

AGENDA

**Uniform Formulary Beneficiary Advisory Panel (BAP)
26 June 2019 @ 9:00 AM**

**Naval Heritage Center Theater
701 Pennsylvania Ave., N.W., Washington, DC 20004**

- **Administrative Meeting (BAP members report no later than 7:30 AM)**
- **Sign-In**
- **Welcome and Opening Remarks**
- **Public Citizen Comments**
- **Therapeutic Class Reviews**

Members of the DHA Pharmacy Operations Division (POD) Formulary Management Branch (FMB) will present relative clinical and cost-effective analyses along with the DoD Pharmacy & Therapeutics Committee (P&T) recommendations for the Uniform Formulary (UF) and any recommended Tier 4/Not Covered candidates.

The P&T Committee made recommendations for the following drugs/drug classes during the May 2019 meeting:

- **Drug Class Reviews**
 - *Proton Pump Inhibitors – Capsules and Tablets and Alternative Dosage Form Subclasses*
 - *Pulmonary Arterial Hypertension (PAH) Agents – Prostacyclins, Endothelin Receptor Antagonists (ERAs), and Nitric Oxide Drugs*
- **Newly Approved Drugs per 32 CFR 199.21(g)(5)**
 - *benzhydrocodone/acetaminophen (Apadaz) – Narcotic Analgesics and Combinations*
 - *cladribine (Mavenclad) – Multiple Sclerosis Agents: Oral Agents*
 - *epinephrine injection (Symjepi) – Respiratory Agents Miscellaneous*
 - *estradiol 1 mg/progesterone 100 mg capsules (Bijuva) – Gynecological Agents Miscellaneous*
 - *levodopa inhalation powder (Inbrija) – Parkinson's Agents*
 - *levothyroxine sodium oral solution (Tirosint-SOL) – Thyroid and Antithyroid Agents*
 - *loteprednol etabonate 0.38% ophthalmic gel (Lotemax SM) – Anti-inflammatory Immunomodulatory Ophthalmic Agents: Ophthalmic Anti-inflammatory Agents*

- *meloxicam orally dissolving tablet (Qmiiz ODT) – Pain Agents: NSAID*
- *netarsudil 0.02%/latanoprost 0.005% ophthalmic solution (Rocklatan) – Glaucoma Agents*
- *prucalopride (Motegrity) – Gastrointestinal-2 Agents: Chronic Idiopathic Constipation (CIC) and Constipation-Predominant Irritable Bowel Syndrome (IBS-C)*
- *siponimod (Mayzent) – Multiple Sclerosis Agents: Oral Miscellaneous*
- *stiripentol (Diacomit) – Anticonvulsants-Antimania Agents*
- *tacrolimus oral suspension (Prograf) – Immunosuppressives*

➤ **Utilization Management Issues**

➤ **Prior Authorization Criteria—New Criteria**

- *Antihistamine-1: First generation and combinations – Carbinoxamine Maleate 4 mg/5 mL ER oral solution (Karbinal ER) and Carbinoxamine Maleate 6 mg tablets*
- *Insulins: Rapid Acting Agents: generic insulin lispro (authorized generic for Humalog)*
- *Oral Oncologic Agents: niraparib (Zejula), olaparib (Lynparza), and rucaparib (Rubraca)*

➤ **Prior Authorization Criteria—Updated Criteria**

- *Corticosteroids: Immune Modulators – Atopic Dermatitis Subclass: dupilumab (Dupixent)*
- *Oral Oncologic Agents: ibrutinib (Imbruvica)*
- *Targeted Immunomodulatory Biologics (TIBs): tofacitinib citrate (Xeljanz/Xeljanz XR), certolizumab (Cimzia), and adalimumab (Humira)*
- *Weight Loss Agents: liraglutide 3 mg injection (Saxenda), lorcaserin (Belviq, Belviq XR), naltrexone SR/bupropion SR (Contrave), orlistat (Xenical), and topiramate extended-release/phentermine (Qsymia)*

➤ **Brand over Generic Authorization for Fluticasone/Salmeterol (Advair Diskus)**

➤ **Panel Discussions**

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