EXECUTIVE SUMMARY

Uniform Formulary Beneficiary Advisory Panel (BAP)
January 7, 2016

RECENTLY APPROVED U.S. FOOD AND DRUG ADMINISTRATION (FDA) AGENT

I. ALZHEIMER'S DISEASE AGENTS:

A. Alzheimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric)–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) memantine ER (Namenda XR) and memantine ER/donepezil (Namzaric) be designated NF.

Note that Manual PA criteria were recommended at the August 2015 DoD P&T Committee meeting, with an implementation date of February 3, 2016. Note that the P&T Committee also recommended maintaining the current Prior Authorization criteria for Namenda XR and Namzaric, which were approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting.

B. Alzheimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric) – UF, Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) 1) an effective date of the first Wednesday after a 90–day implementation period; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician's Perspective:

The Committee did recognize that these products might offer some convenience to patients, however, none of the drugs approved for treating Alzheimer's disease will prevent the progression of the disease. Additionally, there is no data to show that adherence will be improved with Namenda XR or Namzaric. The individual components for both drugs are available on the UF.

The prior authorization recommended at the August 2015 P&T meeting will be implemented in February. Patients who are currently receiving Namenda XR or Namzaric will not have to go through the PA process, in order to not unduly burden the patients and their providers; however, they will be subject to the non-formulary co-pay.

Summary of Panel Questions and Comments:

There were no questions or comments from the Panel. The Chair called for the vote on UF recommendation and UF Implementation Plan for the Alzheimer's Disease Agents: Memantime ER (Namenda XR) and Memantine ER/Donepezil (Namzaric)

- **Alzheimer's Disease Agents: Memantime ER (Namenda XR) and Memantine ER/Donepezil (Namzaric) – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **Alzheimer's Disease Agents: Memantine ER (Namenda XR) and Memantine ER/Donepezil (Namzaric) – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

II. ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) STIMULANTS

A. ADHD: Stimulants–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF:
  - amphetamine sulfate tabs (Evekeo)
  - methylphenidate ER oral suspension (Quillivant XR suspension)
  - methylphenidate ER capsules (Aptensio XR)
  - methamphetamine (Desoxyn, generic)
  - dextroamphetamine (Dexedrine spansule, Dextrostat tabs, ProCentra solution, generics; Zenzedi tabs)
  - mixed amphetamine salts ER (Adderall XR; generic)
  - mixed amphetamine salts IR (Adderall, generic)
  - methylphenidate osmotic controlled release oral delivery system (OROS) (Concerta; generic)
  - methylphenidate CD (Metadate CD; generic)
  - methylphenidate IR (Ritalin, generic)
  - methylphenidate LA (Ritalin LA, generic)

- methylphenidate SR (Ritalin SR, generic)
- methylphenidate ER (Metadate ER, Methylin ER, generic)
- methylphenidate chewable tablets, solution (Methylin, generic)
- dexmethylphenidate IR (Focalin; generic)

- NF
  - lisdexamfetamine (Vyvanse)
  - methylphenidate transdermal system (Daytrana)
  - dexmethylphenidate ER (Focalin XR, generic)

B. ADHD: Stimulants–UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

Summary of Physician Perspective:

The stimulants approved for treating ADHD are all derivatives of amphetamine, and there are generic alternatives available for all the products in the class. This is the third time since 2005 that the Committee has reviewed the class. The Uniform Formulary contains a wide range of products, as patients might respond to one product (methylphenidate) versus another (mixed amphetamine salts), and the formulary contains a variety of both short-acting and long-acting formulations.

The Committee did recommend adding Quillivant XR to the formulary. This product was previously designated as non-formulary; however the pediatricians on the Committee did note some benefits to this long-acting suspension. Anecdotally, Quillivant XR is useful in patients with autism, since they sometimes have difficulty tolerating certain textures, which is a problem for formulations which are opened and sprinkled on food.

Vyvanse was recommended to continue to be designated as non-formulary. The review of MHS prescribing data found that in younger patients ages 5 to 14 years, methylphenidate is preferred for treating ADHD, followed by Adderall, and then by Vyvanse. Adult patients with ADHD are primarily treated with Adderall. The Committee also felt that the FDA-approval for Vyvanse specifically for binge eating disorder is not a compelling benefit, since for all the stimulants; appetite suppression is a well-known side effect.

Summary of Panel Questions and Comments:

Ms. Lisa Le Gette asked if an implementation plan was required because all the drugs are non-formulary.

Dr. Allerman responded that some will require and implementation plan but they are not under the purview of the BAP.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation and the UF Implementation Plan for ADHD: Stimulants:

- **ADHD: Stimulants – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **ADHD: Stimulus – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent:

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

III. ANTIRHEUMATICS: INJECTABLE METHOTREXATE

A. Antirheumatics: Injectable Methotrexate–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF:
  - Methotrexate 50 mg/2 mL vials

- NF:
  - Methotrexate auto–injector (Otrexup)
  - Methotrexate auto–injector (Rasuvo)

B. Antirheumatics: Injectable Methotrexate–Manual PA Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) PA criteria for the methotrexate auto–injectors (Otrexup and Rasuvo).

– Otrexup and Rasuvo–

Manual PA criteria apply to all new users of Otrexup and Rasuvo methotrexate auto–injectors.

Manual PA criteria–Otrexup or Rasuvo are approved if:

- The patient has experienced intolerance or significant adverse effects from generic injectable methotrexate vials

  OR

- The patient has decreased finger dexterity, limited vision, or impaired cognition that results in the inability to utilize generic injectable methotrexate vials

Prior authorization does not expire.

C. Antirheumatics: Injectable Methotrexate–UF and PA Implementation Plan

P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent)
1) an effective date of the first Wednesday after a 90–day implementation period in all points of service (POS); and, 2) DHA send a letter to beneficiaries affected by the UF decision.

Summary of Physician Perspective:

The decision was unanimous to designate the two new auto-injectors as non-formulary. The vial formulation of methotrexate has been used for decades in patients with arthritis who need high doses that are not adequately absorbed by the oral route, or who have intolerable GI side effects from the tablets.

The intent of the Prior Authorization is to encourage patients to continue on the cost-effective tablets or vial formulation, unless they have severe joint deformity or visual problems and cannot manipulate the syringe and vial. One of the rheumatologists at the meeting commented that in his years of practice, he has always been able to teach patients to correctly use the vials. Even with the auto-injectors, patients will need a follow-up visit to ensure they are correctly using the auto-injectors.

Summary of Panel Questions and Comments:

Dr. Anderson asked if there was any evidence that the P&T Committee considered regarding dosing errors with methotrexate vials and if there any dosing errors that occurred?

CAPT VonBerg replied that safety concerns and utilization were discussed and not determined to be significant.

Dr. Anderson had an additional comment toward the end of the meeting. He asks if the beneficiary notification letter will be encouraging the patients to get training and education on how to inject using the vial

Dr. Allerman replied that is not typically done. The letter is used to notify beneficiaries of changes in the UF.

Dr. Anderson stated he doesn't know how many beneficiaries this change will impact, but he wanted to make sure that those patients making the transition are doing so safely.

CAPT VonBerg commented that the PA criteria apply to all new users.

Dr. Anderson repeated that it applies to new users, and thanked CAPT VonBerg for clarifying.

There were no more questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan for the Antirheumatics: Injectable Methotrexate.

- **Antirheumatics: Injectable Methotrexate – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RC Bell

  X These comments were taken under consideration prior to my final decision

- **Antirheumatics: Injectable Methotrexate – Manual PA Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RC Bell

  X These comments were taken under consideration prior to my final decision

- **Antirheumatics: Injectable Methotrexate – UF and PA Implementation Plan**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA: 

These comments were taken under consideration prior to my final decision

IV. ACNE DRUGS: ORAL ISOTRETINOINS

A. Acne Drugs: Oral Isotretinoins–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF oral isotretinoins:
  - Myorisan
  - Amnesteem
  - Zenatane
  - Claravis

- NF oral isotretinoins:
  - Absorica

B. Acne Drugs: Oral Isotretinoins–Manual PA Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) manual PA criteria for Absorica.

– Absorica–

Manual PA criteria apply to all new users of Absorica.

<u>Manual PA criteria</u>

- Patient is unable to comply with the dietary requirements of an AB–rated generic oral isotretinoin

Prior authorization does not expire.

C. Acne Drugs: Oral Isotretinoins–UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent). An effective date of the first Wednesday after a 90-day implementation period in the POS; and, 2) DHA send a letter to the beneficiaries affected by the UF decision

Summary of Physician's Perspective:

The FDA does not consider Absorica interchangeable with the generic isotretinoin formulations; however, the only reason that Absorica is not considered interchangeable by the FDA is that it has a different absorption pattern than the generics.

Although Absorica does come in two additional dosage strengths (25 mg and 35 mg) that are not available with the generic products, a review of prescribing data for the MHS found that these two dosage strengths are not commonly prescribed.

We did analyze data to determine if treatment with Absorica would shorten the duration of therapy needed. However, the data showed that treatment for all the products was not significantly different, ranging from 4.7 months with Claravis and Myorisan, to 4.8 months with Absorica, and to 5.6 months with Amnesteem and Zenatane. Additionally, the cost per treatment course with Absorica was significantly higher than with the generic products.

Summary of Panel Questions and Comments:

There were no questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan for the Acne Drugs: Oral Isotretinoins.

- **Acne Drugs: Oral Isotretinoins – UF Recommendation**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☒ These comments were taken under consideration prior to my final decision

- **Acne Drugs: Oral Isotretinoins – Manual PA Recommendation**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☒ These comments were taken under consideration prior to my final decision

- **Acne Drugs: Oral Isotretinoins – UF and PA Implementation Plan**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☒ These comments were taken under consideration prior to my final decision

V. GASTROINTESTINAL–2 (GI–2) MISCELLANEOUS DRUGS

A. GI–2 Miscellaneous Drugs–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF
  - alosetron (Lotronex)
  - fidaxomicin (Dificid)
  - linaclotide (Linzess)
  - lubiprostone (Amitiza)
  - nitazoxanide (Alinia)
  - rifaximin (Xifaxan)
  - tegaserod (Zelnorm)–discontinued
  - metronidazole (Flagyl, generic)
  - neomycin
  - vancomycin

- NF
  - None

B. GI–2 Miscellaneous Drugs–Manual PA Recommendation

Prior authorization was recommended for rifaximin, due to the potential for off–label uses for a wide range of conditions for which there is no supporting clinical data.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

– All new users of rifaximin 500 mg tablets are required to undergo manual prior authorization.

- Hepatic Encephalopathy: No changes were recommended from the November 2012 meeting. Rifaximin 500 mg tablets at a dosage of one tablet twice daily will be approved if:

  A. The patient is at least 18 years of age.
  B. The patient has a documented diagnosis of hepatic encephalopathy.
  C. Prior authorization does not expire.

- Irritable Bowel Syndrome – Diarrhea Predominant. Prior authorization for rifaximin 500 mg tablets will be approved for the following:

  A. The patient has clinically documented moderate to severe IBS–diarrhea type, without constipation, and has symptoms of moderate abdominal pain and bloating. AND
  B. The patient has had failure, intolerance or contraindication to at least one antispasmodic agent; e.g., dicyclomine (Bentyl), Librax, hyoscyamine (Levsin), Donnatal or loperamide (Immodium). AND
  C. The patient has had failure, intolerance, or contraindication to at least one tricyclic antidepressant (to relieve abdominal pain); e.g., amitriptyline, desipramine, doxepin, imipramine, notriptyline, or protriptyline.
  D. If yes to the above, then treatment will be approved for a single 14–day course of therapy (550 mg rifaximin tablets, one table three times daily for 14 days).
  E. For patients with IBS–D who experience recurrence of symptoms, they can be re–treated up to two more times with the same regimen (total of three treatment courses in 6 months if they have had a positive response to a previously 14–day course of rifaximin.

  Prior Authorization expires in 6 months.

- For non–FDA approved uses, including use of the 200 mg rifaximin tablets for travelers' diarrhea, *C. difficle* infection, inflammatory bowel disease, chronic abdominal pain, hepatitis, diabetes, rosacea or any other non–FDA–approved condition, Prior Authorization is not approved.
- Use of rifaximin 200 mg tablets for travelers' diarrhea is subject to automated prior authorization (step therapy), which requires a trial of a fluoroquinolone (ciprofloxacin) first. See the November 2012 P&T Committee meeting minutes for the full criteria.

C. GI–2 Miscellaneous Drugs–UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) and effective date of the first Wednesday after a 60-day implementation period in all POS.

Summary of Physician's Perspective:

This drug class contains several products with a wide variety of FDA-approved indications. The focus of this review was treatment of irritable bowel syndrome. Opioid-induced constipation was not reviewed here, as there are drugs from other classes that are FDA-approved for this condition.

We did a provider survey of several gastroenterologists to get their opinion. For IBS-D, rifaximin was mentioned as being necessary to have on the formulary. Alosetron (Lotronex) was noted to be used infrequently. For IBS-C, Linzess was mentioned as having advantages over Amitiza.

Overall, the Committee was unanimous in recommending that all of the products remain on the formulary.

The rifaximin Prior Authorization criteria was updated to add in the new indication for IBS-D. The PA criteria reflect standard approaches to treating IBS-D, including the use of anti-spasmodic drugs and tricyclic antidepressant drugs (to relieve the abdominal cramping) first, before rifaximin. The other PA criteria, including the duration of the Prior Authorization and number of treatment courses, reflect the study design of the "TARGET trial", which was used to gain FDA approval for IBS-D.

Rifaximin has been used off-label for several conditions. The Committee reviewed the data for these non-FDA approved uses, and determined that the PA criteria would only allow for hepatic encephalopathy, IBS-D, and traveler's diarrhea. If rifaximin does gain additional FDA-approvals, the data will be evaluated, and the PA criteria updated accordingly.

Summary of Panel Questions and Comments:

Dr. Anderson asks if Rifaximin is used to prevent traveler's diarrhea or to treat it.

Dr. Allerman replies that it is to treat it. Data shows fluoroquinolones are more effective and cost effective.

There were no more questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan GI–2 Miscellaneous Drugs.

- **GI–2 Miscellaneous Drugs – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  X These comments were taken under consideration prior to my final decision

- **GI–2 Miscellaneous Drugs – Manual PA Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  X These comments were taken under consideration prior to my final decision

- **GI–2 Miscellaneous Drugs – UF and PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  X These comments were taken under consideration prior to my final decision

UTILIZATION MANAGEMENT

I. TARGETED IMMUNOMODULATORY BIOLOGICS (TIBS)

A. TIBs: Adalimumab (Humira)–Manual PA Criteria

The TIBs were reviewed by the P&T Committee in August 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class. Adalimumab (Humira) was selected as the UF step–preferred agent. In September 2015, adalimumab (Humira) received FDA approval for treatment of moderate to severe hidradenitis suppurativa (which is a chronic condition where lumps form under the skin. These lumps can be very painful and can start draining pus and have a foul odor). The PA criteria were updated for Humira to reflect the new FDA indication.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) revised manual PA criteria for Humira in new patients, consistent with the new FDA–approved product labeling for hidradenitis suppurativa.

– Adalimumab (Humira)–

Prior Authorization criteria originally approved August 2014 and implemented February 18, 2015. November 2015 changes to PA criteria in bold. Manual PA criteria for hidradenitis suppurativa applies to new patients.
Manual PA Criteria applies to all new users of adalimumab (Humira).
Coverage approved for patients ≥ 18 years with:

- Moderate to severe active rheumatoid arthritis, active psoriatic arthritis, or active ankylosing spondylitis
- Moderate to severe chronic plaque psoriasis who are candidates for systemic or phototherapy, and when other systemic therapies are medically less appropriate
- Moderate to severely active Crohn's disease following an inadequate response to conventional therapy, loss of response to Remicade, or an inability to tolerate Remicade
- Moderate to severely active ulcerative colitis following inadequate response to immunosuppressants
- Moderate to severe hidradenitis suppurativa (November 2015 new criteria)

Pediatric patients with:

- Moderate to severe active polyarticular juvenile idiopathic arthritis (pediatric patients: 2–17 years)
- Moderate to severely active Crohn's disease (≥ 6 years) who have had an inadequate response to corticosteroids, azathioprine, 6–mercaptopurine, or methotrexate

Coverage is NOT provided for concomitant use with other TIBs including, but not limited to, adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), abatacept (Orencia), tocilizumab (Actemra), tofacitinib (Xeljanz), ustekinumab (Stelara), apremilast (Otezla), or rituximab (Rituxan).
Prior Authorization does not expire.

B. TIBs: Adalimumab (Humira)–PA Implementation Period
The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) implementation of the PA for adalimumab become effective upon signing of the minutes.

Summary of Physician Perspective:

This is an example of where the Committee keeps up with new indications for drugs that have existing PA criteria, and then updates the PA criteria. You've seen several examples for the TIBs previously, and will likely see new updates in the future.

Summary of Panel Questions and Comments:

There were no questions or comments from the Panel. The Chair called for the vote for PA Criteria and PA Implementation Plan TIBs: Adalimumab (Humira).

- **TIBs: Adalimumab (Humira) – PA Criteria**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☒ These comments were taken under consideration prior to my final decision

- **TIBs: Adalimumab (Humira) – PA Implementation Plan**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☒ These comments were taken under consideration prior to my final decision

II. ANTIMALARIAL DRUGS

A. Antimalarial Drugs: Mefloquine–Manual PA Criteria

The P&T Committee discussed recent changes to the package insert for the antimalarial drug mefloquine (Lariam, generic) due to the risk of serious psychiatric and neurologic side effects. Mefloquine is primarily utilized as malaria prophylaxis. The P&T Committee has not reviewed the antimalarial drug class; most of the agents are available in generic formulations, with variability in malaria resistance patterns across the world.

In April 2013, the Assistant Secretary of Defense for Health Affairs made changes to the malaria Force Health Protection program. Atovaquone–proguanil (Malarone, generic) and doxycycline are now first–line choices in areas other than Sub–Saharan Africa. In Sub–Saharan Africa, the first–line choice is atovaquone–proguanil, followed by doxycycline. Mefloquine is third line choice. In July 2013, the FDA added a black box warning mefloquine due to risk of permanent adverse effects, including dizziness, loss of balance, and tinnitus. A Fiscal Year 2014 mefloquine drug utilization review revealed suboptimal documentation for contraindications and patient education in the available records.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) manual PA criteria for mefloquine in new users. The PA criteria are consistent with the FDA–approved product labeling to ensure safe and appropriate use of mefloquine.

– Mefloquine–

Manual PA Criteria apply to all new users of mefloquine.

Coverage approved for patients with the following:

- Patients requiring mefloquine for malaria chemoprophylaxis. The PA is not intended for patients requiring treatment of acute malaria infections.
- Patients with a contraindication or intolerance to both atovaquone–proguanil (Malarone) and doxycycline (e.g., pregnancy)
- Patients do NOT have a major psychiatric disorder to include but not limited to
- Patients do NOT have a cardiac conduction abnormality
  - Active or recent history of depression
  - Generalized anxiety disorder
  - Psychosis or schizophrenia
  - Post–Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI)
- Patients do NOT have a history of seizures or vestibular disorders
- Patients do NOT have a cardiac conduction abnormality

AND

- The total treatment duration (months) must be documented on the PA form.

  AND

- The above information is documented in the medical record and the patient has been educated on mefloquine adverse effects and dosing.

Prior Authorization expires after one continuous treatment course.

B. Antimalarial Drugs: Mefloquine–PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 60–day implementation period in all POS.

Summary of Physician's Perspective:

This recommendation is for a new Prior Authorization, based on safety issues. The goal is to ensure the safe and appropriate use for mefloquine, and to assess that the patient has been appropriately evaluated before starting therapy.

Summary of Panel Questions and Comments:

Mr. Sommer asked about the statement "the patients cannot have active, recent history of depression, or general anxiety disorder". He asks if that is in any form; is it controlled and has it been addressed.

CAPT VonBerg replied that all has been discussed per the FDA packaging and label recommendation.

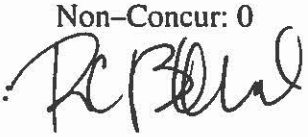
Mr. Sommer asked if it's any depression.

CAPT Vonberg replied yes.

There were no more questions or comments from the Panel. The Chair called for the vote for PA Criteria and PA Implementation Plan Antimalarial Drugs: Mefloquine.

- **Antimalarial Drugs: Mefloquine – PA Criteria**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA: 

☒ These comments were taken under consideration prior to my final decision

- **Antimalarial Drugs: Mefloquine – PA Implementation PlaN**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA: These comments were taken under consideration prior to my final decision

III. HEPATITIS C VIRUS (HCV) DRUGS: DIRECT ACTING ANTIVIRALS (DAAs)

A. HCV Drugs: DAAs–Manual PA Criteria

The HCV DAAs were reviewed by the P&T Committee in May 2015; manual PA criteria and QLs were recommended for the subclass. In July 2015, the FDA approved two new HCV DAAs for the treatment of HCV genotype 3 (GT3) and HCV genotype 4 (GT4): daclatasvir (Daklinza) and paritaprevir/ritonavir/ombitasvir (Technivie), respectfully.
The P&T Committee reviewed the PA criteria and QLs for the DAAs due to the new entrants in the class, changes in the FDA package labeling, FDA drug safety communications, and updated treatment recommendations for HCV by the American Association for the Study of Liver Diseases/Infectious Diseases Society of America (AASLD/IDSA). Consult www.HCVguidelines.org for the most recent update from September 25, 2015.
The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) changes and/or new manual PA criteria for the following DAAs.

a) Removing the hepatitis B virus (HBV) co–infection contraindication from all the current HCV DAA manual PA criteria.

b) Manual PA criteria for new users of paritaprevir/ritonavir/ombitasvir (Technivie). Technivie is contraindicated in patients with moderate and severe hepatic impairment (Child–Pugh Class B and C) and is not indicated for use in patients with cirrhosis. It can cause serious liver injury in patients with underlying advanced liver disease. Prior authorization will expire after 12 weeks, based on the treatment regimen.

1) Paritaprevir/Ritonavir/Ombitasvir (Technivie)–New PA Criteria November 2015

- New users of paritaprevir/ritonavir/ombitasvir are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.
- Consult the AASLD/IDSA HCV guidelines (www.hcvguidelines.org) for the most up–to–date and comprehensive treatment for HCV.

Unique patient populations are also addressed, and treatment recommendations may differ from those for the general population.

Manual PA Criteria:

- Age ≥ 18
- Has laboratory evidence of chronic HCV genotype 4 infection
    - State the HCV genotype and HCV RNA viral load on the PA form
- Paritaprevir/ritonavir/ombitasvir (Technivie) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Does not have moderate or severe hepatic impairment (Child–Pugh Class B & C), or cirrhosis

Treatment Regimens and Duration of Therapy

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype or unique population.
- Prior authorization will expire after 12 weeks, based on the treatment regimen selected.
- Regimens other than those listed above: Explain the rationale for treatment and duration of therapy. Consult the AASLD/IDSA HCV guidelines for new updates.

c) Manual PA criteria for new users of daclatasvir (Daklinza). Prior authorization will expire after 12–24 weeks based on the treatment regimen.

1) Daclatasvir (Daklinza)–New PA Criteria November 2015

- New users of daclatasvir are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.

- Consult the AASLD/IDSA HCV guidelines (www.hcvguidelines.org) for the most up–to–date and comprehensive treatment for HCV. Unique patient populations are also addressed, and treatment recommendations may differ from those for the general population.

Manual PA Criteria:

- Age ≥ 18
- Has laboratory evidence of chronic HCV genotype 3 infection

- State the HCV genotype and HCV RNA viral load on the PA form
- Daclatasvir (Daklinza) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Daclatasvir (Daklinza) is not prescribed as monotherapy

Treatment Regimens and Duration of Therapy

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype or unique population.
- Prior authorization will expire after 12 to 24 weeks, based on the treatment regimen selected.
- Regimen other than those listed above: Explain the rationale for treatment and duration of therapy. Consult the AASLD/IDSA HCV guidelines for new updates and guidelines

d) Revising the existing manual PA criteria for new users of sofosbuvir (Sovaldi). Prior authorization will expire after 12–48 weeks based on the treatment regimen.

e) Revising the existing manual PA criteria for new users of paritaprevir/ritonavir/ombitasvir with dasabuvir (Viekira Pak). Viekira Pak is contraindicated in patients with moderate and severe hepatic impairment (Child–Pugh Class B and C) and can cause serious liver injury in patients with underlying advanced liver disease. Prior authorization will expire after 12–24 weeks based on the treatment regimen.

f) Revising the existing manual PA criteria for new users of ledipasvir/sofosbuvir (Harvoni). Prior authorization will expire after 8–24 weeks based on the treatment regimen.

B. HCV Drugs: DAAs–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) implementation for the manual PA criteria upon signing of the minutes.

Summary of Physician's Perspective:

Several updates to the Prior Authorization criteria for these drugs have been presented at previous meetings for this Panel. We primarily rely on the AASLD/IDSA guidelines, as sometimes the FDA-approved indications lag behind the guidelines. As new drugs come out, or as new information becomes available, we'll continue to provide updates.

Summary of Panel Questions and Comments:

There were no questions or comments from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan HCV Drugs: DAAs.

- **HCV Drugs: DAAs – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RC Bell

  X These comments were taken under consideration prior to my final decision

- **HCV Drugs: DAAs – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RC Bell

  X These comments were taken under consideration prior to my final decision

IV. FEMALE HYPOSEXUAL DESIRE DISORDER (HSDD) DRUGS

A. HSDD Drugs: Flibanserin (Addyi)–Manual PA Criteria

Flibanserin (Addyi) is the first drug approved for treating hyposexual desire disorder (HSDD) in premenopausal women that is not due to a co–existing medical or psychiatric condition, problems within the relationship, or effects of a medication or other drug substance. The drug is available under a limited distribution program, requiring physician registration, due to the risk of adverse effects.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for flibanserin (Addyi) in all new and current users, due to the risk of severe hypotension, especially if used concomitantly with alcohol. Prior authorization will be limited to the FDA–approved indication. Discontinuation of treatment is warranted if there is no improvement in symptoms after eight weeks.

– Flibanserin (Addyi)–

Manual PA criteria apply to all new and current users of flibanserin (Addyi).

Manual PA criteria–Flibanserin is approved if:

- The drug is prescribed for a premenopausal female with HSDD not due to a co–existing medical or psychiatric condition, problems within the relationship, or effects of a medication or other drug substance,

  AND
- The patient does not have current alcohol use,
- The patient does not have hepatic impairment (Child–Pugh score ≥6),
- The patient is not receiving concomitant therapy with a moderate or strong CYP3A4 inhibitor (e.g., ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil),

  AND
- The prescription is written from a provider who is certified/enrolled in the flibanserin Risk Evaluation and Mitigation Strategies program.
- Note that contraindications to the use of flibanserin include concurrent alcohol, moderate or strong CYP3A4 inhibitors, and hepatic impairment

Prior Authorization does not expire.

B. HSDD Drugs: Flibanserin (Addyi)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

Summary of Physician's Perspective:

There are some significant safety concerns with this drug. There is a high risk of hypotension, especially if the drug is taken with alcohol. Reductions in systolic blood pressure of up to 50 mm mercury have been reported.

Even with the limited distribution process, the Committee felt that the safety concerns warranted placing a prior authorization on this drug. The criteria reflect the FDA-approved labeling and warnings.

Summary of Panel Questions and Comments:

Ms. Le Gette asked this is a new drug. How many beneficiaries are using this drug?

Dr. Allerman replied with maybe 8. We've not looked consistently at that.

Ms. Le Gette stated she figured it would be low.

Dr. Delgado stated that she didn't see a history of hypotension and asked if that is not a concern.

Dr. Allerman replied that they followed the label. The risk is that it can cause hypotension especially if used with alcohol. It is not specifically left out existing hypotension.

Dr.. Delgado replied that another medication that has also the potential to cause hypotension like another hypertensive.

Dr. Allerman stated that reason being that this was approved for pre-menopausal women. We know that incidences of hypertension the person would be normally be on an anti-hypertension medications and in the older population.

There were no more questions from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan for HSDD Drugs: Flibanserin (Addyi)

- **HSDD Drugs: Flibanserin (Addyi) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **HSDD Drugs: Flibansein (Addyi) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

V. BASIL INSULINS

A. Basal Insulins: Insulin Glargine 300 U/mL (Toujeo)–Manual PA Criteria

Toujeo is a long–acting human insulin analog indicated for improvement of glycemic control in adults with type 1 or type 2 diabetes mellitus. It contains a concentrated solution of insulin glargine, 300 U/mL. Insulin glargine under the brand name of Lantus has been available since 2000, at a concentration of 100 U/mL. The hemoglobin A1c–lowering effect of Toujeo is similar to Lantus. Biosimilar formulations of insulin glargine are expected in 2016.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for Toujeo in all new and current users, to ensure appropriate use and to reduce the risk of insulin dosing errors.

– Insulin Glargine 300 U/mL (Toujeo)–

Manual PA criteria apply to all new and current users of Toujeo.

Manual PA criteria–Toujeo is approved if:

- The patient is at least 18 years of age

  AND

- The patient has diabetes and is using a minimum of 100 units of Lantus (insulin glargine) per day

  AND

- The patient requires a dosage increase with Lantus and has experienced clinically significant, severe hypoglycemia (severely decreased blood sugar level) episode, despite splitting the Lantus dose

  AND

- The patient has been counseled regarding the risk of dosing errors.

- Note that the following are not acceptable reasons for Toujeo:
  - Non–adherence to previous insulin treatment
  - Patient or prescriber preference for the use of Toujeo
  - Patient or prescriber preference for a smaller injection volume

Prior Authorization does not expire.

B. Basal Insulins: Insulin Glargine 300 U/mL (Toujeo)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 60–day implementation period in all POS.

Summary of Physician's Perspective:

This drug contains the same active ingredient as Lantus, but is a concentrated formulation. Toujeo is from the same manufacturer as Lantus.

The Committee felt that Prior authorization criteria were warranted for Toujeo, as it does not have compelling clinical advantages over Lantus. Lantus has been on the market for over 15 years, and has a proven safety and efficacy record.

There are several insulin products that have recently gained FDA approval or are far along in the pipeline. On December 16, 2015, the FDA approved an insulin glargine product called Basalgar, using an abbreviated pathway. The approval for Basalgar was based in part on the FDA review of Lantus. Baslgar is the first insulin product to be approved via this pathway; it is not considered a biosimilar product. The P&T Committee will be reviewing the insulin products later in 2016.

Summary of Panel Questions and Comments:

There were o questions or comments from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan Basal Insulin: Insulin Glargine 300 U/mL (Toujeo).

- **Basal Insulin: Insulin Glargine 300 U/mL (Toujeo) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RCT

  ☒ These comments were taken under consideration prior to my final decision

- **Basal Insulin: Insulin Glargine 300 U/mL (Toujeo) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: RCT

  ☒ These comments were taken under consideration prior to my final decision

VI. CHRONIC HEART FAILURE DRUGS

A. Chronic Heart Failure Drugs: Ivabradine (Corlanor)–Manual PA Criteria

Ivabradine (Corlanor) is approved to decrease the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure. The package insert states the drug should only be used in patients who have a left ventricular ejection fraction of less than 35%, who have a heart rate of at least 70 beats per minute, and who are receiving maximum tolerated doses of beta blockers, or who have a contraindication to beta blockers. Corlanor decreases heart rate without affecting ventricular repolarization or myocardial contractility.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for new users of Corlanor, consistent with the FDA–approved product labeling.

– Ivabradine (Corlanor)–

Manual PA criteria apply to all new users of Corlanor.

Manual PA criteria–Corlanor is approved if:

- The drug is prescribed by a cardiologist or heart failure specialist.
- The patient has a diagnosis of stable, symptomatic heart failure with left ventricular ejection fraction ≤35%, is in sinus rhythm, and has a resting heart rate >70 beats per minute.
- The patient has heart failure symptoms despite maximal therapy of a beta blocker therapy that has been shown to have survival benefit in heart failure.
    - Note that acceptable heart failure beta blockers and target doses include the following: metoprolol succinate ER 200 mg QD; carvedilol 25 mg BID, if 50 mg BID > 85 kg; carvedilol XR 80 mg QD; bisoprolol 10 mg QD (bisoprolol is not FDA–approved for heart failure but has proven efficacy in a large clinical trial)
- **OR** the patient has a contraindication to beta blocker use
    - Note that the contraindication must be listed on the Prior Authorization form.

Prior Authorization does not expire.

B. Chronic Heart Failure Drugs: Ivabradine (Corlanor)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

Summary of Physician's Perspective:

This drug has a novel mechanism of action that is unlike any of the other treatments available for heart failure. Corlanor has a very narrow indication, so not all patients with heart failure will be appropriate candidates for the drug.

The Prior Authorization criteria reflect the FDA-approved indications. The Committee felt that PA criteria were necessary, as patients should be maximized on beta blocker therapy prior to using Corlanor, due to the well-known mortality benefits in heart failure seen with the beta blockers.

Dr. Kugler asked to check on the dose.

Dr. Allerman replied that is a typo. It is supposed to be BID if the patient is more than 85 kilos. (This change has been made above. Please see highlighted)

Summary of Panel Questions and Comments:

Dr. Anderson asked about the 60 and 90 day implementation plans. Is there any rationale on the drug classes that have a 90-day implementation plan?

Dr. Allerman replied that the PA criteria take a while as does working with ESI. If they need something to be less than 90 days, there should be really compelling benefit or huge numbers of patients affected. There are not strict guidelines, but they feel it may take a while to get the form approved.

There were no more questions from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan Chronic Heart Failure Drugs: Ivabradine (Corlanor).

- **Chronic Heart Failure Drugs: Ivabradine (Corlanor) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

- **Chronic Heart Failure Drugs: Ivabradine (Corlanor) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA:

  ☒ These comments were taken under consideration prior to my final decision

INNOVATOR DRUGS

I. PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) INHIBITOR

Background for Innovator drugs:

The Innovator Drugs is a new process, so some background will be provided. Section 702 of the FY15 NDAA established new authority for the P&T Committee's review process of FDA newly–approved innovator drugs. The P&T Committee is provided up to 120 days to recommend tier (or formulary) placement for innovator drugs on the UF. During this period, innovator drugs will be assigned a classification pending status; they will be available under terms comparable to NF drugs, unless medically necessary, in which case they would be available under terms comparable to formulary drugs. For additional information, see the August 2015 DoD P&T Committee meeting minutes at http://www.health.mil/PandT.

Drugs subject to the Innovator Rule are defined as new drugs that are approved by the FDA under either a Biologic License Application (BLA) or New Drug Application (NDA). The NDA innovator drugs will be further defined by their chemical types to include, but not be limited to, new molecular entities, new active ingredients, and new combinations. The definition was further expanded to include new dosage formulations.

A. PCSK9 Inhibitors: Evolocumab (Repatha)–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) evolocumab (Repatha) be designated NF.

No changes were recommended for the manual PA criteria, which were previously approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting, and implemented on October 30, 2015, and which are found on the "Table of Prior Authorization Criteria" handout at the bottom of page 5.

B. PCSK9 Inhibitors: Evolocumab (Repatha)–Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.

Summary of Physician's Perspective:

Repatha was recommended for non-formulary status, since only one PCSK9 inhibitor is needed on the formulary. Praluent is currently on the Uniform Formulary, since it was approved prior to the Innovator Rule.

There are several other PCSK9 inhibitors in the pipeline. The P&T Committee will be reviewing this drug class in the future, and will be monitoring the data for when the cardiovascular outcomes trials are published.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan PCSK9 Inhibitors: Evolocumab (Repatha).

- **PCSK9 Inhibitors: Evolocumab (Repatha) – UF Recommendation**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☑ These comments were taken under consideration prior to my final decision

- **PCSK9 Inhibitors: Evolocumab (Repatha) – UF Implementation Plan**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA:

☑ These comments were taken under consideration prior to my final decision

II. ORAL ONCOLOGIC DRUGS

A. Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf)–UF Recommendatio
The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) tifluridine/tipiracil (Lonsurf) be designated formulary on the UF.

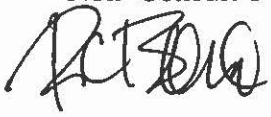
B. Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf)–Implementation Plan
The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.
Summary of Physician's Perspective:
The Committee recommended Uniform Formulary Status for Lonsurf. The drugs for colorectal cancer have not previously been reviewed by the Committee. Lonsurf is an oral therapy, and the alternative treatments are IV infusions of chemotherapy drugs.

Summary of Panel Questions and Comments:

There are no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan for Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf).

- **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf) – UF Recommendation**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA: 

☒ These comments were taken under consideration prior to my final decision

- **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurg) – UF Implementation Plan**

Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

Director, DHA: 

☒ These comments were taken under consideration prior to my final decision

III. NON–INSULIN DIABETES DRUGS: SODIUM–GLUCOSE CO–TRANSPORTER 2 (SGLT2) INHIBITORS

A. SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) empagliflozin/metformin IR (Synjardy) be designated formulary and step–preferred on the UF.

No changes were recommended for the previously approved step–therapy and manual PA criteria, which were approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting, and which will be implemented in February, 2016. The previously approved PA criteria can be found in the handout and in the August 2015 P&T Committee meeting minutes.

B. SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)–Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.

Summary of Physician's Perspective:

After the August P&T Committee meeting, the cardiovascular outcome trial with empagliflozin was published in September, 2015. The Committee reviewed the results of the "EMPA-REG OUTCOME Trial", which showed a 2.2% absolute risk reduction in death from cardiovascular causes with empagliflozin, compared to placebo. However, there are some limitations to these results, as approximately 75% of patients were also taking statins.

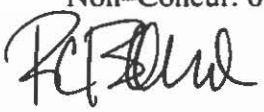
Synjardy was recommended to be Uniform Formulary and step-preferred, since its parent compound, empagliflozin, was recommended as the preferred SGLT-2 inhibitor at the August 2015 P&T meeting.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan for SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)

- **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy) – UF Recommendation**

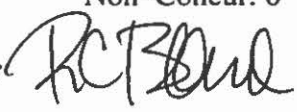
  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy) – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

I. SECTION 703, NATIONAL DEFENSE AUTHRORIZATION ACT (NDAA) FOR FISCAL YEAR 2008 (FY08)

A. Section 703, NDAA FY08–Uniform Formulary Recommendation

The P&T Committee reviewed three drugs from pharmaceutical manufacturers that were not included on a DoD Retail Refund Pricing Agreement; these drugs were not in compliance with the FY08 NDAA, Section 703. The law stipulates that if a drug is not compliant with Section 703, it will be designated NF on the UF and will require pre–authorization prior to use in the Retail POS and medical necessity at military treatment facilities (MTFs). These NF drugs will remain available in the Mail Order POS without preauthorization.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following products be designated NF on the UF:

- Pari Respirator: tobramycin (Kitabis Pak), 300 mg/5 mL inhalation solution
- Libertas Pharm: doxycycline (Doryx), 200 mg delayed release tablet
- Gemini Labs: levothyroxine (Unithroid) 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, and 300 mcg tablets

B. Section 703, NDAA FY08–Pre–Authorization Criteria

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following preauthorization criteria for Kitabis Pak, Doryx, and Unithroid:

1. Obtaining the product by home delivery would be detrimental to the patient; and,
2. For branded products with products with AB–rated generic availability, use of the generic product would be detrimental to the patient.

These preauthorization criteria do not apply to any other POS other than retail network pharmacies.

Note that the following drugs will not be available in the Mail Order Pharmacy:

- Kitabis Pak, 300 mg/5 mL inhalation solution, is only available in the Retail Network via a specialty distributor network of pharmacies.
- Unithroid 25 mcg and 100 mcg tablets are noncompliant with the Trade Agreements Act and, therefore, are only available in the retail network pharmacies.

C. Section 703, NDAA FY08–Implementation Plan for Pre–Authorization Criteria

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90–day implementation period in the Retail Network and DHA send a letter to beneficiaries affected by this decision.

Summary of Physician's Perspective:

There no comments for the 703 drugs since by law these drugs are non-formulary.

Summary of Panel Questions and Comments:

There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation, Pre–Authorization Criteria, and Implementation Plan for Pre–Authorization Criteria.

- **Section 703, NDAA FY08 – UF Recommendation**

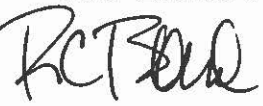
  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **Section 703, NDAA FY08 – Pre–Authorization Criteria**

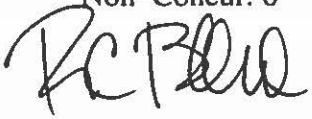
  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

- **Section 703, NDAA FY08 – Implementation Plan for Pre–Authorization Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

  Director, DHA: 

  ☒ These comments were taken under consideration prior to my final decision

Brief Listing of Acronyms Used in this Summary

Abbreviated terms are spelled out in full in this summary; when they are first used, the acronym is listed in parentheses immediately following the term. All of the terms commonly used as acronyms in the Panel discussions are listed below for easy reference. The term "Panel" in this summary refers to the "Uniform Formulary Beneficiary Panel," the group who's meeting is the subject of this report.

- AASLD/IDSA – American Association for the Study of Liver Diseases/Infectious
- AB – Anti Body
- ADHD – Attention Deficit Hyperactivity
- ASCVD – Atherosclerotic Cardivascular Disease
- BAP – Beneficiary Advisory Panel
- BCF – Basic Core Formula
- BID – Two Times a Day
- BLA – Biologic License Application
- CAPT – Captain
- CD – Curative Disease
- CFR – Code of Federal Regulations
- CMA – Cost Minimization Analysis
- CV – Cardiovascular
- DAAs –Direct Acting Antivirals
- DFA – Designated Federal Officer
- DHA – Defense Health Agency
- DMARD – Disease-Modifying Antirheumatic Drugs
- DoD – Department of Defense
- ER – Extended Release
- FACA – Federal Advisory Committee Act
- FDA – Food Drug Administration
- GI – Gastrointestinal
- GT3 – Genotype 3
- GT4 – Genotype 4
- HBV – Hepatitis B Virus
- HCV – Hepatitis C Virus
- HeFH – Heterozygous Familial Hypercholesterolemia
- HoFH – Homozygous Familial Hypercholesterolemia
- HSDD – Hyposexual Desire Disorder
- IBS – Irritable Bowel Syndrome
- IBS-C – Constipation-Predominant Irritable Bowel Syndrome
- IBS-D – Diarrhea–Predominant Irritable Bowel Syndrome
- IR – Insulin Resistance
- LA – Long Acting
- LDL – Low–Density Lipoprotein

- LDL–C – Low–Density Lipprotein Cholesterol
- MHS – Military Health Systen
- mL – Milliliters
- MN – Medical Necessity
- NDA – New Drug Application
- NDAA – National Defense Authorization Act
- NF – Non Formulary
- NMDA – N–methyl–D–aspartate
- P&T – Pharmacy & Therapeutic
- PA – Prior Authorization
- PCSK9 – Proprotien Convertase Sutilisin/Kexin Type
- PEC – Pharmacoeconomic Committee
- POS – Point of Service
- PTSD – Post Traumatic Stress Syndrome
- QD – Once a day
- QL – Quality of Life
- RA – Rheumatoid Arthritis
- REMS – Risk Evaluation and Mitigation Strategies
- RNA – Ribonucleic Acid
- SC – Subcutaneous
- SGLT2 – Sodium–Glucose Co–Transporter 2
- TBI – Traumatic Brain Injury
- TIBs – Targeted Immunomodulatory Biologics
- TIBs – Targeted Immunomodulatory Biologics
- TRICARE – Military Health Care System
- UF – Uniform Formulary
- USC – United States Code
- XR – Extended Release

Uniform Formulary Beneficiary Advisory Panel (BAP)

Meeting Summary
January 7, 2016
Washington, D.C.

Present Panel Members

- Robert Duane Tackitt, the Association of Military Surgeons US, Chairperson
- Sandra Delgado, Humana
- Michael Anderson, United Healthcare
- Kevin Sommer, U.S. Family Health Plan
- Lisa Le Gette, Express Scripts, Inc.
- John Wagoner, HealhtNet Federal Services
- Theresa Buchanan, the National Family Association

Absent

- Robert Lewis, Chief Warrant and Warrant Officers Association

The meeting was held at the Naval Heritage Center Theater, 701 Pennsylvania Ave., N.W., Washington, D.C., and CAPT Edward Norton called the proceedings to order at 9:00 A.M.

Agenda

The agenda for the meeting of the Panel is as follows:

- Welcome and Opening Remarks
- Public Citizen Comments
- Therapeutic Class Reviews
    - Designated Newly Approved Drugs
        - Alzheimer's Drugs – Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric)
    - Drug Class Reviews
        - Attention Deficit Hyperactivity Disorder (ADHD): Stimulants
        - Antiheumatics: Injectable Mthotrexate
        - Acne Drugs: Oral Isotretinoins
        - Gastrointesinal (GI)–2 Miscellaneous Drugs

- Utilization Management Issues – Prior Authorization Criteria

  - Targeted Immunomodulatory Biologics (TIBs) – Adalimbumab Injection (Humira)
  - Anti–Malarial Drugs – Mefloquine (Lariam, generic)
  - Hepatitis C Virus (HCV) Drugs – Direct Acting Agents
  - Female Hyposexual Desire Disorder – Flibanserin (Addyi)
  - Basal Insulins – Insulin Glargine 300 U/ml (Toujea)
  - Chronic Heart Failure Drugs – Ivabradine (Corlanor)

- Innovator Drugs

  - Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors – Evolocumab (Repatha) Injection
  - Oral Oncologic Drugs – Trifluridine/Tipiracil (Lonsurf)
  - Non–Insulin Diabetes Drugs: Sodium–Glucose Co–Transporter 2 (SGLT2) Inhibitors – Empagliflozin/Metformin Immediate Release (Synjardy)

- NDAA 2007 Section 703 Actions

- Panel Discussions

The Uniform Formulary Beneficiary Advisory Panel will have the opportunity to ask questions to each of the presenters. Upon completion of the presentation and any questions, the Panel will discuss the recommendation and vote to accept or reject the recommendations. The Panel will provide comments on their vote as directed by the panel Chairman.

Opening Remarks

CAPT Edward Norton introduces himself as the Designated Federal Officer (DFO) for the Uniform Formulary Beneficiary Advisory Panel. The panel has convened to comment on the recommendations of the DOD P&T Committee meeting, which occurred November 18 & 19, 2015.

CAPT Norton indicated Title 10, United States, (U.S.C.) section 1074g, subsection b requires the Secretary of Defense to establish a DoD Uniform Formulary (UF) of the pharmaceutical agent and established the P&T committee to review the formulary on a periodic basis to make additional recommendations regarding the formulary as the committee determines necessary and appropriate.

In addition, 10 U.S.C. Section 1074g, subsection c, also requires the Secretary to establish a UF Beneficiary Advisory Panel (BAP) to review and comment on the development of the Uniform Formulary. The panel includes members that represent non–governmental organizations and associations that represent the views and interests of a large number of eligible covered beneficiaries. The Panel's comments must be considered by the Director of the Defense Health Agency (DHA) before establishing the UF or implementing changes to the UF.

The panel's meetings are conducted in accordance of the Federal Advisory Committee Act (FACA).

The duties of the Uniform Formulary Beneficiary Advisory Panel include the following:

- To review and comment on the recommendations of the P&T Committee concerning the establishment of the UF and subsequently recommending changes. Comments to the Director of the DHA regarding recommended formulary status, pre–authorizations and the effective dates for changing drugs from "formulary" to "non–formulary" status must be reviewed by the Director before making a final decision.
- To hold quarterly meetings in an open forum. The panel may not hold meetings except at the call or with the advance approval of the DFO and in consultation with the chairperson of the Panel.
- To prepare minutes of the proceedings and prepared comments of the Secretary or his designee regarding the Uniform Formulary or changes to the Formulary. The minutes will be available on the website, and comments will be prepared for the Director of DHA. As guidance to the Panel regarding this meeting, CAPT Norton said the role of the BAP is to comment on the UF recommendations made by the P&T Committee at their last meeting. While the department appreciates that the BAP maybe interested in the drug class the selected for review, drugs recommended for the basic core formula (BCF) or specific pricing data, these titles do not fall under the purview of the BAP.

The P&T Committee met for approximately 14 hours conducting this review of the drug class recommendation presented today. Since this meeting is considerably shorter, the panel will not receive the same extensive information as presented to the P&T Committee members. However, the BAP will receive an abbreviated version of each presentation and its discussion. The materials provided to the panel are available on the TRICARE website.

Detailed minutes of this meeting are being prepared. The BAP minutes, the DoD P&T Committee minutes, and the Director's decisions will be available on the TRICARE website in approximately four to six weeks.

The DFO provided ground rules for conducting the meeting:

- All discussions take place in an open public forum. There is to be no committee discussion outside the room, during breaks, or at lunch.
- Audience participation is limited to private citizens who signed up to address the Panel.
- Members of the Formulary Management Branch and P&T Committee are available to answer questions related to the BAP's deliberations. Should a misstatement be made, these individuals may interrupt to ensure the minutes accurately reflect relevant facts, regulations, or policy.

CAPT Norton introduced the individual Panel members (see list above) and noted house–keeping considerations.

CAPT Norton informs the audience this is Mr. Tackitt's last meeting as Chairman. He has chaired the BAP for the last four years. Mr. Anderson is the new Chairperson of the Committee. He thanks Mr. Tackitt for his service and welcomes Mr. Anderson.

There were no individuals signed up this morning to provide comments to the BAP.

Chairman's Opening Remarks

Mr. Tackitt greets the audience. He states that he has been on the Panel for four years and chaired it for the last year. It's been a pleasure serving on the Board and being Chairman. He gives the floor to CAPT VonBerg.

CAPT VonBerg thanks Mr. Tackitt for his service.

DRUG CLASS REVIEW PRESENTATION:

(PEC Script – CAPT VonBerg)

GOOD MORNING. I am CAPT Edward VonBerg, Chief of the Formulary Management Branch. Joining me is doctor and retired Army Colonel John Kugler, the Chairman of the Pharmacy & Therapeutics Committee, who will provide the physician perspective and comments on the recommendations made by the P&T Committee. Also joining us from the Formulary Management Branch today is Dr. Angela Allerman, a clinical pharmacist and Deputy Chief of the P&T Section; I would also like to recognize Mr. Bryan Wheeler, Acting General Counsel for the DHA.

The DoD Formulary Management Branch supports the DoD P&T Committee by conducting the relative clinical–effectiveness analyses and relative cost–effectiveness analyses of the drug classes under review and consideration by the DoD P & T Committee for the Uniform Formulary (relative meaning in comparison to the other agents defined in the same class).

We are here to present an overview of the analyses presented to the P&T Committee. 32 Code of Federal Regulations (CFR) establishes procedures for inclusion of pharmaceutical agents on the Uniform Formulary based upon both relative clinical effectiveness and relative cost effectiveness.

The goal of this presentation is not to provide you with the same in–depth analyses presented to the DoD P&T Committee but a summary of the processes and analyses presented to the DoD P&T Committee. These include:

1. A brief overview of the relative clinical effectiveness analyses considered by the DoD P & T Committee. All reviews include but are not limited to the sources of information listed in 32 CFR 199.21 (e)(1).

2. A brief general overview of the relative cost effectiveness analyses. This overview will be general in nature since we are unable to disclose the actual costs used in the economic models. This overview will include the factors used to evaluate the costs of the agents in relation to the safety, effectiveness, and clinical outcomes.

3. The DoD P&T Committee's Uniform Formulary recommendation is based upon its collective professional judgment when considering the analyses from both the relative clinical– and relative cost–effectiveness evaluations. The Committee reviewed

    a. Two newly approved drugs for Alzheimer's disease. They are:

        - Memantine extended release (Namenda XR) and
        - Namzaric, which is a fixed–dose combination product containing memantine extended release (ER) and donepezil

b. The P&T Committee reviewed 4 Uniform Formulary Drug Classes:

- Attention Deficit Hyperactivity Disorder (ADHD) – Stimulants
- Antiheumatics – Injectable Methotrexate
- Acne Drugs – Oral Isotretinoins
- Gastrointestinal–2 (GI–2) Miscellaneous Drugs

c. We will also discuss Prior Authorization (PA) for drugs in 6 classes:

- Targeted Immunomodulatory Biologics
- Animalarial Drugs
- Hepatitis C Virus (HCV) Drugs: Direct Acting Antivirals (DAAs)
- Female Hyposexual Desire Disorder (HSDD)
- Basal Insulins
- Chronic Heart Failure Drugs

d. Innovator Drugs – currently in pending Tier 3 (nonformulary) status:

- Oncology Drugs: tifluridine/tipiracil (Lonsurf)
- Sodium-Glucose Co-Transportor-2 (SGLT2) Inhibitors: empagliflozin/metformin IR (Synjardy)
- Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor: evolocumab (Repatha)

e. There were drugs under Section 703, National Defense Authorization Act (NDAA) for Fiscal Year 2008 reviewed at this meeting; Kitabis Pak, Unithtroid and Doryx

The DoD P & T Committee will make a recommendation as to the effective date of the agents being changed from the Uniform Formulary tier to Non–formulary tier. Based on 32 CFR 199.21 such change will not be longer than 180 days from the final decision date but may be less.

We have given you a handout that includes the Uniform Formulary recommendations for all the drugs discussed today; these are found on pages 2 and 5. We will be using trade names as much as possible, so you can refer to your handout throughout the presentation.

I. RECENTLY APPROVED U.S. FOOD AND DRUG ADMINISTRATION (FDA) AGENTS

A. ALZHEIMER'S DISEASE AGENTS

(Dr. Allerman)

1. Alzheimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric) – Relative Clinical Effectiveness and Conclusion

Memantine extended release (Namenda XR) is an N–methyl–D–aspartate (NMDA) receptor antagonist approved for once daily dosing in the treatment of moderate to severe Alzheimer's disease. The immediate release (IR) formulation of memantine (Namenda IR) is now available in a generic formulation. Namzaric is a fixed–dose combination product (in other words, two drugs in one formulation) containing memantine extended release (ER) and donepezil (Aricept), the most commonly prescribed acetylcholinesterase inhibitor.

Although there are no well–conducted head–to–head studies that compare Namenda XR or Namzaric with other Alzheimer's drugs, the two new drugs appear similar to their IR and individual components in terms of efficacy and safety. Namenda XR and Namzaric provide a modest clinical benefit at best, and some efficacy endpoints in the clinical trials showed no benefit at all. While Namenda XR and Namzaric offer the convenience of once daily dosing, there is no data to support any additional clinical benefit of combining an NMDA receptor antagonist with an acetylcholinesterase inhibitor. There is no data available to support the fixed–dose combination improves adherence.

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the main benefits for Namenda XR and Namzaric are their once daily dosing, which provides a convenience to caregivers or patients with swallowing difficulties. Aside from this factor, the memantine IR version and the individual components of memantine and donepezil are clinically interchangeable with the memantine ER version (Namenda XR) and combination product (Namzaric).

2. Alzhimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric) – Relative Cost–Effectiveness Analysis and Conclusion

Cost minimization analysis (CMA) was performed. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed the following rankings from most to least cost–effective for the UF no–step scenario: donepezil (Aricept, generics), memantine IR (Namenda, generics), galantamine (Razadyne, generic), donepezil orally dissolving tablet (Aricept ODT, generic), rivastigmine (Exelon, generic), galantamine ER (Razadyne

ER), memantine ER (Namenda XR), memantine ER/donepezil (Namzaric), rivastigmine transdermal system (Exelon Patch).

3. **Alzheimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric)–UF Recommendation**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) memantine ER (Namenda XR) and memantine ER/donepezil (Namzaric) be designated NF.

   Note that Manual PA criteria were recommended at the August 2015 DoD P&T Committee meeting, with an implementation date of February 3, 2016. Note that the P&T Committee also recommended maintaining the current Prior Authorization criteria for Namenda XR and Namzaric, which were approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting. The PA criteria are found on page 1 of the handout which contains the "Table of PA criteria". All of the PA criteria discussed today can be found in this handout.

4. **Alzheimer's Disease Agents: Memantine Extended Release (Namenda XR) and Memantine Extended Release/Donepezil (Namzaric) – UF, Implementation Plan**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) 1) an effective date of the first Wednesday after a 90–day implementation period; and, 2) DHA send a letter to beneficiaries affected by the UF decision.

5. **Physician's Perspective**

   The Committee did recognize that these products might offer some convenience to patients, however, none of the drugs approved for treating Alzheimer's disease will prevent the progression of the disease. Additionally, there is no data to show that adherence will be improved with Namenda XR or Namzaric. The individual components for both drugs are available on the UF.

   The prior authorization recommended at the August 2015 P&T meeting will be implemented in February. Patients who are currently receiving Namenda XR or Namzaric will not have to go through the PA process, in order to not unduly burden the patients and their providers; however, they will be subject to the non-formulary co-pay.

6. BAP Comments

There were no questions or comments from the Panel. The Chair called for the vote on UF recommendation and UF Implementation Plan for the Alzheimer's Disease Agents: Memantime ER (Namenda XR) and Memantine ER/Donepezil (Namzaric)

- **Alzheimer's Disease Agents: Memantime ER (Namenda XR) and Memantine ER/Donepezil (Namzaric) – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Alzheimer's Disease Agents: Memantine ER (Namenda XR) and Memantine ER/Donepezil (Namzaric) – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

B. UF CLASS REVIEWS – ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) STIMULANTS

(Dr. Allerman)

1. ADHS: Stimulants – Relative Clinical Effectiveness and Conclusion

The ADHD stimulants were reviewed for formulary placement. The full class, including the nonstimulants (for example Strattera and Intuniv) and wakefulness promoting agents (for example Nuvigil and Provigil), was previously reviewed in February 2012.

New entrants to the class include amphetamine sulfate tablets (Evekeo), methylphenidate ER capsules (Aptensio XR), and dextroamphetamine tablets (Zenzedi). The only products that do not have generic equivalents include methylphenidate ER oral suspension (Quillivant XR), methylphenidate transdermal system (Daytrana), and lisdexamfetamine (Vyvanse).

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- The new entrants to the class, Evekeo, Aptensio XR, and Zenzedi do not contain new chemical entities; they were approved by the FDA using data from previously approved drugs. There are no head–to–head studies between any of the new entrants and other ADHD stimulants. The active ingredients for the new drugs are available in generic formulations that are on the UF.
- Quillivant XR is the only long–acting methylphenidate oral suspension on the market and is approved for children as young as six years of age. Immediate release methylphenidate and dextroamphetamine oral solutions are therapeutic alternatives to Quillivant XR, but must be dosed twice daily.

- Daytrana is the only transdermal patch available for ADHD, but is associated with skin reactions.
- Vyvanse is currently designated NF and is approved for children and adults with ADHD. A review of Military Health System (MHS) prescribing habits shows that the vast majority of utilization for all the ADHD drugs, including Vyvanse, is in the population aged five to 14 years. Vyvanse has a new FDA–approved indication for binge eating disorder, but other therapies, including topiramate, zonisamide, and the selective serotonin reuptake inhibitors are also commonly used for this condition.
- For patients with swallowing difficulties, the following products can be used:

  - Vyvanse, which is dissolvable in water.
  - Ritalin LA, Metadate CD, Adderall XR, and Focalin XR – which contain capsules that can be opened and their contents can be sprinkled on food.

- All the stimulants contain a black box warning for potential abuse and dependency, and are controlled substances.

Overall Relative Clinical Effectiveness Conclusion: There were no significant updates to the previous clinical conclusions from the February 2012 UF class review. The ADHD stimulants have a high degree of therapeutic interchangeability, although there are differences in the duration of action between products. The branded ADHD stimulants Quillivant XR, Vyvanse, Daytrana, Zenzedi, Evekeo, and Aptensio XR offer no additional clinical advantages over the other stimulant agents on the UF.

2. ADHD: Stimulants–Relative Cost–Effectiveness Analysis and Conclusion

CMA and budget impact analysis (BIA) were performed. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results for the brand–only agents showed that methylphenidate ER capsules (Aptensio XR) was the most cost–effective agent, followed by methylphenidate transdermal system (Daytrana), lisdexamfetamine (Vyvanse), methylphenidate ER oral suspension (Quillivant XR), and amphetamine tablets (Evekeo).

- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF. BIA results showed that designating Aptensio XR, Quillivant XR, and Evekeo as formulary, with Daytrana and Vyvanse as NF, demonstrated the largest estimated cost avoidance for the MHS.

3. ADHD: Stimulants–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF:
  - amphetamine sulfate tabs (Evekeo)
  - methylphenidate ER oral suspension (Quillivant XR suspension)
  - methylphenidate ER capsules (Aptensio XR)
  - methamphetamine (Desoxyn, generic)
  - dextroamphetamine (Dexedrine spansule, Dextrostat tabs, ProCentra solution, generics; Zenzedi tabs)
  - mixed amphetamine salts ER (Adderall XR; generic)
  - mixed amphetamine salts IR (Adderall, generic)
  - methylphenidate osmotic controlled release oral delivery system (OROS) (Concerta; generic)
  - methylphenidate CD (Metadate CD; generic)
  - methylphenidate IR (Ritalin, generic)
  - methylphenidate LA (Ritalin LA, generic)
  - methylphenidate SR (Ritalin SR, generic)
  - methylphenidate ER (Metadate ER, Methylin ER, generic)
  - methylphenidate chewable tablets, solution (Methylin, generic)
  - dexmethylphenidate IR (Focalin; generic)
- NF
  - lisdexamfetamine (Vyvanse)
  - methylphenidate transdermal system (Daytrana)
  - dexmethylphenidate ER (Focalin XR, generic)

4. ADHD: Stimulants–UF Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

5. Physician's Perspective

The stimulants approved for treating ADHD are all derivatives of amphetamine, and there are generic alternatives available for all the products in the class. This is the third time since 2005 that the Committee has reviewed the class. The Uniform Formulary contains a wide range of products, as patients might respond to one product (methylphenidate) versus another (mixed amphetamine salts), and the formulary contains a variety of both short-acting and long-acting formulations.

The Committee did recommend adding Quillivant XR to the formulary. This product was previously designated as non-formulary; however the pediatricians on the Committee did note some benefits to this long-acting suspension. Anecdotally, Quillivant XR is useful in patients with autism, since they sometimes have difficulty tolerating certain textures, which is a problem for formulations which are opened and sprinkled on food.

Vyvanse was recommended to continue to be designated as non-formulary. The review of MHS prescribing data found that in younger patients ages 5 to 14 years, methylphenidate is preferred for treating ADHD, followed by Adderall, and then by Vyvanse. Adult patients with ADHD are primarily treated with Adderall. The Committee also felt that the FDA-approval for Vyvanse specifically for binge eating disorder is not a compelling benefit, since for all the stimulants; appetite suppression is a well-known side effect.

6. BAP Comments

Ms. Lisa Le Gette asked if an implementation plan was required because all the drugs are non-formulary.

Dr. Allerman responded that some will require and implementation plan but they are not under the purview of the BAP.

There were no more questions or comments from the Panel. The Chair called for a vote on the UF Recommendation and the UF Implementation Plan for ADHD: Stimulants:

- **ADHD: Stimulants – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **ADHD: Stimulus – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

C. UF CLASS REVIEWS – ANTIRHEUMATICS: INJECTABLE METHOTREXATE

(CAPT VonBerg)

1. Antirheumatics: Injectable Methotrexate–Relative Clinical Effectiveness and Conclusion

Background–Methotrexate received FDA approval for the treatment of rheumatoid arthritis (RA) and psoriasis in 1959. Methotrexate is one of the most studied disease–modifying antirheumatic drugs (DMARD) and is a cornerstone of therapy for treating RA. Currently, injectable methotrexate is available in a generic 50 mg/2 mL vial formulation and two auto–injectors, Otrexup and Rasuvo. Injectable methotrexate products are administered subcutaneously.

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- Methotrexate low–dose oral and injectable vial formulations:
    - Methotrexate absorption via the oral route is variable, especially at doses greater than 15 mg. In contrast, subcutaneous (SC) methotrexate injections are completely absorbed. Most patients prefer oral over SC methotrexate therapy.
    - Anecdotal observations report that some gastrointestinal toxicities may be avoided by administering methotrexate subcutaneously.
    - In 2008, a randomized controlled trial comparing the efficacy and safety of oral and SC methotrexate, reported SC administration was significantly more effective than oral administration at the same dosage, with no difference in tolerability profiles.
- Methotrexate low–dose injectable vials and auto–injector formulations:
    - There are no head–to–head trials or systematic reviews comparing the different types of injectable methotrexate formulations.
    - The two new auto–injectors, Otrexup and Rasuvo, were FDA approved through 505(b)(2) applications by demonstrating bioequivalence to the generic injectable methotrexate vial formulations.
    - There are no clinical trials that demonstrate Otrexup or Rasuvo auto–injectors provide greater benefit to patients over oral or conventionally injected methotrexate using vials. There is no comparative effectiveness, safety, or tolerability data.
    - There is a high degree of therapeutic interchangeability for the injectable methotrexate delivery options.

Overall Relative Clinical Effectiveness Conclusion: Except for patient convenience, the methotrexate pre–filled auto–injector formulations of Otrexup and Rasuvo offer no additional clinical advantages over generic methotrexate vials. The benefit of the new products may be limited to a niche group of patients with limited vision, decreased finger dexterity, or impaired cognition.

2. **Antirheumatics: Injectable Methotrexate–Relative Cost–Effectiveness Analysis and Conclusion**

CMA and BIA were performed to evaluate the injectable methotrexate products. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that injectable methotrexate in the vial formulation was the most cost–effective injectable agent, followed by Otrexup and Rasuvo.
- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF on the UF. BIA results showed that designating methotrexate injectable vials as formulary, with Otrexup and Rasuvo designated NF demonstrated the largest estimated cost avoidance for the MHS.

3. **Antirheumatics: Injectable Methotrexate–UF Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF:
  - Methotrexate 50 mg/2 mL vials

- NF:
  - Methotrexate auto–injector (Otrexup)
  - Methotrexate auto–injector (Rasuvo)

4. **Antirheumatics: Injectable Methotrexate–Manual PA Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) PA criteria for the methotrexate auto–injectors (Otrexup and Rasuvo).

– Otrexup and Rasuvo–

Manual PA criteria apply to all new users of Otrexup and Rasuvo methotrexate auto–injectors.

Manual PA criteria–Otrexup or Rasuvo are approved if:

- The patient has experienced intolerance or significant adverse effects from generic injectable methotrexate vials

OR

- The patient has decreased finger dexterity, limited vision, or impaired cognition that results in the inability to utilize generic injectable methotrexate vials

Prior authorization does not expire.

5. **Antirheumatics: Injectable Methotrexate–UF and PA Implementation Plan**

P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) 1) an effective date of the first Wednesday after a 90–day implementation period in all points of service (POS); and, 2) DHA send a letter to beneficiaries affected by the UF decision.

6. **Physician's Perspectives**

The decision was unanimous to designate the two new auto-injectors as non-formulary. The vial formulation of methotrexate has been used for decades in patients with arthritis who need high doses that are not adequately absorbed by the oral route, or who have intolerable GI side effects from the tablets.

The intent of the Prior Authorization is to encourage patients to continue on the cost-effective tablets or vial formulation, unless they have severe joint deformity or visual problems and cannot manipulate the syringe and vial. One of the rheumatologists at the meeting commented that in his years of practice, he has always been able to teach patients to correctly use the vials. Even with the auto-injectors, patients will need a follow-up visit to ensure they are correctly using the auto-injectors.

7. **BAP Comments**

Dr. Anderson asked if there was any evidence that the P&T Committee considered regarding dosing errors with methotrexate vials and if there any dosing errors that occurred?

CAPT VonBerg replied that safety concerns and utilization were discussed and not determined to be significant.

Dr. Anderson had an additional comment toward the end of the meeting. He asks if the beneficiary notification letter will be encouraging the patients to get training and education on how to inject using the vial?

Dr. Allerman replied that is not typically done. The letter is used to notify beneficiaries of changes in the UF.

Dr. Anderson stated he doesn't know how many beneficiaries this change will impact, but he wanted to make sure that those patients making the transition are doing so safely.

CAPT VonBerg commented that the PA criteria apply to all new users.

Dr. Anderson repeated that it applies to new users, and thanked CAPT VonBerg for clarifying.

There were no more questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan for the Antirheumatics: Injectable Methotrexate.

- **Antirheumatics: Injectable Methotrexate – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Antirheumatics: Injectable Methotrexate – Manual PA Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Antirheumatics: Injectable Methotrexate – UF and PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

D. UF CLASS REVIEWS – ACNE DRUGS: ORAL ISOTRETINOINS

(CAPT VonBerg)

1. Acne Drugs: Oral Isotretinoins–Relative Clinical Effectiveness and Conclusion:

Background–All the products in the class have the same active ingredient, isotretinoin. The class is comprised of AB–rated generic formulations of Accutane, including Amnesteem, Claravis, Myorisan and Zenatane, and a branded product, Absorica.

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- The oral isotretinoins, including Absorica, have the same FDA indication, labeling, efficacy, side effect profile, and drug interaction profile. As a subclass, the oral isotretinoins are effective in achieving a ≥70% reduction in total nodular lesion count when taken with meals for up to 20 weeks of therapy.
- Absorica is an oral isotretinoin product specifically formulated to allow for absorption regardless of meals. Absorica has a higher bioavailability in fasting conditions than the other oral isotretinoins. To ensure adequate absorption, the generic formulations must be taken with meals.
- In one head–to–head comparison study of Absorica and generic isotretinoin, there was no difference in efficacy outcomes or adverse reactions between the two products when taken under fed conditions.
- Potential advantages of Absorica include patient convenience due to administration without regard to meals, and the availability of two additional dosage strengths (25 mg and 35 mg), compared to generic oral isotretinoins. However, there are no published head–to–head trials that indicate better compliance or reduced relapse rates with Absorica compared to other isotretinoins.
- The oral isotretinoins are reserved for treating severe nodular recalcitrant acne, due to their significant adverse effects, including teratogenicity (birth defects), pseudotumor cerebri (increased pressure in the brain), and psychiatric problems, including suicide risk.
- All the oral isotretinoins, including Absorica, are rated as pregnancy category X (meaning that they are well–known to cause birth defects), require mandatory enrollment in the Risk Evaluation and Mitigation Strategies (REMS) program iPLEDGE, and are limited to dispensing of a 30–day supply at one time.
- There is a high degree of therapeutic interchangeability among the oral isotretinoins and Absorica.

Overall Relative Clinical Effectiveness Conclusion: Other than the convenience of taking Absorica without regard to meals, it offers no additional clinical advantages over the other oral isotretinoins. Based on clinical issues alone, only one isotretinoin product is required on the UF.

2. **Acne Drugs: Oral Isotretinoins–Relative Cost–Effectiveness Analysis and Conclusion**

CMA and BIA were performed to evaluate oral isotretinoin agents. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results showed that Myorisan and Amnesteem were the most cost–effective oral isotretinoins, followed by Zenatane, Claravis, and Absorica.
- BIA was performed to evaluate the potential impact of designating selected oral isotretinoins as formulary or NF on the UF. BIA results showed that designating Myorisan, Amnesteem, Zenatane, and Claravis as formulary, with Absorica as NF, demonstrated the largest estimated cost avoidance for the MHS.

3. **Acne Drugs: Oral Isotretinoins–UF Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF oral isotretinoins:
  - Myorisan
  - Amnesteem
  - Zenatane
  - Claravis

- NF oral isotretinoins:
  - Absorica

4. **Acne Drugs: Oral Isotretinoins–Manual PA Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) manual PA criteria for Absorica.

– Absorica–

Manual PA criteria apply to all new users of Absorica.

<u>Manual PA criteria</u>

- Patient is unable to comply with the dietary requirements of an AB–rated generic oral isotretinoin

Prior authorization does not expire.

5. **Acne Drugs: Oral Isotretinoins–UF and PA Implementation Plan**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent)

1) An effective date of the first Wednesday after a 90-day implementation period in the POS; and, 2) DHA send a letter to the beneficiaries affected by the UF decision.

6. **Physician's Perspective**

The FDA does not consider Absorica interchangeable with the generic isotretinoin formulations; however, the only reason that Absorica is not considered interchangeable by the FDA is that it has a different absorption pattern than the generics.

Although Absorica does come in two additional dosage strengths (25 mg and 35 mg) that are not available with the generic products, a review of prescribing data for the MHS found that these two dosage strengths are not commonly prescribed.

We did analyze data to determine if treatment with Absorica would shorten the duration of therapy needed. However, the data showed that treatment for all the products was not significantly different, ranging from 4.7 months with Claravis and Myorisan, to 4.8 months with Absorica, and to 5.6 months with Amnesteem and Zenatane. Additionally, the cost per treatment course with Absorica was significantly higher than with the generic products.

7. **BAP Comments**

There were no questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan for the Acne Drugs: Oral Isotretinoins.

- **Acne Drugs: Oral Isotretinoins – UF Recommendation**

Concur: 7	Non–Concur: 0	Abstain: 0	Absent: 1

- **Acne Drugs: Oral Isotretinoins – Manual PA Recommendation**

Concur: 7	Non–Concur: 0	Abstain: 0	Absent: 1

- **Acne Drugs: Oral Isotretinoins – UF and PA Implementation Plan**

Concur: 7	Non–Concur: 0	Abstain: 0	Absent: 1

E. UF CLASS REVIEWS – GASTROINTESTINAL–2 (GI–2) MISCELLANEOUS DRUGS

(Dr. Allerman)

1. GI–2 Miscellaneous Drugs–Relative Clinical Effectiveness and Conclusion

Background–The P&T Committee evaluated the GI–2 Miscellaneous Drugs. The drugs were previously reviewed for formulary placement in November 2012; there have been new addition to the class since the last review. Note that tegaserod (Zelnorm) has been discontinued from the market.

Relative Clinical Effectiveness Conclusion–The P&T Committee concluded (15 for, 0 opposed, 0 abstained, 1 absent) the following for the GI–2 Miscellaneous agents:

- There are no updates or changes from the previous clinical conclusions made at the November 2012 UF drug class review for the treatment of hepatic encephalopathy (which is confusion and delirium due to the buildup of toxic products in patients with liver failure), travelers' diarrhea, *clostridium difficile* associated diarrhea, and *clostridium difficile* infection (CDI) (which are severe cases of diarrhea usually cased by antibiotic therapy).. (The full clinical conclusions for these conditions can be found in the November 2012 P&T Committee meeting minutes which are on–line at http://www.health.mil/PandT).
- There are no head–to–head studies among any of the drugs in the GI–2 miscellaneous subclass for the indications of diarrhea–predominant irritable bowel syndrome (IBS–D), constipation–predominant IBS (IBS–C), or chronic idiopathic constipation. All of the clinical trials for irritable bowel syndrome (IBS) studies showed a significant placebo effect.

Diarrhea–Predominant IBS (IBS–D)

- For rifaximin (Xifaxan), the studies for IBS–D are of moderate quality evidence. FDA approval for IBS–D was based on the unpublished TARGET 3 trial, which found that rifaximin was modestly more effective than placebo in relieving IBS–D symptoms but relapses were common. Rifaximin primarily relieves abdominal pain, but does not show a statistically significant improvement in stool consistency. Rifaximin (Xifaxan) is also approved for travelers' diarrhea, and to decrease the recurrence of hepatic encephalopathy.
- Use of alosetron (Lotronex) for IBS–D is restricted to women with severe refractory IBS–D. It is only available through an FDA–mandated REMS program due to the risk of severe adverse events, including death due to bowel obstruction.

Constipation–Predominant IBS (IBS–C)

- The FDA approved linaclotide (Linzess) for the treatment of IBS–C based on two placebo–controlled clinical trials. Linaclotide (Linzess) showed statistically significant improvements in both abdominal pain and an increase in number of bowel movements per week. The studies are rated as high quality evidence. Linzess is generally well tolerated, although patients may experience diarrhea.
- The FDA approved lubiprostone (Amitiza) for the treatment of IBS–C based on two placebo–controlled trials that showed varying efficacy for IBS–C symptoms. The studies are of moderate quality evidence and were primarily conducted in Caucasian women.

    - The most common adverse events with lubiprostone (Amitiza) are nausea, headache, and diarrhea/abdominal pain. Limitations to use include its drug interaction profile and its FDA approval for use only in women for IBS.

Overall relative clinical effectiveness conclusion: At this time, comparative efficacy statements between the drugs approved for treating IBS cannot be made due to their differing mechanisms of action, lack of head–to–head studies, lack of consistent diagnostic criteria, and variable endpoints. The P&T Committee concluded that even though the studies showed statistically significant results for treating IBS symptoms, whether the results are clinically meaningful remains to be determined due to the significant placebo response and lack of comparative studies.

2. GI–2 Miscellaneous Drugs–Relative Cost–Effectiveness Analysis and Conclusion

CMA and BIA were performed. The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- CMA results for the branded products, for all the FDA–approved indications, showed that lubiprostone (Amitiza) and linaclotide (Linzess) were the most cost–effective agents, followed by alosetron (Lotronex), nitazoxanide (Alinia), rifaximin (Xifaxan), and fidaxomicin (Dificid).
- BIA was performed to evaluate the potential impact of designating selected agents as formulary or NF. BIA results showed that designating all agents in the GI–2 Miscellaneous Drug Subclass as formulary demonstrated the largest estimated cost avoidance for the MHS.

3. GI–2 Miscellaneous Drugs–UF Recommendation

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

- UF
  - alosetron (Lotronex)
  - fidaxomicin (Dificid)
  - linaclotide (Linzess)
  - lubiprostone (Amitiza)
  - nitazoxanide (Alinia)
  - rifaximin (Xifaxan)
  - tegaserod (Zelnorm)–discontinued
  - metronidazole (Flagyl, generic)
  - neomycin
  - vancomycin

- NF
  - None

4. GI–2 Miscellaneous Drugs–Manual PA Recommendation

Prior authorization was recommended for rifaximin, due to the potential for off–label uses for a wide range of conditions for which there is no supporting clinical data.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following:

– All new users of rifaximin 500 mg tablets are required to undergo manual prior authorization.

- Hepatic Encephalopathy: No changes were recommended from the November 2012 meeting. Rifaximin 500 mg tablets at a dosage of one tablet twice daily will be approved if:

  A. The patient is at least 18 years of age.
  B. The patient has a documented diagnosis of hepatic encephalopathy.
  C. Prior authorization does not expire.

- Irritable Bowel Syndrome – Diarrhea Predominant. Prior authorization for rifaximin 500 mg tablets will be approved for the following:

  A. The patient has clinically documented moderate to severe IBS–diarrhea type, without constipation, and has symptoms of moderate abdominal pain and bloating. AND

B. The patient has had failure, intolerance or contraindication to at least one antispasmodic agent; e.g., dicyclomine (Bentyl), Librax, hyoscyamine (Levsin), Donnatal or loperamide (Immodium). AND
C. The patient has had failure, intolerance, or contraindication to at least one tricyclic antidepressant (to relieve abdominal pain); e.g., amitriptyline, desipramine, doxepin, imipramine, notriptyline, or protriptyline.
D. If yes to the above, then treatment will be approved for a single 14–day course of therapy (550 mg rifaximin tablets, one table three times daily for 14 days).
E. For patients with IBS–D who experience recurrence of symptoms, they can be re–treated up to two more times with the same regimen (total of three treatment courses in 6 months if they have had a positive response to a previously 14–day course of rifaximin.

Prior Authorization expires in 6 months.

- For non–FDA approved uses, including use of the 200 mg rifaximin tablets for travelers' diarrhea, *C. difficle* infection, inflammatory bowel disease, chronic abdominal pain, hepatitis, diabetes, rosacea or any other non–FDA–approved condition, Prior Authorization is not approved.
- Use of rifaximin 200 mg tablets for travelers' diarrhea is subject to automated prior authorization (step therapy), which requires a trial of a fluoroquinolone (ciprofloxacin) first. See the November 2012 P&T Committee meeting minutes for the full criteria.

5. GI–2 Miscellaneous Drugs–UF and PA Implementation Plan

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) and effective date of the first Wednesday after a 60-day implementation period in all POS.

6. Physician's Perspective

This drug class contains several products with a wide variety of FDA-approved indications. The focus of this review was treatment of irritable bowel syndrome. Opioid-induced constipation was not reviewed here, as there are drugs from other classes that are FDA-approved for this condition.

We did a provider survey of several gastroenterologists to get their opinion. For IBS-D, rifaximin was mentioned as being necessary to have on the formulary. Alosetron (Lotronex) was noted to be used infrequently. For IBS-C, Linzess was mentioned as having advantages over Amitiza.

Overall, the Committee was unanimous in recommending that all of the products remain on the formulary.

The rifaximin Prior Authorization criteria was updated to add in the new indication for IBS-D. The PA criteria reflect standard approaches to treating IBS-D, including the use of anti-spasmodic drugs and tricyclic antidepressant drugs (to relieve the abdominal cramping) first, before rifaximin. The other PA criteria, including the duration of the Prior Authorization and number of treatment courses, reflect the study design of the "TARGET trial", which was used to gain FDA approval for IBS-D.

Rifaximin has been used off-label for several conditions. The Committee reviewed the data for these non-FDA approved uses, and determined that the PA criteria would only allow for hepatic encephalopathy, IBS-D, and traveler's diarrhea. If rifaximin does gain additional FDA-approvals, the data will be evaluated, and the PA criteria updated accordingly.

7. **BAP Comments**

Dr. Anderson asks if Rifaximin is used to prevent traveler's diarrhea or to treat it.

Dr. Allerman replies that it is to treat it. Data shows fluoroquinolones are more effective and cost effective.

There were no more questions or comments from the Panel. The Chair called for the vote on UF Recommendation, Manual PA Recommendation, and UF and PA Implementation Plan GI–2 Miscellaneous Drugs.

- **GI–2 Miscellaneous Drugs – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **GI–2 Miscellaneous Drugs – Manual PA Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **GI–2 Miscellaneous Drugs – UF and PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

II. UTILIZATION MANAGEMENT

(CAPT VonBerg)

A. UTILIZATION Management - TIBs: Adalimumab (Humira)–Manual PA Criteria

1. TIBs: Adalimumab (Humira)–Manual PA Criteria

The TIBs were reviewed by the P&T Committee in August 2014 and automated PA (step therapy) and manual PA criteria were recommended for the class. Adalimumab (Humira) was selected as the UF step–preferred agent. In September 2015, adalimumab (Humira) received FDA approval for treatment of moderate to severe hidradenitis suppurativa (which is a chronic condition where lumps form under the skin. These lumps can be very painful and can start draining pus and have a foul odor). The PA criteria were updated for Humira to reflect the new FDA indication.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) revised manual PA criteria for Humira in new patients, consistent with the new FDA–approved product labeling for hidradenitis suppurativa.

– Adalimumab (Humira)–

Prior Authorization criteria originally approved August 2014 and implemented February 18, 2015. November 2015 changes to PA criteria in bold. Manual PA criteria for hidradenitis suppurativa applies to new patients.

Manual PA Criteria applies to all new users of adalimumab (Humira).

Coverage approved for patients ≥ 18 years with:

- Moderate to severe active rheumatoid arthritis, active psoriatic arthritis, or active ankylosing spondylitis
- Moderate to severe chronic plaque psoriasis who are candidates for systemic or phototherapy, and when other systemic therapies are medically less appropriate
- Moderate to severely active Crohn's disease following an inadequate response to conventional therapy, loss of response to Remicade, or an inability to tolerate Remicade
- Moderate to severely active ulcerative colitis following inadequate response to immunosuppressants
- Moderate to severe hidradenitis suppurativa (November 2015 new criteria)

Pediatric patients with:

- Moderate to severe active polyarticular juvenile idiopathic arthritis (pediatric patients: 2–17 years)
- Moderate to severely active Crohn's disease (≥ 6 years) who have had an inadequate response to corticosteroids, azathioprine, 6–mercaptopurine, or methotrexate

Coverage is NOT provided for concomitant use with other TIBs including, but not limited to, adalimumab (Humira), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), abatacept (Orencia), tocilizumab (Actemra), tofacitinib (Xeljanz), ustekinumab (Stelara), apremilast (Otezla), or rituximab (Rituxan).

Prior Authorization does not expire.

2. TIBs: Adalimumab (Humira)–PA Implementation Period

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) implementation of the PA for adalimumab become effective upon signing of the minutes.

3. Physician's Perspective

This is an example of where the Committee keeps up with new indications for drugs that have existing PA criteria, and then updates the PA criteria. You've seen several examples for the TIBs previously, and will likely see new updates in the future.

4. BAP Comments

There were no questions or comments from the Panel. The Chair called for the vote for PA Criteria and PA Implementation Plan TIBs: Adalimumab (Humira.

- **TIBs: Adalimumab (Humira) – PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **TIBs: Adalimumab (Humira) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

B. UTILIZATION MANAGEMENT – ANTIMALARIAL DRUGS

(CAPT VonBerg)

1. Antimalarial Drugs: Mefloquine–Manual PA Criteria

The P&T Committee discussed recent changes to the package insert for the antimalarial drug mefloquine (Lariam, generic) due to the risk of serious psychiatric and neurologic side effects. Mefloquine is primarily utilized as malaria prophylaxis. The P&T Committee has not reviewed the antimalarial drug class; most of the agents are available in generic formulations, with variability in malaria resistance patterns across the world.

In April 2013, the Assistant Secretary of Defense for Health Affairs made changes to the malaria Force Health Protection program. Atovaquone–proguanil (Malarone, generic) and doxycycline are now first–line choices in areas other than Sub–Saharan Africa. In Sub–Saharan Africa, the first–line choice is atovaquone–proguanil, followed by doxycycline. Mefloquine is third line choice. In July 2013, the FDA added a black box warning mefloquine due to risk of permanent adverse effects, including dizziness, loss of balance, and tinnitus. A Fiscal Year 2014 mefloquine drug utilization review revealed suboptimal documentation for contraindications and patient education in the available records.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) manual PA criteria for mefloquine in new users. The PA criteria are consistent with the FDA–approved product labeling to ensure safe and appropriate use of mefloquine.

– Mefloquine–

Manual PA Criteria apply to all new users of mefloquine.

Coverage approved for patients with the following:

- Patients requiring mefloquine for malaria chemoprophylaxis. The PA is not intended for patients requiring treatment of acute malaria infections.
- Patients with a contraindication or intolerance to both atovaquone–proguanil (Malarone) and doxycycline (e.g., pregnancy)
- Patients do NOT have a major psychiatric disorder to include but not limited to
  - Active or recent history of depression
  - Generalized anxiety disorder
  - Psychosis or schizophrenia
  - Post–Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI)
- Patients do NOT have a history of seizures or vestibular disorders

- Patients do NOT have a cardiac conduction abnormality

  AND

- The total treatment duration (months) must be documented on the PA form.

  AND

- The above information is documented in the medical record and the patient has been educated on mefloquine adverse effects and dosing.

Prior Authorization expires after one continuous treatment course.

2. **Antimalarial Drugs: Mefloquine–PA Implementation Plan**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 60–day implementation period in all POS.

3. **Physician's Perspective**

   This recommendation is for a new Prior Authorization, based on safety issues. The goal is to ensure the safe and appropriate use for mefloquine, and to assess that the patient has been appropriately evaluated before starting therapy.

4. **BAP Comments**

   Mr. Sommer asked about the statement "the patients cannot have active, recent history of depression, or general anxiety disorder". He asks if that is in any form; is it controlled and has it been addressed.

   CAPT VonBerg replied that all has been discussed per the FDA packaging and label recommendation.

   Mr. Sommer asked if it's any depression.

   CAPT Vonberg replied yes.

   There were no more questions or comments from the Panel. The Chair called for the vote for PA Criteria and PA Implementation Plan Antimalarial Drugs: Mefloquine.

   - **Antimalarial Drugs: Mefloquine – PA Criteria**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

   - **Antimalarial Drugs: Mefloquine – PA Implementation PlaN**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

C. UTILIZATION MANAGEMENT – HEPATITIS C VIRUS (HCV) DRUGS: DIRECT ACTING ANTIVIRALS (DAAs)

(CAPT VonBerg)

1. HCV Drugs: DAAs–Manual PA Criteria

The HCV DAAs were reviewed by the P&T Committee in May 2015; manual PA criteria and QLs were recommended for the subclass. In July 2015, the FDA approved two new HCV DAAs for the treatment of HCV genotype 3 (GT3) and HCV genotype 4 (GT4): daclatasvir (Daklinza) and paritaprevir/ritonavir/ombitasvir (Technivie), respectfully.

The P&T Committee reviewed the PA criteria and QLs for the DAAs due to the new entrants in the class, changes in the FDA package labeling, FDA drug safety communications, and updated treatment recommendations for HCV by the American Association for the Study of Liver Diseases/Infectious Diseases Society of America (AASLD/IDSA). Consult www.HCVguidelines.org for the most recent update from September 25, 2015.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) changes and/or new manual PA criteria for the following DAAs.

a) Removing the hepatitis B virus (HBV) co–infection contraindication from all the current HCV DAA manual PA criteria.

b) Manual PA criteria for new users of paritaprevir/ritonavir/ombitasvir (Technivie). Technivie is contraindicated in patients with moderate and severe hepatic impairment (Child–Pugh Class B and C) and is not indicated for use in patients with cirrhosis. It can cause serious liver injury in patients with underlying advanced liver disease. Prior authorization will expire after 12 weeks, based on the treatment regimen.

1) Paritaprevir/Ritonavir/Ombitasvir (Technivie)–New PA Criteria November 2015

- New users of paritaprevir/ritonavir/ombitasvir are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.
- Consult the AASLD/IDSA HCV guidelines (www.hcvguidelines.org) for the most up–to–date and comprehensive treatment for HCV. Unique patient populations are also addressed, and treatment recommendations may differ from those for the general population.

Manual PA Criteria:

- Age ≥ 18
- Has laboratory evidence of chronic HCV genotype 4 infection
    - State the HCV genotype and HCV RNA viral load on the PA form
- Paritaprevir/ritonavir/ombitasvir (Technivie) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Does not have moderate or severe hepatic impairment (Child–Pugh Class B & C), or cirrhosis

Treatment Regimens and Duration of Therapy

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype or unique population.
- Prior authorization will expire after 12 weeks, based on the treatment regimen selected.
- Regimens other than those listed above: Explain the rationale for treatment and duration of therapy. Consult the AASLD/IDSA HCV guidelines for new updates.

c) Manual PA criteria for new users of daclatasvir (Daklinza). Prior authorization will expire after 12–24 weeks based on the treatment regimen.

1) Daclatasvir (Daklinza)–New PA Criteria November 2015

- New users of daclatasvir are required to undergo the PA process.
- Current users are not affected by PA; they can continue therapy uninterrupted.

- Consult the AASLD/IDSA HCV guidelines (www.hcvguidelines.org) for the most up–to–date and comprehensive treatment for HCV. Unique patient populations are also addressed, and treatment recommendations may differ from those for the general population.

Manual PA Criteria:

- Age ≥ 18
- Has laboratory evidence of chronic HCV genotype 3 infection
    - State the HCV genotype and HCV RNA viral load on the PA form
- Daclatasvir (Daklinza) is prescribed by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Daclatasvir (Daklinza) is not prescribed as monotherapy

Treatment Regimens and Duration of Therapy

- Treatment and duration of therapy are approved for one of the following regimens outlined below, based on HCV genotype or unique population.
- Prior authorization will expire after 12 to 24 weeks, based on the treatment regimen selected.
- Regimen other than those listed above: Explain the rationale for treatment and duration of therapy. Consult the AASLD/IDSA HCV guidelines for new updates and guidelines

d) Revising the existing manual PA criteria for new users of sofosbuvir (Sovaldi). Prior authorization will expire after 12–48 weeks based on the treatment regimen.

e) Revising the existing manual PA criteria for new users of paritaprevir/ritonavir/ombitasvir with dasabuvir (Viekira Pak). Viekira Pak is contraindicated in patients with moderate and severe hepatic impairment (Child–Pugh Class B and C) and can cause serious liver injury in patients with underlying advanced liver disease. Prior authorization will expire after 12–24 weeks based on the treatment regimen.

f) Revising the existing manual PA criteria for new users of ledipasvir/sofosbuvir (Harvoni). Prior authorization will expire after 8–24 weeks based on the treatment regimen.

2. **HCV Drugs: DAAs–PA Implementation Plan**

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) implementation for the manual PA criteria upon signing of the minutes.

3. **Physician's Perspective**

Several updates to the Prior Authorization criteria for these drugs have been presented at previous meetings for this Panel. We primarily rely on the AASLD/IDSA guidelines, as sometimes the FDA-approved indications lag behind the guidelines. As new drugs come out, or as new information becomes available, we'll continue to provide updates.

4. **BAP Comments**

There were no questions or comments from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan HCV Drugs: DAAs.

- **HCV Drugs: DAAs – Manual PA Criteria**

Concur: 7	Non–Concur: 0	Abstain: 0	Absent: 1

- **HCV Drugs: DAAs – PA Implementation Plan**

Concur: 7	Non–Concur: 0	Abstain: 0	Absent: 1

D. UTILIZATION MANAGEMENT – FEMALE HYPOSEXUAL DESIRE DISORDER (HSDD) DRUGS

(Dr. Allerman)

1. **HSDD Drugs: Flibanserin (Addyi)–Manual PA Criteria**

Flibanserin (Addyi) is the first drug approved for treating hyposexual desire disorder (HSDD) in premenopausal women that is not due to a co–existing medical or psychiatric condition, problems within the relationship, or effects of a medication or other drug substance. The drug is available under a limited distribution program, requiring physician registration, due to the risk of adverse effects.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for flibanserin (Addyi) in all new and current users, due to the risk of severe hypotension, especially if used concomitantly with alcohol. Prior authorization will be limited to the FDA–approved indication. Discontinuation of treatment is warranted if there is no improvement in symptoms after eight weeks.

– Flibanserin (Addyi)–

Manual PA criteria apply to all new and current users of flibanserin (Addyi).

Manual PA criteria–Flibanserin is approved if:

- The drug is prescribed for a premenopausal female with HSDD not due to a co–existing medical or psychiatric condition, problems within the relationship, or effects of a medication or other drug substance,

AND

- The patient does not have current alcohol use,
- The patient does not have hepatic impairment (Child–Pugh score ≥6),
- The patient is not receiving concomitant therapy with a moderate or strong CYP3A4 inhibitor (e.g., ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil),

AND

- The prescription is written from a provider who is certified/enrolled in the flibanserin Risk Evaluation and Mitigation Strategies program.
- Note that contraindications to the use of flibanserin include concurrent alcohol, moderate or strong CYP3A4 inhibitors, and hepatic impairment

Prior Authorization does not expire.

2. HSDD Drugs: Flibanserin (Addyi)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

3. Physician's Perspective

There are some significant safety concerns with this drug. There is a high risk of hypotension, especially if the drug is taken with alcohol. Reductions in systolic blood pressure of up to 50 mm mercury have been reported.

Even with the limited distribution process, the Committee felt that the safety concerns warranted placing a prior authorization on this drug. The criteria reflect the FDA-approved labeling and warnings.

4. **BAP Comments**

Ms. Le Gette asked this is a new drug. How many beneficiaries are using this drug?

Dr. Allerman replied with maybe 8. We've not looked consistently at that.

Ms. Le Gette stated she figured it would be low.

Dr. Delgado stated that she didn't see a history of hypotension and asked if that is not a concern.

Dr. Allerman replied that they followed the label. The risk is that it can cause hypotension especially if used with alcohol. It is not specifically left out existing hypotension.

Dr.. Delgado replied that another medication that has also the potential to cause hypotension like another hypertensive.

Dr. Allerman stated that reason being that this was approved for pre-menopausal women. We know that incidences of hypertension the person would be normally be on an anti-hypertension medications and in the older population.

There were no more questions from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan for HSDD Drugs: Flibanserin (Addyi)

- **HSDD Drugs: Flibanserin (Addyi) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **HSDD Drugs: Flibansein (Addyi) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

E. UTILIZATION MANAGEMENT – BASIL INSULINS

(Dr. Allerman)

1. **Basal Insulins: Insulin Glargine 300 U/mL (Toujeo)–Manual PA Criteria**

Toujeo is a long–acting human insulin analog indicated for improvement of glycemic control in adults with type 1 or type 2 diabetes mellitus. It contains a concentrated solution of insulin glargine, 300 U/mL. Insulin glargine under the brand name of Lantus has been available since 2000, at a concentration of 100 U/mL. The hemoglobin A1c–lowering effect of Toujeo is similar to Lantus. Biosimilar formulations of insulin glargine are expected in 2016.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for Toujeo in all new and current users, to ensure appropriate use and to reduce the risk of insulin dosing errors.

– Insulin Glargine 300 U/mL (Toujeo)–

Manual PA criteria apply to all new and current users of Toujeo.

Manual PA criteria–Toujeo is approved if:

- The patient is at least 18 years of age

AND

- The patient has diabetes and is using a minimum of 100 units of Lantus (insulin glargine) per day

AND

- The patient requires a dosage increase with Lantus and has experienced clinically significant, severe hypoglycemia (severely decreased blood sugar level) episode, despite splitting the Lantus dose

AND

- The patient has been counseled regarding the risk of dosing errors.

- Note that the following are not acceptable reasons for Toujeo:
  - Non–adherence to previous insulin treatment
  - Patient or prescriber preference for the use of Toujeo
  - Patient or prescriber preference for a smaller injection volume

Prior Authorization does not expire.

2. Basal Insulins: Insulin Glargine 300 U/mL (Toujeo)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 60–day implementation period in all POS.

3. **Physician's Perspective**

This drug contains the same active ingredient as Lantus, but is a concentrated formulation. Toujeo is from the same manufacturer as Lantus.

The Committee felt that Prior authorization criteria were warranted for Toujeo, as it does not have compelling clinical advantages over Lantus. Lantus has been on the market for over 15 years, and has a proven safety and efficacy record.

There are several insulin products that have recently gained FDA approval or are far along in the pipeline. On December 16, 2015, the FDA approved an insulin glargine product called Basalgar, using an abbreviated pathway. The approval for Basalgar was based in part on the FDA review of Lantus. Baslgar is the first insulin product to be approved via this pathway; it is not considered a biosimilar product. The P&T Committee will be reviewing the insulin products later in 2016.

4. **BAP Comments**

There were o questions or comments from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan Basal Insulin: Insulin Glargine 300 U/mL (Toujeo).

- **Basal Insulin: Insulin Glargine 300 U/mL (Toujeo) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Basal Insulin: Insulin Glargine 300 U/mL (Toujeo) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

F. UTILIZATION MANAGEMENT – CHRONIC HEART FAILURE DRUGS

(Dr. Allerman)

1. **Chronic Heart Failure Drugs: Ivabradine (Corlanor)–Manual PA Criteria**

Ivabradine (Corlanor) is approved to decrease the risk of hospitalization for worsening heart failure in patients with stable, symptomatic chronic heart failure. The package insert states the drug should only be used in patients who have a left ventricular ejection fraction of less than 35%, who have a heart rate of at least 70 beats per minute, and who are receiving maximum tolerated doses of beta blockers, or who have a contraindication to beta blockers. Corlanor decreases heart rate without affecting ventricular repolarization or myocardial contractility.

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) manual PA criteria for new users of Corlanor, consistent with the FDA–approved product labeling.

– Ivabradine (Corlanor)–

Manual PA criteria apply to all new users of Corlanor.

Manual PA criteria–Corlanor is approved if:

- The drug is prescribed by a cardiologist or heart failure specialist.
- The patient has a diagnosis of stable, symptomatic heart failure with left ventricular ejection fraction ≤35%, is in sinus rhythm, and has a resting heart rate >70 beats per minute.
- The patient has heart failure symptoms despite maximal therapy of a beta blocker therapy that has been shown to have survival benefit in heart failure.
    - Note that acceptable heart failure beta blockers and target doses include the following: metoprolol succinate ER 200 mg QD; carvedilol 25 mg BID, if 50 mg BID > 85 kg; carvedilol XR 80 mg QD; bisoprolol 10 mg QD (bisoprolol is not FDA–approved for heart failure but has proven efficacy in a large clinical trial)
- **OR** the patient has a contraindication to beta blocker use
    - Note that the contraindication must be listed on the Prior Authorization form.

Prior Authorization does not expire.

2. Chronic Heart Failure Drugs: Ivabradine (Corlanor)–PA Implementation Plan

The P&T Committee recommended (14 for, 0 opposed, 1 abstained, 1 absent) an effective date of the first Wednesday after a 90–day implementation period in all POS.

3. Physician's Perspective

This drug has a novel mechanism of action that is unlike any of the other treatments available for heart failure. Corlanor has a very narrow indication, so not all patients with heart failure will be appropriate candidates for the drug.

The Prior Authorization criteria reflect the FDA-approved indications. The Committee felt that PA criteria were necessary, as patients should be maximized on

beta blocker therapy prior to using Corlanor, due to the well-known mortality benefits in heart failure seen with the beta blockers.

Dr. Kugler asked to check on the dose.

Dr. Allerman replied that is a typo. It is supposed to be BID if the patient is more than 85 kilos. (This change has been made above. Please see highlighted)

4. BAP Comments

Dr. Anderson asked about the 60 and 90 day implementation plans. Is there any rationale on the drug classes that have a 90-day implementation plan?

Dr. Allerman replied that the PA criteria take a while as does working with ESI. If they need something to be less than 90 days, there should be really compelling benefit or huge numbers of patients affected. There are not strict guidelines, but they feel it may take a while to get the form approved.

There were no more questions from the Panel. The Chair called for the vote for Manual PA Criteria and PA Implementation Plan Chronic Heart Failure Drugs: Ivabradine (Corlanor).

- **Chronic Heart Failure Drugs: Ivabradine (Corlanor) – Manual PA Criteria**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Chronic Heart Failure Drugs: Ivabradine (Corlanor) – PA Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

III. INNOVATOR DRUGS

A. INNOVATOR DRUGS – PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 (PCSK9) INHIBITOR

(Dr. Allerman)

Background for Innovator drugs:
The Innovator Drugs is a new process, so some background will be provided. Section 702 of the FY15 NDAA established new authority for the P&T Committee's review process of FDA newly–approved innovator drugs. The P&T Committee is provided up to 120 days to recommend tier (or formulary) placement for innovator drugs on the UF. During this period, innovator drugs will be assigned a classification pending status; they will be available under terms comparable to NF drugs, unless medically necessary, in which case they would be available under terms comparable to

formulary drugs. For additional information, see the August 2015 DoD P&T Committee meeting minutes at http://www.health.mil/PandT.

Drugs subject to the Innovator Rule are defined as new drugs that are approved by the FDA under either a Biologic License Application (BLA) or New Drug Application (NDA). The NDA innovator drugs will be further defined by their chemical types to include, but not be limited to, new molecular entities, new active ingredients, and new combinations. The definition was further expanded to include new dosage formulations.

1. **Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitors (PCSK9) Inhibitors: Evolocumab (Repatha)–Relative Clinical Effectiveness and Relative Cost–Effectiveness Conclusions**

   The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

   The PCSK9 inhibitors are a new class of biologic drugs that lower low–density lipoprotein (LDL) cholesterol and they are administered by SC injection. The first product, alirocumab (Praluent), was approved on July 24, 2015, prior to implementation of the Innovator Rule on August 25, 2015.

   Evolocumab (Repatha) is the second PCSK9 inhibitor, and it obtained FDA approval on August 27, 2015, after the Innovator Rule went into effect. An interim P&T Committee meeting held on September 3, 2015, recommended PA and MN medical necessity criteria, and QLs for Repatha. (See August 2015 DoD P&T Committee meeting minutes, found at http://www.health.mil/PandT).

   The product labeling for Repatha is similar to Praluent, with the exception that, in addition to patients with heterozygous familial hypercholesterolemia (HeFH) and clinical atherosclerotic cardiovascular disease (ASCVD), Repatha is also approved for treating patients with homozygous familial hypercholesterolemia (HoFH), including pediatric patients from ages 13 to 17 years. The familial hypercholesterolemias are genetic conditions where patients have extremely high LDL levels and a high incidence of cardiovascular disease, including heart attacks and strokes.

   The PCSK9 inhibitors cause reductions in low–density lipoprotein cholesterol (LDL–C) ranging from 40% to 75%. Excluding the additional indication for HoFH, the LDL–lowering benefit for Repatha appears similar to Praluent, based on their individual trials.

   The effect of the PCSK9 inhibitors on cardiovascular (CV) morbidity and mortality has not yet been determined. CV outcomes studies are expected in 2017, and will aid in defining the clinical benefit of this drug class.

Praluent is available on the UF and covers the same indication as Repatha. For patients with HoFH, patients can access Repatha via the previously approved PA and MN criteria.

Relative cost–effectiveness of Repatha was reviewed by the P&T Committee.

2. **PCSK9 Inhibitors: Evolocumab (Repatha)–UF Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) evolocumab (Repatha) be designated NF.

No changes were recommended for the manual PA criteria, which were previously approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting, and implemented on October 30, 2015, and which are found on the "Table of Prior Authorization Criteria" handout at the bottom of page 5.

3. **PCSK9 Inhibitors: Evolocumab (Repatha)–Implementation Plan**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.

4. **Physician's Perspective**

Repatha was recommended for non-formulary status, since only one PCSK9 inhibitor is needed on the formulary. Praluent is currently on the Uniform Formulary, since it was approved prior to the Innovator Rule.

There are several other PCSK9 inhibitors in the pipeline. The P&T Committee will be reviewing this drug class in the future, and will be monitoring the data for when the cardiovascular outcomes trials are published.

5. **BAP Comments**

There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan PCSK9 Inhibitors: Evolocumab (Repatha).

- **PCSK9 Inhibitors: Evolocumab (Repatha) – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **PCSK9 Inhibitors: Evolocumab (Repatha) – UF Implementation Plan**

- Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

B. INNOVATOR DRUGS – ORAL ONCOLOGIC DRUGS

(Dr. Allerman)

1. **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf)–Relative Clinical Effectiveness and Relative Cost–Effectiveness Conclusions**

   The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

   - Lonsurf is a last line, oral treatment for metastatic colorectal cancer. First line treatments are intravenously administered medications.
   - Efficacy shows statistical significance for Lonsurf in terms of increased overall survival compared to placebo (7.1 months versus 5.3 months, respectively).
   - Relative cost effectiveness of Lonsurf was reviewed by the Committee.

2. **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf)–UF Recommendation**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) tifluridine/tipiracil (Lonsurf) be designated formulary on the UF.

3. **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf)–Implementation Plan**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.

4. **Physician's Perspective**

   The Committee recommended Uniform Formulary Status for Lonsurf. The drugs for colorectal cancer have not previously been reviewed by the Committee. Lonsurf is an oral therapy, and the alternative treatments are IV infusions of chemotherapy drugs.

5. **BAP Comments**

There are no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan for Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf).

- **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurf) – UF Recommendation**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

- **Oral Oncologic Drugs: Trifluridine/Tipiracil (Lonsurg) – UF Implementation Plan**

  Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

C. INNOVATOR DRUGS – NON–INSULIN DIABETES DRUGS: SODIUM–GLUCOSE CO–TRANSPORTER 2 (SGLT2) INHIBITORS

(Dr. Allerman)

1. **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)–Relative Clinical Effectiveness and** Relative Cost–Effectiveness Conclusions

The P&T Committee concluded (16 for, 0 opposed, 0 abstained, 0 absent) the following:

- The SGLT2 inhibitors were reviewed in August 2015. Empagliflozin (Jardiance) and empagliflozin/linagliptin (Glyxambi) were designated formulary and step–preferred, while the two other products and their combinations (canagliflozin and dapagliflozin with and without metformin) were designated NF and non step–preferred.
- Synjardy is the third available fixed–dose combination containing an SGLT2 inhibitor and metformin. There are no significant clinical differences between the three SGLT2 inhibitors in terms of effect on glycemic control, or changes in weight, blood pressure and lipid parameters.
- Empagliflozin/metformin offers the advantage of a fixed–dose combination with metformin. The parent compound is the step–preferred SGLT2 inhibitor.
- Relative cost effectiveness of Synjardy was reviewed by the Committee.

2. **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)–UF Recommendation**

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) empagliflozin/metformin IR (Synjardy) be designated formulary and step–preferred on the UF.

No changes were recommended for the previously approved step–therapy and manual PA criteria, which were approved by the Beneficiary Advisory Panel at the September 30, 2015 meeting, and which will be implemented in February, 2016. The previously approved PA criteria can be found in the handout and in the August 2015 P&T Committee meeting minutes.

3. **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)–Implementation Plan**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date upon signing of the minutes in all POS.

4. **Physician's Perspective**

   After the August P&T Committee meeting, the cardiovascular outcome trial with empagliflozin was published in September, 2015. The Committee reviewed the results of the "EMPA-REG OUTCOME Trial", which showed a 2.2% absolute risk reduction in death from cardiovascular causes with empagliflozin, compared to placebo. However, there are some limitations to these results, as approximately 75% of patients were also taking statins.

   Synjardy was recommended to be Uniform Formulary and step-preferred, since its parent compound, empagliflozin, was recommended as the preferred SGLT-2 inhibitor at the August 2015 P&T meeting.

5. **BAP Comments**

   There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation and UF Implementation Plan for SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy)

   - **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy) – UF Recommendation**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

   - **SGLT2 Inhibitors: Empagliflozin/Metformin IR (Synjardy) – UF Implementation Plan**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

IV. SECTION 703, NATIONAL DEFENSE AUTHRORIZATION ACT (NDAA) FOR FISCAL YEAR 2008 (FY08)

A. Section 703, National Defense Authorization Act (NDAA) for Fiscal Year 2008 (FY08)

(CAPT VonBerg)

1. Section 703, NDAA FY08–Uniform Formulary Recommendation

The P&T Committee reviewed three drugs from pharmaceutical manufacturers that were not included on a DoD Retail Refund Pricing Agreement; these drugs were not in compliance with the FY08 NDAA, Section 703. The law stipulates that if a drug is not compliant with Section 703, it will be designated NF on the UF and will require pre–authorization prior to use in the Retail POS and medical necessity at military treatment facilities (MTFs). These NF drugs will remain available in the Mail Order POS without preauthorization.

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following products be designated NF on the UF:

- Pari Respirator: tobramycin (Kitabis Pak), 300 mg/5 mL inhalation solution
- Libertas Pharm: doxycycline (Doryx), 200 mg delayed release tablet
- Gemini Labs: levothyroxine (Unithroid) 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, and 300 mcg tablets

2. Section 703, NDAA FY08–Pre–Authorization Criteria

The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) the following preauthorization criteria for Kitabis Pak, Doryx, and Unithroid:

1. Obtaining the product by home delivery would be detrimental to the patient; and,
2. For branded products with products with AB–rated generic availability, use of the generic product would be detrimental to the patient.

These preauthorization criteria do not apply to any other POS other than retail network pharmacies.

Note that the following drugs will not be available in the Mail Order Pharmacy:

- Kitabis Pak, 300 mg/5 mL inhalation solution, is only available in the Retail Network via a specialty distributor network of pharmacies.
- Unithroid 25 mcg and 100 mcg tablets are noncompliant with the Trade Agreements Act and, therefore, are only available in the retail network pharmacies.

3. **Section 703, NDAA FY08–Implementation Plan for Pre–Authorization Criteria**

   The P&T Committee recommended (15 for, 0 opposed, 1 abstained, 0 absent) an effective date of the first Wednesday after a 90–day implementation period in the Retail Network and DHA send a letter to beneficiaries affected by this decision.

4. **Physician Perspective**

   There no comments for the 703 drugs since by law these drugs are non-formulary.

5. **BAP Comments**

   There were no more questions or comments from the Panel. The Chair called for the vote for UF Recommendation, Pre–Authorization Criteria, and Implementation Plan for Pre–Authorization Criteria.

   - **Section 703, NDAA FY08 – UF Recommendation**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

   - **Section 703, NDAA FY08 – Pre–Authorization Criteria**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

   - **Section 703, NDAA FY08 – Implementation Plan for Pre–Authorization Criteria**

     Concur: 7 Non–Concur: 0 Abstain: 0 Absent: 1

CAPT Norton concludes the meeting. He thanks the Panel and the attendees

Robert Duane Tackitt 1/12/2016

Mr. Robert Duane Tackitt

Brief Listing of Acronyms Used in this Summary

Abbreviated terms are spelled out in full in this summary; when they are first used, the acronym is listed in parentheses immediately following the term. All of the terms commonly used as acronyms in the Panel discussions are listed below for easy reference. The term "Panel" in this summary refers to the "Uniform Formulary Beneficiary Panel," the group who's meeting is the subject of this report.

- AASLD/IDSA – American Association for the Study of Liver Diseases/Infectious
- AB – Anti Body
- ADHD – Attention Deficit Hyperactivity
- ASCVD – Atherosclerotic Cardivascular Disease
- BAP – Beneficiary Advisory Panel
- BCF – Basic Core Formula
- BID – Two Times a Day
- BLA – Biologic License Application
- CAPT – Captain
- CD – Curative Disease
- CFR – Code of Federal Regulations
- CMA – Cost Minimization Analysis
- CV – Cardiovascular
- DAAs –Direct Acting Antivirals
- DFA – Designated Federal Officer
- DHA – Defense Health Agency
- DMARD – Disease-Modifying Antirheumatic Drugs
- DoD – Department of Defense
- ER – Extended Release
- FACA – Federal Advisory Committee Act
- FDA – Food Drug Administration
- GI – Gastrointestinal
- GT3 – Genotype 3
- GT4 – Genotype 4
- HBV – Hepatitis B Virus
- HCV – Hepatitis C Virus
- HeFH – Heterozygous Familial Hypercholesterolemia
- HoFH – Homozygous Familial Hypercholesterolemia
- HSDD – Hyposexual Desire Disorder
- IBS – Irritable Bowel Syndrome
- IBS-C – Constipation-Predominant Irritable Bowel Syndrome
- IBS-D – Diarrhea–Predominant Irritable Bowel Syndrome
- IR – Insulin Resistance
- LA – Long Acting

- LDL – Low–Density Lipoprotein
- LDL–C – Low–Density Lipprotein Cholesterol
- MHS – Military Health Systen
- mL – Milliliters
- MN – Medical Necessity
- NDA – New Drug Application
- NDAA – National Defense Authorization Act
- NF – Non Formulary
- NMDA – N–methyl–D–aspartate
- P&T – Pharmacy & Therapeutic
- PA – Prior Authorization
- PCSK9 – Proprotien Convertase Sutilisin/Kexin Type
- PEC – Pharmacoeconomic Committee
- POS – Point of Service
- PTSD – Post Traumatic Stress Syndrome
- QD – Once a day
- QL – Quality of Life
- RA – Rheumatoid Arthritis
- REMS – Risk Evaluation and Mitigation Strategies
- RNA – Ribonucleic Acid
- SC – Subcutaneous
- SGLT2 – Sodium–Glucose Co–Transporter 2
- TBI – Traumatic Brain Injury
- TIBs – Targeted Immunomodulatory Biologics
- TIBs – Targeted Immunomodulatory Biologics
- TRICARE – Military Health Care System
- UF – Uniform Formulary
- USC – United States Code
- XR – Extended Release