

**To: IEHP Provider Network**

**From: IEHP Pharmaceutical Services**

**Date: December 1, 2023**

**Subject: November 2023 Pharmacy & Therapeutics Update**

## November 2023 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, November 3rd, 2023. As a reminder, all Medi-Cal prescription formulary decisions are no longer made by IEHP and should be addressed with Medi-Cal Rx directly.

### Medicare Formulary Updates

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
<b>Abilify Mycite</b> (aripiprazole)	Maintenance Kit with sensor and strip: 2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet	Add to Formulary, Quantity Limit	09/01/2023
<b>Abrysvo</b> (Respiratory Syncytial Virus Vaccine)	120 mcg/0.5 mL intramuscular solution	Add to Formulary	10/01/2023
amphotericin B liposome	50 mg intravenous suspension	Add to Formulary, PA	10/01/2023
<b>Arexvy</b> (pf) (Respiratory Syncytial Virus Vaccine)	120 mcg/0.5 mL intramuscular solution	Add to Formulary	10/01/2023
<b>Clenpiq</b> (sodium picosulfate/magnesium oxide/anhydrous citric acid)	10 mg-3.5 gram-12 gram/175 ml oral solution	Add to Formulary	09/01/2023
<b>Cosentyx Unoready</b> (secukinumab)	300 mg/2 ml (150 mg/ml) subcutaneous pen	Add to Formulary, PA	11/01/2023
darunavir ethanolate	600 mg tablet, 800 mg tablet	Add to Formulary	09/01/2023

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
electrolyte-148	intravenous solution	Add to Formulary, PA	10/01/2023
<b>Farxiga</b> (dapagliflozin)	5 mg tablet, 10 mg tablet	Remove Quantity Limit	10/01/2023
<b>Jardiance</b> (empagliflozin)	10 mg tablet, 25 mg tablet	Add to Formulary	10/01/2023
<b>Synjardy</b> (empagliflozin-metformin HCl)	5 mg-500 mg tablet, 5 mg-1000 mg tablet, 12.5 mg-500 mg tablet, 12.5 mg -1000 mg tablet	Add to Formulary	10/01/2023
<b>Synjardy XR</b> (empagliflozin-metformin HCl)	5mg-1000 mg tablet, extended release, 10mg-1000 mg tablet, extended release, 12.5mg-1000 mg tablet, extended release, 25mg-1000 mg tablet, extended release	Add to Formulary	10/01/2023
<b>Xigduo XR</b> (dapagliflozin-metformin HCl)	10mg-1000mgtablet, extended release, 10-500mg tablet, extended release, 2.5mg – 1000mg tablet, extended release, 5mg-1000mg tablet, extended release, 5mg-500mg tablet, extended release	Remove Quantity Limit	10/01/2023

Highlights from the Medicare D-SNP Formulary Additions include the addition of Jardiance, Synjardy/Synjardy XR and Respiratory Syncytial Virus (RSV) vaccines Abrysvo and Arexvy. They were added to the formulary with no prior authorization for new starts.

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

### Pharmacy Utilization Management Updates

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

Pharmacy Policy	Recommendation
IEHP Drug Prior Authorization Policy*	Renew
Non-Formulary Drug*	Renew

High Daily Morphine Milligram Equivalent*	Renew
Quantity Limit Policy*	Renew
Drug Trial and Failure*	Update
Pharmacy Drug Management Program for Pain	Update
Non-Sterile Compounded Medication	Retire

\*Update the lines of business (“All lines of business”)

Twelve Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria. The Prior Authorization Criteria’s were presented to the P&T Subcommittee Members with the recommendation to update with minor changes and to retire in order to be re-classified under different drug class.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Central Nervous System	HP ACTHAR	Update to consolidate from pharmacy PA criteria
Endocrine & Metabolic	ALGLUCOSIDASE ALFA	Update to better mirror Medi-Cal Provider Manual
	RASBURICASE	Add exclusion criteria: G6PD is contraindicated
	TEPROTUMUMAB	Minor format update for better readability
Eye, Ear, Nose, Throat	AFLIBERCEPT	Minor format update for better readability
Gastrointestinal	INFLIXIMAB	Minor format update for better readability
Hematological	LUSPATERCEPT	Minor format update for better readability
	ROMIPLOSTIM	

	ECULIZUMAB	
Immunological Agents	IVIG	Update to consolidate from pharmacy PA criteria
	DENOSUMAB	Update to better mirror Medi-Cal Provider Manual, per agent (Prolia vs. Xgeva)
Oncology	BORTEZOMIB	Retire, and re-classify J9041 (bortezomib) PA group to "ANTINEOPLASTIC"
Anti-infectives	Reviewed with No Change	
Cardiovascular		
Dermatological		
Gastrointestinal		
Gastrourinary		

**Update to service code:**

Code	Drug Description	Change	Effective Date
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Add to formulary with PA	12/1/2023
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Add to formulary with PA	12/1/2023
J0801	Injection, corticotropin (acthar gel), up to 40 units	Add to formulary with PA	12/1/2023
J9041	Injection, bortezomib, 0.1 mg	Re-classify PA group Old: BORTEZOMIB New: ANTINEOPLASTIC	12/1/2023

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J9022	Injection, atezolizumab, 10 mg	Add to formulary with PA	12/1/2023
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**Drug Utilization Review (DUR) Updates**

IEHP reviewed 2 DUR reports related to management of HbA1c level and use of high-risk medications in older adults. We will continue to work on Quality measures throughout the remainder of the year and encourage providers to contact us if they need assistance or have any questions.

**The next IEHP P&T Subcommittee Meeting is Friday, February 2, 2024**