

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: September 6, 2023

Subject: August 2023 Pharmacy & Therapeutics Update

August 2023 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, August 4th, 2023. As a reminder, all Medi-Cal prescription formulary decisions are no longer made by IEHP and should be addressed with Medi-Cal Rx directly.

Medicare Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Abilify Asimtufii (aripiprazole)	720 mg/2.4 ml suspension, extended-release IM syringe 960/3.2 ml suspension, extended-release IM syringe	Add to Formulary, PA for New Starts, Quantity Limit	08/01/2023
doxycycline monohydrate	40 mg capsule, immediate-delay release	Add to Formulary, Quantity Limit	06/01/2023
Erleada (apalutamide)	240 mg tablet	Add to Formulary, PA for New Starts, Quantity Limit	06/01/2023
gefitinib	250 mg tablet	Add to Formulary, PA for New Starts	08/01/2023
Gilenya (fingolimod)	0.25 mg capsule	Add to Formulary, PA	07/01/2023
Kalydeco (ivacaftor)	13.4 mg oral granules in packet	Add to Formulary, PA, Quantity Limit	08/01/2023
Lumakras (sotorasib)	320 mg tablet	Add to Formulary, PA for New Starts, Quantity Limit	07/01/2023

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Mekinist (trametinib)	0.05 mg/ml oral suspension	Add to Formulary, PA for New Starts, Quantity Limit	08/01/2023
methsuximide	300 mg capsule	Add to Formulary	08/01/2023
posaconazole	200 mg/5 ml (40mg/ml) oral suspension	Add to Formulary, PA	07/01/2023
primidone	125 mg tablet	Add to Formulary	07/01/2023
Rotarix (rotavirus vaccine, live, oral)	10exp6 ccid50/1.5 ml oral suspension	Add to Formulary	07/01/2023
Tafinlar (dabrafenib)	10 mg tablet for oral suspension	Add to Formulary, PA for New Starts	08/01/2023
teriflunomide	7 mg tablet, 14 mg tablet	Add to Formulary, PA	06/01/2023
topiramate XR	200 mg capsule, extended release, 24 hour	Add to Formulary, Quantity Limit	07/01/2023
Turalio (pexidartinib)	125 mg capsule	Add to Formulary PA for New Starts	08/01/2023
Udenyca (pegfilgrastim-cbqv)	6 mg/0.6 ml subcutaneous auto-injector	Add to Formulary, PA	08/01/2023
Uzedly (risperidone)	Subcutaneous extended-release suspension syringes: 50 mg/.014 ml, 75 mg/0.21 ml, 100 mg/0.28 ml, 125 mg/0.35 ml, 150 mg/0.42 ml, 200 mg/0.56 ml, 250 mg/0.7 ml	Add to Formulary, PA for New Starts	08/01/2023
vancomycin	25 mg/ml oral solution	Add to Formulary	08/01/2023

Highlights from the Medicare D-SNP Formulary Additions include the addition two new injectable antipsychotic drugs. The first is Abilify Asimtufii. This new formulation of aripiprazole is FDA indicated for the treatment of schizophrenia in adults and for maintenance monotherapy of bipolar I disorder in adults, but is this formulation is only administered every two months, compared to every month for Abilify Maintena. This drug was added to the formulary with prior authorization for new starts, and a quantity limit.

Also added to the formulary was Uzedy extended-release suspension syringe for subcutaneous injection, FDA indicated only for the treatment of schizophrenia. This injection is administered only once every two months, compared to Risperdal Consta, which must be administered intramuscularly every two weeks.

The full Medicare formulary may be found on the IEHP website at <https://www.iehp.org/en/providers/pharmacy-services/medicare-dsnp-formulary-search-tool?target=medicare-dsnp-formulary-search-tool>

Pharmacy Utilization Management Updates

This quarter, three Medi-Cal Medical Drug Benefit Policies were presented to the P&T subcommittee for their approval. The policies were submitted with the recommendation to renew with no changes.

Pharmacy Policy	Recommendation
Discharge Medication Policy	Renew
Intradialytic Parenteral Nutrition (IDPN)	Renew
Off Label Indication	Renew

Four Medi-Cal Medical Drug Benefit Prior Authorization Criteria were presented to the P&T Subcommittee with the recommendation for one to be renewed with no changes and for the other three to be updated with minor changes.

Pharmacy Prior Authorization Criteria	Recommendation
Erythropoieses Stimulating Agents (ESA)	Update
Spinraza (nusinersen)	Update
Synagis (palivizumab)	Renew, no changes
Therapeutic Agents in Rheumatic and Inflammatory Diseases	Update

ESA Update - Aranesp (Darbepoetin alfa), Epogen/Procrit (epoetin alfa)

- Anemia due to chemotherapy
 - Baseline hemoglobin level is less than **11 g/dL**, or **more than 2 g/dL below baseline**

Spinraza (nusinersen) Update:

- Consolidate Prior Authorization Criteria into Medi-Cal Medical PA document
- No major changes to criteria

Therapeutic Agents in Rheumatic And Inflammatory Diseases Updates:

- Consolidate Prior Authorization Criteria into Medi-Cal Medical PA document

Rituximab Criteria Update:

- **COVERED USES:** All FDA-approved indications. For chemotherapy-related indications, refer to PA ANTINEOPLASTIC
- **REQUIRED MEDICAL INFO:** Alternative treatments have been tried or considered, have failed, or are contraindicated.
- **PRESCRIBER RESTRICTION:** Specialist (e.g., Oncologist, Hematologist, Dermatologist, etc.)
- **COVERAGE DURATION:** 6 months

Update to service code:

Code	Drug Description	Change	Effective Date
S0020	Injection, bupivacaine, hydrochloride, 30 mL	Remove from formulary	06/30/2023
J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	Add to formulary	09/01/2023

Drug Utilization Review (DUR) Updates

IEHP reviewed 2 DUR reports related to asthma and statin use in patients with cardiovascular disease. We will continue to work on Quality measures throughout the remainder of the year and encourage providers to contact us if they need assistance or have any questions.

The next IEHP P&T Subcommittee Meeting is Friday, November 3, 2023