

PHARMACY AND THERAPEUTICS COMMITTEE

May 2017

A meeting of the Health Partners Pharmacy and Therapeutics (P&T) Committee was held on May 9, 2017. The following are the recommendations for the drugs reviewed at the meeting by the Committee:

| ***Drug Name*** | *Add to*  *Formulary* | *Prior*  *Auth*  *Approved* | *DUR edit* | *Age edit* | *Quantity Limits* | *Prior Authorization removal* | *Grandfather Edit*  *6 days’ supply in previous 75 days* | *Other* |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Anoro Ellipta | X |  |  |  |  |  |  |  |
| Betamethasone dipropionate augmented 0.05% cream – pay 13 and older (deny under 13) |  |  |  | X |  |  |  |  |
| Brand Epipen 0.3mg and Epipen Jr 0.15mg (generics will pay) |  |  |  |  |  |  |  | Removal from formulary |
| Breeze 2 Meter |  |  |  |  |  |  |  | Removal from formulary |
| Brilinta | X |  |  |  |  |  |  |  |
| Brilinta – 2 way edit with other platelet aggregation inhibitors, Defibrotide, & Itraconazole. Lookback of 6 d/s in the previous 30 days |  |  | X |  |  |  |  |  |
| Brilinta – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Brilinta 60 mg and 90 mg – 2/day |  |  |  |  | X |  |  |  |
| Briviact – lookback 6 days in the previous 75 days |  |  |  |  |  |  | X |  |
| Cialis 2.5 mg and 5 mg tablets – 1/day |  |  |  |  | X |  |  |  |
| Clobetasol propionate 0.05% cream – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Clobetasol propionate 0.05% foam – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Clobetasol propionate 0.05% ointment – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Combivent Respimat |  |  |  |  |  | X |  |  |
| Desoximetasone 0.25% ointment – pay 10 and older (deny under 10) |  |  |  | X |  |  |  |  |
| DUR against all long-acting opioids (morphine sulfate sustained released, OxyContin, methadone, etc.). Lookback 6 d/s in previous 30 days |  |  | X |  |  |  |  |  |
| DUR against all short-acting opioids (oxycodone, hydrocodone, tramadol, etc.). Lookback 6 d/s in previous 30 days. |  |  | X |  |  |  |  |  |
| Dutasteride | X |  |  |  |  |  |  |  |
| Dutasteride – 1/day |  |  |  |  | X |  |  |  |
| Dutasteride – 2 way edit with 5 alpha-reductase inhibitor. Lookback of 6 d/s in the previous 30 days |  |  | X |  |  |  |  |  |
| Dutasteride – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Effient | X |  |  |  |  |  |  |  |
| Effient – 2 way edit with other platelet aggregation inhibitors and Defibrotide. Lookback of 6 d/s in the previous 30 days |  |  | X |  |  |  |  |  |
| Effient – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Effient 5 mg– 1/day, 10 mg– 1/day |  |  |  |  | X |  |  |  |
| Ferrous sulfate 300 mg/5 mL liquid | X |  |  |  |  |  |  |  |
| Fluocinonide 0.1% cream – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Halobetasol propionate 0.05% ointment – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Incruse Ellipta | X |  |  |  |  |  |  |  |
| Januiva 25 mg and 50 mg tablets -2/day, 100 mg tablets – 1/day |  |  |  |  | X |  |  |  |
| Januvia – 2 way edit with other DPP4s  Lookback of 6 d/s in the previous 30 days |  |  | X |  |  |  |  |  |
| Januvia – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Jardiance | X |  |  |  |  |  |  |  |
| Jardiance – 2 way edit with other SGLT inhibitors. Lookback of 6 d/s in the previous 30 days |  |  | X |  |  |  |  |  |
| Jardiance – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Jardiance 10 mg and 25 mg tablets – 1/day |  |  |  |  | X |  |  |  |
| Long Acting Injectable Antipsychotics |  | X |  |  |  |  |  |  |
| Magnesium Citrate – 592 mL/30 days |  |  |  |  | X |  |  |  |
| Melatonin 1 mg – 3/day, 3 mg – 1/ day, 5 mg – 1/day |  |  |  |  | X |  |  |  |
| Melatonin 1 mg, 3 mg and 5 mg | X |  |  |  |  |  |  |  |
| Mometasone furoate 0.1% solution – pay 12 and older (deny under 12) |  |  |  | X |  |  |  |  |
| Otelza 30 mg tablets – 2/day |  |  |  |  | X |  |  |  |
| Spiriva Handihaler and Respimat |  |  |  |  |  | X |  |  |
| Stiolto Respimat |  |  |  |  |  | X |  |  |
| Symbicort 80-4.5 mcg inhaler, Symbicort 160-4.5 mcg inhaler – 10.2 mL/30 days |  |  |  |  | X |  |  |  |
| Tolterodine, Tolterodine ER | X |  |  |  |  |  |  |  |
| Tolterodine, Tolterodine LA – pay 18 and older (deny under 18) |  |  |  | X |  |  |  |  |
| Tramadol – pay 21 and older (deny under 21) |  |  |  | X |  |  |  |  |
| Trulicity – Step against insulin products; lookback 6 days in previous 90 days |  |  |  |  |  |  |  | Step Therapy Edit |
| Tudorza |  |  |  |  |  | X |  |  |
| Will be combined into new Long Acting Injectable criteria:   * Abilify Maintena * Aristada * Invega Sustenna * Invega Trinza * Risperdal Consta * Zyprexa Relprevv |  |  |  |  |  | X |  |  |