



Pharmacy and Therapeutics (P&T) Committee Provider Update

FOURTH QUARTER 2016



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

P&T Committee Decisions effective December 15, 2016

Dear Healthcare Practitioner: The Presbyterian Health Plan, Inc., and Presbyterian Insurance Company, Inc. (Presbyterian) P&T Committee meets quarterly to promote the appropriate use of drugs, to maintain the Presbyterian formularies, and to support our network of practitioners. The P&T Committee met on **October 19, 2016**, and we would like to share with you the decisions made at the meeting that affect our formularies and pharmacy benefits.

Drug Name	Centennial Care	Commercial and HIX	Medicare*
Formulary Additions			
Emend® (aprepitant) for oral suspension 125 mg for oral suspension	PA, QL	Tier 4, PA, QL	NF
Entresto® (sacubril and valsartan) 24/26 mg, 49/51 mg, and 97/103 mg tablets	PA, QL	Tier 3, PA, QL	Tier 4, PA, QL
Repatha® Pushtrex™ System (evolocumab) injection, for subcutaneous use	PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA
Viekira XR™ (dasabuvir/ombitasvir/paritaprevir/ ritonavir), 200 mg/8.33 mg/50 mg/ 33.33 mg extended-release tablets	PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA, QL
Formulary Coverage Changes			
Absorica® (isotretinoin) capsules, 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, and 40 mg <i>Removed from Centennial Care, Commercial and HIX formularies.</i>	NF	NF	NF
almotriptan tablets (Axert®), 6.25 mg and 12.5 mg <i>Step Therapy requirement added to Commercial and HIX formularies.</i>	NF	Tier 3, ST, QL	NF

HIX = Health Insurance Exchange, MB = Medical Benefit, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required

*Medicare formulary changes may be pending approval from Centers for Medicare & Medicaid Services (CMS).

Drug Name	Centennial Care	Commercial and HIX	Medicare*
Formulary Coverage Changes (continued)			
butalbital/acetaminophen/caffeine and butalbital/aspirin/caffeine 50-325-40 mg capsules <i>Removed from Centennial Care, Commercial and HIX formularies. Tablet formulations are covered.</i>	NF	NF	Tier 4
Bydureon® (exenatide extended-release) for injectable suspension, 2 mg vial and single-dose pen <i>Moved from Tier 3 to Tier 2 on Commercial and HIX formularies. Step therapy requirement added. Moved from Tier 4 to Tier 3 on the Medicare formulary.</i>	NF	Tier 2, ST, QL	Tier 3, QL (2017)
Byetta® (exenatide) injection, 5mcg/1.2 mL and 10 mcg/2.4 mL prefilled pen <i>Moved from Tier 2 to Tier 3 on the Commercial and HIX formularies. Moved from Tier 3 to Tier 4 on the Medicare formulary.</i>	QL, PA	Tier 3, ST, QL	Tier 3, ST, QL (2017)
Cafergot® (caffeine/ergotamine), 1-100 mg tablet <i>Added to the Commercial formulary. Quantity limit of 40 tablets per 30 days added to Centennial Care, Commercial and HIX formularies.</i>	QL	Tier 3, QL	Tier 3
Canasa® suppository (mesalamine) <i>Moved to Tier 4 on Commercial and HIX formularies. Quantity limit of 30 suppositories per 30 days added to Centennial Care, Commercial and HIX formularies.</i>	QL	Tier 4, QL	Tier 3
calcipotriene 0.005% cream, ointment, and topical solution <i>Moved to Tier 3 on Commercial and HIX formularies.</i>	Formulary	Tier 3	Tier 4 (cream and solution) NF (ointment)
dihydroergotamine mesylate 1mg/mL injection (D.H.E 45) <i>Step therapy requirement added to Commercial and HIX formularies.</i>	NF	Tier 3, ST, QL	Tier 2
dihydroergotamine mesylate 4mg/mL nasal (Migranal® nasal spray) <i>Moved to Tier 4 and a Step Therapy requirement added to Commercial and HIX formularies. Brand name Migranal will not be covered.</i>	NF	Tier 4, ST, QL	Tier 4, QL
fluoxetine 10 mg, 20 mg, and 60 mg tablets <i>Removed from Centennial Care, Commercial and HIX formularies. Fluoxetine capsules are covered on all formularies.</i>	NF	NF	Tier 1 (10 mg and 20 mg strengths only)

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Drug Name	Centennial Care	Commercial and HIX	Medicare*
Formulary Coverage Changes (continued)			
frovatriptan tablets (Frova®), 2.5 mg <i>Step Therapy requirement added to Commercial and HIX formularies.</i>	NF	Tier 3, QL, ST	NF
Humulin® R (regular insulin [rDNA origin]), Humulin® N (human insulin [rDNA origin] isophane suspension), Humulin® 70/30 (70% human insulin isophane suspension/30% human insulin injection [rDNA origin]) <i>Step therapy requirement added to Commercial and HIX formularies. Novolin products are the preferred formulary products.</i>	NF	Tier 3, QL, ST	Tier 4, QL
Irbesartan (generic for Avapro®), 75 mg, 150 mg, 300 mg tablets and irbesartan/HCTZ (generic for Avalide®), 150 mg/12.5 mg and 300 mg/12.5 mg tablets <i>Step Therapy requirement removed from Commercial and HIX.</i>	QL, ST	Tier 1	Tier 2, ST
isotretinoin capsules 10 mg, 20 mg, 30 mg, 40 mg (Amnesteem, Claravis, Myorisan, Zenatane) <i>24 weeks of therapy per 365 days covered without a prior authorization on Centennial Care, Commercial and HIX formularies. Prior authorization required for repeat courses of therapy. Moved to Tier 3 on Commercial and HIX formularies.</i>	QL, PA	Tier 3, PA, QL	Tier 4
naratriptan tablets (Amerge®), 1mg <i>Moved from Tier 3 to Tier 1 on Commercial and HIX formularies with a Step Therapy requirement.</i>	ST, QL	Tier 1, ST, QL	Tier 2, QL
Pentasa (mesalamine capsules), 250 mg and 500 mg <i>Removed from Centennial Care, Commercial and HIX formularies. Balsalazide and sulfasalazine are covered these formularies. Apriso and Delzicol are covered with a Step Therapy requirement.</i>	NF	NF	Tier 4, QL
Relpax® (eletriptan), 20 mg and 40 mg <i>Step Therapy requirement added to Commercial and HIX formularies.</i>	NF	Tier 3, ST, QL	NF
rizatriptan tablets and orally disintegrating tablets (Maxalt®, Maxalt®-ODT), 5 mg and 10 mg <i>Step Therapy requirement added to Commercial and HIX formularies.</i>	ST, QL	Tier 1, ST, QL	Tier 2, QL

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Drug Name	Centennial Care	Commercial and HIX	Medicare*
Formulary Coverage Changes (continued)			
Spiriva® Handihaler® (tiotropium inhalation powder), for oral inhalation use, 18 mcg capsules for use with HandiHaler device <i>Removed from the Centennial Care formulary. Spiriva Respimat 2.5 mcg/actuation is available on the Centennial Care formulary.</i>	NF	Tier 2	Tier 3
Tudorza® Pressair® (aclidium inhalation powder) 400 mcg per actuation <i>Removed from the Centennial Care formulary. Moved to Tier 3 on the Commercial and HIX formularies.</i>	NF	Tier 3	Tier 3
Vyvanse® (lisdexamfetamine), 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg and 70 mg capsules <i>ADHD prior authorization criteria updated on Centennial Care, Commercial and HIX formularies to require a trial and failure of a methylphenidate based stimulant and an amphetamine based stimulant.</i>	PA, QL	Tier 3, PA, QL	Tier 4, QL
New Generics (brand products will be removed from the formularies with the availability of generics)			
ethacrynic acid (generic for Edecrin®), 25 mg tablets	PA	Tier 4, PA	Tier 3
nitroglycerin SL tablets (generic for Nitrostat®), 0.3 mg, 0.4 mg, and 0.6 mg	Formulary	Tier 1	Tier 1 (2017)
valganciclovir (generic for Valcyte®) 50 mg/mL oral solution	PA	Tier 4, PA	Tier 5

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You can find the complete prior authorization and step therapy criteria requirements and other information regarding Presbyterian formularies online at: <https://www.phs.org/providers/formularies/Pages/default.aspx>

Formulary-Level Cumulative Opioid Point of Sale Edits for Medicare Part D Plans

Starting January 1, 2017, CMS expects Medicare Part D sponsors who adjudicate pharmacy claims to implement cumulative opioid edits at the point of sale (POS) to prospectively prevent opioid overutilization.

- A soft edit rejection that can be overridden by the pharmacist when a prescription claim will result in the beneficiary's active or overlapping opioid prescriptions to reach or exceed a daily morphine equivalent dose (MED) threshold of 120 mg MED will apply.
- Hard edits that cannot be overridden by the pharmacist for daily cumulative MED threshold at or above 200 mg MED will apply. A prior authorization will be required for coverage of cumulative opiate dosages \geq 200 mg MED to be considered.

You can find additional information regarding this CMS requirement in the 2017 Announcement online at:

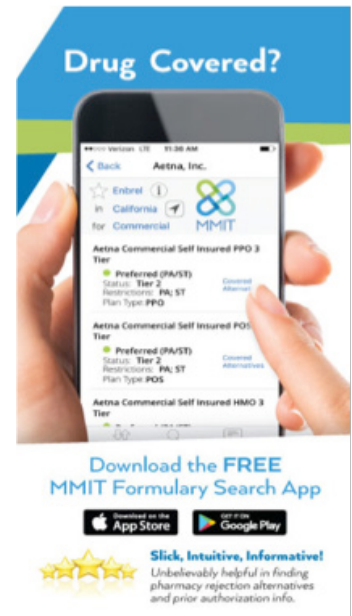
<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents.html>.

New Formulary Search App Extends the Tools You Use to Prescribe with Confidence

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices.

In addition to Presbyterian Health Plan's extensive support resources, **Formulary Search** is designed to be intuitive, simple and always available.

- Identify coverage and restriction criteria and alternative therapies by brand, region and plan.
- No registration, no username, no passwords. Search from your desktop at www.FormularyLookup.com or download the free app today.



FDA Safety Alerts from July 2016 to October 2016

For full information see the FDA website at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts>

- Drug Safety Communication - Fluoroquinolone Antibacterial Drugs for Systemic Use (07-26-16): The FDA has updated the Boxed Warning and other parts of the drug labels of fluoroquinolone antibacterial drugs for systemic use to include updated warnings regarding the risk of disabling and potentially permanent side effects affecting the tendons, muscles, joints, nerves and central nervous system. The FDA is recommending that fluoroquinolones should be reserved for use in patients who have no other alternatives for the treatment of bacterial sinusitis, acute exacerbation of chronic bronchitis, and uncomplicated urinary tract infections. Fluoroquinolones to which this warning applies include ciprofloxacin, gemifloxacin, levofloxacin, moxifloxacin and ofloxacin.
- Drug Safety Communication - Direct Acting Antivirals for Hepatitis C (10-04-16): The FDA is warning about the risk of hepatitis B virus (HBV) becoming an active infection again in patients with current or previous infection with HBV who are being treated with certain direct-acting antiviral (DAA) medications for the treatment of HCV. There are cases in which HBV reactivation in patients on DAA medications resulted in serious liver problems or death. A black box warning is being added to the drug labels of these DAAs directing healthcare professionals to screen and monitor for HBV in all patients receiving DAAs. A completed list of affected DAAs can be found online at: <http://www.fda.gov/Drugs/DrugSafety/ucm522932.htm>.

Contact Us

The changes to our formularies are based on requests from our practitioners and by the recommendations of the P&T Committee. We value your input. If you have any concerns, please contact the pharmacy director, Louanne Cunico, PharmD, at lcunico@phs.org or (505) 923-8359.

You may also contact the author of this newsletter, Kendra Ward, PharmD, at kward2@phs.org or (505) 923-6967, Monday through Friday from 8 a.m. to 5 p.m.

Thank you for partnering with us to improve the health of patients, members, and communities we serve.