

P&T Committee Changes Effective 7/1/2018

EmpiRx Health is committed to providing the highest quality service, innovative clinical solutions, and valuable trend management strategies. The EmpiRx Health Pharmacy and Therapeutics (P&T) Committee continually reviews the latest information available to keep our clinical rules and programs up to date to improve care and reduce costs.

As a result of detailed discussions regarding each medication, its indications, FDA guidelines, and potential member safety issues, the following changes have been approved.

Additions to the Clinical Review List

For your reference, we have included the Therapeutic Category as well as the medication use.

ALEVICYN (hypochlorous acid)

- A pH-neutral non-oily dressing.
- Indicated to relieve itching and pain associated with dermal irritations and wounds.
- Indicated to relieve pain associated with first and second degree burns.
- Indicated to manage debrided wounds.

AURYXIA (ferric citrate)

- A phosphate binder and iron replacement.
- Indicated to treat iron-deficiency anemia in patients with chronic kidney disease (CKD) who are not on dialysis.
- Indicated to treat hyperphosphatemia in patients who have CKD and are on dialysis.

CRYSVITA (burosumab)

- A fibroblast growth factor.
- Indicated to treat adults and children at least one year of age who have x-linked hypophosphatemia (XLH), a rare inherited form of rickets.

DESFERAL (deferoxamine mesylate)

- An iron-chelating agent.
- Indicated to treat acute iron intoxication.
- Indicated to treat chronic iron overload.

ERLEADA (apalutamide)

- An androgen receptor inhibitor.
- Indicated for the treatment of non-metastatic, castration-resistant prostate cancer (NM-CRPC).

ILUMYA (tildrakizumab)

- An interleukin-23 antagonist.
- Indicated to treat adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

LUTATHERA (lutetium lu 177 dotatate)

- A radiolabeled somatostatin analog.
- Indicated to treat adults with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs) including foregut, midgut, and hindgut neuroendocrine tumors.

NUVIGIL (armodafinil)

- A wakefulness-promoting agent.
- Indicated for adults with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work sleep disorder.

ORABLOC (articaine hydrochloride and epinephrine bitartrate)

- A local anesthetic.
- Indicated for local, infiltrative, or conductive anesthesia in simple and complex dental procedures.

OSMOLEX ER (amantadine)

- A weak uncompetitive antagonist of the NMDA receptor.
- Indicated to treat Parkinson's disease and drug-induced extrapyramidal reactions in adults.

PROVIGIL (modafinil)

- A wakefulness-promoting medication.
- Indicated for adults with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work sleep disorder.

SYMDEKO (tezacaftor and ivacaftor)

- A combination agent.
- Indicated to treat patients 12 years and older with cystic fibrosis homozygous for the F508del mutation or who have at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on in vitro data and/or clinical evidence.

TAVALISSE (fostamatinib disodium hexahydrate)

- An oral kinase inhibitor.
- Indicated to treat thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

ZTLIDO (lidocaine patch)

A local anesthetic.
Indicated for pain relief associated with post-herpetic neuralgia.

Additions to the Quantity Limit List

For your reference, we have included the generic name and dosage along with the appropriate quantity.

New Quantity Limits:

BONJESTA 20-20 (doxylamine-pyridoxine tab ER 20-20 mg)

• 20 per 28 days

BYDUREON 2 (exenatide for inj extended release suspension 2 mg)

• 4 per 28 days

BYDUREON BCISE 2 (exenatide extended release suspension auto-injector 2 mg/0.85 mL)

• 3.4 per 28 days

BYDUREON PEN 2 (exenatide extended release for suspension pen-injector 2 mg)

• 4 per 28 days

CELEXA (citalopram hydrobromide tab 10 mg, 20 mg, 40 mg)

• 30 per 30 days

CYMBALTA (duloxetine hydrochloride enteric coated pellets capsule 20 mg, 30 mg)

• 60 per 30 days

CYMBALTA (duloxetine hydrochloride enteric coated pellets capsule 60 mg)

• 30 per 30 days

DICLEGIS 10-10 (doxylamine-pyridoxine tab delayed release 10-10 mg)

• 20 per 28 days

FIRVANQ 25 (vancomycin hydrochloride for oral solution 25 mg/mL)

• 600 per 10 days

FIRVANQ 50 (vancomycin hydrochloride for oral solution 50 mg/mL)

• 300 per 10 days

HYDROXYCHLOROQUINE SULFATE 200 (hydroxychloroquine sulfate tab 200 mg)

• 60 per 30 days

KERALYT 3 (salicylic acid gel 3%)

• 28.4 per 30 days

KERALYT 6 (salicylic acid gel 6%)

• 100 per 30 days

KERALYT SCALP 6 (salicylic acid shampoo 6% and salicylic acid gel 6% kit)

• 1 per 30 days

LEXAPRO (escitalopram oxalate tab 5 mg, 10 mg, 20 mg)

• 30 per 30 days

LEXAPRO SOLUTION (escitalopram oxalate solution 5 mg/5 mL)

• 600 per 30 days

LONHALA MAGNAIR REFILL KIT 25 (glycopyrrolate inhaler solution 25 mcg/mL)

• 60 per 30 days

ONFI 2.5 (clobazam suspension 2.5 mg/mL)

• 480 per 30 days

ONFI 10 (clobazam tab 10 mg)

• 120 per 30 days

ONFI 20 (clobazam tab 20 mg)

• 60 per 30 days

OSMOLEX ER 129, 193, 258 (amantadine ER tab 129 mg, 193 mg, 258 mg)

• 30 per 30 days

OTIPRIO 6 (ciprofloxacin intratympanic suspension 6%)

• 1 per 30 days

OXICONAZOLE NITRATE 1 (oxiconazole nitrate cream 1%)

• 90 per 30 days

OZEMPIC 0.25, 0.5, 1 (semaglutide solution pen-injector 0.25 mg/dose, 0.5 mg/dose, 1 mg/dose)

• 6 per 28 days

PAXIL (paroxetine hydrochloride tab 10 mg, 20 mg, 30 mg, 40 mg)

• 30 per 30 days

PAXIL ORAL SUSPENSION (paroxetine hydrochloride oral suspension 10 mg/5 mL)

• 900 per 30 days

PAXIL CR (paroxetine hydrochloride SR 24HR 12.5 mg, 25 mg, 37.5 mg)

• 30 per 30 days

PEXEVA (paroxetine mesylate tab 10 mg, 20 mg, 30 mg, 40 mg)

• 30 per 30 days

PROZAC (fluoxetine hydrochloride capsule 10 mg)

• 120 per 30 days

PROZAC (fluoxetine hydrochloride capsule 20 mg)

• 60 per 30 days

PROZAC (fluoxetine hydrochloride capsule 40 mg)

• 30 per 30 days

REZESOL 2-6 (resorcinol-sulfur lotion 2-6%)

• 120 per 30 days

SARAFEM [fluoxetine hydrochloride (PMDD) capsule 10 mg, 20 mg]

• 14 per 28 days

XARELTO 10 (rivaroxaban tab 10 mg)

• 30 per 30 days

ZOLOFT (sertraline hydrochloride tab 25 mg)

• 60 per 30 days

ZOLOFT (sertraline hydrochloride tab 50 mg)

• 45 per 30 days

ZOLOFT (sertraline hydrochloride tab 100 mg)

• 30 per 30 days

ZOLOFT (sertraline hydrochloride oral concentrate 20 mg/mL)

• 300 per 30 days

Additions to the Specialty Medication List

For your reference, we have included the Therapeutic Category as well as the medication use.

BIKTARVY (bictegravir sodium, emtricitabine, and tenofovir alafenamide fumarate)

- A combination regimen.
- Indicated to treat adults with human immunodeficiency virus type 1 (HIV-1) without history of antiretroviral therapy.
- Indicated to replace the current antiretroviral therapy in adults with HIV-1 who are virologicallysuppressed (HIV-1 RNA > 50 copies/mL) on a stable antiretroviral regimen for at least 3 months without history of treatment failure and no known substitutions associated with resistance to the individual components of BIKTARVY.

CRYSVITA (burosumab)

- A fibroblast growth factor.
- Indicated to treat adults and children at least one year of age who have x-linked hypophosphatemia (XLH), a rare inherited form of rickets.

ERLEADA (apalutamide)

- An androgen receptor inhibitor.
- Indicated for the treatment of non-metastatic, castration-resistant prostate cancer (NM-CRPC).

ILUMYA (tildrakizumab)

- An interleukin-23 antagonist.
- Indicated to treat adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

LUTATHERA (lutetium lu 177 dotatate)

- A radiolabeled somatostatin analog.
- Indicated to treat adults with somatostatin receptor-positive gastroenteropancreatic neuroendocrine tumors (GEP-NETs) including foregut, midgut, and hindgut neuroendocrine tumors.

SYMDEKO (tezacaftor and ivacaftor)

- A combination agent.
- Indicated to treat patients 12 years and older with cystic fibrosis homozygous for the F508del mutation or who have at least one mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene that is responsive to tezacaftor/ivacaftor based on in vitro data and/or clinical evidence.

TAVALISSE (fostamatinib disodium hexahydrate)

- An oral kinase inhibitor.
- Indicated to treat thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

TROGARZO (ibalizumab)

- A CD4-directed post attachment HIV-1 inhibitor.
- Indicated treat heavily treatment-experienced adults with multi-drug resistant human immunodeficiency virus type 1 (HIV-1) who are failing current therapy.

Additions to the Step Therapy List

Updates to Current Algorithms:

ANTICONVULSANT (Seizures)

- Trileptal is a 2nd line medication.
- Oxtellar XR removed as a 2nd line medication.

VAGINAL ESTROGEN (Vaginal Estrogen)

- estradiol vaginal cream added as a 1st line medication.
- Estrace Cream moved to a 2nd line medication.

INTERNASAL STEROIDS (NASAL STEROID) (Allergy)

• Qnasl moved to a 2nd line medication.

COMBINATION BETA 2 AGONIST/ CORTICOSTEROID INHALER (Asthma)

- fluticasone/salmeterol added as a 1st line medication.
- Dulera, Symbicort moved to 2nd line medications.

MSD - ORAL (Erectile Dysfunction)

• Cialis, Viagra moved to 2nd line medications.

Updates to Current Specialty Algorithms:

AUTOIMMUNE INFLAMMATION (Inflammatory Conditions)

- Stelara added as a 1st line medication for Crohn's Disease.
- Kevzara added as a 2nd line medication for Rheumatoid Arthritis.
- Taltz, Xeljanz, Xeljanz XR added as 2nd line medications for Psoriatic Arthritis.
- Tremfya added as a 2nd line medication for Psoriasis after ONE failed 1st line therapy.
- Ilumya, Siliq added as 2nd line medications for Psoriasis after TWO failed 1st line therapies.
- Remicade removed as a 2nd line medication for Psoriasis.

New Standard Step Therapy Algorithms:

ANTICONVULSANT (Seizures)

- diazepam rectal gel is a 1st line medication.
- Diastat is a 2nd line medication.

ANTICONVULSANT (Seizures, Bipolar)

- lamotrigine is a 1st line medication.
- Lamictal, Lamictal ODT, Lamictal XR are 2nd line medications.

ANTICONVULSANT (Seizures, Migraine)

- Topiramate is a 1st line medication.
- Topamax, Trokendi are 2nd line medications.

ATOPIC DERMATITIS (Atopic Dermatitis)

- doxepin cream is a 1st line medication.
- Zonalon, Prudoxin are 2nd line medications.

ANALGESICS (Pain)

- tramadol is a 1st line medication.
- Ryzolt, Ultram ER, Conzip are 2nd line medications.

ANTIMALARIAL (Rheumatoid Arthritis)

- hydroxychloroquine is a 1st line medication.
- Plaquenil is a 2nd line medication.

COUGH MEDICATION (Cough)

- benzonate 100, 200 mg are 1st line medications.
- Tessalon Perles, benzonatate 150 mg are 2nd line medications.

ANTI-SEBORRHEIC PRODUCT (Anti-infective Shampoo)

- selenium sulfide shampoo is a 1st line medication.
- Selrx is a 2nd line medication.

XANTHINE OXIDASE INHIBITOR (Gout)

- allopurinol is a 1st line medication.
- Uloric, Zyloprim, Zurampic, Duzallo are 2nd line medications.

New Specialty Algorithms:

GAUCHER'S DISEASE (Gaucher's Disease)

- miglustat is a 1st line medication.
- Zavesca is a 2nd line medication.

HEAVY METAL ANTAGONIST (Wilson's Disease)

- Trientine is a 1st line medication.
- Syprine is a 2nd line medication.

ANTINEOPLASTIC (Mantle Cell Lymphoma)

- Bortezomib is a 1st line medication.
- Velcade is a 2nd line medication.

ANTINEOPLASTIC (Cutaneous T-Cell Lymphoma)

- Romidepsin is a 1st line medication.
- Istodax is a 2nd line medication.

ANTIPARATHYROID (Hyperparathyroidism)

- Cinacalcet is a 1st line medication.
- Sensipar is a 2nd line medication.

Other Step Therapy Algorithms Now Available:

PLATLET AGGREGATION (Platelet Aggregation)

- aspirin and omeprazole are 1st line medications.
- Yosprala is a 2nd line medication.

The reference to any medication above does not mean the medication is covered by your plan. The information contained within this document is proprietary and confidential and cannot be used, shared or otherwise be made available for use without prior written approval by EmpiRx Health.