

# P&T Committee Updates: December 2017

At the December 7, 2017 meeting, the Pharmacy & Therapeutics (P&T) Committee made the following changes to the standard commercial NPS formularies.

## Brand Name Formulary Additions

Drug	Use	Status	Utilization Management	Specialty
<b>Aliqopa® (copanlisib)</b>	Lymphoma	Non-preferred	Prior Authorization	Yes
<b>Benlysta® (belimumab subcutaneous)</b>	Lupus	Non-preferred	Prior Authorization, Quantity Limit: 4 syringes or auto-injectors/ 28 days	Yes
<b>Bevyxxa® (betrixaban)</b>	Blood Clot Prevention	Non-preferred	Quantity Limit: 31 caps/30 days	No
<b>Bydureon BCise® (exenatide extended-release)</b>	Type 2 Diabetes	Preferred	Step Therapy, Quantity Limit: 4 auto-injectors/28 days	No
<b>Calquence® (acalabrutinib)</b>	Lymphoma	Non-preferred	Prior Authorization, Quantity Limit: 60 caps/30 days	Yes
<b>Cotempla XR-ODT® (methylphenidate extended-release ODT)</b>	ADHD	Non-preferred	Step Therapy, Age Edit: 6 to 17 years of age, Quantity Limit: 8.6 mg: 30 ODT/30 days, 17.3 mg, 25.9 mg: 60 ODT/30 days	No
<b>Duzallo® (lesinurad/ allopurinol)</b>	Gout	Non-preferred	Step Therapy, Quantity Limit: 30 tabs/30 days	No
<b>Haegarda® (C1 Esterase Inhibitor)</b>	Prevention of Angioedema Attacks	Non-preferred	Prior Authorization	Yes
<b>Intrarosa® (prasterone)</b>	Painful Intercourse	Non-preferred	Quantity Limit: 28 vaginal inserts/28 days	No
<b>Jadenu® Sprinkle Granules (deferasirox)</b>	Iron Overload	Non-preferred	Prior Authorization	Yes
<b>Mavyret® (glecaprevir/ pibrentasvir)</b>	Hepatitis C	Preferred	Prior Authorization, Quantity Limit: 84 tabs/28 days	Yes
<b>Mydayis® (amphetamine mixed salts)</b>	ADHD	Non-preferred	Step Therapy, Age Edit: 13 years and older, Quantity Limit: 30 caps/30 days	No
<b>Mylotarg® (gemtuzumab ozogamicin)</b>	Leukemia	Non-preferred	Prior Authorization	Yes
<b>Nityr® (nitisinone tablets)</b>	Metabolic Disorder	Non-preferred	Prior Authorization	Yes
<b>Renflexis® (infliximab-abda)</b>	Inflammatory Conditions	Non-preferred	Prior Authorization	Yes
<b>Shingrix® (zoster vaccine recombinant, adjuvanted)</b>	Shingles Prevention	Preferred	Age Edit: 50 years of age or older, Quantity Limit: 2 doses/lifetime	No
<b>Trelegy Ellipta® (fluticasone furoate/ umeclidinium/ vilanterol)</b>	COPD	Non-preferred	Quantity Limit: 1 inhaler/30 days	No
<b>Tremfya® (guselkumab)</b>	Psoriasis	Non-preferred	Prior Authorization	Yes
<b>Triptodur® (triptorelin)</b>	Early Puberty	Non-preferred	Prior Authorization, Quantity Limit: 1 injection/24 weeks	Yes
<b>Varubi® IV (rolapitant)</b>	Nausea	Non-preferred	Prior Authorization	No
<b>Verzenio® (abemaciclib)</b>	Breast Cancer	Non-preferred	Prior Authorization, Quantity Limit: 56 tabs/28 days	Yes
<b>Vosevi® (sofosbuvir/ velpatasvir/ voxilaprevir)</b>	Hepatitis C	Non-preferred	Prior Authorization, Quantity Limit: 28 tabs/28 days	Yes

## Utilization Management Changes

Drug	Use	Utilization Management Changes
<b>ActHIB®, PedvaxHIB® (Haemophilus B Conjugate Vaccine)</b>	Infection Prevention	Removal of Prior Authorization
<b>Adacel®, Boostrix® (Diphtheria/ Tetanus/ Acellular Pertussis Booster Vaccine)</b>	Diphtheria, Tetanus, Whooping Cough Prevention	Removal of Prior Authorization
<b>Albenza® (albendazole tablet)</b>	Parasite Infection	Addition of Prior Authorization
<b>Biltricide® (praziquantel tablet)</b>	Parasite Infection	Addition of Prior Authorization
<b>Byetta®, Bydureon® (Exenatide solution for injection)</b>	Type 2 Diabetes	Removal of Prior Authorization
<b>Comvax® (Haemophilus B Conjugate and Hepatitis B Vaccine)</b>	Infection, Hepatitis B Prevention	Removal of Prior Authorization
<b>Daptacel® (Diphtheria, Tetanus, Acellular Pertussis Vaccine)</b>	Diphtheria, Tetanus, Whooping Cough Prevention	Removal of Prior Authorization
<b>Desoxyn® (methamphetamine tablet)</b>	ADHD, Obesity	Addition of Step Therapy
<b>Dexedrine Spansule® (dextroamphetamine extended-release capsule)</b>	ADHD, Narcolepsy	Addition of Step Therapy
<b>Dexedrine® (dextroamphetamine tablet)</b>	ADHD, Narcolepsy	Addition of Step Therapy
<b>Diphtheria and Tetanus</b>	Diphtheria and Tetanus Prevention	Removal of Prior Authorization
<b>Emverm® (mebendazole chewable tablet)</b>	Parasite Infection	Addition of Prior Authorization
<b>Engerix B® (Hepatitis B Vaccine, Recombinant)</b>	Hepatitis B Prevention	Removal of Prior Authorization
<b>Flumist® (Influenza Virus Vaccine, Live)</b>	Influenza	Removal of Prior Authorization
<b>Fluvirin®, Afluria®, Fluzone®, Flucelvax®, Fluarix®, Flulaval® (Influenza Virus Vaccine, subvirion)</b>	Influenza	Removal of Prior Authorization
<b>Gardasil® (Human Papillomavirus Recombinant Vaccine Quadrivalent)</b>	HPV Prevention	Removal of Prior Authorization
<b>Havrix® (Hepatitis A Vaccine, Inactivated)</b>	Hepatitis A Prevention	Removal of Prior Authorization
<b>Imovax® Rabies, RabAvert® (Rabies Vaccine)</b>	Rabies Prevention	Removal of Prior Authorization
<b>Infanrix® (Diphtheria/ Tetanus/ Acellular Pertussis Vaccine)</b>	Diphtheria, Tetanus, Whooping Cough Prevention	Removal of Prior Authorization
<b>Ixiaro® (Japanese Encephalitis Virus Vaccine)</b>	Japanese Encephalitis Prevention	Removal of Prior Authorization
<b>Menactra®, Menomune® (Meningococcal Vaccine/ Diphtheria Conjugate)</b>	Meningitis, Diphtheria Prevention	Removal of Prior Authorization
<b>MMR II® (Measles/ Mumps/ Rubella Vaccine)</b>	Measles, Mumps, Rubella Prevention	Removal of Prior Authorization
<b>Orencia® (abatacept)</b>	Arthritis	Addition of Quantity Limit: 4 prefilled syringes or auto-injectors/28 days
<b>Pediarix® (Diphtheria Toxoid/ Hepatitis B Recombinant/ Acellular Pertussis/ Poliovirus/ Inactivated/Tetanus Toxoid)</b>	Diphtheria, Hepatitis B, Whooping Cough, Polio, Tetanus Prevention	Removal of Prior Authorization
<b>Pneumovax® (Pneumococcal Vaccine Polyvalent)</b>	Pneumococcal Prevention	Removal of Prior Authorization
<b>Prevnar® (Pneumococcal Vaccine/ Diphtheria Conjugate)</b>	Pneumococcal, Diphtheria Prevention	Removal of Prior Authorization
<b>ProCentra® (dextroamphetamine oral solution)</b>	ADHD, Narcolepsy	Addition of Step Therapy
<b>ProQuad® (Measles/ Mumps/ Rubella/ Varicella Vaccine, Live)</b>	Measles, Mumps, Rubella, Chickenpox Prevention	Removal of Prior Authorization

Drug	Use	Utilization Management Changes
<b>RotaTeq® (Rotavirus Vaccine, Live, Pentavalent)</b>	Rotavirus Prevention	Removal of Prior Authorization
<b>Tice BCG® (Bacillus of Calmette-Guerin Vaccine, Live)</b>	Bladder Cancer	Removal of Prior Authorization
<b>Twinrix® (Hepatitis A/ Hepatitis B Vaccine)</b>	Hepatitis A, Hepatitis B Prevention	Removal of Prior Authorization
<b>Typhim VI® (Typhoid Vi Polysaccharide Vaccine)</b>	Typhoid Prevention	Removal of Prior Authorization
<b>Vaqta® (Hepatitis A Vaccine, Inactivated)</b>	Hepatitis A Prevention	Removal of Prior Authorization
<b>Varivax® (Varicella Virus Vaccine)</b>	Chickenpox Prevention	Removal of Prior Authorization
<b>Vivotif® (Typhoid Vaccine, Live)</b>	Typhoid Prevention	Removal of Prior Authorization
<b>YF-Vax® (Yellow Fever Vaccine)</b>	Yellow Fever Prevention	Removal of Prior Authorization
<b>Zostavax® (Zoster Vaccine Live)</b>	Shingles Prevention	Removal of Prior Authorization

Additionally, the Brand Non-Sedating Antihistamine Step Therapy Program and the Xartemis XR Step Therapy Program have been terminated due to lack of brand name, prescription only drug product(s) or the discontinuation of the drug product.

## Generic Formulary Additions

Generic	Brand Name	Use	Generic Status	Specialty
<b>Lanthanum chewable tablet</b>	Fosrenol®	Kidney Failure	Non-preferred	No
<b>Lidocaine 3.88% cream</b>	Lidotral®	Topical Pain Relief	Non-preferred	No
<b>Paroxetine mesylate capsule</b>	Brisdelle®	Hot Flashes	Non-preferred	No
<b>Fosamprenavir tablet</b>	Lexiva®	HIV	Non-preferred	No
<b>Sodium phenylbutyrate tablet</b>	Buphenyl®	Enzyme Deficiency	Non-preferred	Yes
<b>Abacavir solution</b>	Ziagen®	HIV	Non-preferred	No
<b>Moxifloxacin for IV injection</b>	Avelox®	Infections	Non-preferred	No
<b>Glatiramer 40 mg subcutaneous injection</b>	Copaxone®	Multiple Sclerosis	Non-preferred	Yes
<b>Testosterone gel</b>	Testim®	Testosterone Replacement	Non-preferred	No
<b>Dapsone gel</b>	Aczone®	Acne	Non-preferred	No
<b>Oseltamivir suspension</b>	Tamiflu®	Influenza	Non-preferred	No
<b>Carvedilol ER capsule</b>	Coreg CR®	Hypertension	Non-preferred	No