EXECUTIVE SUMMARY

Uniform Formulary (UF) Beneficiary Advisory Panel (BAP)
March 22, 2017

I. UNIFORM FORMULARY CLASS REVIEWS

A. HEPATITIS C VIRUS (HCV) DRUGS

1. HCV Drugs: DAAs Subclass—UF Recommendation

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the following:

- **UF and Step-Preferred:**
  - sofosbuvir/ledipasvir (Harvoni)
- **UF and Non Step-Preferred:**
  - daclatasvir (Daklinza)
  - grazoprevir/elbasvir (Zepatier)
  - paritaprevir/ritonavir/ombitasvir/dasabuvir (Viekira Pak)
  - paritaprevir/ritonavir/ombitasvir/dasabuvir ER (Viekira XR)
  - paritaprevir/ritonavir/ombitasvir (Technivie)
  - simeprevir (Olysio)
  - sofosbuvir (Sovaldi)
  - sofosbuvir/velpatasvir (Epclusa)
- **NF:** No products

Note that as part of this recommendation, all new users of an HCV DAA are required to try Harvoni first.

2. HCV Drugs: DAAs Subclass—Manual Prior Authorization (PA) Criteria

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) manual PA criteria for new users of a HCV DAA prior to use of a non-step-preferred product (Daklinza, Epclusa, Olysio, Sovaldi, Technivie, Viekira XR,

Viekira Pak, Zepatier). The step therapy requirement for a trial of Harvoni in all new users is included in the manual PA criteria. A manual PA is also required for Harvoni. Coverage for the HCV DAAs is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

A trial of Harvoni is not required if:

- Contraindications exist to Harvoni (advanced kidney disease with a creatinine clearance < 30 mL/min).
- The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is not expected with the requested non step-preferred HCV DAA (e.g., concurrent use of high-dose proton pump inhibitor).
- The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is not expected with the requested non step-preferred HCV DAA.
- There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 or HCV GT3).

<u>Full PA Criteria</u>

1. HCV DAA Drug: sofosbuvir/ledipasvir (Harvoni)

   Coverage approved for patients ≥ 18 years with:

   - A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
   - Laboratory evidence of chronic hepatitis C
     - Document HCV RNA viral load
   - Has hepatitis C genotype 1, 4, 5 or 6
   - Does not have advanced kidney disease (CrCl < 30 mL/min)

   Applies to new users only

   Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

2. HCV DAA Drug: sofosbuvir (Sovaldi)

<u>Manual PA criteria</u>:

- Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for sofosbuvir (Sovaldi) IF:
  - Contraindications exist to Harvoni (advanced kidney disease [CrCl < 30 mL/min])
  - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with the requested non step- preferred HCV DAA (e.g., concurrent high-dose PPI)
  - The patient has experienced or is likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step- preferred HCV DAA
  - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 or GT3)

AND

Coverage approved for patients ≥ 18 years with:

- A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Laboratory evidence of chronic hepatitis C
  - Document HCV RNA viral load
- Has hepatitis C genotype 1, 2, 3 or 4
- Used in combination with another HCV DAA (not used as monotherapy)
- Does not have advanced kidney disease (CrCl < 30 mL/min)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

3. HCV DAA Drug: simeprevir (Olysio)

   Manual PA criteria:

   - Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for simeprevir (Olysio) if:
     - Contraindications exist to Harvoni (advanced kidney disease [CrCl < 30 mL/min])
     - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with requested non step-preferred HCV DAA (e.g., concurrent high-dose PPI)
     - The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step- preferred HCV DAA
     - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

   AND

   Coverage approved for patients ≥ 18 years with:

   - A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
   - Laboratory evidence of chronic hepatitis C
     - Document HCV RNA viral load
   - Has hepatitis C genotype 1
   - Used in combination with sofosbuvir (not used as monotherapy)
   - Does not have moderate to severe liver impairment or decompensated cirrhosis (Child-Pugh B or C)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

4. HCV DAA Drug: daclatasvir (Daklinza)

<u>Manual PA criteria</u>:

- Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for daclatasvir (Daklinza) if:
  - Contraindications exist to Harvoni (advanced kidney disease [CrCl < 30 mL/min])
  - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with requested non step-preferred HCV DAA (e.g., concurrent high-dose PPI)
  - The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step- preferred HCV DAA
  - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

AND

Coverage approved for patients ≥ 18 years with:

- A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Laboratory evidence of chronic hepatitis C
  - Document HCV RNA viral load
- Has hepatitis C genotype 3
- Used in combination with sofosbuvir (not used as monotherapy)

- Does not have advanced kidney disease (CrCl < 30 mL/min)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

5. HCV DAA Drug: sofosbuvir/velpatasvir (Epclusa)

<u>Manual PA criteria</u>:

- Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for sofosbuvir / velpatasvir (Epclusa) if:
    - Contraindications exist to Harvoni (advanced kidney disease [CrCl < 30 mL/min])
    - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with requested non step-preferred HCV DAA (e.g., concurrent high-dose PPI)
    - The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step- preferred HCV DAA
    - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

AND

Coverage approved for patients ≥ 18 years with:

- A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Laboratory evidence of chronic hepatitis C
    - Document HCV RNA viral load
- Has hepatitis C genotype 1, 2, 3, 4, 5 or 6
- Does not have advanced kidney disease (CrCl < 30 mL/min)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

6. HCV DAA Drug: paritaprevir/ritonavir/ombitasvir (Technivie)

<u>Manual PA criteria</u>:

- Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for paritaprevir / ritonavir / ombitasvir (Technivie) if:
    - Contraindications exist to Harvoni (advanced kidney disease [CrCl < 30 mL/min])
    - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with requested non step-preferred HCV DAA (e.g., concurrent high-dose PPI)
    - Has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step-preferred HCV DAA
    - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

AND

Coverage approved for patients ≥ 18 years with:

- A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician
- Laboratory evidence of chronic hepatitis C
    - Document HCV RNA viral load
- Has hepatitis C genotype 4
- Does not have moderate to severe liver impairment or decompensated cirrhosis (Child-Pugh B or C)

- Does not have cirrhosis

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

7. HCV DAA Drugs: paritaprevir/ritonavir/ombitasvir/dasabuvir Pak (Viekira Pak) and paritaprevir/ritonavir/ombitasvir/dasabuvir XR (Viekira XR)

   Manual PA criteria:

   - Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for paritaprevir / ritonavir / ombitasvir / dasabuvir Pak (Viekira Pak) or paritaprevir / ritonavir/ombitasvir / dasabuvir XR (Viekira XR) if:

     - Contraindications exist to Harvoni (e.g., advanced kidney disease [CrCl < 30 mL/min])

     - The patient is likely to experience significant adverse reactions or drug-drug interactions to Harvoni that is NOT expected with requested non step-preferred HCV DAA (e.g., concurrent high-dose PPI)

     - The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non step- preferred HCV DAA

     - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

   AND

   Coverage approved for patients ≥ 18 years with:

   - A prescription written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician

   - Laboratory evidence of chronic hepatitis C

     - Document HCV RNA viral load

- Has hepatitis C genotype 1

- Does not have moderate to severe liver impairment or decompensated cirrhosis (Child-Pugh B or C)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

8. HCV DAA Drug: grazoprevir/elbasvir (Zepatier)

<u>Manual PA criteria</u>:

- Sofosbuvir / ledipasvir (Harvoni) is the preferred HCV DAA; coverage is approved for grazoprevir / elbasvir (Zepatier) if:

  - Contraindications exist to Harvoni (e.g., advanced kidney disease [CrCl < 30 mL/min])

  - The patient is likely to experience significant adverse reactions or drug- drug interaction to Harvoni that is NOT expected with requested non-step-preferred HCV DAA (e.g., concurrent high-dose PPI)

  - The patient has experienced or likely to experience an inadequate response or therapeutic failure to Harvoni that is NOT expected with requested non-step- preferred HCV DAA

  - There is no formulary alternative (e.g., Harvoni is not indicated for HCV GT2 and GT3)

AND

Coverage approved for patients ≥ 18 years with:

- The prescription is written by or in consultation with a gastroenterologist, hepatologist, infectious diseases physician, or a liver transplant physician

- Laboratory evidence of chronic hepatitis C

  - Document HCV RNA viral load

- Has hepatitis C genotype 1 or 4

- Testing for NS5A resistance in HCV GT 1a prior to treatment

- Does not have moderate to severe liver impairment or decompensated cirrhosis (Child-Pugh B or C)

Applies to new users only.

Coverage for the HCV DAA is only allowed for the FDA-approved indications or as outlined in the AASLD/IDSA HCV guidelines.

PA expires after 365 days.

Summary of Physician Perspective:

- We have previously reviewed these drugs twice – in November 2012 and May 2015. The new entrants to the class were also previously reviewed as innovator drugs, with manual Prior Authorization criteria required.

- Since the last review, there are now single-tablet regimens that don't require co-administration of ribavirin, and fixed-dose combination tablets that reduce pill burden. Additionally, the response rates (sustained virologic response) are now above 90%.

- The recommendation for having Harvoni as the step preferred drug was based on several factors, including the fact it can treat the vast majority of patient with hepatitis C, and Military Health System utilization. A survey of providers also showed that Harvoni was favored, based on efficacy, ease of administration and dosing frequency.

- The intent of the step therapy is that Harvoni should be tried first, if it is clinically appropriate. We are not intending for someone to inappropriately try Harvoni and fail therapy after 12 weeks before receiving one of the non-step preferred products. The non-preferred products can be used in specific clinical circumstances where Harvoni is not appropriate, for example, Zepatier in patients with end stage renal disease. Also, only new users are affected (we are "grandfathering" patients). If any new DAAs are marketed, they will be behind the step.

- We also streamlined the PA criteria, which will help reduce the paperwork burden for providers. An audit of the PAs found that the majority of the denials were for administrative issues – such as not being prescribed by a hepatologist - rather than clinical issues.

- Overall, the formulary recommendation will allow for availability of all the DAAs for DoD patients, but will still generate cost-avoidance to the system.

Summary of Panel Questions and Comments:

Mr. Hostettler asked about the PA for Harvoni. An audit was mentioned that shows misuse or mis-prescribing by a hepatologist or gastroenterologist. Were they for administrative reasons? Did they result in no therapy for the patients or was there a delay in getting the therapy started?

CAPT VonBerg stated he thinks it was a delay but he would have to review the records to verify.

Mr. Hostettler requested the information. Other questions regarding the PA and the need for PAs will come up in later discussion. There is a delay in adding a PA to the process and getting therapy started. Sometimes it takes a significant amount time, in my experience. So, I am curious. Why is a PA needed for Harvoni? If the patients are being monitored and 100% of them end up on Harvoni anyway. There is a step below to get all the other drugs back to Harvoni. In my opinion, that makes sense. I don't understand the PA for Harvoni.

CAPT VonBerg replied, they've had discussions with the specialists regarding this particular issue. Because the evidence is so rapidly changing, they actually felt we needed to do it at a very basic level, just to educate the providers. Most of these drugs are prescribed by specialists, but we see them moving into primary care. The rules and guidelines are very complicated and rapidly changing. We want to make sure the basic points are always available for the physicians who are very experienced and or those just interacting with experienced physicians. I can't remember a set of guidelines, in my career that has changed so many times in months rather than some, such as the hypertension guidelines; we see change every five to ten years.

Mr. Hostettler thanked CAPT VonBerg for his comments.

Dr. Anderson asked for an estimate for the percent of beneficiaries being treated with Harvoni as well as the percent using other therapies?

CAPT VonBerg answered about 70% of patients have GT 1. There is a smattering of patients with GT 4.

Dr. Kugler interjected that severe renal insufficiency (end stage renal disease) was a contraindication for Harvoni and Zepatier was preferred in those circumstances.

Dr. Anderson clarified that the patients would have access to the drugs but would have to walk through the PA process.

CAPT VonBerg replied that they have a number of renal patients who exist.

Dr. Anderson stated it might be 10% percent of the HEP C population.

CAPT VonBerg stated it's not a huge number, but not small either. That was presented at the Committee meeting. They looked up how many people were getting the drugs and how many patients had renal insufficiencies based on records.

Dr. Anderson asked if the majority of clinical needs can be met with Harvoni.

CAPT VonBerg stated yes.

There were no more questions from the panel. Dr. Anderson calls for the vote on the UF Recommendation, Manual PA Criteria, and the UF AND PA implementation plan for the HCV Drugs, DAAs Subclass.

- **HCV Drugs: DAAs Subclass – UF Recommendation**

  Concur: 6 Non-Concur: 0 Abstain: 1 Absent: 4

  Director, DHA:

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

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

  Concur: 6 Non-Concur: 0 Abstain: 1 Absent: 4

  Director, DHA:

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

- **HCV Drugs: DAAs Subclass – UF and PA Implementation Plan**

  Concur: 6 Non-Concur: 0 Abstain: 1 Absent: 4

  Director, DHA:

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

Summary of Additional Panel Questions and Comments:

CAPT Von Berg responds to Dr. Anderson's question regarding the percentage of patients being treated with Harvoni. We identified approximately 1,500 patients that have end stage or severe renal disease. The base number of HCV population identified was about 22,000.

Dr. Anderson asks if there was any opportunity to prospectively grandfather that patient population if the coding is correct. This would allow them to get access to something that they don't cause a contraindication. Have you ever considered grandfathering, if you are sitting on data that suggests a contraindication?

CAPT VonBerg states that's a great point and we have in other cases. Once the patient population is identified, we send those patients' names into the Prior Authorization people and have them place a PA. We didn't in this case because the patients who were identified in the DoD have been treated. Step therapy has already been done or started. We have been pretty proactive. We identify the patient population and treat them. If we hadn't, we would be behind the curve with those particular patients. But it is regular practice of ours to take the patient population that is known and place a PA on their profile.

CAPT VonBerg responds to Mr. Hostettler's question regarding the PA. My memory was good. The changes to the PA improved the efficiency of the process and they'll go through faster.

CAPT Norton offers the following information to provide more information regarding the PA. Patients will get a 90 day supply at the MTF and the mail point of service. So, the implementation period is actually longer. The patient that was due for a refill the day before the implementation has 90 days to transition. Some of the patients will have approximately 170 days.

Dr. Anderson states that's a good clarification. So, a 90 day implementation period is actually the minimum time a patient has to transition.

CAPT Norton stated that is the person that was due for a refill the day after.

Dr. Anderson stated that that was a good point.

Mr. Hostettler asks if it would be fair to say that is about a third of the patients.

CAPT Norton replied that most are maintenance medications. The drugs being considered are brand name drugs that can be filled at mail. It is safe to say that that it's about 50% in mail and 50% at the MTF. The vast majority would seek refills in the middle of the implementation period and would have about 135 days to transition. The patients needing a refill at the beginning of the implementation

period would have approximately 90 days and the patents toward the end would have approximately 170 days.

Mr. Hostettler replies that he was talking about the days.

B. ANTIBIOTICS: Tetracycline Drugs – Subclass

1. Antibiotics: Tetracycline Drugs Subclass – UF Recommendation

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the following, based on clinical and cost effectiveness:

- UF and Step-Preferred:
  - doxycycline hyclate IR 50 mg, 75 mg, 100 mg, 150 mg, 200 mg tabs and caps (generic)
  - doxycycline monohydrate IR 50 mg, 75 mg, 100 mg, 150 mg, 200 mg tabs and caps (generic)
  - minocycline IR 50mg, 75 mg, 100 mg tabs and caps (generic)
- NF and Non Step-Preferred:
  - doxycycline hyclate 75 mg unscored and 150 mg scored tabs, and 75 mg caps (Acticlate)
  - doxycycline hyclate 50 mg, 100 mg, 150 mg, and 200 mg DR tabs (Doryx and generic)
  - doxycycline hyclate 60 mg and 120 mg DR modified polymer coat tabs (Doryx MPC)
  - doxycycline hyclate 50 mg tabs (Targadox)
  - doxycycline hyclate 50 mg, 100 mg caps (Morgidox)
  - doxycycline monohydrate 40 mg IR/DR caps (Oracea and generics)
  - doxycycline monohydrate 50 mg, 75 mg, 150 mg caps (Monodoxyne NL)
  - doxycycline monohydrate 50 mg, 75 mg, 100 mg tabs, 150 mg caps (Adoxa)
  - doxycycline monohydrate 75 mg, 100 mg caps (Monodox)
  - minocycline ER 45 mg, 90 mg, 135 mg tabs (generics)

- minocycline ER 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg tabs (Solodyn)

- Note that as part of this recommendation, all new users of a non-step-preferred product will be required to try a generic step-preferred doxycycline and/or minocycline product first.

- UF and not subject to the Step Therapy requirements:

  - doxycycline calcium/monohydrate 25 mg/5 mL, 50 mg/5 mL suspension (generic)

  - tetracycline hydrochloride 250 mg, 500 mg caps and 125 mg/5 mL suspension (generic)

  - demeclocycline hydrochloride 150 mg and 300 mg caps (generic)

  - Note that children under the age of 13 are exempt from step therapy.

2. **Antibiotics: Tetracycline Drugs Subclass – Automated PA (Step Therapy) and Manual PA Criteria**

The P&T Committee recommended (16 for, 1 opposed, 0 abstained, 0 absent) step therapy and manual PA criteria for the subclass. All new and current users of a NF, non-step-preferred doxycycline or minocycline product are required to first try one generic doxycycline IR (not including doxycycline 40 mg IR/DR) and one generic minocycline IR product for acne and rosacea, prior to use of the non-step-preferred products.

The branded products of Doryx, Doryx MPC, and Acticlate will be allowed for treatment of susceptible infections, if the patient has failed or had clinically significant adverse events to generic doxycycline IR products.

Note that children under age 13 are exempt from the step therapy requirement, as are patients receiving tetracycline, doxycycline suspension, or demeclocycline.

<u>Full PA Criteria</u>

Oral Tetracycline Agents:

- doxycycline hyclate 75 mg and 150 mg (Acticlate)

- doxycycline hyclate 50, 100, 150, 200 mg DR (Doryx and generic)

- doxycycline hyclate 60 mg and 120 mg DR modified polymer coat (Doryx MPC)
- doxycycline hyclate 50 mg (Targadox)
- doxycycline hyclate 50 mg, 100 mg (Morgidox)
- doxycycline monohydrate 40 mg IR/DR (Oracea and generics)
- doxycycline monohydrate 50 mg, 75 mg, 150 mg (Monodoxyne NL)
- doxycycline monohydrate 50mg, 75 mg, 100 mg tabs & 150 mg (Adoxa)
- doxycycline monohydrate 75 mg, 100 mg (Monodox)
- minocycline ER 45 mg, 90 mg, 135 mg ER (generics)
- minocycline DR 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg (Solodyn)

Prior authorization applies to both new and current users of non-preferred tetracycline oral agents.

Automated PA Criteria:

- Patient has filled a prescription for one generic IR doxycycline (either hyclate or monohydrate salt; does not include doxycycline monohydrate 40 mg IR/DR) **AND** one generic minocycline IR product at any Military Treatment Facility, retail network pharmacy, or the mail order pharmacy in the previous 180 days

Manual PA Criteria: If automated PA criteria are not met, the non step-preferred product is allowed if:

Acne Vulgaris or Rosacea

- For Acticlate, Doryx, Doryx MPC, Targadox, Monodox, Morgidox, Monodoxyne NL: The patient has tried and had an inadequate response to or failed to tolerate the following:
  - one generic immediate-release doxycycline product (hyclate or monohydrate salt) AND
  - one generic immediate-release minocycline product
- For Oracea and generic 40 mg IR/DR: The patient has rosacea with inflammatory lesions (papules and pustules) or ocular rosacea symptoms

AND

- has tried generic immediate-release doxycycline (does not include doxycycline 40 mg IR/DR) and had an inadequate response or could not tolerate it due to gastrointestinal adverse events AND
- has not responded to topical rosacea treatments, including metronidazole 1% gel

- For Solodyn or generic minocycline ER: The patient has acne with inflammatory lesions AND
  - the patient cannot tolerate generic minocycline IR due to gastrointestinal adverse events

Susceptible Infections

- For Doryx, Doryx MPC, and Acticlate: if used for susceptible infections, the patient has failed or had clinically significant adverse events to generic IR doxycycline

PA expires in 365 days.

3. **Antibiotics: Tetracycline Drugs Subclass—UF and PA Implementation Plan**

   The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) an effective date of the first Wednesday after a 90-day implementation period and DHA send letters to beneficiaries who are affected by the UF decision.

Summary of Physician's Perspective:

- The drugs recommended for non-formulary status account for less than 10% of the MHS utilization, but contribute to a significant portion of the tetracycline costs. These "designer" drugs all contain the same active ingredient as the older products, either doxycycline or minocycline, but are being marketed as having reduced tablet sizes, or have tablet coating to slow the release of drug in the stomach, or are packaged in a convenient dosing pack.

- The step therapy and PA specifically target the drugs that are labeled for use in patients with rosacea or acne. We are requiring both a trial of doxycycline and minocycline before the non-preferred products; several commercial health care plans also require this, and it is consistent with the acne and rosacea treatment guidelines.

- We did reach out to providers for their opinion, and the majority felt that the special dosing or sustained release properties did not have enough compelling evidence to

justify their high cost, and that for dermatologic conditions, the 100 mg doxycycline and minocycline doses are adequate formulary choices.

- Children under the age of 13 are not required to go through the step therapy, as usage in this age range will most likely be for an acute infection. Also, only 1% of the tetracycline market basket is for children under 14 years of age.

- There have been market shortages in the past with doxycycline, so we did not want to limit the formulary to only the generic hyclate salt, which has the highest utilization in the class. Therefore the doxycycline monohydrate salt is also on the formulary.

- We are requiring both current and new users to undergo the step therapy ("no grandfathering"). There will be approximately 7,000 patients affected by the non-formulary and step therapy recommendation. The one dissenting vote was due to a concern of beneficiary disruption if there was no grandfathering of existing users of the non-preferred products.

Summary of Panel Questions and Comments:

Mr. Hostettler comments that the PA for the retail network and mail order affects current users. What is the cost imposed on the system to have the patients go back and get new prescriptions. Obviously you took that into account.

CAPT Von Berg replies yes, we did.

Mr. Hostettler asks if the committee found that it was still cost effective, even with the disruption to the patient.

CAPT Von Berg responds yes.

There were no more questions from the Panel. The Chair called for a vote on the UF Recommendation, Automated PA (Step Therapy) and Manual PA Criteria for the Antibiotic: Tetracycline Drug Subclass.

- **Antibiotic: Tetracycline Drugs Subclass – UF Recommendation**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

Director, DHA:

These comments were taken under consideration prior to my final decision

- **Antibiotic: Tetracycline Drugs Subclass – Automated PA (Step Therapy) and Manual PA Criteria**

  Concur: 6 Non-Concur: 1 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Antibiotic: Tetracycline Drugs Subclass – UF and PA Implementation Plan**

  Concur: 6 Non-Concur: 1 Abstain: 0 Absent: 4

  Director, DHA:

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

Summary of Additional Panel Questions and Comments:

CAPT VonBerg addresses the panel's questions about the PA. We are undergoing significant efforts with our contractors to improve the PA process. Maybe Ms. Le Gette can give us more specific information. With their help, we are making a lot of the PAs electronic which decreases processing times. Some of them are automated and the electronic entries are instantaneously processed. Not only are we moving forward with trying to make them more efficient, but they are processing faster. Some of them move through the process very fast. We are working on integrating those electronic PAs into many of the systems that are out there. Commercial standards are being adopted. We are hopeful, based on our current work that we will make that process less burdensome and much more efficient than is has been in prior history. This is a significant effort.

Mr. Hostettler states he appreciates the efforts being made. However, in his experience, the PA process from retail level is extremely lengthy and at times fails. It prolongs the misery of the patient trying to get their therapy started. Keep that in the back of your mind as you apply more and more PAs.

CAPT VonBerg states that he recognizes that and part of our analysis is to assess the humanistic impact. We are making such a special effort to make those processes more efficient.

Dr. Anderson asks for clarification regarding Mr. Hostettler's concern with tetracycline products. He asked Mr. Hostettler if he is opposed to implementing the PA without grandfathering or opposed to the PA altogether.

Mr. Hostettler replies with he was opposed not having grandfathering and making changes on a routine doctor appointment rather than forcing them back into the physicians. I think it's disruptive to the patients and costly for the system. With this number of patients, is it really saving enough money to put the patients through a PA?

Ms. Le Gette states letters are sent.

Mr. Hostettler replies that the letter only tells the patient to get a new prescription, which makes them go back to the doctor for more cost and more inconvenience with patients taking off from work. It is a concern for patients.

CAPT Norton asks for clarification regarding the non-concur for the implementation period, will the timeline be faster or slower?

Dr. Anderson asks Mr. Hostettler to comment.

Mr. Hostettler replies with slower will go along with my objectives. A full 180 would give the patients a chance to get back into a routine. With a longer implementation period, not as many patients would be affected. That's where I'm coming from.

II. SECTION 702, NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FOR FISCAL YEAR 2015 (FY15): RECENTLY-APPROVED DRUGS/ABBREVIATED REVIEWS (INNVOTOR DRUGS)

A. Section 702, NDAA FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs)—UF Recommendation

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the following:

- **UF:**
  - Hepatitis B Agents: tenofovir alafenamide (Vemlidy)
  - Oral Oncologic Agents: rucaparib (Rubraca)
- **NF:**
  - Basal Insulins: insulin glargine (Basaglar KwikPen)
  - Glucagon-Like Peptide-1 Receptor Agonist (GLP1RA): lixisenatide (Adlyxin)
  - GLP1RA: lixisenatide/insulin glargine (Soliqua)

- Ophthalmic-1 Nonsteroidal Anti-inflammatory Drugs (NSAIDs): bromfenac 0.075% ophthalmic solution (BromSite)

- Vitamin D Analogs: calcifediol (Rayaldee)

B. Section 702, NDAA FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs)—GLP1RAs Lixisenatide (Adlyxin) and Lixisenatide/Insulin Glargine (Soliqua) Step Therapy and Manual PA Criteria

Step therapy currently applies to the GLP1RAs Subclass, requiring a trial of exenatide weekly injection (Bydureon) and albiglutide weekly injection (Tanzeum) first, before the other non-step-preferred GLP1RAs (Byetta, Victoza, or Trulicity).

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) step therapy and manual PA criteria for Adlyxin and Soliqua in new and current users. Patients will be required to try metformin or a sulfonylurea, and Bydureon and Tanzeum, before Adlyxin or Soliqua. Additionally, for Soliqua, patients will be required to be on basal insulin at a dosage of less than 60 units daily.

Full PA Criteria

1. GLP1RA: lixisenatide (Adlyxin)

   All new and current users of Adlyxin are required to try metformin or a sulfonylurea (SU) before receiving a GLP1RA. Patients currently taking a GLP1RA must have had a trial of metformin or a sulfonylurea first.

   Additionally, Bydureon and Tanzeum are the preferred agents in the GLP1RA subclass. New and current users of Adlyxin must try Bydureon and Tanzeum first.

   Automated PA criteria: The patient has received a prescription for metformin or SU at any MHS pharmacy point of service (military treatment facilities, retail network pharmacies, or mail order) during the previous 180 days, AND

   Manual PA criteria: If automated PA criteria are not met, Adlyxin is approved

   (e.g., trial of metformin or SU is NOT required) if:

   - The patient has a confirmed diagnosis of Type 2 diabetes mellitus

   - The patient has experienced any of the following issues on metformin:

- impaired renal function precluding treatment with metformin
- history of lactic acidosis

- The patient has experienced any of the following issues on a SU:
  - hypoglycemia requiring medical treatment
- The patient has had inadequate response to metformin or a SU
- The patient has a contraindication to metformin or a SU

AND

In addition to the above criteria regarding metformin and SU, the following PA criteria would apply specifically to new and current users of Adlyxin:

- The patient has had an inadequate response to Bydureon and Tanzeum.

Prior Authorization does not expire.

Off-label uses are not approved.

2. GLP1RA: lixisenatide/insulin glargine (Soliqua)

Manual PA criteria apply to all new and current users of lixisenatide/insulin glargine.

Manual PA Criteria: Coverage will be approved if the following:

- Soliqua is used as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 diabetes mellitus inadequately controlled on a basal insulin (< 60 units daily)
- The patient has had an inadequate response to Bydureon AND
- The patient has had an inadequate response to Tanzeum

Prior Authorization does not expire.

Off-label uses are not approved.

C. Section 702, NDAA FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs)—UF and PA Implementation Plan

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) an effective date upon signing of the minutes in all points of service.

Summary of Physician's Perspective:

- We are now going to start referring to these drugs as "Section 702 drugs", rather than innovator drugs, since the majority of these products are really not innovative, and to be consistent with how these drugs are referred to in the NDAA regulation.

- For the Section 702 drugs recommended as non-formulary, clinically and cost effective alternative therapies are available on the formulary. For the ovarian cancer drug Rubraca, we did reach out to the consultant oncologists. There are products in the pipeline that appear initially to have a better response rate, and less adverse events, however Rubraca was recommended to be designated with formulary status. We will continue to monitor what is in the pipeline.

- There was a presentation at the P&T meeting regarding the metrics of the program. Since the program was initiated at the November 2015 P&T Committee meeting, there have been 60 drugs presented, which fall into 31 classes previously reviewed by the Committee. Thirty-one of the products have been designated with UF status, and 29 designated as non-formulary. We will continue to track metrics and report annually.

Summary of Panel Questions and Comments:

Mr. Hostettler asks for clarification regarding the full PA criteria for the GLP1RA. Is it an AND not OR? Are the beneficiaries required to try both (metformin and sulfonylurea) before receiving the drug?

CAPT VonBerg replied that is correct. This maintains criteria set with the previous GLP1RA class review.

Mr. Hostettler thanked CAPT VonBerg.

There were no further questions from the Panel. The Chair called for the vote on the UF Recommendation, UF Adlyxin and Soiiqua Step Therapy and Manual PA Criteria, and UF and PA Implementation Plan for the Section 702 NDAA FY15: Recently-Approved/Abbreviated Reviews (Innovator Drugs).

- **Section 702, NDAA FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs) – UF Recommendation**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Section 702, ND FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs) – UF Adlyxin and Soliqua Step Therapy and Manual PA Criteria**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Section 702, ND FY15: Recently-Approved Drugs/Abbreviated Reviews (Innovator Drugs) – UF and PA Implementation Plan**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

Summary of Additional Panel Questions and Comments:

Mr. Hostettler stated that his question will not change his vote. How many patients will be affected by the change?

CAPT VonBerg answered none because it was just approved by the FDA. We try to have the review immediately, sometimes before market launch and actually implement the criteria. Then present the drugs to the P&T for review. That allows for patients with the first prescription to have the criteria at the outset.

Mr. Hostettler asked for a point of clarification – was it implemented before it was actually reviewed and brought to the committee?

CAPT Von Berg replied that there is a process that allows for us, only for Section 702 drugs, to create temporary criteria after consulting a P&T physician member, then place the criteria in the system. At the following P&T, permanent criteria recommended.

III. UTILIZATION MANAGEMENT

A. EPINEPHRINE AUTO-INJECTORS

1. Epinephrine Auto-Injectors—Manual PA Criteria

The Auvi-Q, Adrenaclick, and EpiPen auto-injectors all contain epinephrine and are used in allergic emergencies, including anaphylaxis. An authorized generic formulation of EpiPen from Mylan Pharmaceuticals is now available and manufactured by the same pharmaceutical company as the originator product. The manufacturer of the authorized generic to Adrenaclick cannot produce sufficient supply to keep up with demand. The Auvi-Q device includes audible voice instructions and has a needle that automatically retracts following injection. Auvi-Q will be re-introduced in mid-February 2017, after market withdrawal in October 2015, due to reports the device failed to deliver a reliable dose of epinephrine.

A cost analysis and BIA favored dispensing the EpiPen brand auto-injector at the Military Treatment Facility and Mail Order points of service, whereas in the Retail Pharmacy Network the EpiPen authorized generic is most cost-effective. The Auvi-Q auto-injector is prohibitively more expensive than the other products.

Due to the significant cost differences based on point of service dispensing, the P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) manual PA criteria apply to all new and current users of all formulations of EpiPen at the Retail Pharmacy Network; Adrenaclick at all points of service; the Mylan authorized generic at the TRICARE Mail Order Pharmacy and military treatment facilities; and in all new users of Auvi-Q at all points of service (note that there are no current users of Auvi-Q). Patients will be required to try the EpiPen branded product at the TRICARE Mail Order Pharmacy and military treatment facilities, or the authorized EpiPen generic formulation from Mylan Pharmaceuticals at the Retail Pharmacy Network, prior to use of any other epinephrine auto-injector product. The provider must document a patient-specific justification as to why the preferred agent is not acceptable. Prior authorization will not expire.

Full PA Criteria:

Respiratory Agents, Miscellaneous:

- epinephrine auto-injector (Auvi-Q, EpiPen, and Adrenaclick)

Patients will be required to try the EpiPen branded product at the Military Treatment Facility and TRICARE Mail Order Pharmacy, or the Mylan authorized generic EpiPen formulation at the Retail Network, prior to use of any other epinephrine auto-injector product.

Manual PA criteria—Coverage will be approved if:

- The provider documents a patient-specific reason why the patient cannot use the preferred product.

PA does not expire.

2. Epinephrine Auto-Injectors—PA Implementation Period

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the new manual PA for the epinephrine auto-injectors (Auvi-Q, EpiPen [brand and generic], and Adrenaclick [generic]) become effective on the first Wednesday that occurs no later than 90 days after signing of the minutes in all points of service, and that DHA send letters to patients currently receiving an epinephrine auto-injector in the Retail Network who are affected by this recommendation.

***Summary of Physician's Perspective*:**

- The recommendation here is for essentially a Prior Authorization based on point of service, due to the differences in costs between the Retail network, Mail Order and MTFs. The EpiPen brand product and generic are both manufactured by Mylan Pharmaceuticals and contain the same drug and delivery device, but have different labels on the syringe.

- Approximately 26,800 patients are receiving an epinephrine autoinjector in DoD. Currently the majority of the patients are receiving brand EpiPen, since Adrenaclick has not been widely available and Auvi-Q was just re-introduced to the market a few weeks ago. Since the PA will primarily affect the 7,000 patients using the Retail Network, we are recommending sending letters to notify them of the PA.

***Summary of Panel Questions and Comments*:**

Mr. Hostettler states that this is the place that I referred to earlier that we'd come back to PAs. Do you have any audits that demonstrated exactly how long it takes to get a PA done?

Ms. Le Gette answers that we have standards in the contract that we are required to meet. We have a timeline for contacting the physician. It's more the physicians getting back to us.

Mr. Hostettler replies that he understands the timeline, but physicians don't always make your timeline their timeline. Again, the process is timely. It's certainly not 24 hours. It's usually much longer than 24 hours to process a PA. With this particular product, it seems to me we're putting patients at risk because they are waiting days or weeks to get the PA processed. For the number of patients involved, I'd like to know the cost and I'd like to know what that difference is. However, I understand that you will not provide that information, for obvious reasons. Seems to me it's not worth the risk to have that PA in place when most prescriptions at retail are generically substituted anyway. So, I would be interested in your count.

Lt Col Khoury responds that with the mail in retail population, 95% are already on the branded medications. The focus is on folks at the retail who won't probably notice the switch. For this particular class, excluding the issues that you raised regarding the notice to the providers, they won't even notice the difference.

Ms. Hostettler asks if he's misunderstanding that 7,529 patients affected could already be on the generic.

Ms. Le Gette responds that she would like to provide some clarification on this issue. First of all, in this drug class there are no generics. What looks like a generic epinephrine product is really what we call an authorized generic. It's made by Mylan, who also makes the Epi-Pen brand. Therefore, we treat is as a brand. I was going to ask the question, what do physicians write for? If they write for epinephrine auto-injector, then the pharmacist will dispense whatever they have on site anyway. We can put secondary messaging in the reject that says "if you are retail and trying to process the brand, go process the other auto-injector." Basically, they state the script says that I can give whatever I want because it is not specifying a brand. In this circumstance, nobody is really disrupted.

CAPT Von Berg replies most of the patients are switched at the pharmacy level without needing to contact the provider. PA will not engage. The message will come across to change it out quick and the patient will be out the door.

Mr. Hostettler said if the message is as clear as Ms. Le Gette says, it'll go a long way to helping the process.

CAPT Von Berg replies the message to the pharmacy is there in milliseconds, almost instantaneous response

Mr. Hostettler said that they are not always very clear.

Ms. Le Gette replies we say "use brand"

Mr. Hostettler asked is there a need for the PA if most of the patients are getting what they supposed to be getting. Even if it's two, they don't need but one death to blow this thing out of the water.

CAPT VonBerg replied that we ensure the messaging goes across. That allows the retail patients to know the preferred product. That message helps ensure the patients get out of there faster.

Mr. Hostettler says it's the retail patients where the concern lies. The mail order and MTF are taken care of more efficiently. Retail is not always efficient when it comes to PAs. I don't see many epi-pens that are medically necessary. There are usually generically substitute which leads to the PA criteria.

CAPT Von Berg said the PA – 95-99% of patients are a quick exchange at the pharmacy. You might get a different color. The PA not only deals with the easy switch, there are also other non-preferred products like the Auvi-Q.

Mr. Hostettler replied he doesn't have a problem with a PA on Auvi-Q. I have a problem with the mainstay of the market and delaying care to the patients who goes home that night and has an anaphylaxis. That to me is putting the system (MHS) at risk not to mention the patient. I really object to it, period.

There were no more questions from the Panel. The Chair called for the vote on the Manual PA Criteria and PA Implementation Plan for the Epinephrine Auto Injection.

- **Epinephrine Auto-Injector – Manual PA Criteria**

  Concur: 6 Non-Concur: 1 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Epinephrine Auto-Injector – PA Implementation Plan**

  Concur: 6 Non-Concur: 1 Abstain: 0 Absent: 4

  Director, DHA:

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

B. ORAL ONCOLOGY AGENTS

A. Oral Oncology Agents: Palbociclib (Ibrance)—Updated Manual PA Criteria

Ibrance was approved by the FDA in February 2015 for specific types of metastatic breast cancer. Manual PA criteria were recommended at the May 2016 meeting and implemented on November 2, 2016. An additional use as second-line therapy after endocrine-based treatment and in combination with fulvestrant was recently approved. The criteria were updated to add the new indication.

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) updating the manual PA criteria for new users.

Full PA Criteria:

Oral Oncology Agents: palbociclib (Ibrance)

Changes from February 2017 P&T Committee Meeting are in BOLD

Manual PA criteria apply to all new users of Ibrance.

Manual PA criteria—Ibrance is approved if:

A. Patient has advanced (metastatic) estrogen receptor-positive (ER+) disease;

AND

B. Patient has human epidermal growth factor receptor 2 (HER2)-negative breast cancer;

AND

C. The patient meets ONE of the following criteria (i, ii, iii, or iv):

i. The patient is a postmenopausal woman and Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole;

OR

ii. The patient is a premenopausal or perimenopausal woman and meets the following conditions (a and b):

a. The patient is receiving ovarian suppression/ablation with a luteinizing hormone-releasing hormone (LHRH) agonist (e.g., Lupron [leuprolide], Trelstar [triptorelin], Zoladex (goserelin]), surgical bilateral oophorectomy, or ovarian irradiation; AND

b. Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole;

OR

iii. The patient is a man and meets the following conditions (a and b):

a. The patient is receiving a luteinizing hormone-releasing hormone (LHRH) agonist (e.g., Lupron [leuprolide], Trelstar [triptorelin], Zoladex (goserelin]); AND

b. Ibrance will be used as first-line endocrine therapy in combination with anastrozole, exemestane, or letrozole.

OR

iv. The patient is a pre-, peri-, or post-menopausal woman and has disease progression following endocrine therapy and is using palbociclib in combination with fulvestrant (Faslodex).

Other Non-FDA approved uses are not approved.

Prior Authorization does not expire.

3. Oral Oncology Agents: Palbociclib (Ibrance)—PA Implementation Plan

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the updated manual PA for Ibrance become effective on the first Wednesday after a 90-day implementation period in all points of service.

***Summary of Physician's Perspective*:**

- This is another example of keeping up with expanded FDA-approved indications for the oral oncology drugs.

***Summary of Panel Questions and Comments*:**

Ms. Le Gette states that she wanted to comment about the implementation period because the only change is the criteria since the PA is already in place. Is it possible to implement the change in the criteria sooner? I ask only because we have had beneficiary escalation on this particular issue because the PA form

doesn't address the usages. I will not concur with a 90-day implementation plan because I think it should be upon signing or sooner because there is only the change to the criteria.

Lt Col Khoury replied yes, the comments will be addressed at signing.

Mr. Hostettler asks if there has been a rash of poor prescribing in this particular area or off-label prescribing. To me that seems like a very specialized irregularity. Oncologists know what they're doing.

Ms. Le Gette says the excuse is to get out there and start prescribing. There were only a couple of situations that the criteria didn't address. That's why I recommended to a little bit faster.

Lt. Col Khoury comments that there are studies for the potential for off-label prescribing.

There were no more questions from the Panel. The Chair called for the vote on the Updated Manual PA Criteria and the PA Implementation Plan for the Oral Oncology Agents: Palbociclib (Ibrance)

- **Oral Oncology Agents: Palbociclib (Ibrance) – Updated Manual PA Criteria**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Oral Oncology Agents: Palbociclib (Ibrance) – PA Implementation Plan**

  Concur: 0 Non-Concur: 7 Abstain: 0 Absent: 4

  Director, DHA:

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

- **RECOMMENDATION FROM THE PANEL:** Immediate implementation upon the signing of the minutes.

Director, DHA: CBV **Approved** _____**Disapproved.**

C. ANTICONVULSANT AND ANTI-MANIA DRUGS

1. Anticonvulsant and Anti-Mania Drugs: Topiramate ER (Trokendi XR)—Updated Manual PA Criteria

Trokendi XR and Qudexy XR are branded ER formulations of topiramate dosed once daily. Generic topiramate IR formulations have been marketed since 1996. Manual PA criteria were recommended for Trokendi XR and Qudexy XR in August 2014 to limit use of the branded topiramate ER products to their FDA-approved indications for seizures and appropriate age ranges. A trial of topiramate IR (generic Topamax IR) is required first. Trokendi XR is expected to receive FDA approval for use in migraine headache prophylaxis in March 2017.

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) updating the manual PA criteria for Trokendi XR to include use as prophylaxis in migraine headache after an inadequate response, or adverse event with topiramate IR.
Full PA Criteria

Anticonvulsants and Anti-Mania Agents: topiramate (Trokendi XR)

February 2017 updates are in BOLD

Manual PA criteria apply to all new users of Trokendi XR and Qudexy XR:

- Coverage approved for
  - Partial onset seizure and 1° generalized tonic-clonic seizures in patients ≥ 10 years
  - Lennox-Gastaut seizures in patients ≥ 6 years for Trokendi ER and age ≥ 2 years for Qudexy XR
  - Adjunctive therapy for partial onset seizure or primary generalized tonic clonic seizure in patients 2 years of age or older (Qudexy XR) or 6 years and older (Trokendi XR).
  - **Migraine prophylaxis in adults (Trokendi XR)**

- Coverage not approved for
  - Non-FDA approved indications, including weight loss and migraine headache (for Qudexy XR only)
- Patient is required to try topiramate first, unless the following has occurred:
  - Inadequate response not expected to occur with Trokendi XR or Qudexy XR
  - Patient has contraindication or adverse reaction to a component of generic topiramate not expected to occur with Trokendi XR or Qudexy XR

Prior Authorization does not expire.

2. **Anticonvulsant and Anti-Mania Drugs: Topiramate ER (Trokendi XR)—PA Implementation Plan**

   The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the updated manual PA for Trokendi XR become effective on the first Wednesday after a 90-day implementation period in all points of service.

***Summary of Physician's Perspective*:**

- As of March 16th, Trokendi still had not received approval for migraine headache prophylaxis. We will check before the 90 day implementation period to ensure it does actually receive this new indication before updating PA criteria.

Summary of Panel Questions and Comments:

There were not Panel questions or comments. The Chair called for the vote on the Updated Manual PA Criteria and the implementation plan for the Anticonvulsant and Anti-Mania Drugs.

- **Anticonvulsant and Anti-Mania Drugs: Topiramate ER (Trokendi XR) – Updated Manual PA Criteria**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

- **Anticonvulsant and Anti-Mania Drugs: Topiramate ER (Trokendi XR) – Implementation Plan**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

D. TESTOSTERONE REPLACEMENT THERAPIES (TRTs)

1. TRTs—Updated Manual PA Criteria

The testosterone replacement therapies were reviewed for formulary placement in August 2012, with testosterone transdermal 2% gel pump (Fortesta) designated as step-preferred. All other TRT products are non-step-preferred.

Updated step therapy and manual PA criteria are needed since publication of the Final Rule/technical amendment (81 FR 61068-61098), removing certain regulatory exclusions for the treatment of gender dysphoria for TRICARE beneficiaries. This rule change permits coverage of all nonsurgical medically necessary and appropriate care in the treatment of gender dysphoria. See the Final Rule for TRICARE Mental Health and Substance Use Disorder Treatment published on September 2, 2016 at https://www.gpo.gov/fdsys/pkg/FR-2016-09-02/pdf/2016-21125.pdf.

The P&T Committee recommended (14 for, 2 opposed, 1 abstained, 0 absent) updating the manual PA criteria for the topical and buccal TRT products to

allow for use in patients undergoing female to male gender reassignment (endocrinologic masculinization), as outlined in the Final Rule and the TRICARE Policy Manual 6010.57-M.

Full PA Criteria:

A. TRT (step-preferred product): testosterone 2% gel pump (Fortesta)

February 2017 updates are in BOLD

Manual PA criteria apply to all users of transdermal and buccal testosterone replacement products.

- Coverage approved for male patients if:
  - Patient is male over the age of 17 years AND
  - Patient has a diagnosis of hypogonadism as evidenced by 2 or more morning total testosterone levels below 300 ng/dL AND
  - The patient is experiencing symptoms usually associated with hypogonadism
- **Coverage approved for female-to-male gender reassignment (endocrinologic masculinization) if:**
  - **Patient is an adult, or is 16 years or older who has experienced puberty to at least Tanner stage 2; AND**
  - **Patient has a diagnosis of gender dysphoria made by a TRICARE-authorized mental health provider according to most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM); AND**
  - **Patient has no psychiatric comorbidity that would confound a diagnosis of gender dysphoria or interfere with treatment (e.g., unresolved body dysmorphic disorder; schizophrenia or other psychotic disorders that have not been stabilized with treatment); AND**
  - **Patient has a documented minimum of three months of real-life experience (RLE) and/or three months of continuous psychotherapy addressing gender transition as an intervention for gender dysphoria; AND**

- **For gender dysphoria biological female patients of childbearing potential, the patient IS NOT pregnant or breastfeeding.**

Prior authorization does not expire.

B. TRT (non-step-preferred products):

- transdermal patch (Androderm)
- transdermal gel tubes (Testim)
- buccal tablets (Striant)
- nasal gel (Natesto)
- transdermal gel (Vogelxo)
- transdermal gel and gel pump (Androgel 1%, 1.62%)
- transdermal solution (Axiron)

February 2017 updates are in BOLD

Manual PA criteria apply to all users of transdermal and buccal testosterone replacement products.

- Coverage approved for male patients if:
  - Patient is male over the age of 17 years AND
  - Patient has a diagnosis of hypogonadism as evidenced by 2 or more morning total testosterone levels below 300 ng/dL AND
  - The patient is experiencing symptoms usually associated with hypogonadism AND
  - The patient has tried Fortesta (testosterone 2% gel) for a minimum of 90 days AND failed to achieve total testosterone levels above 400 ng/dL (labs drawn 2 hours after Fortesta application) AND without improvement in symptoms. OR
  - The patient has a contraindication or relative contraindication to Fortesta that does not apply to the requested agent. OR
  - The patient has experienced a clinically significant skin reaction to Fortesta that is not expected to occur with the requested agent. OR

- The patient requires a testosterone replacement therapy that has a low risk of skin-to-skin transfer between family members (for Androderm, Natesto, or Striant only).

- **Coverage approved for female-to-male gender reassignment (endocrinologic masculinization) if:**
  - **Patient is an adult, or is 16 years or older who has experienced puberty to at least Tanner stage 2; AND**
  - **Patient has a diagnosis of gender dysphoria made by a TRICARE-authorized mental health provider according to most current edition of the DSM; AND**
  - **Patient has no psychiatric comorbidity that would confound a diagnosis of gender dysphoria or interfere with treatment (e.g., unresolved body dysmorphic disorder; schizophrenia or other psychotic disorders that have not been stabilized with treatment); AND**
  - **Patient has a documented minimum of three months of real-life experience (RLE) and/or three months of continuous psychotherapy addressing gender transition as an intervention for gender dysphoria; AND**
  - **For gender dysphoria biological female patients of childbearing potential, the patient IS NOT pregnant or breastfeeding. AND**
  - **Does the patient have a contraindication or relative contraindication to Fortesta that does not apply to the requested agent? OR**
  - **Has the patient experienced a clinically significant skin reaction to Fortesta that is not expected to occur with the requested agent? OR**
  - **If the request is for Androderm, Natesto, or Striant, does the patient require a testosterone replacement therapy that has a low risk of skin-to-skin transfer between family members?**

Prior authorization does not expire.

2. **TRTs—PA Implementation Plan**

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) the updated manual PA for the TRTs become effective on the first Wednesday after a 90-day implementation period in all points of service.

Summary of Physician's Perspective:

- TRICARE policy now allows treatment with hormone therapies for patients with gender dysphoria. Since we currently have Fortesta as the preferred product for the testosterone replacement therapies, we are simply updating the PA for the new policy, to ensure that Fortesta is tried first. The wording in the PA matches the wording in the TRICARE policy manual for coverage under the benefit.

Summary of Panel Questions and Comments:

Mr. Hostettler asks a question regarding the P&T committee vote (14 for and 2 opposed) for the updated manual criteria for the TRT. What were the objections?

Dr. Kugler responds that it was a difference in opinion with a few providers in regards to the policy dealing with discussion about transgender.

Mr. Hostettler stated it was more about policy.

Ms. Le Gette recommends an earlier implementation period. There was one case escalated through her appeals department. The criteria didn't address the case. This PA is already in place; it's just a matter of updating the criteria.

There were no more questions from the Panel. The Chair called for the vote on the Updated Manual PA Criteria and the PA Implementation plan for the TRTs.

- **TRTs – Updated Manual PA Criteria**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

- **TRTs – PA Implementation Plan**

  Concur: 0 Non-Concur: 7 Abstain: 0 Absent: 4

  Director, DHA:

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

- **RECOMMENDATION FROM THE PANEL:** Immediate implementation upon the signing of the minutes.

  Director, DHA: CBL **Approved** ____ **Disapproved.**

IV. FORMULARY STATUS UPDATE – ANTILIPIDEMIC-1s (LIP-1s)

A. LIP-1s: Rosuvastatin—Step Therapy

The statins included in the Antilipidemic-1s Drug Class were most recently reviewed for formulary status in November 2013. Rosuvastatin (Crestor) was designated UF and non-step-preferred, requiring a trial of a generic statin with equivalent low-density lipoprotein lowering intensity. Cost-effective generic formulations for rosuvastatin are now available and a Joint National Contract with the U.S. Department of Veterans Affairs will become effective on March 13, 2017.

The P&T Committee recommended (17 for, 0 opposed, 0 abstained, 0 absent) designating rosuvastatin as UF and step-preferred. The corresponding PA forms for the non-step-preferred statins will be updated to reflect the status of rosuvastatin as step-preferred, with implementation effective upon signing of the minutes.

Summary of Physician's Perspective:

- There are several generic statins available, and now we have generics to Crestor. Since the rosuvastatin generics are cost-effective, we would like to update the step therapy criteria, and place the generic in front of the step, along with generic atorvastatin, pravastatin, and simvastatin. Rosuvastatin and atorvastatin are the two high intensity statins, so DoD will continue to be in line with the ACC/AHA lipid guidelines published in 2013.

Summary of Panel Questions and Comment:

There were no questions or comments from the Panel. The Chair called for the vote on the Step Therapy Criteria for the LIP-1s.

- **LIP-1s: Rosuvastation – Step Therapy**

  Concur: 7 Non-Concur: 0 Abstain: 0 Absent: 4

  Director, DHA:

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

Mr. Hostettler makes a closing comment regarding the large number of Prior Authorizations. All of you have probably picked up on the fact that I'm not a big fan of PAs. I think they are disruptive to the patient. I ask you to take that into consideration. Not just the cost but also trying to put step therapy in place which makes sense to me. Prior Authorization is the piece that blocks everything up. It's the glue to the process in my estimation. Step therapy can be done automated but prior authorizations are very difficult to do automate. In fact, I'm not aware of one. Maybe someone can enlighten me. It really is disruptive to the patient care. I wanted that on the record.

CAPT Norton responds that we are following clinical practice guidelines to ensure paramount safety of our patients and cost effective use. More information will follow from the P&T committee.

Mr. Hostettler appreciates the clinical guidelines but all of the drugs don't have CPGs I just ask you to consider why you're doing what you're doing, and the impact it has on the patient not just on the budget.

Brief Listing of Acronym 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 is meeting in the subject of this report.

- AASLD/IDSA - American Association for the Study of Liver Diseases/Infectious
- BAP - Beneficiary Advisory Panel
- BCF - Basic Core Formula
- BIA - Budget Impact Analysis
- CFR - Code of Federal Regulations
- CMA – Cost Minimization Analysis
- CrCl – Creatin Clearance
- DAA – Direct Acting Antivirals
- DFO – Designated Federal Officer
- DHA – Defense Health Agency
- dL - decilIter
- DoD – Department of Defense
- DR – Delayed Response
- DSM – Diagnosis and Statistical Manual of Mental Disorders
- ER – Extended Release
- ER+ - Extended Release plus
- FACA – Federal Advisory Committee Act
- FDA – Food and Drug Administration
- FY – Fiscal Year
- GLP1RA – Glucagon Like Peptide-1 Receptor Agonist
- GT - Genotype
- HCV – Hepatitis C Virus
- HER2 – Human Epidermal Growth Factor Receptor 2
- IR – Immediate Release
- kg - kilogram
- LIP-1s – Antilipidemic-1s
- mg - milligram
- MHS – Military Health System
- mL – mili-Liter
- NDAA – National Defense Authorization Act
- NF – Non Formulary
- ng - nanagram
- NSAIDs – Nonsteroidal Anti-Inflammatory Drugs
- P&T - Pharmacy & Therapeutics
- PA – Prior Authorization
- PPU – Proton Pump Inhibitors

- RAVs – Resistance Associated Variants
- RLE – Real Life Experience
- SIADH – Syndrome of Inappropriate Antiduretic Hormone
- SR – Sustained Release
- SU - Sulfonylurea
- SVR12 - Sustained Virologic Response at 12 weeks
- TRICARE – Health Care System
- TRT – Testosterone Replacement Therapy
- UF – Uniform Formulary
- XR – Extended Release