



Pharmacy and Therapeutics (P&T) Committee Provider Update

SECOND QUARTER 2017



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

P&T Committee Decisions effective June 1, 2017

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 **April 19, 2017**, 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	Metal Level Plans	Medicare*
Formulary Additions				
Accu-Chek Guide Blood Glucose Meter and Test Strips	QL	Test Strips: Tier 1, QL Meter: Zero \$	Test Strips: Tier 1, QL Meter: Zero \$	Part B, QL
Amicar® (aminocaproic acid) 0.25 gram/mL oral solution	Formulary	Tier 4	Tier 4	NF
Belsomra® (suvorexant) 5, 10, 15, 20 mg tablets capsules <i>Added to Centennial Care, Commercial, and Metal Level Plans formularies.</i>	PA, QL	Tier 3, PA, QL	Tier 3, PA, QL	NF
dexamethylphenidate (generic for Focalin®) 2.5, 5, and 10 mg tablets <i>Added to Centennial Care, Commercial and Metal Level Plans formularies.</i>	ST, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, QL (Prior Authorization required for new starts ≥ 19 years of age)	NF
dexamethylphenidate sustained-release (generic for Focalin® XR) 5, 10, 15, 20, 25, 30, 35, 40 mg capsules <i>Added to Centennial Care, Commercial, and Metal Level Plans formularies.</i>	ST, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, QL (Prior Authorization required for new starts ≥ 19 years of age)	NF

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

AG = Age Restriction, MB = Medical Benefit, NF = Non-Formulary, OTC = Over-the-counter, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required

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Formulary Additions (continued)				
dorzolamide/timolol 22.3-6.8 mg/mL ophthalmic solution (generic for Cosopt®) <i>Added to the Centennial Care formulary.</i>	Formulary	Tier 3	Tier 3	Tier 2
Kisqali® (ribociclib) 200 mg tablets	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL
Nuedexta® (dextromethorphan hydrobromide/quinidine sulfate) 20-10 mg capsules <i>Added to the Centennial Care, Commercial, and Metal Level Plans formularies.</i>	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	Tier 4, QL
Vemlidy® (tenofovir alafenamide) 25 mg tablets	QL	Tier 4, QL	Tier 4, QL	Tier 5, QL
Vimpat® (lacosamide) 10 mg/mL oral solution, 50 mg, 100 mg, 150 mg, and 200 mg tablets <i>Added to the Centennial Care, Commercial, and Metal Level Plans formularies.</i>	PA, QL	Tier 4, ST, QL	Tier 4, ST, QL	Tier 4, ST, QL
New Generics – Unless otherwise noted, when a generic becomes available, the brand name product will be removed from the formularies.				
aprepitant (generic for Emend®) 40 mg, 80 mg, 125 mg capsules	PA, QL	Tier 3, PA, QL	Tier 3, PA, QL	Tier 3, PA
rasagiline (generic for Azilect®) 0.5 mg and 1 mg tablets	NF	NF	Tier 3, ST	Tier 4, QL
desvenlafaxine (generic for Pristiq®) 50 mg and 100 mg extended release tablets	NF	NF	Tier 3, PA, QL	Tier 4, ST, QL
lopinavir/ritonavir (generic for Kaletra®) 80 mg/20 mL oral solution	QL	Tier 1	Tier 1	Tier 5
ribavirin (generic for Virazole®) 6 grams/100 mL solution for inhalation	NF	NF	NF	Tier 5
zileuton (generic for Zyflo® CR) 600 mg sustained-release tablet	NF	NF	NF	Tier 5, QL
Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes				
Alphagan® P (brimonidine 0.1%) ophthalmic solution <i>Step therapy requirement added to Centennial Care formulary. Brimonidine 0.2% ophthalmic solution is the preferred formulary alternative.</i>	ST	Tier 2	Tier 2	Tier 3
Anoro® Ellipta® (umeclidinium-vilanterol) 62.5-25 mcg/inhalation <i>Criteria updated on Commercial and Metal Level Plans to allow coverage for patients with COPD, in Group D, without requiring a trial of a long-acting anticholinergic or long-acting beta agonist first.</i>	NF	Tier 3, ST	Tier 3, ST	NF

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Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued)				
Asmanex® Twisthaler® (mometasone furoate inhalation powder) 110 mcg and 220 mcg <i>Removed from the Centennial Care formulary. Asmanex® HFA and Flovent® are formulary alternatives.</i>	NF	Tier 2	Tier 2	Tier 3
betaxolol 0.5% ophthalmic solution <i>Step therapy requirement added to the Centennial Care formulary. Timolol 0.5% ophthalmic solution is the preferred formulary alternative.</i>	ST	Tier 1	Tier 1	Tier 2
Betoptic-S® (betaxolol) 0.25% ophthalmic suspension <i>Step therapy requirement added to the Centennial Care formulary. Timolol 0.5% ophthalmic solution is the preferred formulary alternative.</i>	ST	Tier 2	Tier 2	Tier 3
brimonidine 0.15% ophthalmic solution (generic for Alphagan® P) <i>Step therapy requirement added to Centennial Care formulary. Brimonidine 0.2% ophthalmic solution is the preferred formulary alternative.</i>	ST	Tier 1	Tier 1	Tier 2
doxycycline hyclate 50 ,100 mg capsules, 100 mg tablets <i>Removed from the Centennial Care formulary. Moved to Tier 3 on the Commercial and Metal Level Plans formularies. Formulary preferred products include doxycycline hyclate 20 mg tablets, doxycycline monohydrate 50 mg and 100 mg capsules.</i>	NF	Tier 3	Tier 3	Tier 4
doxycycline monohydrate 75 mg and 150mg capsules <i>Removed from Commercial and Metal Level Plans formularies</i>	NF	NF	NF	NF
Duloxetine (generic for Cymbalta®) 20, 30, 40, 60 mg capsules <i>Prior authorization requirements for generalized anxiety disorder indication have been updated for Centennial Care, Commercial and Metal Level Plans formularies.</i>	PA, QL	Tier 3, PA, QL	Tier 3, PA, QL	Tier 4, QL

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Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued)				
Enbrel® (tanercept) Humira® (adalimumab) Remicade® (infliximab) <i>Enbrel prior authorization requirements for the plaque psoriasis indication have been updated on Centennial Care, Commercial and Metal Level Plans formularies. Enbrel, Humira, and Remicade prior authorization requirements for the psoriatic arthritis indication have been updated on Centennial Care, Commercial and Metal Level Plans formularies.</i>	PA, SP	Tier 4, PA, SP (Enbrel and Humira) MB, PA, SP (Remicade)	Tier 4, PA, SP (Enbrel and Humira) MB, PA, SP (Remicade)	Tier 5, PA, QL* *QL applies to Enbrel only.
Emsam® (Selegiline) 6 mg/24HR, 9 mg/24HR, and 12 mg/24HR transdermal patches <i>Increased from Tier 3 to Tier 4 on Commercial and Metal Level Plans.</i>	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	Tier 4
Eszopiclone (generic for Lunesta®) 1, 2, 3 mg tablets <i>Prior authorization requirement changed to a step therapy requirement on Centennial Care, Commercial and Metal Level Plans formularies.</i>	ST, QL	Tier 1, ST, QL	Tier 1, ST, QL	NF
Gardasil-9 (human papillomavirus 9-valent, vaccine, recombinant) <i>Age restrictions updated and prior authorization criteria added for male patients aged 22 through 26 years of age.</i>	Zero \$, AG (prior authorization required for patients who do not fall within approved age ranges) Covered under Vaccines for Children Program for patients < 19 years of age)	Zero \$, AG (prior authorization required for patients who do not fall within approved age ranges) Covered under Vaccines for Children Program for patients < 19 years of age)	Zero \$, AG (prior authorization required for patients who do not fall within approved age ranges) Covered under Vaccines for Children Program for patients < 19 years of age)	Tier 3
lidocaine 4% topical patches (Aspercreme and other OTC products) <i>Added to the Centennial Care formulary.</i>	PA, QL	NF	NF	NF
lidocaine 5% topical patches (generic for Lidoderm®) <i>Removed from the Centennial Care formulary.</i>	NF	Tier 3, QL, PA	Tier 3, QL, PA	Tier 4, PA, QL
Lumigan 0.01% ophthalmic solution (bimatoprost) <i>Step therapy requirement added to the Centennial Care formulary. Latanoprost 0.005% ophthalmic solution is the preferred formulary alternative.</i>	ST	Tier 2	Tier 2	Tier 3

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Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued)				
mirtazapine tablets (generic for Remeron®) 15 mg, 30 mg, 45 mg <i>Quantity limits added to Commercial and Metal Level Plans. 7.5 mg strength removed from Centennial Care, Commercial and Metal Level Plans.</i>	QL	Tier 1, QL	Tier 1, QL	Tier 2
olanzapine (generic for Zyprexa®) 2.5, 5, 7.5, 10, 15 and 20 mg tablets <i>Added an age limit to the Commercial and Metal Level Plans formularies.</i>	QL, AG (PA required for patients < 6 years of age)	Tier 1, QL, AG (PA required for patients < 6 years of age)	Tier 1, QL, AG (PA required for patients < 6 years of age)	Tier 2
Prolia® (denosumab) 60 mg/mL injection <i>Prior authorization requirements updated on the Centennial Care, Commercial and Metal Level Plans formularies.</i>	MB, PA, SP	MB, PA, SP	MB, PA, SP	Tier 4, PA
Pulmonary Arterial Hypertension Agents <i>Prior Authorization criteria created for all agents within this class for Centennial Care, Commercial and Metal Level Plans formularies. Letairis and sildenafil are preferred formulary agents.</i>	Refer to formulary posting online for coverage information for specific agents.	Refer to formulary posting online for coverage information for specific agents.	Refer to formulary posting online for coverage information for specific agents.	Refer to formulary posting online for coverage information for specific agents.
ranitidine capsules 150 mg and 300 mg <i>Removed from the Commercial and Metal Level Plans formularies. Ranitidine tablets are the preferred alternatives.</i>	NF	NF	NF	NF
sertraline (generic for Zoloft®) 25, 50, 100 mg tablets <i>Quantity limit added to Commercial and Metal Level Plans formularies.</i>	QL	Tier 1, QL	Tier 1, QL	Tier 1
Stiolto® Respimat® (tiotropium bromide-olodaterol) 2.5-2.5 mcg/actuation <i>Criteria updated on Centennial Care, Commercial and Metal Level Plans to allow coverage for patients with COPD, in Group D, without requiring a trial of a long-acting anticholinergic or long-acting beta agonist first.</i>	ST	Tier 2, ST	Tier 2, ST	Tier 3, ST
Strattera® (atomoxetine) 10, 18, 25, 40, 60, 80 and 100 mg capsules <i>Prior authorization criteria added to Centennial Care, Commercial and Metal Level Plans formularies for patients unable to use stimulant medication due to a history of substance abuse.</i>	ST, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, ST, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, ST, QL (Prior Authorization required for new starts ≥ 19 years of age)	Tier 3, QL
timolol gel forming ophthalmic solution 0.25% and 0.5% (generic for Timoptic-XE®) <i>Removed from the Centennial Care formulary.</i>	NF	Tier 1	Tier 1	NF
zaleplon (generic for Sonata®) 5 and 10 mg capsules <i>Quantity limits added to the Commercial and Metal Level Plans formularies.</i>	QL	Tier 1, QL	Tier 1, QL	Tier 2, QL

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

FDA Alerts from January 2017 to April 2017

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

- **Chlorhexidine Gluconate – Drug Safety Communication [02/02/2017]:** The FDA issued a warning regarding rare but serious allergic reactions that have been reported with skin antiseptic products containing chlorhexidine gluconate. The FDA is requesting that manufacturers of the over-the-counter (OTC) antiseptic products containing chlorhexidine gluconate add a warning regarding this risk to the drug facts label. The FDA is recommending that healthcare professionals ask patients if they have ever had an allergic reaction to any antiseptic prior to recommending or prescribing a chlorhexidine gluconate product. Alternative antiseptics such as povidine-iodine, benzalkonium chloride, benzethonium chloride, or parachlorometaxyleneol may be considered for use in patients if any previous allergy to chlorhexidine gluconate is suspected.
- **Viberzi (eluxadoline) – Drug Safety Communication [03/15/2017]:** The FDA is warning that Viberzi, a medication used to treat irritable bowel syndrome with diarrhea, should not be used in patients who do not have a gallbladder. There is an increased risk of developing serious pancreatitis that could lead to hospitalization and death in these patients. The FDA is working with the Viberzi manufacturer, Allergan, to address these safety concerns and is recommending that Viberzi not be prescribed in patients without a gallbladder.
- **EpiPen and EpiPen Jr Auto-Injector – Recall [03/31/2017]:** Meridian Technologies, a Pfizer company and Mylan's manufacturing partner for EpiPen Auto-Injector, has expanded a voluntary recall of select lots of EpiPen and EpiPen Jr Auto-Injectors to include additional lots distributed in the U.S. and other markets. The recall is due to two previously disclosed reports outside of the U.S. of failure to activate the device due to a potential defect in a supplier component. Generic EpiPen and EpiPen Jr are not impacted by this recall. Mylan is replacing recalled devices at no cost. Patients with a recalled product are directed to contact Stericycle at 1-877-650-3494 to obtain a return kit and a voucher code to redeem a free replacement from their pharmacy. They should keep the EpiPen/ EpiPen Jr that they currently have until a replacement medicine is obtained.

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 Presbyterian's Clinical Pharmacy Specialist Kendra Ward by email at kward2@phs.org or by phone at (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.