

Pharmacy and Therapeutics Committee Provider Update

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

FOURTH QUARTER 2023

P&T Committee Decisions Effective January 1, 2024

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 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				
Eylea® HD (aflibercept) 8mg single-dose vial for intravitreal injection	Ophthalmic Agents	MB	MB	MB
Amjevita® (adalimumab-atto) 10mg/0.2mL, 20mg/0.4mL prefilled syringes, 40mg/0.8mL auto-injector <i>Added to the Commercial and Exchange formularies.</i>	Tumor Necrosis Factor Blockers	F, PA, QL	T4, PA, QL, SP	T5, PA, QL, SP
Abrysvo (respiratory syncytial virus vaccine) 120mcg/0.5mL intramuscular solution <i>Effective September 5, 2023.</i>	Viral Vaccines	\$0, AL	\$0, AL	\$0, AL
Arexvy (respiratory syncytial virus vaccine, adjuvanted) 120mcg/0.5mL intramuscular solution <i>Effective September 5, 2023.</i>	Viral Vaccines	\$0, AL	\$0, AL	\$0, AL
New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.				
Saxagliptin (generic for Onglyza®) 2.5mg, 5mg oral tablets <i>Effective September 5, 2023.</i>	Antidiabetics	NF	T3, PA, QL	T4, PA, QL
saxagliptin/metformin (generic for Kombiglyze®) 2.5mg/1000mg, 5mg/500mg, 5mg/1000mg oral tablets	Antidiabetics	NF	T3, PA, QL	T4, PA, QL
*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.				
lisdexamfetamine (generic for Vyvanse ®) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg oral capsules <i>Effective September 5, 2023.</i>	Amphetamines	F, PA, QL	T3, PA, QL	T4, PA, QL
brimonidine (generic for Alphagan ® P) 0.1% ophthalmic solution <i>Effective September 20, 2023.</i>	Ophthalmic Agents	F, ST	T2, ST	T3, ST
Other Changes				
Freestyle ® (Continuous Glucose Monitors) Libre 2, Libre 3 <i>Updated Prior Authorization Criteria for Centennial Care, Commercial and Exchange formularies.</i>	Diabetic Supplies	F, PA, QL	T2, PA, QL	T3, PA, QL
Accu-Chek ® (Blood Glucose Monitors) Compact Plus, Guide, Smartview <i>Updated Quantity Limits for Centennial Care, Commercial and Exchange formularies.</i>	Diabetic Supplies	F, QL	T1, QL	T2, QL
Trulicity ® (dulaglutide) 0.75mg/0.5 mL, 1.5mg/0.5 mL, 3mg/0.5 mL, 4.5mg/0.5 mL pen injectors <i>Updated Prior Authorization Criteria for Centennial Care formulary.</i>	Antidiabetics	F, PA, QL	T2, PA, QL	T3, PA, QL
Victoza ® (liraglutide) 18mg/3mL pen injector <i>Updated Prior Authorization Criteria for Centennial Care formulary.</i>	Antidiabetics	F, PA, QL	T2, PA, QL	T3, PA, QL
fluticasone/salmeterol (generic for Advair ®) 100/50mcg, 200/50mcg inhalation aerosol powder <i>Removed Age Limits for Centennial Care, Commercial and Exchange formularies.</i>	Anti-asthmatic and Bronchodilator Agents	F, PA, QL	T3, ST, QL	T4, ST, QL
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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Additions		
Mekinist ® (trametinib dimethyl sulfoxide) 0.05mg/mL	T5, PA, NDS	08/01/2023
methsuximide (generic for Petinutin ®) 300mg oral capsule	T4	08/01/2023
vancomycin (generic for Firvanq ®) 25mg/mL solution	T3	08/01/2023
Turalio ® (pexidartinib) 125mg oral capsule	T5, PA, QL, NDS	08/01/2023
Tafinlar ® (dabrafenib) 10mg soluble oral tablet	T5, PA, QL, NDS	08/01/2023
Gvoke ® (glucagon) 0.5mg/0.1mL, 1mg/0.2mL Hypopen 2-Pack, 0.5mg/0.1mL, 1mg/0.2mL Pfs, 1mg/0.2mL kit	T3	09/01/2023
Lupron Depot-Ped ® (leuprolide acetate) 45mg kit, Depot-Ped (3-Month) 11.25mg kit	T5, NDS	09/01/2023
Mibelas ® 24 Fe (norethin ace-eth estrad-fe) 20mcg, 75mg, 1mg tablet	T3	09/01/2023
Haloette ® (etonogestrel-ethinyl estradiol) 0.015mg/24-hour, 0.12mg/24-hour ring	T4	10/01/2023
Talzenna ® (talazoparib) 0.35mg, 0.1mg capsule	T5, PA, QL, NDS	10/01/2023
Zejula ® (niraparib tosylate) 100mg, 200mg, 300mg tablet	T5, PA, QL, NDS	10/01/2023
amphotericin B liposome (generic for AmBisome ®) 50mg suspension	T5, PA, NDS	10/01/2023
Abilify Mycite ® (aripiprazole) 10mg starter kit; 2mg, 5mg, 15mg, 20mg maintenance kit	T5, PA, QL, NDS	01/01/2024
Amjevita ® (adalimumab-atto) 20mg/0.4mL prefilled syringe, 40mg/0.8mL auto-injector	T5, PA, QL, NDS	01/01/2024
Astagraf ® XI (tacrolimus er) 0.5mg, 1mg, 5mg 24-hour capsule	T2, PA	01/01/2024
Bronchitol ® (mannitol) 40mg capsule	T5, PA, NDS	01/01/2024
cefepime-dextrose (generic for Maxipime ®) 2-5g-(50ml) intravenous solution	T2	01/01/2024
Cosentyx ® Unoready (secukinumab) 300mg/2mL auto-injector	T5, PA	01/01/2024
Depo-Subq Provera (medroxyprogesterone) 104mg/0.65mL	T3	01/01/2024
Endari ® (glutamine) (sickle cell) 5g pack	T5, PA, QL, NDS	01/01/2024
erythromycin (generic for Ery-tab ®) 333mg, 500mg delayed release tablet	T4	01/01/2024
hydrocortisone (generic for Anusol HC ®) 2.5% (Perianal) cream	T2	01/01/2024
insulin aspart (generic for Novolog ®) 100 unit/mL solution, 100 unit/mL Flexpen®, 100 unit/mL Penfill	T3, QL	01/01/2024
insulin aspart prot & aspart (generic for Novolog ®) (70-30) 100unit/mL suspension	T3, QL	01/01/2024
moxifloxacin hcl (generic for Avalox ®) 400mg/250mL intravenous solution	T4	01/01/2024
Recorlev ® (levoketoconazole) 150mg oral tablet	T5, NDS	01/01/2024
Rezurock ® (belumosudil mesylate) 200mg tablets	T5, PA, NDS	01/01/2024
Rezvoglar ® (insulin glargine-aglr) 100 unit/mL Kwikpen®	T3, PA, QL	01/01/2024
vancomycin hcl (generic for Firvanq ®) 50mg/mL solution reconstituted	T3	01/01/2024
Verquvo ® (vericiguat) 2.5mg, 5mg, 10mg oral tablet	T4, PA, QL	01/01/2024
vigadrone (generic for Sabril ®) 500mg oral tablet	T5, ST, NDS	01/01/2024
Zovia ® (ethynodiol diac-eth estradiol) 1/35 (28)	T3	01/01/2024

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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Deletions		
Celontin [®] (methsuximide) 300mg oral capsules		08/01/2023
Orfadin [®] (nitisinone) 20mg capsule		08/01/2023
Iressa [®] (gefitinib) 250mg tablet		08/01/2023
Prezista [®] (darunavir) 600mg, 800mg tablet		09/01/2023
Alrex [®] (loteprednol etabonate) 0.2% ophthalmic suspension		01/01/2024
Avycaz [®] (ceftazidime-avibactam) 2.5 (2-0.5)g intravenous solution		01/01/2024
Basaglar [®] (insulin glargine) 100 unit/mL Kwikpen [®]		01/01/2024
Bydureon [®] (exenatide er) 2mg/0.85mL Bcise auto-injector and 2mg extended-release subcutaneous reconstituted solution		01/01/2024
chlorzoxazone (generic for Lorzone [®]) 500mg oral tablet		01/01/2024
Eucrisa [®] (crisaborole) 2% external ointment		01/01/2024
Humalog [®] (insulin lispro prot and lispro) 100 unit/mL Junior Kwikpen [®] solution pen injector, mix 50/50 (50-50) 100 unit/mL subcutaneous Kwikpen [®] suspension pen injector, mix 50/50 (50-50) 100 unit/mL subcutaneous suspension, mix 75/25 (75-25) 100 unit/mL subcutaneous Kwikpen [®] suspension pen injector, mix 75/25 (75-25) 100 unit/mL subcutaneous suspension		01/01/2024
Humira [®] (adalimumab) 80mg/0.8mL, 40mg/0.4mL, 80mg/0.8mL pediatric Crohn's start prefilled syringe kits 40mg/0.8mL, 80mg/0.8mL Cd/Uc/Hs starter pen-injector kits 80mg/0.8mL pediatric Uc start pen-injector kit 80mg/0.8mL, 40mg/0.4mL Psor/Uveit starter pen-injector kit 40mg/0.8mL Ps/Uv/Adol Hs start 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		01/01/2024
Humulin [®] (insulin nph) 70/30 Kwikpen [®] suspension pen-injector (70-30) 100 unit/mL 70/30 suspension (70-30) 100 unit/mL N Kwikpen [®] suspension pen-injector 100 unit/mL N suspension 100 unit/mL R solution 100 unit/mL subcutaneous		01/01/2024
Imbruvica [®] (ibrutinib) 560mg tablet		01/01/2024
insulin lispro (generic for Humalog [®]) (1 Unit Dial) solution pen-injector 100 unit/mL, Junior Kwikpen [®] solution pen-injector 100 unit/mL, Prot and Lispro suspension pen-injector (75-25) 100 unit/mL, 100 unit/mL subcutaneous solution 100 unit/mL		01/01/2024
Novolog [®] (insulin aspart) 100 unit/mL Flexpen [®] Solution Pen-Injector, Pen-fill Solution, and Solution Injection; Mix 70/30 Flexpen [®] Solution Pen-Injector and Subcutaneous Suspension		01/01/2024
Noxafil [®] (posaconazole) 40mg/mL oral suspension		01/01/2024
oxymorphone hcl (generic for Opana [®]) 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg 12-hour extended-release oral tablet		01/01/2024
Revlimid [®] (lenalidomide) 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg capsule		01/01/2024
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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Formulary Deletions		
Tudorza ® (aclidinium bromide) 400 mcg/Act, 400 mcg/Act Inhalation (30 Actuate) Pressair® aerosol powder breath activated inhalation		01/01/2024
Turalio ® (pexidartinib) 200mg capsule		01/01/2024
Zileuton ® (generic for Zyflo CR ®) 600mg 12-hour extended-release oral tablet		01/01/2024
New Generics		
nitisinone (generic for Orfadin ®) 20mg capsule	T5, PA	08/01/2023
Gefitinib (generic for Iressa ®) 250mg tablet	T5, PA, QL, NDS	08/01/2023
darunavir (generic for Prezista ®) 600mg, 800mg tablet	T5, QL, NDS	09/01/2023
New Products		
Arexvy (respiratory syncytial virus vaccine, adjuvanted) 120mcg/0.5mL intramuscular solution	T3	08/01/2023
Abrysvo (respiratory syncytial virus vaccine) 120mcg/0.5mL intramuscular solution	T3	08/01/2023
Other Formulary Changes		
teriparatide (generic for Forteo ®) 620mcg/2.48mL pen injector <i>QL Update</i>	T5, PA, QL, NDS	08/01/2023
Prolia ® (denosumab) 60mg/mL solution <i>PA Deletion</i>	T4, QL	09/01/2023
Xgeva ® (denosumab) 120mg/1.7ml solution <i>PA Deletion</i>	T5, NDS	09/01/2023
Austedo ® Xr (deutetrabenazine) 24mg tablet	PA, QL, NDS	10/01/2023
Hepelisav-B ® (hepatitis b vac recomb adj) 20mcg/0.5ml solution <i>PA To Determine Part D Or Part B Coverage Added</i>	T3, PA	01/01/2024
almotriptan malate (generic for Axert ®) 6.25mg, 12.5mg tablet <i>ST Addition</i>	T4, ST, QL	01/01/2024
alosetron (generic for Lotronex ®) 0.5mg, 1mg oral tablet <i>PA Addition</i>	T5, QL, NDS	01/01/2024
Austedo ® Xr (deutetrabenazine) 6mg, 12mg, 24mg extended-release tablet <i>QL Increased</i>	T5, PA, QL, NDS	01/01/2024
celecoxib (generic for Celebrex ®) 50mg, 100mg, 200mg, 400mg oral capsule <i>Tier Increased</i>	T2	01/01/2024
darunavir (generic for Prezista ®) 600mg, 800mg tablet <i>Tier Increased</i>	T5, QL, NDS	01/01/2024
deferasirox (generic for Exjade ®) 125mg soluble tablet <i>Tier Decreased</i>	T4, PA, NDS	01/01/2024
Denavir ® (penciclovir) 1% cream <i>Tier Decreased</i>	T4, QL, NDS	01/01/2024
dihydroergotamine mesylate (generic for Migranal ®) 4mg/mL nasal solution <i>ST Addition</i>	T5, ST, QL, NDS	01/01/2024
emtricitabine/tenofovir disoproxil fumarate (generic for Truvada ®) 200mg, 300mg tablet <i>Tier Decreased</i>	T4, QL	01/01/2024
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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Other Formulary Changes		
enoxaparin (generic for Lovenox) [®] 30mg/0.3mL, 40mg/0.4mL, 60mg/0.6mL, 80mg/0.8mL, 100mg/mL, 120mg/0.8mL, 150mg/mL subcutaneous solution <i>Tier Increased</i>	T4, QL	01/01/2024
febuxostat (generic for Uloric) [®] 40mg, 80mg oral tablet <i>Tier Decreased</i>	T3, QL	01/01/2024
icosapent ethyl (generic for Vascepa) [®] 1g oral capsule <i>ST Addition</i>	T4, ST	01/01/2024
Imbruvica [®] (ibrutinib) 70mg/mL oral suspension <i>QL Increased</i>	T5, PA, QL, NDS	01/01/2024
Janumet [®] (sitagliptin-metformin) 1000mg, 50mg tablet <i>ST Deletion</i>	T3, QL	01/01/2024
Janumet [®] Xr (sitagliptin-metformin er) 500mg-50mg, 1000mg-50mg, 1000mg-100mg tablet <i>ST Deletion</i>	T3, QL	01/01/2024
Januvia [®] (sitagliptin) 25mg, 50mg, 100mg tablet <i>ST Deletion</i>	T3, QL	01/01/2024
lanthanum carbonate (generic for Fosrenol) [®] 500mg, 750mg, 1000mg chewable tablet <i>ST Addition</i>	T5, ST, NDS	01/01/2024
mesalamine (generic for Canasa) [®] 1000mg suppository <i>QL Deletion</i>	T4	01/01/2024
Ozempic [®] (semaglutide) 2mg/1.5mL, 2mg/3mL, 4mg/3mL, 8mg/3mL pen injector <i>PA Addition</i>	T3, PA, QL	01/01/2024
pirfenidone (generic for Esbriet) [®] 267mg capsule <i>QL Deletion</i>	T5, PA, NDS	01/01/2024
promethazine hcl (generic for Promethegan) [®] 12.5mg, 25mg rectal suppository <i>Tier Increased</i>	T4	01/01/2024
Rinvoq [®] (upadacitinib er) 45mg extended-release tablet <i>QL Increased</i>	T5, PA, QL, NDS	01/01/2024
roflumilast (generic for Daliresp) [®] 250mcg, 500mcg oral tablet <i>Tier Increased</i>	T4, PA, QL, NDS	01/01/2024
Rybelsus [®] (semaglutide) 3mg, 7mg, 14mg tablet <i>PA Addition</i>	T3, PA	01/01/2024
Selzentry [®] (maraviroc) 20mg/mL solution <i>QL Deletion</i>	T5, NDS	01/01/2024
sevelamer carbonate (generic for Renvela) [®] 0.8g and 2.4g packet <i>Tier Decreased</i>	T4	01/01/2024
sirolimus (generic for Rapamune) [®] 2mg tablet <i>Tier Decreased</i>	T4, PA, NDS	01/01/2024
Sunlenca [®] (lenacapavir) 4 X 300mg, 5 X 300mg therapy pack <i>QL Update</i>	T5, QL, NDS	01/01/2024
Tafinlar [®] (dabrafenib mesylate) 10mg soluble oral tablet <i>QL Deletion</i>	T5, PA, LA, NDS	01/01/2024
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Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
Other Formulary Changes		
theophylline er (generic for Theo-24 ®) 300mg, 450mg tablet <i>Tier Decreased</i>	T3	01/01/2024
Trulicity ® (dulaglutide) 0.75mg/0.5mL, 1.5mg/0.5mL, 3mg/0.5mL, 4.5mg/0.5mL pen injector <i>PA Addition</i>	T3, PA, QL	01/01/2024
Victoza ® (liraglutide) 18mg/3mL pen injector <i>PA Addition</i>	T3, PA, QL	01/01/2024
Vyvanse ® (lisdexamfetamine) 10mg, 20 Mg, 30mg, 40mg, 50mg, 60mg, 70mg oral capsule <i>PA Addition</i>	T4, PA, QL, NDS	01/01/2024
Xifaxan ® (rifaximin) 200mg tablet <i>Tier Decreased</i>	T4, PA, QL, NDS	01/01/2024
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ANNOUNCEMENTS

2023 Senate Bill 132

Beginning January 1, 2024, any medication used for the treatment or prevention of HIV-1 infection will be at \$0 cost sharing to the member. Any antimicrobial used in the treatment of a sexually transmitted infection will be at \$0 cost sharing to the member.

Comparison Of Non-Insulin Pharmacologic Therapies for Adults With Type 2 Diabetes Mellitus

The American Diabetes Association (ADA) recommends initiation of treatment at the time Type 2 diabetes is diagnosed unless there are contraindications; for many patients this will be metformin monotherapy in combination with lifestyle modifications (i.e., diet, exercise and other lifestyle changes). Metformin is recommended as initial therapy in most patients as it is effective and safe, is inexpensive, and may reduce the risk of cardiovascular events. For patients unable to take metformin or who require combination therapy to achieve their target A1c level, there are multiple medications available. Choice of therapy is individualized based on weight, A1c target, comorbidities, safety, tolerability and cost. Insulin is generally not initiated first-line for patients with Type 2 diabetes. The ADA recommends consideration of early introduction of insulin with evidence of ongoing weight loss, if symptoms of hyperglycemia are present, or when A1C levels (>10%) or blood glucose levels (≥ 300 mg/dL) are very high. The chart below focuses on selected non-insulin pharmacological therapies. Information on Presbyterian Health Plan formulary coverage of medications for the treatment of Type 2 diabetes and other medications can be found at: <https://www.phs.org/providers/formularies>.

References:

- American Diabetes Association Professional Practice Committee. 9. Pharmacologic approaches to glycemic treatment: Standards of Medical Care in Diabetes – 2022. *Diabetes Care* 2022; 45 (Suppl. 1): S125-S143.
- Clinical Resource, Drugs for Type 2 Diabetes. Pharmacist's Letter/Pharmacy Technician's Letter/Prescriber Insights. August 2023.

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Medication	Efficacy/ Expected decrease in A1C (%)	Cost/ 30 days*	Advantages	Disadvantages
Metformin	↑ High 1	↓ Low <\$10 to \$20	<ul style="list-style-type: none"> • Low risk of hypoglycemia as monotherapy • May reduce CV events and mortality • Weight neutral to modest weight loss 	<ul style="list-style-type: none"> • GI side effects (e.g., diarrhea, nausea, abdominal discomfort). Slow titration of an extended-release formulation taken with food can manage GI side effects. • Contraindicated with renal insufficiency (eGFR < 30 mL/min/1.73 m²)
Thiazolidinedione (TZD) <i>e.g., pioglitazone</i>	↑ High 0.7 to 0.9	↓ Low ~ \$10	Improved lipid profile	Fluid retention, heart failure, weight gain, bone fractures, bladder cancer
Sulfonylureas (2nd generation) <i>e.g., glimepiride, glipizide, glyburide</i>	↑ High 0.6 to 1.2	↓ Low (~<\$10 to \$25)	Rapidly effective	Weight gain, hypoglycemia
GLP-1 RAs <i>e.g., dulaglutide (Trulicity), liraglutide (Victoza), semaglutide (Ozempic)</i>	↑ High 0.5 to 2.3	↑ High (\$803.35 to \$1117)	Weight loss, reduction in major adverse CV events in patients with established CVD and potentially for those at high risk for CVD	Most products require injection, frequent GI side effects, expensive
Dual GLP-1 and GIP RA <i>tirzepatide (Mounjaro)</i>	↑ High 2.3	↑ High (\$1,023.04)	Weight loss	Requires injection, frequent GI side effects, expensive
SGLT2 Inhibitors <i>e.g., dapagliflozin (Farxiga), ertugliflozin (Steglatro)</i>	↔ Intermediate 0.5 to 0.7	↑ High (\$340.80 to \$598.56)	Weight loss, reduced cardiovascular mortality in patients with established CVD	Vulvovaginal candidiasis, urinary tract infections, bone fractures, lower limb amputations, DKA risk
DPP-4 <i>e.g., alogliptin (Nesina), saxagliptin (Onglyza), sitagliptin (Januvia)</i>	↔ Intermediate 0.5 to 0.7	↑ High (\$195 to \$525.08)	Weight neutral	Possible increased risk of heart failure (saxagliptin alogliptin), expensive

CV = cardiovascular, CVD = cardiovascular disease, DPP-4 = dipeptidyl peptidase; DKA = diabetic ketoacidosis, eGFR = estimated glomerular filtration rate, GI = gastrointestinal, GIP RA = glucose-dependent insulinotropic polypeptide receptor agonist, GLP-1 RA = glucagon-like peptide 1 receptor agonist, SGLT2 = sodium-glucose cotransporter 2

* Unless otherwise specified, pricing (for generic when available) is based on wholesale acquisition cost (WAC).

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 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.

Biosimilars and Interchangeability

Biosimilars are biological products that have been shown to be highly similar to an approved biological product known as the reference product. Biosimilars are approved through an abbreviated pathway that relies on existing safety and efficacy data of the reference product. A biosimilar product can only be approved if it has the same dosage form, route of administration, strength, mechanism of action and indications for use as the reference product. The biosimilar manufacturer must demonstrate that there are no clinically meaningful differences from the reference product in regard to safety, efficacy, potency and purity.

An interchangeable biosimilar is a biosimilar that meets additional requirements for interchangeability. Federal regulations allow an interchangeable biosimilar product to be substituted for the original product without consulting the prescriber. However, state pharmacy boards may have different regulations. In New Mexico, a pharmacist may automatically substitute an interchangeable biosimilar for the originator biologic, without prescriber approval. Substitution is permitted unless the prescriber prohibits biologic product selection by making an entry that is electronically accessible that includes the words “no substitution” or “no sub” on a prescription. The pharmacist must communicate substitution to the patient at the point of sale and to the provider within five business days of dispensing. The patient, or the patient’s representative, has the right to refuse the substitution and request that the prescribed biological product be dispensed.

Multiple biosimilars are available in the United States and the list is growing. Biosimilars are on average about 15% less costly than the reference product and as more biosimilars become available the cost is expected to decrease further. All biological products are approved only after meeting rigorous FDA approval standards, so healthcare providers and patients can be confident in the safety and efficacy of a biosimilar product, whether or not it has also been approved as an interchangeable biosimilar.

Biosimilars Available in the United States

Brand Name	Generic Name	Biosimilars
Lantus	Insulin glargine	Semglee, Rezvoglar
Neupogen	Filgrastim	Zarxio, Nivestym, Releuko
Remicade	Infliximab	Inflectra, Renflexis, Avsola, Infliximab
Humira	Adalimumab	Amjevita, Cyltezo, Hyrimoz, Hadlima, Hulio, Idacio, Yusimry, Yuflyma
Avastin	Bevacizumab	Mvasi, Zirabev, Alymsys
Herceptin	Trastuzumab	Ogivri, Herzuma, Ontruzant, Trazimera, Kanjinti
Epogen	Epoetin alfa	Retacrit
Neulasta	Pegfilgrastim	Fulphila, Udenyca, Ziextenzo, Nyvepria, Flynetra
Rituxan	Rituximab	Truxima, Ruxience, Riabni
Lucentis	Ranibizumab	Byooviz

Presbyterian Health Plan covers many biosimilar products on our formularies. Information regarding the formulary coverage of these products is available at: <https://www.phs.org/providers/formularies>.

References:

1. Clinical Resource, Facts About Biosimilars, Pharmacist’s Letter/Prescriber’s Letter. November 2022
2. FDA. Biosimilar and interchangeable biologics: more treatment choices. Page current as of: 08/17/2023. <https://www.fda.gov/consumers/consumer-updates/biosimilar-and-interchangeable-biologics-more-treatment-choices>. (Accessed October 20, 2023).
3. New Mexico House Bill 226 (2017); <https://www.nmlegis.gov/Sessions/17%20Regular/final/HB0260.pdf>

2023-2024 Flu Vaccine Coverage

Product Lines: Centennial Care, Commercial, Metal Level, and Medicare Plans

Product ID	GPI-14	Product Label	GPI-14 Description	Max Age	Min Age	Notes
19515080841	1710002025E620	FLULAVAL QUA INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
19515080852	1710002025E620	FLULAVAL QUA INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
33332032303	1710002025E620	AFLURIA QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
33332032304	1710002025E620	AFLURIA QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
33332042310	17100020251800	AFLURIA QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ			
33332042311	17100020251800	AFLURIA QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ			
49281012365	1710002024E620	FLUZONE HD INJ 2023-24	INFLUENZA VAC SPLIT HIGH-DOSE QUAD PF SUSP PREF SYR 0.7 ML		65	
49281012388	1710002024E620	FLUZONE HD INJ 2023-24	INFLUENZA VAC SPLIT HIGH-DOSE QUAD PF SUSP PREF SYR 0.7 ML		65	
49281063915	17100020251820	FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT INJ 0.5 ML			
49281042350	1710002025E620	FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
49281063978	17100020251820	FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT INJ 0.5 ML			
49281042388	1710002025E620	FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
58160090941	1710002025E620	FLUARIX QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
58160090952	1710002025E620	FLUARIX QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML			
70461012303	1710002047E420	FLUAD QUADRI INJ 2023-24	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ QUAD PREF SYR 0.5 ML		65	
70461012304	1710002047E420	FLUAD QUADRI INJ 2023-24	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ QUAD PREF SYR 0.5 ML		65	
70461032303	1710002082E620	FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISS-CULT SUBUNT QUAD SUSP PREF SYR 0.5 ML			
70461032304	1710002082E620	FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISS-CULT SUBUNT QUAD SUSP PREF SYR 0.5 ML			
70461042310	17100020821800	FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISSUE-CULTURED SUBUNIT QUADRIVALENT IM SUSP			
70461042311	17100020821800	FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISSUE-CULTURED SUBUNIT QUADRIVALENT IM SUSP			
49281072310	1710002086E520	FLUBLOK QUAD INJ 2023-24	INFLUENZA VAC RECOMB HA QUAD PF SOLN PREF SYR 0.5 ML		18	Non-formulary for Medicare
49281072388	1710002086E520	FLUBLOK QUAD INJ 2023-24	INFLUENZA VAC RECOMB HA QUAD PF SOLN PREF SYR 0.5 ML		18	Non-formulary for Medicare
66019031001	17100020541800	FLUMIST QUAD SUS 2023-24	INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT INTRANASAL SUSP	49		Non-formulary for Medicare
66019031010	17100020541800	FLUMIST QUAD SUS 2023-24	INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT INTRANASAL SUSP	49		Non-formulary for Medicare

Food and Drug Administration (FDA) Alerts July 12, 2023, to October 3, 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 Digoxin 0.125mg and .025mg Tablets Manufactured by Marlex Pharmaceuticals, Inc. [08/31/2023]:**

Marlex Pharmaceuticals announced a voluntary, consumer level recall of one lot of Digoxin 0.125mg tablets and one lot of Digoxin 0.25mg tablets due to a labeling mix-up that resulted in some bottles of Digoxin 0.125mg tablets being incorrectly labeled and containing 0.25mg tablets and some bottles of Digoxin 0.25mg tablets being incorrectly labeled and containing Digoxin 0.125mg tablets. Patients should stop using the recalled product and return to the place of purchase. **Presbyterian's Response:** Informed providers in the Pharmacy and Therapeutics Committee Updates newsletter (P&T newsletter).

2. **Recall of Sandimmune Oral Solution (cyclosporine oral solution, USP), 100mg/mL Manufactured by Novartis [09/11/2023]:**

Novartis announced a voluntary, consumer level recall of one lot of Sandimmune Oral Solution (cyclosporine oral solution, USP), 100mg/mL due to crystal formation observed in some bottles, which could potentially result in incorrect dosing. Patients should contact their contact their healthcare provider if they have bottles from the recalled lot of Sandimmune Oral Solution. **Presbyterian's Response:** Informed providers in the P&T newsletter.

3. **Recall of Sucralfate 1g/10mL Oral Suspension by VistaPharm, LLC [09/22/2023]:**

VistaPharm announced a voluntary recall of one lot of Sucralfate 1g/10mL oral suspension due to Bacillus cereus contamination in the product. Patients should contact their healthcare provider if they have experienced any problems that may be related to taking or using this product. **Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.

4. **Recall of Brexafemme Tablets by Scynexis, Inc. [09/28/2023]:**

Scynexis announced a voluntary recall of two lots of Brexafemme tablets due potential for cross contamination with a non-antibacterial beta-lactam drug substance. Patients should contact their healthcare provider if they have experienced any problems that may be related to taking or using this product. **Presbyterian's Response:** Informed providers in the P&T newsletter.

5. **Recall of Betaxolol 10mg Tablets by KVK-Tech, Inc. [10/03/2023]:**

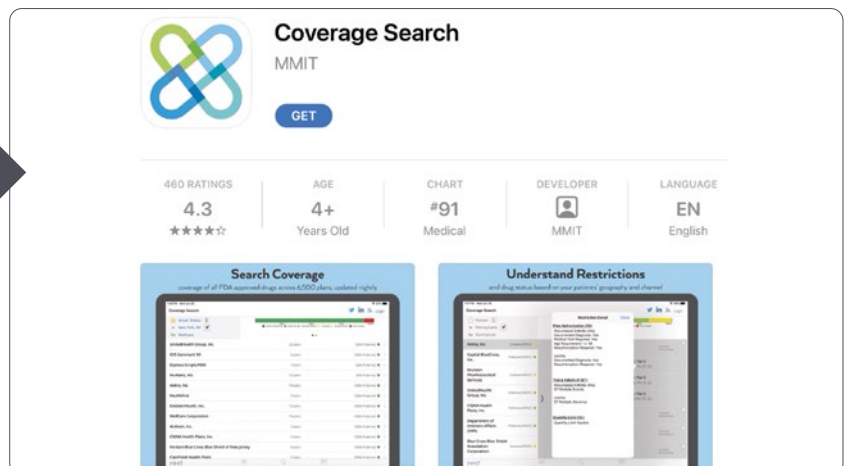
KVK-Tech announced a voluntary recall of one lot of Betaxolol 10mg tablets due to a single foreign tablet found during the line clearance after the batch was packaged. Patients should contact their healthcare provider if they have experienced any problems that may be related to taking or using this product. **Presbyterian's Response:** Informed providers in the P&T newsletter.

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.

Formulary Search App

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

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





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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/Pages/default.aspx. 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 at 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.

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.