

# Pharmacy and Therapeutics Committee Provider Update

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

FIRST QUARTER 2024

## P&T Committee Decisions Effective March 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 **Jan. 17, 2024**, and we would like to share the decisions made at the meeting that affect our formularies and pharmacy benefits.

### Centennial, Commercial Metal, Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*	Clear Cost Metal Plans*
<b>Formulary Additions</b>					
<b>Cosentyx</b> ® (secukinumab) 125mg/5mL injection <i>Added to Centennial Care formulary.</i>	Dermatological	MB, PA	ME	ME	ME
<b>Dexcom</b> ® G7 (continuous glucose monitor)	Medical Devices and Supplies	F, PA, QL	T2, PA, QL	T3, PA, QL	T2, PA, QL
<b>Cabenuva</b> ® (cabotegravir and rilpivirine extended release) 400, 600mg/2mL, 600, 900mg/3mL suspension	Antiviral	MB, PA	MB, PA	MB, PA	MB, PA
<b>Valtoco</b> ® (diazepam) 5mg, 7.5mg, 10mg nasal spray	Anticonvulsant	F, PA, QL	T4, PA, QL	T5, PA, QL	T4, PA, QL
<b>Mounjaro</b> ® (terzepatide) 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg, 15mg injection <i>Effective April 1, 2024.</i>	Antidiabetic	F, PA, QL	T2, PA, QL	T3, PA, QL	T2, PA, QL
<b>New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.</b>					
pazopanib (generic for <b>Votrient</b> ®) 200mg tablet <i>Effective Jan. 16, 2024.</i>	Antineoplastic	F, PA, QL, SP	T4, PA, QL, SP	T5, PA, QL, SP	T4, PA, QL, SP
pitavastatin (generic for <b>Livalo</b> ®) 1mg, 2mg, 4mg tablet	Antihyperlipidemic	NF	NF	T4, ST	T3, ST
*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 Metal, Clear Cost Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*	Clear Cost Metal Plans*
<b>Other Changes</b>					
<b>Veltassa</b> <sup>®</sup> (patiomer) 8.4g, 16.8g, 25.2g single-use packets <i>Updated Age Limits for Centennial, Commercial, Metal Level and Clear Cost Formularies.</i>	Potassium Removing Agent	F, PA, QL	T4, PA, QL	T5, PA, QL	T4, PA, QL
<b>Enbrel</b> <sup>®</sup> (etanercept) 25mg/0.5mL solution and prefilled syringe; 50mg/mL auto-injector (Sureclick), cartridge (mini) and prefilled syringe <i>Updated Prior Authorization Criteria for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	TNF Blocker	F, PA, QL, SP	T4, PA, QL, SP	T5, PA, QL, SP	T4, PA, QL, SP
<b>Orencia</b> <sup>®</sup> (abatacept) 50mg/0.4mL, 87.5mg/0.7mL, 125mg/mL prefilled syringe <i>Updated Prior Authorization Criteria for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Selective Costimulation Modulator	F, PA, QL, SP	T4, PA, QL, SP	T5, PA, QL, SP	T4, PA, QL, SP
<b>Zytiga</b> <sup>®</sup> (abiraterone) 250mg, 500mg tablet <i>Removed Prior Authorization Criteria for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Antineoplastic	F, SP	T4, SP	T5, SP	T4, SP
<b>Steglatro</b> <sup>®</sup> (ertugliflozin) 5mg, 15mg tablet <i>Removed Prior Authorization Criteria and added Step Therapy Criteria to the Centennial Care formulary.</i>	Antidiabetic	F, ST, QL	T2, ST, QL	T3, ST, QL	T4, ST, QL
<b>Ozempic</b> <sup>®</sup> (semaglutide) (0.25 or 0.5mg/dose) 2mg/1.5mL, (0.25 or 0.5mg/dose) 2mg/3mL pen injector; (1mg/dose) 2mg/1.5mL, (1mg/dose) 4mg/3mL, (2mg/dose) 8mg/3mL pen injector <i>Removed from Commercial, Metal Level and Clear Cost formularies. Effective April 1, 2024.</i>	Antidiabetic	NF	NF	NF	NF
<b>Rybelsus</b> <sup>®</sup> (semaglutide) 3mg, 7mg, 14mg tablet <i>Removed from Commercial, Metal Level and Clear Cost formularies. Effective April 1, 2024.</i>	Antidiabetic	NF	NF	NF	NF
<b>Victoza</b> <sup>®</sup> (liraglutide) 18mg/3mL pen injector <i>Removed from Centennial Care formulary. Effective February 2, 2024. Removed from Commercial, Metal Level and Clear Cost formularies. Effective April 1, 2024.</i>	Antidiabetic	NF	NF	NF	NF

\*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

## Medicare Formulary Changes

Drug Name	Coverage*	Effective Date
<b>Formulary Additions</b>		
fluticasone propionate (generic for <b>Flovent</b> <sup>®</sup> ) 100mcg/act, 250mcg/act, 50mcg/act diskus; 110mcg/act, 220mcg/act, 44mcg/act HFA	T3, PA, QL, NDS	02/01/2024
<b>Hadlima Pushtouch</b> <sup>®</sup> (adalimumab-bwwd) 40mg/0.4mL, 40mg/0.8mL solution auto-injector; 40mg/0.4mL, 40mg/0.8mL prefilled syringe	T5, PA, QL, NDS	02/01/2024
<b>Lagevrio</b> <sup>®</sup> (molnupiravir) 200mg oral capsule	T4, QL	02/01/2024
<b>Vanflyta</b> <sup>®</sup> (quizartinib dihydrochloride) 17.7mg, 26.5mg oral tablet	T5, PA, QL, NDS	02/01/2024
<b>Zurzuvae</b> <sup>®</sup> (zuranolone) 20mg, 25mg, 30mg oral capsule	T5, PA, QL, NDS	02/01/2024
<b>Formulary Deletions</b>		
<b>Votrient</b> <sup>®</sup> (pazopanib) 200mg oral tablet	NF	02/01/2024
<b>Vyvanse</b> <sup>®</sup> (lisdexamfetamine) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg oral capsule	NF	02/01/2024
<b>Flovent</b> <sup>®</sup> (fluticasone) 100mcg/act, 250mcg/act, 50mcg/act diskus; 110mcg/act, 220mcg/act, 44mcg/act HFA	NF	02/01/2024
<b>New Generics</b>		
lisdexamfetamine (generic for <b>Vyvanse</b> <sup>®</sup> ) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg oral capsule	T5, PA, QL, NDS	02/01/2024
pazopanib hcl (generic for <b>Votrient</b> <sup>®</sup> ) 200mg oral tablet	T5, PA, QL, NDS	02/01/2024
<b>New Products</b>		
<b>Fruzaqla</b> <sup>®</sup> (fruquintinib) 1mg, 5mg oral capsule	T5, PA, QL, NDS	02/01/2024
<b>Truqap</b> <sup>®</sup> (capivasertib) 160mg, 200mg oral tablet	T5, PA, QL, NDS	02/01/2024
<b>Other Formulary Changes</b>		
<b>Humulin R</b> <sup>®</sup> (insulin regular human) 500 unit/mL solution u-500 Kwikpen <sup>®</sup> pen-injector; (concentrated) 500 unit/mL u-500 subcutaneous solution <i>PA removed and tier decreased.</i>	T3, QL	02/01/2024
*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		

## Food and Drug Administration (FDA) Alerts - Oct. 2, 2023, to Jan. 4, 2024

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. **Withdrawal of Exkivity (mobocertinib) Manufactured by Takeda [10/02/2023]:** Takeda announced the withdrawal of Exkivity because a confirmatory clinical trial failed to meet its primary endpoint and did not fulfill the confirmatory data requirements of the Accelerated Approval granted by the FDA. Patients should consult with their healthcare provider about their therapy.

**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 this product.

2. **Recall of Rugby Brand Over the Counter (OTC) Eye Drops by Harvard Drug Group [10/31/2023]:** Harvard Drug Group announced a voluntary, consumer level recall of all lots of Rugby brand OTC eye drops due to possible contamination. Patients should contact their healthcare provider if they have experienced any problems that may be related to 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.

3. **Recall of Sandimmune (cyclosporine) 100mg/mL Oral Solution by Novartis [11/24/2023]:** Novartis announced a voluntary, consumer level recall of two lots of Sandimmune oral solution 100mg/mL due to crystal formation observed in some bottles. Patients should contact their healthcare provider if they have bottles from the recalled lots.

**Presbyterian's Response:** Informed providers in the P&T newsletter.

4. **Recall of Vigabatrin for Oral Solution Manufactured by Invagen and Cipla [12/09/2023]:** Invagen, a subsidiary of Cipla, announced a voluntary, consumer level recall of one lot of Vigabatrin for oral solution due to seal integrity issues allowing for powder leakage from the pouch. Patients should contact their pharmacy and request a 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.

5. **Market Withdrawal of All Strengths of Branded Flovent HFA and Flovent Diskus by Glaxo Smith Kline (GSK) [01/01/2024]:** GSK announced the market withdrawal of branded Flovent HFA and Flovent Diskus. GSK will continue to produce authorized generics in its place.

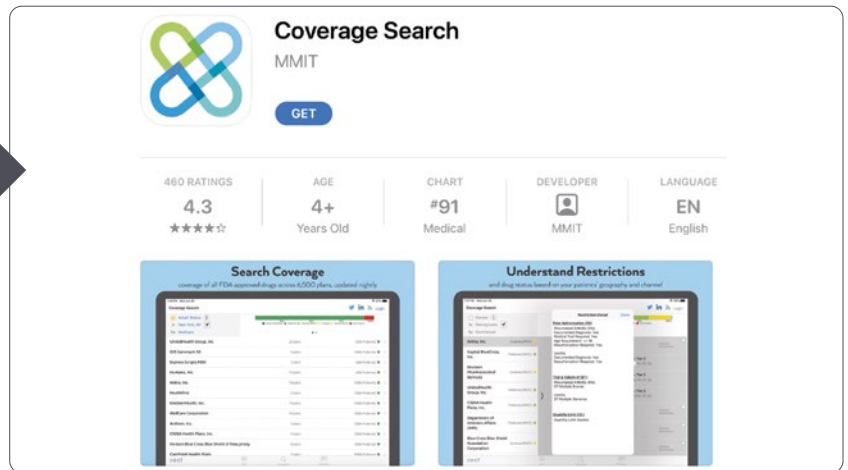
**Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to notify prescribing providers and members with prescription claims for potentially affected lots of medication.

**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.

## Formulary Search App

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

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



## Requests for Formulary Additions, Deletions or Modifications

Use the [Formulary Addition Request form](#) to request medication additions, deletions or other changes to the Presbyterian formularies. Complete and submit the form to [askphppt@phs.org](mailto:askphppt@phs.org). The form can be accessed at [https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=pe1\\_00251399](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=pe1_00251399).

## 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](http://www.phs.org/providers/formularies). Providers may search for a drug using this tool by viewing an alphabetical list of drugs, searching by drug name or searching by therapeutic class. Providers may also learn if a covered drug has any restrictions by clicking on the link for the drug.
- Providers can access PDF versions of Presbyterian formularies and updates, including preferences and restrictions (e.g., quantity limits, step therapy and prior authorization criteria), which are available on the Formularies page of the provider website at the link previously provided.
- Presbyterian formularies may also be accessed using Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required. Search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com), or download the free app from the App Store or Google Play.

For questions about the formulary coverage of medications, please call Presbyterian's Pharmacy Services Help Desk at (505) 923-5500 or toll-free at 1-888-923-5757. Help Desk business hours are Monday through Friday, from 8 a.m. to 5 p.m. You may also email ASKRX at [ASKRX@phs.org](mailto:ASKRX@phs.org). The email box is monitored during regular business hours, Monday through Friday, from 8 a.m. to 5 p.m., and one of our clinical pharmacists will respond within one business day.



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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](http://www.phs.org/providers/formularies/Pages/default.aspx).

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

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at <https://www.phs.org/providermanual> and include information about pharmacy benefits, the prior authorization process, generic substitution and requesting non-formulary medications based on medical necessity. Providers may receive a printed copy of the Centennial Care Practitioner and Provider Manual at no cost from Presbyterian by contacting their Provider Network Operations relationship executive. Providers may find their relationship executive's contact information at [www.phs.org/ContactGuide](http://www.phs.org/ContactGuide).

## 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](mailto:askphppt@phs.org).