

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: March 5, 2024

Subject: February 2024 Pharmacy & Therapeutics Update

February 2024 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, February 2nd, 2024. 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
Breo Ellipta (fluticasone-vilanterol)	50 mcg – 25 mcg / Dose Powder for Inhalation	Add to Formulary, Quantity Limit	01/01/2024
Breyna (budesonide-formoterol)	80 mcg – 4.5 mcg inhalation/actuation HFA aerosol inhaler, 160 mcg – 4.5 mcg inhalation/actuation HFA aerosol inhaler	Add to Formulary, Quantity Limit	02/01/2024
brimonidine	0.1% eye drops	Add to Formulary	01/01/2024
budesonide-formoterol	80-4.5 mcg inhalation/actuation aerosol inhaler, 160-4.5 mcg inhalation/actuation aerosol inhaler	Add to Formulary, Quantity Limit	02/01/2024
clindamycin	150 mg/mL injection solution (6 ml), 600 mg/4 mL intravenous solution	Add to Formulary	02/01/2024
EnilloRing (ethinyl estradiol-etonogestrel)	0.12 mg-0.015 mg/24 hr vaginal ring	Add to Formulary	01/01/2024
fluticasone propionate	Propionate 50 mcg, 100 mcg, 250 mcg/actuation blister powder for inhalation	Add to Formulary, Quantity Limit	01/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Fruzaqla (fruquintinib)	1 mg capsule, 5 mg capsule	Add to Formulary, Quantity Limit, PA for new Start	01/01/2024
glipizide	2.5 mg tablet	Add to Formulary, Quantity Limit	02/01/2024
Kourzeq (triamcinolone acetonide)	0.1% dental paste	Add to Formulary	01/01/2024
Lagevrio (molnupiravir)	200 mg capsule (EUA)	Add to Formulary	01/01/2024
lithium citrate	8 mEq/5 mL oral solution	Add to Formulary	01/01/2024
Ojjaara (momelotinib)	100 mg tablet, 150 mg tablet, 200 mg tablet	Add to Formulary, Quantity Limit, PA for New Start	01/01/2024
Paxlovid (nirmatrelvir-ritonavir)	150 mg-100mg tablets in a dose pack (renal dose), 300 mg (150 mg x 2)-100 mg tablets in a dose pack	Add to Formulary	01/01/2024
pazopanib	200 mg tablet	Add to formulary, PA for New Start	01/01/2024
Symbicort (budesonide-formoterol)	160 mcg-4.5 mcg/actuation HFA aerosol inhaler, 80 mcg-4.5 mcg/actuation HFA aerosol inhaler	Increase Quantity Limit	02/01/2024
Truqap (capiwasertib)	160 mg tablet, 200 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	01/01/2024
Turqoz (norgestrel - ethinyl estradiol)	(28) 0.3 mg-30 mcg tablet	Add to Formulary	01/01/2024
Vanflyta (quizartinib)	17.7 mg tablet, 26.5 mg tablet	Add to Formulary, PA for New Start	01/01/2024
Zurzuvae (zuranolone)	20 mg capsule, 25 mg capsule, 30 mg capsule	Add to Formulary, Quantity Limit	01/01/2024

Highlights from the Medicare D-SNP Formulary Additions include Breo Ellipta, Breyna, and Paxlovid. 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/browse-plans/dualchoice/prescription-drugs>

Pharmacy Utilization Management Updates

This quarter, two internal Pharmacy Policies and three Medi-Cal Medical Drug Benefit Policies were presented to the P&T subcommittee for their approval. The policies were submitted with the recommendation to update with minor changes.

Pharmacy Policy	Recommendation
Pharmacy and Therapeutics Subcommittee	Update
Formulary Management	Update
Discharge Policy	Update
Intradialytic Parental Nutrition (IDPN) Policy	Update
Off-Label Indication Policy	Update

Four Medi-Cal Medical Drug Benefit Drug Classes have been reviewed along with corresponding Prior Authorization Criteria. The Prior Authorization Criteria were presented to the P&T Subcommittee Members with the recommendation to update with minor changes and to retire in order to repurpose from criteria for Pharmacy Benefit review to Medical Benefit review.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Endocrine & Hormones	GROWTH HORMONE	Retire
	SANDOSTATIN (octreotide)	Retire
Respiratory	NUCLA (mepolizumab)	Update to consolidate from pharmacy PA criteria. Criteria updated to mirror Medi-Cal Provider Manual

	XOLAIR (omalizumab)	Update to consolidate from pharmacy PA criteria. Criteria updated to mirror Medi-Cal Provider Manual
Cardiovascular	Reviewed with No Change	
Endocrine & Hormones	Remove J2353 (Injection, octreotide, depot form for intramuscular injection, 1 mg) from the Drug List Remove J2941 (Injection, somatropin, 1 mg) from the Drug List	
Respiratory	Reviewed with No Change	

Update to service code

Code	Drug Description	Change	Effective Date
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Remove	03/01/2024
J2941	Injection, somatropin, 1 mg	Remove	03/01/2024

Drug Utilization Review (DUR) Updates

IEHP reviewed 2 DUR reports related to effect of Ozempic on HbA1c level and Naloxone underutilization. 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, May 3, 2024