



Pharmacy and Therapeutics (P&T) Committee Provider Update

SECOND QUARTER 2018



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

P&T Committee Decisions Effective June 1, 2018

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 18, 2018**, 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 | | | | |
| Biktarvy® (bictegravir, emtricitabine and tenofovir alafenamide), 50-200-25 mg tablets | QL | Tier 4, QL | 2017: Tier 4, QL 2018: Tier 5, QL | Tier 5 |
| Bosulif® (bosutinib), 100 mg, 400 mg, 500 mg tablets | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA (New Starts) |
| Enbrel Mini™ (etanercept) for injection, 50 mg/mL single-dose prefilled cartridge for use with the AutoTouch™ reusable auto injector only | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA, QL |
| Erleada™ (apalutamide), 60 mg tablets | PA, QL | Tier 4, PA, QL | 2017: Tier 4, PA, QL 2018: Tier 5, PA, QL | Tier 5, PA, QL |
| Imbruvica® (ibrutinib) , 140 mg, 280 mg, 420 mg and 560 mg tablets packaged as a 4-week supply | PA, QL | Tier 4, PA, QL | 2017: Tier 4, PA, QL 2018: Tier 5, PA, QL | Tier 5, PA (New Starts), QL |

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| Drug Name | Centennial Care | Commercial | Metal Level Plans | Medicare* |
|--|-----------------|--------------------|--|--------------------------------------|
| Formulary Additions (continued) | | | | |
| Imfinzi® (durvalumab) injection, for intravenous use, 120/2.4 mL and 500 mg/10 mL solution in a single-dose vial | MB, PA | MB, PA | MB, PA | Tier 5, PA (New Starts), Part B Drug |
| Kalydeco® (ivacaftor), 150 mg tablets; 50 mg and 75 mg oral granules | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA, QL |
| Lyrica® CR (pregabalin), 82.5 mg, 165 mg and 330 mg extended-release tablets | NF | NF | NF | Tier 4, PA (New Starts), QL |
| Orkambi® (lumacaftor/ivacaftor), 200-125 mg tablets | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA, QL, SP |
| Renflexis™ (infliximab-abda), 100 mg/vial | MB, PA, SP | NF | NF | NF |
| Symdeko™ (tezacaftor/ivacaftor tablets; ivacaftor tablets), 100-150 mg and 150 mg tablets | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA, QL, SP |
| Symfi Lo™ (efavirenz, lamivudine and tenofovir disoproxil fumarate), 400-300-300 mg tablets | QL | Tier 4, QL | 2017: Tier 4, QL 2018: Tier 5, QL | Tier 5 |
| Trogarzo™ (ibalizumab-uiyk) injection, for intravenous use, 200 mg/1.33 mL in a single dose vial | MB | MB | MB | Tier 5, Part B Drug |
| Verzenio™ (abemaciclib), 50 mg, 100 mg, 150 mg and 200 mg tablets | PA, QL | Tier 4, PA, QL | 2017: Tier 4, PA, QL 2018: Tier 4, PA, QL | Tier 5, PA (New Starts), QL |
| New Generics – Unless otherwise noted, when a generic becomes available, the brand name product will be removed from the formularies. | | | | |
| efavirenz (generic for Sustiva®), 600 mg tablets | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 3 |
| lansoprazole (generic for Prevacid® Solutab®), 15 mg and 30 mg orally disintegrating tablets | PA | Tier 3, PA | 2017: Tier 3, PA 2018: Tier 4, PA | NF |
| memantine (generic for Namenda XR®), 7 mg, 14 mg, 21 mg and 28 mg extended release capsules | ST, QL | Tier 3, ST, QL | 2017: Tier 3, ST, QL 2018: Tier 4, ST, QL | NF |
| palonosetron (generic for Aloxi®), 0.25 mg/5 mL vial | MB, PA, QL | MB, PA, QL | MB, PA, QL | Tier 4, PA |
| ritonavir (generic for Norvir®), 100 mg tablets | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 4 |
| tiagabine (generic for Gabitril®), 12 mg and 16 mg tablets | NF | Tier 3 | 2017: Tier 3 2018: Tier 4 | Tier 4 |
| trientine (Syprine®), 250 mg capsule | NF | NF | NF | Tier 4 |

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| Drug Name | Centennial Care | Commercial | Metal Level Plans | Medicare* |
|---|-----------------|--------------------|--|--|
| Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes | | | | |
| acitretin (generic for Soriatane®), 10 mg, 17.5 mg and 25 mg capsules – <i>QL updated.</i> | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5 |
| Afstyla® [antihemophilic factor (recombinant), single chain], 250, 500, 1000, 1500, 2000, 2500 or 3000 IU - <i>Added to the formularies.</i> | MB, SP | MB, SP | MB, SP | MB, SP |
| alogliptin/pioglitazone (generic for Oseni), 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg tablets – <i>Added to Centennial Care, Commercial and Metal Level Plan Formularies with a ST requirement and QL.</i> | ST, QL | Tier 2, ST, QL | 2017: Tier 2, ST, QL 2018: Tier 3, ST, QL | NF |
| alprazolam extended-release (generic for Xanax® XR), 0.5 mg, 1 mg, 2 mg and 3 mg tablets – <i>Added to Centennial Care, Commercial and Metal Level Plan formularies.</i> | ST, QL | Tier 3, QL | 2017: Tier 3, QL 2018: Tier 4, QL | NF |
| Alunbrig® (brigatinib), 90 mg and 180 mg tablets, 90 and 180 mg therapy pack - <i>Added to the formularies.</i> | PA, QL | Tier, 4, PA, QL | 2017: Tier 4, PA, QL 2018: Tier 5, PA, QL | Tier 5, PA (New Starts), QL, SP |
| aripiprazole (generic for Abilify®), 5 mg, 10 mg, 15 mg, 20 mg and 30 mg tablets - <i>PA removed from Centennial Care, Commercial and Metal Level Plans. Tier lowered on Commercial and Metal Level Plans.</i> | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 4, ST, QL – 2 mg, 5 mg, 10 mg and 15 mg Tier 5, ST, QL – 20 mg and 30 mg |
| Cabometyx® (cabozantinib), 20 mg, 40 mg and 20 mg tablets - <i>PA criteria updated for Centennial Care, Commercial and Metal Level Plans.</i> | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA, QL, SP |
| celecoxib (generic for Celebrex®), 50 mg, 100 mg, 200 mg and 400 mg capsules – <i>ST removed from Centennial Care. Tier lowered on Commercial and Metal Level Plans.</i> | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 4, QL |
| Cimetidine oral solution, 300 mg/5 mL – <i>Tier increased on Commercial and Metal Level Plans.</i> | Formulary | Tier 2 | 2017: Tier 2 2018: Tier 3 | NF |
| Cinvanti® (aprepitant), 130 mg/18 mL injectable emulsion – <i>Added to the Centennial Care, Commercial and Metal Level Plan formularies.</i> | MB, PA | MB, PA | MB, PA | NF |
| clindamycin 1% topical gel and lotion (generic for Cleocin T®) – <i>QL added to Centennial Care, Commercial and Metal Level Plans.</i> | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 2 (gel only) |
| duloxetine (generic for Cymbalta®), 60 mg capsules – <i>QL increased to 60 capsules/30 days.</i> | QL | Tier 1, QL | 2017: Tier 1, QL 2018: Tier 2, QL | Tier 4, QL |

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|--|--|--|---|-----------------------------|
| Other Formulary Changes: Criteria Updates, Formulary Removals, and Tier Placement Changes (continued) | | | | |
| Eloctate® [antihemophilic factor (recombinant), Fc fusion protein], 250, 500, 750, 1000, 1500, 2000, 3000, 4000, 5000 and 6000 IU – <i>Removed from the formularies.</i> | NF | NF | NF | NF |
| enoxaparin (generic for Lovenox®), 30 mg/0.3 mL, 40 mg/0.4 mL, 60 mg/0.6 mL, 80 mg/0.8 mL, 100 mg/1 mL, 120 mg/0.8 mL and 150 mg/1 mL prefilled syringes – <i>PA criteria added for requests for greater than 30 syringes/90 days on Centennial Care, Commercial and Metal Level Plans.</i> | QL* *PA required for amounts exceeding QL | Tier 1, QL* *PA required for amounts exceeding QL | 2017: Tier 1, QL* 2018: Tier 2, QL* *PA required for amounts exceeding QL | Tier 2, QL |
| Fanapt® (iloperidone), 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg tablets and titration pack – <i>Change from ST to PA on Metal Level Plans.</i> | NF | NF | 2017: Tier 4, PA, QL 2018: Tier 5, PA, QL | NF |
| Granix® (tbo-filgrastim), 300 mcg/0.5 mL and 480 mcg/0.8 mL prefilled syringes – <i>Removed from the formularies. Zarxio will be formulary preferred G-CSF.</i> | NF | NF | NF | NF |
| Iclusig® (ponatinib), 15 mg and 45 mg tablets – <i>PA criteria updated on Centennial Care, Commercial and Metal Level Plan formularies.</i> | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA (New Starts), QL |
| Isentress® (raltegravir), 100 mg chewable tablets – <i>QL updated.</i> | QL | Tier 2, QL | 2017: Tier 2, QL 2018: Tier 3, QL | Tier 3 |
| Kovaltry® [antihemophilic factor (recombinant)], 250, 500, 1000, 2000 and 3000 IU – <i>Added to the formularies.</i> | MB, SP | MB, SP | MB, SP | MB, SP |
| lidocaine 5% transdermal patch (generic for Lidoderm®) – <i>PA removed on Commercial and Metal Level Plan formularies.</i> | NF | Tier 3, QL | 2017: Tier 3, QL 2018: Tier 4, QL | Tier 4, PA, QL |
| Nebupent® (pentamidine isethionate) inhalation powder for solution, 300 mg/mL – <i>Tier increased on Commercial and Metal Level Plans.</i> | QL, SP | Tier 3, QL, SP | 2017: Tier 3, QL, SP 2018: Tier 4, QL, SP | Tier 4, PA (B vs D) |
| Neupogen® (filgrastim) injection, 300 mcg/0.5 mL and 480 mcg/0.8 mL – <i>Removed from Centennial Care, Commercial and Metal Level Plan formularies. Zarxio will be formulary preferred G-CSF.</i> | NF | NF | NF | Tier 5, PA |
| Nuvaring® (ethinyl estradiol/etonogestrel), 11.7-2.7 mg vaginal ring and Xulane® (norelgestromin/ethinyl estradiol), 150/35 mcg/day patch – <i>AL added to Centennial Care, Commercial and Metal Level Plan formularies. Maximum age: 55 years.</i> | ST, QL, AL | \$0, ST, QL, AL | \$0, ST, QL, AL | Tier 4 |
| Nuwiq® [antihemophilic factor (recombinant)], 250, 500, 1000, 2000, 2500, 3000 and 4000 IU – <i>Added to the formularies.</i> | MB, SP | MB, SP | MB, SP | MB, SP |

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|---|--|--|--|--|
| Paxil® (paroxetine), 10 mg/5 mL oral suspension – PA added to Centennial Care, Commercial and Metal Level Plans. | PA, QL | Tier 3, PA, QL | 2017: Tier 3, PA, QL 2018: Tier 4, PA, QL | Tier 3, PA |
| Remicade® (infliximab), 100 mg/vial – NF on Centennial Care for all indications except for Pediatric Ulcerative Colitis (UC) and Juvenile Rheumatoid Arthritis (JRA). Renflexis will be formulary-preferred infliximab product on Centennial Care. | MB, PA, SP* *Covered for pediatric UC and JRA | MB, PA, SP | MB, PA, SP | Tier 5, PA |
| sevelamer (generic for Renvela®), 800 mg tablet – Tier increased on Commercial and Metal Level Plans. | Formulary | Tier 4 | 2017: Tier 4 2018: Tier 5 | Tier 3 |
| Sprycel® (dasatinib), 20 mg, 50 mg, 70 mg, 80 mg, 100 mg and 140 mg tablets - PA criteria updated on Centennial Care, Commercial and Metal Level Plan formularies. | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA (New Starts), QL |
| Tasigna® (nilotinib), 150 mg and 200 mg capsules - PA criteria updated on Centennial Care, Commercial and Metal Level Plan formularies. | PA, QL, SP | Tier 4, PA, QL, SP | 2017: Tier 4, PA, QL, SP 2018: Tier 5, PA, QL, SP | Tier 5, PA (New Starts), QL |
| vancomycin (generic for Vancocin®), 125 mg and 250 mg capsules – Change from PA to ST requirement for 125 mg strength. Updated PA criteria for 250 mg strength. | ST, QL (125 mg) PA, QL (250 mg) | Tier 3, ST, QL (125 mg) Tier 3, PA, QL (250 mg) | 2017: Tier 3, ST, QL (125 mg) Tier 3, PA, QL (250 mg) 2018: Tier 4, ST, QL (125 mg) Tier 4, PA, QL (250 mg) | Tier 4 |
| Victoza® (liraglutide), 18 mg/3 mL pen injector – PA criteria updated for Centennial Care. Trulicity will be formulary-preferred product on the Centennial Care formulary. | PA, QL | Tier 2, ST, QL | 2017: Tier 2, ST, QL 2018: Tier 3, ST, QL | Tier 3, QL |
| Vimpat® (lacosamide), 50 mg, 100 mg, 150 mg, 200 mg tablets and 10 mg/mL oral solution – Centennial Care PA Criteria updated to allow for ages 4 years and older. | PA, QL | Tier 4, ST, QL | 2017: Tier 4, ST, QL 2018: Tier 5, ST, QL | Tier 4, ST |
| Xgeva® (denosumab) injection, for subcutaneous use, 120 mg/1.7 mL (70 mg/mL) solution in a single-dose vial - Prior authorization criteria updated for Centennial Care, Commercial and Metal Level Plans. | MB, PA, SP | MB, PA, SP | MB, PA, SP | Tier 5, PA, Part B Drug |
| Xifaxan® (rifaxamin), 200 mg and 550 mg tablets – PA criteria updated. | PA, QL | Tier 4, PA, QL | 2017: Tier 4, PA, QL 2018: Tier 5, PA, QL | Tier 4, PA, QL (200 mg) Tier 5, PA, QL (550 mg) |
| Xigduo® XR (dapagliflozin/metformin), 2.5-1000 mg, 5-500 mg, 5-1000 mg, 10-500 mg and 10-1000 mg tablets – Added to the Centennial Care formulary with a PA requirement and QL. Added to Commercial and Metal Level Plan formularies with a ST requirement and QL. | PA, QL | Tier 2, ST, QL | 2017: Tier 2, ST, QL 2018: Tier 3, ST, QL | Tier 3, ST, QL |

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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 the 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 the Centennial Care Practitioner and Provider Manuals are also available online at <https://www.phs.org/providers/resources/training-education/Pages/outreach.aspx> 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

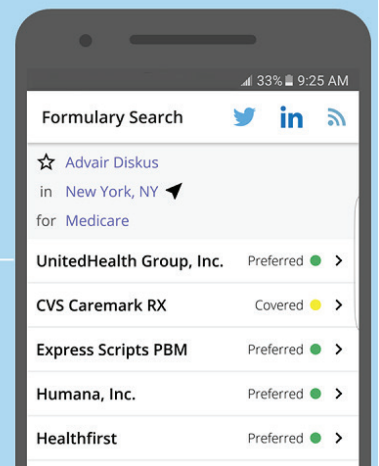
As a reminder, Presbyterian formularies are also accessible through the Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required. Search from your desktop at www.FormularyLookup.com or download the free app today.

Formulary Search

#1 drug formulary app on the web



“Take the guesswork out of selecting medications for your patients and reduce staff time spent on getting authorizations”



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 the ASK PHP P&T mailbox at askphppt@phs.org. The form can be accessed at: http://docs.phs.org/idc/groups/public/documents/communication/pel_00251399.pdf

Food and Drug Administration (FDA) Alerts from January 2018 to April 2018.

For a full list of FDA alerts and additional information, see the FDA website at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts>

- **Prescription Opioid Cough and Cold Medications - Drug Safety Communication (Jan. 11, 2018):** The FDA is requiring that prescription cough and cold medications containing codeine or hydrocodone be limited to use in adults 18 years of age and older because the risks of these medications outweigh the benefits in children younger than 18. The FDA is also requiring that additional safety information about the risks of misuse, abuse, addiction, overdose and slowed breathing be added to the Boxed Warning on the drug labels for these medications.

Based on the recommendations from the FDA regarding the use of opioid cough and cold medications in children and a previous FDA alert that addressed the use of codeine or tramadol for the treatment of pain in children and breastfeeding mothers, Presbyterian will be making the following changes to the coverage of these medications:

- For patients less than 18 years of age, the following products will no longer be covered:
 - Cough and cold preparations that contain codeine or hydrocodone
 - For children 12 to 18 years of age, the following prior authorization criteria will apply:
 - Patient must be greater than 12 years old (*Codeine and tramadol products are not covered for any indication under 12 years of age*)
 - Child does not have any of the following diagnoses:
 - ◆ Obesity
 - ◆ Obstructive Sleep Apnea
 - ◆ Severe Lung Disease
 - Tramadol will not be covered to treat postoperative pain management of tonsillectomy and/or adenoidectomy.
 - Breastfeeding mothers taking codeine or tramadol:
 - A soft reject (CDUR) will be added that looks back in pharmacy claims for prenatal vitamins.
- **Varubi (rolapitant) Injectable Emulsion - Health Care Provider Letter (Jan. 16, 2018):** Varubi is a medication used to prevent delayed chemotherapy induced nausea and vomiting. Anaphylaxis, anaphylactic shock and other serious hypersensitivity reactions have been reported in the post-marketing setting during or soon after the infusion of Varubi. Tesaro, the manufacturer of Varubi, has issued a healthcare provider letter with information regarding these risks and how to manage anaphylaxis or other serious hypersensitivity/infusion reactions. The drug label for Varubi will also be updated with this information. The healthcare provider letter may be accessed at: <https://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM592573.pdf>
 - **Imodium (loperamide) for Over-the-Counter Use - Drug Safety Communication (Jan. 30, 2018):** The FDA is working with manufacturers of OTC loperamide products to use blister packs or other single dose packaging to limit the number of doses in a package. This action is prompted by continued reports of serious heart problems and deaths with use of much higher than recommended doses of loperamide, primarily among people who are intentionally misusing or abusing the product.
 - **Ocaliva (obeticholic acid) - Drug Safety Communication (Feb. 1, 2018):** The FDA is warning that the liver disease medication Ocaliva has been incorrectly dosed daily instead of weekly in patients with moderate to severe primary biliary cholangitis (PBC). The FDA is clarifying the current recommendations for screening, dosing, monitoring and managing PBC patients with moderate to severe liver disease taking Ocaliva. A new Boxed Warning will be added to the drug label to highlight this information.
 - **Acyclovir 400 mg tablets by Apace Packaging – Recall (Feb. 1, 2018):** Apace Packaging voluntarily recalled one lot of Acyclovir Tablet USP, 400 mg, 50 ct Unit dose, NDC# 50268-061-15, Lot Number 19900, to the retail level. A small number of blister cards containing acyclovir tablets may potentially also include torsemide, 20 mg tablets. Apace Packaging LLC notified its distributors and customers and arranged for the return of all recalled product.
 - **Clarithromycin (Biaxin) - Drug Safety Communication (Feb. 13, 2018):** The FDA advised caution when prescribing the antibiotic clarithromycin to patients with heart disease due to a potential increased risk of heart problems or death that can occur years later. In a large clinical trial, CLARICOR, an unexpected increase in deaths among patients with coronary heart disease who had received a two-week course of clarithromycin was observed.



Presbyterian Health Plan, Inc.
Provider Network Management
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

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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 from 8 a.m. to 5 p.m., or email the ASK PHP P&T mailbox at askphppt@phs.org.