

AGENDA

***Uniform Formulary Beneficiary Advisory Panel
22 June 2017 @ 0900 AM***

***Naval Heritage Center Theater
701 Pennsylvania Ave., N.W., Washington, DC 20004***

- **No Administrative Meeting (BAP members report no later than 8:45 AM)**
- **Sign-In**
- **Welcome and Opening Remarks**
- **Public Citizen Comments**
- **Therapeutic Class Reviews**

Members of the DHA Pharmacy Operations Division Formulary Management Branch will present relative clinical and cost-effective analyses along with the DoD Pharmacy & Therapeutics Committee recommendations for the Uniform Formulary.

The Committee made recommendations for the following drugs/drug classes during the May 2017 meeting and interim meeting:

- ***Drug Class Reviews***
 - ***Pulmonary I Drug Class—Pulmonary Miscellaneous Subclass Idiopathic Pulmonary Fibrosis Drugs***
 - ***Ophthalmic-Is—Dual Acting Antihistamine/Mast Cell Stabilizers Subclass***
- ***Newly-Approved Drugs Per CFR 199.21 (g)(5) (Innovator Drugs)***
 - ***Crisaborole (Eucrisa)—Corticosteroids – Immune Modulators – Immune Modulators Subclass for Atopic Dermatitis***
 - ***Deflazacort (Emflaza)—Corticosteroids – Immune Modulators – for Duchenne Muscular Dystrophy***
 - ***Deutetrabenazine (Austedo)—Neurological Agents Miscellaneous for Huntington’s Disease***
 - ***Dupilumab (Dupixent)—Corticosteroids – Immune Modulators – Immune Modulators Subclass for Atopic Dermatitis***
 - ***Insulin degludec/liraglutide (Xultophy)—Glucagon-Like Peptide-1 Receptor Agonist (GLP1RA)***
 - ***Morphine sulfate ER (Arymo ER —Narcotic Analgesics and Combinations***
 - ***Oxymetazoline (Rhofade)—Acne Agents – Topical Acne and Rosacea Agents Subclass***
 - ***Plecanatide (Trulance)—GI-2 Miscellaneous Agents for chronic idiopathic constipation***

- *Ribociclib (Kisqali)—Oral Oncologic Agents for Breast Cancer*
- *Telotristat (Xermelo)—GI-2 Miscellaneous Agents for carcinoid syndrome diarrhea*
- *Utilization Management Issues*
 - *Prior Authorization Criteria—New Criteria*
 - *Non-Insulin Diabetes Drugs—Biguanides: metformin extended release (Fortamet, Glumetza)*
 - *Diuretics Carbonic Anhydrase Inhibitor: dichlorphenamide (Keveyis)*
 - *Prior Authorization Criteria—Updated Criteria*
 - *GI-2 Miscellaneous Agents: eluxadoline (Viberzi)*
 - *Anticonvulsant and Anti-Mania Drugs: topiramate extended release (Qudexy XR)*
 - *Non-Opioid Pain Syndrome Drugs: pregabalin (Lyrica)*
 - *Hepatitis C Direct-Acting Antivirals: ledipasvir/sofosbuvir (Harvoni) and sofosbuvir (Sovaldi)*
 - *Nasal Allergy Drugs: fluticasone/azelastine (Dymista)*
 - *Sedative Hypnotic-Is—Newer Sedative Hypnotics: eszopiclone (Lunesta), and zolpidem ER (Ambien CR)*
 - *Overactive Bladder (OAB) Drugs—mirabegron (Myrbetriq)*
- *Re-Evaluation of Generic Non Formulary Agents*
 - *Selective Serotonin Receptor Inhibitors*
 - *Testosterone Replacement Therapies (TRT)*
- *National Defense Authorization Act 2008, Section 703 Actions*
- *Panel Discussions*

The Uniform Formulary Beneficiary Advisory Panel will have the opportunity to ask questions to each of the presenters. Upon completion of the presentation and any questions, the Panel will discuss the recommendation and vote to accept or reject the recommendations. The Panel will provide comments on their vote as directed by the Panel Chairman.