter pen injector kit 80mg/0.8mL, 40mg/0.4mL Psor/Uveit starter pen injector kit 40mg/0.8mL Ps/Uv/Adol Hs starter pen injector kit 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL pen injector kits 10mg/0.1mL, 20mg/0.2mL, 40mg/0.4mL, 40mg/0.8mL prefilled syringe kits <i>Updated Prior Authorization Criteria for Centennial Care formulary effective April 1, 2023.</i>	Analgesic – Anti-Inflammatory	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
pimecrolimus (generic for Elidel ®) 1% cream <i>Step Therapy requirements removed and Quantity Limits added to Centennial Care, Commercial and Exchange formularies.</i>	Immunosuppressive Agent - Topical	F, QL, AL	T3, QL, AL	T4, QL, AL
tacrolimus (generic for Protopic ®) 0.1%, 0.03% ointment <i>Step Therapy requirements removed and Quantity Limits added to Centennial Care, Commercial and Exchange formularies.</i>	Immunosuppressive Agent - Topical	F, QL, AL	T3, QL, AL	T4, QL, AL
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Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
hydroxyprogesterone caproate (generic for Makena ®) 250mg/mL intramuscular oil <i>Removed from Centennial Care, Commercial and Exchange formularies.</i>	Progestin	ME	ME	ME
tranexamic acid (generic for Lysteda ®) 650mg oral tablets <i>Increased Quantity Limits for Centennial Care, Commercial and Exchange formularies.</i>	Hemostatic	F, QL	T1, QL	T2, QL
Xtandi ® (enzalutamide) 40mg, 80mg oral tablets, 40mg oral capsules <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i>	Antineoplastic	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS
Takhzyro ® (lanadelumab-flyo) 300mg/2mL solution in single-dose prefilled syringe, 300mg/2mL solution in single-dose vial <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i>	Hematological Agent	F, PA, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS

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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Additions		
Orserdu ™ (elacestrant) 86mg, 345mg oral tablets	T5, PA, QL, NDS	05/01/2023
Jaypirca ™ (pirtobrutinib) 50mg, 100mg oral tablets	T5, PA, QL, NDS	05/01/2023
Lytgobi ® (futibatinib) 4mg oral tablets	T5, PA, QL, NDS	05/01/2023
Rezlidhia ® (olutasidenib) 150mg oral capsules	T5, PA, QL, NDS	05/01/2023
Ztalmy ® (ganaxolone) 50mg/mL oral suspension	T5, PA, NDS	05/01/2023
Auvelity ® (dextromethorphan-bupropion er) 105mg-45mg tablet	T4, PA, QL	03/01/2023
Menest ® (esterified estrogens) 2.5mg tablet	T3, PA	03/01/2023
norethindrone acetate/ethinyl estradiol/ferrous fumarate 20mcg-75mg-1mg tablet	T3	03/01/2023
Skyrizi ® (risankizumab)180mg/1.2mL cartridge	T5, PA, QL, NDS	03/01/2023
Heplisav-b 20mcg/0.5mL syringe	T3	04/01/2023
Krazati ® (adagrasib) 200mg tablet	T5, PA, QL, NDS	04/01/2023
Ozempic ® (semaglutide) 2mg/3mL pen injector	T3, QL	04/01/2023
pirfenidone (generic for Esbriet ®) 267mg capsule	T5, PA, QL, NDS	04/01/2023
Sunlenca ® (lenacapavir) 4 x 300mg, 5 x 300mg pack	T5, PA, QL, NDS	04/01/2023
Xeljanz ® (tofacitinib) 1mg/mL oral solution	T5, PA, QL, NDS	04/01/2023

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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Deletions		
Latuda ® (lurasidone) 20mg, 40mg, 60mg, 80mg, 120mg oral tablets		05/01/2023
Hetlioz ® (tasimelteon) 20mg oral capsule		05/01/2023
Daliresp ® (roflumilast) 250mcg tablet		05/01/2023
New Generics		
tasimelteon (generic for Hetlioz ®) 20mg oral capsules	T5, PA, QL, NDS	05/01/2023
lurasidone (generic for Latuda ®) 20mg, 40mg, 60mg, 80mg, 120mg oral tablets	T4, ST, QL	05/01/2023
teriflunomide (generic for Aubagio ®) 7mg, 14mg oral tablets	T5, PA, QL, NDS	05/01/2023
roflumilast (generic for Daliresp ®) 250mcg tablet	T3, PA, QL, NDS	03/01/2023
New Products		
Takhzyro ® (lanadelumab-flyo) 300mg/2mL solution in single-dose prefilled syringe, 300mg/2mL solution in single-dose vial <i>PA updated</i>	T5, PA, QL, NDS	05/01/2023
Erleada ™ (apalutamide) 240mg oral tablets	T5, PA, QL, NDS	05/01/2023
Other Formulary Changes		
atorvastatin (generic for Lipitor ®) 10mg, 20mg, 40mg, 80mg <i>Tier lowered</i>	T1	04/01/2023
tacrolimus (generic for Protopic ®) 0.1%, 0.03% ointment <i>PA removed and QL addition</i>	T4, QL	05/01/2023
Actemra ® (tocilizumab) 162/09mL injection <i>PA updated</i>	T5, PA, QL, NDS	04/01/2023
Cosentyx ® (secukinumab) 150mg/mL injection <i>PA updated</i>	T5, PA, NDS	04/01/2023
Enbrel ® (etanercept) 25mg/0.5mL, 50mg/mL injection <i>PA updated</i>	T5, PA, QL, NDS	04/01/2023
Farxiga ® (dapagliflozin) 5mg, 10mg tablet <i>ST removed</i>	T3, QL	04/01/2023
Humira ® (adalimumab) 10mg/0.1mL, 10mg/0.2mL, 20mg/0.4mL, 40mg/0.4mL, 40mg/0.8mL, 80mg/0.8mL injection <i>PA updated</i>	T5, PA, NDS	04/01/2023
Kineret ® (anakinra) 100mg/0.67mL injection <i>PA updated</i>	T5, PA, NDS	04/01/2023
Orencia ® (abatacept) 50mg/LI, 87.5mg/0.7mL, 125mg/mL injection <i>PA updated</i>	T5, PA, QL, NDS	04/01/2023
Otezla ® (apremilast) 10/20/30mg tablet pack, 30mg tablet <i>PA updated</i>	T5, PA, QL, NDS	04/01/2023
Skyrizi ® (risankizumab) 75mg/0.83mL prefilled syringe kit, 150mg/mL auto-injector, 180mg/1.2mL cartridge, 360mg/2.4mL cartridge, 150mg/mL prefilled syringe	T5, PA, QL, NDS	04/01/2023
Stelara ® (ustekinumab) 45mg/0.5mL, 90mg/mL injection	T5, PA, NDS	04/01/2023
Xeljanz ® (tofacitinib) 5mg, 10mg tablet, er 11mg, 22mg tablet	T5, PA, QL, NDS	04/01/2023
Takhzyro ® (lanadelumab-flyo) 300mg/2mL solution in single-dose prefilled syringe, 300mg/2mL solution in single-dose vial <i>PA updated</i>	T5, PA, QL, NDS	05/01/2023
Rinvoq ® (upadacitinib) 15mg, 30mg, 45mg tablet <i>PA updated</i>	T5, PA, QL, NDS	04/01/2023

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Medicare Immunomodulator Updates

A recent review of immunomodulators was performed on the Medicare formulary. The purpose of this review was to identify trends in spend and utilization. Because many of these agents share the same indication(s), this allowed for the placement of preferred formulary agents.

The preferred agents are as follows:

1. Ankylosing spondylitis: Cosentyx, Enbrel, Humira, Rinvoq and Xeljanz
2. Crohn's disease: Humira and Skyrizi
3. Juvenile idiopathic arthritis: Enbrel, Humira and Xeljanz
4. Non-radiographic axial spondyloarthritis: Cosentyx and Rinvoq
5. Plaque psoriasis: Cosentyx, Enbrel, Humira and Skyrizi
6. Psoriatic arthritis: Cosentyx, Enbrel, Humira, Rinvoq, Skyrizi and Xeljanz
7. Rheumatoid arthritis: Enbrel, Humira, Rinvoq and Xeljanz
8. Ulcerative colitis: Humira, Rinvoq and Xeljanz

The criteria updates for non-preferred agents are as follows:

1. Actemra, Kineret and Orencia: For rheumatoid arthritis, the step requirement will be updated to a trial and failure of two of the following: Enbrel, Humira, Rinvoq and Xeljanz.
2. Otezla: For psoriatic arthritis, the step requirement will be updated to a trial and failure of two of the following: Cosentyx, Enbrel, Humira, Rinvoq, Skyrizi and Xeljanz. For plaque psoriasis, the step requirement will be updated to a trial and failure of two of the following: Cosentyx, Enbrel, Humira and Skyrizi.
3. Stelara: For Crohn's disease, the step requirement will be updated to a trial and failure of Humira, Rinvoq or Xeljanz. For psoriatic arthritis, the step requirement will be updated to a trial and failure of two of the following: Cosentyx, Enbrel, Humira, Rinvoq, Skyrizi and Xeljanz. For plaque psoriasis, the step requirement will be updated to a trial and failure of two of the following: Cosentyx, Enbrel, Humira and Skyrizi.

Food and Drug Administration (FDA) Alerts Jan. 10, 2023, to April 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>.

1. **Recall of Heparin Injection Manufactured by Sagent Pharma [02/28/2023]:** Sagent Pharma announced a voluntary recall of one lot of heparin injection due to mislabeling on the back panel of the carton the vial is packaged in. Patients should not continue taking the recalled medication and should contact their pharmacy to ask if they can get a safe replacement.
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 Brimonidine 0.15% Ophthalmic Solution Manufactured by Apotex Corp. [03/01/2023]:** Apotex Corp. announced a voluntary, consumer-level recall of six lots of Brimonidine 0.15% Ophthalmic Solution due to cracks that developed in some of the caps of the bottles which may impact sterility. Patients should contact their pharmacy to ask if they can get a safe replacement.
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 Atovaquone 750mg/mL Oral Suspension Manufactured by Camber Pharmaceuticals, Inc. [03/13/2023]:** Camber Pharmaceuticals, Inc. announced a voluntary, consumer-level recall of one lot of Atovaquone 750mg/mL Oral Suspension due to potential *Bacillus cereus* contamination in the product. Patients should not continue taking the recalled medication and should contact their pharmacy to ask if they can get a safe replacement.
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 Nurtec 75mg Orally Disintegrating Tablets (ODT) Manufactured by Pfizer [03/16/2023]:** Pfizer announced a voluntary recall of Nurtec 75mg ODT because the tablets are in a non-child resistant blister card. Patients should contact their pharmacy or Pfizer for free child-resistant and resealable pouches in which to store the affected medication out of the sight and reach of children.
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 Aprepitant 125mg Capsules Manufactured by Sandoz [03/09/2023]:** Sandoz announced a voluntary, consumer-level recall of two lots of aprepitant 125mg capsules because the packaging is not child-resistant. Patients should contact Sandoz for free child-resistant and resealable pouches in which to store the affected medication out of the sight and reach of children.
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.
6. **Recall of Lidocaine/Prilocaine 2.5%/2.5% cream Manufactured by Sandoz [03/09/2023]:** Sandoz announced a voluntary, consumer-level recall of nine lots of lidocaine/prilocaine 2.5%/2.5% cream because the packaging is not child-resistant. Patients should contact Sandoz for free child-resistant and resealable pouches in which to store the affected medication out of the sight and reach of children.
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.
7. **Recall of Dabigatran 75mg and 150mg Capsules Manufactured by Ascend Laboratories LLC. [03/22/2023]:** Ascend announced a voluntary, consumer-level recall of Dabigatran 75mg and 150mg capsules due to the presence of a nitrosamine. Patients should continue taking their medication until a doctor or pharmacist gives them a safe replacement or a different treatment option.
Presbyterian's Response: Informed providers in the P&T newsletter.

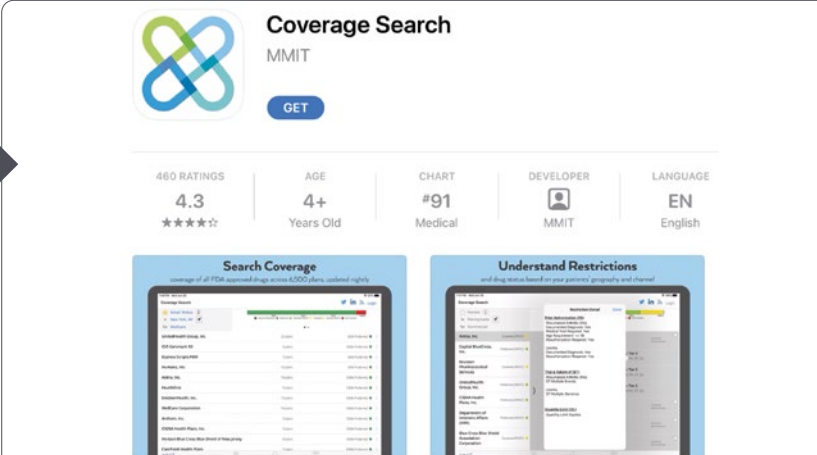
NOTE: Notification is sent to Presbyterian members regarding Class I or II drug recalls or market withdrawals due to a drug safety issue. Notifications regarding drug recalls that are lot specific are not required as it is not possible for the health plan to identify members who were dispensed a specific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

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.



The screenshot shows the app's main interface. At the top is the MMIT logo and the text 'Coverage Search MMIT' with a 'GET' button. Below this are five categories: '460 RATINGS' with a 4.3 star rating, 'AGE' with '4+ Years Old', 'CHART' with '#91 Medical', 'DEVELOPER' with 'MMIT', and 'LANGUAGE' with 'EN English'. At the bottom, there are two preview images for 'Search Coverage' and 'Understand Restrictions'.

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

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at <https://www.phs.org/providers/resources/training-education/Pages/outreach.aspx?vu=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 can find their relationship executive's contact information at www.phs.org/ContactGuide.

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.



Presbyterian Health Plan, Inc.
Provider Network Management
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

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Contact Us



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.