EXECUTIVE SUMMARY

Uniform Formulary Beneficiary Advisory Panel (BAP)
April 6, 2016

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

1. NON-BASAL INSULIN

A. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—UF Recommendation.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) inhaled insulin (Afrezza) be designated NF due to the lack of compelling clinical advantages, safety concerns, lack of long-term outcomes data, and cost disadvantage compared to the UF non-basal insulins.

B. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—Prior Authorization (PA) Criteria

Manual PA criteria for Afrezza were approved in May 2015 with an implementation date of October 21, 2015. The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) maintaining the current PA criteria for Afrezza.

The Full PA Criteria are as follows:

Manual PA criteria apply to all new and current users of Afrezza.

Coverage is approved for non-smoking patients with either:

Type 1 Diabetes Mellitus (diagnosed)

- Failure to achieve hemoglobin A1C ≤ 7 % in 90 days of use of a rapid or short-acting subcutaneous (SC) insulin product or clinically significant adverse effects experienced with SC rapid or short-acting insulin unexpected to occur with inhaled insulin AND
- Afrezza is used as adjunctive treatment to current basal insulin therapy AND
- Spirometry testing [baseline forced expiratory volume in the first second (FEV_1) upon initiation with repeated FEV_1 at six months after initiation and repeated annually thereafter] has been performed

Type 2 Diabetes Mellitus (diagnosed)

- Failure to achieve hemoglobin A1C ≤ 7 % in 90 days of use of a rapid or short-acting SC insulin product or clinically significant adverse effects experienced with SC rapid or short-acting insulin unexpected to occur with inhaled insulin AND

- Failure of or clinically significant adverse effect to two oral anti-diabetic agents (i.e., sulfonylurea, TZD, or DPP-4 inhibitor) if metformin is contraindicated AND

- Spirometry testing (baseline FEV_1 upon initiation with repeated FEV_1 at six months after initiation and repeated annually thereafter) has been performed.

  Contraindications to the use of Afrezza: hypoglycemia, chronic lung disease (asthma, chronic obstructive pulmonary disease (COPD)), hypersensitivity to regular human insulin, or any Afrezza excipients).

  PA does not expire.

C. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

There are a lot of restrictions for use of this product, especially in patients with pre-existing lung disease, so it is unlikely that Afrezza will be widely used. The safety warnings contributed to the recommendation for non-formulary placement, along with cost-effectiveness.

No changes were recommended to the previously implemented Prior Authorization criteria.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for a vote on the UF recommendation, PA Criteria, and UF and PA implementation plan for the Non-Basal Insulins: Inhaled Human Insulin (Afrezza).

- **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  These comments were taken under consideration prior to my final decision

- **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCBlank

  X These comments were taken under consideration prior to my final decision

- **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCBlank

  X These comments were taken under consideration prior to my final decision

2. NON-STEROID ANTI-FLAMMATORY DRUGS (NSAIDs)

A. NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) indomethacin low dose 20 mg and 40 mg capsules (Tivorbex) be designated NF, based on clinical and cost effectiveness.

B. NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

This is another example of a new twist on an old drug. The Committee recommended non-formulary placement, based on the FDA review of the drug, and cost-effectiveness. The vote was unanimous here.

There are several generic NSAID products on the formulary, and low-cost generic Celebrex is now available.

BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the UF Recommendation and UF Implementation Plan for NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex).

- **NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  X These comments were taken under consideration prior to my final decision

- **NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  X These comments were taken under consideration prior to my final decision

3. LONG-ACTING BETA AGONISTS (LABAS)

A. LABAs: Olodaterol Oral Inhaler (Striverdi Respimat)—UF Recommendation.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) olodaterol (Striverdi Respimat) be designated formulary on the UF, based on cost effectiveness.

Note that no implementation date is needed, since Striverdi remains UF.

Summary of Physician's Perspective:

Striverdi, like the other long-acting beta agonists, has a black box warning for increasing the risk of asthma-related death, when used without an inhaled steroid.

Other pulmonary drugs, including the inhaled steroids used in combination with a LABA, and the long acting muscarinic antagonists (LAMAs) are more effective than LABAs alone at improving pulmonary function in COPD.

Overall, we are seeing a decrease in utilization of the LABA in the MHS, while the combination LABA/LAMA products are gaining in popularity.

Uniform formulary placement was recommended for Striverdi due to cost-effectiveness. The Committee did also acknowledge the once daily dosing for this product.

All of the Pulmonary II drugs for COPD will be reviewed at an upcoming meeting.

Summary of Panel Questions and Comments

Dr. Anderson asks if this product comes in combination form. Does it have a LABA/LAMA combo?

CAPT Downs replies he is not 100% sure.

Dr. Anderson states he's fine waiting until the full class is reviewed. Because this is a single entity agent, he wanted to know if there is a combination available that someone can easily move to on their own.

CAPT Norton followed-up with a response by stating that there is combination form of olodaterol and tiotropium bromide and the brand name is Stiolto.

Dr. Anderson thanks Norton.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation for the LABAs Olodaterol Oral Inhaler (Striverdi Respimat)

- **LABAs Olodaterol Oral Inhaler (Striverdi Respimat) – UF Recommendation**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Director, DHA: 

X These comments were taken under consideration prior to my final decision

4. OPHTHALMIC -1 CLASS

A. Ophthalmic-1 Class: Olopatadine 0.7% Ophthalmic Solution (Pazeo)—UF Recommendation

The P&T Committee recommend (15 for, 0 opposed, 0 abstained, 0 absent) olopatadine 0.7% ophthalmic solution (Pazeo) be designated

B. Ophthalmic-1 Class: Olopatadine 0.7% Ophthalmic Solution (Pazeo)—UF Implementaion Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

This is the third olopatadine product to reach the market. Since Patanol is on the Basic Core Formulary, and Pataday is on the Uniform Formulary, the Committee did not feel that the new Pazeo product offered much in the way of a clinical advancement.

The recommendation for non-formulary placement was unanimous.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation and UF Implementation plan for the Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo).

- **Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo) – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RC Bond

  ☒ These comments were taken under consideration prior to my final decision

- **Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo) – UF Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RC Bond

  ☒ These comments were taken under consideration prior to my final decision

UNIFORM FORMULARY F CLASS REVIEWS

1. CONTRACEPTIVE AGENTS

A. Contraceptive Agents – UF Recommendation

The P&T Committee recommended (13 for, 1 against, 1 abstained, 0 absent) the following, based on clinical and cost effectiveness. Only brand names will be used.

- **Reclassify to NF (previously UF):**
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate chewable (Minastrin 24 Fe chewable)
  - norethindrone acetate 0.8 mg/EE 25 mcg ferrous fumarate chewable (Generess Fe chewable; generics)

- **Continue to Remain NF:**
  - drospirenone 3 mg/EE 20 mcg levomefolate (Beyaz)
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate (Lomedia 24 Fe; generics)
  - drospirenone 3 mg/EE 30 mcg levomefolate (Safyral)
  - norethindrone 0.4 mg/EE 35 mcg (Balziva; generics)
  - norethindrone 0.4 mg/EE 35 mcg ferrous fumarate chewable (Wymzya Fe chewable; generics)
  - levonorgestrel 0.09 mg/EE 20 mcg (Amethyst; generics)
  - levonorgestrel 0.15 mg/EE 30/10 mcg (Camrese; generics)
  - levonorgestrel 0.1 mg/EE 20/10 mcg (Camrese Lo; generics)
  - norethindrone acetate 1 mg/EE 10 mcg ferrous fumarate (Lo Loestrin Fe)
  - norethindrone acetate 1 mg/EE 20/30/35 mcg ferrous fumarate (Tri-Legest Fe; generics)
  - dienogest 2/3 mg and estradiol valerate 3/2/2/1 mg (Natazia)

- **Reclassify to UF (previously NF):**
  - levonorgestrel 0.15 mg/EE 30 mcg extended cycle 91-day regimen AB-rated generics to Jolessa (including Quasense, Introvale, and Setlakin [equivalent to discontinued Seasonale])

- **Remain UF**
  - levonorgestrel 0.15 mg/EE 30 mcg extended cycle 91-day regimen (Jolessa)
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate (Microgestin Fe 1/20; generics)
  - norethindrone acetate 1 mg/EE 20 mcg (Microgestin 1/20 [21-day]; generics)
  - drospirenone 3 mg/EE 20 mcg (Yaz; generics)
  - levonorgestrel 0.1 mg/EE 20 mcg (Sronyx; Lutera; generics)
  - norgestrel 0.3 mg/EE 30 mcg (Low-Ogestrel; generics [equivalent to discontinued Lo/Ovral 28])

- norethindrone acetate 1.5 mg/EE 30 mcg ferrous fumarate (Microgestin Fe 1.5/30; generics; [equivalent to Loestrin Fe 1.5/30])
- norethindrone acetate 1.5 mg/EE 30 mcg (Microgestin 1.5/30; generics; [equivalent to Loestrin 1.5/30])
- desogestrel 0.15 mg/EE 30 mcg (Reclipsen; Ortho-Cept; generics)
- levonorgestrel 0.15 mg/EE 30 mcg (Levora-28; generics)
- drospirenone 3 mg/EE 30 mcg (Yasmin; generics)
- ethynodiol diacetate 1 mg/EE 35 mcg (Zovia 1-35E; generics)
- norethindrone 0.5 mg /EE 35 mcg (Notrel 0.5/35; generics)
- norgestimate 0.25 mg/EE 35 mcg (Mononessa; generics)
- norethindrone 1 mg/EE 35 mcg (Norinyl 1+35; generics)
- norethindrone 1 mg + mestranol 50 mcg/EE 50 mcg (Norinyl 1+50; generics)
- norgestrel 0.5 mg/EE 50 mcg (Ogestrel; generics)
- ethynodiol diacetate 1 mg/EE 50 mcg (Zovia 1-50E; generics)
- norethindrone 0.5/1 mg + EE 35 mcg (Necon 10/11; [equivalent to discontinued Ortho Novum])
- desogestrel 0.15 mg + EE 20/10 mcg (Azurette; generics)
- norgestimate 0.18/0.215/0.25 mg + EE 25 mcg (Ortho Tri-Cyclen Lo; generics)
- norgestimate 0.18/0.215/0.25 mg + EE 35 mcg (TriNessa; generics)
- norethindrone 0.5/0.75/1 mg + EE 35 mcg (Necon 7/7/7; generics)
- norethindrone 0.5/1/0.5 mg + EE 35 mcg (Leena; generics)
- levonorgestrel 0.05/0.075/0.125 mg + EE 30/40/30 mcg (Trivora-28; generics)
- desogestrel 0.1/0.125/0.15 mg + EE 25 mcg (Velivet; generics)
- levonorgestrel 0.15 mg + EE 20/25/30/10 mcg (Quartette)
- norethindrone 0.35 mg (Nor-Q-D; Ortho Micronor; generics)
- etonogestrel 0.12 mg + EE 15 mcg vaginal ring (per day [NuvaRing])
- norelgestromin 150 mcg + EE 35 mcg transdermal system (per day [Xulane]; equivalent to discontinued Ortho Evra patch)
- depot medroxyprogesterone acetate 150 mg/mL IM vials (Depo-Provera vials; generic)
- depot medroxyprogesterone acetate 150 mg/mL IM syringes (Depo-Provera syringes; generic)
- depot medroxyprogesterone acetate 104 mg/0.65 mL SC (Depo-SubQ Provera 104)

B. Contraceptive Agents – Manual PA Recommendation

The P&T Committee recommended (14 for, 0 against, 1 abstained, 0 absent) manual PA criteria for new users of Minastrin 24 Fe, Generess Fe, and Wymzya Fe chewable tablets, and their respective generics, to allow use for patients with special needs or those patients whose needs cannot be met with one of the formulary alternatives.

Full PA Criteria:

a. Norethindrone acetate 1mg/ EE 20 mcg (Minastrin 24 Fe chewable): Manual PA criteria apply to all new users of Minastrin 24 Fe chewable tablets.

Manual PA criteria:

Coverage is approved for Minastrin 24 Fe chewable tablets if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.

PA does not expire.

b. Norethindrone acetate 0.8 mg/ EE 25 mcg (Generess Fe chewable, generics): Manual PA criteria apply to all new users of Generess Fe chewable tablets and generics.

Manual PA criteria:

Coverage is approved for Generess Fe chewable and generics if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.

OR

- Patient's needs cannot be met with either (1) a monophasic contraceptive containing ethinyl estradiol (EE) 20 mcg or EE 30 mcg, OR (2) a multiphasic contraceptive containing EE 25 mcg.

PA does not expire.

c. Norethindrone 0.4 mg/EE 35 mcg (Wymzya Fe chewable, generics): Manual PA criteria apply to all new users of Wymzya Fe chewable tablets and generics.

Manual PA criteria:

Coverage is approved for Wymzya Fe chewable generics if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.

OR

- The patient's needs cannot be met with either (1) a monophasic contraceptive containing EE 35 mcg OR (2) a multiphasic with containing 35 mcg.

PA does not expire.

C. Contraceptive Agents – UF and PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period after signing of the minutes and DHA send a letter to the beneficiaries affected by the formulary decision, Minastrin FE 24 and Generess Fe Chewable tablets".

Summary of Physician's Perspective:

This is the third time the Committee has reviewed the contraceptive drug class. The Uniform Formulary and non-formulary recommendations from the 2011 review were largely kept the same, with the recommendation for some of the newer chewable products to be designated as non-formulary.

For the formulary decision, representative uniform formulary drugs were chosen for each of the eight subclasses, with one exception – the chewable product containing 25 micrograms of ethinyl estradiol, (Generess) was designated as non-formulary. However, similar products are on the formulary that contains either 20 or 30 micrograms of this estrogen.

The Committee did recommend non-formulary status and Prior Authorization for the new chewable formulations. These chewable products were replacements for previously available non-chewable tablets that were removed from the market. For the Prior Authorization criteria, the Committee did recognize that there could be clinical occasions where a chewable product was required, and the PA criteria reflect this.

The emergency contraceptives were not reviewed here, but will be discussed at the May 2016 P&& Committee meeting.

Summary of Panel Questions and Comments:

Ms. Le Gette asked why someone voted against the formulary decision

Dr. Kugler responded that the person declined to make a statement.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Recommendation and UF and PA Implementation Plan for Contraceptive Agents.

- **Contraceptive Agents – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  X These comments were taken under consideration prior to my final decision

- **Contraceptive Agents – Manual PA Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **Contraceptive Agents – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

2. ANTIFUNGALS

A. Antifungals: Topical Lacquers – UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- UF:
  - Ciclopirox 8% topical solution (Penlac; generic)

- NF:
  - Efinaconazole10% topical solution (Jublia)
  - Tavaborole 5% topical solution (Kerydin)

Jublia and Kerydin were selected for NF status due to their minimal clinical advantages over ciclopirox, overall modest clinical effectiveness, and lack of cost effectiveness, particularly when compared to the clinically superior oral antifungal agent terbinafine.

B. Antifungals: Topical Lacquers—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) modifying the current PA criteria for efinaconazole (Jublia) and tavaborole (Kerydin) originally recommended at the February 2015 P&T Committee meeting (and implemented August 19, 2015). PA criteria revisions were made to ensure a trial of both a topical antifungal agent and an oral antifungal agent, prior to utilization of Jublia or Kerydin.

Full PA Criteria:

PA criteria apply to all new and current users of efinaconazole (Jublia) and tavaborole (Kerydin). **(Updates are bolded.)**

Manual PA criteria:

Jublia and Kerydin are approved if all of the following criteria apply:

a. The patient must have diagnostically confirmed onychomycosis by potassium hydroxide (KOH) preparation, fungal culture, nail biopsy, or other assessment to confirm diagnosis.

b. The patient is immunocompromised, has diabetes mellitus or peripheral vascular disease and has swelling and/or redness in the surrounding nail tissue or pain in affected nail(s).

c. The patient must have tried ciclopirox (Penlac) and had therapeutic failure AND

d. The patient must have tried one of the following oral agents: itraconazole (Sporonax) or terbinafine (Lamisil) and had therapeutic failure OR

- the patient has a contraindication [renal impairment, pre-existing liver disease, or evidence of ventricular dysfunction such as chronic heart failure (CHF)] to one of the above antifungal agents, OR
- the patient has had an adverse event/intolerance to one of the above antifungal agents

e. Treatment is requested due to a medical condition and not for cosmetic purposes. Examples include the following:

- patients with history of cellulitis of the lower extremity who have ipsilateral toenail onychomycosis
- diabetic patients with additional risk factors for cellulitis
- patients who experience pain/discomfort associated with the infected nail

f. The patient's condition is causing debility or a disruption in their activities of daily living.

g. Have Jublia or Kerydin been used in the previous 24 months? If no, PA not approved. If yes, then proceed to next question.

h. Have Jublia or Kerydin been used in the past 30 days? If no, PA not approved; if yes, then PA is approved.

PA expires after 1 year.

C. Antifungals: Topical Lacquers – UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service and DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

The Committee was unanimous in recommending non-formulary placement for the two new products, Jublia and Kerydin. This recommendation was based on cost-effectiveness, and due to the fact that these products are not clinically superior to other topical products (like Penlac) or oral products (such as Lamisil).

There were some modifications made to the existing prior authorization criteria, to better reflect clinical considerations and to ensure that the appropriate products are tried first. The criteria were updated to recommend a trial of generic Penlac and an oral product, unless there were contraindications or therapeutic failure.

Additionally, a review of MHS prescriptions found that over 50% of patients on Jublia or Kerydin only received one prescription, and did not receive additional refills. Therefore the PA criteria now would require patients to undergo the Prior Authorization again, if there was a significant gap in therapy of more than 30 days.

Summary of Panel Questions and Comments:

Dr. Anderson asked if the P&T committee considered applying a PA to Penlac given the superior efficacy of the oral agents relative to the topical.

Ms. Le Gette responded that there was a PA before it went generic.

Dr. Kugler stated that it was not widely popular.

Ms. Le Gette stated that she agrees with the P&T Committee decision clinically. These drugs are outrageously priced. This class of drugs is now number 4 in the top 10 for utilization solely because of Julia and Kerydin and there are not a lot of patients using them. When the PA went live there were a lot of calls because they are advertised on television. Additionally, there were a lot of beneficiaries who were already well into their course of therapy and they had to redo the PA and it may or may not have been completed. There were also quite a few calls from physicians. Although I agree with the data, I struggle with making everyone go back thorough the PA. The PA criterion applies to new and current users. Everyone that is currently using it has already gone through a PA. Systematically, how do we process because

it means that we have to turn everyone off and make them redo the PA. Again, I agree clinically that this class of drugs is too expensive for low clinical efficacy but from the beneficiary standpoint I am struggling with the new and current user criteria for the PA. I also have questions regarding the manual PA criteria but I am trying to weigh the impact against the number of people currently on it. There were numerous calls from physicians because the patient has been on the drug for 10 weeks and now they cannot get their meds.

Dr. Anderson asks for clarification or justification regarding the logic or decision regarding the criteria for the PA criteria for existing users and the gap in therapy issue previously mentioned.

Dr. Kugler stated that it was pretty significant for a very expensive product.

CAPT Downs stated that a significant number of patients fill only a few of the prescription, many just once. They don't use it continuously or don't complete a whole year's course. If the patient is already on the medications and uses it continuously, they will not be affected by the PA. If the patient is already on the medication but there is a gap between prescription refills indicating an interruption of therapy, they will have to redo the PA.

Dr. Anderson states that if there is a 30 day gap then they have to redo the PA criteria.

CAPT Downs and Dr. Kugler stated more than a 30 day gap.

Dr. Anderson asks if this is based off of claim records.

Dr. Kugler states that it is based off refills. Basically each supply is 30 days and if they have a 30-day gap the patient has to redo the PA.

There were no more questions or comments from the Panel. The Chair called for vote on the UF Recommendation, Manual PA Criteria, and the UF and PA Implementation Plan for the Antifungals: Topical Lacquers.

- **Antifungals: Topical Lacquers – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCTBlue

  ☒ These comments were taken under consideration prior to my final decision

- **Antifungals: Topical Lacquers – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCBell

  X These comments were taken under consideration prior to my final decision

- **Antifungals: Topical Lacquers – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCBell

  X These comments were taken under consideration prior to my final decision

Summary of Additional Panel Questions and Comments:

CAPT Downs – Clarify new and current users on topical lacquers. New and current users will go through this manual PA process. If they are a current user and they are on continuous therapy, they won't be tripped up by the new PA. If they are a current user, and they stopped therapy, the new PA applies to the break in therapy.

Ms. Le Gette states that she is wondering if it should be set up like step therapy. Possibly have a 30 day look back. She is thinking operationally.

CAPT Downs states that that is an operational issue. For new and current users the new PA will now apply. If the patient is continuously using the drug a new PA is not required. The PA only applies if there is a break in therapy.

3. OPHTHALMIC ANTI-INFLAMMATORY/IMMUNOMODULATORY AGENTS

A. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—UF Recommendation

The P&T Committee recommended (14 for, 1 opposed, 0 abstained, 0 absent) cyclosporine 0.05% ophthalmic emulsion (Restasis) be designated UF.

B. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) PA criteria for Restasis to ensure appropriate use.

Full PA Criteria:

PA criteria apply to all new users of Restasis.

- Current User is defined as a patient who has had Restasis dispensed during the previous 365 days at a Military Treatment Facility (MTF), a retail network pharmacy, or the mail order pharmacy.
  - If there is a Restasis prescription in the past 365 days (automated lookback with Restasis as the qualifying drug), the claim goes through and no manual PA is required.

- New User is defined as a patient who has no had Restasis dispensed in the past 365 days.
  - If there is no Restasis prescription in the past 365 days, a manual PA is required.

Manual PA Criteria:

- Coverage is approved if one of the following is fulfilled:
  - Patient has diagnosis of Keratoconjunctivitis Sicca (KCS) with lack of therapeutic response to at least two OTC artificial tears agents
  - Patient has ocular graft vs. host disease, which can occur in patients who have had bone marrow transplants
  - Patient has corneal transplant rejection
  - Patient has experienced documented corneal surface damage while using frequent artificial tears

- Coverage is not approved for off-label uses such as, but not limited to:
  - Atopic keratoconjunctivitis (AKC)/vernal keratoconjunctivitis (VKC), which are eye conditions that occur due to allergies and treated with anti-inflammatory drugs
  - Pterygia, which is growth of pink, fleshy tissue on the white part of the eye, and is common in people who spend a lot of time outdoors or have long periods of exposure to sunlight.
  - Blepharitis, which is chronic inflammation of the eyelids
  - Ocular rosacea, where patients with rosacea develop eye symptoms, including a watery or bloodshot appearance, as well as irritation and burning or stinging of the eyes
  - LASIK associated dry eye
  - Contact lens intolerance

Prior Authorization expires in one year.

- If there is a break in therapy, the patient will be subject to the PA again.

Summary of Physician's Perspective:

This is a unique drug class in that currently, Restasis is the only product in the class. However, there are agents in the pipeline, and the Committee wanted to establish contracting condition sets that would allow for competition, once additional drugs for dry eye reach the market.

Restasis was recommended for formulary status; however, Prior Authorization will apply. Over-the-counter artificial tears should be tried first, prior to use of Restasis. Additionally, the PA criteria does allow for some off-label use.

A review of prescription data found that about 80% of current Restasis users had been on the drug for more than 12 months, so that was the reasoning behind having the current users being grandfathered.

Summary of Panel Questions and Comments:

Dr. Sommer asked what is considered a break in therapy. Is it 30 days like the previous class of drugs?

CAPT Downs responded 1 year. The patient would have been off Restasis for one year. That is why the PA expires in 1 year. If the patient has not filled a prescription in that year the patient is required to redo the PA. There is an automatic look back for the prescription and if they have filled a prescription within the last year, the PA will be automatically renewed for the next year.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Criteria, and UF and PA Implementation Plan for the Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCTBrd

  X These comments were taken under consideration prior to my final decision

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☑ These comments were taken under consideration prior to my final decision

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☑ These comments were taken under consideration prior to my final decision

INNOVATOR DRUGS

1. Newly-Approved Innovator Drugs

Section 702 of the FY15 National Defense Authorization Act (NDAA) established new authority for the P&T Committee's review process of FDA newly-approved innovator drugs. The P&T Committee is provided up to 120 days to recommend tier placement for innovator drugs on the UF. During this period, innovator drugs will be assigned a classification pending status; they will be available under terms comparable to NF drugs, unless medically necessary, in which case they would be available under terms comparable to formulary drugs. For additional information, see the August 2015 DoD P&T Committee meeting minutes at http://www.health.mil/PandT.

Drugs subject to the Innovator Rule are defined as new drugs that are approved by the FDA under a Biologic License Application (BLA) or New Drug Application (NDA). The NDA innovator drugs will be further defined by their chemical types to include, but not limited to, new molecular entities, new active ingredients, new dosage form, and new combination.

A. Newly-Approved Innovator Drugs—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- UF:
  - Metabolic Replacement Agents: Asfotase alfa injection (Strensiq)
  - Anti-retrovirals: Elvitegravir/cobicistat/emtricitabine/tenofovir/alafenamide (Genvoya)
  - Alcohol Deterrents/Narcotic Antagonists: Naloxone nasal spray (Narcan Nasal)

- Pulmonary Arterial Hypertension Agents: Selexipag (Uptravi)
- Binders/Chelators/Antidotes/Overdose Agents: Patiromer (Veltassa)
- Oral Oncology Agents—Metastatic Melanoma: Cobimetinib (Cotellic)
- Oral Oncology Agents—Multiple Myeloma: Ixazomib (Ninlaro)
- Oral Oncology Agents—Non-Small Cell Lung Cancer (NSCLC): Osimertinib (Tagrisso)
- Oral Oncology Agents—Lung Cancer: Alectinib (Alecensa)
- Antihemophilic Agents: Coagulation Factor X injection (Coagadex)
- Antihemophilic Agents: Antihemophilic factor, recombinant (rFVIII) injection (Adynovate)

- NF:
  - Anti-platelet Agents: Aspirin ER 162.5 mg (Durlaza)
  - Non-steroidal Anti-inflammatory Drugs: Meloxicam low dose 5 mg and 10 mg (Vivlodex)
  - Anti-emetics: Rolapitant (Varubi)
  - Basal Insulins: Insulin degludec (Tresiba)
  - Attention Deficit Hyperactivity Disorder (ADHD)—Stimulants: Amphetamine ER oral suspension (Dyanavel XR)
  - Pulmonary II—LABAs: Glycopyrrolate oral inhaler (Seebri Neohaler)
    Pulmonary II—Long-Acting Beta Agonists/Long-Acting Muscarinic Agents (LABAs/LAMAs): Indacaterol/glycopyrrolate oral inhaler (Utibron Neohaler)

B. Newly-Approved Innovator Drugs—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) PA criteria for asfotase alfa injection (Strensiq). Strensiq is an orphan drug indicated for treatment of perinatal/infantile and juvenile-onset hypophosphatasia (HPP). This rare disease has a 50% mortality rate in infants who manifest within six months. No formulary alternative is available.

Full PA Criteria:

Prior Authorization applies to all new and current users of Strensiq.

Automated PA criteria

- Strensiq will be approved for patients younger than one year of age

Manual PA criteria—applies if patient is older than one year of age

- Strensiq will be approved if:
  - The patient has the FDA-approved indication of perinatal/infantile and juvenile-onset hypophosphatasia (HPP) AND
  - The diagnosis is supported by confirmatory testing

- Off-label uses are NOT approved

Prior Authorization does not expire.

C. Newly-Approved Innovator Drugs—UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date upon signing of the minutes in all points of service.

Summary of Physician's Perspective:

This is the second P&T Committee meeting where the Innovator Rule has been in effect, and for this meeting, 18 drugs were reviewed. The drugs selected for non-formulary status have therapeutic alternatives currently on the Uniform Formulary. For the innovator products selected for Uniform Formulary status, most of them are in drug classes that have not previously been reviewed by the Committee, (for example, the oncology drugs or drugs for HIV infection), or are orphan drugs (like Strensiq).

For Strensiq, Prior Authorization criteria were recommended to reflect the FDA indications. Because of the high infant mortality rate, Prior Authorization will automatically be approved for patients younger than one year of age, while patients older than one year will be required to fill out the PA form.

Summary of Panel Questions and Comments:

Dr. Anderson asked if there are any therapy classes that are not subject to the innovator rule.

CAPT Downs stated that all new drugs approved by the FDA under a Biologic License Application or New Drug Application are subject to the innovator rule.

Dr. Anderson asks if there is a medical necessity review opportunity for patients. Are patient grandfathered who already have a medical necessity established if the drug subsequently determined to by NF.

CAPT Downs responded this information will be covered in the next section. In the interim between getting first launched there is a review process by the P&T Committee and implementation of medical necessity.

Dr. Anderson states that ideally, if the patient has already established medical necessity, they would not be required to repeat the process.

CAPT Downs stated that once medical necessity had been established the patient would not be required to repeat the process and will be grandfathered.

Ms. Le Gette stated that it is an open ended override if they establish medical necessity

Dr. Anderson asks if we have to wait for the implementation period for the drug to be placed on the Formulary. From a procedural perspective, the P&T Committee makes recommendations and the UF BAP reviews and comments on the P&T Committee recommendations prior to placement on the formulary.

CAPT Downs stated that they are not officially approved for the formulary until the Director DHA approves the minutes.

Dr. Anderson wanted clarification about how the committee structure delays placing drugs on the formulary. It would be rare for the committee to object a drug being placed on the formulary; we might have issues with new restrictions.

CAPT Downs states that, typically, once a drug gets launched the next P&T Committee reviews. After the P&T Committee reviews, the minutes get signed approximately less than 90 days. In that time frame the BAP meets and the minutes are signed prior to the next P&T committee meeting.

Dr. Anderson asks if there are any options, from a procedural perspective, to the rule. For instance, if there is an innovator drug that the P&T believes a clinical advance and there is a huge unmet need that this drug satisfies and we're waiting for BAP to add the drug to the formulary. This would probably be a rare occasion but is there a way to expedite these types of situations.

CAPT Downs responded that there are administrative updates in the next section that can address Dr. Anderson's questions and provide clarification.

Dr. Anderson asks insight into the P&T Committee review of the Tresiba the new long acting insulin. Was the P&T Committee impressed?

CAPT Downs states that there are no clinically compelling advantages of Tresiba over existing uniform formulary long acting insulins used to treat type I or type II diabetes.

Dr. Kugler states that there was an endocrinologist on committee

Ms. Le Gette stated that there are mechanisms to expedite the process to get the meds to a patient in need in emergent situations.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Criteria, and the UF and PA Implementation Plan for the Newly-Approved Innovator Drugs.

- **Newly-Approved Innovator Drugs – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **Newly-Approved Innovator Drugs – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **Newly-Approved Innovator Drugs – UF and PA Implementation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

2. Innovator Drugs: Program Updates

Two administrative function updates were proposed for the innovator drug process, as outlined below.

A. Innovator Drugs: Program Updates—Innovator Drugs with No Formulary Alternative to Adjudicate as UF

Currently, the DHA's Pharmacy Operations Division (POD) defines drug classes and assigns drugs to a UF class as part of the administrative processes required for the day-to-day operation of the UF. When a drug is assigned to a specific UF drug class, the formulary alternatives for the drug are also identified. A formulary agent is defined as a drug from the same drug class or used for the same indication as the NF drug.

Innovator drugs are designated as NF (Tier 3 copayment) upon market entry. All NF medications, including innovator drugs, have MN criteria that establish clinical necessity based on 32 CFR Sec. 199.2. One of the criteria for MN approval is that there is no alternative pharmaceutical agent on the formulary. Some innovator drugs may have no UF alternatives, and a provider must document clinical necessity to reduce the copayment for the drug when clinically necessary for each individual patient. The recommended authority below removes

this requirement and the associated NF copayments when no alternative pharmaceutical agent exists on the UF.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent):

a. The DHA POD, after consultation with a physician who is a DoD P&T Committee member or MHS specialist, may direct innovator products with no formulary alternative be made available under Tier 2 terms of the TRICARE pharmacy benefit, prior to a formal vote from the P&T Committee; and,
b. All innovator products, including those that the POD has determined have no formulary alternative, be reviewed by the P&T Committee at the next available meeting.

Summary of Physician's Perspective:

The reasoning behind this request is to create a process to implement decisions as quickly as possible for those unique products where there is no current alternative available. The orphan drugs and oncology agents are good examples of where this administrative action would apply.

This action will also help eliminate unnecessary paperwork, as the provider would no longer be required to fill out the medical necessity form for those products without formulary alternatives, and the patient would not have to pay the non-formulary co-pay.

Summary of Panel Questions and Comments:

Dr. Anderson stated that he was happy to see the change.

CAPT Downs asks if his questions were answered.

Dr. Anderson replies that his question is answered, and it's smart.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation for the Innovator Drugs Program Updates – Innovator Drugs with No Formulary Alternative to Adjudicate as UF.

- **Innovator Drugs: Program Updates – Innovator Drugs with No Formulary Alternative to Adjudicate as UF**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RCT DDQ

  ☒ These comments were taken under consideration prior to my final decision

3. Innovator Drugs: Program Updates

A. Innovator Drugs: Program Updates – Designation of Temporary Specific MN and PA Criteria for Innovator Drugs

General MN criteria for the Innovator program were approved at the August 2015 DoD P&T Committee meeting. While the general MN criteria are applicable to many of the innovator drugs, in certain cases more specific MN criteria are needed. Current DoD P&T processes may result in lengthy implementation periods for both MN and PA criteria for innovator drugs when they are formally reviewed by the DoD P&T Committee. The recommended authority below will allow the DHA POD to develop specific MN criteria (and PA criteria, if needed) for certain innovator drugs immediately after FDA approval and prior to market launch.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent):

1. The DHA POD has authority to administratively implement temporary specific MN/PA criteria on select innovator drugs at the time of product launch, using information available from the FDA (e.g., product labeling, FDA advisory committee recommendations, FDA drug safety board), from peer-reviewed national guidelines, or from the manufacturer.

2. Physicians who are P&T Committee members or MHS specialists will be consulted prior to implementation.

3. The temporary specific MN/PA criteria will only be active until the formal P&T Committee review process is complete (i.e., P&T Committee recommendations made during the next available meeting are implemented after approval by the DHA Director).

4. Implementation of permanent criteria will become effective upon signing of the minutes. All users who have established temporary specific MN/PA criteria will be grandfathered when the permanent criteria become effective, unless directed otherwise.

Summary of Physician's Perspective:

This update is also desired to more rapidly respond to the innovator drugs. Prior Authorization and medical necessity criteria can be placed on the products soon after launch, which will alleviate a patient being stabilized on a drug, and then having to fill out forms for future refills.

These are temporary criteria, which will be fully reviewed by the P&T Committee at the next available meeting. Any updates or changes can be made at the next meeting, and then brought here to the BAP Panel for comment.

Summary of Panel Questions and Comments:

Dr. Anderson stated this seems like a good change.

CAPT Downs asked to verify that the questions about grandfathering were answered.

Dr. Anderson thanks him and responded that they were answered.

There were no more questions or comments from the Panel. The Chair called for a vote on the Innovator Drug: Program Updates – Designated of Temporary Specific MN and PA Criteria for Innovator Drugs.

- **Innovator Drugs: Program Updates – Designation of Temporary Specific MN and PA Criteria for Innovator Drugs**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Director, DHA: 

☑ These comments were taken under consideration prior to my final decision

UTILIZATION MANAGEMENT

1. GI-2 MISCELLANEOUS DRUGS

A. GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi)—Manual PA Criteria

The GI-2 Miscellaneous Drug Class was reviewed by the P&T Committee in November 2015. At the time of the November 2015 meeting, eluxadoline (Viberzi) was approved by the FDA but not yet commercially available.

Eluxadoline is a mixed mu-opioid receptor agonist that is FDA-approved for the treatment of diarrhea-predominant irritable bowel syndrome (IBS-D). Because of the mechanism of action, several contraindications and warnings exist for the product, in addition to the potential for abuse. PA criteria was recommended for Viberzi due to the safety issues. Additionally, PA criteria also apply for rifaximin for treatment of IBS-D.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for Viberzi in all new patients, consistent with the new FDA-approved product labeling and safety warnings.

Full PA Criteria:

All new users of eluxadoline (Viberzi) are required to undergo manual prior authorization criteria.

Manual PA criteria: Coverage will be approved if:

- 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

    - 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

    - 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

- Prior Authorization does not expire.

B. Gastrointestinal-2 (GI-2) Miscellaneous Drugs: Eluxadoline (Viberzi)—PA Implementation Period

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

Summary of Physician's Perspective:

The PA criteria for Viberzi are similar to the PA criteria recommended for rifaximin, which is also approved for IBS-D. However, the criteria for Viberzi also reflect the warnings and contraindications in the package insert.

Viberzi has now been launched, and will be reviewed as a new drug at the May P&T Committee meeting.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and PA Implementation Plan for the GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi).

- **GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **GI-2 Miscellaneous Drugs Eluxadoline (Viberzi) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☑ These comments were taken under consideration prior to my final decision

2. ATYPICAL ANTIPYCHOTICS (AAPs)

A. AAPs: Brexpiprazole (Rexulti)—Manual PA Criteria

The AAPs, also known as the second generation antipsychotics, were reviewed by the P&T Committee in May 2011. Brexpiprazole is a new entrant to the class, and is FDA-approved for treating schizophrenia and as adjunct to antidepressant therapy for major depressive disorder. Brexpiprazole has serotonergic and dopaminergic effects similar to other AAPs.

Manual PA criteria were recommended for Rexulti due to the similar mechanism of action and FDA labeling as aripiprazole (Abilify), which recently became available in generic formulations.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for brexpiprazole (Rexulti) in all new patients.

Full PA Criteria:

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
  - The patient is ≥ 18 years; AND
  - The patient has had treatment failure of at least two other antidepressant augmentation therapies (one of which must be aripiprazole); OR
  - Patient has had an adverse event with aripiprazole that is not expected to occur with brexpiprazole (Rexulti) AND
  - Patient has concurrent use of an antidepressant

- Diagnosis of schizophrenia
  - The patient is ≥ 18 years; AND
  - The patient has had treatment failure of at least two other atypical antipsychotics (one of which must be aripiprazole); OR

- 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.

B. AAPs: Brexpiprazole (Rexulti)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

Summary of Physician's Perspective:

There was no controversy with the PA criteria recommendation for Rexulti, due to its similarity with Abilify. The PA criteria reflect the FDA-approved indications for major depressive disorder and schizophrenia, but do require a trial of two other atypical anti-psychotics first.

There is now significant generic competition for this drug class, and the Committee will be reviewing the antipsychotics in May for Uniform formulary and basic core formulary placement.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote on the PA Criteria and PA Implementation Plan AAPs: Brexpiprazole (Rexulti)

- **AAPs: Brexpiprazole (Rexulti) – PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: [signature]

  ☒ These comments were taken under consideration prior to my final decision

- **AAPs: Brexpiprazole (Rexulti) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: [signature]

  ☒ These comments were taken under consideration prior to my final decision

3. ANTICONVULSANTS

A. Anticonvulsants: Lacosamide (Vimpat)—Manual PA Criteria

Lacosamide (Vimpat) was approved in 2008 and only has one FDA-approved indication for treating partial onset seizures. Because of the concern for off-label use, PA criteria were recommended. The Anticonvulsant Drug Class has not been previously reviewed by the P&T Committee, but will be reviewed for formulary placement at the May 2016 DoD P&T Committee meeting.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for lacosamide (Vimpat) in all new patients, consistent with the new FDA-approved product labeling.

Full PA Criteria:

All new users of lacosamide (Vimpat) are required to undergo manual prior authorization criteria.

Manual PA criteria:

- Coverage will be approved if the patient has a diagnosis of Seizure Disorder and Vimpat is used as monotherapy or adjunctive therapy in the treatment of partial-onset seizure in patients ≥ 17 years of age.

- Coverage is not approved for the following:
  - Non-FDA approved indications
  - Diabetic neuropathic pain
  - Essential tremor

  Prior Authorization does not expire.

B. Anticonvulsants: Lacosamide (Vimpat)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

Summary of Physician's Perspective:

The PA criteria for Vimpat reflect the FDA-approved use for seizure disorders, in order to discourage off-label use.

The anticonvulsants will be reviewed at the May P&T meeting, so if there are any changes, or if there are any other anticonvulsants where Prior Authorization is recommended, it will be brought up at the next BAP meeting.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and the PA Implementation Plan for the Anticonvulsants: Lacosamide (Vimpat)

- **Anticonvulsants: Lacosamide (Vimpat) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☑ These comments were taken under consideration prior to my final decision

- **Anticonvulsants: Lacosamide (Vimpat) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☑ These comments were taken under consideration prior to my final decision

4. RENIN-ANGIOTENSIN-ANTIHYPERTENSIVE AGENTS (RAAs)

A. RAAs: Sacubitril/Valsartan (Entresto)—Automated and Manual PA Criteria

The RAAs class was previously reviewed by the P&T Committee in May 2010. Automated (step therapy) criteria apply, requiring a generic angiotensin converting enzyme (ACE) inhibitor or preferred angiotensin receptor blocker (ARB), prior to use of a non-step preferred ACE inhibitor or ARB.

Entresto is a new fixed-dose combination product containing the ARB valsartan (Diovan) and sacubitril, a neprilysin inhibitor. Sacubitril is a prodrug that inhibits neprilysin (neutral endopeptidase) through the active metabolite, leading to increased levels of peptides, including natriuretic peptides.

Entresto is FDA-approved to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (New York Heart Association [NYHA] class II-IV) and a decreased left ventricular ejection fraction (LVEF). Several ACE inhibitors and the ARBs valsartan and candesartan (Atacand, generic) are indicated for patients with heart failure due to decreased LVEF.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) automated and manual PAs for Entresto in all new and current users, consistent with the current step therapy requirements for the RAAs class, and FDA labeling for Entresto.

Full PA Criteria:

Automated or manual PA criteria apply to all new and current users of Entresto.

Automated PA criteria:

- The patient has filled a prescription for a step-preferred RAA drug at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

- Step-preferred RAAs include lisinopril +/- hydrochlorothiazide (HCTZ) (Prinivil, Prinzide or Zestril, Zestoretic generic), captopril +/- HCTZ (Capoten, Capozide, generic), ramipril (Altace, generic), losartan +/- HCTZ (Cozaar, Hyzaar), valsartan +/- HCTZ (Diovan, Diovan HCT, generic), benazepril +/- HCTZ (Lotensin, Lotensin HCT, generic), enalapril +/- HCTZ (Vasotec, Vaseretic, generic), fosinopril +/- HCTZ (Monopril, Monopril HCT, generic), moexipril +/- HCTZ (Univasc, Uniretic, generic), perindopril (Aceon, generic), quinapril +/- HCTZ (Accupril, Accuretic, generic), telmisartan +/- HCTZ (Micardis, Micardis HCT, generic), telmisartan/amlodipine (Twynsta, generic), valsartan/amlodipine (Exforge, generic), valsartan/amlodipine/HCTZ (Exforge HCT, generics). Note that a history of candesartan +/- HCTZ (Atacand, Atachand HCT, generic) also qualifies as meeting the step therapy criteria.

Manual PA criteria: If automated PA criteria are not met, Entresto is approved if:

- The patient has a documented diagnosis of chronic heart failure (New York Heart Association class II-IV heart failure) with left ventricular ejection fraction $\leq$40%. AND
- The patient is receiving concomitant treatment with a beta blocker, or the patient has a contraindication to a beta blocker. AND
- The patient is intolerant to an ACE inhibitor AND
- The patient does not have a history of angioedema to ACE inhibitors or ARBs.
- Prior Authorization does not expire.

B. RAAs: Sacubitril/Valsartan (Entresto)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all POS.

Summary of Physician's Perspective:

Currently, due to the existing step therapy in the RAAS class, any new product is also subject to the step therapy; this will now apply to Entresto. The manual PA criteria (if patients do not meet the step therapy) are specific to Entresto, and reflect the FDA-labeling for heart failure.

Entresto will be reviewed as a new drug at the May meeting, so changes to the PA can be made at the meeting, when the full clinical data is presented to the Committee.

Summary of Panel's Questions and Comments:

Dr. Anderson states that in his other job he works on the Medicare Drug Benefit and he has spent a lot of time on this drug. Relative to ACE inhibitors, the data on Entresto was positive showing a mortality benefit relative to ACE inhibitors. It is a little less certain how Enstresto compares against the ARBs; it contains an ARB as one of its active ingredients. Was there discussion around the clinical appropriateness in making people step through an ACE inhibitor given the head-to-head data against enalapril.

CAPT Downs responded, Entresto is in the ACE/ARB combination UF class and there are pre-existing condition sets for the UF Class. There is not a position for Entresto to put it before that step.

Dr. Anderson stated that it may be considered in the future once there is a full review and is curious to hear what the committee thinks in May.

Dr. Kugler stated that there would be a full review in May.

Dr. Anderson asked how much potential use you see of this drug. I am fairly certain that it will take off significantly in older population. One thing I would consider going forward is having the PA criteria apply to all and not have it be part of a step therapy. Confirmation of diagnosis and that the patient is on a beta blocker are good things to check before a patients gets on a drug this expensive when there are generic alternative that are lower in cost.

CAPT Downs repeated that the full class review in May.

There were no more questions or comment from the Panel. The Chair called for a vote on the Manual PA Criteria and PA Implementation Plan for the RAAs: Sacubitril/Valsartan (Entresto).

- **RAAs: Sacubitril/Valsartan (Entresto) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **RAAs: Sacubitril/Valsartan (Entresto) – PA Implementation Plan**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Director, DHA: 

☑ These comments were taken under consideration prior to my final decision

5. TARGETED IMMUNOMODULATORY BIOLOGICS (TIBS)

A. TIBs: Secukinumab (Cosentyx)—Manual PA Criteria

The TIBs were reviewed by the P&T Committee in August 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class (implemented on December 17, 2014). Secukinumab (Cosentyx) was reviewed by the P&T Committee in February 2015; automated and manual PA criteria were recommended (and implemented on May 4, 2015). In August 2015, Cosentyx was reviewed as a newly-approved drug for treating plaque psoriasis and was recommended for formulary status on the UF, requiring a trial of adalimumab (Humira), the step-preferred TIB, first.

Secukinumab (Cosentyx) received a new FDA indication in January 2016 for treatment of psoriatic arthritis and ankylosing spondylitis in adults. The PA criteria were updated for Cosentyx to reflect the new FDA indication.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) revised manual PA criteria for Cosentyx in new patients, consistent with the new FDA-approved product labeling for psoriatic arthritis and ankylosing spondylitis.

Full PA Criteria:

Prior Authorization criteria originally approved February 2015 and implemented May 4, 2015. February 2016 changes to PA criteria in bold. Manual PA criteria for psoriatic arthritis and ankylosing spondylitis applies to new patients.

Manual PA Criteria applies to all new users of secukinumab (Cosentyx).

Automated PA criteria: The patient has filled a prescription for adalimumab (Humira) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days AND

Manual PA criteria:

If automated criteria are not met, coverage is approved for Cosentyx if:

- Contraindications exist to Humira
- Inadequate response to Humira [need for different anti-tumor necrosis factor (TNF) or non-TNF]

- Inadequate response to Humira [need for different anti-tumor necrosis factor (TNF) or non-TNF]
- Adverse reactions to Humira not expected with requested non-step-preferred TIB

AND

Coverage approved for patients > 18 years with:

- Active moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy OR
- **Psoriatic arthritis (February 2016) OR**
- **Ankylosing spondylitis (February 2016)**

Coverage is NOT provided for concomitant use with other TIBs.

Prior Authorization does not expire.

B. TIBs: Secukinumab (Cosentyx)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) implementation of the PA for Cosentyx become effective upon signing of the minutes.

Summary of Physician's Perspective:

We have seen updates for newly approved TIBs or new indications at the past several BAP meetings, and Cosentyx is no exception. The PA criteria reflect the new indication for plaque psoriasis.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and the PA Implementation Plan for the TIBs: Secukinumab (Cosentyx).

- **TIBs: Secukinumab (Cosentyx) – Manual PA Criteria**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Director, DHA: RC BDW

☒ These comments were taken under consideration prior to my final decision

- **TIBs: Secukinumab (Cosentyx) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

OVER-THE-COUNTER (OTC) DRUG REVIEW

1. OTC Drug Review: Doxylamine

A. OTC Drug Review: Doxylamine—Relative Clinical Effectiveness and Conclusion

Section 702 of the FY13 NDAA provides legislative authority for the OTC Drug Program. The Final Rule published in the Federal Register on July 27, 2015, establishes the process for identifying OTC products for coverage under the TRICARE pharmacy benefit and the rules for making these products available to eligible DoD beneficiaries. The Final Rule can be found at https://www.federalregister.gov/articles/2015/07/27/2015-18290/civilian-health-and-medical-program-of-the-uniformed-services-champustricare-tricare-pharmacy.

The approved OTC drugs will comply with the mandatory generic policy stated in 32 CFR 99.21(j)(2) and be available under terms similar for generic drugs, except that the need for a prescription and/or a copayment may be waived in some circumstances. No cost-sharing for OTC drugs is required at any of the three points of service for a uniformed service member on active duty.

The P&T Committee evaluated the relative clinical and cost effectiveness and patient access considerations of adding doxylamine 25 mg (Unisom, generic) to the UF via the OTC Drug Program. Doxylamine has not previously been covered as a TRICARE pharmacy benefit under the OTC Demonstration Project; it is the first OTC drug to be considered under the new legislation.

The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 1 absent) the following

- Doxylamine 25 mg (Unisom, generics) is available OTC as a sleep aid but is frequently used for treating nausea and vomiting of pregnancy (NVP), along with pyridoxine (vitamin B6). A prescription product, Bendectin, containing doxylamine and pyridoxine was discontinued from the market in the 1980s.
- In May 2015, the P&T Committee recommended NF status for Diclegis, a prescription product containing delayed release doxylamine succinate and pyridoxine, based on clinical and cost effectiveness. Manual PA criteria were also recommended, requiring a trial of nonpharmacologic interventions and OTC pyridoxine, and consideration of alternate antiemetics.

- The May 2015 P&T Committee also found the OTC ingredients of doxylamine with or without pyridoxine were therapeutically equivalent to Diclegis.
- Input from MTF obstetrics and gynecology providers voiced concern regarding worldwide availability of OTC doxylamine at all MTFs, and the potential for confusion due to the various OTC formulations of the product available in the retail setting (other products with the name "sleep aid" contain diphenhydramine).
- A trial conducted by the manufacturer of Bendectin in 1975 showed doxylamine monotherapy to be as effective and, in some endpoints, more effective than any other combination or monotherapy agent (e.g., doxylamine/pyridoxine, pyridoxine) for treating NVP.
- The September 2015 American College of Obstetrics and Gynecology (ACOG) Practice Bulletin also supports doxylamine for first-line use in the treatment of nausea and vomiting of pregnancy.
- Advantages of OTC doxylamine include its pregnancy category A rating, and the long history of efficacy and safety in both the OTC and prescription setting for treating NVP. Disadvantages include the sedating effects and need for multiple daily dosing, which may be a significant concern for some patients in setting of NVP.
- Providing doxylamine as an OTC TRICARE pharmacy benefit allows uniform availability of the product, and would enhance obstetric care and be consistent with the recently updated ACOG guidelines.

B. OTC Drug Review: Doxylamine—Relative Cost-Effectiveness Analysis and Conclusion

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) OTC doxylamine 25 mg was less costly than the NF product Diclegis.

C. OTC Drug Review: Doxylamine—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) adding OTC doxylamine 25 mg to the UF, based on clinical and cost effectiveness. As part of this recommendation, a prescription will be required for OTC doxylamine. Additionally, an age limit of patients less than 65 years of age was also recommended, to ensure appropriate use in accordance with Beers Criteria (a list of medications considered inappropriate for use in patients

D. OTC Drug Review: Doxylamine—UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 60-day implementation period.

Note the information on copayment waiver on page 38 or 39 of background information document is not discussed in this menu.

Summary of Physician's Perspective:

The review of doxylamine represents the first time that the Committee has used the new legislative authority to determine formulary placement for an OTC product. The Committee did recommend formulary placement for doxylamine, based on both clinical and cost effectiveness. The BAP Panel will be seeing more OTC formulary reviews in the future.

Summary of Panel Questions and Comments:

Dr. Sommer asks for clarification. He understands that this drug is being recommended based on nausea and vomiting in females. Regarding coding, will this drug be restricted to females or open it up to males because there can potentially be prescriptions written for males using it for sleep. Should it be restricted to females under 65?

CAPT Downs stated that currently there is no PA. When we looked at the utilization for doxalymine, it was used 99% of the time in women of child bearing ages. At that time we did not see the need to place a PA on the drug. Usually, a PA is placed due to inappropriate use, to ensure appropriate use or for safety reasons. We didn't believe it was needed at the time but we continue to monitor things and we can always add the PA.

Dr. Sommer stated that right now there could be an odd script that comes across for a male.

CAPT Downs stated that it was an OTC, relatively inexpensive. When we looked at utilization, the vast majority of users were under 65 and 99% of women.

Dr. Anderson states that was a good clarification. I like you put the age edit because it is a poor choice for older people.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Co-payment Waiver, and UF Implementation Plan for the OTC Drug Review for Doxylamine.

- **OTC Drug Review: Doxylamine – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **OTC Drug Review: Doxylamine – Copayment Waiver**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☑ These comments were taken under consideration prior to my final decision

- **OTC Drug Review: Doxylamine – UF Implemenation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA:

  ☑ These comments were taken under consideration prior to my final decision

SECTION 703, NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FOR FISCAL YEAR 2008 (FY08)

1. FY08 NDAA, Section 703

A. FY08 NDAA, Section 703—Drugs Designated NF

The P&T Committee reviewed two drugs from pharmaceutical manufacturers that were not included on a DoD Retail Refund Pricing Agreement; these drugs were 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 MTFs. These NF drugs will remain available in the Mail Order point of service without pre-authorization.

- The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) maintaining the current NF status for Sebela Pharmaceuticals: calcitonin-salmon (Miacalcin), 200 International Units (3.7 mL) nasal spray. Note that Miacalcin nasal spray was designated NF when the osteoporosis drugs were reviewed at the June 2008 P&T Committee meeting. Miacalcin will now require pre-authorization at the retail point of service.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) maintaining the current NF status for Vanda Pharmaceuticals: tasimelteon (Hetlioz), 20 mg capsule. Note that Hetlioz was designated NF at the February 2015 DoD P&T Committee meeting, with manual PA criteria.

B. FY08 NDAA, Section 703—Pre-Authorization Criteria for Miacalcin Nasal Spray

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) the following pre-authorization criteria for Miacalcin 200 International Units (3.7 mL) nasal spray.

1. Obtaining the product by home delivery would be detrimental to the patient; and,
2. For branded products with products with AB-rated generic availability, use of the generic product would be detrimental to the patient.

These pre-authorization criteria do not apply to any other POS other than retail network pharmacies.

C. FY08 NDAA, Section 703—Implementation Plan for Pre-Authorization Criteria for Miacalcin

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) an effective date of the first Wednesday after a 30-day implementation period in the Retail Network for Miacalcin nasal spray and DHA send letters to beneficiaries affected by this decision.

D. FY08 NDAA, Section 703—Pre-Authorization Criteria for Hetlioz

Note that tasimelteon (Hetlioz) will not be available in the Mail Order Pharmacy, as it is only available in the Retail Network via a restricted distribution process, thus pre-authorization criteria do not apply.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) to maintain the existing PA criteria for tasimelteon (Hetlioz) from the February 2015 DoD P&T Committee meeting. See the February 2015 P&T Committee meeting minutes at http://www.health.mil/PandT. Note that no implementation plan is required for Hetlioz, since it is maintaining non-formulary status and the same PA criteria from the February 2015 meeting.

Summary of Physician Perspective:

There are no comments for the Section 702 drugs since by law these drugs are non-formulary.

Summary of Panel Questions and Comments:

Dr. Anderson asked if there was a reason that we have to make these products available at mail order. Is this a regulatory requirement?

CAPT Downs – Essentially, if the drug company does not sign the retail rebate form, they should be NF and available only at mail order by default That's the default. If there are clinical issues or problems with availability at certain pharmacies, then it will be available

at Retail. If the drug is used to treat emergency issues, then mail order is not the best choice.

Dr. Anderson – My bias is that if a company does not want to participate with the retail/refund pricing, we should make every effort to limit use of their drug under the TRICARE benefits.

CAPT Downs responded that the P&T committee can exempt the drug from automatically going NF or restricted to mail order pharmacy (the default) on clinical reasons. Also the drug may only be available at specialty retail pharmacy and not available at mail order pharmacy. The P&T committee can also confirm this.

There were no more questions or comments from the Panel. The Chair called for the vote on the FY08 NDAA, Section 703 Drugs Designated NF, Pre-Authorization Criteria for Miacalcin Nasal Spray, Implementation Plan for Pre-Authorization Criteria for Miacalcin.

- **FY08 NDAA, Section 703 – Drugs Designated NF**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RC Bono

  ☒ These comments were taken under consideration prior to my final decision

- **FY08 NDAA, Section 703 – Pre-Authorization Criteria for Miacalcin Nasal Spray**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA: RC Bono

  ☒ These comments were taken under consideration prior to my final decision

- **FY08 NDAA, Section 703 – Implementation Plan for Pre-Authorization Criteria for Miacalcin Nasal Spray**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

  Director, DHA RC Bono

  ☒ These comments were taken under consideration prior to my final decision

Brief Listing of Acronyms Used in this Summary

Abbreviated terms are spelled out in full in this summary; when they are first used, the acronym is listed in parentheses immediately following the term. All of the terms commonly used as acronyms in the Panel discussions are listed below for easy reference. The term "Panel" in this summary refers to the "Uniform Formulary Beneficiary Panel," the group who's meeting in the subject of this report.

- APS - Atypical Antipsychotics
- AC - Allergic Conjuntivitis
- ACE - Angiotensin Converting Enzyme
- ADHD - Attention Deficit Hyperactivity Disorder
- AH/MCS - Antihistamine/Mast Cell Stabilizer
- AKC - Atopic Keratonconjuntivitis
- ARB - Angiotensin Receptor Blocker
- BAP - Beneficiary Advisory Panel
- BCF - Basic Core Formula
- BIA - Budget Impact Analysis
- CFR – Code of Federal Regulations
- CMA - Cost Minimization Analysis
- COPD - Chronic Obstructive Pulmonary Disease
- DFO - Designated Federal Officer
- DHA - Defense Health Agency
- DoD -Department of Defense
- EE - Ethinyl Estradiol
- ER - Extended Release
- FACA - Federal Advisory Committee Act
- FDA - Food Drug Adminstration
- FE -Iron
- FEV1 - Measure how forcefully a person can exhale
- GI-2 - Gastrointestinal-2
- HCTZ - Hydrochlorothiazide
- HPP - Hypophosphatasia
- IBS-D - Irritable Bowel Syndrome - Diarrhea
- KCS - Keratonconjuctivitis Sicca
- LABA -Long-Acting Beta Agonist
- LAMA -Long-Acting Muscarinic Agent
- LVEF -Left Ventricular Ejection Fraction
- MN - Medical Necessity
- MTF - Military Treatment Facility
- NDAA - National Defense Authorization Act
- NF - Tier 3 Copayment

- NSAID - Non-steroid Anti-Inflammatory Drug
- NSCLC - Non-Small Cell Lung Cancer
- NYHA - New York Heart Association
- OCP - Oral Contraceptive Product
- OTC - Over the Counter
- P&T – Pharmacy & Therapeutic
- PA- Prior Authorization
- PEC – Pharmacoeconomic Committee
- POD - Pharmacy Operatios Division
- RAAs - Renin-Angiotensin Antihypertensive Agents
- rFVIII - Antihemophilic factor, recombinant
- SC - Subcutaneous
- TIBs - Targeted Immunomodulatory Biologics
- TRICARE - Military Health Care System
- UF - Uniform Formulary
- XR - Extended Release

Uniform Formulary Beneficiary Advisory Panel (BAP)

Meeting Summary
April 6, 2016
Washington, D.C.

Present Panel Members

- Michael Anderson, United Healthcare, Chairperson
- Lisa Le Gette, Express Scripts, Inc.
- Kevin Sommer, U.S. Family Health Plan
- John Wagoner, HealthNet Federal Services

Absent

- Sandra Delgado, Humana
- Theresa Buchanan, the National Family Association

The meeting was held at the Naval Heritage Center Theater, 701 Pennsylvania Ave., N.W., Washington, D.C., and CAPT Edward Norton called the proceedings to order at 9:00 A.M.

Agenda

The agenda for the meeting of the Panel is as follows:

- Welcome and Opening Remarks
- Public Citizen Comments
- Therapeutic Class Reviews

  - Designated Newly Approved Drugs

    - Non-basal Insulins: Inhaled human insulin (Afrezza)
    - Non-steroidal Anti-inflammatory Drugs (NSAIDs): Indomethacin low dose 20 mg and 40 mg capsules (Tivorbex)
    - Long-Acting Beta Agonists (LABAs): Olodaterol oral inhaler (Striverdi Respimat)
    - Ophthalmic-1 Agents: Olopatadine 0.7% ophthalmic solution (Pazeo)

  - Drug Class Reviews

    - Contraceptive Agents: Oral Contraceptive Products (OCPs) and Miscellaneous Contraceptives
    - Antifungals: Topical Lacquers
    - Ophthalmic Anti-inflammatory/Immunomodulatory Agents—Ophthalmic Immunomodulatory Agents: Cyclosporine 0.05% ophthalmic emulsion (Restasis)

- Innovator Drugs

  - Oral Oncology Agents—Lung Cancer: Alectinib (Alecensa)
  - Attention Deficit Hyperactivity Disorder (ADHD)—Stimulants: Amphetamine ER oral suspension (Dyanavel XR)
  - Antihemophilic Agents: Antihemophilic factor, recombinant (rFVIII) injection (Adynovate)
  - Metabolic Replacement Agents: Asfotase alfa injection (Strensiq)
  - Anti-platelet Agents: Aspirin ER 162.5 mg (Durlaza)
  - Antihemophilic Agents: Coagulation Factor X injection (Coagadex)
  - Oral Oncology Agents—Metastatic Melanoma: Cobimetinib (Cotellic)
  - Anti-Retrovirals: Elvitegravir/cobicistat/emtricitabine/tenofovir/ alafenamide (Genvoya)
  - Pulmonary II—LABAs: Glycopyrrolate oral inhaler (Seebri Neohaler)
  - Pulmonary II—LABAs/Long-Acting Muscarinic Agents (LAMAs): Indacaterol/glycopyrrolate oral inhaler (Utibron Neohaler)
  - Basal Insulins: Insulin degludec (Tresiba)
  - Oral Oncology Agents—Multiple Myeloma: Ixazomib (Ninlaro)
  - NSAIDs: Meloxicam low dose 5 mg and 10 mg (Vivlodex)
  - Alcohol Deterrents/Narcotic Antagonists: Naloxone nasal spray (Narcan Nasal)
  - Oral Oncology Agents—Non-Small Cell Lung Cancer (NSCLC): Osimertinib (Tagrisso)
  - Binders/Chelators/Antidotes/Overdose Agents: Patiromer (Veltassa)
  - Anti-emetics: Rolapitant (Varubi)
  - Pulmonary Arterial Hypertension Agents: Selexipag (Uptravi)

- Utilization Management Issues - Prior Authorization Criteria

  - Gastrointestinal-2 (GI-2) Miscellaneous Drugs: Eluxadoline (Viberzi)
  - Atypical Antipsychotics (AAPs): Brexpiprazole (Rexulti)
  - Anticonvulsants: Lacosamide (Vimpat)
  - Renin-Angiotensin Antihypertensive Agents (RAAs): Sacubitril/valsartan (Entresto)
  - Targeted Immunomodulatory Biologics (TIBs): Secukinumab injection (Cosentyx)

- Over-the-Counter Drugs

  - Doxylamine

- NDAA 2007 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.

Opening Remarks

CAPT Edward Norton introduced himself as the Designated Federal Officer (DFO) for the Uniform Formulary Beneficiary Advisory Panel. The panel has convened to comment on the recommendations of the DoD P&T Committee meeting, which occurred February 10 and 11, 2016.

CAPT Norton indicated Title 10, United States, (U.S.C.) section 1074g, subsection b requires the Secretary of Defense to establish a DoD Uniform Formulary (UF) of the pharmaceutical agent and established the P&T committee to review the formulary on a periodic basis to make additional recommendations regarding the formulary as the committee determines necessary and appropriate.

In addition, 10 U .S.C. Section 1074g, subsection c, also requires the Secretary to establish a UF Beneficiary Advisory Panel (BAP) to review and comment on the development of the Uniform Formulary. The panel includes members that represent non-governmental organizations and associations that represent the views and interests of a large number of eligible covered beneficiaries. The Panel's comments must be considered by the Director of the Defense Health Agency (DHA) before establishing the UF or implementing changes to the UF.

The Panel's meetings are conducted in accordance of the Federal Advisory Committee Act (FACA).

The duties of the Uniform Formulary Beneficiary Advisory Panel include the following:

- To review and comment on the recommendations of the P&T Committee concerning the establishment of the UF and subsequently recommending changes. Comments to the Director of the DHA regarding recommended formulary status, pre-authorizations and the effective dates for changing drugs from "formulary" to "non-formulary" status must be reviewed by the Director before making a final decision.
- To hold quarterly meetings in an open forum. The panel may not hold meetings except at the call or with the advance approval of the DFO and in consultation with the chairperson of the Panel.

- To prepare minutes of the proceedings and prepared comments of the Secretary or his designee regarding the Uniform Formulary or changes to the Formulary. The minutes will be available on the website, and comments will be prepared for the Director of DHA. As guidance to the Panel regarding this meeting, CAPT Norton said the role of the BAP is to comment on the UF recommendations made by the P&T Committee at their last meeting. While the department appreciates that the BAP maybe interested in the drug class the selected for review, drugs recommended for the basic core formula (BCF) or specific pricing data, these items do not fall under the purview of the BAP.

The P&T Committee met for approximately 15 hours conducting this review of the drug class recommendation presented today. Since this meeting is considerably shorter, the Panel will not receive the same extensive information as presented to the P&T Committee members. However, the BAP will receive an abbreviated version of each presentation and its discussion. The materials provided to the Panel are available on the TRICARE website.

Detailed minutes of this meeting are being prepared. The BAP minutes, the DoD P&T Committee minutes, and the Director's decisions will be available on the TRICARE website in approximately four to six weeks.

The DFO provided ground rules for conducting the meeting:

- All discussions take place in an open public forum. There is to be no committee discussion outside the room, during breaks, or at lunch.
- Audience participation is limited to private citizens who signed up to address the Panel.
- Members of the Formulary Management Branch and P&T Committee are available to answer questions related to the BAP's deliberations. Should a misstatement be made, these individuals may interrupt to ensure the minutes accurately reflect relevant facts, regulations, or policy.

CAPT Norton introduced the individual Panel members (see list above) and noted house-keeping considerations.

There were no individuals signed up this morning to provide comments to the BAP.

Chairman’s Opening Remarks

Dr. Anderson welcomes the audience, states this is his first meeting as chair, and looks forward to working with the team.

DRUG CLASS REVIEW PRESENATION

(PEC Script – CAPT Downs)

GOOD MORNING. I am CAPT Walter Downs, Chief of the P&T Operations Section of the Formulary Management Branch. Joining me is doctor and retired Army Colonel John Kugler, the Chairman of the Pharmacy & Therapeutics Committee, who will provide the physician perspective and comments on the recommendations made by the P&T Committee. Also joining us from the Formulary Management Branch today is MAJ Barb Raizada, a clinical pharmacist. I would also like to recognize Mr. Bryan Wheeler, Acting General Counsel for the DHA.

The DoD Formulary Management Branch supports the DoD P&T Committee by conducting the relative clinical-effectiveness analyses and relative cost-effectiveness analyses of the drug classes under review and consideration by the DoD P & T Committee for the Uniform Formulary (relative meaning in comparison to the other agents defined in the same class).

We are here to present an overview of the analyses presented to the P&T Committee. 32 Code of Federal Regulations (CFR) establishes procedures for inclusion of pharmaceutical agents on the Uniform Formulary based upon both relative clinical effectiveness and relative cost effectiveness.

The goal of this presentation is not to provide you with the same in-depth analyses presented to the DoD P&T Committee but a summary of the processes and analyses presented to the DoD P&T Committee. These include:

1. A brief overview of the relative clinical effectiveness analyses considered by the DoD P & T Committee. All reviews include but are not limited to the sources of information listed in 32 CFR 199.21 (e)(1) and (g)(5). Also note that non-formulary 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)

2. A brief general overview of the relative cost effectiveness analyses. This overview will be general in nature since we are unable to disclose the actual costs used in the economic models. This overview will include the factors used to elevate the costs of the agents in relation to the safety, effectiveness, and clinical outcomes.

3. The DoD P&T Committee's Uniform Formulary recommendation is based upon its collective professional judgment when considering the analyses from both the relative clinical- and relative cost-effectiveness evaluations. The Committee reviewed:

a. Four newly approved drugs. They are

- Inhaled human insulin (Afrezza) for diabetes;
- Low-dose indomethacin 20 and 40 mg capsules (Tivorbex) for osteoarthritis;
- Olodaterol oral inhaler (Striverdi Respimat) for Chronic Obstructive Pulmonary Disease (COPD); and
- Olopatadine 0.7% ophthalmic solution (Pazeo) for allergic conjunctivitis.

b. The P&T Committee also reviewed three Uniform Formulary Drug Classes:

- Contraceptive Agents – Oral Contraceptive Products and Miscellaneous Contraceptives;
- Antifungals – Topical Antifungal Lacquers; and
- Ophthalmic Immunomodulatory Agents

c. 18 Innovator Drugs, which are currently in pending status and available under terms comparable to non-formulary drugs.

d. We will also discuss Prior Authorizations (PA) for drugs in 4 classes:
- Gastrointestinal-2 (GI-2) Miscellaneous Drugs
- Atypical Antipsychotics
- Anticonvulsants
- Renin-Angiotensin Antihypertensive Agents; and
- Targeted Immunomodulatory Biologics

e. Also discussed was the formulary status for one over-the-counter drug, doxylamine.

f. There were two drugs under section 703, National Defense Authorization Act (NDAA) for Fiscal Year 2008 reviewed at this meeting; Miacalcin nasal spray and Hetlioz.

The DoD P&T Committee will make a recommendation as to the effective date of the agents being changed from the Uniform Formulary tier to Non-formulary tier. Based on 32 CFR 199.21 such change will not be longer than 180 days from the final decision date but may be less.

We have given you a handout that includes the Uniform Formulary recommendations for all the drugs discussed today; these are found on page 2 through 7. The handout does contain the numbers of patients affected by the formulary decision, when applicable. We will be using trade names as much as possible, so you can refer to your handout throughout the presentations.

I. RECENTLY APPROVED U.S. FOOD AND DRUG ADMINISTRATION (FDA) AGENTS

(CAPT Downs)

A. NON-BASAL INSULIN

1. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—Relative Clinical Effectiveness and Conclusion.

Afrezza is rapid-acting inhaled human insulin indicated to improve glycemic, or blood sugar, control in adult patients with Type 1 or Type 2 diabetes mellitus. It is the only commercially available inhaled insulin. Afrezza has been compared head-to-head with insulin aspart (NovoLog) and was non-inferior in reducing hemoglobin A1c.

Common adverse effects include cough, throat pain or irritation, decreased pulmonary function, bronchitis, and urinary tract infection. Limitations to use of Afrezza include the need for concomitant subcutaneous basal insulin. Patients with dexterity issues may find manipulation of the small pieces of the device to be difficult.

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) that despite the novel drug delivery system, the inhaled insulin Afrezza offers no clinically compelling advantages over the rapid acting insulin agents currently included on the UF.

2. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—Relative Cost-Effectiveness Analysis and Conclusion.

Cost minimization analysis (CMA) was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed the following rankings from most to least cost-effective for the UF no-step scenario: insulin aspartate (NovoLog), insulin lispro (Humalog), insulin glulisine (Apidra), and inhaled insulin (Afrezza).

3. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—UF Recommendation.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) inhaled insulin (Afrezza) be designated NF due to the lack of compelling clinical advantages, safety concerns, lack of long-term outcomes data, and cost disadvantage compared to the UF non-basal insulins.

4. Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—Prior Authorization (PA) Criteria

Manual PA criteria for Afrezza were approved in May 2015 with an implementation date of October 21, 2015. The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) maintaining the current PA criteria for Afrezza.

The Full PA Criteria are as follows:

Manual PA criteria apply to all new and current users of Afrezza.

Coverage is approved for non-smoking patients with either:

Type 1 Diabetes Mellitus (diagnosed)

- Failure to achieve hemoglobin A1C ≤ 7 % in 90 days of use of a rapid or short-acting subcutaneous (SC) insulin product or clinically significant adverse effects experienced with SC rapid or short-acting insulin unexpected to occur with inhaled insulin AND

- Afrezza is used as adjunctive treatment to current basal insulin therapy AND

- Spirometry testing [baseline forced expiratory volume in the first second (FEV_1) upon initiation with repeated FEV_1 at six months after initiation and repeated annually thereafter] has been performed

Type 2 Diabetes Mellitus (diagnosed)

- Failure to achieve hemoglobin A1C ≤ 7 % in 90 days of use of a rapid or short-acting SC insulin product or clinically significant adverse effects experienced with SC rapid or short-acting insulin unexpected to occur with inhaled insulin AND

- Failure of or clinically significant adverse effect to two oral anti-diabetic agents (i.e., sulfonylurea, TZD, or DPP-4 inhibitor) if metformin is contraindicated AND

- Spirometry testing (baseline FEV_1 upon initiation with repeated FEV_1 at six months after initiation and repeated annually thereafter) has been performed.

  Contraindications to the use of Afrezza: hypoglycemia, chronic lung disease (asthma, chronic obstructive pulmonary disease (COPD)), hypersensitivity to regular human insulin, or any Afrezza excipients).

  PA does not expire.

5. **Non-Basal Insulins: Inhaled Human Insulin (Afrezza)—UF and PA Implementation Plan**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

6. **Physician's Perspective**

   There are a lot of restrictions for use of this product, especially in patients with pre-existing lung disease, so it is unlikely that Afrezza will be widely used. The safety warnings contributed to the recommendation for non-formulary placement, along with cost-effectiveness.

   No changes were recommended to the previously implemented Prior Authorization criteria.

7. **BAP Comments**

   There were no more questions or comments from the Panel. The Chair called for a vote on the UF recommendation, PA Criteria, and UF and PA implementation plan for the Non-Basal Insulins: Inhaled Human Insulin (Afrezza)

   - **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – UF Recommendation**

     Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

   - **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – PA Criteria**

     Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

   - **Non-Basal Insulins: Inhaled Human Insulin (Afrezza) – UF and PA Implementation Plan**

     Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

B. NON-STEROID ANTI-FLAMMATORY DRUGS (NSAIDs)

(CAPT Downs)

1. **NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—Relative Clinical Effectiveness and Conclusion**
   Tivorbex is a low-dose formulation of indomethacin available in 20 mg and 40 mg capsules. The formulation is intended for faster dissolution and absorption compared to other indomethacin products (indomethacin 25 mg and 50 mg; e.g., Indocin).

According to the FDA, the manufacturer failed to demonstrate these theoretical advantages, as there were no significant differences in the pharmacokinetic profile when Tivorbex was compared to indomethacin. In the clinical trial used to obtain FDA approval, over 80% of patients received rescue narcotics for pain control. The Tivorbex package insert contains usual black box warnings and precautions for NSAIDs.

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) that there were no clinical compelling advantages between Tivorbex and the other UF NSAIDs.

2. NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—Relative Cost-Effectiveness Analysis and Conclusion

CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed the following rankings from most to least cost-effective for the UF no-step scenario: meloxicam (Mobic, generic), ibuprofen (Motrin, generic), naproxen (Naprosyn, generic), diclofenac sodium (Voltaren, generic), indomethacin (Indocin, generic), celecoxib (Celebrex, generic), diclofenac (Zorvolex), and indomethacin (Tivorbex).

3. NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) indomethacin low dose 20 mg and 40 mg capsules (Tivorbex) be designated NF, based on clinical and cost effectiveness.

4. NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

5. Physician's Perspective

This is another example of a new twist on an old drug. The Committee recommended non-formulary placement, based on the FDA review of the drug, and cost-effectiveness. The vote was unanimous here.

There are several generic NSAID products on the formulary, and low-cost generic Celebrex is now available.

6. BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the UF Recommendation and UF Implementation Plan for NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)

- **NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **NSAIDs: Indomethacin Low Dose 20 mg and 40 mg capsules (Tivorbex)—UF Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

C. LONG-ACTING BETA AGONISTS (LABAS)

(CAPT Downs)

1. LABAs: Olodaterol Oral Inhaler (Striverdi Respimat)—Relative Clinical Effectiveness and Conclusion

Olodaterol (Striverdi Respimat) is the sixth marketed LABA oral inhaler approved for maintenance treatment of moderate to severe COPD. It has a long duration of action allowing for once daily dosing. There are no head-to-head trials available with olodaterol and other COPD drugs. Indirect comparisons of olodaterol with formoterol (Foradil) do not show clinically relevant differences in terms of changes in FEV_1 (a measure of how forcefully a person can exhale) None of the LABAs are labeled to reduce COPD exacerbations or hospitalizations.

The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 1 absent) that other than the convenience of once daily dosing, olodaterol (Striverdi Respimat) offers no clinically compelling advantages over the existing UF LABAs. There is a high degree of therapeutic interchangeability among the LABAs.

2. LABAs: Olodaterol Oral Inhaler (Striverdi Respimat)—Relative Cost-Effectiveness Analysis and Conclusion

CMA was performed, comparing olodaterol with other drugs in the Pulmonary II Drug Class. CMA results showed the following rankings from most to least cost-effective for the UF no-step scenario: olodaterol (Striverdi Respimat), salmeterol (Serevent), tiotropium (Spiriva), indacaterol (Arcapta), arformoterol inhalation solution (Brovana), and formoterol inhalation solution (Perforomist). The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 1 absent) that olodaterol (Striverdi Respimat) was cost effective compared with other LABA oral inhalers on the UF.

3. LABAs: Olodaterol Oral Inhaler (Striverdi Respimat)—UF Recommendation.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) olodaterol (Striverdi Respimat) be designated formulary on the UF, based on cost effectiveness.

Note that no implementation date is needed, since Striverdi remains UF.

4. Physician's Perspective

Striverdi, like the other long-acting beta agonists, has a black box warning for increasing the risk of asthma-related death, when used without an inhaled steroid.

Other pulmonary drugs, including the inhaled steroids used in combination with a LABA, and the long acting muscarinic antagonists (LAMAs) are more effective than LABAs alone at improving pulmonary function in COPD.

Overall, we are seeing a decrease in utilization of the LABA in the MHS, while the combination LABA/LAMA products are gaining in popularity.

Uniform formulary placement was recommended for Striverdi due to cost-effectiveness. The Committee did also acknowledge the once daily dosing for this product.

All of the Pulmonary II drugs for COPD will be reviewed at an upcoming meeting.

5. BAP Comments

Dr. Anderson asks if this product comes in combination form. Does it have a LABA/LAMA combo?

CAPT Downs replies he is not 100% sure.

Dr. Anderson states he's fine waiting until the full class is reviewed. Because this is a single entity agent, he wanted to know if there is a combination available that someone can easily move to on their own.

CAPT Norton followed-up with a response by stating that there is combination form of olodaterol and tiotropium bromide and the brand name is Stiolto.

Dr. Anderson thanks Norton.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation for the LABAs Olodaterol Oral Inhaler (Striverdi Respimat)

- **LABAs Olodaterol Oral Inhaler (Striverdi Respimat) – UF Recommendation**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

D. OPHTHALMIC -1 CLASS

(CAPT Downs)

1. Opthalmic-1 Class: Olopatadine 0.7% OPthalmic Solution (Pazeo) – Relative Clinical Effectiveness and Conclusion

Pazeo is a dual action antihistamine/mast cell stabilizer (AH/MCS) ophthalmic agent and is the third strength of olopatadine approved for the prevention of itching associated with allergic conjunctivitis (AC). Several AH/MCS dual action agents are currently on the UF, including olopatadine 0.2% (Pataday) (once daily dosing) and olopatadine 01% (Patanol) (twice daily dosing). Generic formulations of olopatadine 0.1% (Patanol) recently entered the market.

In the placebo-controlled trials used to obtain FDA approval, Pazeo produced statistically and clinically significant results in treating ocular itching associated with AC both at the onset of action, and 24 hours after dosing. Overall, for relief of ocular itching due to AC, there do not appear to be clinically relevant differences in efficacy or safety between olopatadine 0.7% (Pazeo) and the other dual action AH/MCS agents.

The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 1 absent) that there were no clinically compelling advantages between Pazeo and the other UF AH/MCS

dual action ophthalmic agents. A once daily olopatadine product (Pataday) is currently on the UF.

2. Ophthalmic-1 Class: Olopatadine 0.7% Ophthalmic Solution (Pazeo)—Relative Cost-Effectiveness Analysis and Conclusion

CMA was performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

CMA results showed the following rankings for the AH/MCS dual action ophthalmic agents from most to least cost-effective for the UF no-step scenario: azelastine 0.1%, olopatadine 0.1% generic, olopatadine 0.2% (Pataday), olopatadine 0.7% (Pazeo), olopatadine 0.1% (Patanol), alcaftadine (Lastacaft), and bepotastine (Bepreve).

3. Ophthalmic-1 Class: Olopatadine 0.7% Ophthalmic Solution (Pazeo)—UF Recommendation

The P&T Committee recommend (15 for, 0 opposed, 0 abstained, 0 absent) olopatadine 0.7% ophthalmic solution (Pazeo) be designated NF.

4. Ophthalmic-1 Class: Olopatadine 0.7% Ophthalmic Solution (Pazeo)—UF Implementation Plan.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send a letter to beneficiaries affected by the UF decision.

5. Physician's Perspective

This is the third olopatadine product to reach the market. Since Patanol is on the Basic Core Formulary, and Pataday is on the Uniform Formulary, the Committee did not feel that the new Pazeo product offered much in the way of a clinical advancement.

The recommendation for non-formulary placement was unanimous.

6. BAP Comments

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation and UF Implementation plan for the Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo)

- **Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo) – UF Recommendation**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Opthalmic-1 Class: Olopatadine 0.7% Opthalmic Solution (Pazeo) – UF Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

II. UF CLASS REVIEWS

(MAJ Raizada)

A. CONTRACEPTIVE AGENTS

1. Contraceptive Agents – Relative Clinical Effectiveness and Conclusion

Two of the three Contraceptive Agents subclasses were reviewed for formulary placement; the oral contraceptive products (OCPs) and the miscellaneous contraceptives (comprised of the injection, transdermal patch, and vaginal ring). The OCPs are further sub-divided into eight categories, based on the amount of estrogen and type of progesterone contained in the product. The Contraceptive Agents were previously reviewed for UF placement in August 2011.

There are over 170 products in the OCPs and miscellaneous contraceptive subclasses. There is significant generic competition, and only eight branded, proprietary products do not have generic equivalents. Recent entrants of note include AB-rated generic equivalents for the transdermal patch (Ortho Evra) and the multiphasic product Ortho Tri-Cyclen Lo.

The P&T Committee concluded (15 for, 0 against, 0 abstained, 0 absent) the following for the OCPs and miscellaneous contraceptive subclasses:

- There are no new substantial updates to the clinical conclusions from the August 2011 Contraceptive Agents UF class review.

- All oral and miscellaneous contraceptives are highly effective in preventing pregnancy when used as directed and have comparable efficacy benefits, as well as non-contraceptives benefits.

- New market additions since August 2011 include the replacement of former branded products with chewable formulations, introduction of a monophasic category containing 25 mcg ethinyl estradiol (EE) (e.g., Generess Fe chewable tablets), and the addition of supplements to the products, including iron (Fe) or folate. These new products do not provide clinically significant advantages or advancements in contraceptive therapy.

- Some formulations may offer better cycle control (e.g., vaginal ring), reduce adverse events associated with hormone withdrawal (e.g., extended cycle/continuous use OCPs), or provide better control of breakthrough bleeding (e.g., multiphasic OCPs).

- For the miscellaneous contraceptives, the vaginal ring and transdermal patch (NuvaRing; Xulane generic for Ortho Evra patch) offer similar contraceptive effectiveness as the OCPs. In contrast, improved contraceptive effectiveness occurs with the medroxyprogesterone injection (Depo-Provera; generic) compared to OCPs. The miscellaneous products also provide for an alternate route of administration for certain patient populations, result in sustained release of drug delivery, and offer benefits to the patient by reducing or stopping menstrual bleeding.

- Overall, all contraceptive formulations have similar safety and adverse profiles, such as breakthrough bleeding, bloating, nausea, breast tenderness, headache, migraine, weight changes, and abnormal carbohydrate/lipid metabolism. An increased risk of venous thromboembolism may be associated with OCPs containing certain progestins (desogestrel, drospirenone) and the transdermal patch users.

- Given comparable contraceptive effectiveness among the various available contraceptive formulations and methods, factors which may affect contraceptive choice include individual patients' needs and characteristics, dosing convenience, and non-contraceptive benefits.

- The UF already contains a wide variety of oral contraceptive and miscellaneous products with various types and amounts of estrogen and progestin content, and also includes products with various regimens, phasic formulations, and routes of administration.

2. Contraceptive Agents – Relative Cost-Effectiveness Analysis and Conclusion

CMA and budget impact analysis (BIA) were performed to evaluate the oral and miscellaneous contraceptive subclasses, mentioned above. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed there were significant overlaps in prices across each of the nine contraceptive categories of medications.

- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF.

3. Contraceptive Agents – UF Recommendation

The P&T Committee recommended (13 for, 1 against, 1 abstained, 0 absent) the following, based on clinical and cost effectiveness. Only brand names will be used.

- **Reclassify to NF (previously UF):**
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate chewable (Minastrin 24 Fe chewable)

- norethindrone acetate 0.8 mg/EE 25 mcg ferrous fumarate chewable (Generess Fe chewable; generics)

- **Continue to Remain NF:**
  - drospirenone 3 mg/EE 20 mcg levomefolate (Beyaz)
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate (Lomedia 24 Fe; generics)
  - drospirenone 3 mg/EE 30 mcg levomefolate (Safyral)
  - norethindrone 0.4 mg/EE 35 mcg (Balziva; generics)
  - norethindrone 0.4 mg/EE 35 mcg ferrous fumarate chewable (Wymzya Fe chewable; generics)
  - levonorgestrel 0.09 mg/EE 20 mcg (Amethyst; generics)
  - levonorgestrel 0.15 mg/EE 30/10 mcg (Camrese; generics)
  - levonorgestrel 0.1 mg/EE 20/10 mcg (Camrese Lo; generics)
  - norethindrone acetate 1 mg/EE 10 mcg ferrous fumarate (Lo Loestrin Fe)
  - norethindrone acetate 1 mg/EE 20/30/35 mcg ferrous fumarate (Tri-Legest Fe; generics)
  - dienogest 2/3 mg and estradiol valerate 3/2/2/1 mg (Natazia)

- **Reclassify to UF (previously NF):**
  - levonorgestrel 0.15 mg/EE 30 mcg extended cycle 91-day regimen AB-rated generics to Jolessa (including Quasense, Introvale, and Setlakin [equivalent to discontinued Seasonale])

- **Remain UF**
  - levonorgestrel 0.15 mg/EE 30 mcg extended cycle 91-day regimen (Jolessa)
  - norethindrone acetate 1 mg/EE 20 mcg ferrous fumarate (Microgestin Fe 1/20; generics)
  - norethindrone acetate 1 mg/EE 20 mcg (Microgestin 1/20 [21-day]; generics)
  - drospirenone 3 mg/EE 20 mcg (Yaz; generics)
  - levonorgestrel 0.1 mg/EE 20 mcg (Sronyx; Lutera; generics)
  - norgestrel 0.3 mg/EE 30 mcg (Low-Ogestrel; generics [equivalent to discontinued Lo/Ovral 28])
  - norethindrone acetate 1.5 mg/EE 30 mcg ferrous fumarate (Microgestin Fe 1.5/30; generics; [equivalent to Loestrin Fe 1.5/30])
  - norethindrone acetate 1.5 mg/EE 30 mcg (Microgestin 1.5/30; generics; [equivalent to Loestrin 1.5/30])
  - desogestrel 0.15 mg/EE 30 mcg (Reclipsen; Ortho-Cept; generics)
  - levonorgestrel 0.15 mg/EE 30 mcg (Levora-28; generics)
  - drospirenone 3 mg/EE 30 mcg (Yasmin; generics)
  - ethynodiol diacetate 1 mg/EE 35 mcg (Zovia 1-35E; generics)
  - norethindrone 0.5 mg /EE 35 mcg (Notrel 0.5/35; generics)
  - norgestimate 0.25 mg/EE 35 mcg (Mononessa; generics)
  - norethindrone 1 mg/EE 35 mcg (Norinyl 1+35; generics)
  - norethindrone 1 mg + mestranol 50 mcg/EE 50 mcg (Norinyl 1+50; generics)
  - norgestrel 0.5 mg/EE 50 mcg (Ogestrel; generics)

- ethynodiol diacetate 1 mg/EE 50 mcg (Zovia 1-50E; generics)
- norethindrone 0.5/1 mg + EE 35 mcg (Necon 10/11; [equivalent to discontinued Ortho Novum])
- desogestrel 0.15 mg + EE 20/10 mcg (Azurette; generics)
- norgestimate 0.18/0.215/0.25 mg + EE 25 mcg (Ortho Tri-Cyclen Lo; generics)
- norgestimate 0.18/0.215/0.25 mg + EE 35 mcg (TriNessa; generics)
- norethindrone 0.5/0.75/1 mg + EE 35 mcg (Necon 7/7/7; generics)
- norethindrone 0.5/1/0.5 mg + EE 35 mcg (Leena; generics)
- levonorgestrel 0.05/0.075/0.125 mg + EE 30/40/30 mcg (Trivora-28; generics)
- desogestrel 0.1/0.125/0.15 mg + EE 25 mcg (Velivet; generics)
- levonorgestrel 0.15 mg + EE 20/25/30/10 mcg (Quartette)
- norethindrone 0.35 mg (Nor-Q-D; Ortho Micronor; generics)
- etonogestrel 0.12 mg + EE 15 mcg vaginal ring (per day [NuvaRing])
- norelgestromin 150 mcg + EE 35 mcg transdermal system (per day [Xulane]; equivalent to discontinued Ortho Evra patch)
- depot medroxyprogesterone acetate 150 mg/mL IM vials (Depo-Provera vials; generic)
- depot medroxyprogesterone acetate 150 mg/mL IM syringes (Depo-Provera syringes; generic)
- depot medroxyprogesterone acetate 104 mg/0.65 mL SC (Depo-SubQ Provera 104)

4. Contraceptive Agents – Manual PA Recommendation

The P&T Committee recommended (14 for, 0 against, 1 abstained, 0 absent) manual PA criteria for new users of Minastrin 24 Fe, Generess Fe, and Wymzya Fe chewable tablets, and their respective generics, to allow use for patients with special needs or those patients whose needs cannot be met with one of the formulary alternatives.

Full PA Criteria:

a. Norethindrone acetate 1mg/ EE 20 mcg (Minastrin 24 Fe chewable): Manual PA criteria apply to all new users of Minastrin 24 Fe chewable tablets.

Manual PA criteria:

Coverage is approved for Minastrin 24 Fe chewable tablets if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.

PA does not expire.

b. Norethindrone acetate 0.8 mg/ EE 25 mcg (Generess Fe chewable, generics): Manual PA criteria apply to all new users of Generess Fe chewable tablets and generics.

Manual PA criteria:

Coverage is approved for Generess Fe chewable and generics if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.
  OR
- Patient's needs cannot be met with either (1) a monophasic contraceptive containing ethinyl estradiol (EE) 20 mcg or EE 30 mcg, OR (2) a multiphasic contraceptive containing EE 25 mcg.

PA does not expire.

c. Norethindrone 0.4 mg/EE 35 mcg (Wymzya Fe chewable, generics): Manual PA criteria apply to all new users of Wymzya Fe chewable tablets and generics.

Manual PA criteria:

Coverage is approved for Wymzya Fe chewable generics if:

- The patient is unable to tolerate a non-chewable oral contraceptive due to an established swallowing difficulty.
  OR
- The patient's needs cannot be met with either (1) a monophasic contraceptive containing EE 35 mcg OR (2) a multiphasic with containing 35 mcg.

PA does not expire.

5. Contraceptive Agents – UF and PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period after signing of the minutes and DHA send a letter to the beneficiaries affected by the formulary decision, Minastrin FE 24 and Generess Fe Chewable tablets".

6. Physician's Perspective

This is the third time the Committee has reviewed the contraceptive drug class. The Uniform Formulary and non-formulary recommendations from the 2011 review were largely kept the same, with the recommendation for some of the newer chewable products to be designated as non-formulary.

For the formulary decision, representative uniform formulary drugs were chosen for each of the eight subclasses, with one exception – the chewable product containing 25 micrograms of ethinyl estradiol, (Generess) was designated as non-formulary. However,

similar products are on the formulary that contains either 20 or 30 micrograms of this estrogen.

The Committee did recommend non-formulary status and Prior Authorization for the new chewable formulations. These chewable products were replacements for previously available non-chewable tablets that were removed from the market. For the Prior Authorization criteria, the Committee did recognize that there could be clinical occasions where a chewable product was required, and the PA criteria reflect this.

The emergency contraceptives were not reviewed here, but will be discussed at the May 2016 P&& Committee meeting.

7. BAP Comments

Ms. Le Gette asked why someone voted against the formulary decision

Dr. Kugler responded that the person declined to make a statement.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Recommendation and UF and PA implementation plan for Contraceptive Agents.

- **Contraceptive Agents – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Contraceptive Agents – Manual PA Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Contraceptive Agents – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

B. **ANTIFUNGALS**

(MAJ Raizada)

1. Antifungals: Topical Lacquers – Relative Clinical Effectiveness and Conclusion

The topical antifungal lacquers used for onychomycosis were reviewed for formulary placement, including ciclopirox 8% topical solution (Penlac, generic), efinaconazole 10% topical solution (Jublia), and tavaborole 5% topical solution (Kerydin). Comparisons to other treatment options used for onychomycosis (including oral

terbinafine) were also reviewed by the P&T Committee but were not included in the formulary decision.

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- The complete cure rates at one year with efinaconazole (Jublia) in the two pivotal trials were 17.8% and 15.2% for the active arms versus 3.3% and 5.5% in the vehicle arms, respectively. In comparison, complete cure rates at one year in the two pivotal trials with tavaborole (Kerydin) were 6.5% and 9.1% for the active arms versus 0.5% and 1.5% in the vehicle arms, respectively. Efficacy data with ciclopirox supports complete cure rates ranging from 5.5% to 8.5%. The variations in the complete cure rates achieved with Jublia, Kerydin, and ciclopirox may be explained by differences in the maximum percentage of nail involvement allowed in the trials

- Oral terbinafine (Lamisil, generics) is more effective than the topical antifungal lacquers, with complete cure rates ranging from 38% to greater than 50%.

- There is only minimal follow-up data beyond one year for Jublia and Kerydin, which limits the ability to assess recurrence rates with the newer agents, compared to other onychomycosis treatments. Data with ciclopirox show a 40% relapse rate at three months while terbinafine has a five-year relapse rate of 20%.

- The safety profiles for the topical antifungal lacquers appear similar and do not differ significantly from placebo vehicle. Both Jublia and Kerydin contain a warning regarding flammability, due to high alcohol content.

  Overall Relative Clinical Effectiveness Conclusion: The treatment effect of the topical antifungals is modest at best, with complete cure rate failures exceeding 80%. The topical agents ciclopirox, efinaconazole, and tavaborole are not as effective as oral terbinafine. Overall, the newer entrants Jublia and Kerydin have a benign safety profile, but their modest clinical effectiveness should limit their use to patients who are unable to tolerate oral antifungal agents and who fail topical ciclopirox.

2. Antifungals: Topical Lacquers – Relative Cost-Effectiveness Analysis and Conclusion

CMA and BIA were performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that oral terbinafine was the most cost-effective antifungal agent for onychomycosis, followed by ciclopirox 8% topical solution (Penlac; generic), and lastly followed by efinaconazole 10% topical solution (Jublia) and tavaborole 5% topical solution (Kerydin).

- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF. Designating efinaconazole (Jublia) and tavaborole (Kerydin) as NF resulted in cost avoidance for the Military Health Service (MHS).

3. Antifungals: Topical Lacquers – UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- UF:
  - Ciclopirox 8% topical solution (Penlac; generic)

- NF:
  - Efinaconazole10% topical solution (Jublia)
  - Tavaborole 5% topical solution (Kerydin)

Jublia and Kerydin were selected for NF status due to their minimal clinical advantages over ciclopirox, overall modest clinical effectiveness, and lack of cost effectiveness, particularly when compared to the clinically superior oral antifungal agent terbinafine.

4. Antifungals: Topical Lacquers—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) modifying the current PA criteria for efinaconazole (Jublia) and tavaborole (Kerydin) originally recommended at the February 2015 P&T Committee meeting (and implemented August 19, 2015). PA criteria revisions were made to ensure a trial of both a topical antifungal agent and an oral antifungal agent, prior to utilization of Jublia or Kerydin.

Full PA Criteria:

PA criteria apply to all new and current users of efinaconazole (Jublia) and tavaborole (Kerydin). (**Updates are bolded.**)

Manual PA criteria:

Jublia and Kerydin are approved if all of the following criteria apply:

a. The patient must have diagnostically confirmed onychomycosis by potassium hydroxide (KOH) preparation, fungal culture, nail biopsy, or other assessment to confirm diagnosis.

b. The patient is immunocompromised, has diabetes mellitus or peripheral vascular disease and has swelling and/or redness in the surrounding nail tissue or pain in affected nail(s).

c. The patient must have tried ciclopirox (Penlac) and had therapeutic failure AND

d. The patient must have tried one of the following oral agents: itraconazole (Sporonax) or terbinafine (Lamisil) and had therapeutic failure OR

- the patient has a contraindication [renal impairment, pre-existing liver disease, or evidence of ventricular dysfunction such as chronic heart failure (CHF)] to one of the above antifungal agents, OR
- the patient has had an adverse event/intolerance to one of the above antifungal agents

e. Treatment is requested due to a medical condition and not for cosmetic purposes. Examples include the following:

- patients with history of cellulitis of the lower extremity who have ipsilateral toenail onychomycosis
- diabetic patients with additional risk factors for cellulitis
- patients who experience pain/discomfort associated with the infected nail

f. The patient's condition is causing debility or a disruption in their activities of daily living.

g. Have Jublia or Kerydin been used in the previous 24 months? If no, PA not approved. If yes, then proceed to next question.

h. Have Jublia or Kerydin been used in the past 30 days? If no, PA not approved; if yes, then PA is approved.

PA expires after 1 year.

5. Antifungals: Topical Lacquers – UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service and DHA send a letter to beneficiaries affected by the UF decision.

6. Physician's Perspective

The Committee was unanimous in recommending non-formulary placement for the two new products, Jublia and Kerydin. This recommendation was based on cost-effectiveness, and due to the fact that these products are not clinically superior to other topical products (like Penlac) or oral products (such as Lamisil).

There were some modifications made to the existing prior authorization criteria, to better reflect clinical considerations and to ensure that the appropriate products are

tried first. The criteria were updated to recommend a trial of generic Penlac and an oral product, unless there were contraindications or therapeutic failure.

Additionally, a review of MHS prescriptions found that over 50% of patients on Jublia or Kerydin only received one prescription, and did not receive additional refills. Therefore the PA criteria now would require patients to undergo the Prior Authorization again, if there was a significant gap in therapy of more than 30 days.

7. BAP Comments

Dr. Anderson asked if the P&T committee considered applying a PA to Penlac given the superior efficacy of the oral agents relative to the topical,

Ms. Le Gette responded that there was a PA before it went generic.

Dr. Kugler stated that it was not widely popular.

Ms. Le Gette stated that she agrees with the P&T Committee decision clinically. These drugs are outrageously priced. This class of drugs is now number 4 in the top 10 for utilization solely because of Julia and Kerydin and there are not a lot of patients using them. When the PA went live there were a lot of calls because they are advertised on television. Additionally, there were a lot of beneficiaries who were already well into their course of therapy and they had to redo the PA and it may or may not have been completed. There were also quite a few calls from physicians. Although I agree with the data, I struggle with making everyone go back thorough the PA. The PA criterion applies to new and current users. Everyone that is currently using it has already gone through a PA. Systematically, how do we process because it means that we have to turn everyone off and make them redo the PA. Again, I agree clinically that this class of drugs is too expensive for low clinical efficacy but from the beneficiary standpoint I am struggling with the new and current user criteria for the PA. I also have questions regarding the manual PA criteria but I am trying to weigh the impact against the number of people currently on it. There were numerous calls from physicians because the patient has been on the drug for 10 weeks and now they cannot get their meds.

Dr. Anderson asks for clarification or justification regarding the logic or decision regarding the criteria for the PA criteria for existing users and the gap in therapy issue previously mentioned.

Dr. Kugler stated that it was pretty significant for a very expensive product.

CAPT Downs stated that a significant number of patients fill only a few of the prescription, many just once. They don't use it continuously or don't complete a whole year's course. If the patient is already on the medications and uses it continuously, they will not be affected by the PA. If the patient is already on the

medication but there is a gap between prescription refill indicating an interruption of therapy, they will have to redo the PA.

Dr. Anderson states that if there is a 30 day gap then they have to redo the PA criteria.

CAPT Downs and Dr. Kugler stated more than a 30 day gap.

Dr. Anderson asks if this is based off of claim records.

Dr. Kugler states that it is based off refills. Basically each supply is 30 days and if they have a 30-day gap the patient has to redo the PA.

There were no more questions or comments from the Panel. The Chair called for vote on the UF Recommendation, Manual PA Criteria, and the UF and PA Implementation Plan for the Antifungals: Topical Lacquers.

- **Antifungals: Topical Lacquers – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Antifungals: Topical Lacquers – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Antifungals: Topical Lacquers – UF and PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Additional Panel Discussion:

CAPT Downs – Clarify new and current users on topical lacquers. New and current users will go through this manual PA process. If they are a current user and they are on continuous therapy, they won't be tripped up by the new PA. If they are a current user, and they stopped therapy, the new PA applies to the break in therapy.

Ms. Le Gette states that she is wondering if it should be set up like step therapy. Possibly have a 30 day look back. She is thinking operationally.

CAPT Downs states that that is an operational issue. For new and current users the new PA will now apply. If the patient is continuously using the drug a new PA is not required. The PA only applies if there is a break in therapy.

C. OPHTHALMIC ANTI-INFLAMMATORY/IMMUNOMODULATORY AGENTS

(MAJ Raizada)

1. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—Relative Clinical Effectiveness and Conclusion

The ophthalmic immunomodulatory agents have not previously been reviewed for UF placement. Restasis is the only drug currently in this subclass. There are several pipeline products in this subclass, which will be reviewed upon FDA approval. Over-the-counter (OTC) ophthalmic wetting products (artificial tears) including carboxy- and hydroxypropyl-methylcellulose (Refresh, Celluvisc); polyvinyl alcohol (Hypotears), and high viscosity formulations (Systane, glycerin, and Refresh Endura) are used for mild to moderate dry eye symptoms, but were only reviewed for cost comparisons, and are not part of the UF decision.

Restasis is FDA-approved to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with kerato-conjunctivitis sicca, or dry eye. In 2013, the American Academy of Ophthalmology stated that cyclosporine is appropriate for use in patients who have moderate to severe dry eye disease. In two clinical studies, Restasis 0.05% demonstrated efficacy in the treatment of moderate to severe dry eye disease, showing improvements in both objective and subjective measures. Restasis is safe in the treatment of moderate to severe dry eye diseases, with ocular burning and stinging occurring most commonly.

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) that Restasis demonstrated improvements in both signs and symptoms of dry eye disease.

2. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—Relative Cost-Effectiveness Analysis and Conclusion

CMA and BIA were performed. The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that OTC ophthalmic wetting agents are the most cost effective, followed by cyclosporine 0.05% ophthalmic emulsion (Restasis).

- BIA was performed to evaluate the potential impact of designating cyclosporine 0.05% ophthalmic emulsion (Restasis) as formulary or NF on the UF. BIA results showed that designating Restasis as formulary demonstrated the largest estimated cost avoidance for the MHS.

3. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—UF Recommendation

The P&T Committee recommended (14 for, 1 opposed, 0 abstained, 0 absent) cyclosporine 0.05% ophthalmic emulsion (Restasis) be designated UF.

4. Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) PA criteria for Restasis to ensure appropriate use.

Full PA Criteria:

PA criteria apply to all new users of Restasis.

- Current User is defined as a patient who has had Restasis dispensed during the previous 365 days at a Military Treatment Facility (MTF), a retail network pharmacy, or the mail order pharmacy.
  - If there is a Restasis prescription in the past 365 days (automated lookback with Restasis as the qualifying drug), the claim goes through and no manual PA is required.

- New User is defined as a patient who has no had Restasis dispensed in the past 365 days.
  - If there is no Restasis prescription in the past 365 days, a manual PA is required.

Manual PA Criteria:

- Coverage is approved if one of the following is fulfilled:
  - Patient has diagnosis of Keratoconjunctivitis Sicca (KCS) with lack of therapeutic response to at least two OTC artificial tears agents
  - Patient has ocular graft vs. host disease, which can occur in patients who have had bone marrow transplants
  - Patient has corneal transplant rejection
  - Patient has experienced documented corneal surface damage while using frequent artificial tears

- Coverage is not approved for off-label uses such as, but not limited to:
  - Atopic keratoconjunctivitis (AKC)/vernal keratoconjunctivitis (VKC), which are eye conditions that occur due to allergies and treated with anti-inflammatory drugs
  - Pterygia, which is growth of pink, fleshy tissue on the white part of the eye, and is common in people who spend a lot of time outdoors or have long periods of exposure to sunlight.

- Blepharitis, which is chronic inflammation of the eyelids
- Ocular rosacea, where patients with rosacea develop eye symptoms, including a watery or bloodshot appearance, as well as irritation and burning or stinging of the eyes
- LASIK associated dry eye
- Contact lens intolerance

Prior Authorization expires in one year.

- If there is a break in therapy, the patient will be subject to the PA again.

5. Physician's Perspective

This is a unique drug class in that currently, Restasis is the only product in the class. However, there are agents in the pipeline, and the Committee wanted to establish contracting condition sets that would allow for competition, once additional drugs for dry eye reach the market.

Restasis was recommended for formulary status; however, Prior Authorization will apply. Over-the-counter artificial tears should be tried first, prior to use of Restasis. Additionally, the PA criteria does allow for some off-label use.

A review of prescription data found that about 80% of current Restasis users had been on the drug for more than 12 months, so that was the reasoning behind having the current users being grandfathered.

6. BAP Comments

Dr. Sommer asked what is considered a break in therapy. Is it 30 days like the previous class of drugs?

CAPT Downs responded 1 year. The patient would have been off Restasis for one year. That is why the PA expires in 1 year. If the patient has not filled a prescription in that year the patient is required to redo the PA. There is an automatic look back for the prescription and if they have filled a prescription within the last year, the PA will be automatically renewed for the next year.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Criteria, and UF and PA Implementation Plan for the Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – UF Recommendation**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Ophthalmic Immunomodulatory Agents Subclass: Cyclosporine 0.05% Ophthalmic Emulsion (Restasis) – UF and PA Implemenation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

III. INNOVATOR DRUGS

A. Newly-Approved Innovator Drugs

(CAPT Downs)

Section 702 of the FY15 National Defense Authorization Act (NDAA) established new authority for the P&T Committee's review process of FDA newly-approved innovator drugs. The P&T Committee is provided up to 120 days to recommend tier placement for innovator drugs on the UF. During this period, innovator drugs will be assigned a classification pending status; they will be available under terms comparable to NF drugs, unless medically necessary, in which case they would be available under terms comparable to formulary drugs. For additional information, see the August 2015 DoD P&T Committee meeting minutes at http://www.health.mil/PandT.

Drugs subject to the Innovator Rule are defined as new drugs that are approved by the FDA under a Biologic License Application (BLA) or New Drug Application (NDA). The NDA innovator drugs will be further defined by their chemical types to include, but not limited to, new molecular entities, new active ingredients, new dosage form, and new combination.

1. Newly-Approved Innovator Drugs—Relative Clinical Effectiveness and Relative Cost-Effectiveness Conclusions

The P&T Committee agreed (15 for, 0 opposed, 0 abstained, 0 absent) with the relative clinical and cost effectiveness analysis presented for the innovator drugs.

2. Newly-Approved Innovator Drugs—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) the following:

- UF:
  - Metabolic Replacement Agents: Asfotase alfa injection (Strensiq)

- Anti-retrovirals: Elvitegravir/cobicistat/emtricitabine/tenofovir/alafenamide (Genvoya)
- Alcohol Deterrents/Narcotic Antagonists: Naloxone nasal spray (Narcan Nasal)
- Pulmonary Arterial Hypertension Agents: Selexipag (Uptravi)
- Binders/Chelators/Antidotes/Overdose Agents: Patiromer (Veltassa)
- Oral Oncology Agents—Metastatic Melanoma: Cobimetinib (Cotellic)
- Oral Oncology Agents—Multiple Myeloma: Ixazomib (Ninlaro)
- Oral Oncology Agents—Non-Small Cell Lung Cancer (NSCLC): Osimertinib (Tagrisso)
- Oral Oncology Agents—Lung Cancer: Alectinib (Alecensa)
- Antihemophilic Agents: Coagulation Factor X injection (Coagadex)
- Antihemophilic Agents: Antihemophilic factor, recombinant (rFVIII) injection (Adynovate)

- NF:
  - Anti-platelet Agents: Aspirin ER 162.5 mg (Durlaza)
  - Non-steroidal Anti-inflammatory Drugs: Meloxicam low dose 5 mg and 10 mg (Vivlodex)
  - Anti-emetics: Rolapitant (Varubi)
  - Basal Insulins: Insulin degludec (Tresiba)
  - Attention Deficit Hyperactivity Disorder (ADHD)—Stimulants: Amphetamine ER oral suspension (Dyanavel XR)
  - Pulmonary II—LABAs: Glycopyrrolate oral inhaler (Seebri Neohaler)
    Pulmonary II—Long-Acting Beta Agonists/Long-Acting Muscarinic Agents (LABAs/LAMAs): Indacaterol/glycopyrrolate oral inhaler (Utibron Neohaler)

3. Newly-Approved Innovator Drugs—Manual PA Criteria

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) PA criteria for asfotase alfa injection (Strensiq). Strensiq is an orphan drug indicated for treatment of perinatal/infantile and juvenile-onset hypophosphatasia (HPP). This rare disease has a 50% mortality rate in infants who manifest within six months. No formulary alternative is available.

Full PA Criteria:

Prior Authorization applies to all new and current users of Strensiq.

Automated PA criteria

- Strensiq will be approved for patients younger than one year of age

Manual PA criteria—applies if patient is older than one year of age

- Strensiq will be approved if:

- The patient has the FDA-approved indication of perinatal/infantile and juvenile-onset hypophosphatasia (HPP) AND
- The diagnosis is supported by confirmatory testing
- Off-label uses are NOT approved

Prior Authorization does not expire.

4. Newly-Approved Innovator Drugs—UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date upon signing of the minutes in all points of service.

5. Physician's Perspective

This is the second P&T Committee meeting where the Innovator Rule has been in effect, and for this meeting, 18 drugs were reviewed. The drugs selected for non-formulary status have therapeutic alternatives currently on the Uniform Formulary. For the innovator products selected for Uniform Formulary status, most of them are in drug classes that have not previously been reviewed by the Committee, (for example, the oncology drugs or drugs for HIV infection), or are orphan drugs (like Strensiq).

For Strensiq, Prior Authorization criteria were recommended to reflect the FDA indications. Because of the high infant mortality rate, Prior Authorization will automatically be approved for patients younger than one year of age, while patients older than one year will be required to fill out the PA form.

6. BAP Comments

Dr. Anderson asked if there are any therapy classes that are not subject to the innovator rule.

CAPT Downs stated that all new drugs approved by the FDA under a Biologic License Application or New Drug Application are subject to the innovator rule.

Dr. Anderson asks if there is a medical necessity review opportunity for patients. Are patient grandfathered who already have a medical necessity established if the drug subsequently determined to by NF.

CAPT Downs responded this information will be covered in the next section. In the interim between getting first launched there is a review process by the P&T Committee and implementation of medical necessity.

Dr. Anderson states that ideally, if the patient has already established medical necessity, they would not be required to repeat the process.

CAPT Downs stated that once medical necessity had been established the patient would not be required to repeat the process and will be grandfathered.

Ms. Le Gette stated that it is an open ended override if they establish medical necessity

Dr. Anderson asks if we have to wait for the implementation period for the drug to be placed on the Formulary. From a procedural perspective, the P&T Committee makes recommendations and the UF BAP reviews and comments on the P&T Committee recommendations prior to placement on the formulary.

CAPT Downs stated that they are not officially approved for the formulary until the Director DHA approves the minutes.

Dr. Anderson wanted clarification about how the committee structure delays placing drugs on the formulary. It would be rare for the committee to object a drug being placed on the formulary; we might have issues with new restrictions.

CAPT Downs states that, typically, once a drug gets launched the next P&T Committee reviews. After the P&T Committee reviews, the minutes get signed approximately less than 90 days. In that time frame the BAP meets and the minutes are signed prior to the next P&T committee meeting.

Dr. Anderson asks if there are any options, from a procedural perspective, to the rule. For instance, if there is an innovator drug that the P&T believes a clinical advance and there is a huge unmet need that this drug satisfies and we're waiting for BAP to add the drug to the formulary. This would probably be a rare occasion but is there a way to expedite these types of situations.

CAPT Downs responded that there are administrative updates in the next section that can address Dr. Anderson's questions and provide clarification.

Dr. Anderson asks insight into the P&T Committee review of the Tresiba the new long acting insulin. Was the P&T Committee impressed?

CAPT Downs states that there are no clinically compelling advantages of Tresiba over existing uniform formulary long acting insulins used to treat type I or type II diabetes.

Dr. Kugler states that there was an endocrinologist on committee

Ms. Le Gette stated that there are mechanisms to expedite the process to get the meds to a patient in need in emergent situations.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Manual PA Criteria, and the UF and PA Implementation Plan for the Newly-Approved Innovator Drugs.

- **Newly-Approved Innovator Drugs – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Newly-Approved Innovator Drugs – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Newly-Approved Innovator Drugs – UF and PA Implementation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

B. **Innovator Drugs: Program Updates**

Two administrative function updates were proposed for the innovator drug process, as outlined below.

1. **Innovator Drugs: Program Updates—Innovator Drugs with No Formulary Alternative to Adjudicate as UF**

   Currently, the DHA's Pharmacy Operations Division (POD) defines drug classes and assigns drugs to a UF class as part of the administrative processes required for the day-to-day operation of the UF. When a drug is assigned to a specific UF drug class, the formulary alternatives for the drug are also identified. A formulary agent is defined as a drug from the same drug class or used for the same indication as the NF drug.

   Innovator drugs are designated as NF (Tier 3 copayment) upon market entry. All NF medications, including innovator drugs, have MN criteria that establish clinical necessity based on 32 CFR Sec. 199.2. One of the criteria for MN approval is that there is no alternative pharmaceutical agent on the formulary. Some innovator drugs may have no UF alternatives, and a provider must document clinical necessity to reduce the copayment for the drug when clinically necessary for each individual patient. The recommended authority below removes this requirement and the associated NF copayments when no alternative pharmaceutical agent exists on the UF.

   The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent):

   a. The DHA POD, after consultation with a physician who is a DoD P&T Committee member or MHS specialist, may direct innovator products with no formulary alternative be made available under Tier 2 terms of the TRICARE pharmacy benefit, prior to a formal vote from the P&T Committee; and,
   b. All innovator products, including those that the POD has determined have no formulary alternative, be reviewed by the P&T Committee at the next available meeting.

2. Physician's Perspective

The reasoning behind this request is to create a process to implement decisions as quickly as possible for those unique products where there is no current alternative available. The orphan drugs and oncology agents are good examples of where this administrative action would apply.

This action will also help eliminate unnecessary paperwork, as the provider would no longer be required to fill out the medical necessity form for those products without formulary alternatives, and the patient would not have to pay the non-formulary co-pay.

3. BAP Comments

Dr. Anderson stated that he was happy to see the change.

CAPT Downs asks if his questions were answered.

Dr. Anderson replies that his question is answered, and it's smart.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation for the Innovator Drugs Program Updates – Innovator Drugs with No Formulary Alternative to Adjudicate as UF.

- **Innovator Drugs: Program Updates – Innovator Drugs with No Formulary Alternative to Adjudicate as UF**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

C. Innovator Drugs: Program Updates

1. Innovator Drugs: Program Updates – Designation of Temporary Specific MN and PA Criteria for Innovator Drugs

General MN criteria for the Innovator program were approved at the August 2015 DoD P&T Committee meeting. While the general MN criteria are applicable to many of the innovator drugs, in certain cases more specific MN criteria are needed. Current DoD P&T processes may result in lengthy implementation periods for both MN and PA criteria for innovator drugs when they are formally reviewed by the DoD P&T Committee. The recommended authority below will allow the DHA POD to develop specific MN criteria (and PA criteria, if needed) for certain innovator drugs immediately after FDA approval and prior to market launch.

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent):

a. The DHA POD has authority to administratively implement temporary specific MN/PA criteria on select innovator drugs at the time of product launch, using information

available from the FDA (e.g., product labeling, FDA advisory committee recommendations, FDA drug safety board), from peer-reviewed national guidelines, or from the manufacturer.

b. Physicians who are P&T Committee members or MHS specialists will be consulted prior to implementation.

c. The temporary specific MN/PA criteria will only be active until the formal P&T Committee review process is complete (i.e., P&T Committee recommendations made during the next available meeting are implemented after approval by the DHA Director).

d. Implementation of permanent criteria will become effective upon signing of the minutes. All users who have established temporary specific MN/PA criteria will be grandfathered when the permanent criteria become effective, unless directed otherwise.

2. Physician's Perspective

This update is also desired to more rapidly respond to the innovator drugs. Prior Authorization and medical necessity criteria can be placed on the products soon after launch, which will alleviate a patient being stabilized on a drug, and then having to fill out forms for future refills.

These are temporary criteria, which will be fully reviewed by the P&T Committee at the next available meeting. Any updates or changes can be made at the next meeting, and then brought here to the BAP Panel for comment.

3. BAP Comments

Dr. Anderson stated this seems like a good change.

CAPT Downs asked to verify that the questions about grandfathering were answered.

Dr. Anderson thanks him and responded that they were answered.

There were no more questions or comments from the Panel. The Chair called for a vote on the Innovator Drug: Program Updates – Designated of Temporary Specific MN and PA Criteria for Innovator Drugs.

- **Innovator Drugs: Program Updates – Designation of Temporary Specific MN and PA Criteria for Innovator Drugs**

Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

IV. UTILIZATION MANAGEMENT

(CAPT Downs)

A. GI-2 MISCELLANEOUS DRUGS

1. GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi)—Manual PA Criteria

The GI-2 Miscellaneous Drug Class was reviewed by the P&T Committee in November 2015. At the time of the November 2015 meeting, eluxadoline (Viberzi) was approved by the FDA but not yet commercially available.

Eluxadoline is a mixed mu-opioid receptor agonist that is FDA-approved for the treatment of diarrhea-predominant irritable bowel syndrome (IBS-D). Because of the mechanism of action, several contraindications and warnings exist for the product, in addition to the potential for abuse. PA criteria was recommended for Viberzi due to the safety issues. Additionally, PA criteria also apply for rifaximin for treatment of IBS-D.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for Viberzi in all new patients, consistent with the new FDA-approved product labeling and safety warnings.

Full PA Criteria:

All new users of eluxadoline (Viberzi) are required to undergo manual prior authorization criteria.

Manual PA criteria: Coverage will be approved if:

- 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
    - 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

- 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

- Prior Authorization does not expire.

2. Gastrointestinal-2 (GI-2) Miscellaneous Drugs: Eluxadoline (Viberzi)—PA Implementation Period

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

3. Physician's Perspective

The PA criteria for Viberzi are similar to the PA criteria recommended for rifaximin, which is also approved for IBS-D. However, the criteria for Viberzi also reflect the warnings and contraindications in the package insert.

Viberzi has now been launched, and will be reviewed as a new drug at the May P&T Committee meeting.

4. BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and PA Implementation Plan for the GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi)

- **GI-2 Miscellaneous Drugs: Eluxadoline (Viberzi) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **GI-2 Miscellaneous Drugs Eluxadoline (Viberzi) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

B. ATYPICAL ANTIPYCHOTICS (AAPs)

1. **AAPs: Brexpiprazole (Rexulti)—Manual PA Criteria**

The AAPs, also known as the second generation antipsychotics, were reviewed by the P&T Committee in May 2011. Brexpiprazole is a new entrant to the class, and is FDA-approved for treating schizophrenia and as adjunct to antidepressant therapy for major depressive disorder. Brexpiprazole has serotonergic and dopaminergic effects similar to other AAPs.

Manual PA criteria were recommended for Rexulti due to the similar mechanism of action and FDA labeling as aripiprazole (Abilify), which recently became available in generic formulations.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for brexpiprazole (Rexulti) in all new patients.

Full PA Criteria:

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
  - The patient is ≥ 18 years; AND
  - The patient has had treatment failure of at least two other antidepressant augmentation therapies (one of which must be aripiprazole); OR
  - Patient has had an adverse event with aripiprazole that is not expected to occur with brexpiprazole (Rexulti) AND
  - Patient has concurrent use of an antidepressant

- Diagnosis of schizophrenia
  - The patient is ≥ 18 years; AND
  - The patient has had treatment failure of at least two other atypical antipsychotics (one of which must be aripiprazole); OR
  - 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.

2. **AAPs: Brexpiprazole (Rexulti)—PA Implementation Plan**

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

3. Physician's Perspective

There was no controversy with the PA criteria recommendation for Rexulti, due to its similarity with Abilify. The PA criteria reflect the FDA-approved indications for major depressive disorder and schizophrenia, but do require a trial of two other atypical anti-psychotics first.

There is now significant generic competition for this drug class, and the Committee will be reviewing the antipsychotics in May for Uniform formulary and basic core formulary placement.

4. BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the PA Criteria and PA Implementation Plan AAPs: Brexpiprazole (Rexulti)

- **AAPs: Brexpiprazole (Rexulti) – PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **AAPs: Brexpiprazole (Rexulti) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

C. ANTICONVULSANTS

1. Anticonvulsants: Lacosamide (Vimpat)—Manual PA Criteria

Lacosamide (Vimpat) was approved in 2008 and only has one FDA-approved indication for treating partial onset seizures. Because of the concern for off-label use, PA criteria were recommended. The Anticonvulsant Drug Class has not been previously reviewed by the P&T Committee, but will be reviewed for formulary placement at the May 2016 DoD P&T Committee meeting.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) manual PA criteria for lacosamide (Vimpat) in all new patients, consistent with the new FDA-approved product labeling.

Full PA Criteria:

All new users of lacosamide (Vimpat) are required to undergo manual prior authorization criteria.

Manual PA criteria:

- Coverage will be approved if the patient has a diagnosis of Seizure Disorder and Vimpat is used as monotherapy or adjunctive therapy in the treatment of partial-onset seizure in patients ≥ 17 years of age.

- Coverage is not approved for the following:
  - Non-FDA approved indications
  - Diabetic neuropathic pain
  - Essential tremor

  Prior Authorization does not expire.

2. Anticonvulsants: Lacosamide (Vimpat)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all points of service.

3. Physician's Perspective

The PA criteria for Vimpat reflect the FDA-approved use for seizure disorders, in order to discourage off-label use.

The anticonvulsants will be reviewed at the May P&T meeting, so if there are any changes, or if there are any other anticonvulsants where Prior Authorization is recommended, it will be brought up at the next BAP meeting.

4. BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and the PA Implementation Plan for the Anticonvulsants: Lacosamide (Vimpat)

- **Anticonvulsants: Lacosamide (Vimpat) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **Anticonvulsants: Lacosamide (Vimpat) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

D. RENIN-ANGIOTENSIN-ANTIHYPERTENSIVE AGENTS (RAAs)

1. RAAs: Sacubitril/Valsartan (Entresto)—Automated and Manual PA Criteria

The RAAs class was previously reviewed by the P&T Committee in May 2010. Automated (step therapy) criteria apply, requiring a generic angiotensin converting enzyme (ACE) inhibitor or preferred angiotensin receptor blocker (ARB), prior to use of a non-step preferred ACE inhibitor or ARB.

Entresto is a new fixed-dose combination product containing the ARB valsartan (Diovan) and sacubitril, a neprilysin inhibitor. Sacubitril is a prodrug that inhibits neprilysin (neutral endopeptidase) through the active metabolite, leading to increased levels of peptides, including natriuretic peptides.

Entresto is FDA-approved to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (New York Heart Association [NYHA] class II-IV) and a decreased left ventricular ejection fraction (LVEF). Several ACE inhibitors and the ARBs valsartan and candesartan (Atacand, generic) are indicated for patients with heart failure due to decreased LVEF.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) automated and manual PAs for Entresto in all new and current users, consistent with the current step therapy requirements for the RAAs class, and FDA labeling for Entresto.

Full PA Criteria:

Automated or manual PA criteria apply to all new and current users of Entresto.

Automated PA criteria:

- The patient has filled a prescription for a step-preferred RAA drug at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days.

- Step-preferred RAAs include lisinopril +/- hydrochlorothiazide (HCTZ) (Prinivil, Prinzide or Zestril, Zestoretic generic), captopril +/- HCTZ (Capoten, Capozide, generic), ramipril (Altace, generic), losartan +/- HCTZ (Cozaar, Hyzaar), valsartan +/- HCTZ (Diovan, Diovan HCT, generic), benazepril +/- HCTZ (Lotensin, Lotensin HCT, generic), enalapril +/- HCTZ (Vasotec, Vaseretic, generic), fosinopril +/- HCTZ (Monopril, Monopril HCT, generic), moexipril +/- HCTZ (Univasc, Uniretic, generic), perindopril (Aceon, generic), quinapril +/- HCTZ (Accupril, Accuretic, generic), telmisartan +/- HCTZ (Micardis, Micardis HCT, generic), telmisartan/amlodipine (Twynsta, generic), valsartan/amlodipine (Exforge, generic), valsartan/amlodipine/HCTZ (Exforge HCT, generics). Note that a history of candesartan +/- HCTZ (Atacand, Atachand HCT, generic) also qualifies as meeting the step therapy criteria.

Manual PA criteria: If automated PA criteria are not met, Entresto is approved if:

- The patient has a documented diagnosis of chronic heart failure (New York Heart Association class II-IV heart failure) with left ventricular ejection fraction $\leq$40%. AND
- The patient is receiving concomitant treatment with a beta blocker, or the patient has a contraindication to a beta blocker. AND

- The patient is intolerant to an ACE inhibitor AND
- The patient does not have a history of angioedema to ACE inhibitors or ARBs.
- Prior Authorization does not expire.

2. RAAs: Sacubitril/Valsartan (Entresto)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) an effective date of the first Wednesday after a 90-day implementation period in all POS.

3. Physician's Perspective

Currently, due to the existing step therapy in the RAAS class, any new product is also subject to the step therapy; this will now apply to Entresto. The manual PA criteria (if patients do not meet the step therapy) are specific to Entresto, and reflect the FDA-labeling for heart failure.

Entresto will be reviewed as a new drug at the May meeting, so changes to the PA can be made at the meeting, when the full clinical data is presented to the Committee.

4. BAP Comments

Dr. Anderson states that in his other job he works on the Medicare Drug Benefit and he has spent a lot of time on this drug. Relative to ACE inhibitors, the data on Entresto was positive showing a mortality benefit relative to ACE inhibitors. It is a little less certain how Enstresto compares against the ARBs; it contains an ARB as one of its active ingredients. Was there discussion around the clinical appropriateness in making people step through an ACE inhibitor given the head-to-head data against enalapril.

CAPT Downs responded, Entresto is in the ACE/ARB combination UF class and there are pre-existing condition sets for the UF Class. There is not a position for Entresto to put it before that step.

Dr. Anderson stated that it may be considered in the future once there is a full review and is curious to hear what the committee thinks in May.

Dr. Kugler stated that there would be a full review in May.

Dr. Anderson asked how much potential use you see of this drug. I am fairly certain that it will take off significantly in older population. One thing I would consider going forward is having the PA criteria apply to all and not have it be part of a step therapy. Confirmation of diagnosis and that the patient is on a beta blocker are good things to check before a patients gets on a drug this expensive when there are generic alternative that are lower in cost.

CAPT Downs repeated that the full class review in May.

There were no more questions or comment from the Panel. The Chair called for a vote on the Manual PA Criteria and PA Implementation Plan for the RAAs: Sacubitril/Valsartan (Entresto)

- **RAAs: Sacubitril/Valsartan (Entresto) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **RAAs: Sacubitril/Valsartan (Entresto) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

E. TARGETED IMMUNOMODULATORY BIOLOGICS (TIBS)

1. TIBs: Secukinumab (Cosentyx)—Manual PA Criteria

The TIBs were reviewed by the P&T Committee in August 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class (implemented on December 17, 2014). Secukinumab (Cosentyx) was reviewed by the P&T Committee in February 2015; automated and manual PA criteria were recommended (and implemented on May 4, 2015). In August 2015, Cosentyx was reviewed as a newly-approved drug for treating plaque psoriasis and was recommended for formulary status on the UF, requiring a trial of adalimumab (Humira), the step-preferred TIB, first.

Secukinumab (Cosentyx) received a new FDA indication in January 2016 for treatment of psoriatic arthritis and ankylosing spondylitis in adults. The PA criteria were updated for Cosentyx to reflect the new FDA indication.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) revised manual PA criteria for Cosentyx in new patients, consistent with the new FDA-approved product labeling for psoriatic arthritis and ankylosing spondylitis.

Full PA Criteria:

Prior Authorization criteria originally approved February 2015 and implemented May 4, 2015. February 2016 changes to PA criteria in bold. Manual PA criteria for psoriatic arthritis and ankylosing spondylitis applies to new patients.

Manual PA Criteria applies to all new users of secukinumab (Cosentyx).

Automated PA criteria: The patient has filled a prescription for adalimumab (Humira) at any MHS pharmacy point of service (MTFs, retail network pharmacies, or mail order) during the previous 180 days AND

Manual PA criteria:

If automated criteria are not met, coverage is approved for Cosentyx if:

- Contraindications exist to Humira
- Inadequate response to Humira [need for different anti-tumor necrosis factor (TNF) or non-TNF]
- Adverse reactions to Humira not expected with requested non-step-preferred TIB

AND

Coverage approved for patients > 18 years with:

- Active moderate to severe plaque psoriasis who are candidates for phototherapy or systemic therapy OR
- **Psoriatic arthritis (February 2016) OR**
- **Ankylosing spondylitis (February 2016)**

Coverage is NOT provided for concomitant use with other TIBs.

Prior Authorization does not expire.

2. TIBs: Secukinumab (Cosentyx)—PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) implementation of the PA for Cosentyx become effective upon signing of the minutes.

3. Physician's Perspective

We have seen updates for newly approved TIBs or new indications at the past several BAP meetings, and Cosentyx is no exception. The PA criteria reflect the new indication for plaque psoriasis.

4. BAP Comments

There were no more questions or comments from the Panel. The Chair called for the vote on the Manual PA Criteria and the PA Implementation Plan for the TIBs: Secukinumab (Cosentyx)

- **TIBs: Secukinumab (Cosentyx) – Manual PA Criteria**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **TIBs: Secukinumab (Cosentyx) – PA Implementation Plan**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

V. OVER-THE-COUNTER (OTC) DRUG REVIEW

A. OTC Drug Review: Doxylamine

(MAJ Raizada)

1. OTC Drug Review: Doxylamine—Relative Clinical Effectiveness and Conclusion

Section 702 of the FY13 NDAA provides legislative authority for the OTC Drug Program. The Final Rule published in the Federal Register on July 27, 2015, establishes the process for identifying OTC products for coverage under the TRICARE pharmacy benefit and the rules for making these products available to eligible DoD beneficiaries. The Final Rule can be found at https://www.federalregister.gov/articles/2015/07/27/2015-18290/civilian-health-and-medical-program-of-the-uniformed-services-champustricare-tricare-pharmacy.

The approved OTC drugs will comply with the mandatory generic policy stated in 32 CFR 99.21(j)(2) and be available under terms similar for generic drugs, except that the need for a prescription and/or a copayment may be waived in some circumstances. No cost-sharing for OTC drugs is required at any of the three points of service for a uniformed service member on active duty.

The P&T Committee evaluated the relative clinical and cost effectiveness and patient access considerations of adding doxylamine 25 mg (Unisom, generic) to the UF via the OTC Drug Program. Doxylamine has not previously been covered as a TRICARE pharmacy benefit under the OTC Demonstration Project; it is the first OTC drug to be considered under the new legislation.

The P&T Committee concluded (14 for, 0 opposed, 0 abstained, 1 absent) the following

- Doxylamine 25 mg (Unisom, generics) is available OTC as a sleep aid but is frequently used for treating nausea and vomiting of pregnancy (NVP), along with pyridoxine (vitamin B6). A prescription product, Bendectin, containing doxylamine and pyridoxine was discontinued from the market in the 1980s.
- In May 2015, the P&T Committee recommended NF status for Diclegis, a prescription product containing delayed release doxylamine succinate and pyridoxine, based on clinical and cost effectiveness. Manual PA criteria were also recommended, requiring a trial of nonpharmacologic interventions and OTC pyridoxine, and consideration of alternate antiemetics.
- The May 2015 P&T Committee also found the OTC ingredients of doxylamine with or without pyridoxine were therapeutically equivalent to Diclegis.
- Input from MTF obstetrics and gynecology providers voiced concern regarding worldwide availability of OTC doxylamine at all MTFs, and the potential for

confusion due to the various OTC formulations of the product available in the retail setting (other products with the name "sleep aid" contain diphenhydramine).

- A trial conducted by the manufacturer of Bendectin in 1975 showed doxylamine monotherapy to be as effective and, in some endpoints, more effective than any other combination or monotherapy agent (e.g., doxylamine/pyridoxine, pyridoxine) for treating NVP.
- The September 2015 American College of Obstetrics and Gynecology (ACOG) Practice Bulletin also supports doxylamine for first-line use in the treatment of nausea and vomiting of pregnancy.
- Advantages of OTC doxylamine include its pregnancy category A rating, and the long history of efficacy and safety in both the OTC and prescription setting for treating NVP. Disadvantages include the sedating effects and need for multiple daily dosing, which may be a significant concern for some patients in setting of NVP.
- Providing doxylamine as an OTC TRICARE pharmacy benefit allows uniform availability of the product, and would enhance obstetric care and be consistent with the recently updated ACOG guidelines.

2. OTC Drug Review: Doxylamine—Relative Cost-Effectiveness Analysis and Conclusion

The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 0 absent) OTC doxylamine 25 mg was less costly than the NF product Diclegis.

3. OTC Drug Review: Doxylamine—UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) adding OTC doxylamine 25 mg to the UF, based on clinical and cost effectiveness. As part of this recommendation, a prescription will be required for OTC doxylamine. Additionally, an age limit of patients less than 65 years of age was also recommended, to ensure appropriate use in accordance with Beers Criteria (a list of medications considered inappropriate for use in patients

4. OTC Drug Review: Doxylamine—UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 60-day implementation period. Note the information on copayment waiver on page 38 or 39 of background information document is not discussed in this menu.

5. Physician's Perspective

The review of doxylamine represents the first time that the Committee has used the new legislative authority to determine formulary placement for an OTC product. The Committee did recommend formulary placement for doxylamine, based on both clinical and cost effectiveness. The BAP Panel will be seeing more OTC formulary reviews in the future.

6. BAP Comments

Dr. Sommer asks for clarification. He understands that this drug is being recommended based on nausea and vomiting in females. Regarding coding, will this drug be restricted to females or open it up to males because there can potentially be prescriptions written for males using it for sleep. Should it be restricted to females under 65?

CAPT Downs stated that currently there is no PA. When we looked at the utilization for doxalymine, it was used 99% of the time in women of child bearing ages. At that time we did not see the need to place a PA on the drug. Usually, a PA is placed due to inappropriate use, to ensure appropriate use or for safety reasons. We didn't believe it was needed at the time but we continue to monitor things and we can always add the PA.

Dr. Sommer stated that right now there could be an odd script that comes across for a male.

CAPT Downs stated that it was an OTC, relatively inexpensive. When we looked at utilization, the vast majority of users were under 65 and 99% of women.

Dr. Anderson states that was a good clarification. I like you put the age edit because it is a poor choice for older people

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation, Co-payment Waiver, and UF Implementation Plan for the OTC Drug Review for Doxylamine.

- **OTC Drug Review: Doxylamine – UF Recommendation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **OTC Drug Review: Doxylamine – Copayment Waiver**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **OTC Drug Review: Doxylamine – UF Implemenation**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

VI. SECTION 703, NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FOR FISCAL YEAR 2008 (FY08)

A. FY08 NDAA, Section 703

(MAJ Raizada)

1. FY08 NDAA, Section 703—Drugs Designated NF

The P&T Committee reviewed two drugs from pharmaceutical manufacturers that were not included on a DoD Retail Refund Pricing Agreement; these drugs were 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 MTFs. These NF drugs will remain available in the Mail Order point of service without pre-authorization.

- The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) maintaining the current NF status for Sebela Pharmaceuticals: calcitonin-salmon (Miacalcin), 200 International Units (3.7 mL) nasal spray. Note that Miacalcin nasal spray was designated NF when the osteoporosis drugs were reviewed at the June 2008 P&T Committee meeting. Miacalcin will now require pre-authorization at the retail point of service.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) maintaining the current NF status for Vanda Pharmaceuticals: tasimelteon (Hetlioz), 20 mg capsule. Note that Hetlioz was designated NF at the February 2015 DoD P&T Committee meeting, with manual PA criteria.

2. FY08 NDAA, Section 703—Pre-Authorization Criteria for Miacalcin Nasal Spray

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) the following pre-authorization criteria for Miacalcin 200 International Units (3.7 mL) nasal spray.

1. Obtaining the product by home delivery would be detrimental to the patient; and,
2. For branded products with products with AB-rated generic availability, use of the generic product would be detrimental to the patient.

These pre-authorization criteria do not apply to any other POS other than retail network pharmacies.

3. FY08 NDAA, Section 703—Implementation Plan for Pre-Authorization Criteria for Miacalcin

The P&T Committee recommended (13 for, 0 opposed, 0 abstained, 2 absent) an effective date of the first Wednesday after a 30-day implementation period in the Retail Network for Miacalcin nasal spray and DHA send letters to beneficiaries affected by this decision.

4. FY08 NDAA, Section 703—Pre-Authorization Criteria for Hetlioz

Note that tasimelteon (Hetlioz) will not be available in the Mail Order Pharmacy, as it is only available in the Retail Network via a restricted distribution process, thus pre-authorization criteria do not apply.

The P&T Committee recommended (14 for, 0 opposed, 0 abstained, 1 absent) to maintain the existing PA criteria for tasimelteon (Hetlioz) from the February 2015 DoD P&T Committee meeting. See the February 2015 P&T Committee meeting minutes at http://www.health.mil/PandT. Note that no implementation plan is required for Hetlioz, since it is maintaining non-formulary status and the same PA criteria from the February 2015 meeting.

5. Physician's Perspective

There are no comments for the Section 702 drugs since by law these drugs are non-formulary.

6. BAP Comments

Dr. Anderson asked if there was a reason that we have to make these products available at mail order. Is this a regulatory requirement?

CAPT Downs – Essentially, if the drug company does not sign the retail rebate form, they should be NF and available only at mail order by default. That's the default. If there are clinical issues or problems with availability at certain pharmacies, then it will be available at Retail. If the drug is used to treat emergency issues, then mail order is not the best choice.

Dr. Anderson – My bias is that if a company does not want to participate with the retail/refund pricing, we should make every effort to limit use of their drug under the TRICARE benefits.

CAPT Downs responded that the P&T committee can exempt the drug from automatically going NF or restricted to mail order pharmacy (the default) on clinical reasons. Also the drug may only be available at specialty retail pharmacy and not available at mail order pharmacy. The P&T committee can also confirm this.

There were no more questions or comments from the Panel. The Chair called for the vote on the FY08 NDAA, Section 703 Drugs Designated NF, Pre-Authorization Criteria for Miacalcin Nasal Spray, Implementation Plan for Pre-Authorization Criteria for Miacalcin.

- **FY08 NDAA, Section 703 – Drugs Designated NF**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **FY08 NDAA, Section 703 – Pre-Authorization Criteria for Miacalcin Nasal Spray**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

- **FY08 NDAA, Section 703 – Implementation Plan for Pre-Authorization Criteria for Miacalcin Nasal Spray**

  Concur: 4 Non-Concur: 0 Abstain: 0 Absent: 2

Dr. Anderson thanks the DHA staff and P&T committee. Appreciate your reviews,

CAPT Norton thanks panel, audience and concludes meeting.

Dr. Michael Anderson

Brief Listing of Acronyms Used in this Summary

Abbreviated terms are spelled out in full in this summary; when they are first used, the acronym is listed in parentheses immediately following the term. All of the terms commonly used as acronyms in the Panel discussions are listed below for easy reference. The term "Panel" in this summary refers to the "Uniform Formulary Beneficiary Panel," the group who's meeting in the subject of this report.

- APS - Atypical Antipsychotics
- AC - Allergic Conjuntivitis
- ACE - Angiotensin Converting Enzyme
- ADHD - Attention Deficit Hyperactivity Disorder
- AH/MCS - Antihistamine/Mast Cell Stabilizer
- AKC - Atopic Keratonconjuntivitis
- ARB - Angiotensin Receptor Blocker
- BAP - Beneficiary Advisory Panel
- BCF - Basic Core Formula
- BIA - Budget Impact Analysis
- CFR – Code of Federal Regulations
- CMA - Cost Minimization Analysis
- COPD - Chronic Obstructive Pulmonary Disease
- DFO - Designated Federal Officer
- DHA - Defense Health Agency
- DoD -Department of Defense
- EE - Ethinyl Estradiol
- ER - Extended Release
- FACA - Federal Advisory Committee Act
- FDA - Food Drug Adminstration
- FE -Iron
- FEV1 - Measure how forcefully a person can exhale
- GI-2 - Gastrointestinal-2
- HCTZ - Hydrochlorothiazide
- HPP - Hypophosphatasia
- IBS-D - Irritable Bowel Syndrome - Diarrhea
- KCS - Keratonconjuctivitis Sicca
- LABA -Long-Acting Beta Agonist
- LAMA -Long-Acting Muscarinic Agent
- LVEF -Left Ventricular Ejection Fraction
- MN - Medical Necessity
- MTF - Military Treatment Facility
- NDAA - National Defense Authorization Act
- NF - Tier 3 Copayment

- NSAID - Non-steroid Anti-Inflammatory Drug
- NSCLC - Non-Small Cell Lung Cancer
- NYHA - New York Heart Association
- OCP - Oral Contraceptive Product
- OTC - Over the Counter
- P&T – Pharmacy & Therapeutic
- PA- Prior Authorization
- PEC – Pharmacoeconomic Committee
- POD - Pharmacy Operatios Division
- RAAs - Renin-Angiotensin Antihypertensive Agents
- rFVIII - Antihemophilic factor, recombinant
- SC - Subcutaneous
- TIBs - Targeted Immunomodulatory Biologics
- TRICARE - Military Health Care System
- UF - Uniform Formulary
- XR - Extended Release