### **AGENDA**

Uniform Formulary Beneficiary Advisory Panel (BAP)
For the May 2023 DoD Pharmacy and Therapeutics Committee Meetings
June 28, 2023 at 10:00 AM Eastern Daylight Saving Time

# Virtual Meeting

- ➤ Administrative Meeting: 9:00 AM 9:45 AM Eastern Daylight Saving Time (General session starts at 10:00 AM Eastern Daylight Saving Time)
- > Roll Call

# > Therapeutic Class Reviews

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

The P&T Committee made recommendations for the following drugs/drug classes during the May 2023 meeting:

# > Drug Class Reviews

- Antilipidemics-1 Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors Subclass
- Ophthalmic Dry Eye Agents Subclass

## Newly Approved Drugs per 32 CFR 199.21(g)(5)

- adagrasib (Krazati) Oncological agent for advanced or metastatic non-small cell lung cancer
- adalimumab-atto injection (Amjevita) Targeted Immunomodulatory Biologics (TIBS); Humira biosimilar
- antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl vial (Altuviiio) Antihemophilic Factors
- atorvastatin 20 mg/5 mL oral suspension (Atorvaliq) Antilipidemics-1 agents
- dabigatran oral pellet packets (Pradaxa pellets) Direct Acting Oral Anticoagulant; treatment of venous thromboembolism in pediatric patients aged 3 months to less than 12 years
- elacestrant (Orserdu) Oncological agent for breast cancer
- insulin glargine KwikPen (Rezvoglar) Basal Insulins; Lantus biosimilar
- omeprazole and sodium bicarbonate 2 mg/mL oral suspension(Konvomep) Proton Pump Inhibitors
- pegfilgrastim-fpgk injection (Stimufend) White Blood Cell Stimulants:

- pegfilgrastims
- pirtobrutinib (Jaypirca) Oncological agent for relapsed or refractory mantle cell lymphoma
- sparsentan (Filspari) Nephrology Miscellaneous Agent for immunoglobulin A nephropathy
- tezepelumab-ekko autoinjector (Tezspire) Atopy Agent for add on maintenance severe asthma treatment
- trofinetide 200 mg/mL oral solution (Daybue) Neurological Miscellaneous Agent for treatment of Rett syndrome

## Utilization Management Issues

- New Manual PA Criteria for Newly Approved Drugs Not Subject to 32 CFR 199.21(g)(5)
  - *Vitamins: Prenatal—Prenatal Multivitamin (CitraNatal Medley)*
- Prior Authorization Criteria—New Manual PA Criteria
  - Gastrointestinal-2 Agents—sacrosidase oral solution (Sucraid)
  - Targeted Immunomodulatory Biologics—adalimumab (Humira)
  - Thyroid Agents—levothyroxine sodium capsule (Tirosint)

# Prior Authorization Criteria—Updated PA Criteria for New FDA-Approved Indications

- Atopy Agents: Oral Janus Kinase Inhibitor (JAK-1)—abrocitinib (Cibingo)
- Breast Cancer Agents: Cyclin-Dependent Kinase (CDK) Inhibitors abemaciclib (Verzenio)
- Corticosteroid-Immune Modulators for Hereditary Angioedema Prophylaxis (HAE) —lanadelumab (Takhzyro)
- Immunological Agents Miscellaneous: Oral Agents—house dust mite allergen extract (Odactra)
- Leukemia and Lymphoma Agents: Bruton Tyrosine Kinase (BTK) Inhibitors—zanubrutinib (Brukinsa)
- Oncological Agents—tucatinib(Tukysa)
- Therapeutic Continuous Glucose Monitoring Systems (CGMs) —Freestyle Libre 2 and Freestyle Libre 3

# Prior Authorization Criteria—Updated PA Criteria for Reasons Other Than New Indications

• Antipsychotic Agents: Atypical—olanzapine/samidorphan (Lybalvi)

- Non-Insulin Diabetes Drugs: Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs)
  - o exenatide once weekly (Bydureon BCise)
  - o liraglutide (Victoza)
- Oncological Agents: Lung Cancer—sotorasib (Lumakras)

### • Prior Authorization Criteria Removals

- Diabetes Non-Insulin: Dipeptidyl Peptidase-4 (DPP-4s) Inhibitors
- Diabetes Non-Insulin: Thiazolidinediones (TZDs)

# > Brand Over Generic PA Authorization and Tier 1 copay

- Pulmonary Is: Inhaled Corticosteroid/Long Acting Beta Agonist Inhalers—fluticasone/salmeterol HFA inhaler (Advair HFA)
- Oncological Agents: Multiple Myeloma—lenalidomide (Revlimid)
- Anticonvulsant-Anti Mania Agents—topiramate ER (Trokendi XR)

## > Over-the-Counter (OTC) Formulary Addition

• OTC naloxone nasal 4 mg (OTC Narcan Nasal)

### > Panel Discussions

The Beneficiary Advisory Panel 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 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.