

## **AGENDA**

***Uniform Formulary Beneficiary Advisory Panel (UF BAP)  
For the February 2024 Department of Defense Pharmacy and Therapeutics  
Committee Meeting  
April 3, 2024 at 10:00 AM Eastern Daylight Time***

### ***Virtual Meeting***

- **General session starts at 10:00 AM Eastern Daylight Time (Administrative meeting preceding)**
- **Roll Call**
- **Therapeutic Class Reviews**

*Members of the Defense Health Agency (DHA) Pharmacy Operations Division (POD) Formulary Management Branch (FMB) will present relative clinical and cost-effective analyses along with the Department of Defense (DoD) Pharmacy & Therapeutics Committee (P&T) recommendations for the Uniform Formulary (UF) and any recommended complete exclusion candidates.*

*The DoD P&T Committee made recommendations for the following drugs/drug classes during the February 2024 meeting.*
- **Drug Class Reviews**
  - *Growth–Stimulating Hormone Agents*
- **Newly Approved Drugs per 32 CFR 199.21(g)(5)**
  - *adalimumab-afzb injection (Abrilada)—Targeted Immunomodulatory Biologics (TIBs): non-tumor necrosis factors (TNF) inhibitors: Humira biosimilar*
  - *bimekizumab-bkzx injection (Bimzelx)—TIBs: non-TNF inhibitors for plaque psoriasis*
  - *capivasertib (Truqap)—Oncological Agents for breast cancer*
  - *clindamycin 1.2%, adapalene 0.15%, benzoyl peroxide 3.1% topical gel (Cabtreo)—Acne Agents: Topical Acne and Rosace Agents*
  - *crizotinib oral pellets (Xalkori)—Oncological Agents; a new formulation for non-small cell lung cancer (NSCLC), anaplastic large cell lymphoma (ALCL) and inflammatory myofibroblastic tumors (IMT)*
  - *daprodustat (Jesduvroq)—Hematological Agents*
  - *etrasimod (Velsipity)—Sphingosine-1 Phosphate Receptor Modulators for ulcerative colitis*
  - *fruquintinib (Fruzaqla)—Oncological Agents for colorectal cancer*

- *lacosamide extended release (Motpoly XR)*—Anticonvulsants Antimanania Agents
- *methotrexate oral solution (Jylamvo)*—Antirheumatics; new formulation of methotrexate
- *metronidazole oral suspension (Likmez)*—Gastrointestinal-2 Agents; new formulation of metronidazole
- *mirikizumab-mrkz injection (Omvoh)*—TIBs for ulcerative colitis
- *momelotinib (Ojjaara)*—Oncological Agents for myelofibrosis
- *nirogacestat (Ogsiveo)*—Oncological Agents for desmoid tumors
- *oxaprozin 300 mg capsules (Coxanto)*—Pain Agents: Non-Steroidal Anti-inflammatory Agents (NSAIDs)
- *repotrectinib (Augtyro)*—Oncological Agents for non-small cell lung cancer (NSCLC)
- *tenapanor (Xphozah)*—Electrolyte Depleting Agents; phosphate absorption inhibitor for chronic kidney disease
- *tirzepatide injection (Zepbound)*—Weight Loss Agents
- *vedolizumab injection (Entyvio)*—TIBs for ulcerative colitis
- *vonoprazan (Voquezna)*—Proton Pump Inhibitors: Potassium Competitive Acid Blockers
- *zuranolone (Zurzuvae)*—Antidepressants and Non-Opioid Pain Syndrome Agents; for postpartum depression

#### ➤ Utilization Management Issues

- **Prior Authorization (PA) Criteria—New Manual Prior Authorization (PA) Criteria**
  - *Electrolyte-Mineral-Trace Elements: potassium chloride (KCl) 10 mEq packet (Pokonza)*
  - *Pain Agents: Topical Pain Agents: lidocaine 5% patch (Dermacin RX, Lidocan, Lidocan II, Lidocan III)*
- **PA Criteria —Manual PA Criteria for Newly Approved Drugs Not Subject to 32 CFR 199.21(g)(5)**
  - *Diabetes Non-Insulin Drugs: Sulfonylureas: glipizide 2.5 mg immediate release (IR) tablet*
  - *Corticosteroids Immune Modulators: High-Potency Corticosteroids: amcinonide 0/1% ointment*
  - *Binders-Chelators-Antidotes-Overdose Agents: trientine 500 mg capsules*

- **PA Criteria—Updated PA Criteria for New FDA-Approved Indications**
  - *Oncological Agents: Ovarian Cancer: olaparib (Lynparza)*
  - *Oncological Agents: encorafenib (Braftovi) and binimetinib (Mektovi)*
  - *Oncological Agents: Lung Cancer: entrectinib (Rozyltrek)*
  - *Oncological Agents: Second Generation Antiandrogens: enzalutamide (Xtandi)*
  - *Oncological Agents: pirtobrutinib (Jaypirca)*
  - *Oncological Agents: Acute Myelogenous Leukemia (AML): ivosidenib (Tibsovo)*
  - *Oncological Agents: belzutifan (Welireg)*
  - *Oncological Agents: Non-Bruton Tyrosine Kinase (BTK) Inhibitors for Chronic Lymphocytic Leukemia (CLL): venetoclax (Venclexta)*
  - *Growth-Stimulating Agents: Miscellaneous: vosoritide (Voxzogo)*
  - *Psoriasis Agents: roflumilast 0.3% cream (Zoryve)*
  - *Atopy Agents: tralokinumab-ldrm (Adbry)*
  - *TIBs: etanercept (Enbrel) and abatacept (Orencia)*
  - *TIBs: non-TNF inhibitors: secukinumab (Cosentyx)*
  - *Metabolic Agents Miscellaneous: odevixibat (Bylvay) and maralixibat (Livmarli)*
- **PA Criteria—Updated PA Criteria for Reasons Other Than New Indications**
  - *Pulmonary-1 Agents: Inhaled Corticosteroids: Nonformulary, non-step preferred products*
  - *Oncological Agents: Prostate Cancer 2<sup>nd</sup> Generation Antiandrogens: darolutamide (Nubeqa)*
  - *Oncological Agents: Prostate Cancer CYP-17 Inhibitors: abiraterone acetate 500 mg (Zytiga)*
  - *Hematological Agents: ropeginterferon alfa-2b-njft (Besremi)*
  - *Sphingosine-1 phosphate (S1-P) Receptor Modulators for ulcerative colitis: ozanimod (Zeposia)*
  - *Gastrointestinal-2 Agents: Constipation-predominant Irritable Bowel Syndrome: tenapanor (Ibsrela)*

➤ **Removal of PA Criteria—Contraceptive Agents**

- *norethindrone 1 mg/ethinyl estradiol 20 mcg/iron (chew tab) (e.g., Charlotte 24 Fe, Finzala, Mibelas 24 Fe)*
- *norethindrone 1 mg/ethinyl estradiol 20 mcg/iron (e.g., Aurovela 24 Fe, Blisovi 24 Fe, Hailey 24 Fe, Junel Fe 24, Larin 24 Fe, Microgestin 24 Fe, Tarina 24*

*Fe)*

- *norethindrone 0.8mg/ethinyl estradiol 25 mcg (chew tab) (e.g., Kaitlib Fe, Layolis Fe)*
- *norethindrone 0.4mg/ethinyl estradiol 35 mcg (e.g., Balziva, Briellyn, Philith, Vyfemla)*
- *norethindrone 0.4mg/ethinyl estradiol 35 mcg/iron (chew tab) (e.g., Wymzya Fe)*
- *levonorgestrel 0.15 mg/ethinyl estradiol 30 mcg 3-month dose pack (e.g., Amethia, Ashlyna, Camrese, Daysee, Jaimiess, Simpesse)*
- *levonorgestrel 0.1 mg/ethinyl estradiol 20 mcg 3-month dose pack (e.g., Camrese Lo, Lojaimiess)*

➤ **Continuous Glucose Monitoring Systems PA Criteria**

➤ **Brand Over Generic PA Authorization and Tier 1 copay**

- *Parathyroid Hormones: Long-Acting Muscarinic Antagonists – teriparatide injection (Forteo)*

➤ **Re-evaluation of Nonformulary Generics**

- *Androgens-Anabolic Steroids: Testosterone Replacement Therapy*
  - *testosterone 2% gel metered-dose pump (generic Fortesta)*
  - *testosterone 1% gel MDP and gel packets (generic Androgel)*
  - *testosterone 1.62% gel metered dose pump and gel packets (generic Androgel)*
  - *testosterone 2% solution (generic Axiron)*
  - *testosterone 1% gel unit dose tubes (generic Testim, Vogelxo)*

➤ **Over-the-Counter (OTC) Formulary Addition**

- *Alcohol Deterrents-Narcotic Antagonists: naloxone 3 mg nasal spray (RiVive)*

➤ **Panel Discussions**

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