

# Pharmacy and Therapeutics Committee Provider Update

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

SECOND QUARTER 2024

## P&T Committee Decisions Effective June 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 **April 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>One Step®</b> Pregnancy test <i>Added to the Centennial Care formulary. Effective March 29, 2024.</i>	Diagnostic Test	F	NF	NF	NF
<b>Clearblue®</b> Digital, Plus, Digital Plus pregnancy test <i>Added to the Centennial Care formulary. Effective March 29, 2024.</i>	Diagnostic Test	F	NF	NF	NF
<b>EPT®</b> Diagnostic, Digital pregnancy test <i>Added to the Centennial Care formulary. Effective March 29, 2024.</i>	Diagnostic Test	F	NF	NF	NF
<b>Opill®</b> (norgestrel) 0.075mg tablet <i>Effective April 1, 2024.</i>	Contraceptive	F	\$0	\$0	\$0
<b>Durolane®</b> (sodium hyaluronate) 60mg/3ml intra-articular injection	Musculoskeletal Therapy Agents	MB, PA	MB, PA	MB, PA	T4, PA
<b>Brixadi®</b> (buprenorphine) 8mg, 16mg, 24mg, 32mg, 64mg, 96mg, 128mg prefilled syringe	Opioid Partial Agonists	F, QL	T4, QL	T5, QL	T4, QL
*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, F = Formulary, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, 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>New Generics – unless otherwise noted. When a generic product becomes available, the brand-name product will be removed from the formularies.</b>					
indomethacin (generic for <b>Indocin</b> ®) 25mg/5ml Suspension Effective Jan. 22, 2024.	Nonsteroidal Anti-Inflammatory Agent	F	NF	NF	NF
dabigatran (generic for <b>Pradaxa</b> ®) 110mg capsule	Anticoagulant	NF	NF	T4, PA, QL	T3, PA, QL
teriparatide (generic for <b>Forteo</b> ®) 600mcg/2.4ml prefilled pen	Endocrine and Metabolic Agent	F, PA, SP, NDS	T4, PA, SP, NDS	T5, PA, SP, NDS	T4, PA, SP, NDS
risperidone microspheres ER (generic for <b>Risperdal Consta</b> ®) 12.5mg, 25mg, 37.5mg, 50mg intramuscular injection	Antipsychotic/Antimanic Agent	F, QL, AL, SP, NDS	T4, QL, AL, SP, NDS	T5, QL, AL, SP, NDS	T4, QL, AL, SP, NDS
<b>Other Changes</b>					
naratriptan (generic for <b>Amerge</b> ®) 1mg (Base Equiv) ST removed for Centennial, Commercial, Metal Level and Clear Cost Formularies. Effective April 10, 2024.	Migraine Products	F, QL	T3, QL	T4, QL	T3, QL
naratriptan (generic for <b>Amerge</b> ®) 2.5mg (Base Equiv) ST removed for Centennial, Commercial, Metal Level and Clear Cost Formularies. Effective April 10, 2024.	Migraine Products	F, QL	T1, QL	T2, QL	T1, QL
<b>Accu-Chek® Test Strips Aviva Plus, Smartview, Guide Accu-Chek Lancets Softclix, Fastclix</b> Updated Quantity Limits for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 10, 2024.	Diabetic Supplies	F, QL	T1, QL	T2, QL	T1, QL
alogliptin benzoate (generic for <b>Nesina</b> ®) 6.25mg, 12.5mg, 25mg tablet ST removed for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.	Antidiabetic	F, QL	T2, QL	T3, QL	T2, QL
cyclosporine (generic for <b>Restasis</b> ®) 0.05% ophthalmic emulsion PA removed for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.	Ophthalmic Agent	F, QL	T3, QL	T4, QL	T3, QL
dapsone (generic for <b>Aczone</b> ®) 5%, 7.5% gel PA removed for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.	Acne Antibiotic	F	T3	T4	T3
*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, F = Formulary, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, 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*
lisdexamfetamine (generic for <b>Vyvanse</b> ®) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg capsule <i>PA removed for Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	ADHD/Anti-Narcolepsy/ Anti-Obesity/ Anorexiant	F, PA, QL, AL, NDS	T4, PA, QL, AL, NDS	T5, PA, QL, AL, NDS	T4, PA, QL, AL, NDS
atomoxetine hcl (generic for <b>Strattera</b> ®) 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg capsule <i>PA removed for Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	ADHD/Anti-Narcolepsy/ Anti-Obesity/ Anorexiant	F, QL, AL	T3, QL, AL, BH	T4, QL, AL, BH	T3, QL, AL, BH
modafinil (generic for <b>Provigil</b> ®) 100mg, 200mg tablet <i>PA removed for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	ADHD/Anti-Narcolepsy/ Anti-Obesity/ Anorexiant	F, QL	T1, QL	T2, QL	T1, QL
<b>Contrave</b> ® hcl ER (naltrexone-bupropion) 8-90mg tablet <i>PA removed for Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	ADHD/Anti-Narcolepsy/ Anti-Obesity/ Anorexiant	NF	T3, QL, BH	T4, QL, BH	T3, QL, BH
phentermine (generic for <b>Adipex-P</b> ®) 15mg, 30mg, 37mg capsule <i>PA removed for Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	ADHD/Anti-Narcolepsy/ Anti-Obesity/ Anorexiant	NF	T3	T4	T3
<b>Mavyret</b> ® (glecaprevir/pibrentasvir) 50-20mg, 100-40mg tablet <i>PA removed for Centennial formulary. Effective April 11, 2024.</i>	Hepatitis C Agent	F, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS	T4, PA, QL, SP, NDS
sofosbuvir-velpatasvir (generic for <b>Epclusa</b> ®) 400-100mg tablet <i>PA removed for Centennial formulary. Effective April 11, 2024.</i>	Hepatitis C Agent	F, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS	T4, PA, QL, SP, NDS
lurasidone (generic for <b>Latuda</b> ®) 20mg, 40mg, 60mg, 80mg, 120mg tablet <i>PA removed for Centennial, Commercial, Metal Level and Clear Cost formularies. Effective April 17, 2024.</i>	Antipsychotic/ Antimanic Agent	F, QL, AL	T4, QL, AL, BH	T5, QL, AL, BH	T4, QL, AL, BH
<b>Dupixent</b> ® (dupilumab) 100mg/0.67ml, 200mg/1.14ml, 300mg/2mL syringes <i>PA criteria updated for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Eczema Agent	F, QL, SP, NDS	T4, PA, QL, SP, NDS	T5, PA, QL, SP, NDS	T4, PA, QL, SP, NDS

\*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, F = Formulary, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, 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>Xolair</b> <sup>®</sup> (omalizumab) 75mg/0.5ml, 150mg/mL, 300mg/mL prefilled syringes/auto-injectors; 150mg lyophilized powder in a single-dose vial for reconstitution <i>PA criteria updated for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Antiasthmatic and Bronchodilator Agent	MB, PA, NDS	MB, PA, NDS	MB, PA, NDS	T4, PA, NDS
<b>Gel-One</b> <sup>®</sup> (sodium hyaluronate) intra-articular injection <i>Removed from Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Musculoskeletal Therapy Agents	MB, PA, QL, NDS	MB, PA, QL, NDS	MB, PA, QL, NDS	T4, PA, QL, NDS
buprenorphine (generic for <b>Subutex</b> <sup>®</sup> ) 8mg sublingual tablet <i>Quantity limits increased for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Opioid Partial Agonists	F, AL, QL	T1, QL, AL, BH	T2, QL, AL, BH	T1, QL, AL, BH
buprenorphine-naloxone (generic for <b>Suboxone</b> <sup>®</sup> ) 8-2mg sublingual tablet <i>Quantity limits increased for Centennial, Commercial, Metal Level and Clear Cost formularies.</i>	Opioid Partial Agonists	F, AL, QL	T3, QL, AL, BH	T4, QL, AL, BH	T3, QL, AL, BH

\*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, F = Formulary, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, 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>		
<b>Amjevita</b> <sup>®</sup> (adalimumab-atto) Ped 15kg to <30kg 20mg/0.2ml prefilled syringe; 40mg/0.4ml prefilled syringe; 40mg/0.4ml auto-injector, 80mg/0.8ml auto-injector	T5, PA, NDS	04/01/2024
<b>Mavyret</b> <sup>®</sup> (glecaprevir-pibrentasvir) 50-20mg oral packet	T5, PA, NDS	04/01/2024
<b>Mounjaro</b> <sup>®</sup> (tirzepatide) 2.5mg/0.5mL, 5mg/0.5mL, 7.5mg/0.5mL, 10mg/0.5mL, 12.5mg/0.5mL, 15mg/0.5mL subcutaneous solution pen injector	T3, PA, QL	04/01/2024
<b>Penbraya</b> <sup>®</sup> (mening acyw(tet conj)-b(rcmb) reconstituted intramuscular suspension	T3	04/01/2024
<b>Vigpoder</b> <sup>®</sup> (vigabatrin) 500mg oral packet	T5, ST, NDS	03/01/2024
<b>Formulary Deletions</b>		
<b>Gel-One</b> <sup>®</sup> (hyaluronate) 30mg/mL intra-articular prefilled syringe	ME	02/01/2024
<b>Risperdal Consta</b> <sup>®</sup> (risperidone microspheres) 12.5mg, 25mg, 37.5mg, 50mg intramuscular suspension	NF	02/01/2024
<b>New Generics</b>		
risperidone microspheres (generic for <b>Risperdal Consta</b> <sup>®</sup> ) 12.5mg intramuscular suspension	T4	02/01/2024
risperidone microspheres (generic for <b>Risperdal Consta</b> <sup>®</sup> ) 25mg, 37.5mg, 50mg intramuscular suspension	T5, NDS	02/01/2024

\*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, 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
<b>New Products</b>		
<b>Durolane</b> ® (hyaluronate) 60mg/3mL intra-articular prefilled syringe	MB, PA	02/01/2024
<b>Akeega</b> ® (niraparib-abiraterone) 50-500mg oral tablet	T5, PA, QL, NDS	02/01/2024
<b>Augtyro</b> ® (repotrectinib) 40mg oral capsule	T5, PA, QL, NDS	03/01/2024
<b>Fiasp</b> ® (insulin glargine (w/niacinamide)) 100 unit/ml penfill solution cartridge, pumpcart solution cartridge	T3, QL	03/01/2024
norelgestromin-eth estradiol (generic for <b>Ortho Evra</b> ®) 150-35mcg/24hr transdermal patch weekly	T4	03/01/2024
<b>Ogsiveo</b> ® (nirogacestat hydrobromide) 50mg oral tablet	T5, PA, QL, NDS	03/01/2024
<b>Bolsulif</b> ® (bosutinib) 50mg, 100mg oral capsule	T5, PA, QL, NDS	04/01/2024
<b>Iwilfin</b> ® (eflornithine) 192mg oral tablet	T5, PA, QL, NDS	04/01/2024
<b>Other Formulary Changes</b>		
hydroxyzine ( <b>Atarax</b> ®) 10mg, 25mg, 50mg oral tablet <i>PA removed</i>	T4	05/01/2024
tacrolimus ( <b>Protopic</b> ®) 0.03%, 0.1% ointment <i>PA removed</i>	T4, QL	05/01/2024
estradiol ( <b>Estrace</b> ®) 0.5mg oral tablet <i>PA removed</i>	T4	05/01/2024
<b>Paxlovid</b> ® (nirmatrelvir and ritonavir) (150/100) therapy pack 10 x 150mg and 10 x 100mg oral tablet, (300/100) therapy pack 20 x 150mg and 10 x 100mg oral tablet <i>Tier lowered</i>	T3, QL	03/01/2024
<b>Zurzuvae</b> ® (zuranolone) 20mg, 25mg, 30mg oral capsule <i>PA updated</i>	T5, PA, QL, NDS	03/01/2024
vigabatrin ( <b>Vigadrone</b> ®) 500mg oral tablet, 500mg oral packet <i>ST removed</i>	T5, NDS	04/01/2024
<b>Vigadrone</b> ® (vigabatrin) 500mg oral tablet, 500mg oral packet <i>ST removed</i>	T5, NDS	04/01/2024
*Coverage abbreviation meanings: MB = Medical Benefit, ME = Medical Exception, T1 = Tier 1, T2 = Tier 2, T3 = Tier 3, T4 = Tier 4, T5 = Tier 5, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion, NDS = Non-Extended Day Supply		

## Food and Drug Administration (FDA) Alerts - Jan. 3, 2024, to April 8, 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>.

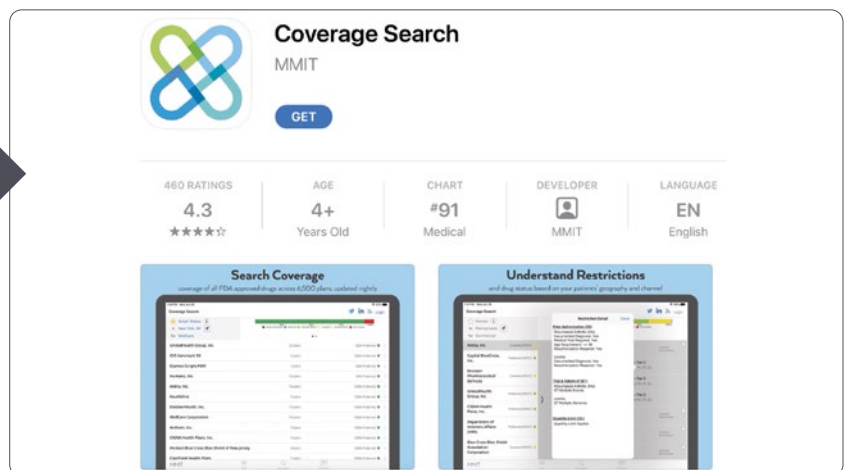
- 1. Recall of Sertraline 100mg Tablets Manufactured by Cipla USA Inc. [01/03/2024]:** Cipla USA Inc. announced a voluntary, consumer level recall of Sertraline 100mg tablets due to inadequate line clearance, which may result in a potential comingling of product. Patients should contact their physician or 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 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 Zenzedi (dextroamphetamine sulfate tablets) Manufactured by Azurity Pharmaceuticals, Inc. [01/24/2024]:** Azurity Pharmaceuticals, Inc. announced the withdrawal of Zenzedi due to a mislabeled package during manufacturing. Patients should contact their physician or 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.
- 3. Recall of Vancomycin Hydrochloride for Oral Solution USP, 250mg/5mL by Amneal Pharmaceuticals, Inc. [03/27/2024]:** Amneal Pharmaceuticals, Inc. announced a voluntary, consumer level recall of four lots of Vancomycin Hydrochloride for Oral Solution USP, 250mg/5mL because some bottles may have been overfilled, which can result in an over potent dosing regimen. Patients should contact Amneal by phone or email for recall information and product return instructions if they have bottles from the recalled lots.  
**Presbyterian's Response:** Informed providers in the P&T newsletter.
- 4. Recall of Atovaquone Oral Solution Manufactured by AvKARE, LLC. [04/01/2024]:** AvKARE, LLC announced a voluntary, consumer level recall of Atovaquone Oral Solution due to the potential Bacillus cereus contamination in the product found during stability testing at a third-party lab. Patients should contact their physician or 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](http://www.FormularyLookup.com) or download the free app today.



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:

<https://www.phs.org/providers/formularies>.

Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at <https://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/reference-guides/manuals> 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 <https://www.phs.org/providers/contact-us>.

## 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.



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

PRESRT STD  
U.S. Postage  
PAID  
Albuquerque, NM  
Permit No. 1971

## 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).