Pharmacy & Therapeutics Update

Reviewed Medications

The Pharmacy and Therapeutics Committee has reviewed the following medications.

Tier 1 (New Generics)
- aripiprazole Tab (Abilify)
- risedronate Tab (Actonel, Atelvia)

Tier 2
- Bunavail
- Glyambi
- Xigduo
- Revatio Suspension

Tier 3
- Xigduo
- Revatio Suspension

The Pharmacy and Therapeutics Committee has voted to remove the prior authorization criteria for:
- Zubsolv

The Pharmacy and Therapeutic Committee has voted to change the Sodium-Glucose Co-Transporter 2 (SGLT-2) Inhibitor Step Therapy to:

<table>
<thead>
<tr>
<th>First Line Drugs</th>
<th>Second Line Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>Farxiga</td>
</tr>
<tr>
<td>Metformin containing products</td>
<td>Invokana</td>
</tr>
<tr>
<td></td>
<td>Jardiance</td>
</tr>
<tr>
<td></td>
<td>Inokamet</td>
</tr>
<tr>
<td></td>
<td>Xigduo</td>
</tr>
<tr>
<td></td>
<td>Glyxambi</td>
</tr>
</tbody>
</table>

The Pharmacy and Therapeutic Committee has voted to change the Angiotensin II Receptor Blocker (ARB) Step Therapy to:

<table>
<thead>
<tr>
<th>First Line Drugs</th>
<th>Second Line Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>losartan/losartan HCTZ</td>
<td>candesartan/candesartan HCTZ</td>
</tr>
<tr>
<td>irbesartan/irbesartan HCTZ</td>
<td>Benicar/Benicar HCT</td>
</tr>
<tr>
<td>valsartan/valsartan HCTZ</td>
<td>Edarbi/Edarbyclor</td>
</tr>
<tr>
<td></td>
<td>telmisartan/telmisartan HCTZ</td>
</tr>
<tr>
<td></td>
<td>eprosartan</td>
</tr>
<tr>
<td></td>
<td>Teveten 400mg/Teveten HCT</td>
</tr>
</tbody>
</table>
The Pharmacy and Therapeutics Committee has voted to implement a quantity limit\textsuperscript{i} on:

- Bunavail
- Glyxambi
- Grasitek
- Invokamet
- Oralair
- Ragwitek
- Xigduo
- Revatio Suspension

The Pharmacy and Therapeutics Committee has voted to place a prior authorization\textsuperscript{ii} on:

- Lemtrada

The Pharmacy and Therapeutics Committee has voted to not cover the following medications:

- Grastek
- Oralair
- Ragwitek
- Fentanyl 37.5mcg, 62.5mcg and 87.5mcg strength patches only
- Jublia
- Kerydin

Check \texttt{nhp.org/provider} for the most up-to-date information about the NHP Pharmacy programs and the current medical necessity criteria.

\textsuperscript{i} Quantity limits promote cost effective prescribing by limiting the number of units of medication that can be dispensed over a given time. These are established based on strengths available and the recommended doses.

\textsuperscript{ii} Step Therapy is an automated case review based on P&T established guidelines and the individual member’s NHP pharmacy profile. This process occurs with a pharmacy claims submission and does not require provider intervention if prior NHP pharmacy claims indicate use of the first line and/or second line medications.

\textsuperscript{iii} Prior Authorization is an individual case review compared to P&T established guidelines before a prescription for the specific medication will be covered.