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

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

- Brimonidine/Timolol oph solution
- Ciclopirox Shampoo
- Ferumoxytol inj,colloidal (FERAHEME)
- Glycerin 0.2%/Hypromellose 0.2%/Polyethylene glycol 1% soln, oph (Artificial Tears)

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

- Ambrisentan tab (LETAIRIS)
- Budesonide nasal spray
- Sublingual immunotherapies (GRASTEK, RAGWITEK, ORALAIR AND ODACTRA)

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

- Acoltremon ophthalmic solution (TRYPTYR)
- Aripiprazole oral film (OPIPZA)
- Chikungunya vaccine, recombinant (VIMKUNYA)
- Concizumab-mtci (ALHEMO) inj,soln
- Furosemide subcutaneous infusion (LASIX ONYU)
- Hydrochlorothiazide oral suspension (INZIRQO)
- Imatinib soln, oral (IMKELDI)
- Nalmefene autoinjector (ZURNAL)
- Nilotinib d-tartrate, oral caps (NILCEYA)
- Nilotinib tartrate, oral tab (DANZITEN)
- Omidenepag (OMLONTI)
- Trazodone hydrochloride oral solution (RALDESY)
- Treprostinil dry powder inhalation (DPI) YUTREPIA
- Vadadustat tab (VAFSEO)
- Zanubrutinib tab (BRUKINSA)

## Formulary Drugs (and Supplies) with Prior Authorization Removed

- NONE

## Drugs (and Supplies) Removed from the VA National Formulary

- NONE

## New Guidance

- NONE

### **Updated documents – Criteria for Use**

- Abrocitinib in Atopic Dermatitis and Upadacitinib in Atopic Dermatitis – Revised Criteria
- Baricitinib in Alopecia Areata – Revised Criteria
- Baricitinib in Rheumatoid Arthritis - Revised Criteria
- Sarilumab in Rheumatoid Arthritis - Revised Criteria
- Tocilizumab in Rheumatoid Arthritis - Revised Criteria
- Tocilizumab in Systemic Sclerosis Interstitial Lung Disease (ILD) – Revised Criteria
- Tofacitinib in Ankylosing Spondylitis - Revised Criteria
- Upadacitinib in Axial Spondyloarthritis - Revised Criteria
- Upadacitinib in Rheumatoid Arthritis – Revised Criteria
- Belatacept (NULOJIX) Criteria revised
- Endothelin Receptor Antagonists Criteria (separated):
  - Ambrisentan LETAIRIS Criteria Aug 2025
  - Bosentan TRACLEER Criteria Aug 2025
  - Macitentan OPSUMIT Criteria Aug 2025
- Semaglutide\_WEGOVY\_for weight management CFU Rev Aug 2025
- Tirzepatide\_ZEPBOUND\_for weight management CFU Rev Aug 2025
- Omalizumab in Asthma CFU revised
- Treprostinil Inhalation TYVASO and YUTREPIA Criteria Pulmonary Arterial Hypertension Rev Aug 2025  
Treprostinil Inhalation TYVASO YUTREPIA Criteria Pulmonary Hypertension Associated with ILD Rev Aug 2025

### **Updated documents – Clinical Recommendations**

- Weight Management Medications Clinical Recommendations Rev Aug 2025

### **Urgent/Emergent Formulary**

- COVID-19 Vaccine (mNexspike) was added to the Urgent/Emergent Formulary