



Pharmacy and Therapeutics (P&T) Committee Provider Update

THIRD QUARTER 2017



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

P&T Committee Decisions Effective August 15, 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 **July 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				
alogliptin (generic for Nesina®) 6.25 mg, 12.5 mg, and 25 mg tablets alogliptin/metformin (generic for Kazano®) 12.5–500 mg and 12.5–1000 mg tablets	ST, QL	Tier 2, ST, QL	Tier 2, ST, QL	NF
Alunbrig™ (brigatinib) 30 mg and 90 mg tablets	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	NF
Aristada® (aripiprazole lauroxil) 441 mg, 662 mg, 882 mg and 1064 mg extended-release injectable suspension	MB, PA, SP	MB, PA, SP	MB, PA, SP	NF
Basaglar® (insulin glargine injection) 100 units/mL – <i>added to the Centennial Care formulary.</i>	QL	NF	NF	NF
Bavencio® (avelumab) 200 mg/10 mL solution for intravenous (IV) infusion	MB, PA	MB, PA	MB, PA	Tier 5, PA (New Starts)
Dysport® (abobotulinumtoxinA) 300 Units and 500 Units lyophilized powder for reconstitution	MB, PA	MB, PA	MB, PA	NF
Farxiga® (dapagliflozin) 5 mg and 10 mg tablets	PA, QL	Tier 2, ST, QL	Tier 2, ST, QL	NF

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

MB = Medical Benefit, ME = Medical Exception, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required.

Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Formulary Additions (continued)				
ipratropium bromide nasal spray 0.03% and 0.06% (generic for Atrovent®) – added to Metal Level Plan formulary.	Formulary	Tier 1	Tier 1	Tier 2
Isentress® HD (raltegravir) 600 mg tablet	QL	Tier 2, QL	Tier 2, QL	NF
itraconazole 100 mg capsules (generic for Sporanox®)	ST, QL	Tier 4, ST, QL	Tier 4, ST, QL	Tier 2
Kyleena® (levonorgestrel–releasing intrauterine system) 19.5 mg	Formulary	\$0	\$0	NF
Ocrevus™ (ocrelizumab) 300 mg/10 mL solution for IV infusion	MB, PA	MB, PA	MB, PA	NF
ondansetron 4 mg/5 mL oral solution (generic for Zofran)	AG	Tier 1, AG	Tier 1, AG	NF
Rydapt® (midostaurin) 25 mg capsules	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	NF
Strensiq® (asfotase alfa) 18 mg/0.45 mL, 28 mg/0.7 mL, 40 mg/mL and 80 mg/0.8 mL single–use vials	PA	Tier 4, PA	Tier 4, PA	Tier 5, PA
Trulicity® (dulaglutide) 0.75 mg/0.5 mL and 1.5 mg/0.5mL pen–injector	PA, QL	Tier 3, ST, QL	Tier 3, ST, QL	NF
Xermelo™ (telotristat ethyl) 250 mg tablets	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	NF
zileuton extended–release (generic for Zylflo CR) 600 mg ER tablets	PA, QL, SP	Tier 4, PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, QL
Zejula™ (niraparib) 100 mg capsules	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	NF
Zytiga® (abiraterone acetate) 500 mg tablet	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	NF
New Generics – Unless otherwise noted when a generic becomes available, the brand name product will be removed from the formularies.				
atomoxetine (generic for Strattera®) 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg capsules	ST, QL	Tier 3, ST, QL	Tier 3, ST, QL	Tier 3, QL (brand product coverage)
ezetimibe/simvastatin (generic for Vytorin®) 10 mg/10 mg, 10 mg/20 mg, 10 mg/40 mg, and 10 mg/80 mg tablets	ST	Tier 3	Tier 3	Tier 3, ST (brand product coverage)
fluticasone propionate/ salmeterol (authorized generic for AirDuo™Respiclick®) 55/14 mcg, 113/14 mcg, 232/14 mcg dry powder inhaler	ST, QL	Tier 2, ST, QL	Tier 2, ST, QL	NF
levonorgestrel/ethinyl estradiol* (generic for Quartette®) 0.15–0.02/0.025/0.03 mg and EE 0.01 mg *Generic product label names are Fayosim and Rivelsa	NF	Tier 3	Tier 3	NF
tazarotene (generic for Tazorac®) 0.1% topical cream	NF	Tier 3, ST, QL	Tier 3, ST, QL	Tier 4
Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes				
Abilify Maintena® (aripiprazole) for extended–release injectable suspension 300 mg and 400 mg – Removed from Centennial Care, Commercial and Metal Level Plan formularies.	NF	NF	NF	Tier 5, ST

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Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued)				
Advair® Diskus® (fluticasone/salmeterol) 100/50 mcg and 250/50 mcg dry powder inhaler – Covered on Centennial Care with step therapy requirement for patients 12 years of age and younger only.	ST, QL, AG	Tier 3, ST, QL, AG	Tier 3, ST, QL, AG	Tier 4, ST
aripiprazole (generic for Abilify®) 1 mg/mL oral solution, 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, and 30 mg oral tablets 10 mg and 15 mg ODTs – Prior authorization criteria updated on Centennial Care, Commercial and Metal Level Plans.	PA, QL	Tier 4, PA, QL	Tier 4, PA, QL	Tier 4, ST, QL (oral solution and 2, 5, 10, 15 mg tablets) Tier 5, ST, QL (20 & 30 mg tablets, 10 mg & 15 mg ODTs)
budesonide inhalation suspension (generic for Pulmicort Respules®) 0.25 mg/2 mL and 0.5 mg/2 mL – Age limit updated on Commercial and Metal Level Plans (covered for patients 12 years of age and younger).	AG, QL	Tier 1, AG, QL	Tier 1, AG, QL	Tier 2 (B vs. D)
Byetta® (exenatide) 5 mcg/0.02 mL and 10 mcg/0.04 mL pen-injector – Removed from the Centennial Care formulary.	NF	Tier 3, ST, QL	Tier 3, ST, QL	Tier 4, ST, QL
Chantix® (varenicline) 0.5 mg and 1 mg tablets – Step therapy requirement added to Centennial Care, Commercial and Metal Level formularies.	ST, QL	\$0, ST, QL	\$0, ST, QL	Tier 4, QL
Dulera® (mometasone-formoterol) 100 mcg/5 mcg and 200 mcg/5 mcg inhalation aerosol – Step therapy requirements changed on Centennial Care. Moved from Tier 2 to Tier 3 on Commercial and Metal Level Plan formularies.	ST, QL	Tier 3, ST, QL	Tier 3, ST, QL	Tier 3, ST
duloxetine (generic for Cymbalta®) 20 mg, 30 mg, and 60 mg capsules – Prior authorization removed from Centennial Care, Commercial and Metal Level plans. Moved from Tier 3 to Tier 1 on Commercial and Metal Level Plans.	QL	Tier 1, QL	Tier 1, QL	Tier 4, QL
Enbrel® (etanercept), Humira® (adalimumab), and Remicade® (infliximab) – Prior Authorization requirements for Ankylosing Spondylitis updated on Centennial Care, Commercial, and Metal Level Plan formularies.	PA, SP	Tier 4, PA, SP (Enbrel & Humira) MB, PA, SP (Remicade)	Tier 4, PA, SP (Enbrel & Humira) MB, PA, SP (Remicade)	Tier 5, PA
Epclusa® (velpatasvir/sofosbuvir) 100–400 mg tablets – Prior authorization criteria updated for Metal Level formulary.	NF	NF	Tier 4, PA, QL, SP	NF
Flebogamma® and Gamunex-C® (immune globulin) – Prior authorization criteria updated for Centennial Care, Commercial, and Metal Level Plan formularies.	MB, PA, SP	MB, PA, SP	MB, PA, SP	Tier 4, PA (Gamunex-C)
Invokana® (canagliflozin) 100 mg and 300 mg tablets – Change from Prior Authorization to Step Therapy requirement on Metal Level Plan formulary.	NF	NF	Tier 3, ST, QL	Tier 4, ST, QL

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Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued)				
Januvia® (sitagliptin) 25 mg, 50 mg, and 100 mg tablets – <i>Removed from Centennial Care formulary.</i>	NF	Tier 2, ST, QL	Tier 2, ST, QL	Tier 3, QL
Janumet® (sitagliptin/metformin) 50–500 mg and 50–1000 mg tablets Janumet® XR (sitagliptin/metformin extended-release) 50–500 mg, 50–1000 mg, and 100–1000 mg tablets – <i>Removed from the Centennial Care formulary.</i>	NF	Tier 2, ST, QL	Tier 2, ST, QL	Tier 3, QL
Lantus® (insulin glargine) 100 units/mL – <i>Removed from the Centennial Care formulary.</i>	NF	Tier 2, QL	Tier 2, QL	Tier 3, QL
Levemir® (insulin detemir) 100units/mL – <i>Step through Basaglar added on Centennial Care Formulary.</i>	ST, QL	Tier 2, QL	Tier 2, QL	Tier 3, QL
lovastatin 10 mg, 20 mg, 40 mg tablets – <i>Added to the \$0 copay list on Commercial and Metal Level Plan formularies.</i>	Formulary	\$0	\$0	Tier 1
olanzapine orally disintegrating tablets (generic for Zyprexa® Zydys®) 5 mg, 10 mg, 15 mg, and 20 mg ODT – <i>Prior authorization removed and moved from Tier 3 to Tier 1 on Commercial and Metal Level formularies. An age limit has been added (exception required for patients under 6 years of age).</i>	QL, AG	Tier 1, QL, AG	Tier 1, QL, AG	Tier 2, QL
simvastatin 5 mg, 10 mg, 20 mg, 40 mg, 80 mg tablets – <i>Added to the \$0 copay list on Commercial and Metal Level Plan formularies.</i>	Formulary	\$0	\$0	Tier 1
tacrolimus topical ointment (generic for Protopic®) 0.03% and 0.1% – <i>Step therapy criteria updated for Centennial Care, Commercial, and Metal Level Plan Formularies.</i>	ST	Tier 3, ST	Tier 3, ST	Tier 4, ST, QL
timolol maleate gel forming solution (generic for Timoptic-XE Ocumeter Plus®) 0.25% and 0.5% – <i>Removed from Commercial and Metal Level Plan formularies.</i>	NF	NF	NF	NF
Zetia® (ezetimibe) 10 mg tablets – <i>Brand name removed from Commercial and Metal Level Plan formularies. Generic product is covered.</i>	NF	NF	NF	Tier 1
zolmitriptan orally disintegrating tablets (generic for Zomig® ZMT®) 2.5 mg and 5 mg ODT – <i>Step therapy requirement added and moved from Tier 3 to Tier 1 on Commercial and Metal Level formularies.</i>	NF	Tier 1, ST, QL	Tier 1, ST, QL	NF

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You can find Presbyterian formularies and updates, including restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences, online at:
<https://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: <https://www.phs.org/providers/contact-us/news-and-communications/Pages/default.aspx>.


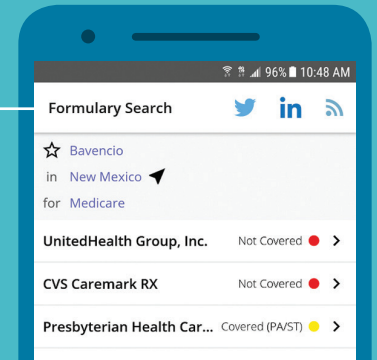
Providers must register with Presbyterian to receive Pharmacy & Therapeutics (P&T) Committee Provider Update via email. Presbyterian eNews registration is located at:
<https://www.phs.org/providers/contact-us/news-and-communications/Pages/default.aspx>.



The Universal Practitioner and Provider Manual and Centennial Care Practitioner and Provider Manuals are also available online at: <http://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. A printed copy of the Centennial Care Practitioner and Provider Manual is available at no cost from Presbyterian by contacting your Provider Network Management relationship executive.

Formulary Search App

As a reminder, PHP formularies are also accessible through the MMIT Formulary Search App. No registration, username, or password is required.

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

REMINDER

Coverage of Buprenorphine Containing Products for Opioid Dependency

Suboxone Film (buprenorphine/naloxone) Film and buprenorphine/naloxone sublingual tablets (generic for Suboxone®) do not require a prior authorization on Presbyterian formularies. Quantity limits apply.

Buprenorphine tablets (generic for Subutex®) requires a prior authorization for coverage on Commercial and Metal Level Plan formularies and has a quantity limit as well. The rationale for this prior authorization requirement is that there is a higher risk of abuse of this product because it lacks the naloxone component. Coverage of buprenorphine will be considered for members who are either pregnant or breast feeding.

Drug Name	Centennial Care	Commercial and Metal Level Plan	Medicare
buprenorphine sublingual tablets (generic for Subutex®)	QL (#90 per 30 days)	Tier 3, PA, QL (#90 per 30 days)	Tier 2, QL (#90/30 days)
buprenorphine/naloxone sublingual tablets (generic for Suboxone®)	QL (#90/30 days)	Tier 1, QL (#90/30 days)	Tier 2, QL (#90/30 days)
Suboxone® Film (buprenorphine/naloxone)	QL (#90/30 days)	Tier 3, QL (#90/30 days)	Tier 4, QL (#90/30 days)* *12 mg–3 mg strength is non-formulary

Flu Vaccines

Flu season is just around the corner and we would like to remind our providers that coverage of flu vaccines for Presbyterian members will start on **September 1, 2017**. Please refer to Presbyterian formularies for a listing of covered flu vaccines.

FDA Alerts from April 2017 to July 2017

For full information see the FDA website at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts>.

Codeine and Tramadol Containing Medications – Drug Safety Communication [04–20–17]

The FDA is restricting use of codeine and tramadol medications in children due to the risk of respiratory depression and death. This risk appears to be higher in children younger than 12 years. The labels of medications containing codeine and tramadol will be updated with the following warnings/contraindications:

- FDA's strongest warning, called a Contraindication, to the drug labels of codeine and tramadol alerting that codeine should not be used to treat pain or cough and tramadol should not be used to treat pain in children younger than 12 years.
- A new Contraindication to the tramadol label warning against its use in children younger than 18 years to treat pain after surgery to remove the tonsils and/or adenoids.
- A new Warning to the drug labels of codeine and tramadol to recommend against their use in adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems.
- A strengthened Warning to mothers that breastfeeding is not recommended when taking codeine or tramadol medicines due to the risk of serious adverse reactions in breastfed infants. These can include excess sleepiness, difficulty breastfeeding, or serious breathing problems that could result in death.

Due to this new contraindication for use in patients under the age of 12, an age restriction has been placed on tramadol and codeine containing products on Presbyterian formularies. These products will not be covered for patients under the age of 12.

Phenobarbital and amitriptyline, USP by C.O. Truxton – Recall [04–21–17, updated 05–08–17] C.O. Truxton, Inc. voluntarily recalled specific lots of phenobarbital and amitriptyline products due to a labeling mix up error. A list of the specific NDCs and Lot numbers is available at: <https://www.fda.gov/Safety/Recalls/ucm557260.htm>. C.O. Truxton, Inc. is notifying all customers on record who purchased the affected product via U.S. Mail, which includes a recall letter, recall response form and arrangements for full credit returns, replacements, etc., of all recalled product.

Canagliflozin (Invokana, Invokamet) – Drug Safety Communication [05–16–17] Based on new data from two clinical trials (CANVAS and CANVAS-R); the FDA has determined that canagliflozin containing medications cause an increased risk of leg and foot amputations. The FDA is requiring that new warnings, including a Boxed Warning, be added to the canagliflozin drug labels. Canagliflozin is a medication used to treat Type 2 diabetes.

Brilinta (ticagrelor) 90 mg tablets, Physician Sample Bottles – Recall of One Lot [05–26–17] Astra Zeneca is voluntarily recalling one lot of professional (physician) sample bottles containing eight tablets of Brilinta 90 mg tablets. This recall is in response to a report of a professional sample bottle containing Brilinta 90 mg also contained another medication Zurampic (lesinurad) 200 mg tablets. The affected lot number is JB5047. Brilinta is an antiplatelet medication and Zurampic is a medication used to treat gout.

Mibela 24 Fe Chewable Tablets by Lupin Pharmaceuticals Inc. – Recall [05–29–17] Lupin Pharmaceuticals Inc. has recalled lot (L600518) of Mibelas 24 FE (norethindrone acetate and ethinyl estradiol 1 mg/0.02 mg chewable and ferrous fumarate 75 mg) tablets at the consumer level. This recall is due to a packaging error in which tablets were placed out of sequence, placing the user at risk for contraceptive failure and unintended pregnancy.

Eliquis (apixiban) 5 mg tablets – Recall of One Lot [06–13–17] Bristol–Meyers Squibb Company voluntarily recalled one lot (#HN0063) of Eliquis 5 mg tablets. This lot was distributed nationwide in the U.S. to wholesalers and retail pharmacies in February 2017. The recall is based on a customer complaint that a bottle labeled as Eliquis 5 mg was found to contain 2.5 mg tablets. This recall is to the retail/dispensing level and not to the consumer level.

Paliperidone Extended–Release Tablets 3 mg by Teva Pharmaceuticals – Recall [06–15–17] Teva pharmaceuticals initiated a voluntary recall of one lot of paliperidone extended–release tablets, 3 mg, 90 count bottles (lot 1160682A). This recall is due to tablets failing test results for dissolution.

P&T Email Box

Providers now have a new way to request medication additions, deletions, or other changes to the Presbyterian formularies. Submit these requests to the ASK PHP P&T mailbox at askphppt@phs.org and provide the following information:

- Drug name, dosage, strength
- What formulary agents, if any, are available in the same therapeutic class or for the same indication?
- Indicate the advantage of the recommended agent over the current formulary options.
- Submit supporting literature citations with the request.

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, Chad Valdez, RPh, at cvaldez4@phs.org or (505) 923-5530.

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

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