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# Pharmacy Benefits Management- Medical Advisory Panel- VISN Pharmacist Executives **E<sub>z</sub> - MINUTES**

## Drugs Added to the VA National Formulary **WITHOUT** Prior Authorization

- Buprenorphine Extended-Release Injection (BRIXADI)

## Drugs Added to the VA National Formulary **WITH** Prior Authorization

- Sulbactam + Durlabactam (XACDURO)
- Meropenem + Vaborbactam (VABOMERE)
- Imipenem + relebactam + cilastatin (RECARBRIO)
- Enfortumab vedotin (PADCEV)
- Aripiprazole ABILIFY ASIMTUFII
- Eribulin (HALAVEN)
- Ixabepilone (IXEMPRA)
- Neratinib (NERLYNX)
- Lapatinib (TYKERB)
- Paclitaxel protein-bound (ABRAXANE)
- Irinotecan HCL liposome (ONIVYDE)
- Alectinib (ALECENSA)
- Entrectinib (ROZYLTRAK)
- Selpercatinib (RETEVMO)

## Drugs Not Added to the VA National Formulary

- Nirsevimab-ALIP
- Metronidazole suspension (LIKMEZ)
- Anthrax vaccine, adsorbed, adjuvanted (CYFENDUS)
- Avapritinib (AYVAKIT)
- Futibatinib (LYTGOBI)
- Risperidone UZEDY:
- Trepstinil Oral Inhalation (TYVASO DPI)
- Colchicine (LODOCO) 0.5 mg tablet: Added to the No Buy list - Colchicine 0.6 mg tablet is on the VANF

## Formulary Drugs with Prior Authorization Removed

- Buprenorphine Extended-Release Injection (SUBLOCADE) for treatment of moderate-to-severe opioid use disorder.

## Drugs Removed from the VA National Formulary

- Insulin detemir (LEVEMIR)

## Other Announcements

- Fecal microbiota, live (REBYOTA) criteria for use revised
- Ceftolozane + tazobactam, ceftazidime + avibactam and Cefiderocol PA-F revised
- The Antipsychotic Long-acting injection Criteria for Use document replaced with individual antipsychotic LAI CFUs
  - Aripiprazole ABILIFY ASIMTUFII Criteria
  - Aripiprazole ARISTADA and ARISTADA INITIO Criteria revised
  - Aripiprazole MAINTENA Criteria revised
  - Fluphenazine decanoate Criteria revised
  - Haloperidol decanoate Criteria revised
  - Paliperidone INVEGA HAFYERA Criteria revised
  - Paliperidone INVEGA SUSTENNA Criteria revised
  - Paliperidone INVEGA TRINZA Criteria revised
  - Risperidone RISPERDAL CONSTA Criteria revised
- The Inhaled Prostacyclin Criteria for Use document replaced with individual Criteria for treprostinil inhalation by indication
  - Treprostinil Inhalation TYVASO Criteria for Pulmonary Hypertension Associated with Interstitial Lung Disease
  - Treprostinil Inhalation TYVASO Criteria Pulmonary Arterial Hypertension revised
- Prasugrel (EFFIENT) and Ticagrelor (BRILINTA) Criteria revised