



Volume 2, Issue 7
August 2023

Pharmacy Benefits Management- Medical Advisory Panel- VISN Pharmacist Executives E_z - MINUTES

Drugs Added to the VA National Formulary WITHOUT Prior Authorization

- RSV vaccines

Drugs Added to the VA National Formulary WITH Prior Authorization

- Lenacapavir (SUNLENCA)
- Fecal microbiota spores, live (VOWST)

Drugs Not Added to the VA National Formulary

- Oteseconazole (VIVJOA)
- Insulin glargine-aglr (REZVOGLAR)
- Chlorprocaine OPTH gel (IHEEZO)
- Bexagliflozin tablets (BRENZAVVY)
- Treprostinil oral tablets (ORENITRAM)
- Sotagliflozin_INPEFA_
- Furosemide_FUROSCIX_
- Polyethylene Glycol (PEG)-3350 electrolyte solution with sodium sulfate, potassium chloride, magnesium sulfate, and sodium chloride for oral solution (SUFLAVE) colonoscopy preparation
- Leniolisib (JOENJA)
- Alpelisib (VIJOICE)
- Fezolinetant_(VEOZAH)
- Ibrutinib (IMBRUVICA) oral suspension
- Asparaginase erwinia chrysanthemi (recombinant)-rywn (RYLAZE) injection.
- Olutasidenib (REZLIDHIA) oral capsules
- Zavegepant (ZAVZPRET) nasal
- INMAZEB
- Ansuvimab-zykl (EBANGA)

Formulary Drugs with Prior Authorization Removed

- none

Drugs Removed from the VA National Formulary

- Alcohol/dextrose inj (no longer available)
- Aurothioglucose inj, susp (no longer available)
- Bacitracin 500/polymyxin 10000U/GM top pwdr (OTC) (no longer available)
- Capreomycin Inj (no longer available)
- Coal tar/salicylic acid/sulfur shampoo (no longer available)
- Cyanide antidote package kit (not available in this form)
- Halothane inhalation liquid (no longer available)

- Insect sting treatment kit (no longer available)

Other Announcements

- Lecanemab-irmb (LEQEMBI) CFU revised
- Ibrexafungerp CFU updated
- Entecavir provider restrictions updated
- Remdesivir CFU were modified
- **VANF review of items listed internally with comments or as prior authorization without Criteria for Use or other Restriction:** Several changes were reviewed and approved as part of a larger effort to clarify (1) prior authorization (PA) formulary listings with comments on the VANF spreadsheet that are not listed elsewhere and (2) PA listings without defined criteria. In some cases, drugs were added to formulary, others had simple CFU developed (listed below). Note this will be an ongoing process to assist in operationalizing VANF within both VA electronic medical record systems and on the non-VA VANF platforms.
 - Cilostazol CFU
 - Clonazepam ODT CFU
 - Lisdexamfetamine CFU
 - Mirtazapine ODT CFU
 - Tadalafil (CIALIS and ADCIRA) CFU
 - Tramadol / Acetaminophen CFU
 - Trimethobenzamide oral capsule CFU
 - Dexamethasone intravitreal implant (OZURDEX) CFU
 - Ketorolac / phenylephrine ophthalmic irrigation (OMIDRIA) CFU
 - Glucerna therapeutic shake CFU
 - Hydrocodone ibuprofen oral CFU
 - Ketoprofen oral CFU
 - Oxaprozin CFU
 - Piroxicam oral CFU
 - Lanthanum Carbonate Chewable Tablets CFU
 - Ensure Clear CFU
 - Nepro Carb Steady CFU
- Weight Management Medications for Chronic Use Guidance updated
- Semaglutide (WEGOVY) CFU clarified
- Upadacitinib (RINVOQ) in Ulcerative Colitis CFU revision
- Baricitinib (OLUMIANT) in Alopecia Areata CFU
- Upadacitinib (RINVOQ) in Crohn's Disease CFU
- Edaravone (RADICAVA) and sodium phenylbutyrate/taurursodiol (RELYVRIO) CFU Revision
- VA Drug Standardization List Revision