



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

Pharmacy and Therapeutics Update

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

THIRD QUARTER 2021

Pharmacy and Therapeutics (P&T) Committee Decisions Effective Sept. 1, 2021

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 **July 21, 2021**, and we would like to share the decisions that affect our formularies and pharmacy benefits.

Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Formulary Additions				
Ukoniq™ (umbralisib) 200mg tablets	Antineoplastic Agent	F, PA, QL, SP	T4, PA, QL, SP	T5, PA, QL, SP
Rybrevant™ (amivantamab-vmjw) 350mg/7mL vial	Antineoplastic Agent	MB, PA	MB, PA	MB, PA
Lumakras™ (sotorasib) 120mg tablets	Antineoplastic Agent	F, PA, QL, SP	T4, PA, QL, SP	T5, PA, QL, SP
Lybalvi™ (olanzapine/samidorphan) 5mg/10mg, 10mg/10mg, 15mg/10mg and 20mg/10mg tablets	Antimanic agent/ atypical antipsychotic	F, PA, QL	NF	NF
Cosentyx® (secukinumab) 75mg/0.5mL prefilled syringe	Anti-interleukin 17A Monoclonal Antibody	F, PA, SP, QL	NF	NF
Pancreaze® (lipase/protease/amylase) 2,600 units/6,200 units/10,850 units; 37,000 units/97,300 units/149,900 units delayed release capsules	Pancreatic enzyme replacement	F	T2	T3
Skyrizi® (Risankizumab-RZAA) 150mg auto-injector, 150mg prefilled syringe	Interleukin-23 Inhibitor	F, PA, SP, QL	T4, PA, SP, QL	T5, PA, SP, QL
Xpovio® (selinexor) Dose Packs: 40mg once weekly pack, 40mg twice weekly pack, 80mg once weekly pack, 100mg once weekly pack, 60mg once weekly pack, 250mg daily- dose pack	Antineoplastic Agent	F, PA, SP, QL	T4, PA, SP, QL	T5, PA, SP, QL
*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, AL = Age Limit, BE = Benefit Exclusion				

Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Formulary Additions (continued)				
Admelog® (insulin lispro injection) Vials: 100 unit/mL (10mL), Pen-injector: 100 units/mL (3mL) <i>Effective July 1, 2021</i>	Insulin	F, QL	NF	NF
insulin aspart protamine and insulin aspart (generic for Novolog® 70/30 Mix) Vials: 100 units/mL (10mL), FlexPen: 100units/mL (3mL) <i>Effective July 1, 2021</i>	Insulin	F, QL	NF	NF
New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies.				
isotretinoin (generic for Absorica®) 25mg, 35mg capsules	Acne Treatment	F, PA, QL, AL	T3, PA, QL, AL	T4, PA, QL, AL
bepotastine besilate (generic for Bepreve®) 1.5%, 5mL, 10mL bottles	Antihistamine Eye Drops	NF	NF	T4, PA
ethinyl estradiol and levonorgestrel (generic for Dolishale™) 0.02mg/0.09mg tablets	Oral Contraceptive	F	T1	T2
etravirine (generic for Intelence®) 100mg, 20mg tablets	Antiretroviral	F, QL	T4, QL	T5, QL
lopinavir/ritonavir (generic for Kaletra®) 100mg/25mg, 200mg/50mg tablets	Antiretroviral	QL	T1, QL	T2, QL
calcitonin salmon (generic for Miacalcin®) 2mL vials	Osteoporosis Treatment	NF	T4	T5
tiopronin (generic for Thiola®) 100mg tablets	Kidney Stone Prevention	F, PA, QL	T4, PA, QL	T5, PA, QL
Other Changes				
Benlysta® (belimumab) 120mg, 40mg vial 200mg auto-injector and pre-filled syringe <i>Updated prior authorization criteria.</i>	Lupus treatment	MB, PA, SP	MB, PA, SP	MB, PA, SP
Tagrisso® (osimertinib) 80mg and 40mg tablet <i>Added specialty pharmacy mandate.</i>	Antineoplastic Agent	F, PA, SP, QL	T4, PA, SP, QL	T5, PA, SP, QL
Iclusig (ponatinib) 10mg, 15mg, 30mg and 45mg tablets <i>Added specialty pharmacy mandate.</i>	Antineoplastic Agent	F, PA, SP, QL	T4, PA, SP, QL	T5, PA, SP, QL
Symdeko® (tezacaftor/ivacaftor; ivacaftor) tezacaftor 50mg/ivacaftor 75mg fixed-dose combination tablets co-packaged with ivacaftor 75mg tablets <i>Updated prior authorization criteria.</i>	Cystic Fibrosis Treatment	F, PA, SP, QL, AL	T4, PA, SP, QL, AL	T5, PA, SP, QL, AL
Botox® (onabotulinumtoxinA) 100 units or 200 units vials <i>Updated prior authorization criteria.</i>	Neuromuscular Blocker Agent	MB, PA	MB, PA	MB, PA
Vyxeos® (daunorubicin and cytarabine) 44mg/100mg single dose vial <i>Updated prior authorization criteria.</i>	Antineoplastic Agent	MB, PA	MB, PA	MB, PA
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Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Other Changes (continued)				
Amphetamine/dextroamphetamine (generic for Adderall ®) 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg, 30mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
Amphetamine/dextroamphetamine (generic for Adderall ® XR) 5mg, 10mg, 15 mg, 20mg, 25mg, 30mg capsules <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
Dexcom ® Continuous Glucose Monitor Sensor, reader, transmitter <i>Updated prior authorization criteria.</i>	Continuous Glucose Monitor	F, PA, QL	T2, PA, QL	T3, PA, QL
dexmethylphenidate (generic for Focalin ®) 2.5mg, 5mg, 10mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T3, PA, AL, QL	T4, PA, AL, QL
dexmethylphenidate (generic for Focalin ® XR) 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg capsules <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T3, PA, AL, QL	T4, PA, AL, QL
Nasacort ® Allergy 24 Hour (triamcinolone) 55mcg/actuation <i>Removed from Centennial Care formulary.</i>	Nasal Steroid	NF	NF	NF
Nasacort ® AQ (triamcinolone) 55mcg/actuation <i>Added to Centennial Care formulary.</i>	Nasal Steroid	F	NF	T2
methylphenidate (generic for Ritalin ®) 5mg, 10mg, 20mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
methylphenidate ER (generic for Concerta ®) 18mg, 27mg, 36mg, 54mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
methylphenidate oral solution (generic for Methylin ® solution) 5mg/5mL, 10mg/5 mL <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
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Centennial, Commercial and Metal Formulary Updates

Drug Name	Therapeutic Class	Centennial Care*	Commercial*	Metal Level Plans*
Other Changes (continued)				
methylphenidate ER (CD) (generic for Metadate ® CD) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg capsules <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
methylphenidate ER 10mg, 18mg, 20mg, 27mg, 3mg, 54mg, 72mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
atomoxetine (generic for Strattera ®) 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg capsules <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Attention deficit hyperactivity disorder (ADHD) treatment	F, AL, QL	T3, PA, AL, QL	T4, PA, AL, QL
Vyvanse ® (lisdexamfetamine) 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg) <i>Updated prior authorization criteria.</i>	Stimulant	F, PA, QL	T4, PA, AL, QL	T5, PA, AL, QL
dextroamphetamine IR 5mg, 10mg tablets <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
dextroamphetamine ER (generic for Dexedrine ®) 5mg, 10mg, 15mg capsules <i>Removed prior authorization requirement for Centennial Care formulary.</i>	Stimulant	F, AL, QL	T1, PA, AL, QL	T2, PA, AL, QL
Novolog ® (insulin aspart injection) Vials: 100 unit/mL (10mL), Cartridge: 100 units/mL (3mL), Pen-Injector: 100 units/mL (3mL) <i>Removed from Centennial Care formulary. Effective July 1, 2021</i>	Insulin	NF	T2, QL	T3, QL
Fiasp ® (insulin aspart injection) Vials: 100 unit/mL (10mL), Cartridge: 100 units/mL (3mL), Pen-Injector: 100 units/mL (3mL) <i>Removed from Centennial Care formulary. Effective July 1, 2021</i>	Insulin	NF	T2, QL	T3, QL
Novolog ® 70/30 Mix (insulin aspart protamine and insulin aspart) Vials: 100 unit/mL (10mL), Flex Pen: 3mL <i>Removed from Centennial Care formulary. Effective July 1, 2021</i>	Insulin	NF	T2, QL	T3, QL
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Medicare Formulary Changes

Drug Name	Coverage*	Date Submitted for Update
Formulary Additions		
esomeprazole (generic for Nexium ®) 20mg, 4mg oral capsule	T2, QL	May 1, 2021
Fotivda ® (tivozanib) 0.89mg, 1.34mg tablet	T5, PA, QL, NDS, SP	July 1, 2021
teriparatide (generic for Forteo ®) 620mcg/2.48mL pen	T5, PA, QL	June 1, 2021
Formulary Deletions		
Northera ® (droxidopa) 100mg, 200mg, 300mg capsule	NF	June 1, 2021
Truvada ® (emtricitabine/tenofovir disoproxil fumarate) 100/150mg, 133/200mg, 167/250mg tablets	NF	May 1, 2021
New Generics		
brinzolamide (generic for Azopt ®) 1% ophthalmic suspension	T2	May 1, 2021
droxidopa (generic for Northera ®) 100mg, 200mg, 300mg capsule	T4, PA, QL	June 1, 2021
tiopronin (generic for Thiola ®) 100mg tablet	T5	July 1, 2021
New Products		
Tepmetko ® (tepotinib) 225mg oral tablet	T5, PA, QL, NDS	May 1, 2021
Ukoniq ® (umbralisib) 200mg oral tablet	T5, PA, QL, NDS	June 1, 2021
Xpovio ® (selinexor) 40mg, 50mg, 60mg oral tablet therapy pack	T5, PA, QL, NDS	July 1, 2021
Xtandi ® (enzalutamide) 40mg, 80mg oral tablet	T5, PA, QL, NDS	July 1, 2021
Other Formulary Changes		
acyclovir (generic for Zovirax ®) 5% cream	T4	May 1, 2021
albuterol sulfate HFA (generic for ProAir ®, Proventil ®, Ventolin ®) 108mcg/act inhalation	T2	May 1, 2021
atovaquone (generic for Mepron ®) 750mg/ 5ml oral suspension	T4, NDS	May 1, 2021
Dexamethasone (generic for Decadron ®) 1mg, 2mg oral tablet	T2	May 1, 2021
efavirenz (generic for Sustiva ®) 200mg oral capsule	T2, NDS	May 1, 2021
ethacrynic acid (generic for Edecrin ®) 25mg oral tablet	T4, NDS	May 1, 2021
felbamate (generic for Felbatol ®) 600mg/5ml oral suspension	T3, NDS	May 1, 2021
prednisone (generic for Deltasone ®) 50mg oral tablet	T2	May 1, 2021
efavirenz (generic for Sustiva ®) 50mg capsule	T2	June 1, 2021
efavirenz (generic for Sustiva ®) 600mg oral tablet	T2	June 1, 2021
loteprednol etabonate (generic for Lotemax ®) 0.5% ophthalmic gel	T3	June 1, 2021
*Coverage acronym meanings: 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, AL = Age Limit, BE = Benefit Exclusion, NDS = Non-Extended Day Supply		

Food and Drug Administration (FDA) Alerts

April 13, 2021 to June 29, 2021

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 ChloraPrep™ Hi-Lite Orange™ manufactured by BD [04/20/2021]** - BD announced a voluntary, user-level recall of specific lots of ChloraPrep Hi-Lite Orange 26mL applicator (2% w/w chlorhexidine gluconate and 70% v/v isopropyl alcohol) due to a defective applicator. In the recalled lots, the applicator end cap was improperly secured due to a manufacturing error. Consumers should contact their physician or healthcare provider if they have experienced any problems that may be related to the recalled ChloraPrep product. Anyone with an existing inventory of the recalled product should stop use, distribution and quarantine the product immediately. **Presbyterian's Response:** Informed providers in the P&T newsletter.
2. **Recall of Gamunex-C manufactured by Grifols [04/27/2021]** - Therapeutics announced a voluntary, consumer-level withdrawal of one lot of Gamunex-C (immune globulin [human]) injection due to a higher rate of allergic/hypersensitivity type reactions, a small number of which were considered medically significant. Patients should contact their physician or healthcare provider if they have experienced any problems that may be related to using the withdrawn Gamunex-C injection. Anyone with an existing inventory of the withdrawn product should stop use and quarantine the product immediately. **Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to prescribing providers and members who had prescription claims for potentially affected lots of medication.
3. **Recall of NP Thyroid® manufactured by Acella [04/29/2021]** - Acella Pharmaceuticals announced a voluntary, consumer-level recall of 35 lots of 15mg, 30mg, 60mg, 90mg and 120mg NP Thyroid (thyroid) tablets because testing has found these lots to be subpotent. The products contain less than 90% of the labeled amount of liothyronine (T3) and/or levothyroxine (T4). Patients should contact their physician or healthcare provider if they have experienced any problems that may be related to using the recalled NP Thyroid tablets. Anyone with an existing inventory of the recalled product should stop use and quarantine the product immediately. **Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to prescribing providers and members who had prescription claims for potentially affected lots of medication.
4. **Safety update for Ocaliva® manufactured by Intercept Pharmaceuticals [05/26/2021]** - The FDA announced that a new contraindication will be added to the Ocaliva (obeticholic acid) drug label stating that it should not be used in primary biliary cholangitis (PBC) patients with advanced cirrhosis. The Boxed Warning will also be revised to include this information along with related warnings about this risk. Patients with PBC who have cirrhosis and are taking Ocaliva should talk to their healthcare provider about these new warnings. **Presbyterian's Response:** Informed providers in the P&T newsletter.
5. **Recall of metformin ER manufactured by Viona Pharmaceuticals [02/12/2021]** - Viona Pharmaceuticals Inc. announced a voluntary, consumer-level recall of two lots of metformin 750mg ER tablets due to contamination with n-nitrosodimethylamine (NDMA). Patients who have the recalled metformin ER should continue taking it until a doctor or pharmacist gives them a replacement or a different treatment option. **Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to prescribing providers and members who had prescription claims for potentially affected lots of medication.
6. **Withdrawal of UltiCare® pen needles manufactured by Ultimed [06/15/2021]** - UltiMed announced a consumer-level withdrawal of one lot of UltiCare pen needles 6mm x 31G due to a report received that the inner box and case label expiration date is incorrectly labeled as Feb. 28, 2006; the correct expiration date is Feb. 28, 2026. Anyone with an existing inventory of the withdrawn product should stop use, distribution and quarantine the product immediately. **Presbyterian's Response:** Informed providers in the P&T newsletter and sent letters to prescribing providers and members who had prescription claims for potentially affected lots of medication.

NOTE: Notification is sent to Presbyterian members regarding Class I or II drug recalls or market withdrawals due to a drug safety issue. Notification regarding drug recalls that are lot-specific is not required as it is not possible for the health plan to identify members who were dispensed a specific lot of a medication.

IMPORTANT INFORMATION AND NOTIFICATIONS

Flu Vaccine Coverage

Influenza is a potentially serious disease that can lead to hospitalization and sometimes death. An annual seasonal flu vaccine is the best way to help protect against the flu. We would like to take this opportunity to provide information on Presbyterian's coverage of flu vaccines for the 2021-2022 flu season.

Presbyterian members can receive covered flu vaccines listed below during the flu season at participating pharmacies at no charge (i.e., no copay). Presbyterian members may also obtain a flu vaccine through their medical benefit (e.g., if administered in their provider's office). Presbyterian members under 19 years of age may also receive flu vaccines provided by the Vaccines for Children Program.

Presbyterian will cover standard dose quadrivalent vaccines for members of all ages under the pharmacy benefit. High-dose vaccines (e.g., Fluzone HD and Fludax) are covered for Presbyterian members 65 years of age and older. Coverage of Flublok Quadrivalent through the pharmacy benefit is considered for members 18 years of age or older with a documented egg allergy.

Additional information about the flu and flu vaccines is provided by the Centers for Disease Control and Prevention at <https://www.cdc.gov/flu/index.htm>.

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:
www.phs.org/providers/formularies.

Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at www.phs.org/providers/formularies.

The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manual are also available online at 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. Providers may receive a printed copy of the Centennial Care Practitioner and Provider Manual at no cost by contacting their Presbyterian Provider Network Management relationship executive. Providers may find their relationship executive's contact information at www.phs.org/ContactGuide.

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.

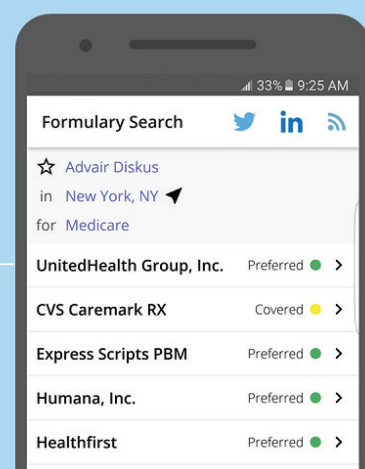
Search from your desktop at www.FormularyLookup.com or download the free app today.

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. Please 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.

Presbyterian Health Plan 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. 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 find out 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 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 from the App Store or Google Play.

For questions about the formulary coverage of medications, call the Presbyterian 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 the ASKRX Email at 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.

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 the ASK PHP P&T mailbox at askphppt@phs.org.