

AGENDA

***Uniform Formulary Beneficiary Advisory Panel (BAP)
For the May 2022 DoD Pharmacy and Therapeutics Committee Meetings
June 30, 2022 at 10:00 AM Eastern Daylight Saving Time
Virtual Meeting***

- **Administrative Meeting: 8:00 AM – 9:45 AM Eastern Daylight Saving Time (General session starts at 10:00 AM Eastern Daylight Saving Time)**
- **Roll Call**
- **Therapeutic Class Reviews**

Members of the DHA Pharmacy Operations Division (POD) Formulary Management Branch (FMB) will present relative clinical and cost-effective analyses along with the DoD Pharmacy & Therapeutics Committee (P&T) recommendations for the Uniform Formulary (UF) and any recommended Tier 4/Not Covered candidates.

The P&T Committee made recommendations for the following drugs/drug classes during the May 2022 meeting:

- **Drug Class Reviews**

- *Non-Insulin Diabetes Drugs Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs) Subclass*
- *Migraine Agents – Calcitonin Gene-Related Peptide (CGRP) Antagonists Oral Agents Subclass*

- **Newly Approved Drugs per 32 CFR 199.21(g)(5)**

- *abrocitinib (Cibinqo) – Atopy drug class; oral Janus kinase (JAK) inhibitor for atopic dermatitis*
- *baclofen oral suspension (Fleqsuvy) – Skeletal Muscle Relaxant spasticity associated with multiple sclerosis*
- *budesonide delayed release (DR) capsules (Tarpeyo) – Miscellaneous nephrology agent; an extended-release formulation of budesonide approved to reduce proteinuria in adults with primary immunoglobulin A nephropathy (IgAN)*
- *celecoxib/tramadol (Seglentis) – Narcotic Analgesics and Combinations; a fixed-dose combination of celecoxib and tramadol for acute pain*
- *filgrastim-ayow injection (Releuko) – White Blood Cell Stimulants - filgrastims*
- *glycopyrrolate orally disintegrating tablet (Dartisla ODT) – Anti-cholinergic/Antispasmodic Agents; another formulation of glycopyrrolate approved to reduce the symptoms of peptic ulcer as an adjunct to treatment of peptic ulcer*

- *levoketoconazole (Recorlev) – Miscellaneous endocrine agent; a ketoconazole formulation approved to treat Cushing’s disease for whom pituitary surgery is not an option or has not been curative*
- *mitapivat (Pyrukynd) – Miscellaneous metabolic agent for pyruvate kinase deficiency*
- *naloxone 5 mg/0.5mL injection (Zimhi) – Narcotic Antagonist*
- *pacritinib (Vonjo) – Oncologic agent for myelofibrosis*
- *tenapanor (Ibsrela) – Gastrointestinal-2 Agent for Constipation-Predominant Irritable Bowel Syndrome (IBS-C)*
- *torseamide 20 mg and 60 mg tablets (Soaanz) – Diuretics; another formulation of torseamide approved to treat patients with heart failure or renal disease with edema who have concerns with excessive urination or hypokalemia*
- *tralokinumab-ldrm injection (Adbry) – Atopy drug class; injectable agent for atopic dermatitis*
- *tretinoin 0.1%/benzoyl peroxide 3% topical cream (Twynéo) – Acne Agent; combination of tretinoin and benzoyl peroxide approved for acne vulgaris in 9 years of age and older*

➤ **Utilization Management Issues**

➤ **Prior Authorization Criteria—New Manual PA Criteria**

- *Antiemetic/Antivertigo Agents—meclizine 25 mg chewable tablet (Antivert)*
- *Endocrine Agents Miscellaneous—lanreotide 120 mg injection*
- *Selective Serotonin Reuptake Inhibitors (SSRIs)—citalopram 30 mg capsule*
- *Pain Agents: NSAIDs—ketoprofen 25 mg capsule Androgens-Anabolic Steroids: Intramuscular (IM) Testosterone Replacement Therapy – testosterone cypionate and testosterone enanthate*

➤ **Prior Authorization Criteria—Updated PA Criteria for New FDA-Approved Indications, National Comprehensive Cancer Network Guideline Updates, or Age Ranges**

- *Anticonvulsants-Antimania Agents—fenfluramine oral solution (Fintepla)*
- *Oncologic Agents: Ovarian Cancer—olaparib (Lynparza)*
- *Targeted Immunomodulatory Biologics (TIBs)*

- *ustekinumab (Stelara)*
- *upadacitinib (Rinvoq)*

➤ **Prior Authorization Criteria—Removal of Indication**

- *Oncological Agents: idelalisib (Zydelig)*

➤ **Updated PA Criteria for Reasons other than FDA indications**

- *Neurological Agents Miscellaneous: amifampridine (Firdapse)*
- *Androgens-Anabolic Steroids: Intramuscular (IM) Testosterone Replacement Therapy—testosterone cypionate and testosterone enanthate*
- *Anti-Inflammatory Immunomodulatory Ophthalmic Agents: cenegermin-bkbf ophthalmic solution (Oxervate)*
- *Miscellaneous Insulin Devices: Omnipod Classic (generation 3), Omnipod DASH (generation 4)*

➤ **Brand Over Generic Authorization**

- *Cyclosporine 0.05% ophthalmic emulsion single-dose (Restasis)*

➤ **Panel Discussions**

The Beneficiary Advisory Panel members will have the opportunity to ask questions to each of the presenters. Upon completion of the presentation and any questions, the Panel will concur or non-concur on the recommendations of the P&T Committee concerning the establishment of the UF and subsequent recommended changes. The Panel will provide comments on their vote as directed by the Panel Chairman. Comments to the Director, DHA, or their designee will be considered before making a final UF decision.