

To: IEHP Provider Network

From: IEHP Pharmaceutical Services

Date: June 11, 2024

Subject: May 2024 Pharmacy & Therapeutics Update

May 2024 Pharmacy & Therapeutics Subcommittee Update

IEHP Pharmacy and Therapeutics (P&T) Subcommittee met virtually on Friday, May 3, 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
Akeega (niraparib and abiraterone acetate)	50 mg-500 mg tablet, 100 mg - 500 mg tablet	Add to Formulary, PA for New Start	03/01/2024
Augtyro (repotrectinib)	40 mg capsule	Add to Formulary, PA for New Start, Quantity Limit	03/01/2024
Balversa (erdafitinib)	3 mg tablet	Increase Quantity Limit, PA for New Start, Quantity Limit	03/01/2024
Bosulif (bosutinib)	50 mg capsule, 100 mg capsule	Add to Formulary, PA for New Start	04/01/2024
dabigatran etexilate	110 mg capsule	Add to Formulary, Quantity Limit	05/01/2024
Iwilfin (eflornithine)	192 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	04/01/2024
Ixchiq (chikungunya vaccine, live)	1,000 TCID50/0.5 ML intramuscular solution	Add to Formulary	05/01/2024
Kalydeco (ivacaftor)	5.8 mg oral granules in packet	Add to Formulary, PA, Quantity Limit	03/01/2024
mifepristone	300 mg tablet	Add to Formulary, PA, Quantity Limit	05/01/2024

Drug Name	Strength(s) and Dosage Form(s)	Medicare Formulary Action	Effective Date
Motpoly XR (lacosamide)	100 mg capsule, extended release 150 mg capsule, extended release 200 mg capsule, extended release	Add to Formulary, PA for New Start, Quantity Limit	05/01/2024
Ogsiveo (nirogacestat)	50 mg tablet	Add to Formulary, PA for New Start, Quantity Limit	03/01/2024
Ozempic (semaglutide)	0.25 mg or 0.5 mg (2 mg/3 mL) subcutaneous pen injector 1 mg/dose (4 mg/3 mL) subcutaneous pen injector 2 mg/dose (8 mg/3 mL) subcutaneous pen injector	Add Prior Authorization, PA for New Start	05/01/2024
Penbraya (meningococcal groups A,B,C,W, and Y vaccine)	5 mcg – 120 mcg/0.5 ml intramuscular kit	Add to Formulary	04/01/2024
risperidone microspheres ER	12.5 mg/2 mL intramuscular susp, ext release 25 mg/2 mL intramuscular susp, ext release 37.5 mg/2 mL intramuscular susp, ext release 50 mg/2mL intramuscular susp, ext release	Add to Formulary, PA for New Start	04/01/2024
Rozlytrek (entrectinib)	50 mg oral pellets in packet	Add to Formulary, PA for New Start, Quantity Limit	05/01/2024
sodium, potassium, magnesium sulfates	17.5 gram – 3.13 gram – 1.6 gram oral soln	Add to Formulary	04/01/2024
Synjardy XR (empagliflozin/metformin)	5 mg – 1,000 mg tablet, extended release 10 mg - 1,000 mg tablet, extended release 12.5 mg – 1,000 mg tablet, extended release 25 mg – 1,000 mg tablet, extended release	Add to Formulary	04/01/2024
Trulicity (dulaglutide)	0.75 mg/0.5 mL subcutaneous pen injector 1.5 mg/0.5 mL subcutaneous pen injector 3 mg/0.5 mL subcutaneous pen injector 4.5 mg/0.5 mL subcutaneous pen injector	Add Prior Authorization, PA for New Start	05/01/2024
Victoza (liraglutide)	3-pak 0.6 mg/0.1 mL (18mg/3 mL) subcutaneous pen injector	Add Prior Authorization, PA for New Start	05/01/2024
Vigpoder (vigabatrin)	500 mg oral powder packet	Add to Formulary	03/01/2024
Xalkori (crizotinib)	20 mg oral pellets, 50 mg oral pellets, 150 mg oral pellets	Add to Formulary, PA for New Start, Quantity Limits	04/01/2024
Xolair (omalizumab)	75 mg/0.5 ml subcutaneous auto-injector 150 mg/ml subcutaneous auto-injector 300 mg/2 ml subcutaneous syringe 300 mg/2 ml subcutaneous auto-injector	Add to Formulary, PA	05/01/2024
Zenpep (pancrelipase)	60,000 – 189,600 – 252,600-unit capsule, delayed release	Add to Formulary	03/01/2024

Highlights from the Medicare D-SNP Formulary Additions include Akeega and Synjardy XR. Akeega was added to the formulary with prior authorization for new starts and Synjardy XR was added to the formulary. In addition, the formulary was updated for Ozempic, Trulicity, and Victoza to add 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

There were no Policies presented for this quarter.

Three 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.

Drug Class Reviewed	Prior Authorization Group Name	Recommendation
Vitamin & Metabolic/Electrolytes	No Change	No change
Eye, Ear, Nose Throat (EENT)	aflibercept	No change
	teprotumumab-trbw	Criteria update to mirror Medi-Cal Provider Manual.
Hematological	epoetin alfa-epbx	Update to consolidate from pharmacy PA criteria. Criteria update to mirror Medi-Cal Provider Manual.
	Intravenous Iron	No change
	luspatercept	No change
	romiplostim	No change

Update to service code

Code	Drug Description	Change	Effective Date
J3241	Injection, teprotumumab-trbw, 10 mg	PA criteria update	06/01/2024
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	PA criteria update	06/01/2024

Drug Utilization Review (DUR) Updates

IEHP reviewed three DUR reports which include Statin use in Persons with Cardiovascular Disease (SPC), Asthma Medication Ratio (AMR), and Butrans report. We will continue to work on quality measures throughout the remainder of the year and collaborate with providers to optimize better outcomes.

The next IEHP P&T Subcommittee Meeting is Friday, August 2, 2024.