DEPARTMENT OF DEFENSE

PHARMACY AND THERAPEUTICS COMMITTEE
MINUTES AND RECOMMENDATIONS

May 2016

I. CONVENING

The Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee convened at 0800 hours on May 11 and 12, 2016, at the Defense Health Agency (DHA) Formulary Management Branch, San Antonio, Texas.

II. ATTENDANCE

The attendance roster is listed in Appendix A.

A. Review Minutes of Last Meetings

1. **Approval of February Minutes—**VADM R.C. Bono, MC, USN, Director, DHA, approved the minutes from the February 2016 DoD P&T Committee meeting on May 5, 2016.

2. **Correction to the February 2016 Minutes**

   a) **Ivabradine (Corlanor) Prior Authorization (PA) for Heart Failure—**For the dosing of the preferred beta blockers in heart failure, the dosage for carvedilol was corrected to reflect a dose of 50 mg twice daily for patients weighing greater than 85 kg. The PA form includes the correct weight.

   b) **Section 703—Calcitonin-Salmon (Miacalcin) Nasal Spray—**The implementation date was changed to 60 days (July 6, 2016).

III. REQUIREMENTS

All clinical and cost evaluations for new drugs, including innovator drugs, and full drug class reviews included, but were not limited to, the requirements stated in 32 Code of Federal Regulations (CFR) 199.21(e)(1) and (g)(5). 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.

Nonformulary medications are generally restricted to the mail order program according to amended section 199.21, revised paragraphs (h)(3)(i) and (ii), effective August 26, 2015.

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

A. Renin-Angiotensin Antihypertensives (RAAs): Sacubitril/Valsartan (Entresto)

Background—Entresto is a fixed-dose combination product approved for treating patients with chronic heart failure with reduced ejection fraction. It contains the angiotensin receptor blocker (ARB) valsartan (Diovan, generic) with sacubitril, a neprilysin inhibitor.

FDA approval was based on the results of the PARADIGM-HF trial, which compared Entresto with the angiotensin converting enzyme (ACE) inhibitor enalapril (Vasotec, generic) in over 8,000 patients for 27 months. Treatment with Entresto resulted in a significant 20% relative risk reduction in the rate of death due to cardiovascular causes or hospitalization for heart failure compared to enalapril. The relative risk of all-cause death was reduced by 16% with Entresto.

Limitations to the PARADIGM-HF study included the strict entry criteria (patients who could not tolerate target doses of ARBs or ACE inhibitors, and those with hypotension, reduced renal function, or a history of angioedema were excluded) and the enrollment of small numbers of African Americans and women.

Adverse effects associated with Entresto that occurred more frequently than enalapril were angioedema, particularly in African Americans, and hypotension. Theoretical risks of Entresto contributing to dementia are unknown at this time; the manufacturer is required to conduct studies in this area.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that Entresto showed benefit in the limited patient population studied in the PARADIGM-HF trial. Whether patients with chronic heart failure who are currently stabilized on ACE inhibitors/ARBs should be switched to Entresto remains to be determined.

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) the following:

- CMA results showed the following rankings from most to least cost-effective for the UF after step therapy scenario: losartan (Cozaar, generic), enalapril (Vasotec, generic), valsartan (Diovan, generic), candesartan (Atacand, generic), valsartan/sacubitril (Entresto), ivabradine (Corlanor).

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) sacubitril/valsartan (Entresto) be designated formulary on the UF based on the clinical results of the PARADIGM-HF trial.

2. ***COMMITTEE ACTION: PA RECOMMENDATION***—There is existing step therapy in the RAAs class requiring use of losartan, telmisartan, or valsartan prior to use of one of the non-preferred RAAs drugs. Step-therapy and manual PA criteria for Entresto were

recommended in February 2016, with an implementation date of August 10, 2016.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) revising the manual PA criteria for Entresto since it is solely indicated for heart failure and not hypertension. The PA criteria will now require use of a step-preferred ARB for heart failure (losartan or valsartan) or a generic ACE inhibitor prior to use of Entresto in new and current users. Additionally, the Entresto PA criteria will reflect the study population from the PARADIGM-HF trial, including patients with a left ventricular ejection fraction less than or equal to 35%, with New York Heart Association Class II–IV chronic heart failure, receiving concomitant treatment with a beta blocker, and patients with no history of angioedema. See Appendix C for the full criteria.

3. ***COMMITTEE ACTION: UF AND 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 60-day implementation period; 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 September 28, 2016.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

B. Gastrointestinal-2 (GI-2) Miscellaneous Drugs: Eluxadoline (Viberzi)

Background—The P&T Committee previously reviewed the GI-2 Miscellaneous Drugs in November 2015. Eluxadoline is indicated to treat diarrhea-predominant irritable bowel syndrome (IBS-D) and has a novel mechanism of action compared to alosetron and rifaximin. Professional guidelines for IBS-D recommend that providers should consider offering antispasmodic agents along with dietary and lifestyle advice for patients.

Eluxadoline was compared to placebo in two randomized controlled trials. The results showed statistical significance in improving the composite endpoint and stool consistency, but not abdominal pain. Clinical significance is difficult to determine due to the large placebo effect.

Common adverse reactions of eluxadoline include constipation and abdominal pain. Because of the potential for abuse, eluxadoline is a Schedule IV controlled substance. Limitations to use of eluxadoline include numerous drug interactions, contraindications, and lack of long-term safety data.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) that despite a unique mechanism of action, eluxadoline offers no compelling advantages over existing formulary agents used to treat IBS-D.

Relative Cost-Effectiveness Analysis and Conclusion—CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following:

- CMA results showed the following rankings from most to least cost-effective for the UF no-step scenario: rifaximin (Xifaxan), eluxadoline (Viberzi), alosetron (Lotronex).

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) eluxadoline (Viberzi) be designated NF due to the lack of compelling clinical advantages, safety concerns, lack of long-term data, and cost disadvantage compared to other UF agents used for IBS-D.

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

3. ***COMMITTEE ACTION: MANUAL PA CRITERIA***—Prior authorization was approved for eluxadoline (Viberzi) in February 2016, with an implementation date of August 10, 2016. The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) updating the current PA criteria to include the requirement that the initial prescription be written by or in consultation with a gastroenterologist and the patient has failed a trial of rifaximin. See Appendix C for full criteria.

4. ***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; 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 November 2, 2016.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

V. UF DRUG CLASS REVIEWS

A. Atypical Antipsychotic (AAP) Drugs

Background—The P&T Committee evaluated the AAP drugs. Since the last review in May 2011, generic formulations of several products are now available. The remaining branded AAP drugs include quetiapine extended release (Seroquel XR), asenapine (Saphris), iloperidone (Fanapt), and lurasidone (Latuda). Generic formulations for Seroquel XR are expected in November 2016. Brexpiprazole (Rexulti) and cariprazine (Vraylar) are two new products in the class. Vraylar is an innovator drug; however, it is included in this review.

This clinical effectiveness review focuses on the branded products and indications for schizophrenia, adjunctive therapy to antidepressants for major depressive disorder (MDD), and bipolar disorder. Military Health System (MHS) provider opinions were evaluated and incorporated into the review and UF recommendations.

Relative Clinical Effectiveness Conclusion—The P&T Committee concluded (15 for, 0 against, 0 abstained, 1 absent) the following for the AAP drugs:

- Brexpiprazole (Rexulti) is FDA-approved to treat schizophrenia, and as an adjunct to antidepressant therapy for MDD. Cariprazine (Vraylar) is FDA-approved for schizophrenia and bipolar disorder. Brexpiprazole and cariprazine offer no clinically compelling advantages over the AAP drugs currently on the UF.
- There are no significant efficacy or safety updates since the May 2011 review. The safety profiles of individual AAP drugs are well known, in terms of metabolic, neurologic, and cardiovascular effects. In May 2016, the FDA released safety warnings for aripiprazole (for impulse control problems) and olanzapine (for Drug Reaction with Eosinophilia and Systemic Symptoms); however, these are rare adverse events.
- According to the German Institute for Quality and Efficiency in Health Care, manufacturer claims of added benefit for fewer adverse events with lurasidone compared to risperidone, olanzapine, and quetiapine extended release (ER) could not be proven. However, lurasidone is dosed once daily and is rated as Pregnancy Category B.
- Generic formulations of AAP drugs currently on the UF are adequate to meet the needs of the majority of DoD patients with schizophrenia, bipolar disorder, or MDD requiring adjunctive therapy.
- For patients requiring an AAP drug, treatment choice should be based on efficacy, safety and tolerability of the drug, and individual patient characteristics.

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

- CMA results showed the following rankings for the AAP drugs from least costly to most costly to the MHS: risperidone, ziprasidone, quetiapine, Risperdal, olanzapine, Seroquel XR, generic aripiprazole, Saphris, Latuda, Fanapt, Rexulti, and Vraylar.
- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF. All modeled scenarios show cost avoidance against current MHS expenditures; however, the scenario where lurasidone was added to the UF was the most cost-effective option.

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

    - **UF:**
        - aripiprazole tablets, orally dissolving tablet (ODT), and oral solution (Abilify, Abilify Discmelt, generics)
        - clozapine tablets and orally dissolving tablets (Clozaril, generics; FazaClo ODT)
        - lurasidone (Latuda)
        - olanzapine tablets and ODT (Zyprexa, Zyprexa Zydis, generics)
        - olanzapine/fluoxetine (Symbyax, generics)
        - paliperidone (Invega, generics)
        - quetiapine (Seroquel, generics)
        - quetiapine ER (Seroquel XR)
        - risperidone tablets, ODT, and oral solution (Risperdal, Risperdal ODT, generics)
        - ziprasidone (Geodon, generics)

    - **NF**
        - asenapine (Saphris)
        - brexpiprazole (Rexulti)
        - cariprazine (Vraylar)
        - iloperidone (Fanapt)

2. ***COMMITTEE ACTION: BCF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed , 0 abstained, 1 absent) maintaining risperidone tablets and ODT (Risperdal, Risperdal ODT, generics), quetiapine (Seroquel, generics), and quetiapine ER (Seroquel XR) on the BCF, and adding aripiprazole tablets (Abilify, generics) to the BCF.

3. ***COMMITTEE ACTION: MANUAL PA CRITERIA***—Manual PA criteria for brexpiprazole (Rexulti) in all new patients were recommended at the February 2016 P&T Committee meeting, with an implementation date of August 10, 2016. The P&T Committee recommended (15 for, 0 opposed , 0 abstained, 1

absent) maintaining the existing PA criteria for Rexulti. See Appendix C for the full criteria.

4. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) MN criteria for Saphris, Rexulti, Vraylar, and Fanapt. See Appendix B for the full criteria.

5. ***COMMITTEE ACTION: UF 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; 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 November 2, 2016.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

B. Anticonvulsant and Anti-Mania Drug Class

Background—The Anticonvulsant and Anti-mania Drug Class has not been previously reviewed for UF status. Prior to implementation of the UF Rule in 2005, several drugs in the class were previously designated as BCF.

There are over 40 anti-epileptic drugs (AEDs) available in the United States. Most are available in generic formulations, and several products now have ER versions. Generic formulations of levetiracetam ER (Keppra XR) and lamotrigine ER (Lamictal XR) recently entered the market.

Five of the AEDs are unique, branded products with no generic or therapeutic equivalents: lacosamide (Vimpat), perampanel (Fycompa), clobazam (Onfi), vigabatrin (Sabril), and rufinamide (Banzel). Five other products are branded formulations with therapeutic alternatives: topiramate ER (Trokendi XR and Qudexy XR), oxcarbazepine ER (Oxtellar XR), eslicarbazepine (Aptiom), and carbamazepine (Equetro ER).

The clinical effectiveness review focused on the efficacy and safety of the branded products and the newer extended release AEDs. The older AEDs and anti-mania drugs will remain on the UF.

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

- Topiramate IR (Topamax) is approved for several types of seizure disorders and for prophylaxis of migraine headaches. Off-label uses for topiramate IR include weight loss, bipolar disorder, alcohol dependency, obsessive compulsive disorder, and post-traumatic stress disorder. The newer branded topiramate ER products, Trokendi XR and Qudexy XR, do not offer clinically compelling advantages over generic topiramate IR.
- Lacosamide (Vimpat) has a unique mechanism of action at the sodium channels, is well tolerated except for dizziness and somnolence, is easy to titrate, and is approved for partial-onset seizures in patients 17 years and older. An oral solution and tablets are available.
- Perampanel (Fycompa) has a unique mechanism of action at the glutamate receptor. Its place in therapy is for refractory patients with secondary generalized seizures or exclusively for focal seizures as a second- or third-line agent. Fycompa is the only AED with a black box warning for hostility, aggression, and homicidal ideation. Its long duration of action can prolong adverse effects of sedation, headache, and dizziness.
- Clobazam (Onfi) is indicated as adjunctive therapy for Lennox-Gastaut seizures in patients as young as two years old. The compound causes less sedation than typical benzodiazepines, due to receptor selectivity. It is primarily used in pediatric patients with refractory seizures.
- Vigabatrin (Sabril) is approved for infantile spasms in patients as young as one year old and for refractory complex partial seizures in patients as young as ten years old. The risk of vision loss associated with Sabril requires restricted distribution and enrollment in a patient registry.
- Rufinamide (Banzel) is approved for Lennox-Gastaut seizures in children as young as one year old, but there are concerns of shortened QT interval and risk of inducing status epilepticus.
- When used for the appropriate seizure type, the AEDs are roughly equivalent in efficacy. Clinical guidelines indicate that a variety of medications are required to be available to treat seizures effectively.
- AED treatment selection should be based on drug characteristics, including side effect profile, ease of administration, potential drug interactions, as well as patient characteristics, including seizure type and epilepsy syndrome.

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

- CMA results showed that generic products in the class were the most cost-effective, followed by brand carbamazepine ER (Equetro), oxcarbazepine ER (Oxtellar XR), levetiracetam ER (Keppra XR), lacosamide (Vimpat), topiramate ER (authorized generic), topiramate ER (Trokendi XR), perampanel (Fycompa),

topiramate ER (Qudexy XR), clobazam (Onfi), eslicarbazepine (Aptiom), rufinamide (Banzel), and vigabatrin (Sabril).

- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF. BIA results showed that designating all agents in the Anticonvulsant and Anti-Mania Drug Class with formulary status on the UF demonstrated significant cost avoidance for the MHS.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (13 for, 2 opposed, 0 abstained, 1 absent) the following, based on clinical and cost effectiveness:

    - UF:
        - Carbamazepine IR (Tegretol, generics)
        - Carbamazepine ER (Tegretol XR, Carbatrol, generics)
        - Carbamazepine ER (Equetro XR)
        - Clobazam (Onfi)
        - Divalproex IR, ER, and delayed release (Depakote, Depakote ER generics; Depakote Sprinkles)
        - Eslicarbazepine (Aptiom)
        - Ethosuximide (Zarontin, generics)
        - Felbamate (Felbatol, generics)
        - Lacosamide (Vimpat)
        - Lamotrigine IR, ER, and chewable tablets (Lamictal, Lamictal XR, Lamictal CD, generics)
        - Lamotrigine ODT (Lamictal ODT)
        - Levetiracetam IR, ER (Keppra; Keppra XR, generics)
        - Oxcarbazepine (Trileptal, generics)
        - Oxcarbazepine ER (Oxtellar XR)
        - Perampanel (Fycompa)
        - Phenytoin (Dilantin, generics)
        - Phenobarbital (Luminol, generics)
        - Primidone (Mysoline, generics)
        - Rufinamide (Banzel)
        - Topiramate IR and sprinkle capsules (Topamax, Topamax Sprinkle, generics)
        - Topiramate ER (Trokendi XR)
        - Topiramate ER (Qudexy XR)
        - Valproic Acid (Depakene, generics)
        - Vigabatrin (Sabril)
        - Zonisamide (Zonegran, generics)

    - NF:
        - None

2. ***COMMITTEE ACTION: BCF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) maintaining the following drugs on the on the BCF:

   - Carbamazepine tablets, chewable tablets, and oral suspension (Tegretol, generics)
   - Carbamazepine ER tablets (Tegretol XR, generics)
   - Divalproex (Depakote, Depakote ER generics; Depakote Sprinkles)
   - Phenytoin ER capsules, chewable tablets, and oral suspension (Dilantin; Dilantin-125, generics)
   - Phenobarbital

3. ***COMMITTEE ACTION: TOPIRAMATE ER (TROKENDI XR AND QUDEXY XR) PA CRITERIA***—Manual PA criteria were recommended in August 2014 and implemented in December 2014 to limit use of Qudexy XR and Trokendi XR to the FDA-approved indications for seizures and appropriate age ranges. The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) maintaining the current PA criteria for Trokendi XR and Qudexy XR. Patients are required to try generic topiramate IR first, unless there is a contraindication or adverse reaction with the generic product. See Appendix C for the full criteria.

4. ***COMMITTEE ACTION: LACOSAMIDE (VIMPAT) REMOVAL OF PA CRITERIA***—Manual PA criteria were recommended for new users of Vimpat at the February 2016 P&T Committee meeting, with an implementation date of August 10, 2016. A review of MHS prescribing patterns for Vimpat found a low percentage of off-label use. The P&T Committee recommended (14 for, 1 opposed, 0 abstained, 1 absent) removing the manual PA criteria for Vimpat upon signing of the minutes.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

C. Contraceptive Agents: Emergency Contraceptives

Background—The emergency contraceptives reviewed for formulary placement included levonorgestrel 1.5 mg (Plan B One Step, generics), levonorgestrel 0.75 mg (Plan B, generics), and ulipristal acetate 30 mg (Ella). The levonorgestrel 1.5 mg single dose has largely replaced use of the 0.75 mg two-tablet regimen.

The Emergency Contraceptives were previously reviewed for UF placement in August 2011. Since then, the branded product Plan B One Step (levonorgestrel 1.5 mg) now has at least 10 AB-rated generic equivalent formulations. Plan B One Step is available over-the-counter (OTC) with no age restrictions while Ella requires a prescription.

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

- Both levonorgestrel and ulipristal acetate are effective in preventing unintended pregnancies by delaying or inhibiting ovulation. Levonorgestrel is effective when taken within 72 hours of unprotected intercourse; however, its efficacy declines over time. Ulipristal acetate is effective when taken up to 120 hours after unprotected intercourse.

- In terms of relative effectiveness, ulipristal acetate is more effective compared to levonorgestrel in preventing unintended pregnancies, based on findings from one meta-analysis and pooled data from two randomized, multicenter trials. Ulipristal acetate prevented 67% of expected pregnancies versus 52% with levonorgestrel.

- The World Health Organization guidelines state that emergency contraceptives may be less effective in women with body mass indexes (BMIs) ≥ 30 kg/m^2 compared to women with BMIs < 25 kg/m^2. However, there are no safety concerns associated with the use of either levonorgestrel or ulipristal acetate in obese patients.

- The most commonly reported adverse effects ($\geq$10%) with either levonorgestrel or ulipristal acetate are headache, nausea, and abdominal pain. Both products have a similar safety profile and contraindications.

- To ensure adequate clinical coverage for emergency contraception, both levonorgestrel and ulipristal acetate are required on the UF, and at least one agent should be considered for placement on the BCF.

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

- CMA results showed the relative rankings for the emergency contraceptives.

- BIA was performed to evaluate the potential impact of bids offered. No significant impact was found for any scenario.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (13 for, 0 opposed , 2 abstained, 1 absent) the following, based on clinical and cost effectiveness:

- **UF:**
  - levonorgestrel 0.75 mg (Plan B, generics)
  - levonorgestrel 1.5 mg (Plan B One Step, generics)
  - ulipristal acetate 30 mg (Ella)

- **NF:** None

2. ***COMMITTEE ACTION: BCF RECOMMENDATION***—In the MHS, levonorgestrel 1.5 mg has the highest utilization and is currently the most cost-effective emergency contraceptive. The P&T Committee, recommended (14 for, 0 opposed , 1 abstained, 1 absent) designating levonorgestrel 1.5 mg (Plan B One Step, generics) with BCF status upon signing of the minutes.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

VI. INNOVATOR DRUGS

A. Newly-Approved Innovator Drugs

Relative Clinical Effectiveness and Relative Cost-Effectiveness Conclusions—The P&T Committee agreed (15 for, 0 opposed, 0 abstained, 1 absent) with the relative clinical and cost-effectiveness analysis presented for the innovator drugs. For the complete list of innovator drugs reviewed at the May 2016 P&T Committee meeting, a brief summary of their clinical attributes, and their formulary recommendations, see Appendix E.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) the following:
   - UF:
     - antihemophilic factor (recombinant) (Kovaltry)
     - calcipotriene/betamethasone dipropionate foam (Enstilar)
     - coagulation factor IX (recombinant)/albumin fusion protein (Idelvion)
     - emtricitabine/rilpivirine/tenofovir alafenamide (Odefsey)
     - grazoprevir/ elbasvir (Zepatier)
     - tofacitinib ER tablets (Xeljanz XR)
     - uridine triacetate oral granules (Xuriden)

- NF:
    - amphetamine ER ODT (Adzenys XR ODT)
    - buprenorphine buccal film (Belbuca)
    - ixekizumab injection (Taltz)
    - methylphenidate ER chewable tablets (QuilliChew ER)

2. ***COMMITTEE ACTION: MN CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) MN criteria for buprenorphine buccal film (Belbuca), methylphenidate ER chewable tablets (QuilliChew ER), amphetamine ER ODT (Adzenys XR ODT), and ixekizumab injection (Taltz). See Appendix B for the full criteria.

3. ***COMMITTEE ACTION: MANUAL PA CRITERIA***—Existing step therapy and manual PA criteria currently apply to the Targeted Immunomodulatory Biologics (TIBs), and manual PA criteria currently apply to the Hepatitis C direct-acting antiviral agents (DAAs). The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) PA criteria for the TIBs tofacitinib XR (Xeljanz XR) in new users, and izekizumab injection (Talz) in new and current users; for the hepatitis C Direct Acting Agent grazoprevir/elbasvir/ (Zepatier) in new users; and for the orphan drug uridine triacetate (Xuriden) in new and current users. See Appendix C for the full criteria.

4. ***COMMITTEE ACTION: U AND PA IMPLEMENTATION PERIOD***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) an effective date upon signing of the minutes in all points of service (POS).

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

VII. UTILIZATION MANAGEMENT

A. PA and MN Criteria

1. **Oral Oncologic Agents: Palbociclib (Ibrance) Manual PA Criteria**—Ibrance was approved by the FDA in February 2015 for specific types of metastatic breast cancer. Manual PA criteria were recommended for this agent.

a) ***COMMITTEE ACTION: PALBOCICLIB (IBRANCE) PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for Ibrance in new patients. See Appendix C for the full criteria.

2. **Parkinson's Disease Agents: Carbidopa/Levodopa ER Capsules (Rytary) Manual PA Criteria**—Rytary is FDA-approved for the treatment of Parkinson's disease. Rytary is dosed three times daily and is available in the following ER capsule dosages: 23.75 mg/95 mg, 36.25 mg/145 mg, 48.75 mg/195 mg, and 61.25 mg /245 mg. Sustained-release formulations of carbidopa/levodopa (Sinemet CR) are dosed twice daily to three times daily.

    a) ***COMMITTEE ACTION: CARBIDOPA/LEVODOPA ER CAPSULES (RYTARY) PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for Rytary in new patients. Rytary will be approved if the patient has tried and failed a generic controlled release formulation of carbidopa/levodopa. See Appendix C for the full criteria.

3. **GI-2 Opioid-Induced Constipation Drugs: Naloxegol (Movantik) Manual PA Criteria**—Movantik is FDA-approved for opioid-induced constipation in patients with chronic non-cancer pain. It is a mu-opioid receptor antagonist given orally once daily, and has warnings regarding gastrointestinal perforation and opioid withdrawal.

    a) ***COMMITTEE ACTION: NALOXEGOL (MOVANTIK) PA CRITERIA***
    The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for Movantik in new patients. Patients are required to have a trial of two standard laxative therapies prior to use of naloxegol. See Appendix C for the full criteria.

4. **Beta-Blockers: Nebivolol (Bystolic) Manual PA Criteria**—Bystolic is an adrenergic blocking agent that is solely FDA-approved for the treatment of hypertension. It was reviewed and designated NF in June 2008. There is now widespread cost-effective generic availability of other beta blockers, which have other indications in addition to hypertension, including heart failure, angina, and arrhythmias. There is no compelling clinical data to support use of nebivolol over the other beta blockers in the class.

    a) ***COMMITTEE ACTION: NEBIVOLOL (BYSTOLIC) MN CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) updating the current MN criteria for Bystolic, to require failure of or intolerance to two generic beta blockers. See Appendix B for the full criteria.

b) ***COMMITTEE ACTION: NEBIVOLOL (BYSTOLIC) PA CRITERIA***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for new users of Bystolic, requiring failure of or intolerance to two generic beta blockers. Coverage will only be approved for hypertension. See Appendix C for the full criteria.

5. **Non-Steroidal Anti-Inflammatory Drugs (NSAIDs): Esomeprazole/Naproxen (Vimovo) and Ibuprofen/Famotidine (Duexis) Manual PA Criteria**—The NSAIDs were reviewed in August 2012. Vimovo is currently designated formulary on the UF, while Duexis is NF. Manual PA criteria were recommended for Vimovo and Duexis due to the wide availability of other cost-effective generic NSAIDs, including celecoxib (Celebrex) and OTC availability of several proton pump inhibitors.

    a) ***COMMITTEE ACTION: ESOMEPRAZOLE/NAPROXEN (VIMOVO) AND IBUPROFEN/FAMOTIDINE (DUEXIS) PA CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 2 absent) manual PA criteria for Vimovo and Duexis in new and current patients requiring documentation that the patient must take a fixed-dose combination product and cannot take the two drugs separately. See Appendix C for the full criteria.

6. **Non-Opioid Pain Syndromes: Cyclobenzaprine ER Capsules (Amrix) Manual PA Criteria**—Cyclobenzaprine IR was reviewed in November 2011 as part of the Non-Opioid Pain Syndrome Drug Class and designated with formulary status on the UF. Cost-effective generic formulations of the IR tablets are available. Cyclobenzaprine ER capsules (Amrix) do not offer compelling advantages over cyclobenzaprine IR tablets (Flexeril, generics).

    a) ***COMMITTEE ACTION: CYCLOBENZAPRINE ER CAPSULES (AMRIX) PA CRITERIA***—The P&T Committee recommended (14 for, 1 opposed, 0 abstained, 1 absent) manual PA criteria for Amrix in new and current patients, requiring a trial of generic immediate release cyclobenzaprine. See Appendix C for the full criteria.

7. **Topical Pain Drugs: Lidocaine 5% Patch (Lidoderm) Removal of Manual PA Criteria**—PA criteria were recommended for Lidoderm at the February 2013 P&T Committee meeting and implemented in August 2013.

    a) ***COMMITTEE ACTION: LIDOCAINE 5% PATCH (LIDODERM) REMOVAL OF PA CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 2 absent) removing the PA for Lidoderm. Cost-effective generic formulations are now available.

8. **Attention Deficit Hyperactivity Disorder (ADHD) Stimulants: Amphetamine ER Oral Suspension (Dyanavel XR) MN Criteria**—Dyanavel XR was reviewed in February 2016 as an innovator drug and designated NF, with MN criteria implemented on May 5, 2016. The P&T Committee recommended updating the MN criteria for Dyanavel XR to be consistent with the MN criteria recommended at this meeting for the innovator drug amphetamine ER ODT (Adzenzys XR ODT). Other ADHD stimulants are available on the UF and approved for patients as young as 6 years of age.

    a) ***COMMITTEE ACTION: AMPHETAMINE ER ORAL SUSPENSION (DYANAVEL XR) MN CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 2 absent) revised MN criteria for Dyanavel XR, to require use of at least two ADHD formulary stimulants first. See Appendix B for the full criteria.

B. Quantity Limits (QLs)

Quantity limits were reviewed for seven drugs, including two oral inhalers, three products in the TIBs Drug Class, and one drug for hepatitis C virus genotypes 1 and 4. QLs already exist for these drug classes. QLs were also recommended for the skeletal muscle relaxant cyclobenzaprine ER (Amrix), consistent with the package labeling for duration of use.

1. ***COMMITTEE ACTIONS: QLs***—The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 2 absent) QLs for fluticasone/salmeterol (Advair HFA), flunisolide (Aerospan), tofacitinib ER (Xeljanz XR), ixekizumab (Taltz), secukinumab (Cosentyx), grazoprevir/elbasvir (Zepatier), and cyclobenzaprine ER (Amrix). See Appendix D for the QLs.

C. PA, MN, and QLs Implementation Periods

1. ***COMMITTEE ACTION: PA, MN AND QLs IMPLEMENTATION PERIODS***—The P&T Committee recommended the following implementation periods:

    - 14 for, 0 opposed, 0 abstained, 2 absent—the manual PAs for palbociclib (Ibrance), carbidopa/levodopa ER capsules (Rytary), naloxegol (Movantik), nebivolol (Bystolic), cyclobenzaprine ER capsules (Amrix), esomeprazole/naproxen (Vimovo), and ibuprofen/famotidine (Duexis); and, the revised MN criteria for Bystolic become effective on the first Wednesday after a 90-day implementation period in all POS. Based on the P&T Committee's recommendation, the effective date is November 2, 2016.
    - 14 for, 0 opposed, 0 abstained, 2 absent—the revised MN criteria for amphetamine ER oral suspension (Dyanavel XR) and the QLs for fluticasone/salmeterol (Advair HFA), flunisolide (Aerospan), tofacitinib ER (Xeljanz XR), ixekizumab (Taltz), secukinumab (Cosentyx), grazoprevir/

elbasvir (Zepatier), and cyclobenzaprine ER (Amrix) become effective upon signing of the minutes.

- 14 for, 0 opposed, 0 abstained, 2 absent—the PA for Lidoderm be removed effective upon signing of the minutes.

Director, DHA, Decision: ☒ Approved □ Disapproved

Approved, but modified as follows:

D. Utilization Management for Brand over Generic Authority and PA Criteria

Currently in the Retail Network and Mail Order Pharmacy, there is a mandatory generic substitution policy. When AB-rated generic formulations enter the market, the generic formulation is dispensed instead of the branded product. Prior Authorization criteria do allow dispensing of the branded product in certain cases (e.g., allergy or hypersensitivity).

Currently, the DHA Pharmacy Operations Division (POD) has noticed a trend for new generic products to have a higher cost than the corresponding proprietary product for several months after market launch. The DHA POD is requesting authority to implement "brand over generic" requirements in the Retail Network and Mail Order Pharmacy when there is a cost benefit to the MHS. The recommended authority below will allow the MHS to respond quickly to instances when high cost generic formulations enter the market.

1. ***COMMITTEE ACTION: BRAND OVER GENERIC AUTHORITY***—The P&T Committee recommended (14 for, 0 opposed, 1 abstain, 1 absent):
    a) The DHA POD be given authority, after consulting with the Chair of the P&T Committee, to implement "brand over generic" authorization for drugs with recent generic entrants where the branded product is more cost effective than generic formulations. In these cases, the branded product will continue to be dispensed, and the generic product will only be available upon prior authorization.
    b) The branded product will adjudicate at the Tier 1 co-pay in the Retail Network and Mail Order Pharmacy.
    c) The "brand over generic" requirement will be removed when it is no longer cost effective to the MHS.
    d) The P&T Committee will be updated during the next quarterly meeting on DHA POD administrative actions for brand over generic products.

2. ***COMMITTEE ACTION: BRAND OVER GENERIC PA CRITERIA***—The P&T Committee recommended (14 for, 0 opposed, 1 abstain, 1 absent) the following PA criteria will apply to cases when the "brand over generic" authority is implemented. Patients meeting the criteria below will receive the generic formulation, rather than the specified branded product.

   a) The prescriber must complete a clinical assessment and provide a patient-specific justification as to why the branded product cannot be used in the patient.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

VIII. BCF CLARIFICATION

A. Beta Blockers—Metoprolol Tartrate

The beta blockers were last reviewed in November 2007. At that time, metoprolol tartrate 25, 50, and 100 mg tablets (Lopressor, generics) were maintained on the BCF. New generic tablets in strengths of 37.5 mg and 75 mg have entered the market. There is currently low utilization of these new metoprolol tartrate dosages at the MTFs.

1. ***COMMITTEE ACTION: BCF CLARIFICATION***—The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 2 absent) metoprolol tartrate 37.5 mg and 75 mg tablets be excluded from the BCF; they will remain on the UF.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

IX. SECTION 703, NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FOR FISCAL YEAR (FY) 2008

Drugs from pharmaceutical manufacturers that are not included on a DoD Retail Refund Pricing Agreement are not in compliance with the FY08 NDAA, Section 703. The law stipulates that if a drug is not compliant with Section 703, it will be designated NF on the UF and will require pre-authorization prior to use in the retail point of service and medical necessity at military treatment facilities. These NF drugs will remain available in the Mail Order POS without pre-authorization.

A. Tobramycin 300 mg/5 mL Inhalation Solution (Kitabis Pak)—At the November 2015 P&T Committee meeting, Kitabis Pak was designated NF with pre-authorization criteria for use in the Retail Network. Because Kitabis Pak was only available in the Retail Network via a specialty distributor network of pharmacies, it was exempt from the requirement to limit availability to the Mail Order Pharmacy. In February 2016, supply and distribution of Kitabis Pak became available through the Mail Order Pharmacy.

1. ***COMMITTEE ACTION: TOBRAMYCIN 300 mg/5 mL INHALATION SOLUTION (KITABIS PAK) REMOVAL OF EXEMPTION FROM MAIL ORDER PHARMACY AVAILABILITY***—The P&T Committee recommended (15 for, 0 opposed , 0 abstained, 1 absent) removing the exemption from mail order availability for tobramycin 300 mg/5 mL inhalation solution (Kitabis Pak). Kitabis Pak will now be available through the Mail Order Pharmacy without pre-authorization. However, pre-authorization prior to use in the retail POS and MN at MTFs is still required.

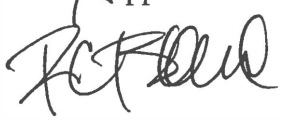
2. ***COMMITTEE ACTION: TOBRAMYCIN 300 mg/5 mL INHALATION SOLUTION (KITABIS PAK) IMPLEMENTATION PERIOD***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) 1) an effective date of the first Wednesday after a 90-day implementation period for Kitabis Pak. Based on the P&T Committee's recommendation, the effective date is November 2, 2016.

B. Section 703 Program Updates—The P&T Committee discussed drugs that are not compliant with Section 703 and are limited in availability. The circumstances when a Section 703 non-compliant drug can be exempted from the Mail Order Pharmacy requirement include when drugs are available only via limited distribution networks or when drugs are not compliant with the Trade Agreements Act (TAA).

1. ***COMMITTEE ACTION: SECTION 703 PROGRAM UPDATES***—The P&T Committee recommended (15 for, 0 opposed , 0 abstained, 1 absent) administrative authority for the DHA Pharmacy Operations Division to allow availability of drugs that are non-complaint with Section 703 through the Mail Order Pharmacy when product supply or distribution issues (e.g., limited distribution or TAA non-compliance) are resolved. Drugs that are made available through the Mail Order Pharmacy will not have to undergo a formal re-review by the P&T Committee.

Director, DHA, Decision: ☒ Approved □ Disapproved

Approved, but modified as follows:



X. REFILLS OF PRESCRIPTION MAINTENANCE MEDICATIONS THROUGH MTF PHARMACIES OR THE NATIONAL MAIL ORDER PHARMACY PROGRAM (EXPANDED MTF/MAIL PHARMACY INITIATIVE), AND NF (TIER 3) PHARMACEUTICALS AT MAIL ORDER

The P&T Committee was briefed on the progress of implementing the requirement that NF pharmaceutical agents generally be unavailable at MTFs or the Retail Network, but available in the Mail Order program. For more information, refer to the August 2015 and November 2015 DoD P&T Committee meeting minutes at http://www.health.mil/PandT.

As of April 15, 2016, all NF agents have been added to the program, except for:

1) Drugs excluded from the requirement to use Mail Order as the sole point of dispensing based on exceptions previously established by the P&T Committee, including clinical characteristics and feasibility/availability issues, and

2) NF agents that are now available in generic formulations, but do not fall into previously established exceptions. A complete list of medications that are available at the Retail Network for two initial prescription fills only and then which must be filled at MTFs/Mail (formulary medications intended for chronic use) or at mail only (NF agents that do not fall into previously established exception) is available at http://www.tricare.mil/CoveredServices/Pharmacy/Drugs/SelectMaintDrugs.aspx.

Implementation of the mail order requirement for generically available NF agents was temporarily deferred to allow for review of the continued necessity for NF (Tier 3) status, given price decreases typically associated with generic availability. Generically available NF drugs from two major classes are being reviewed at this meeting (see sections XI and XII); the remaining agents are slated for review at an upcoming meeting.

XI. RE-EVALUATION OF NF AGENTS: CALCIUM CHANNEL BLOCKERS (CCBs)

The P&T Committee re-evaluated the UF status of the six NF CCBs, all of which are now available in generic formulations: verapamil capsule 24 hr (Verelan PM); verapamil capsule 24h (Verelan); diltiazem tablet ER 24h (Cardizem LA); isradipine capsule (generic only); nicardipine (generic only); and, nisoldipine tablet ER 24h (Sular).

Clinical Effectiveness Conclusion—The CCBs were last evaluated for UF status at the August 2005 meeting. The P&T Committee did not find new clinical evidence that would alter the overall conclusion that little to no difference in clinical effectiveness exists among the CCBs.

Cost Effectiveness Conclusion—The current costs for the CCBs was evaluated. The P&T Committee voted (15 for, 0 opposed, 0 abstained, 1 absent) that none of the NF CCBs were cost effective relative to similar UF products, when the generic prices for the NF verapamil, diltiazem, and dihydropyridine products were compared to their formulary alternatives. Given the maturity of the drug class, generic prices are not expected to decline in the future, and may

increase substantially as fewer generic products remain on the market. Overall, unit costs for these six current NF products tended to be lower at mail order compared to retail.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed. 0 abstained, and 1 absent) that verapamil capsule 24hr (Verelan PM, generics); verapamil capsule 24h (Verelan, generics); diltiazem tablet ER 24h (Cardizem LA, generics); isradipine capsule (generic only); nicardipine (generic only); and nisoldipine tablet ER 24h (Sular, generics) remain NF. Additionally, all six NF CCBs will remain subject to the requirement that they be generally available only at mail order, regardless of generic status.

Director, DHA, Decision: ☒ Approved □ Disapproved

Approved, but modified as follows:

XII. RE-EVALUATION OF NF AGENTS: PROTON PUMP INHIBITORS (PPIs)

The P&T Committee re-evaluated the UF status of the NF PPIs: dexlansoprazole (Dexilant), esomeprazole strontium, lansoprazole (Prevacid, generics); omeprazole/sodium bicarbonate (Zegerid, generics), rabeprazole delayed release tablets (Aciphex, generics) and rabeprazole delayed release capsules (Aciphex Sprinkle). The PPIs were previously evaluated for UF status at the May 2007 meeting. Automated PA (step therapy) requiring a trial of omeprazole, esomeprazole (Nexium), or pantoprazole applies to new users presenting with a prescription for a nonformulary PPI.

Clinical Effectiveness Conclusion—At the May 2007 meeting, the P&T Committee reviewed evidence across a wide range of disease states and, in summary, concluded that PPIs appear very similar with regard to efficacy, safety, and tolerability. The P&T Committee did not find new clinical evidence that would alter this conclusion.

Cost-Effectiveness Conclusion—The current costs for the PPIs were evaluated. The P&T Committee voted (15 for, 0 opposed, 0 abstained, 1 absent) that, while not as cost effective as generic omeprazole or pantoprazole, generic rabeprazole delayed release (DR) tablets were more cost effective than the blended average of all UF PPIs, with additional generic price competition anticipated. The other NF PPIs were substantially less cost effective than the UF PPIs.

1. ***COMMITTEE ACTION: UF RECOMMENDATION***—The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 1 absent) that rabeprazole DR tablet (Aciphex, generics) be re-classified as formulary and step-preferred on the UF. This does not include Aciphex Sprinkle, which would therefore remain NF and non-step preferred. NF PPIs would be subject to the requirement that they generally be available only in the Mail Order Pharmacy, regardless of generic status.

Director, DHA, Decision: ☒ Approved ☐ Disapproved

Approved, but modified as follows:

XIII. ADJOURNMENT

The meeting adjourned at 1145 hours on May 12, 2016. The next meeting will be in August 2016.

Appendix A—Attendance: May 2016 P&T Committee Meeting
Appendix B—Table of Medical Necessity Criteria
Appendix C—Table of Prior Authorization Criteria
Appendix D—Table of Quantity Limits
Appendix E—Table of Innovator Drugs: Formulary Recommendations
Appendix F—Table of Implementation Status of Uniform Formulary 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.

R.C. Bono
VADM, MC, USN
Director

16072 8
Date

Appendix A—Attendance: May 2016 P&T Committee Meeting

Voting Members Present	
John Kugler, COL (Ret.), MC, USA	DoD P&T Committee Chair
CAPT Nita Sood for George Jones, PharmD, M.S.	Chief, DHA Operations Management Branch
CAPT Edward VonBerg, MSC	Chief, DHA Formulary Management Branch (Recorder)
COL Jack Lewi, MC	Army, Internal Medicine Physician
Col William Hannah, MC	Air Force, Internal Medicine Physician
CDR Brian King, MC	Navy, Internal Medicine Physician
MAJ Dausen Harker	Army, Family Practice Physician
Maj Larissa Weir, MC	Air Force, OB/GYN Physician
Col James Jablonski, MC	Air Force, Physician at Large
CDR Shaun Carstairs, MC	Navy, Physician at Large
MAJ David Keller for MAJ John Poulin, MC	Army, Physician at Large
Dr. Miguel Montalvo	TRICARE Regional Office-South, Chief of Clinical Operations Division and Medical Director
LTC Kevin Ridderhoff for COL John Spain, MS	Army, Pharmacy Officer
Col Scott Sprenger, BSC	Air Force, Pharmacy Officer
CAPT Thinh Ha, MSC	Navy, Pharmacy Officer
CDR Aaron Middlekauf, USCG	Coast Guard, Pharmacy Officer
Nonvoting Members Present	
Mr. Randy Stone	DHA, Office of General Counsel
Guests	
CAPT Matt Baker	Indian Health Service
LCDR Ebenezer Aniagyei	Defense Logistics Agency Troop Support
Ms. Joan Marie Grace	Defense Logistics Agency Troop Support
Capt Ryan Shaver	Air Force, Pharmacy Officer
Lauren Cimineri, PharmD, MPH	Centers for Disease Control and Prevention, World Trade Center Health Program
Others Present	
CAPT Walter Downs, MC	Chief, P&T Section, DHA Formulary Management Branch
Lt Col Ronald Khoury, MC	DHA Formulary Management Branch
CDR Marisol Martinez, USPHS	DHA Formulary Management Branch

Appendix A—Attendance (continued)

Others Present	
MAJ Aparna Raizada, MS	DHA Formulary Management Branch
Angela Allerman, PharmD, BCPS	DHA Formulary Management Branch
Amy Lugo, PharmD, BCPS	DHA Formulary Management Branch
Shana Trice, PharmD, BCPS	DHA Formulary Management Branch
Ms. Deborah Garcia	DHA Formulary Management Branch Contractor
Mr. Michael Lee	DHA Formulary Management Branch Contractor
Mr. Kirk Stocker	DHA Formulary Management Branch Contractor
Mr. Bill Davies via DCS	Chief, DHA Integrated Utilization Branch
Maj Ellen Roska, BSC	DHA Integrated Utilization Branch
Maj David Folmar, BSC	DHA Integrated Utilization Branch
David Meade, PharmD via DCS	DHA Integrated Utilization Branch
Robert Conrad, PharmD via DCS	DHA Operations Management Branch
LT Teisha Robertson via DCS	DHA Purchased Care Branch
Eugene Moore, PharmD, BCPS	DHA Purchased Care Branch

Appendix B—Table of Medical Necessity (MN) Criteria

Drug / Drug Class	Medical Necessity Criteria
▪ Eluxadoline (Viberzi) **GI-2 Miscellaneous Drug Subclass**	• Formulary alternatives have resulted in therapeutic failure **Formulary Alternatives:** rifaximin, antispasmodics, tricyclic antidepressants
• Asenapine (Saphris) • Brexpiprazole (Rexulti) • Cariprazine (Vraylar) • Iloperidone (Fanapt) **Atypical Antipsychotics (AAPs)**	• The use of formulary alternatives is contraindicated • The patient has experienced significant adverse effects from the formulary alternatives • Formulary alternatives have resulted in therapeutic failure • Patient previously responded to non-formulary agent and changing to a formulary agent would incur unacceptable risk **Formulary Alternatives:** risperidone, quetiapine, aripiprazole, olanzapine, olanzapine/fluoxetine, ziprasidone, paliperidone, lurasidone (Latuda)
• Buprenorphine buccal film (Belbuca) **Narcotic Analgesics and Combinations**	• Patient has experienced or is likely to experience significant adverse effects from all formulary agents • Formulary agents result or are likely to result in therapeutic failure **Formulary Alternatives:** tramadol IR (Ultram, generics), buprenorphine transdermal (Butrans), buprenorphine sublingual (Subutex), butorphanol intranasal (Stadol), pentazocine/naloxone (Talwin NX), tramadol ODT(Rybix)
• Methylphenidate ER chewable tablets (QuilliChew ER) **Attention Deficit Hyperactivity Disorder (ADHD): Stimulants**	• No alternative formulary agent: Patient cannot take methylphenidate ER oral suspension (Quillivant XR) **Formulary alternatives:** mixed amphetamine salts (Adderall IR, XR; generic), methylphenidate OROS (Concerta, generic), methylphenidate ER oral suspension(Quillivant XR)
• Amphetamine ER ODT (Adzenys XR ODT) • Amphetamine ER oral suspension (Dyanavel XR) **Attention Deficit Hyperactivity Disorder (ADHD): Stimulants**	• Use of as least two formulary ADHD stimulants is contraindicated • Patient has experienced significant adverse effects from at least two formulary ADHD stimulants • Use of at least two the formulary ADHD stimulants has resulted in therapeutic failure **Formulary alternatives:** mixed amphetamine salts XR (Adderall XR, generic), methylphenidate ER (Ritalin LA); methylphenidate ER oral suspension(Quillivant XR)
• Ixekizumab injection (Taltz) **Targeted Immunomodulatory Biologic (TIB)**	• Use of adalimumab (Humira) and secukinumab (Cosentyx) are contraindicated • Patient has experienced or is likely to experience significant adverse effects from adalimumab (Humira) and secukinumab (Cosentyx) • Adalimumab (Humira) and secukinumab (Cosentyx) result or are likely to result in therapeutic failure • Patient previously responded to non-formulary agent and changing to adalimumab (Humira) or secukinumab (Cosentyx) would incur unacceptable risk **Formulary Alternatives:** adalimumab (Humira) or secukinumab (Cosentyx)

Drug / Drug Class	Medical Necessity Criteria
• Nebivolol (Bystolic) **Beta-blockers**	• The patient has experienced significant adverse effects from two generic beta blockers • A trial of at least two generic beta blockers resulted in therapeutic failure • Patient previously responded to nebivolol (Bystolic) and changing to a formulary agent would incur unacceptable risk **Formulary Alternatives:** atenolol, carvedilol IR and ER, metoprolol tartrate, metoprolol succinate, acebutolol, bisoprolol, betaxolol, labetolol, nadolol, penbutolol, propranolol, pindolol, timolol, including above agents in combination with diuretics

Appendix C—Table of Prior Authorization (PA) Criteria

Drug / Drug Class	Prior Authorization Criteria
• Sacubitril/valsartan (Entresto) **Renin Angiotensin Antihypertensive Agents**	The criteria below will replace the criteria recommended at the February 2016 meeting. Updates are bolded. Manual PA criteria apply to all new and current users of sacubitril/valsartan (Entresto) Manual PA criteria: Coverage is approved for Entresto if all of the following criteria apply: • **The initial prescription is written by or in consultation with a cardiologist.** • The patient is at least 18 years of age. • Documented diagnosis of chronic heart failure (New York Heart Association class II-IV) with a left ventricular ejection fraction ≤ 35% with continued heart failure symptoms. • Receiving concomitant treatment with a β-blocker that has been shown to have a survival benefit in heart failure, at maximally tolerated doses 1. metoprolol succinate ER 200 mg QD; carvedilol 25 mg BID or 50 mg BID if > 85 kg; carvedilol ER 80 mg QD; bisoprolol 10 mg QD OR • The patient has a contraindication to a β-blocker 1. Hypersensitivity, cardiogenic shock or overt cardiac failure, 2nd or 3rd degree heart block, asthma, COPD • **Patient has been stable on any ACE inhibitor or preferred ARB shown to have benefit in heart failure (losartan, valsartan) for at least 4 weeks at maximally tolerated doses** • Patient does not have a history of angioedema due to ACE inhibitor or ARB Prior Authorization does not expire
• Eluxadoline (Viberzi) **GI-2 Miscellaneous Drugs**	Manual PA criteria apply to all new users of eluxadoline (Viberzi). Updates to the Manual PA criteria recommended at the February 2016 meeting are bolded. Manual PA criteria: Coverage will be approved if: • **Initial prescription written by or in consultation with a gastroenterologist; AND** • The patient is ≥ 18 years; AND • Patient has no history of alcoholism, alcohol abuse, or alcohol addiction, or in patients who drink alcohol, they drink ≤ 3 alcoholic beverages per day; AND • Patient has no history of marijuana use or illicit drug use in the previous 6 months; AND • Patient does not have severe hepatic impairment (Child-Pugh C); AND • Patient has a documented diagnosis of irritable bowel syndrome with diarrhea (IBS-D); AND o The patient has had failure, intolerance, or contraindication to at least one antispasmodic agent; e.g., dicyclomine (Bentyl), Librax, hyoscyamine (Levsin), Donnatal, loperamide (Imodium) AND o The patient has had failure, intolerance, or contraindication to at least one tricyclic antidepressant (to relieve abdominal pain); e.g., amitriptyline, desipramine, doxepin, imipramine, nortriptyline, protriptyline AND o **The patient has failed a trial of rifaximin** • Non-FDA approved uses are not approved. • Prior authorization does not expire.

Drug / Drug Class	Prior Authorization Criteria
• Brexpiprazole (Rexulti) **Atypical Antipsychotics (AAPs)**	No change from February 2016. All new users of brexpiprazole (Rexulti) are required to undergo manual prior authorization criteria. Manual PA criteria: Coverage will be approved if: • Diagnosis of Major Depressive Disorder o The patient is ≥ 18 years; AND o The patient has had treatment failure of at least two other antidepressant augmentation therapies (one of which must be aripiprazole); OR o Patient has had an adverse event with aripiprazole that is not expected to occur with brexpiprazole (Rexulti) AND o Patient has concurrent use of an antidepressant • Diagnosis of schizophrenia o The patient is ≥ 18 years; AND o The patient has had treatment failure of at least two other atypical antipsychotics (one of which must be aripiprazole); OR o Patient has had an adverse event with aripiprazole that is not expected to occur with brexpiprazole (Rexulti) • Non-FDA approved uses are not approved. Prior Authorization does not expire.
• Topiramate ER (Trokendi XR and Qudexy XR) **Anti-convulsant and Anti-mania**	No change from August 2014 Manual PA criteria apply to all new users of Trokendi XR and Qudexy XR: • Coverage approved for o Partial onset seizure and 1° generalized tonic-clonic seizures in patients ≥ 10 years o Lennox-Gastaut seizures in patients ≥ 6 years for Trokendi XR and age ≥ 2 years for Qudexy XR. o Adjunctive therapy for partial onset seizure or primary generalized tonic clonic seizure in patients 2 years of age or older (Qudexy XR) or 6 years and older (Trokendi XR). • Coverage not approved for o Non-FDA approved indications, including migraine headache and weight loss • Patient is required to try topiramate first, unless the following has occurred: o Inadequate response not expected to occur with Trokendi XR or Qudexy XR o Patient has contraindication or adverse reaction to a component of generic topiramate not expected to occur with Trokendi XR or Qudexy XR
• Ixekizumab injection (Taltz)) **Targeted Immunomodulatory Biologics (TIBs)**	Changes from previous TIB automated PA criteria are bolded Step therapy and Manual PA Criteria applies to all new and current users of ixekizumab (Taltz). Automated PA criteria: The patient has filled a prescription for adalimumab (Humira) and **secukinumab (Cosentyx)** 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 Taltz if: • Contraindications exist to Humira and **Cosentyx** • Inadequate response to Humira and **Cosentyx** • Adverse reactions to Humira and **Cosentyx** not expected with Taltz. AND

Drug / Drug Class	Prior Authorization Criteria
	Coverage approved for patients > 18 years with: • Active moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy Coverage NOT provided for concomitant use with other TIBS (abatacept, adalimumab, anakinra, certolizumab, etanercept, golimumab, tocilizumab, rituximab or infliximab) • Prior Authorization does not expire.
• tofacitinib (Xeljanz) • **tofacitinib ER tablets (Xeljanz XR)** **Targeted Immunomodulatory Biologics (TIBs)**	Changes from previous TIB automated PA criteria are bolded. Step therapy and Manual PA Criteria applies to all new users of tofacitinib and all new users of **tofacitinib ER (Xeljanz XR).** 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 Xeljanz/Xeljanz XR 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 • There is no formulary alternative: patient requires a non-TNF TIB for symptomatic CHF AND Coverage approved for patients > 18 years with: • Mod to severe active RA who have had an inadequate response or intolerance to methotrexate • Not approved for use in combination with other biologics or potent immunosuppressants (azathioprine and cyclosporine) Coverage NOT provided for concomitant use with other TIBS (abatacept, adalimumab, anakinra, certolizumab, etanercept, golimumab, tocilizumab, rituximab or infliximab) • Prior Authorization does not expire.
• uridine triacetate granules (Xuriden) **Binders-Chelators-Antidotes-Overdose Agents**	Prior Authorization applies to all new and current users of Xuriden Manual PA criteria: Coverage is approved for Xuriden if: • Diagnosis of hereditary orotic aciduria • Has laboratory evidence of increased urinary orotic acid • Off label uses are NOT approved • Prior Authorization expires in 6 months. • PA criteria for renewal: Reapproval requires confirmatory test. Assay of the Transferase and decarboxylase enzymes in the patient's erythrocytes. Enzymes are pyrimidine phosphoribosyltransferase and orotidylate decarboxylase • Once confirmed, PA does not expire

<table>
<tr><th>Drug / Drug Class</th><th>Prior Authorization Criteria</th></tr>
<tr><td>

- **Grazoprevir/elbasvir (Zepatier)**

Hepatitis C Virus: Direct Acting Antiviral Subclass

</td><td>

- New users of grazoprevir (GBZ) / elbasvir (EBZ) (Zepatier) are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.
- 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 **or 4** infection
  - o State the HCV genotype and HCV RNA viral load on the PA form
- Grazoprevir/elbasvir (Zepatier) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician

<u>Treatment Regimens and Duration of Therapy</u>

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype or unique population.
- Prior authorization will expire after 12 weeks or 16 weeks, based on the treatment regimen selected.

Table of Recommended Treatment Regimens and Duration of Therapy for grazoprevir/elbasvir (Zepatier)

<table>
<tr><th>Geno-type</th><th>Patient Population</th><th>Treatment</th><th>Duration</th></tr>
<tr><td rowspan="2">1a</td><td>Treatment naïve or experienced* <u>without</u> baseline NS5A polymorphisms</td><td>GZB / EBR</td><td>12 weeks</td></tr>
<tr><td>Treatment naïve or experienced* <u>with</u> baseline NS5A polymorphisms</td><td>GZR / EBR +RBV</td><td>16 weeks</td></tr>
<tr><td>1b</td><td>Treatment naïve or experienced*</td><td>GZR / EBR</td><td>12 weeks</td></tr>
<tr><td>1</td><td>Treatment experienced (PI)**</td><td>GZR / EBR +RBV</td><td>12 weeks</td></tr>
<tr><td rowspan="2">4</td><td>Treatment naïve</td><td>GZB / EBR</td><td>12 weeks</td></tr>
<tr><td>Treatment experienced*</td><td>GZR / EBR +RBV</td><td>16 weeks</td></tr>
<tr><td colspan="4">*Treatment experience = failed RBV and IFN treatment;
**Treatment experience = failed RBV + IFN + protease inhibitor (boceprevir, simeprevir or telaprevir) treatment;</td></tr>
</table>

Regimen other than those listed above**:** Explain the rationale for treatment and duration of therapy.
Consult the AASLD/IDSA HCV guidelines for new updates.

</td></tr>
</table>

Drug / Drug Class	Prior Authorization Criteria
• Palbociclib (Ibrance) **Oral Oncologic Agents**	Manual PA criteria apply to all new users of Ibrance. Manual PA criteria—Ibrance is approved if: A. Patient has advanced (metastatic) estrogen receptor-positive (ER+) disease; AND B. Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer; AND C. The patient meets ONE of the following criteria (i, ii, or iii): i. The patient is a postmenopausal woman and Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole; OR ii. The patient is a premenopausal or perimenopausal woman and meets the following conditions (a and b): a. The patient is receiving ovarian suppression/ablation with a leutinizing hormone-releasing hormone (LHRH) agonist (e.g., Lupron [leuprolide], Trelstar [triptorelin], Zoladex (goserelin]), surgical bilateral oophorectomy, or ovarian irradiation; AND b. Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole; OR iii. The patient is a man and meets the following conditions (a and b): a. The patient is receiving a leutinizing hormone-releasing hormone (LHRH) agonist (e.g., Lupron [leuprolide], Trelstar [triptorelin], Zoladex (goserelin]); AND b. Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole. Prior Authorization does not expire. Other Non-FDA approved uses are not approved
• Carbidopa/levodopa (Rytary) **Parkinson's Disease Agents**	Manual PA criteria apply to all new users of Rytary. Manual PA criteria—Rytary is approved if: • Patient has tried and failed generic controlled release formulation of carbidopa/levodopa Prior Authorization does not expire.
• Noloxegol (Movantik) **Opioid Induced Constipation (OIC) Drugs**	Manual PA criteria apply to all new users of Movantik. Manual PA criteria—Movantik is approved if: • The patient does not have any of the following contraindications to naloxegol o known or suspected gastrointestinal obstruction or at an increased risk of recurrent obstruction, due to the potential for gastrointestinal perforation o concomitantly taking strong CYP3A4 inhibitors (e.g., clarithromycin, ketoconazole) **AND** • naloxegol is being prescribed for the treatment of opioid-induced constipation (OIC) in an adult patient with chronic non-cancer pain **AND** • The patient has tried a minimum of two standard laxative therapies (e.g. Miralax, sorbitol, lactulose, Mg citrate, bisacodyl, sennosides) Prior Authorization does not expire. Non-FDA approved uses are not approved

Drug / Drug Class	Prior Authorization Criteria
• Nebivolol (Bystolic) **Beta Blockers**	Manual PA criteria apply to all new users of Bystolic. Manual PA criteria—Bystolic is approved if: • Adult with hypertension **AND** • Patient has tried and failed or is intolerant to two generic beta-blockers Prior Authorization does not expire.
• Esomeprazole/naproxen (Vimovo) • Ibuprofen/famotidine (Duexis) **NSAIDs**	Manual PA criteria apply to all new and current users of Vimovo and Duexis. Manual PA criteria—Vimovo and Duexis are approved if: • Patient requires a fixed-dose combination and cannot take the two drugs separately Prior Authorization expires after six months. Non-FDA approved uses are not approved.
• Cyclobenzaprine (Amrix) **Non-Opioid Pain Syndrome Drugs**	Manual PA criteria apply to all new and current users of Amrix. Manual PA criteria—Amrix is approved if: • Patient has tried and failed generic IR cyclobenzaprine **AND** • Patient does not have any of the following (elderly greater than age 65 years, hepatic impairment, history of urinary retention, angle-closure glaucoma, increased intraocular pressure, taking anticholinergic medications) **AND** • Is prescribed for no more than 3 weeks Prior Authorization expires after six months. Non-FDA approved uses are not approved.

Appendix D—Table of Quantity Limits

Drug / Drug Class	Quantity Limits
• Fluticasone/Salmeterol (Advair HFA) **Pulmonary Is – Inhaled corticosteroids / Long Acting Beta Agonists**	Current ▪ Retail Network: 1 inhaler (60 actuations/30 days) ▪ MTF and Mail Order Pharmacy: 3 inhalers (180 actuations/90 days) Additional Recommendation ▪ The automated setup will check for HICL + Dosage Form + Strength to allow for different strengths of the same inhalers, without exceeding recommended salmeterol doses
• Flunisolide (Aerospan) **Pulmonary Is – Inhaled Corticosteroids**	5.1g inhaler =60 inhalations; 8.9g inhaler =120 inhalations ▪ Retail Network: 5.1g-#2 inhalers/30 days; 8.9g-#1 inhaler/30 days ▪ MTF and Mail Order Pharmacy: 5.1g-#6 inhalers/90 days; 8.9g-#3 inhalers/90 days
• Tofacitinib (Xeljanz XR) **Targeted Immunomodulatory Biologics (TIBs)**	• Retail Network: 30 tabs/30 days • MTF and Mail Order Pharmacy: 60 tabs/60 days
• Ixekizumab (Taltz) **Targeted Immunomodulatory Biologics (TIBs)**	▪ Retail Network: 28 days supply ▪ MTF and Mail Order Pharmacy: 56 days supply
• Secukinumab (Cosentyx) **Targeted Immunomodulatory Biologics (TIBs)**	▪ Retail Network: 28 days supply ▪ MTF and Mail Order Pharmacy: 56 days supply
• Grazoprevir/elbasvir (Zepatier) **Hepatitis C Virus – Direct Acting Agent**	▪ Retail, MTF and Mail Order Pharmacy: 28 tablets/28 days
• Cyclobenzaprine extended-release (Amrix) **Non-Opioid Pain Syndrome Drugs**	▪ Retail, MTF, and Mail Order Pharmacy: o 15mg: #42/21 days o 30mg: #21/21 days

Appendix E—Table of Innovator Drugs: Formulary Recommendations

Generic (Trade)	UF Class	Comparators	Indications	Place in Therapy	Recommended UF Status
• Amphetamine ER ODT (Adzenys XR-ODT)	• ADHD Stimulants • Reviewed Nov 2015	• Mixed amphetamine salts ER (Adderall XR) • Amphetamine sulfate tablets (Evekeo)	• Treatment of ADHD in children ≥6 years	• Offers another dosage form for ADHD, but there are other options available on formulary including methylphenidate ER suspension	• NF
• Antihemophilic Factor VIII (Kovaltry)	• Antihemophilic Factors • Reviewed Feb 2010	• Eloctate • Adynovate (EHL Factor VIII)	• Hemophilia A in adults and children	• Treatment that can be dosed 2 to 3 times per week in adults, and every other day in children • Extended half-life (EHL) product, with same protein backbone as Kogenate FS (Bayer)	• UF
• Betamethasone dipropionate; calcipotriene foam (Enstilar)	• Psoriasis Agents • Not reviewed previously	• dipropionate • Calcipotriene (Sorilux) • Calcipotriene / betamethasone (Taclonex)	• Plaque psoriasis in adults	• Calcipotriene in combination with topical corticosteroids is highly effective for short-term control of plaque psoriasis • Provides for a foam which is a hair-friendly vehicles which is easier for scalp application	• UF
• Buprenorphine buccal film (Belbuca)	• Narcotic Analgesics and Combinations • Reviewed Feb 2007	• Buprenorphine transdermal (Butrans) • Tramadol (Ultram; generics)	• Severe pain requiring daily, around-the-clock, long-term opioid treatment	• An array of high potency (Schedule II) single analgesic agents are available on the UF with 12hr-ER morphine as a BCF agent	• NF
• Emtricitabine; rilpivirine; tenofovir alafenamide (Odefsey)	• Antiretroviral • Not previously reviewed	• Emtricitabine; Rilpivirine; Tenofovir (Complera	• HIV-1 infection in patients 12 years and older (weight ≥ 35kg) as initial therapy in antiretroviral naïve patients; or, to replace a stable regimen in virologically-suppressed patients AND CrCl ≥ 30ml/min	• Alternative NNRTI-based regimen option only for patients with pre-treatment HIV RNA <100,000 copies/ml and CD4 cell count >200 cells/mm^3	• UF

Generic (Trade)	UF Class	Comparators	Indications	Place in Therapy	Recommended UF Status
• Factor IX (Recombinant), Albumin Fusion Protein (Idelvion)	• Antihemophilic factors • Reviewed Feb 2010	• Factor IX (Recombinant), Fc Fusion Protein rFIXFc (Alprolix)	• Hemophilia B in children and adults	• 1st long-acting hemophilia B therapy to fuse factor IX to albumin • Can potentially extend infusions to once every 2 weeks	• UF
• Grazoprevir; Elbasvir (Zepatier)	• Hepatitis C Virus (HCV): Direct Acting Antiviral (DAA) • Previously reviewed	• Sofosbuvir (Sovaldi) • Simeprevir (Olysio) • Ledipasvir/ sofosbuvir (Harvoni) • Paritaprevir/ritonavir/ ombitasvir; dasabuvir (Viekira Pak) • Daclatasvir (Daklinza) • Paritaprevir/ritonavir/ ombitasvir (Technivie)	• Treatment of HCV genotypes (GT) 1 & 4 in adults	• Fifth highly potent oral DAA combination regimen for HCV genotype 1 & 4. • Has comparable efficacy and safety to Harvoni, Viekira, and DAC/SOF • Provides a treatment for patients with end stage renal disease, since there are no sofosbuvir-based regimen to treat patients with CrCl< 30mL/min.	• UF
• Ixekizumab injection (Taltz)	• TIB • Reviewed August 2014	<u>Step-preferred</u> • Adalimumab (Humira) <u>Non Step-preferred</u> • Apremilast (Otezla) • Ustekinumab (Stelara) • Apremilast (Otezla) • Secukinumab (Cosentyx)	• Adults with Moderate to severe plaque psoriasis	• Similar mechanism of action (IL-17A inhibitor), efficacy (PASI-75), and safety profile as Cosentyx. • Indirect comparisons suggest Taltz may have a higher PASI 90 than other TIBs (Cosentyx, Stelara, or Humira). • Solely indicated for plaque psoriasis. • There are 4 UF TIBs with different mechanisms of action and similar efficacy / safety profiles indicated to treat plaque psoriasis.	• NF
• Methylphenidate ER chewable tablets (QuilliChew ER)	• ADHD Stimulants • Reviewed Nov 2015	• Methylphenidate ER Suspension (Quillivant XR) • Methylphenidate OROS (Concerta)	• Treatment of ADHD: ≥6 years	• Offers another dosage form for ADHD, but there are other options available on formulary including methylphenidate ER oral suspension	• NF

Generic (Trade)	UF Class	Comparators	Indications	Place in Therapy	Recommended UF Status
• Tofacitinib extended release (Xeljanz XR)	• Targeted Immuno-modulatory Biologics (TIBs) • Reviewed Aug 2014	<u>Step-preferred</u> • Adalimumab (Humira) <u>Non Step preferred</u> • Apremilast (Otezla) • Golimumab (Simponi) • Secukinumab (Cosentyx) • Tofacitinib IR (Xeljanz IR) • Ustekinumab (Stelara)	• Moderate to severe rheumatoid arthritis in adults who are methotrexate-inadequate responders or intolerant	• Same active ingredient as tofacitinib (Xeljanz) but XR-released mechanism is a hard inert shell with hole • Xeljanz XR 11 mg once daily is pharmacokinetically equivalent to Xeljanz 5 mg administered twice daily	• UF
• Uridine triacetate granules (Xuriden)	• Binders-Chelators-Antidotes-Overdose Agents	• No comparators; orphan drug	• Hereditary orotic aciduria	• This is an orphan drug with no formulary alternatives.	• UF

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
May 2016	**Atypical Antipsychotics (AAPs)**	UF class review (previously reviewed May 2011)	▪aripiprazole tablets ▪quetiapine ▪quetiapine ER (Seroquel XR) ▪risperidone, risperidone ODT	▪ aripiprazole ODT and oral solution ▪ clozapine tabs and ODT (FazaClo ODT) ▪ lurasidone (Latuda) ▪ olanzapine tabs and ODT ▪ olanzapine/fluoxetine ▪ paliperidone ▪ risperidone oral solution ▪ ziprasidone	▪ asenapine (Saphris) ▪ brexpiprazole (Rexulti) ▪ cariprazine (Vraylar) ▪ iloperidone (Fanapt)	Pending singing of the minutes / 90 days The effective date is November 2, 2016	▪Manual PA applies to new and current users of brexpiprazole approved Feb 2016	▪ Updated Medical Necessity for NF agents. (See Appendix B) ▪ Note that aripiprazole was added to the BCF and lurasidone added to the UF.
May 2016	**Contraceptives: Emergency Contraceptives**	UF class review (previously reviewed Aug 2011)	▪ levonorgestrel 1.5mg (Plan B One Step, generics)	▪ levonorgestrel 0.75mg (Plan B, generics) ▪ ulipristal acetate 30mg (Ella)	▪None	Pending signing of the minutes for BCF selection	▪N/A	▪N/A
May 2016	**Anticonvulsant and Anti-Mania Drugs**	UF class review	▪ carbamazepine tabs, chewable tabs, oral susp (Tegretol, generics) ▪ carbamazepine ER tabs (Tegretol XR, generic) ▪ divalproex IR, ER and delayed release (Depakote, Depakote ER, generics; Depakote Sprinkles,)	▪ carbamazepine ER capsules (Carbatrol, generics) ▪ carbamazepine ER capsules (Equetro XR) ▪ clobazam (Onfi) ▪ eslicarbazepine (Aptiom) ▪ ethosuximide (Zarontin, generics) ▪ felbamate (Felbatol, generics) ▪ lacosamide (Vimpat) ▪ lamotrigine IR, ER, chewable tabs, (Lamictal, Lamictal XR,	▪None	N/A	▪N/A	N/A

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
			▪ phenytoin ER caps, chewable tabs, oral suspension (Dilantin, Dilantin-125, generics)	Lamictal CD, generics) ▪ lamotrigine orally dissolving tablets (Lamictal ODT) ▪ levetiracetam IR, ER, (Keppra; Keppra XR, generics) ▪ oxcarbazepine (Trileptal, generics) ▪ oxcarbazepine ER (Oxtellar XR) ▪ perampanel (Fycompa) ▪ phenytoin (Dilantin, generics) ▪ phenobarbital (Luminol, generics) ▪ primidone (Mysoline, generics) ▪ rufinamide (Banzel) ▪ topiramate IR and sprinkle (Topamax, Topamax Sprinkle, generics) ▪ topiramate ER (Trokendi XR) ▪ topiramate ER (Qudexy XR) ▪ valproic Acid (Depakene, generics) ▪ vigabatrin (Sabril) ▪ zonisamide (Zonegran, generics)				

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
May 2016	**Renin-Angiotensin Anti-Hypertensive Agents (RAAs)**	New Drugs Class previously reviewed Aug 2010	**ACE Inhibitors** ▪ lisinopril +/- HCTZ ▪ captopril ▪ ramipril **ACE-Inhibitor/CCB** ▪ benazepril/ amlodipine **ARBs** ▪ losartan +/- HCTZ ▪ valsartan +/- HCTZ	**ARB/Neprilysin Inhibitor** ▪ **sacubitril/valsartan (Entresto)** **ACE Inhibitors** ▪ benazepril +/- HCTZ ▪ captopril/HCTZ ▪ enalapril +/-/HCTZ) ▪ fosinopril+/- HCTZ ▪ moexipril +/- HCTZ ▪ perindopril ▪ quinapril+/- HCTZ ▪ trandolapril +/- verapamil SR **ARBs** ▪ telmisartan +/- HCTZ ▪ zilsartan (Edarbi) ▪ candesartan+/-/HCTZ ▪ eprosartan ▪ eprosartan/ HCTZ (Teveten HCT) ▪ irbesartan+/- /HCTZ ▪ olmesartan, olmesartan HCTZ (Benicar, Benicar HCT) **RAAs/CCB** ▪ telmisartan/amlodipine (Twynsta) ▪ olmesartan/amlodipine (Azor) ▪ valsartan/amlodipine (Exforge) ▪ valsartan/amlodipine/HCTZ (Exforge HCT) **Direct Renin Inhibitors** ▪ aliskiren (Tekturna) ▪ aliskiren/HCTZ (Tekturna HCT)	**DRI/CCB** ▪ aliskiren /amlodipine (Tekamlo) **ARB/CCB/HCTZ** ▪ olmesartan/ amlodipine/HCTZ (Tribenzor)	Pending signing of the minutes 60 days The effective date is September 28, 2016 for the PA	Updated PA requirements for Entresto	**Entresto PA required – see Appendix C**

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
May 2016	**GI-2 Miscellaneous Drug Subclass**	New Drug Class previously reviewed Nov 2015	▪ metronidazole 250 mg and 500 mg tablets	▪ alosetron (Lotronex) ▪ fidaxomicin (Dificid) ▪ linaclotide (Linzess) ▪ lubiprostone (Amitiza) ▪ nitazoxanide (Alinia) ▪ rifaximin (Xifaxan) ▪ tegaserod (Zelnorm) – discontinued ▪ metronidazole (Flagyl, generics) ▪ neomycin ▪ vancomycin	**May 2016** ▪ **Eluxadoline (Viberzi)**	Pending singing of the minutes / 90 days The effective date is November 2, 2016	▪Manual PA applies to new and current users of eluxadoline approved Feb 2016	▪Viberzi PA updated – see Appendix C.

TRICARE Formulary Search tool: http://www.express-scripts.com/tricareformulary

BCF: Basic Core Formulary
ECF: Extended Core Formulary
ER: extended release
IR: immediate release

Appendix G—Table of Abbreviations

AAPs	atypical antipsychotics
ACE	angiotensin converting enzyme
ADHD	attention deficit hyperactivity disorder
AED	anti-epileptic drug
ARB	angiotensin receptor blocker
BAP	Beneficiary Advisory Panel
BCF	Basic Core Formulary
BIA	budget impact analysis
BID	twice daily
BLA	Biologic License Application
CCB	calcium channel blocker
CD	controlled delivery
CFR	Code of Federal Regulations
CMA	cost minimization analysis
Cmax	maximum (peak) plasma concentration
COPD	chronic obstructive pulmonary disease
CrCl	creatinine clearance
CV	cardiovascular
DAA	Direct Acting Antiviral Agent for Hepatitis C
DCS	Defense Collaboration Services
DHA	Defense Health Agency
DoD	Department of Defense
DR	delayed release
ECF	Extended Core Formulary
EMMPI	The Expanded MTF/Mail Pharmacy Initiative
ER/LA	extended release/long acting
FDA	U.S. Food and Drug Administration
FY	fiscal year
GCN	generic code number
GI-2	Gastrointestinal-2 Miscellaneous Drugs
GLP1RA	glucagon-like peptide-1 receptor agonist
HCTZ	hydrochlorothiazide
HF	heart failure
IBS	irritable bowel syndrome
IBS-D	diarrhea-predominant irritable bowel syndrome
IM	intramuscular
IR	immediate release
LVEF	left ventricular ejection fraction
MADRS	Montgomery Åsberg Depression Rating Scale
MDD	major depressive disorder
MHS	Military Health System
MN	medical necessity
MTF	Military Treatment Facility
NDA	New Drug Application
NDAA	National Defense Authorization Act
NF	nonformulary

NSAIDs	non-steroidal anti-inflammatory drugs
NYHA	New York Heart Association
OTC	over-the-counter
ODT	orally dissolving tablet
P&T	Pharmacy and Therapeutics
PA	prior authorization
PANSS	Positive and Negative Symptom Scale
POD	Defense Health Agency Pharmacy Operations Division
POS	point of service
PPIs	Proton Pump Inhibitors
RAAs	Renin Angiotensin-Antihypertensives Drug Class
SGLT2	sodium-glucose-co-transporter 2 inhibitor
QD	once daily
QLs	quantity limits
SC	subcutaneous
TAA	Trade Agreement Act
TFL	TRICARE for Life
TIBs	targeted immunomodulatory biologics
UF	Uniform Formulary
VA	U.S. Department of Veterans Affairs