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

Drugs Added to the VA National Formulary WITHOUT Prior Authorization

- mRNA RSV vaccine (MRESVIA)
- Norethindrone acetate 5 mg tablets
- Zoledronic Acid (ZOMETA)

Drugs Added to the VA National Formulary WITH Prior Authorization

- Dimethyl fumarate cap,ec
- Fingolimod cap
- Letemovir (PREVYMIS)
- Natalizumab inj,soln
- Teriflunomide tab
- Crizotinib XALKORI Hematologic Indications
- Sacituzumab govitecan TRODELVY

Drugs Not Added to the VA National Formulary

- Sotatercept (WINREVAIR)
- Tenapanor (XPHOZAH)
- Entrectinib Sprinkles (ROZLYTREK)
- Apelisib Sprinkles (VIJOICE)
- Remimazolam BYFAVO
- Donanemab-azbt (KISUNLA)
- Niraparib/Abiraterone (AKEEGA)
- Trastuzumab/hyaluronidase-oysk (HERCEPTIN/HYLECTA)
- Motixafortide_APHEXDA

Formulary Drugs with Prior Authorization Removed

- none

Drugs Removed from the VA National Formulary

- Abacavir/lamivudine/zidovudine tablet
- Coal tar topical liquid
- Coal tar topical lotion
- Desmopressin acetate nasal spray (EQV-Noctiva)
- Desmopressin acetate sublingual tablet (EQV-Nocdurna)
- Fish oil caps (OTC)
- Glycolic acid 12% lotion
- Isosorbide dinitrate cap, SA

Other Announcements

- Ketamine for Tx Refractory Pain in VHA Hospice-Palliative Care RFU new
- Lurbinectedin (ZEPZELCA) Criteria for Use revised
- Lecanemab-irmb LEQEMBI CFU revised
- Lemborexant DAYVIGO CFU revised
- Lisdexamfetamine VYVANSE CFU revised
- Naltrexone Bupropion CONTRAVE Criteria revised
- Weight Management Medications Guidance revised
- Revisions to CGRP antibody, gepant, and botulinum toxin CFUs (Atogepant_QULIPTA_for episodic migraine prevention CFU; Atogepant_QULIPTA_for chronic migraine prevention CFU; Botulinum Toxin CFU; Erenumab_AIMOVIG_for chronic migraine CFU; Erenumab_AIMOVIG_for episodic migraine CFU; Rimegepant_NURTEC_for abortive migraine CFU; Rimegepant_NURTEC_for episodic migraine prevention CFU)
- Rifaximin in Treatment of Small Intestinal Bacterial Overgrowth (SIBO) Criteria revised
- Rifaximin in Prophylaxis of Recurrent SIBO Criteria revised
- Rifaximin in Irritable Bowel Syndrome With Diarrhea (IBS-D) Criteria revised
- Dupilumab DUPIXENT in Atopic Dermatitis Criteria revised
- Tralokinumab-ldrm ADBRY in Atopic Dermatitis Criteria revised
- Abrocitinib CIBINQO in Atopic Dermatitis Criteria revised
- Upadacitinib RINVOQ in Atopic Dermatitis Criteria revised
- Bispecific_Antibody_CRS_and_ICANS_Neurotoxicity_Guidance revised
- Ixazomib NINLARO Criteria revised