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

Drugs (and Supplies) Added to the VA National Formulary WITHOUT Prior Authorization

- 21-valent pneumococcal conjugate vaccine (CAPVAXIVE, PCV21)
- Antihemophilic factor (recombinant) Fc-VWF-XTEN, BDD-EHTL, INJ, LYPHL (ALTUVIIIIO)
- Antihemophilic Factor VIII Products
- Dental Dams
- Diphenhydramine liquid/elixir, oral
- Estradiol insert, vaginal (IMVEXXY)
- Tebentafusp-TEBN, inj (KIMMTRAK)

Drugs (and Supplies) Added to the VA National Formulary WITH Prior Authorization

- Caplacizumab-YHDP inj, lyphl (CABLIVI)
- Glofitamab-GXBM inj, soln (COLUMVI)
- Mosunetuzumab-AXGB inj, soln (LUNSUMIO)
- Pirtobrutinib tab, oral (JAYPIRCA)
- Tarlatamab-DLLE inj, lyphl (IMDELLTRA)

Drugs (and Supplies) Not Added to the VA National Formulary

- Bimekizumab-bkzx inj,soln (BIMZELX) in Plaque Psoriasis
- Eculizumab-aagh (EPYSQLI): Biosimilar to eculizumab (SOLIRIS)
- Elafibranor tab, oral (IQIRVO) in Primary Biliary Cholangitis:
- Epcoritamab-BYSP inj, soln (EPKINLY)
- Immune globulin intravenous, human-stwk (ALYGLO) 10% liquid
- Roflumilast 0.15% cream, top (ZORYVE) in mild–moderate atopic dermatitis
- Sofpironium gel,top (SOFDRA) in Primary Axillary Hyperhidrosis
- Trospium/Xanomeline cap, oral (COBENFY)

Formulary Drugs (and Supplies) with Prior Authorization Removed

- Cyclosporine 0.05% ophthalmic emulsion (RESTASIS)
- Lurasidone tab, oral (LATUDA)

Drugs (and Supplies) Removed from the VA National Formulary

- Alprostadil urethral suppository
- Ammonium chloride inj, soln
- Bath oil, topical
- Dalfampridine tab, SA (AMPYRA)
- Estramustine cap, oral
- Fluorometholone oint, oph

- Morrhuate sodium inj, soln
- Silver nitrate applicator/stick
- Sofosbuvir tab, oral

Other Announcements

- New Guidance
 - Ravulizumab-cwvz soln, inj (ULTOMIRIS): Treatment of Neuromyelitis Optical Spectrum Disorder (NMOSD) Monograph Addendum.
 - Sumatriptan inj, soln (IMITREX): Therapeutic Alternatives in the Event of a Sumatriptan Injection Shortage National Clinical Recommendations
 - VHA *H. pylori* Clinical Recommendations Document
- Updated documents
 - Lifitegrast 5% soln, oph (XIIDRA) Criteria
 - Vonoprazan dual pak (VOQUEZNA Dual Pak) Criteria
 - Rifabutin/amoxicillin/omeprazole (TALICIA) Criteria
- Urgent/Emergent Formulary
 - Labetalol tab, oral: Added to U/E formulary.
- Archived Documents
 - Cyclosporine 0.05% emulsion, oph (RESTASIS) Criteria for Use
 - Ivermectin cream, top (SOOLANTRA) Criteria for Use
 - Lurasidone tab, oral (LATUDA) Criteria for Use