DEPARTMENT OF DEFENSE

PHARMACY AND THERAPEUTICS COMMITTEE
MINUTES AND RECOMMENDATIONS

February 2015

I. CONVENING

The Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee convened at 0800 hours on February 11 and 12, 2015, at the Defense Health Agency (DHA) Formulary Management Branch, Fort Sam Houston, Texas.

II. ATTENDANCE

The attendance roster is listed in Appendix A.

A. Review Minutes of Last Meetings

1. **Approval of November Minutes**—Lt. Gen. Douglas J. Robb, DO, MPH, Director, DHA, approved the minutes from the November 2014 DoD P&T Committee meeting on February 3, 2015.

2. **Correction to the November 2014 Minutes**

   a) Self-Monitoring Blood Glucose Test Strips—The November minutes were corrected to state the implementation period for the self-monitoring blood glucose test strips will be 180 days, instead of 120 days. The implementation date is August 5, 2015.

   b) Compound Prescriptions—The Director's decision is final regarding the manual prior authorization (PA) criteria for all new and current users of compound prescriptions. Coverage will be approved if the prescriber provides the information listed in the March 11, 2015 signed Determination Letter on Compounds and implementation of the PA will occur no later than May 1, 2015.

III. REQUIREMENTS

All clinical and cost evaluations for new drugs and full drug class reviews included, but were not limited to, the requirements stated in 32 Code of Federal Regulations 199.21(e)(1). All Uniform Formulary (UF) and Basic Core Formulary (BCF) recommendations considered the conclusions from the relative clinical effectiveness and relative cost-effectiveness determinations, and other relevant factors. Medical necessity (MN) criteria were based on the clinical and cost evaluations, and the conditions for establishing MN for a nonformulary (NF) medication.

IV. REVIEW OF RECENTLY APPROVED U.S. FOOD AND DRUG ADMINISTRATION (FDA) AGENTS

A. Newer Sedative Hypnotics Agents (SED-1s): Tasimelteon (Hetlioz)

Background—Tasimelteon (Hetlioz) is a melatonin receptor agonist indicated solely for treatment of the non-24 sleep wake disorder, a circadian rhythm disorder sometimes found in blind patients.

Only two placebo-controlled trials in patients with non-24 sleep wake disorder are available; no head-to-head or active comparator studies are available. Many limitations exist with these two studies, including the small numbers of patients enrolled (less than 100 patients), the inclusion of patients shown to previously respond to tasimelteon (RESET trial), and the high patient discontinuation rate (SET trial).

One study in sighted patients with insomnia showed improvements in sleep parameters, but other products on the UF [e.g., zolpidem, eszopiclone (Lunesta)] should be prescribed for insomnia instead of tasimelteon.

Two agents with a similar structure as tasimelteon [melatonin supplement and ramelteon (Rozerem)] are marketed to treat insomnia caused by difficulties with sleep onset.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that other than its unique indication for treating blind patients with non-24 sleep wake disorder, tasimelteon offers no clinically compelling advantages over the existing SED-1 drugs on the UF that are used to treat sleep disorders.

Relative Cost-Effectiveness Analysis and Conclusion—Cost-minimization analysis (CMA) was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) tasimelteon (Hetlioz) is more costly than the formulary and nonformulary SED-1 agents and melatonin.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) tasimelteon (Hetlioz) be designated NF due to the lack of compelling clinical advantages, other than its unique indication, and cost disadvantage compared to SED-1 agents on the UF.
2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) MN criteria for tasimelteon (Hetlioz). See Appendix B for the full criteria.
3. ***COMMITTEE ACTION: PRIOR AUTHORIZATION (PA) CRITERIA*** Automated (step therapy) and manual PA criteria were recommended at the August 2014 DoD P&T Committee meeting and implemented December 10, 2014 for tasimelteon, requiring a trial of zolpidem immediate release (IR) or zaleplon first, and a diagnosis of blindness. The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) updating the PA criteria for tasimelteon, including removing the step therapy requirement, and requiring all new patients to undergo the manual PA process. See Appendix C for the full criteria.
4. ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent)

1) an effective date of the first Wednesday after a 60-day implementation period in all points of service (POS); and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is July 15, 2015.

5. ***COMMITTEE ACTION: EXCLUDE FROM 2015 NDAA SECTION 702 REQUIREMENT FOR NF MEDICATIONS AVAILABLE AT MAIL ORDER ONLY***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) tasimelteon be excluded from the requirement that NF drugs be solely available from the ~~TRICARE~~ Mail Order Pharmacy. See Section VIII.

Director, DHA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

B. Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors: Empagliflozin (Jardiance)

Background—Empagliflozin (Jardiance) is the third FDA-approved SGLT2 inhibitor. The drug is effective in lowering hemoglobin A1c (A1c) by about 0.65%–0.8% when used as monotherapy, by about 0.5%–0.8% as part of dual therapy, and by about 0.6%–1.3% as part of triple or quadruple therapy. It is similar to canagliflozin (Invokana) and dapagliflozin (Farxiga) in terms of its effects on increasing low-density lipoprotein cholesterol, increasing high-density lipoprotein cholesterol, and decreasing systolic blood pressure and body weight.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) empagliflozin offers no clinically compelling advantages over the existing UF non-insulin diabetes drugs, given the modest decrease in A1c, risk of adverse reactions, including female genital mycotic infections and urinary tract infections, and unknown long-term cardiovascular safety profile.

Relative Cost-Effectiveness Analysis and Conclusion—CMA was performed to evaluate empagliflozin (Jardiance) with other oral products on the UF used in the treatment of diabetes. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following:

- CMA results showed empagliflozin (Jardiance) was not cost effective compared to existing formulary agents in the non-insulin diabetes class including metformin, sulfonylureas, thiazolidinediones, and dipeptidyl-dipeptidase-4 (DPP-4) inhibitors.
- Current costs for empagliflozin (Jardiance) show it was comparable to canagliflozin (Invokana) and dapagliflozin (Farxiga), the other agents available in the SGLT2 subclass.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent)

empagliflozin (Jardiance) be designated NF due to the lack of compelling clinical advantages, safety concerns, lack of long-term outcomes, and cost disadvantage compared to the oral UF products used for treating diabetes.

2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) MN criteria for empagliflozin (Jardiance). See Appendix B for the full criteria.

3. ***COMMITTEE ACTION: PA CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) a trial of metformin or a sulfonylurea and a DPP-4 inhibitor in all new and current users of empagliflozin (Jardiance), consistent with the PA requirements in place for canagliflozin and dapagliflozin. See Appendix C for full criteria.

4. ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD*** The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, DHA, Decision ☒ Approved ☐ Disapproved

Approved, but modified as follows:

C. Antiplatelet Agents: Vorapaxar (Zontivity)

Background—Vorapaxar (Zontivity) is a new antiplatelet with a novel mechanism of action [protease-activated receptor-1 antagonist] that inhibits thrombin-induced platelet activation. It is approved in the setting of secondary prevention for the reduction of cardiovascular (CV) events (including CV death, myocardial infarction (MI), and stroke) in patients with a history of MI or with peripheral artery disease. Vorapaxar must be used with aspirin and or clopidogrel. It remains unknown whether adding vorapaxar to aspirin and or clopidogrel offers benefits similar to that seen with other antiplatelet agents.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that clinically, the place in therapy for vorapaxar is limited due to the significantly increased bleeding risk. Vorapaxar should be reserved for those patients with stable atherosclerotic disease who have failed other antiplatelet therapies.

Relative Cost-Effectiveness Analysis and Conclusion—CMA was performed to evaluate vorapaxar (Zontivity) with other oral antiplatelet agents on the UF. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that vorapaxar (Zontivity) was not cost effective compared to other oral antiplatelet agents on the UF.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) vorapaxar (Zontivity) be designated NF based on clinical and cost effectiveness.

2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) MN criteria for vorapaxar (Zontivity). See Appendix B for the full criteria.

3. ***COMMITTEE ACTION: UF IMPLEMENTATION PERIOD***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, DHA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

D. Phosphodiesterase-5 (PDE-5) Inhibitors for Erectile Dysfunction (ED): Avanafil (Stendra)

Background—Avanafil (Stendra) is the fourth PDE-5 inhibitor for ED to enter the market. There are no head-to-head clinical trials comparing avanafil with the other PDE-5 inhibitors for treating ED. However, the change in efficacy endpoints for ED with avanafil and the safety profile appears similar to the other PDE-5 inhibitors. In one study, the higher doses of avanafil were effective in improving ED after prostatectomy, compared to placebo.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that although avanafil differs from the other PDE-5 inhibitors in that it has a 15-minute onset of action, only one PDE-5 is required on the UF to meet the needs of the Military Health System (MHS).

Relative Cost-Effectiveness Analysis and Conclusion—CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) avanafil (Stendra) was more costly than the other UF and NF PDE-5 inhibitors.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) avanafil (Stendra) be designated NF due to the lack of compelling clinical advantages and the cost disadvantage compared to the BCF, step-preferred product, sildenafil (Viagra).

2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) MN criteria for avanafil (Stendra). See Appendix B for the full criteria.

3. ***COMMTTEE ACTION: PA CRITERIA***—Existing automated (step therapy) PA criteria for the PDE-5 inhibitors used for the treatment of ED requires a trial of sildenafil (Viagra) first, prior to receiving another PDE-5 inhibitor. The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) PA criteria for all current users of avanafil (Stendra), similar to the existing PA criteria for the class. See Appendix C for the full criteria.

4. ***COMMITTEE ACTION: QUANTITY LIMITS (QLs)***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) QLs for avanafil (Stendra), consistent with the FDA-approved package labeling and the QLs in place for the other PDE-5s used in for the treatment of ED. See Appendix E for QLs.

5. ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, DHA, Decision: ☐ Approved ☐ Disapproved

Approved, but modified as follows:

E. Proton Pump Inhibitors (PPIs): Esomeprazole Strontium

Background—Esomeprazole strontium (no brand name) is the eighth PPI to reach the market. It was approved via section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act using efficacy and safety data primarily obtained from information contained in the package insert for esomeprazole magnesium (Nexium).

There are no clinical trials assessing efficacy. Esomeprazole strontium has the same indications as Nexium, with the exception that it is not approved for children. The FDA concluded that that daily dose of strontium contained in the product is not a significant risk to bone health.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that esomeprazole strontium offers no clinically compelling advantages compared to esomeprazole magnesium (Nexium) or the other PPIs.

Relative Cost-Effectiveness Analysis and Conclusion—CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that esomeprazole strontium is not cost effective compared to other PPIs on the UF.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) esomeprazole strontium be designated NF due to the lack of compelling clinical advantages and the cost disadvantage compared to the other PPIs on the UF.

2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) MN criteria for esomeprazole strontium. See Appendix B for the full criteria.

3. ***COMMTTEE ACTION: PA CRITERIA***—Existing automated (step therapy) PA criteria for the PPIs requires a trial of Nexium or omeprazole first, prior to receiving another PPI. The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) PA criteria for all new and current users of esomeprazole strontium similar to the existing PA criteria for the class. See Appendix C for the full criteria.

4. ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, ~~DHA~~, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

V. UF DRUG CLASS REVIEWS

A. Pulmonary Arterial Hypertension (PAH) Agents

Background—The P&T Committee reviewed the clinical effectiveness of the PAH Agents, which is divided into the three subclasses outlined below. The intravenous prostacyclins (e.g., Flolan and Remodulin) and PDE-5 inhibitors indicated for ED (e.g., Viagra, Cialis, and Levitra) were not included in the review.

- **Prostacyclins**: treprostinil nebulized solution (Tyvaso), treprostinil oral tablets [Orenitram extended release (ER)], and iloprost nebulized solution (Ventavis);

- **Endothelin Receptor Antagonists (ERAs)**: bosentan (Tracleer), ambrisentan (Letairis), and macitentan (Opsumit);
- **Nitric Oxide Drugs**: the soluble guanylate cyclase stimulator, riociguat (Adempas); and, the PDE-5 inhibitors, sildenafil generic, sildenafil brand (Revatio), and tadalafil (Adcirca).

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following for the PAH agents:

1. There are no head-to-head comparisons among the PAH drugs; therefore, no evidence-based first-line treatment can be proposed.
2. For the PDE-5 inhibitors, there was no new data to change the conclusion from the previous UF review (November 2009).
    - Sildenafil and tadalafil show similar improvements in 6-minute walking distance (6MWD), based on indirect comparisons of clinical trial results.
    - The product labeling for the two drugs is similar with regard to contraindications, precautions, and warnings.
    - Tadalafil (Adcirca) is dosed once daily, which is more convenient compared to the three-times daily dosing required with sildenafil (Revatio).
3. In one systematic review (CHEST 2014), all the PAH drugs increased the 6MWD by 27.9 meters to 39.9 meters when compared to placebo; however, comparisons between agents are inconclusive. Of note, the minimal clinically important difference for the 6MWD is a distance of at least 33 meters.
4. Monotherapy with the ERAs or PDE-5-inhibitors showed decreased hospitalization rates. There is insufficient information to determine whether ERAs or the PDE-5 inhibitors decrease mortality.
5. The CHEST 2014 systematic review did not include treprostinil (Orenitram ER), macitentan (Opsumit) and riociguat (Adempas). In their individual trials, Orenitram ER, Opsumit, and Adempas caused statistically significant improvements in the 6MWD compared to placebo. The improvement in 6MWD was clinically significant with Adempas. Orenitram ER and Adempas have not shown mortality benefits. Orenitram ER showed a significant reduction in the endpoint of time to clinical worsening. Adempas has an additional indication for chronic thromboembolic pulmonary hypertension (CTEPH).
6. Within and among the subclasses, the PAH drugs have distinct adverse reaction profiles. The ERAs and riociguat are pregnancy category X.

Overall relative clinical effectiveness conclusion: The P&T Committee concluded the choice of drug for PAH depends on a variety of factors including indication, product labeling, mechanism of action, route of administration, side effect profile, drug interactions, patient preference, and physician experience.

Relative Cost-Effectiveness Analysis and Conclusion—CMA and budget impact analysis (BIA) was performed to evaluate the PAH subclasses. BIA was performed to evaluate

the potential impact of designating selected agents in various formulary scenarios. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following:

ERAs:

- CMA results showed that ambrisentan (Letairis) was the most cost-effective agent in this subclass, followed by macitentan (Opsumit) and bosentan (Tracleer).
- BIA results showed that the scenario with Letairis, Opsumit, and Tracleer designated with UF status and no step requirement yielded the lowest budget impact for the MHS.

Prostacyclins:

- CMA results showed that treprostinil tablets (Orenitram ER) was the most cost-effective agent in this subclass, followed by treprostinil nebulized solution (Tyvaso) and iloprost (Ventavis).
- BIA results showed that the scenario with Orenitram ER, Tyvaso, and Ventavis designated with UF status and no step requirement yielded the lowest budget impact for the MHS.

Nitric Oxide Drugs:

- CMA results showed that sildenafil generic was the most cost-effective agent in this subclass, followed by tadalafil (Adcirca), sildenafil brand (Revatio), and riociguat (Adempas).
- BIA results showed that the scenario with sildenafil generic and sildenafil brand (Revatio) as step-preferred and formulary on the UF, with tadalafil (Adcirca) and riociguat (Adempas) as non step-preferred and formulary on the UF, yielded the lowest budget impact for the MHS.

a) ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) the following:

- ERAs: designate bosentan (Tracleer), ambrisentan (Letairis), and macitentan (Opsumit) as UF.
- Prostacyclins: designate treprostinil nebulized solution (Tyvaso), treprostinil tablets (Orenitram ER), and iloprost (Ventavis) as UF.
- Nitric Oxide Drugs:
    - UF and step-preferred: sildenafil 20mg generic and sildenafil brand (Revatio)
    - UF and non step-preferred: tadalafil (Adcirca) and riociguat (Adempas)

- This recommendation includes step therapy, which requires a trial of sildenafil 20 mg generic or sildenafil brand (Revatio) in all new users of tadalafil (Adcirca) or riociguat (Adempas).

b) ***COMMITTEE ACTION: EXTENDED CORE FORMULARY (ECF) RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) adding sildenafil 20mg generic and sildenafil brand (Revatio) tabs to the ECF.

c) ***COMMITTEE ACTION: NITRIC OXIDE DRUGS PA CRITERIA*** Existing manual PA criteria apply to sildenafil 20 mg (Revatio) or tadalafil (Adcirca) for patients with primary PAH. The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) automated (step therapy) criteria for all new users of the non-preferred nitric oxide PAH drugs [tadalafil (Adcirca) and riociguat (Adempas)], requiring a trial of sildenafil 20 mg generic or sildenafil brand (Revatio) first. See Appendix C for the full criteria.

d) ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all POS. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

B. Oral Oncology Drugs—Prostate Cancer

Relative Clinical Effectiveness—The P&T Committee evaluated the relative clinical effectiveness of the Prostate Cancer drugs, which is comprised of the following:

- **Subclass I (Anti-Androgen Agents)**: bicalutamide (Casodex; generic), flutamide (Eulexin; generic), and nilutamide (Nilandron)

- **Subclass II (Survival-Prolonging Drugs)**: enzalutamide (Xtandi) and abiraterone (Zytiga)

Relative Clinical Effectiveness Conclusion—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) the following conclusions for the Prostate Cancer drugs:

- **Subclass I (Anti-Androgen Agents):**
    1. The American Society of Clinical Oncologists/Cancer Care Ontario 2014 Guidelines found only limited data regarding clinical benefits of the Subclass I agents (bicalutamide, flutamide, and nilutamide). The guidelines also stated that the three anti-androgens demonstrate unknown survival and quality of life benefit.
    2. In one head-to-head trial, bicalutamide was as effective as flutamide. There was no significant difference between the two drugs in the median time to progression of disease or median time to death.
    3. Flutamide has a higher incidence of gastrointestinal side effects than bicalutamide, and has warnings for hepatotoxicity. Nilutamide has a black box warning for pulmonary toxicity and delays visual light-to-dark adaptation that can limit its use.
    4. Bicalutamide is considered the initial drug of choice when used for complete androgen blockage, based on its dosing frequency (once daily dosing, compared to three times daily dosing with flutamide), toxicity profile, and clinical trial data.
    5. Although nilutamide has no compelling advantages compared with flutamide or bicalutamide and has the least favorable safety profile, it is required on the UF due to its unique indication for use in combination with surgical castration.

- **Subclass II (Survival Prolonging Drugs):**
    1. For the Subclass II agents, abiraterone (Zytiga) and enzalutamide (Xtandi) have independently been shown to improve overall survival and progression-free survival when compared to placebo, both in the post-chemotherapy and chemotherapy-naïve settings. There is no data to guide sequencing.
    2. Zytiga requires the co-administration of prednisone to help mitigate the mineralocorticoid excess that can result from its mechanism of action. Xtandi does not require concomitant administration of steroids, but 30%–47% of patients were receiving some form of steroids therapy in the two phase 3 studies that led to its FDA approval.
    3. The Subclass II agents have differing safety profiles. Zytiga can cause adrenocortical insufficiency, hypertension, hypokalemia, and edema, which requires close monitoring for these complications. Xtandi has been associated with seizures as well as hypertension when compared to placebo.

Overall relative clinical effectiveness conclusion: The P&T Committee concluded the choice of prostate cancer agent depends on clinical considerations, patient preferences, prior treatment, presence or absence of visceral disease, patient symptoms, and drug side effect profiles.

Relative Cost-Effectiveness Analysis and Conclusion—CMA and BIA were performed to evaluate the Prostate Cancer drugs. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following:

- CMA results showed that in Subclass I, bicalutamide was the most cost-effective agent, followed by flutamide and nilutamide. In Subclass II, abiraterone (Zytiga) was more cost effective than enzalutamide (Xtandi).
- BIA results showed that designating all the prostate cancer drugs as formulary on the UF, with no step-preferred agents in either subclass, demonstrated significant cost avoidance for the MHS.

a) ***COMMITTEE ACTION: UF RECOMMENDATIONS***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) the following:

- UF:
  - Flutamide (Eulexin; generic)
  - Bicalutamide (Casodex; generic)
  - Nilutamide (Nilandron)
  - Abiraterone (Zytiga)
  - Enzalutamide (Xtandi)
- NF: None

b) ***COMMITTEE ACTION: BCF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) bicalutamide (Casodex) be designated with BCF status.

c) ***COMMITTEE ACTION: MANUAL PA CRITERIA***—Manual PA criteria currently apply to enzalutamide (Xtandi) and abiraterone (Zytiga). The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) maintaining the current PA criteria for Xtandi and Zytiga. The P&T Committee also recommended manual PA criteria for all new users of nilutamide (Nilandron) due to its limited indication. See Appendix C for full criteria.

d) ***COMMITTEE ACTION: UF AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all POS. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

Director, DHA Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

C. Transmucosal IR Fentanyl Products (TIRFs)

Relative Clinical Effectiveness—The TIRF subclass is comprised of the following formulations of transmucosal fentanyl: oral lozenge (Actiq, generics), buccal tablet (Fentora), sublingual tablet (Abstral), nasal spray (Lazanda), and sublingual spray (Subsys). The soluble buccal film (Onsolis) is no longer marketed. The TIRFs are a subclass of the narcotic analgesics.

All of the TIRFs are indicated for the management of breakthrough cancer pain in patients who are already receiving opioids, and who are tolerant to around-the-clock therapy for their underlying persistent cancer pain. Short-acting opioids also remain a viable option for the treatment of breakthrough cancer pain.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following for the TIRF formulations:

1. No head-to-head comparisons of the various TIRF formulations have been conducted to date. Indirect comparisons are difficult to make, due to differences in patient selection criteria, severity of breakthrough pain episodes, and titration as well as repeat dosing protocols.
2. Evidence from a network meta-analysis and a Cochrane systematic review demonstrate that all the TIRFs provide rapid onset of analgesia, with clinically meaningful differences in pain intensity achieved after 30 minutes following administration.
3. Minor pharmacokinetic differences (such as bioavailability and onset of analgesia) do not result in clinically relevant differences in pain relief.
4. Adverse effects are similar for all the TIRFs and are consistent with opioid therapy in cancer patients. Unique application site reactions include dental caries with the lozenge (Actiq) and nasal irritation with the nasal spray (Lazanda).
5. Unique advantages of the products include the following: administration of the lozenge (Actiq) can be interrupted in case of toxicity and it is approved for adolescents 16 years and older. The sublingual tablet (Abstral) and spray (Subsys) have faster dissolution rates than the lozenge (Actiq) and buccal (Fentora) formulations. The nasal spray (Lazanda) is convenient and can be administered by caregivers.
6. Unique disadvantages include the following: the sugar content in the lozenge (Actiq) may cause formation of dental caries and subsequent tooth loss. Lazanda may be unsuitable for patients with respiratory illnesses. Co-administration of Lazanda with a vasoconstrictive nasal decongestant (e.g., oxymetazoline) may lead to reduced fentanyl plasma concentrations.

Overall Clinical-Effectiveness Conclusion—In the absence of direct comparative trials, TIRF selection should be based on individual patient characteristics, likelihood of adherence, and patient preferences.

Relative Cost-Effectiveness Analysis and Conclusion—CMA and BIA were performed to evaluate the TIRF subclass. The P&T Committee concluded (14 for, 0 opposed, 1 abstained, 1 absent) the following:

- CMA results showed that generic fentanyl citrate lozenge (Actiq) was the most cost-effective TIRF, followed by Fentora, Lazanda, and Abstral. Subsys was the least cost effective.
- BIA results showed that all modeled scenarios demonstrated a cost avoidance for the MHS, compared to the current baseline formulary status. The scenario with generic fentanyl lozenge (Actiq) with no step requirement and formulary on the UF, and all other branded agents NF, demonstrated a cost avoidance for the MHS, with the smallest impact to patients from disruption in therapy.

a) ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (9 for, 5 opposed, 1 abstained, 1 absent) the following:

- UF: fentanyl transmucosal lozenge (Actiq, generics)
- NF:
  - Fentanyl sublingual tablet (Abstral)
  - Fentanyl buccal tablet (Fentora)
  - Fentanyl nasal spray (Lazanda)
  - Fentanyl sublingual spray (Subsys)

b) ***COMMITTEE ACTION: BCF RECOMMENDATION***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) not to add a TIRF to the BCF; morphine sulfate IR will remain the BCF selection for the narcotic analgesics class.

c) ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) MN criteria for Abstral, Fentora, Lazanda, and Subsys. See Appendix B for the full criteria.

d) ***COMMITTEE ACTION: UF IMPLEMENTATION PERIOD***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the UF decision. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

e) ***COMMITTEE ACTION: EXCLUDE FROM 2015 NDAA SECTION 702 REQUIREMENT FOR NF MEDICATIONS AVAILABLE AT MAIL ORDER***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) that the TIRFs recommended for NF status (Abstral, Fentora, Lazanda, and Subsys) be excluded from the requirement that NF drugs be solely available from the TRICARE Mail Order Pharmacy. See Section VIII.

Director, DHA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

VI. UTILIZATION MANAGEMENT

A. PAs and MN Criteria

1. **Hepatitis C Virus (HCV) Agents, Direct Acting Antivirals (DAAs): Paritaprevir/Ritonavir/Ombitasvir with Dasabuvir (Viekira Pak) Manual PA Criteria**—The combination product Viekira Pak contains paritaprevir 75 mg, ritonavir 50 mg, and ombitasvir 12.5 mg (dosed two tablets once daily), packaged with dasabuvir 250 mg (dosed twice daily). Viekira Pak was approved by the FDA in December 2014 and is the third FDA-approved interferon-free regimen indicated to treat HCV genotype 1. The hepatitis C drugs will be reviewed at an upcoming meeting.

   a) ***COMMITTEE ACTION: VIEKIRA PAK MANUAL PA CRITERIA***—PA criteria currently apply to the DAAs. The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for new users of paritaprevir/ritonavir/ombitasvir with dasabuvir (Viekira Pak), consistent with FDA-approved labeling. Prior authorization will expire after 12–24 weeks, based on the treatment regimen. See Appendix C for the full criteria.

2. **Targeted Immunomodulatory Biologics (TIBs): Secukinumab (Cosentyx)** Secukinumab (Cosentyx) is a new TIB indicated for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy or phototherapy. The TIBs were reviewed by the P&T Committee in August 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class (implemented on December 17, 2014).

   a) ***COMMITTEE ACTION: SECUKINUMAB (COSENTYX) PA CRITERIA*** The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria and step therapy for secukinumab (Cosentyx), consistent with the FDA-approved indication. See Appendix C for the full criteria.

3. **Topical Antifungals: Efinaconazole 10% (Jublia) and Tavaborole 5% (Kerydin) Topical Solutions**—Jublia and Kerydin are indicated for the topical treatment of toenail onychomycosis. Both products are dosed once daily for 48 weeks. The P&T Committee reviewed the current recommended treatment guidelines, FDA-approved indications, efficacy data, safety information, and utilization and cost data for the topical antifungals for toenail onychomycosis.

    a) ***COMMITTEE ACTION: EFINACONAZOLE 10% (JUBLIA) AND TAVABORALE 5% (KERYDIN) MANUAL PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for efinaconazole 10% (Jublia) and tavaborole 5% (Kerydin) in all new and current users of the products. PA criteria were recommended due to the modest efficacy of the products, lack of head-to-head clinical trials, limited efficacy and safety data, and high cost. See Appendix C for the full criteria.

    b) ***COMMITTEE ACTION: EFINACONAZOLE 10% (JUBLIA) AND TAVABORALE 5% (KERYDIN)) PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) 1) an effective date of the first Wednesday after a 90-day implementation period in all POS; and, 2) DHA send a letter to beneficiaries affected by the PA. Based on the P&T Committee's recommendation, the effective date is August 19, 2015.

4. **Cystic Fibrosis Drugs: Ivacaftor (Kalydeco)**—Ivacaftor (Kalydeco) is indicated for the treatment of cystic fibrosis. PA criteria were recommended at the February 2012 meeting, updated in May 2014, and reflect the FDA-approved indication for various mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. In December 2014, Kalydeco received an additional indication for the R117H mutation in the CFTR gene.

    a) ***COMMITTEE ACTION: IVACAFTOR (KALYDECO) MANUAL PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) updated manual PA criteria for Kalydeco to include the expanded FDA-approved indication. See Appendix C for the full criteria.

5. **Non-Insulin Diabetes Mellitus Drugs: Glucagon-Like Peptide-1 Receptor Agonist (GLP1RAs); Exenatide Once Weekly Pen (Bydureon Pen)**—Exenatide (Bydureon) is now available in a pre-filled pen in addition to the original vial formulation. Manual PA criteria were recommended at the November 2014 P&T Committee meeting due to the significant price difference between the Bydureon Pen formulation and the Bydureon vials. The cost of the Bydureon pen is now comparable to the vial formulation.

a) ***COMMITTEE ACTION: EXENATIDE PEN (BYDUREON PEN) REMOVAL OF PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) to remove the manual PA criteria for the Bydureon pen, requiring use of Bydureon vials first. The existing step therapy PA, requiring a trial of metformin or a sulfonylurea first, will remain for the formulation.

6. **Nasal Allergy Drugs: Mometasone (Nasonex) and Fluticasone Furoate (Veramyst) Nasal Inhalers**—The Nasal Allergy Drugs were reviewed by the P&T Committee in May 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class, requiring a trial of generic fluticasone propionate (Flonase) azelastine 137 mcg, flunisolide, or ipratropium. Step therapy does not apply to patients younger than age four. Nasonex and Veramyst were recommended for NF and non step-preferred status. Both drugs are approved for treating symptoms of allergic rhinitis in patients as young as two years of age, while generic Flonase is approved in children as young as four years of age. The P&T Committee recommended updating the MN criteria to reflect the pediatric indications for Nasonex and Veramyst.

   a) ***COMMITTEE ACTION: MOMETASONE (NASONEX) AND FLUTICASONE FUROATE (VERAMYST) MN CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) revised MN criteria for Nasonex and Veramyst, consistent with the FDA-approved product labeling for use in children as young as two years of age. See Appendix B for the full criteria.

B. QLs—QLs were reviewed for several drugs from the Hepatitis C drugs, inhaled corticosteroids, nasal allergy drugs, antiemetics, and oral chemotherapy drug classes. QLs apply to products in these respective drug classes.

1. ***COMMITTEE ACTIONS: QLs***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) QLs for paritaprevir/ritonavir/ombitasvir dasabuvir (Viekira Pak), fluticasone furoate inhaler (Arnuity Ellipta), beclomethasone hydrofluoroalkane (HFA) pediatric 40 mcg/spray (QNASL), netupitant/palonosetron (Akynzeo), and olaparib (Lynparza), consistent with the product labeling. See Appendix E for QLs.

Director, DHA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

VII. LINE EXTENSIONS

A. Formulary Status Clarification—The P&T Committee clarified the formulary status for one product line extension ("follow-on product") by the original manufacturer. Line extensions have the same FDA indications and pricing as the "parent" drug.

1. ***COMMITTEE ACTION: LINE EXTENSIONS FORMULARY STATUS CLARIFICATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) clarifying the formulary status of beclomethasone HFA nasal spray 40 mcg/spray (Children's QNASL). The 40 mcg/spray is a new formulation approved for children aged 4–11 years. Children's QNASL is recommended to have the same formulary status as the 80 mcg/spray formulation (QNASAL), which is indicated for adults and children older than 12 years. Implementation will occur upon signing of the minutes.

    - Beclomethasone HFA nasal spray 40 mcg/spray (Children's QNASL): NF and non step-preferred, similar to beclomethasone HFA nasal spray 80 mcg/spray (QNASL). The same step therapy criteria and manual PA criteria will apply.

Director, DHA, Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

VIII. 2015 National Defense Authorization Act (NDAA) Section 702

A. NF Medications Available at Mail Order Pharmacy Only—The P&T Committee was briefed on the following four components in 2015 NDAA Section 702 impacting the pharmacy benefit:

- co-pay changes,
- generic drugs to NF tier,
- termination of the TRICARE For Life pilot, subsequently making the program permanent and expanding to under 65, and
- NF medications available at the Mail Order Pharmacy only.

The 2015 NDAA, signed in December 2014, restricts the availability of NF drugs to one point of service, the Mail Order Pharmacy. Beneficiaries with medical necessity will be able to obtain NF drugs at other points of service at the UF co-pay.

This law takes effect with decisions made during the 2015 P&T Committee meetings. Drugs designated with NF status by the P&T Committee will be restricted to the Mail Order Pharmacy. However, an additional vote by the P&T Committee is required for certain drugs (including those for acute therapy, schedule II controlled substances, antipsychotics, oncology agents, and limited distribution drugs) to be excluded from the requirement that NF drugs be

solely available from the Mail Order Pharmacy. Emergent overrides (e.g., drug shortages, special circumstances or emergencies, natural disasters) will be allowed.

PA criteria were recommended to ensure patient safety. Additionally, the P&T Committee requested a 90-day PA expiration for patients meeting the titration criteria listed in (c), below. This request will be evaluated and implemented when operationally feasible.

1. ***COMMITTEE ACTION: NF PRESCRIPTIONS MANUAL PA CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for all new NF prescriptions. Coverage will be approved if the prescriber provides the following information listed below.

   a) Does the patient reside in a long-term care facility?

   b) Does the patient have barriers to receiving medications by mail (e.g., no permanent mail address, resides in a rural setting)?

   c) Is the patient not on a stable dose of medication or is the medication currently being titrated?

Director, DHA Decision: ☑ Approved ☐ Disapproved

Approved, but modified as follows:

IX. ITEMS FOR INFORMATION

A. New Drugs Go to Third Tier—The current 32 Code of Federal Regulations (CFR) Part 199 statute states that new FDA-approved drugs are immediately placed on the Second Tier (formulary brand-name drugs).

The Proposed Pharmacy TRICARE Rule, published in the CFR on September 19, 2014, clarifies the process for formulary placement of newly approved innovator drugs brought to market under a New Drug Application approved by the FDA. The proposed rule provides the P&T Committee up to 120 days to recommend tier placement on the UF. During this 120-day period, new drugs would be assigned a "pending status" and be available in the Retail Network and Mail Order Pharmacy under terms comparable to NF (Third Tier) drugs. Tier classification will normally occur at the next P&T Committee meeting following FDA approval. The rule is available at http://www.gpo.gov/fdsys/pkg/FR-2014-09-19/pdf/2014-22276.pdf.

X. ADJOURNMENT

The meeting adjourned at 1130 hours on February 12, 2015. The next meeting will be in May 2015.

Appendix A—Attendance: February 2015 P&T Committee Meeting
Appendix B—Table of Medical Necessity Criteria
Appendix C—Table of Prior Authorization Criteria
Appendix D—Table of Prior Authorization Criteria for Hepatitis C Drugs
Appendix E—Table of Quantity Limits
Appendix F—Table of Implementation Status of UF Recommendations/Decisions Summary
Appendix G—Table of Abbreviations

SUBMITTED BY:

John P. Kugler, M.D., MPH
DoD P&T Committee Chair

DECISION ON RECOMMENDATIONS

Director, DHA, decisions are as annotated above.

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director

5 May 2015
Date

Appendix A—Attendance: February 2015 P&T Committee Meeting

Voting Members Present	
John Kugler, COL (Ret.), MC, USA	DoD P&T Committee Chair
CAPT Nita Sood	Chief of Staff, DHA Pharmacy Operations Division
CAPT Walter Downs, MC	Chief, DHA Formulary Management Branch (Recorder)
COL John Spain, MS	Army, Pharmacy Officer
Col Scott Sprenger, BSC	Air Force, Pharmacy Officer
CDR Aaron Middlekauf, USCG	Coast Guard, Pharmacy Officer Alternate
CAPT Thinh Ha, MSC	Navy, Pharmacy Officer
MAJ John Poulin, MC	Army, Physician at Large
Col Michael Wynn, MC	Army, Family Practice Physician
Col James Jablonski, MC	Air Force, Physician at Large
CDR Brian King, MC	Navy, Internal Medicine Physician
COL Jack Lewi, MC	Army, Internal Medicine Physician
CDR Shaun Carstairs, MC	Navy, Physician at Large
Lt Col William Hannah, MC	Air Force, Internal Medicine Physician
Maj Larissa Weir, MC	Air Force, OB/GYN Physician
Mr. Joe Canzolino	U.S. Department of Veterans Affairs
Voting Members Absent	
George Jones, PharmD, M.S.	Chief, DHA Pharmacy Operations Division
Col Michael Spilker, BSC	DHA Deputy Chief, Pharmacy Operations Division
Dr. Miguel Montalvo	TRICARE Regional Office-South, Chief of Clinical Operations Division and Medical Director
Nonvoting Members Present	
Mr. Bryan Wheeler	Deputy General Counsel, DHA
Guests	
Mr. Bill Davies via DCO	DHA Pharmacy Operations Division
MAJ Kevin Ridderhoff, MS	DHA, Pharmacy Operations Division
Lt Col Ann McManis via DCO	DHA, Pharmacy Operations Division
LCDR Robert Selvester, MC	VA/DoD Evidence-Based Practice Guideline Work Group
Mr. Matthew Lechtenberg	VA Pharmacy Benefit Management

Appendix A—Attendance (continued)

Guests	
Mr. Alexander Quinones	Defense Logistics Agency Troop Support
MAJ Randall Sweeney	Defense Logistics Agency Troop Support
CDR Matthew Baker	Indian Health Service
Mr. Emmett Larson	DHA Contract Operations Division
Mr. Matthew Gilger	DHA Contract Operations Division
Others Present	
LTC Robert Conrad, MS via phone	DHA Pharmacy Operations Division
LCDR Marisol Martinez, USPHS	DHA Pharmacy Operations Division
LTC Misty Cowan, MC	DHA Pharmacy Operations Division
Maj David Folmar, BSC	DHA Pharmacy Operations Division
Maj Ronald Khoury, MC	DHA Pharmacy Operations Division
CDR Edward Vonberg, BSC	DHA Pharmacy Operations Division
Angela Allerman, PharmD, BCPS	DHA Pharmacy Operations Division
Shana Trice, PharmD, BCPS	DHA Pharmacy Operations Division
Amy Lugo, PharmD, BCPS via DCO	DHA Pharmacy Operations Division
Teresa Anekwe, PharmD, BCPS via DCO	DHA Pharmacy Operations Division
Brian Beck, PharmD, BCPS	DHA Pharmacy Operations Division
David Meade, PharmD, BCPS via phone	DHA Pharmacy Operations Division
Ms. Deborah Garcia	DHA Pharmacy Operations Division contractor
Mr. Kirk Stocker	DHA Pharmacy Operations Division contractor
Esmond Nwokeji, PhD	DHA Pharmacy Operations Division contractor
Maj Ellen Roska	University of Texas PhD student
Brittny Wolda	Incarnate Word Pharmacy student

Appendix B—Table of Medical Necessity Criteria

Drug / Drug Class	Medical Necessity Criteria
• Tasimelteon (Hetlioz) **Sedative Hypnotic-1s (SED-1s)**	• No alternative formulary agent – patient is blind and has non-24 sleep wake disorder **Formulary alternatives:** melatonin supplement, zolpidem IR, zaleplon, eszopiclone
• Empagliflozin (Jardiance) **Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors**	• Use of the formulary agent is contraindicated **Formulary alternatives:** metformin, sulfonylureas, sitagliptin (Januvia, Janumet), linagliptin (Tradjenta, Jentadueto), GLP1RAs, pioglitazone, insulin
• Vorapaxar (Zontivity) **Antiplatelet Agents**	• Formulary agents result or are likely to result in therapeutic failure. **Formulary alternatives:** clopidogrel, cilostazol, pentoxifylline, dipyridamole, Aggrenox, prasugrel, ticagrelor
• Avanafil (Stendra) **PDE-5 Inhibitors for Erectile Dysfunction**	• Use of formulary agents is contraindicated • Patient has experienced or is likely to experience significant adverse effects from formulary agents • Formulary agents result or are likely to result in therapeutic failure **Formulary alternative:** sildenafil (Viagra)
• Esomeprazole Strontium **Proton Pump Inhibitors (PPIs)**	• Use of ALL formulary agents is contraindicated • Patient has experienced or is likely to experience significant adverse effects from ALL formulary agents • All formulary agents result or are likely to result in therapeutic failure **Formulary alternatives:** omeprazole (Prilosec, generics), pantoprazole tablets (Protonix, generics), and esomeprazole magnesium (Nexium)
• Fentanyl sublingual tablet (Abstral) • Fentanyl buccal tablet (Fentora) • Fentanyl nasal spray (Lazanda) • Fentanyl sublingual spray (Subsys) **Transmucosal Immediate Release Fentanyl Products (TIRFs)**	• Use of formulary agents is contraindicated • Patient has experienced or is likely to experience significant adverse effects from formulary agents o For example, dental caries with Actiq or uncontrolled diabetic patients requiring sugar-free formulations • Patient previously responded to nonformulary agent and changing to a formulary agent would incur unacceptable risk o For example, patient has xerostomia or mucositis and requires non-oral route of administration • **Formulary alternatives:** fentanyl citrate lozenge, morphine sulfate IR, oxycodone IR, oxymorphone IR, hydromorphone IR

Appendix C—Table of Prior Authorization (PA) Criteria

Drug / Drug Class	Prior Authorization Criteria
• Tasimelteon (Hetlioz) **Newer Sedative Hypnotics (SED-1s)**	The previous automated (step therapy) criteria for tasimelteon (Hetlioz) (requiring a trial of zolpidem IR or zaleplon) no longer apply. Manual PA criteria apply to all new users of tasimelteon (Hetlioz). Manual PA criteria: Tasimelteon (Hetlioz) is approved if: i. The patient is totally blind and has a documented diagnosis of non-24 sleep wake disorder AND ii. The patient has had a trial of melatonin and either failed or had an adverse event AND iii. The patient is not taking a drug that will interact with tasimelteon (i.e., beta blockers or strong CYP3A4 inducers) PA Criteria will expire after 6 months (if patient has not responded after 6 months, they will be deemed a non-responder)
• Empagliflozin (Jardiance) **Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors**	All new and current users of empagliflozin (Jardiance) are required to try metformin or a sulfonylurea (SU), and a dipeptidyl-dipeptidase-4 (DPP-4) inhibitor before empagliflozin (Jardiance). Automated PA criteria: The patient has filled a prescription for metformin or a SU, AND a DPP-4 inhibitor at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days. AND Manual PA criteria: If automated criteria are not met, empagliflozin (Jardiance) is approved (e.g., trial of metformin or SU AND a DPP-4 inhibitor is NOT required) if: • The patient has experienced any of the following issues on metformin: o impaired renal function precluding treatment with metformin o history of lactic acidosis • The patient has experienced any of the following issues on a sulfonylurea: o hypoglycemia requiring medical treatment • The patient has had inadequate response to metformin or a SU or a DPP-4 inhibitor • The patient has a contraindication to metformin or a SU or DPP-4 inhibitor

Drug / Drug Class	Prior Authorization Criteria
• Avanafil (Stendra) **PDE-5 Inhibitors for Erectile Dysfunction (ED)**	PA criteria apply to all current users of avanafil. Automated PA criteria: Coverage approved for treatment of ED if: a) The patient has received a prescription for sildenafil (Viagra) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days, AND b) The patient is a male aged 40 years or older. Manual PA criteria: A trial of sildenafil (Viagra) is not required if: • Patient has tried sildenafil (Viagra) and has had an inadequate response or was unable to tolerate treatment due to adverse effects. • Treatment with sildenafil (Viagra) is contraindicated. • Patient is between 18 and 39 years of age and is being treated for ED of organic or mixed organic/psychogenic origin. [Must try sildenafil (Viagra) first or indicate inability to due to reasons stated above in a) or b).] • Patient is between 18 and 39 years of age and is being treated for drug-induced ED where the causative drug cannot be altered or discontinued. [Must try sildenafil (Viagra) first or indicate inability to due to reasons stated above in a) or b).] Coverage is approved for the following non-ED uses requiring daily therapy: • Use of sildenafil, tadalafil, or avanafil (Stendra) for preservation/restoration of erectile dysfunction after prostatectomy. PA expires after one year.
• Esomeprazole Strontium **Proton Pump Inhibitors (PPIs)**	PA criteria apply to all new and current users of esomeprazole strontium. Automated PA criteria: The patient has filled a prescription for omeprazole (Prilosec, generics), pantoprazole tablets (Protonix, generics), or esomeprazole magnesium (Nexium) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order), during the previously 180 days. AND Manual PA criteria: A trial of omeprazole (Prilosec, generics), pantoprazole tablets (Protonix, generics), or esomeprazole magnesium (Nexium) is NOT required if: • The patient has tried omeprazole, pantoprazole tablets, and esomeprazole magnesium (Nexium) and had an inadequate response. • The patient has tried omeprazole, pantoprazole tablets, and esomeprazole magnesium (Nexium) and was unable to tolerate it due to adverse effects. • Treatment with omeprazole, pantoprazole tablets, and esomeprazole magnesium (Nexium) is contraindicated (e.g., hypersensitivity; moderate to severe hepatic insufficiency).

Drug / Drug Class	Prior Authorization Criteria
• Sildenafil 20mg generic • Sildenafil brand (Revatio) • Tadalafil (Adcirca) • Riociguat (Adempas) **Pulmonary Arterial Hypertension Agents (PAH) – Nitric Oxide Drugs Subclass**	PA criteria apply to all new users of Adempas and Adcirca. Automated PA criteria: The patient has filled a prescription for sildenafil 20mg generic or sildenafil brand (Revatio) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days. AND Manual PA criteria: Adempas and Adcirca is approved (e.g., a trial of sildenafil is NOT required) if: • For Adempas: o Patient has a documented diagnosis of chronic thromboembolic pulmonary hypertension (CTEPH) o Patient has tried a PDE-5 inhibitor and failed or did not respond to therapy o Patient has experienced significant adverse effects from the PDE-5 inhibitor • For Adcirca: o Patient has tried a sildenafil 20 mg generic or sildenafil brand (Revatio) and failed or did not respond to therapy • For both Adempas and Adcirca: o Patient is not taking a nitrate drug.
• Enzalutamide (Xtandi) **Prostate Cancer Drugs Subclass II – Survival Prolonging Drugs**	Coverage is approved if: • Documented diagnosis of metastatic castration-resistant prostate cancer No expiration date for the PA
• Abiraterone (Zytiga) **Prostate Cancer Drugs Subclass II – Survival Prolonging Drugs**	Coverage is approved if: • Documented diagnosis of metastatic castration-resistant prostate cancer AND • Patient is receiving concomitant therapy with prednisone. No expiration date for the PA
• Nilutamide (Nilandron) **Prostate Cancer Subclass I – Anti-Androgens**	Manual PA criteria: PA criteria apply to all new users of nilutamide. Nilutamide is approved if any of the following: • Patient has experienced significant adverse effects or contraindication from bicalutamide or flutamide; or • Patient has experienced therapeutic failure with bicalutamide or flutamide; or • Patient has a diagnosis of metastatic prostate cancer (stage D2) disease and the patient has undergone orchiectomy.

Drug / Drug Class	Prior Authorization Criteria
• Secukinumab (Cosentyx) **Targeted Immunomodulatory Biologics (TIBs)**	PA criteria apply to all new and current users of Cosentyx. Automated PA criteria: The patient has filled a prescription for adalimumab (Humira) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days AND Manual PA criteria: If automated criteria are not met, coverage is approved for Cosentyx if: • Contraindications exist to Humira • Inadequate response to Humira (need for different anti-TNF or non-TNF) • Adverse reactions to Humira not expected with requested non-step preferred TIB AND Coverage approved for patients > 18 years with: • Active moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy Coverage is NOT provided for concomitant use with other TIBs.
• Efinaconazole 10% (Jublia) and tavaborole 5% (Kerydin) Topical Solutions **Topical Antifungals**	PA criteria apply to all new and current users of Jublia and Kerydin. Manual PA criteria: Jublia and Kerydin are approved if all of the following criteria apply: 1. The patient must have diagnostically confirmed onychomycosis by either KOH preparation, fungal culture, nail biopsy, or other assessment to confirm diagnosis. 2. The patient is immunocompromised, has diabetes mellitus, or peripheral vascular disease and has swelling and/or redness in the surrounding nail tissue or pain in affected nail(s). 3. The patient has history of one of the following (therapeutic failure, contraindication or adverse events, or intolerance) to one of the following antifungals: itraconazole, terbinafine, or ciclopirox • therapeutic failure • contraindication (e.g., renal impairment, pre-existing liver disease, or evidence of ventricular dysfunction such as CHF) • adverse event/intolerance to one of the following antifungal agents 4. Treatment is requested due to a medical condition and not for cosmetic purposes. Examples include the following: • patients with history of cellulitis of the lower extremity who have ipsilateral toenail onychomycosis • diabetic patients with additional risk factors for cellulitis • patients who experience pain/discomfort associated with the infected nail 5. The patient's condition is causing debility or a disruption in their activities of daily living. 6. Jublia or Kerydin have not been used in the previous 24 months. PA nilutamide expires after 1 year.

Drug / Drug Class	Prior Authorization Criteria
• Ivacaftor (Kalydeco) **Cystic Fibrosis Drugs**	Manual PA Criteria apply to all new and current users of Ivacaftor (Kalydeco). 1. Coverage will be approved for the treatment of CF patients aged 6 years and older who have a G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R or for R117H mutation in the CFTR gene, detected by an FDA-approved test. 2. Coverage is not approved for patients who are homozygous for the F508del mutation in the CFTR gene.
• Exenatide once weekly pen (Bydureon pen) **Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs)**	Manual PA criteria from the November 2014 meeting recommended to be removed. Exenatide once weekly (Bydureon pen) • Coverage approved if patient has first tried Bydureon 2mg vial/cartridge first AND • Patient has dexterity issues and cannot assemble the Bydureon vial/cartridge

Appendix D—Table of Prior Authorization (PA) Criteria for Hepatitis C Drugs

Prior Authorization Criteria

Paritaprevir/ritonavir/ombitasvir with dasabuvir (Viekira Pak)
Direct Acting Antiviral Subclass

- New users of paritaprevir/ritonavir/ombitasvir with dasabuvir (Viekira Pak) are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.
- Patients are encouraged to use the Mail Order Pharmacy or MTFs to fill their Viekira Pak prescriptions.
- Consult the AASLD/IDSA HCV guidelines (www.hcvguidelines.org) for the most up-to-date and comprehensive treatment for HCV. Unique patient populations are also addressed and treatment recommendations may differ from those for the general population.

Manual PA Criteria:

- Age ≥ 18
- Has laboratory evidence of chronic HCV genotype 1 infection
    1. State the HCV genotype and HCV RNA viral load on the PA form
- Paritaprevir/ritonavir/ombitasvir + dasabuvir (Viekira Pak) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician.
- The patient is not co-infected with Hepatitis B virus (HBV).

Treatment Regimens and Duration of Therapy

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype, prior treatment, and presence of cirrhosis.
- Prior authorization will expire after 12 weeks or 24 weeks, based on the treatment regimen selected.

Genotype 1 Patient Populations[1,2]	***Treatment***	***Duration***
GT1a without cirrhosis	Viekira Pak + ribavirin bid	12 weeks
GT1a with cirrhosis	Viekira Pak + ribavirin bid	24 weeks[3]
GT1b without cirrhosis	Viekira Pak	12 weeks
GT1b with cirrhosis	Viekira Pak + ribavirin bid	12 weeks
Liver transplant recipients with normal hepatic function and mild fibrosis (Metavir ≤2)	Viekira Pak + ribavirin bid	24 weeks

[1]Follow GT1a dosing recommendation in patients with an unknown GT1 or mixed GT1 infection
[2]Treatment naïve or treatment-experienced with peginterferon alpha plus ribavirin
[3]For treatment naïve OR prior IFN+RBV relapser/partial responder, consider 12 weeks

Appendix E—Table of Quantity Limits

Drug / Drug Class	Quantity Limits
• Avanafil (Stendra) **PDE-5 Inhibitors**	• Retail and MTF Network: 6 tablets per 30 days (collective of all PDE-5 inhibitors) • Mail Order Pharmacy: 18 tablets per 90 days (collective of all PDE-5 inhibitors)
• Paritaprevir/ritonavir/ombitasvir plus dasabuvir (Viekira Pak) **Hepatitis C Drugs**	• Retail Network, Mail Order and MTF: 4 Paks /28 days • Each Viekira Pak contains 7 individual packages and provides for daily dosing for one week • Individual packages contain 2 paritaprevir/ritonavir/ombitasvir tablets and 2 dasabuvir tablets
• Fluticasone furoate oral inhaler (Arnuity Ellipta) **Inhaled Corticosteroid**	• Retail: 60 blisters (1 Diskus)/30 days • MTF and Mail: 180 blisters (3 Diskus)/90 days
• Beclomethasone HFA pediatric nasal spray (QNASL) 40 mcg **Nasal Allergy Drug**	• Retail: 1 canister/30 days • MTF and Mail: 3 canisters/90 days
• Netupitant/palonosetron (Akynzeo) 300 mg/0.5 mg cap **Antiemetic**	• Retail: 2 boxes/30 days • MTF and Mail: 6 boxes/90 days
• Olaparib (Lynparza) 50 mg cap **Oral Oncology Drug (Ovarian Cancer)**	• Retail: 448 caps (4 bottles)/28 days • MTF and Mail: 896 caps (8 bottles)/56 days

Appendix F—Table of Implementation Status of UF Recommendations/Decisions Summary

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2015	**Pulmonary Arterial Hypertension (PAH) Agents**	UF class review Not previously reviewed (PDE-5 inhibitors for PAH reviewed Nov 2009)	▪ ECF: Sildenafil 20 mg (generic) and sildenafil brand (Revatio)	*Nitric oxide pathway:* *Step preferred:* ▪ sildenafil 20mg generic ▪ sildenafil brand (Revatio) *Non step-preferred* ▪ tadalafil (Adcirca) ▪ riociguat (Adempas) *Endothelin receptor antagonists:* ▪ bosentan (Tracleer) ▪ ambrisentan (Letairis) ▪ macitentan (Opsumit) *Prostacyclins:* ▪ treprostinil nebulized solution (Tyvaso) ▪ treprostinil tabs (Orenitram ER) ▪ iloprost nebulized solution (Ventavis)	▪ None	Pending singing of the minutes / 90 days	▪Step therapy required for the nitric oxide agents; see comments	▪ For the nitric oxide pathway drugs, a trial of sildenafil 20 mg generic or sildenafil brand (Revatio) is required prior to Adcirca or Adempas. See Appendix C. ▪ Adcirca was previously NF, but now is UF, and non step-preferred.
Feb 2015	**Prostate Cancer Drugs**	UF class review	▪ Bicalutamide (Casodex)	▪ Flutamide (Eulexin) ▪ Nilutamide (Nilandron) ▪ Enzalutamide (Xtandi) ▪ Abiraterone (Zytiga)	▪ None	Pending singing of the minutes / 90 days	▪PA required for nilutamide (See Appendix C)	▪ Bicalutamide is now BCF. ▪ No change recommended for the current PA for Zytiga and Xtandi

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2015	**Transmucosal Immediate Release Fentanyl Products (TIRFs)**	UF subclass review Not Previously reviewed	▪ None (see Comments)	▪ Fentanyl transmucosal lozenge (Actiq, generics)	▪ Fentanyl sublingual tablet (Abstral) ▪ Fentanyl buccal tablet (Fentora) ▪ Fentanyl nasal spray (Lazanda) ▪ Fentanyl sublingual spray (Subsys)	Pending singing of the minutes / 90 days	▪ High opioid safety edit in place	▪ No BCF selection for this subclass ▪ This is a subclass of the High Potency narcotic drugs; morphine sulfate IR and controlled release morphine sulfate (MS Contin, generics) are designated BCF
Feb 2015	**Newer Sedative Hypnotics (SED-1s)**	New Drug	▪ Zolpidem immediate-release	*Step preferred* ▪ Zaleplon (Sonata) *Non step-preferred* ▪ Zolpidem ER (Ambien CR) ▪ Eszopiclone (Lunesta) ▪ Doxepin (Silenor)	▪ **Tasimelteon (Hetlioz) February 2015** ▪ Ramelteon (Rozerem) ▪ Zolpidem SL (Edluar) ▪ Zolpidem SL (Intermezzo)	Pending signing of the minutes / 60 days	▪ Step therapy (automated PA); requires a trial of zolpidem IR or zaleplon for all SED-1 agents except tasimelteon	▪ All new users of Hetlioz will undergo a manual PA process ▪ See Appendix C for Manual PA criteria.

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2015	**Non-Insulin Diabetes Drugs: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**	New Drug	▪ None (see comments)	▪ None (see comments)	▪ **Empagliflozin (Jardiance) February 2015** ▪ Dapagliflozin (Farxiga) May 2014 ▪ Canagliflozin (Invokana)	Pending signing of the minutes / 90 days	▪ Step therapy (automated PA); requires a trial of metformin, or sulfonylureas (SUs), and a DPP-4 inhibitor in all new and current users of a SGLT2 inhibitor.	▪ BCF, UF, and NF drugs are designated for metformin, SUs, DPP-4 inhibitors, GLP-1RAs, TZDs, meglitinides, and alpha glucosidase inhibitors. See DoD P&T Minutes for Nov 2010, Aug 2012, and Nov 2012.
Feb 2015	**Antiplatelet Agents**	New Drug Review	▪ Clopidogrel (Plavix)	▪ Prasugrel (Effient) ▪ Ticagrelor (Brilinta) ▪ Aspirin/dipyridamole ER (Aggrenox) ▪ Ticlopidine (Ticlid, generics) ▪ Cilostazol (Pletal, generics) ▪ Dipyridamole (Persantine, generics) ▪ Pentoxifylline (Trental, generics)	▪ **Vorapaxar (Zontivity) February 2015**	Pending signing of the minutes / 90 days	▪ N/A	▪ None

Date	DoD PEC Drug Class	Type of Action	BCF/ECF Medications MTFs must have BCF meds on formulary	UF Medications MTFs may have on formulary	Nonformulary Medications MTFs may not have on formulary	Decision Date / Implement Date	PA and QL Issues	Comments
Feb 2015	**PDE-5 Inhibitors for Erectile Dysfunctions**	New Drug Review	▪ Sildenafil (Viagra)	▪ None for Erectile Dysfunction	▪ **Avanafil (Stendra) February 2015** ▪ Tadalafil (Cialis) ▪ Vardenafil (Levitra, Staxyn)	Pending singing of the minutes / 90 days	▪PA required for Stendra (See Appendix C) ▪QL apply – see Appendix E	▪ Viagra is the BCF and step-preferred PDE-5 inhibitor for erectile dysfunction.
Feb 2015	**Proton Pump Inhibitors**	New Drug Review	▪ Omeprazole (Prilosec, generic) excludes 40mg Prilosec capsule ▪ Esomeprazole (Nexium)	▪ Prilosec 40mg (brand) ▪ Pantoprazole (Protonix, generic) tablets	▪ **Esomeprazole strontium (February 2015)** ▪ Lansoprazole (Prevacid) ▪ Omeprazole NaHCO3 (Zegerid) ▪ Rabeprazole (Aciphex) ▪ Dexlansoprazole (Dexilant)	Pending signing of the minutes / 90 days	▪PA applies (See Appendix C)	▪ See DoD P&T Minutes for Nov 2012, May 2009, Feb 2008, & May 2007

TRICARE Formulary Search tool: *http://www.pec.ha.osd.mil/formulary_search.php*

Appendix G—Table of Abbreviations

6MWD	6-minute walking distance
A1c	hemoglobin A1c
AASLD/IDSA	American Association for the Study of Liver Diseases/Infectious Diseases Society of America
BCF	Basic Core Formulary
BIA	budget impact analysis
CEA	cost-effectiveness analysis
CFR	Code of Federal Regulations
CFTR	cystic fibrosis transmembrane conductance regulator
CMA	cost minimization analysis
CTEPH	chronic thromboembolic pulmonary hypertension
CV	cardiovascular
DAAs	direct acting antivirals
DCO	Defense Connect Online
DHA	Defense Health Agency
DoD	Department of Defense
DPP-4	dipeptidyl dipeptidase-4 inhibitors
ECF	Extended Core Formulary
ED	erectile dysfunction
ER	extended release
ERA	endothelin receptor agonists
FDA	U.S. Food and Drug Administration
GLP1RA	glucagon-like peptide-1 receptor agonist
HCV	hepatitis C virus
HFA	hydrofluoroalkane
IR	immediate release
MHS	Military Health System
MI	myocardial infarction
MN	medical necessity
MTF	Military Treatment Facility
NF	nonformulary
NDAA	National Defense Authorization Act
P&T	Pharmacy and Therapeutics
PA	prior authorization
PAH	Pulmonary Arterial Hypertension Drug Class
PDE-5	Phosphodiesterase-5 Inhibitors Drug Class
PPIs	proton pump inhibitors
POS	points of service
QLs	quantity limits
SED-1s	Sedative Hypnotic-1s Drug Class
SGLT2	Sodium-Glucose Co-Transporter 2 Inhibitors Drug Class
TIBs	targeted immunomodulatory biologics
TIRFs	transmucosal IR fentanyl products
UF	Uniform Formulary