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June 2025

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

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

- Estradiol vaginal ring (ESTRING)
- Mexiletine cap, oral

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

- Acoramidis tab (ATTRUBY)
- Adagrasib tab (KRAZATI)
- Nivolumab and hyaluronidase-nvhy inj, soln (OPDIVO QVANTIG)

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

- Insulin Aspart-SZJJ inj (MERILOG)
- Lebrikizumab-lbkz (EBGLYSS) inj, soln
- Nemolizumab-ilto (NEMLUVIO) inj, lyphl
- Nogapendekin alfa inbakicept (ANKTIVA) inj, soln with BCG for BCG unresponsive non-muscle invasive bladder cancer
- Palopegteriparatide (YORVIPATH) inj, soln for hypoparathyroidism
- Revakinagene taroretcel-lwey (ENCELTO)
- Zenocutuzumab (BIZENGRI) inj, soln for NRG1 fusion positive Non-Small Cell Lung Cancer or Pancreatic Cancer after prior therapy

Formulary Drugs (and Supplies) with Prior Authorization Removed

- NONE

Drugs (and Supplies) Removed from the VA National Formulary

- NONE

New Guidance

- Buprenorphine for the Management of Acute Pain Recommendations for Use
- Vutrisiran inj, soln (AMVUTTRA) for transthyretin amyloid cardiomyopathy (ATTR-CM) CFU

Updated documents – Criteria for Use

- Adagrasib KRAZATI Criteria Rev June 2025
- Ipilimumab (YERVOY) Criteria Rev June 2025
- Larotrectinib (VITRAKVI) Criteria Rev June 2025
- Menopausal Therapies in VA Table rev Jun 2025
- Sarilumab (KEVZARA) in Rheumatoid Arthritis Criteria Rev. Jun 2025
- Sarilumab (KEVZARA) in Polymyalgia Rheumatica Criteria Rev. Jun 2025
- Tafamidis VYNDAMAX and VYNDAQEL Criteria for Use for ATTR cardiomyopathy Rev Jun 2025
- Tocilizumab ACTEMRA in Rheumatoid Arthritis Criteria Rev. Jun 2025

- Tocilizumab ACTEMRA in Giant Cell Arteritis Criteria Rev. Jun 2025
- Tocilizumab ACTEMRA in Systemic Sclerosis ILD Criteria Rev. Jun 2025
- Tucatinib TUKYSA Criteria Rev June 2025
- Vedolizumab ENTYVIO IV in Inflammatory Bowel Disease Criteria Rev. Jun 2025

Oncology Guidance Documents

- Bispecific_Antibody_CRS_and_ICANS_Neurotoxicity_Guidance_June_2025

Other

- INV-Pemivibart (PEMGARDA) inj, soln Emergency Use Authorization (EUA) update
- VA Drug Standardization List update

Urgent/Emergent Formulary - NONE