

**DEPARTMENT OF DEFENSE  
PHARMACY AND THERAPEUTICS COMMITTEE RECOMMENDATIONS  
INFORMATION FOR THE UNIFORM FORMULARY  
BENEFICIARY ADVISORY PANEL**

**I. UNIFORM FORMULARY REVIEW PROCESS**

Under 10 United States Code § 1074g, as implemented by 32 Code of Federal Regulations 199.21, the Department of Defense (DoD) Pharmacy and Therapeutics (P&T) Committee is responsible for developing the Uniform Formulary (UF). Recommendations to the Director, Defense Health Agency (DHA), on formulary or Tier 4/not covered status, prior authorization (PA), pre-authorizations, and the effective date for a drug's change from formulary to non-formulary (NF) or Tier 4 status are received from the Beneficiary Advisory Panel (BAP), which must be reviewed by the Director before making a final decision.

**II. UF CLASS REVIEWS—Pain Agents: Nonsteroidal Anti-Inflammatory Drug (NSAID) Subclass**

*P&T Comments*

**A. Pain Agents: NSAID Subclass Relative Clinical Effectiveness Analysis and Conclusion**

*Background*—The NSAIDs were last reviewed for formulary status in August 2011. There are approximately 50 different marketed products in the class, comprised of 21 individual chemical entities. Since the last review, five branded products were reviewed as new drugs. Data published since the August 2011 meeting was evaluated for the efficacy and safety review.

*Relative Clinical Effectiveness Conclusion*—The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 2 absent) the following:

- There was no new data to change the previous clinical conclusion that the NSAIDs do not have clinically relevant differences in efficacy in treating a wide range of indications. The NSAIDs are highly therapeutically interchangeable.
- Evidence from several sources, including clinical practice guidelines from five organizations (for acute gout, primary dysmenorrhea, ankylosing spondylitis, juvenile arthritis, and headache), four Cochrane Reviews (for rheumatoid arthritis, osteoarthritis, low back pain, and axial spondyloarthritis), and an Agency for Healthcare Research and Quality (AHRQ) report for osteoarthritis do not

distinguish between the NSAIDs for efficacy. Although a few trials and systematic reviews showed improved efficacy for individual products, overall for most disease states there is insufficient evidence to recommend any one NSAID based on efficacy alone.

- The August 2011 P&T safety conclusions remain largely unchanged. The NSAIDs as a class have an increased risk of serious gastrointestinal (GI) and cardiovascular (CV) adverse events, and all the products include black box warnings to this effect in their Food and Drug Administration (FDA) labeling. Using the lowest effective dose for the shortest amount of time possible is recommended to decrease the risk of adverse events, particularly in elderly patients.
- Individual NSAIDs are associated with varying risk of GI and CV adverse events.
  - In terms of GI adverse events, ibuprofen and celecoxib have the lowest risk, diclofenac and naproxen have moderate risk, and ketorolac and piroxicam are high-risk NSAIDs. For GI protection, the following strategies are listed in order from most effective to least effective: administering a COX-2 inhibitor with a proton pump inhibitor (PPI), a COX-2 inhibitor alone, an NSAID with a PPI, an NSAID with misoprostol, and an NSAID with an H2-blocker.
  - In terms of CV adverse events, diclofenac is associated with higher CV risk while naproxen has lower CV risk. Although there is some mixed data for celecoxib and ibuprofen, their CV risk falls between that of diclofenac and naproxen.
- The P&T Committee considered twelve formulations for Tier 4 status. Clinical factors considered for not covered status were based on comparative pharmacokinetic profiles, efficacy and safety, data from FDA summary reviews and published primary literature, formulary status from commercial health plans, and Military Health System (MHS) provider feedback.
- Diclofenac potassium liquid filled capsule (Zipsor) is the only NSAID available in a liquid-filled formulation. Head-to-head clinical trials with other NSAIDs are lacking. The potentially faster onset of action of Zipsor compared to generic diclofenac potassium is negated if Zipsor is taken with food. Two generic formulations of diclofenac are currently on the formulary, the sodium salt (generic Voltaren) and the potassium salt (generic Cataflam). Over 95% of the MHS market share for diclofenac is for the sodium salt.

- Diclofenac potassium powder packet (Cambia) is the only prescription NSAID with a specific FDA indication for treating migraine headache. However, other prescription and over-the-counter (OTC) NSAIDs are widely accepted and used for treating migraines, including diclofenac 50 mg and 100 mg tablets, naproxen, ibuprofen, and aspirin/acetaminophen/caffeine (Excedrin).
- Submicronized formulations of diclofenac (Zorvolex), indomethacin (Tivorbex), and meloxicam (Vivlodex) were designed to have a greater extent of absorption than standard versions of these drugs, but the FDA summary review noted that the manufacturer failed to demonstrate this. These three products offer no compelling clinical advantage over existing generic formulary medications.
- Ketorolac nasal spray (Sprix) is indicated for the short-term management of moderate to moderately severe pain that requires analgesia at the opioid level. It poses a significant risk if used beyond the labeling for five days, including nephrotoxicity and GI toxicity. Committee members commented that in the emergency department setting, IM ketorolac is commonly used to relieve acute pain. Feedback from emergency department specialists widely supported Tier 4 status.
- Meloxicam orally disintegrating tablet (ODT) (Qmiiz) was previously reviewed as a new drug and designated as NF in May 2019. No new clinical trials were used to gain FDA approval, and Qmiiz is limited for use only in adults and pediatric patients who weigh at least 60 kg. The FDA review noted that Qmiiz has comparable efficacy and safety as the referenced drug, generic meloxicam.
- Naproxen sodium controlled release (Naprelan, generics) provides a convenience to the patient, as this formulation is dosed once daily, rather than twice daily. Other NSAIDs, including nabumetone, are dosed once daily. One head-to-head trial showed similar efficacy and safety between Naprelan and nabumetone. Trials comparing Naprelan with generic naproxen show no difference in efficacy, however, varying safety results were shown, as two trials found weak evidence of an improved GI adverse event profile with Naprelan.
- Ibuprofen/famotidine (Duexis) contains a fixed dose combination of an NSAID and an H2-blocker; these active ingredients are available OTC. A 2016 GI Safety Network Analysis found that the combination of an

NSAID with an H2-blocker was the least effective strategy for providing GI protection, compared to other GI protective strategies.

- Naproxen/esomeprazole (Vimovo) contains components that are readily available as generic drugs already included on the uniform formulary. Vimovo was designated Tier 4 at the February 2019 DoD P&T meeting, which was implemented on August 29, 2019. There is no new data to support changing Vimovo's Tier 4 status.
- Celecoxib/amlodipine (Consensi) was approved in December 2019 for adults in whom treatment with the calcium channel blocker amlodipine (generic Norvasc) for hypertension and celecoxib for osteoarthritis are appropriate. There is minimal data available with this formulation. Other than patient convenience, this particular fixed dose combination has limited clinical utility, due to a narrow potential patient population, difficulty with titrating patients, and risk of long-term safety concerns.
- Fenoprofen (Nalfon and generics) has very limited MHS market share (less than 0.08%), and a literature review did not identify any unique indications. Currently, both tablets and capsules are marketed.
- Ketoprofen (generic Orudis), indomethacin rectal suppositories, meclufenamate sodium (generic Meclomen) and tolmetin (generic Tolectin) do not provide any compelling clinical advantages over the other NSAIDs, are infrequently prescribed in the MHS, and were identified by prescribers as potential options for NF status and Prior Authorization.
- Although the efficacy of the NSAIDs is similar from a population perspective, individual patient response to a particular drug may vary. Providers must also consider relative safety when selecting an NSAID for an individual patient.
- In order to meet the needs of MHS beneficiaries, a wide range of NSAIDs is required on the formulary, to account for differences in COX-2 selectivity, frequency of dosing, GI and CV safety profiles, and to allow for individual variability in patient response. At a minimum, one generic formulation of celecoxib, diclofenac sodium, ibuprofen, meloxicam, and naproxen are required, as these are the NSAIDs with the highest MHS utilization, comprising 94% of the NSAID market share. Additionally, a few alternative dosage forms are necessary for patients with swallowing difficulties, with the options

including naproxen suspension, indomethacin suspension, or indomethacin suppositories.

#### **B. Pain Agents: NSAID Subclass—Relative Cost-Effectiveness Analysis and Conclusion**

A cost-minimization analysis (CMA) and budget impact analysis (BIA) were performed. The P&T Committee concluded (17 for, 0 opposed, 0 abstained, 1 absent) the following:

- CMA showed that generic formulations in the class were the most cost-effective agents, with Qmiiz, fenoprofen, tolmetin, Naprelan, ketoprofen, Vivlodex, Tivorbex, Zorvolex, meclofenamate, Zipsor, Vimovo, Duexis, Consensi, Cambia and Sprix as substantially less cost-effective than the other NSAIDs.
- A BIA was performed to evaluate the potential financial impact of various formulary placement scenarios for the NSAIDs, designating selected NSAID agents as Tier 4, NF, and UF. The BIA results showed that designating fenoprofen capsules, Vimovo, Duexis, Zipsor, Zorvolex, Tivorbex, Vivlodex, and Consensi as Tier 4; and Cambia, Sprix, Naprelan brand and generic, Qmiiz, fenoprofen tablets, tolmetin, ketoprofen, and meclofenamate as NF; with the remaining NSAID agents in the class as UF, demonstrated significant cost avoidance for the MHS.

#### **C. Pain Agents: NSAID Subclass—UF/Tier 4/Not Covered Recommendation**

The P&T Committee recommended (12 for, 5 opposed, 0 abstained, 1 absent) the following:

- UF
  - celecoxib
  - diclofenac/misoprostol
  - diclofenac potassium
  - diclofenac sodium
  - diflunisal
  - etodolac
  - flurbiprofen
  - ibuprofen 400 mg, 600 mg & 800 mg
  - indomethacin IR 25 mg & 50 mg
  - indomethacin ER 75 mg
  - indomethacin rectal suppository
  - ketorolac tablets

- meloxicam 7.5 mg & 15 mg
  - nabumetone
  - naproxen 250 mg & 500 mg
  - naproxen 125mg/5ml oral suspension
  - naproxen IR 375 mg
  - naproxen delayed release (DR) 375 mg & 500 mg
  - naproxen sodium 275 mg & 550 mg
  - oxaprozin
  - piroxicam
  - sulindac
  - mefenamic acid 250 mg (generic Ponstel) (*moves from NF to UF*)
  - Note that the older non-FDA-approved products, salsalate and choline magnesium trisalicylate will remain UF
- NF
    - diclofenac potassium powder packets 50 mg (Cambia)
    - fenoprofen tablets (*moves from UF to NF*)
    - indomethacin oral suspension (*moves from UF to NF*)
    - ketoprofen (*moves from UF to NF*)
    - ketorolac nasal spray (Sprix)
    - meclofenamate (*moves from UF to NF*)
    - meloxicam ODT (Qmiiz)
    - naproxen sodium ER (Naprelan, generic) 375 mg, 500 mg, & 750 mg ER tabs, dosing card
    - tolmetin (*moves from UF to NF*)
- Tier 4/Not Covered
    - amlodipine/celecoxib (Consensi)
    - diclofenac potassium liquid-filled capsules (Zipsor)
    - diclofenac submicronized (Zorvolex)
    - fenoprofen capsules (*moves from UF to Tier 4*)
    - ibuprofen/ famotidine tablets (Duexis)
    - indomethacin submicronized (Tivorbex)
    - meloxicam submicronized (Vivlodex)
    - naproxen/esomeprazole (Vimovo) (*remains Tier 4*)

Committee members with opposing votes were not opposed to the agents being considered for their respective formulary status as recommended, noting they wanted the recommendation to include more agents for Tier 4 status. The Committee commented and considered Cambia powder packets, Qmiiz, Naprelan,

and Sprix nasal spray as potential additional Tier 4 candidates. The opinion to move all these additional agents to Tier 4 was not unanimous.

When considering the NSAID candidates for Tier 4/Not Covered status, the P&T Committee considered the information outlined in the interim rule, Section 702(b)(10) of the NDAA 2018 published on December 11, 2018, and found at <https://www.federalregister.gov/documents/2018/12/11/2018-26562/tricare-pharmacy-benefits-program-reforms>. The interim rule allows for complete exclusion of drugs from TRICARE pharmacy benefit coverage when certain criteria are met. Tier 4/Not Covered status will apply to all users of the recommended candidates.

For the eight NSAIDs recommended for Tier 4/Not Covered status, The P&T Committee concluded that they provide very little to no additional clinical effectiveness relative to the other NSAIDs. Overall, the P&T Committee felt that the needs of TRICARE beneficiaries could be met by the formulary NSAIDs. Formulary alternatives for the Tier 4 candidates include generic NSAIDs.

#### **D. Pain Agents: NSAID Subclass—Manual PA Criteria**

Existing PA criteria currently apply to Naprelan brand and generic from the November 2018 meeting, and for Qmiiz, when it was reviewed as an innovator in May 2019. The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) updated manual PA criteria for new users of Naprelan brand and generic, and Qmiiz. Additionally, new manual PA criteria for all new and current users of Cambia, was recommended, limiting use to patients with a contraindication, therapeutic failure or intolerance to a triptan and who have failed two previous NSAIDs.

The PA criteria are as follows:

##### **1. diclofenac potassium powder packets 50 mg (Cambia)**

Manual PA criteria apply to all new and current users of diclofenac potassium powder (Cambia). Note that multiple formulary NSAIDs and triptans are available without a PA including ibuprofen, indomethacin, naproxen, diclofenac potassium tablets, sumatriptan, rizatriptan, and zolmitriptan.

Manual PA Criteria: Cambia is approved if all criteria are met:

- Patient is  $\geq 18$  years of age
- Patient has a diagnosis of migraine
- Prescription is written by or in consultation with a Neurologist
- Patient has tried and failed at least two formulary NSAIDs including diclofenac potassium tablets (Cataflam generic)

- Patient has tried and failed or has a contraindication to at least one formulary triptan (e.g., sumatriptan, rizatriptan, and zolmitriptan)

**2. meloxicam ODT (Qmiiz)**

Manual PA criteria apply to all new users of meloxicam ODT (Qmiiz). Note that multiple formulary NSAIDs, including meloxicam oral tablets, are available for DoD beneficiaries without a PA.

Manual PA Criteria: Qmiiz is approved if all criteria are met:

- Provider must explain why the patient requires meloxicam ODT and cannot take any of the formulary NSAIDs.

**3. naproxen sodium controlled release (CR) (Naprelan brand and generic)**

Manual PA criteria apply to all new users of naproxen CR (Naprelan). Note that multiple formulary NSAIDs are available without a PA including ibuprofen, indomethacin, meloxicam, naproxen, and celecoxib.

Manual PA Criteria: naproxen CR is approved if all criteria are met:

- Provider must provide clinical rationale of why patient cannot take any of the formulary NSAIDs.

**E. Pain Agents: NSAID Subclass—UF/Tier 4/Not Covered PA Implementation Plan**

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent): 1) an effective date of the first Wednesday 120 days after signing of the P&T minutes at all points of service (POS); 2) DHA send letters to beneficiaries affected by the NF recommendations; and 3) DHA send letters to beneficiaries who are affected by the Tier 4/Not Covered recommendation at 30 days and 60 days prior to implementation.

**III. UF CLASS REVIEWS—Pain Agents: Nonsteroidal Anti-Inflammatory Drug (NSAID) Subclass**

*BAP Comments*

**A. Pain Agents: NSAID—UF/Tier 4/Not Covered Recommendation**

The P&T Committee recommended the formulary status for the NSAIDs as discussed above:

- UF



- celecoxib
  - diclofenac/misoprostol
  - diclofenac potassium
  - diclofenac sodium
  - diflunisal
  - etodolac
  - flurbiprofen
  - ibuprofen 400 mg, 600 mg & 800 mg
  - indomethacin IR 25 mg & 50 mg
  - indomethacin ER 75 mg
  - indomethacin rectal suppository
  - ketorolac tablets
  - meloxicam 7.5 mg & 15 mg
  - nabumetone
  - naproxen 250 mg & 500 mg
  - naproxen 125 mg/5ml oral suspension
  - naproxen IR 375 mg
  - naproxen delayed release (DR) 375 mg & 500 mg
  - naproxen sodium 275 mg & 550 mg
  - oxaprozin
  - piroxicam
  - sulindac
  - mefenamic acid 250 mg (generic Ponstel)
  - Note that the older non-FDA-approved products, salsalate and choline magnesium trisalicylate will remain UF
- NF
    - Cambia
    - fenoprofen tablets
    - indomethacin oral suspension
    - ketoprofen
    - Sprix
    - meclofenamate
    - Qmiiz
    - naproxen sodium ER (Napreelan generic) 375 mg, 500 mg, & 750 mg ER tabs, dosing card
    - tolmetin
- Tier 4/Not Covered
    - Consensi
    - Zipsor
    - Zorvolex
    - fenoprofen capsules

- Duexis
- Tivorbex
- Vivlodex
- Vimovo

*BAP Comment:*       Concur       Non-concur

**B. Pain Agents: NSAID Subclass—Manual PA Criteria**

The P&T Committee recommended the updated manual PA criteria for new users of Naprelan brand and generic, and Qmiiz, and new manual PA criteria for Cambia as outlined above.

*BAP Comment:*       Concur       Non-concur

**C. Pain Agents: NSAID—UF/Tier 4/Not Covered and PA Implementation Plan**

The P&T Committee recommended the implementation plan as outlined above.

*BAP Comment:*       Concur       Non-concur

**IV. UF CLASS REVIEWS—Pain Agents: Topical Pain Subclass**

*P&T Comments*

**A. Pain Agents: Topical Pain Subclass Relative Clinical Effectiveness Analysis and Conclusion**

*Background*—The Topical Pain drugs were previously reviewed at the February 2013 DoD P&T Committee meeting. The subclass is comprised of topical NSAIDs (diclofenac preparations) and lidocaine patches. Since the last class review, several products are now available in generic formulations, and currently only diclofenac 2% solution (Pennsaid 2%) and lidocaine 1.8% patch (ZTlido) remain branded products. Manual PA criteria apply to both Pennsaid 2% and ZTlido, requiring a trial of the generics first.

*Relative Clinical Effectiveness Conclusion*—The P&T Committee concluded (17 for, 0 opposed, 0 abstained, 1 absent) the following:

*Topical diclofenac*

- There was no new data to change the clinical conclusions from the February 2013 formulary review that the topical diclofenac products are highly interchangeable, effective for treating superficial musculoskeletal pain, and are similar in efficacy to oral diclofenac.
- Professional treatment guidelines from several organizations, including the UK National Institutes for Health and Care Excellence (NICE), the Osteoarthritis Research Society International (OARSI) and the American Academy of Orthopaedic Surgeons (AAOS) state that topical NSAIDs are appropriate for treating osteoarthritis affecting the knee and hand joints. Topical NSAIDs may be interchanged with oral NSAIDs when oral NSAIDs are not appropriate (e.g., geriatric population).
- The 2014 VA/DoD Clinical Practice Guidelines comment that topical NSAIDs have a decreased absolute risk of GI adverse events compared to oral diclofenac but note that there is insufficient evidence to compare topical versus oral diclofenac in terms of serious GI events (perforation, ulcers, or bleeding), CV events, renal impairment, and hepatotoxicity.
- The FDA package labeling for the topical diclofenac products still carries warnings about GI and CV risks and includes recommendations for liver function monitoring, similar to the oral NSAIDs.
- **Diclofenac 1% gel (Voltaren generic)** is the highest utilized topical NSAID in the MHS. Advantages include easy application to multiple joints, including the fingers, and FDA approval for osteoarthritis of both the hand and knees.
- **The diclofenac 1.5% topical solution (Pennsaid 1.5% generic)** FDA-approved indication is limited to treating osteoarthritis of the knee. Clinical

usefulness may also be limited by the multiple daily dosing (four times daily) and the need to count out 40 drops for application.

- **The diclofenac 2% solution (Pennsaid 2%)** is bioequivalent to the 1.5% solution. The only difference between the products is that the 2% solution is available in a pump and has a slightly more viscous consistency. Provider comments noted that only one diclofenac solution is required on the formulary. Other than patient convenience, Pennsaid 2% offers no compelling advantages over diclofenac 1% gel or the 1.5% solution.
- **Diclofenac 1.3% patch (Flector, generic)** is the only topical NSAID approved for treating acute pain due to musculoskeletal injuries; it does not have approval for treating osteoarthritis. A 2017 Cochrane review showed that diclofenac is effective for acute pain lasting for less than 7 days. Disadvantages to Flector include the large size, making it difficult to apply to small joints. Additionally only one patch can be applied at a time. Providers commented that there are many alternatives to Flector including oral NSAIDs and other topical NSAIDs.

#### *Lidocaine Patches*

- The clinical conclusions from February 2013 remain unchanged, finding that lidocaine patches are probably effective for treating postherpetic neuralgia (PHN), likely effective for neuropathic pain, and lacking in evidence for musculoskeletal pain. The most common adverse event for the lidocaine patch is application site reactions, specifically pruritus.
- **Lidocaine 5% patch (Lidoderm, generic)** has the highest utilization of all the topical pain drugs in the MHS. Advantages include that up to three patches can be used at a time and patches can be cut to size. There are three generic manufacturers on the market, so patients can try different products if there are adhesion issues.
- **Lidocaine 1.8% patch (ZTlido)** is a new formulation of lidocaine that is bioequivalent to the Lidoderm 5% patch, delivering the same amount of lidocaine to the patient. Although the manufacturer claims that ZTlido has improved adhesion over Lidoderm, FDA reviewers questioned the supporting evidence for this claim. There was no new data to change the conclusions from the ZTlido new drug review in November 2018 that it is a candidate for Tier 4 status.
- In order to meet the needs of MHS beneficiaries, one topical diclofenac product and one lidocaine patch are required on the formulary.

**B. Pain Agents: Topical Pain Subclass—Relative Cost-Effectiveness Analysis and Conclusion**

CMA and BIA were performed to evaluate the topical pain agents. The P&T Committee concluded (18 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that the following agents were substantially less cost-effective than the remainder of the class: diclofenac 1.3% patch (Flector, generics), diclofenac 2% solution (Pennsaid 2%), and lidocaine 1.8% patch (ZTlido).
- BIA was performed to evaluate the potential impact of designating selected agents as formulary, NF, or Tier 4 on the UF. BIA results showed that designating diclofenac 1% gel (Voltaren, generics), diclofenac 1.5% drops (generics), and lidocaine 5% patch (Lidoderm, generics) as UF, and diclofenac 1.3% patch (Flector, generics), diclofenac 2% solution (Pennsaid 2%), and lidocaine 1.8% patch (ZTlido) as Tier 4 demonstrated significant cost avoidance for the MHS.

**C. Pain Agents: Topical Pain Subclass—UF/Tier 4/Not Covered Recommendation**

P&T Committee recommended (18 for, 0 opposed, 0 abstained, 0 absent) the following:

- UF
  - diclofenac 1% gel (Voltaren generic)
  - diclofenac 1.5% solution (Pennsaid 1.5% generic)
  - lidocaine 5% patch (Lidoderm generic)
- NF
  - None
- Tier 4/Not Covered
  - diclofenac 2% solution (Pennsaid 2%)
  - diclofenac 1.3% patch (Flector)
  - lidocaine 1.8% patch (ZTlido)

When considering the candidates for Tier 4/not covered status, the P&T Committee considered the information previously stated in section II. C on page 7.

For the three products recommended for Tier 4/Not Covered status, Pennsaid 2%, Flector and ZTlido, the P&T Committee concluded that they provide very little to no additional benefit relative to the other topical pain agents. Overall, the P&T Committee felt that the needs of TRICARE beneficiaries could be met by the

formulary topical pain drugs. Formulary alternatives for the Tier 4 candidates also include the generic oral NSAIDs.

**D. Paint Agents: Topical Pain Subclass—UF/Tier 4/Not Covered and PA Implementation Plan**

The P&T Committee recommended (18 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 120-day implementation period in all points of service and, 2) DHA send letters to beneficiaries who are affected by the UF/Tier 4 recommendations at 30 and 60 days prior to implementation.

**V. UF CLASS REVIEWS—Pain Agents: Topical Pain Subclass**

*BAP Comments*

**A. Paint Agents: Topical Pain Subclass—UF/Tier 4/Not Covered Recommendation**

- UF
  - diclofenac 1% gel (Voltaren generic)
  - diclofenac 1.5% solution (Pennsaid 1.5% generic)
  - lidocaine 5% patch (Lidoderm generic)
- NF
  - None
- Tier 4/Not Covered
  - Pennsaid 2%
  - Flector
  - ZTlido

<p><i>BAP Comment:</i>      <input type="checkbox"/> Concur      <input type="checkbox"/> Non-concur</p>
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**B. Paint Agents: Topical Pain Subclass—UF/Tier 4/Not Covered and PA Implementation Plan**

The P&T Committee recommended an effective date of the first Wednesday after a 120-day implementation period in all points of service and, 2) DHA send letters to beneficiaries who are affected by the UF/Tier 4 recommendations at 30 and 60 days prior to implementation.

*BAP Comment:*       Concur       Non-concur

## VI. NEWLY APPROVED DRUGS PER 32 CFR 199.21(g)(5)

### *P&T Comments*

#### **A. Newly Approved Drugs per 32 CFR 199.21(g)(5)—Relative Clinical Effectiveness and relative Cost-Effectiveness Conclusions**

The P&T Committee agreed (17 for, 0 opposed, 0 abstained, 1 absent) with the relative clinical and cost-effectiveness analyses presented for the newly approved drugs reviewed according to 32 CFR 199.21(g)(5).

#### **B. Newly Approved Drugs per 32 CFR 199.21(g)(5)—UF/Tier 4/Not Covered Recommendation**

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) the following:

- UF
  - benralizumab injection (Fasenra Pen) — Miscellaneous Pulmonary 1 Agent in a new self-administered pen for eosinophilic and severe asthma
  - elexacaftor/tezacaftor/ivacaftor (Trikafta) — Cystic Fibrosis triple fixed-dose combination
  - pegfilgrastim-bmez injection (Ziextenzo) — Hematological Agents: White Blood Cell Stimulants; another biosimilar for Neulasta
  - pretomanid — Antitubercular drug for extensively drug-resistant (XDR) or treatment intolerant/nonresponsive multidrug-resistant (MDR) tuberculosis
  - voxelotor (Oxbryta) — Sickle cell anemia agent for sickle cell disease
  - zanubrutinib (Brukinsa) — Oral oncologic agent for mantle cell lymphoma

- NF
  - asenapine transdermal system (Secuado) — New patch formulation of asenapine for schizophrenia in adults
  - baclofen oral solution (Ozobax) — New oral solution formulation of baclofen for spasticity associated with multiple sclerosis
  - colchicine oral solution (Gloperba) — Anti-Gout Agents; a new oral solution formulation of colchicine
  - diroximel fumarate (Vumerity) — Multiple Sclerosis Agents; another methyl fumarate formulation
  - minocycline 4% foam (Amzeeq) — Topical Acne and Rosacea Agents; a new formulation of minocycline
  - testosterone undecanoate capsules (Jatenzo) — Testosterone Replacement Therapy (TRT) in an oral capsule
  - trifarotene 0.005% cream (Aklief) — Topical Acne and Rosacea agents; a new retinoid
  
- Tier 4/Not Covered
  - albuterol dry powder inhaler (ProAir Digihaler) — Pulmonary-1: Short Acting Beta Agonist (SABA) for asthma
    - ProAir Digihaler was recommended for Tier 4 status as it has no clinical benefit relative to other agents approved for treating asthma symptoms and the needs of TRICARE beneficiaries are met by alternative agents.
      - Formulary alternatives to ProAir Digihaler include albuterol MDI (ProAir HFA), albuterol DPI (ProAir Respiclick), albuterol MDI (Proventil HFA), albuterol MDI (Ventolin HFA), and levalbuterol MDI (Xopenex HFA).
  - benzoyl peroxide 9.8% foam (Enzoclear) — Keratolytic for acne vulgaris
    - Enzoclear was recommended for Tier 4 status as it is not an FDA-approved drug, has no clinical benefit relative to other agents approved for acne vulgaris, and the needs of TRICARE beneficiaries are met by alternative agents.
      - Formulary alternatives to Enzoclear include clindamycin/benzoyl peroxide 1.2% - 5% gel (Duac, generics), clindamycin/ benzoyl peroxide 1% - 5% gel



(Benzaclin, generics), and clindamycin/benzoyl peroxide 1% - 5% gel kit (Duac CS Kit)

- omeprazole magnesium/amoxicillin/rifabutin (Talicia) - Miscellaneous Anti-infective for *Helicobacter pylori* salvage therapy
  - Talicia was recommended for Tier 4 status as it has no clinical benefit relative to other agents approved for *H. pylori* and the needs of TRICARE beneficiaries are met by alternative agents.
    - Formulary alternatives to Talicia include amoxicillin, omeprazole, rifabutin, clarithromycin, metronidazole, and tetracycline.

### C. Newly Approved Drugs per 32 CFR 199.21(g)(5)—PA Criteria

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) the following:

- TRTs: Applying the same manual PA criteria in new and current users of Jatenzo, as is currently in place for the other non-step-preferred TRT products. Patients must first try generic Fortesta or generic Androgel 1%. Also for Jatenzo, additional safety requirements are included in the PA to exclude patients with uncontrolled hypertension or those at high risk for CV adverse events.
- Applying manual PA criteria to new and current users of Akliief, Amzeeq, Fasentra Pen, Oxbryta, Vumerity, and Trikafta.
- Applying manual PA criteria to new users of Brukinsa, Gloperba, and Ozobax.

#### Full PA Criteria for the Newly Approved Drugs per 32 CFR 199.21(g)(5)

##### **1. baclofen oral solution (Ozobax)**

Manual PA criteria apply to all new users of Ozobax.

Manual PA criteria: Ozobax is approved if all criteria are met:

- Baclofen will be used for the treatment of spasticity
- Patient requires baclofen and cannot use the tablet formulation or crushed tablet due to a documented medical condition such as dysphagia, oral candidiasis, or systemic sclerosis, and not due to convenience
- Presence of an NG/J-tube alone is not a reason for approval

Non-FDA approved uses are not approved including nystagmus, trigeminal neuralgia, hiccups, GERD, alcohol abstinence in alcoholic liver disease, and low back pain.

PA does not expire

## 2. benralizumab injection (Fasenra Pen)

Manual PA is required for all new and current users of Fasenra Pen.

Manual PA Criteria: Fasenra Pen is approved if all criteria are met:

- The patient has a diagnosis of severe persistent eosinophilic asthma
- Patient must be  $\geq 12$  years
- The drug is prescribed by an allergist, immunologist, or pulmonologist
- Patient must have an eosinophilic phenotype asthma as defined as either
  - Eosinophils  $\geq 150$  cells/mcL within past month while on oral corticosteroids OR
  - Eosinophils  $\geq 300$  cells/mcL
- Patient's asthma must be uncontrolled despite adherence to optimized medication therapy regimen as defined as requiring one of the following:
  - Hospitalization for asthma in past year
  - Two courses oral corticosteroids in past year
  - Daily high-dose inhaled corticosteroids with inability to taper off
- The patient has tried and failed an adequate course (3 months) of two of the following while using a high-dose inhaled corticosteroid:
  - LABA (e.g., formoterol, salmeterol), LAMA (tiotropium), or leukotriene receptor antagonist

Non-FDA-approved uses are not approved.

PA does not expire

## 3. colchicine oral solution (Gloperba)

Manual PA is required for all new users of Gloperba. Note that other formulations of colchicine (e.g. Colcrys) do not require PA

Manual PA Criteria: Gloperba is approved if all criteria are met:

- Provider must explain why the patient requires liquid colchicine and cannot take colchicine capsules or tablets.

Non-FDA-approved uses are not approved.

PA does not expire.

#### **4. diroximel fumarate (Vumerity)**

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

Manual PA Criteria: Vumerity approved if all criteria are met:

- Documented diagnosis of a relapsing form of Multiple Sclerosis (MS)
- Patient must have had at least a two-week trial of Tecfidera and either
  - Have failed therapy OR
  - Continues to have GI side effects not expected to occur with Vumerity
- Complete blood count drawn within six months prior to initiation of therapy, due to risk of lymphopenia
- Coverage is NOT provided for concomitant use with other disease-modifying drugs of MS

Non-FDA-approved uses are not approved.

PA does not expire.

#### **5. elexacaftor/tezacaftor/ivacaftor (Trikafta)**

Manual PA is required for all new and current users of Trikafta.

Manual PA Criteria: Trikafta is approved if all criteria are met

- Prescribed by or in consultation with a pulmonologist
- Prescribed for the treatment of cystic fibrosis (CF) for an FDA-approved age
- Patient has at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene as detected by an FDA-approved CF mutation test

- Not approved in combination therapy with Symdeko, Orkambi or Kalydeco

Non-FDA-approved uses are not approved  
PA does not expire.

## 6. minocycline 4% foam (Amzeeq)

Manual PA is required for all new and current users of Amzeeq. Note: Amzeeq is not included in the automated step therapy for the topical acne and rosacea agents

Note: Adapalene (cream, gel, and lotion), clindamycin (cream, gel, lotion, and solution), clindamycin/benzoyl peroxide (combination gel), and tretinoin (cream and gel) are available without a PA; providers are encouraged to consider changing the prescription to one of these agents.

Manual PA Criteria: Amzeeq is approved if all criteria are met:

- Patient has a diagnosis of acne vulgaris
- This agent has been identified as having cost-effective alternatives. The provider must explain why the patient requires Amzeeq and cannot take the formulary alternatives.

\_\_\_\_\_ (blank write-in)

Non-FDA approved uses (including rosacea) are not approved.  
PA does not expire.

## 7. testosterone undecanoate capsules (Jatenzo)

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

Manual PA Criteria: Jatenzo is approved if all criteria are met:

- Patient has a confirmed diagnosis of hypogonadism as evidenced by morning total serum testosterone levels below 300 ng/dL taken on at least two separate occasions
  - Patient is a male age  $\geq$  18 years
  - Patient has a diagnosis of deficiency or absence of endogenous testosterone associated with structural or genetic etiologies

- Patient is experiencing signs and symptoms usually associated with hypogonadism
- Patient has tried testosterone 2% gel (Fortesta) OR testosterone 1% gel (AndroGel generic) for a minimum of 90 days AND failed to achieve total serum testosterone levels above 400 ng/dL (labs drawn 2 hours after use of the agent) AND without improvement in symptoms

OR

- Patient has a contraindication to or has experienced a clinically significant adverse reaction to Fortesta OR generic testosterone 1% gel, that is not expected to occur with Jatenzo
- The patient requires a testosterone replacement therapy (TRT) that has a low risk of skin-to-skin transfer between family members

OR

- The requested medication is being used for female-to-male gender reassignment (endocrinologic masculinization)
  - Patient is an adult, or is 16 years or older who has experienced puberty to at least Tanner stage 2; AND
  - Patient has a diagnosis of gender dysphoria made by a TRICARE-authorized mental health provider according to the most current edition of the DSM; AND
  - Patient has no psychiatric comorbidity that would confound a diagnosis of gender dysphoria or interfere with treatment (e.g., unresolved body dysmorphic disorder; schizophrenia or other psychotic disorders that have not been stabilized with treatment); AND
  - Patient has a documented minimum of three months of real-life experience (RLE) and/or three months of continuous psychotherapy addressing gender transition as an intervention for gender dysphoria; AND
  - For gender dysphoria biological female patients of childbearing potential, the patient IS NOT pregnant or breastfeeding.
- Patient does not have any of the following:
  - Hypogonadism conditions not associated with structural or genetic etiologies, carcinoma of the breast or suspected carcinoma of the prostate
  - Uncontrolled hypertension or is at risk for cardiovascular events prior to start of Jatenzo therapy or during treatment

(based on the product's boxed warning of increased risk of major adverse cardiovascular events and hypertension)

- Jatenzo is not approved for concomitant use with other testosterone products.

Non-FDA-approved uses are not approved.  
PA does not expire.

## **8. trifarotene 0.005% cream (Aklief)**

Manual PA is required for all new and current users of Aklief.

Note: Adapalene (cream, gel, and lotion), clindamycin (cream, gel, lotion, and solution), clindamycin/benzoyl peroxide (combination gel), and tretinoin (cream and gel) are available without a PA; providers are encouraged to consider changing the prescription to one of these agents.

Manual PA Criteria: Aklief is approved if all criteria are met:

- Patient has a diagnosis of acne vulgaris
- This agent has been identified as having cost-effective alternatives. The provider must explain why Aklief is required and the patient cannot take the formulary alternatives.

\_\_\_\_\_ (blank write-in)

Non-FDA-approved uses are not approved  
Prior authorization expires in 1 year.

Renewal PA criteria: No renewal allowed. When the PA expires, the next fill/refill will require submission of a new PA

## **9. voxelotor (Oxbryta)**

Manual PA applies to new users of Oxbryta.

Manual PA Criteria: Oxbryta is approved if all criteria are met:

- Patient meets FDA-indicated age requirements for Oxbryta
- Patient has a diagnosis of sickle cell disease
- Patient has had at least one vaso-occlusive crisis in the last 12 months AND has a hemoglobin between 5.5 g/dL and 10.5 g/dL

- Patient has had an inadequate treatment response to a 3 month trial of hydroxyurea
- Drug is prescribed by or in consultation with a hematologist
- For patients on a strong or moderate CYP3A4 inducer (e.g. carbamazepine, phenytoin, rifampin, etc.):
  - Provider acknowledges that prior to starting Oxbryta patient should be switched to a drug that does not interact with Oxbryta. If, and only if, this is not possible, provider should continue the CYP3A4 inducer and increase the dose of Oxbryta per the package insert.

Non-FDA-approved uses are not approved.  
PA expires after 1 year.

Renewal PA criteria: PA will be approved indefinitely if:

- There is documented improvement in Hb by  $\geq 1$  g/dL from baseline OR
- The patient has demonstrated a decreased number of vaso-occlusive crises by  $\geq 1$  crisis/year from baseline in past 12 months

## **10. zanubrutinib (Brukinsa)**

Manual PA criteria apply to all new users of Brukinsa.

Manual PA Criteria: Brukinsa will be approved if all criteria are met:

- Patient is  $\geq 18$  years
- Prescribed by or in consultation with a hematologist/oncologist
- Patient has pathologically confirmed relapsed or refractory mantle cell lymphoma (MCL).
- Monitor for bleeding, infection (including opportunistic infection), cardiac arrhythmias, secondary primary malignancies, and cytopenias
- Patient will use sun protection in sun-exposed areas
- Female patients of childbearing age and are not pregnant confirmed by (-) HCG.
- Female patients will not breastfeed during treatment and for at least 2 weeks after the cessation of treatment
- Female patients of childbearing potential agree to use effective contraception during treatment and for at least 1 week after the cessation of treatment

- The diagnosis Is NOT listed above but IS cited in the National Comprehensive Cancer Network (NCCN) guidelines as a category 1, 2A, or 2B recommendation. If so, please list the diagnosis:

\_\_\_\_\_.

Non-FDA approved uses are not approved.  
PA does not expire.

**D. Newly Approved Drugs per 32 CFR 199.21(g)(5)—UF and PA Implementation Plan**

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) the following:

- **New Drugs Recommended for UF or NF Status, and PA criteria:** An effective date upon the first Wednesday two weeks after signing of the minutes in all POS.
- **New Drugs Recommended for Tier 4 Status:** 1) An effective date of the first Wednesday after a 120-day implementation period at all POS; and 2) DHA send letters to beneficiaries who are affected by the Tier 4/Not Covered recommendation at 30 days and 60 days prior to implementation.

**VII. NEWLY APPROVED DRUGS PER 32 CFR 199.21(g)(5)**

*BAP Comments*

**A. Newly Approved Drugs per 32 CFR 199.21(g)(5)—UF Recommendation**

- **UF**
  - Fasenra Pen
  - Trikafta
  - Ziextenzo
  - pretomanid
  - Oxbryta
  - Brukinsa
- **NF**
  - Secuado
  - Ozobax
  - Gloperba



- Vumerity
- Amzeeq
- Jatenzo
- Aklied
- **Tier 4/Not Covered**
  - ProAir Digihaler
  - Enzoclear
  - Talicia

<i>BAP Comment:</i> <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
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**B. Newly Approved Drugs per 32 CFR 199.21(g)(5)—PA Criteria**

The P&T Committee recommended the PA criteria for the new drugs as stated previously.

<i>BAP Comment:</i> <input type="checkbox"/> Concur <input type="checkbox"/> Non-concur
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**C. Newly Approved Drugs per 32 CFR 199.21(g)(5)—UF and PA Implementation Plan**

- **New Drugs Recommended for UF or NF Status, and PA criteria:** An effective date upon the first Wednesday two weeks after signing of the minutes in all points of service.
- **New Drugs Recommended for Tier 4 Status:** 1) An effective date of the first Wednesday after a 120-day implementation period at all points of service; and 2) DHA send letters to beneficiaries who are affected by the Tier 4/Not Covered recommendation at 30 days and 60 days prior to implementation.

*BAP Comment:*       Concur       Non-concur

## VIII. UTILIZATION MANAGEMENT—NEW MANUAL PA CRITERIA

### *P&T Comments*

#### **A. New Manual PA Criteria—Newly Approved Drugs Not Subject to 32 CFR 199.21(g)(5)**

The P&T Committee recommended (16 for, 0 opposed, 0 abstained, 2 absent) manual PA criteria for new and current users of sulfacetamide and combination products other than Klaron, Rosanil, Avar or generics; venlafaxine HCL ER 24 hr. tablets; and Zalvit (regardless of the woman's age), due to significant cost differences compared with the numerous available alternative agents. The details are discussed below.

##### **1) Acne: Topical Acne and Rosacea Subclass—Sulfacetamide and sulfacetamide/sulfur products**

Sulfacetamide sodium is an antibacterial agent used for acne and rosacea that exhibits a bacteriostatic effect. The addition of sulfur is theorized to increase effectiveness. Rosacea treatment guidelines list sulfacetamide/sulfur as a second-line agent for mild to moderate rosacea, and as a third-line agent for moderate to severe rosacea. Acne treatment guidelines differ in their recommendations with regard to the efficacy of sulfacetamide sodium; however, there is a lack of evidence for sulfur.

There are various strengths and formulations of sulfacetamide alone (i.e. cream, foam, lotion, shampoo), as well as other combination products with sulfur and other ingredients, but none of these products are FDA-approved. The only FDA-approved product is a 10% lotion/suspension of sulfacetamide available under the trade name of Klaron; this is the most cost-effective single ingredient product, and the one most commonly used in the MHS. The most cost-effective combination product is sulfacetamide/sulfur 10%-5% cleanser (Rosanil, Avar generics). The Committee recommended adding a manual PA to encourage use of the most common strengths of sulfacetamide 10% lotion/suspension (Klaron, generics) and sulfacetamide/sulfur 10%-5% cleanser (Rosanil, Avar, generics), and to discourage use of all nonstandard dose sulfacetamide

products. PA is not required for branded or generic formulations of Klaron, Rosanil, or Avar.

The manual PA criteria are as follows:

Manual PA criteria apply to new and current users of sulfacetamide and sulfacetamide combination products.

Note: sulfacetamide 10% lotion/suspension (Klaron, generics) and sulfacetamide/sulfur 10%-5% cleanser (Rosanil, Avar, generics) are available without requiring PA. Providers are encouraged to consider changing the prescription to these preferred sulfacetamide formulations.

Manual PA Criteria: Coverage for sulfacetamide and sulfacetamide combination products is approved if all criteria are met:

This agent has been identified as having cost-effective alternatives. Please describe why this agent is required as opposed to the available alternatives \_\_\_\_\_ (blank write-in)

Non-FDA-approved uses are NOT approved.  
PA does not expire.

## **2) Antidepressants and Non-opioid Pain Syndrome Agents—Venlafaxine hydrochloride (HCL) ER 37.5 mg, 75 mg, 150 mg, and 225 mg tablets**

Venlafaxine HCL ER 24 hr. tablets were first approved in 2008. There are various generic manufacturers and the ER 24 hr. tablets are all significantly more costly than the ER 24 hr. capsules or immediate-release (IR) tablets. The venlafaxine ER 24 hr. tablets have fewer indications than the venlafaxine ER 24 hr. capsule (Effexor XR, generic) formulation. Equal doses of venlafaxine HCL ER 24 hr. tablets are bioequivalent to venlafaxine HCL ER 24 hr. capsules when administered under fed conditions but they do not carry an “AB-rating” for interchangeability to each other. The cost-effective venlafaxine formulations, HCL ER capsules (Effexor XR, generics) and venlafaxine HCL IR tablets, are available to patients without a PA. Manual PA was recommended for the venlafaxine HCL ER tablets, based on cost effectiveness.

The manual PA criteria are as follows:

Manual PA criteria apply to new and current users of venlafaxine HCL ER 24 hr. tablets.

Note: venlafaxine ER capsules and venlafaxine IR tablets are available without requiring PA; providers are encouraged to consider changing the prescription to the preferred venlafaxine formulations: venlafaxine ER capsules, or venlafaxine IR tablets.

Manual PA Criteria: Coverage for venlafaxine HCL ER 24 hr. tablets is approved if all criteria are met:

This agent has been identified as having cost-effective alternatives. Please describe why this agent is required as opposed to the available alternatives \_\_\_\_\_ (blank write-in)

Non-FDA-approved uses are NOT approved.  
PA does not expire.

### **3) Vitamin: Prenatal—Prenatal Vitamin (Zalvit)**

Zalvit is a prenatal dietary supplement manufactured by a single manufacturer and requires a prescription prior to dispensing. The primary ingredients of Zalvit are 13 mg of iron and 1 mg of folic acid (similar to Azesco presented at August 2019 P&T Committee meeting). Certain prescription prenatal multivitamins are included in the TRICARE pharmacy benefit for women younger than age 45 and do not require prior authorization criteria. This agent was identified as having numerous cost-effective alternatives (including Prenatal Vitamins Plus Low I, Prenatal Plus, Preplus, Prenatal, Prenatal Vitamins, Prenatal Multi+ DHA, Prenatal Vitamin Plus Low Iron, and Prenatal Plus DHA) that are available on the UF, where a PA is not required.

The manual PA criteria are as follows:

Manual PA criteria apply to new and current users of Zalvit, regardless of the woman's age.

Note: Prenatal Vitamins Plus Low I, Prenatal Plus, Preplus, Prenatal, Prenatal Vitamins, Prenatal Multi plus DHA, Prenatal Vitamin plus Low Iron, or Prenatal Plus DHA are the preferred products over Azesco and Zalvit and are covered without a PA for women who are under the age of 45 years and planning to become pregnant or who are pregnant.

Manual PA Criteria: Coverage for Azesco or Zalvit is approved if all criteria are met:

This agent has been identified as having cost-effective alternatives. Please describe why this agent is required as opposed to the available alternatives\_\_\_\_\_ (blank write-in)

Non-FDA-approved uses are NOT approved.  
PA does not expire.

**B. New Manual PA Criteria—Insulins: Rapid Acting Agents—generic insulin aspart (authorized generic for Novolog)**

The Rapid Acting Insulins were reviewed for formulary status in November 2019, and branded Novolog is now step-preferred and remains on the BCF. An authorized generic for Novolog entered the market in January 2020. An “authorized generic” is the brand company’s own product repackaged and marketed without the trade name. An authorized generic is considered therapeutically equivalent to the name brand drug because it is the same drug. The FDA does not consider authorized generics as AP-rated generic formulations. The insulin aspart authorized generic is less cost effective than the branded Novolog.

The P&T Committee recommended (16 for, 0 opposed, 0 abstained, 2 absent) manual PA criteria for new and current users requiring a trial of branded Novolog or branded Humalog, due to cost-effectiveness. The PA requirement will be removed when it is no longer cost advantageous.

The manual PA criteria are as follows:

Manual PA criteria apply to new and current users of authorized generic insulin aspart.

Note: Brand Novolog or brand Humalog are the preferred rapid acting insulins and do not require PA.

Manual PA Criteria: Coverage for authorized generic insulin aspart is approved if all criteria are met:

The provider explains a patient-specific justification as to why the brand Novolog or brand Humalog product cannot be used (blank write-in)

Non-FDA-approved uses are NOT approved.

PA does not expire.

**C. New Manual PA Criteria—Respiratory Agents Miscellaneous—epinephrine auto injector (Auvi-Q)**

The Auvi-Q device includes audible voice instructions and has a needle that automatically retracts following injection. Manual PA were recommended at the February 2017 P&T Committee meeting for all epinephrine devices, including Auvi-Q. Although Auvi-Q is significantly more expensive than both branded and generic Epi-Pen, the manual PA requirements were temporarily lifted at the August 2018 P&T Committee meeting due to national shortages of Epi-Pen, and intermittent availability of generic epinephrine auto-injectors. It now appears that the shortages of brand and generic Epi-Pen have resolved, and another product, a pre-filled syringe (Symjepi) was launched in May 2019.

The P&T Committee recommended (16 for, 0 opposed, 0 abstained, 2 absent) reinstating the manual PA criteria for epinephrine (Auvi-Q) auto-injector that were previously in place. The PA criteria will apply to new users only.

The manual PA criteria are as follows:

Manual PA criteria apply to all new users of epinephrine (Auvi-Q) auto-injector.

Note: Auvi-Q has been identified as having cost-effective alternatives including EpiPen, EpiPen generic, and Symjepi. These agents do not require PA.

Manual PA Criteria: Coverage for Auvi-Q is approved if all criteria are met:

The provider documents a patient-specific reason as to why the patient cannot use the formulary alternatives (blank write-in)

Non-FDA-approved uses are NOT approved.  
PA does not expire.

**D. New Manual PA Criteria Implementation Plan**

The P&T Committee recommended the following implementation periods:

- (16 for, 0 opposed, 0 abstained, 2 absent) The new PAs for sulfacetamide and combination products, venlafaxine HCL ER 24 hr. tablets, and the prenatal vitamin Zalvit will become effective the first Wednesday 90-days after the signing of the minutes. DHA will send letters to beneficiaries affected by the

new PA requirements for these products, as new and current users will be subject to the PA.

- (16 for, 0 opposed, 0 abstained, 2 absent) Implementing the new PA for the authorized generic for insulin aspart will become effective upon signing of the minutes.
- (16 for, 0 opposed, 0 abstained, 2 absent) Re-instating the previous PA criteria for Auvi-Q in new users will become effective the first Wednesday 30-days after the signing of the minutes.

## **IX. UTILIZATION MANAGEMENT—NEW MANUAL PA CRITERIA**

### *BAP Comments*

#### **A. New Manual PA Criteria**

The P&T Committee recommended new manual PA criteria for the drugs discussed above, sulfacetamide and sulfacetamide sulfur products, venlafaxine HCl, Zalvit, authorized generic for Novolog, and Auvi-Q.

*BAP Comment:*       Concur       Non-concur

#### **B. New Manual PA Criteria—Implementation Plan**

The P&T Committee recommended the new PA criteria for the drugs discussed above become effective as discussed above.

*BAP Comment:*       Concur       Non-concur

## **X. UTILIZATION MANAGEMENT—UPDATED MANUAL PA CRITERIA**

### *P&T Comments*

#### **A. Updated Manual PA Criteria**

Updates to the manual PA criteria and step therapy for several drugs were recommended due to a variety of reasons, including clinical trial data, new dosing for FDA indications, age indications, new FDA-approved indications, and cost-effective alternative treatments being available. The updated PAs and step therapy outlined below will apply to new users with the exception of doxycycline (Oracea) which will apply to new and current users.

The updates are as follows:

**1) Migraine Agents: Calcitonin Gene-related Peptide (CGRP)**

**Preventatives—erenumab-aooe (Aimovig), fremanezumab-vfrm (Ajovy), and galcanezumab-gnlm (Emgality)**—Manual PA criteria for Aimovig, Ajovy, and Emgality were originally recommended at the August 2018 and November 2018 P&T meetings. The PAs for all the CGRP inhibitors were updated at the February 2019 P&T meeting and do not allow concurrent use with botulinum toxin; additionally the patient must not have received a botulinum toxin injection within 2 months of receiving a CGRP inhibitor.

The Committee considered whether to remove the prohibition of concurrent use with botulinum toxin. The Committee reviewed the data, which included comments from the American Migraine Foundation, the 2018 American Headache Society Consensus Statement on Initiation of CGRP antagonists, and a Neurology Times article. The available adverse event (AE) data suggests that there are minimal interactions between CGRPs and botulinum toxin. There is limited information on the effectiveness of concurrent use of CGRPs with botulinum toxin, as a portion of the patients experienced some benefit and others demonstrated no benefit or even an increased frequency of migraines. More data is needed to make a definitive conclusion on the benefit or harm of concurrent use. The service specialists were also contacted, and their recommendation was to remove this particular criterion. The Manual PA criteria for Aimovig, Ajovy, and Emgality were updated to remove the requirement to not allow concurrent use with botulinum toxin.

**2) Antilipidemic 2's-omega-3 fatty acids—icosapent ethyl (Vascepa)**—

Manual PA criteria for Vascepa were updated to reflect a new indication for CV outcome reduction (i.e., to reduce the risk of myocardial infarction, stroke, coronary revascularization, and unstable angina requiring hospitalization). Patients will be required to meet the study inclusion criteria from the REDUCE-IT trial published in the New England Journal of Medicine. For patients with hypertriglyceridemia and triglyceride (TG) levels  $\geq 500$  mg/dL, who have tried and failed generic Lovaza prior to use of



Vascepa. Concurrent use of Vascepa with Lovaza will not be allowed. PA criteria will apply to all new users of Vascepa.

- 3) **Targeted Immunomodulatory Biologics (TIBs): tofacitinib (Xeljanz XR)**—Manual PA criteria for Xeljanz and Xeljanz XR were updated to reflect the new dosage strengths of 11 mg XR and 22 mg XR tablets administered once daily for treatment of ulcerative colitis (UC). Previously the only approved dosing regimens were 5 mg and 10 mg twice daily.
- 4) **Pulmonary 1's-Pulmonary Miscellaneous: mepolizumab (Nucala)**—Manual PA criteria for Nucala were updated to remove the age requirement for the eosinophilic asthma indication. The FDA recently lowered the age indication to  $\geq 6$  years for patients with eosinophilic asthma. The Manual PA criteria and age indication for eosinophilic granulomatosis with polyangiitis (EPGA) will not change and will remain limited to patients  $\geq 18$  years, consistent with the package insert.
- 5) **Basal Insulins: insulin glargine U-300 (Toujeo)**—Manual PA criteria for Toujeo were updated to reflect a new pediatric indication to improve glycemic control in patients with diabetes mellitus  $\geq 6$  years.
- 6) **Corticosteroids: Immune Modulators—deflazacort (Emflaza)**—Manual PA criteria for Emflaza were updated to reflect a lowered age indication to  $\geq 2$  years for patients with Duchenne muscular dystrophy (DMD).
- 7) **Acne Agents: Tetracyclines—doxycycline monohydrate IR/ER 40 mg capsules (Oracea)**—Manual PA criteria for Oracea were last updated during the Tetracyclines class review at the February 2017 P&T Committee meeting. Treatment guidelines for papulopustular rosacea list oral doxycycline as a second-line therapy option following topical medications. Oracea branded and generic formulations are much less cost effective than the immediate release (IR) formulation of doxycycline. The FDA-approved label for Oracea also states that efficacy beyond 16 weeks and safety beyond 9 months have not been established. The Oracea PA was updated to require the provider to document why the patient cannot be treated with the cost-effective formulary alternatives.

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) the updates to the manual PA criteria for Aimovig, Ajovy, Emgality, Xeljanz, Xeljanz XR, Nucala, Toujeo, Emflaza, Vascepa, and Oracea.

## **B. Updated Manual PA Criteria—Implementation Plan**

The P&T Committee recommended the following implementation periods:

- (17 for, 0 opposed, 0 abstained, 1 absent) Updates to the current PA criteria for Aimovig, Ajoyvy, Emgality, Xeljanz, Xeljanz XR, Nucala, Toujeo, Emflaza, and Vascepa in new users will become effective the first Wednesday 60-days after the signing of the minutes.
- (17 for, 0 opposed, 0 abstained, 1 absent) Updates to the current PA criteria for Oracea brand and generics in new and current users will become effective the first Wednesday 90-days after the signing of the minutes.

## XI. UTILIZATION MANAGEMENT—UPDATED MANUAL PA CRITERIA

### *BAP Comments*

#### A. Updated PA Criteria

The P&T Committee recommended updates to the manual PA criteria for the drugs discussed above.

<p><i>BAP Comment:</i>      <input type="checkbox"/> Concur      <input type="checkbox"/> Non-concur</p>
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#### B. Updated PA Criteria—Implementation Plan

The P&T Committee recommended the updates to the PA criteria for the drugs discussed above become effective as stated.

<p><i>BAP Comment:</i>      <input type="checkbox"/> Concur      <input type="checkbox"/> Non-concur</p>
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## XII. RE-EVALUATION OF NONFORMULARY GENERICS

### *P&T Comments*

*Background*—The DHA Pharmacy Operations Division (POD) Formulary Management Branch (FMB) monitors changes in clinical information, current costs, and utilization trends to determine whether the formulary status of NF drugs that are now available in generic formulations needs to be readdressed. The P&T Committee’s process for the

reevaluation of NF agents was established at the May 2007 meeting and approved by the Director, TRICARE Management Agency (TMA), on July 24, 2007. A summary of the criteria is available in Appendix E of the November 2012 P&T Committee minutes.

**A. Antidepressant-1s (AD-1s) and Non-Opioid Pain Syndrome Drugs:  
pregabalin (Lyrica)**

Lyrica has been designated as NF and non-step-preferred since the AD-1 drug class review in November 2011. Step therapy requires a trial of gabapentin and duloxetine prior to use of Lyrica. The P&T Committee re-evaluated the formulary status of Lyrica due to price reductions in generic pregabalin formulations available across all three points of service. New clinical information comparing pregabalin with gabapentin was reviewed. Current utilization trends, numbers of generic products on the market, and relative cost-effectiveness, including the weighted average cost per unit for generic pregabalin (Lyrica) were also reviewed. The unit cost of generic pregabalin formulations has dropped significantly from the previous generic and brand cost, and the generic supply appears stable, as 13 manufacturers are producing product.

***Pregabalin (Lyrica) Formulary Status, PA recommendation and implementation***—The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 1 absent) the following:

- Returning pregabalin (Lyrica, generics) to formulary status.
- Removing the current step-therapy and manual PA requirements for pregabalin.
- An effective date the first Wednesday 30 days after signing of the minutes

**B. AD-1s: Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs):  
desvenlafaxine succinate ER (Pristiq) and desvenlafaxine ER**

Desvenlafaxine succinate ER (Pristiq) and desvenlafaxine ER are NF, with step therapy requiring an initial trial of venlafaxine ER. The Desvenlafaxine ER product was approved under a New Drug Application (NDA) and is considered a brand agent, with no generics available; a previously available desvenlafaxine ER product (Khedezla) has been discontinued. As of Nov 2019, generic desvenlafaxine succinate ER is available from multiple manufacturers and the weighted average cost across DoD POS is lower than that for venlafaxine ER. The P&T Committee also noted that, although the weighted average cost for the branded Desvenlafaxine ER products was much higher than venlafaxine ER or

desvenlafaxine succinate ER (generic Pristiq), utilization was very low (fewer than 300 30-day equivalent Rxs over a 90-day period)

***Desvenlafaxine succinate ER (Pristiq) Formulary Status, PA recommendation and implementation***—The P&T Committee recommended (16 for, 0 opposed, 0 abstained, 2 absent) the following:

- Returning desvenlafaxine succinate ER (Pristiq, generics) to UF status.
- Making no changes to the formulary status for the branded Desvenlafaxine ER product, which will remain NF.
- Removing the step therapy requirement for both desvenlafaxine succinate ER (Pristiq, generics) and Desvenlafaxine ER.
- An effective date the first Wednesday 30 days after signing of the minutes at all points of service.

### **XIII. RE-EVALUATION OF NONFORMULARY GENERICS**

#### ***BAP Comments***

#### **A. Pregabalin (Lyrica) and desvenlafaxine succinate ER (Pristiq) formulary status, PA recommendation and implementation plan.**

The P&T Committee recommended the changes to Lyrica and Pristiq as stated above.

*BAP Comment:*       Concur       Non-concur

### **XIV. INFORMATIONAL ITEM—PRENATAL LEGEND VITAMINS MOVING TO OTC STATUS**

In November 2019, First Databank moved several legend Prenatal Vitamin preparations to the status of legend Multivitamin preparations. Prenatal vitamins are required to have ingredients containing folic acid 400 mcg; vitamin D 10 mcg/400 units; and iron 27mg (or Low/No iron products with 0 to 26 mg of iron). Several vitamin combinations that do

not contain the adequate ingredients for classification as prenatal vitamins or are not labeled as prenatal vitamins are affected. Due to the CFR 199.4 regulations for coverage of vitamins, the products moving to multivitamin status will no longer be covered under the TRICARE pharmacy benefit.

Patients impacted by this change at the Mail, Retail, and MHS GENESIS sites will receive letters in February 2020, and the products will be removed from the Pharmacy Benefit on April 1, 2020.

*(Note that BAP Comments are not required for the informational item)*

**XV. INFORMATION ITEM—SUMMARY OF RECOMMENDATIONS AND BENEFICIARY IMPACT**

**Table of implementation Status of UF Recommendations/Decisions Summary February 2020**

DoD PEC Drug Class	UF Drugs	NF Drugs	Tier 4/Not Covered Drugs	Implement Date	Notes and Unique Users Affected
Pain Agents: Nonsteroidal Anti-Inflammatory Drug Subclass	<ul style="list-style-type: none"> <li>▪ celecoxib</li> <li>▪ diclofenac/misoprostol</li> <li>▪ diclofenac potassium</li> <li>▪ diclofenac sodium</li> <li>▪ difflunisal</li> <li>▪ etodolac</li> <li>▪ flurbiprofen</li> <li>▪ ibuprofen 400 mg, 600 mg &amp; 800 mg</li> <li>▪ indomethacin IR 25 mg &amp; 50 mg</li> <li>▪ indomethacin ER 75mg</li> <li>▪ indomethacin rectal suppository</li> <li>▪ ketorolac tablets</li> <li>▪ meloxicam 7.5 mg &amp; 15 mg</li> <li>▪ nabumetone</li> <li>▪ naproxen 250 mg &amp; 500 mg</li> <li>▪ naproxen 125mg/5ml oral suspension</li> <li>▪ naproxen IR 375 mg</li> <li>▪ naproxen delayed release (DR) 375 mg &amp; 500 mg</li> <li>▪ naproxen sodium 275 mg &amp; 550 mg</li> <li>▪ oxaprozin</li> <li>▪ piroxicam</li> <li>▪ sulindac</li> <li>▪ mefenamic acid 250 mg (generic Ponstel) (moves from NF to UF)</li> </ul>	<ul style="list-style-type: none"> <li>▪ diclofenac potassium powder packets 50 mg (Cambia)</li> <li>▪ fenoprofen tablets (moves from UF to NF)</li> <li>▪ indomethacin oral suspension (moves from UF to NF)</li> <li>▪ ketoprofen (moves from UF to NF)</li> <li>▪ ketorolac nasal spray (Sprix)</li> <li>▪ meclofenamate (moves from UF to NF)</li> <li>▪ meloxicam ODT (Qmiiz)</li> <li>▪ naproxen sodium ER (Naprelan, generic) 375 mg, 500 mg, &amp; 750 mg ER tabs, dosing card</li> <li>▪ tolmetin (moves from UF to NF)</li> </ul>	<ul style="list-style-type: none"> <li>▪ amlodipine/celecoxib (Consensi)</li> <li>▪ diclofenac potassium liquid-filled capsules (Zipsor)</li> <li>▪ diclofenac submicronized (Zorvolex)</li> <li>▪ fenoprofen capsules (moves from UF to Tier 4)</li> <li>▪ ibuprofen/ famotidine tablets (Duexis)</li> <li>▪ indomethacin submicronized (Tivorbex)</li> <li>▪ meloxicam submicronized (Vivlodex)</li> <li>▪ naproxen/esomeprazole (Vimovo) (remains Tier 4)</li> </ul>	Pending signing of the minutes / 120 days	<p><u>Unique Users Affected (NF candidates)</u> Mail – 90 MTF – 5 Retail – 166 Total – 261</p> <p><u>Unique Users Affected (Tier 4 candidates)</u> Mail – 447 MTF – 38 Retail – 559 Total – 1,044</p> <p>NF and Tier 4 candidates represent 0.16% of all NSAID UUs</p>
Pain Agents: Topical Pain Subclass	<ul style="list-style-type: none"> <li>▪ diclofenac 1% gel (Voltaren generic)</li> <li>▪ diclofenac 1.5% solution (Pennsaid 1.5% generic)</li> <li>▪ lidocaine 5% patch (Lidoderm generic)</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ diclofenac 2% solution (Pennsaid 2%)</li> <li>▪ diclofenac 1.3% patch (Flector)</li> <li>▪ lidocaine 1.8% patch (ZTlido)</li> </ul>	Pending signing of the minutes / 120 days	<p><u>Unique Users Affected (Tier 4 candidates)</u> Mail – 946 MTF – 379 Retail – 1871 Total – 3197</p> <p>Tier 4 candidates represent 1.5% of all Topical Pain UUs</p>

**Drugs with New Prior Authorization Criteria—Unique Utilizers Affected**

<b>Drug</b>	<b>MTF</b>	<b>Mail Order</b>	<b>Retail</b>	<b>Total</b>
Prenatal vitamin (Zalvit)	0	0	0	0
Acne: Topical Acne and Rosacea subclass—Sulfacetamide and sulfacetamide/sulfur products	252	616	1,562	2,430
Venlafaxine hydrochloride (HCL) ER 37.5 mg, 75 mg, 150 mg, and 225 mg tablets	775	2,598	1,996	5,369
Insulins: Rapid Acting Agents—generic insulin aspart (authorized generic for Novolog)	0	0	0	0