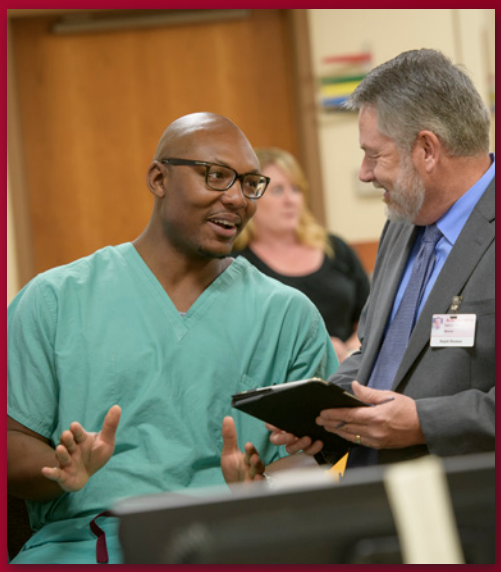
PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Pharmacy and Therapeutics (P&T) Committee Provider Update

FIRST QUARTER 2019



P&T Committee Decisions Effective March 1, 2019

The Presbyterian Health Plan, Inc., and Presbyterian Insurance Company, Inc., (Presbyterian) P&T Committee meets quarterly to promote the appropriate use of drugs, to maintain the Presbyterian formularies and to support our network of practitioners and providers. The P&T Committee met on **January 16, 2019**, and we would like to share the decisions made at the meeting that affect our formularies and pharmacy benefits.

Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Formulary Additions				
Copiktra™ (duvelisib) 15 mg, 25 mg capsules	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Daurismo™ (glasdegib) 25 mg, 100 mg tablets	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Firdapse® (amifampridine) 10 mg tablets	F, PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA, QL, SP	Tier 5, PA, QL, SP
Gamifant® (empalumab-lzsg) 2 mL, 10 mL vials	MB, PA	MB, PA	MB, PA	Tier 5, PA
Empliciti® (elotuzumab) 300 mg, 400 mg vial	MB, PA	MB, PA	MB, PA	Tier 5, PA, QL
Eucrisa® (crisaborole) 2% ointment, 60 g tube	NF	Tier 4, PA, QL	Tier 5, PA, QL	NF
Lorbrena® (lorlatinib) 25 mg, 100 mg tablets	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Libtayo® (cemiplimab-rwlc) 350 mg vial	MB, PA	MB, PA	MB, PA	Tier 5, PA
Mulpleta® (lusutrombopag) 3 mg tablets	F, PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA, QL, SP	NF
Olmesartan (generic for Benicar®) 5, 20, 40 mg tablets	F	Tier 3	Tier 4	Tier 4, ST

*Medicare formulary changes may be pending approval from Centers for Medicare & Medicaid Services (CMS).
F= Formulary, MB = Medical Benefit, ME= Medical Exception, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion

Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Formulary Additions (continued)				
Renflexis™ (infliximab-abda), 100 mg vial	MB, PA, SP	MB, PA, SP	MB, PA, SP	NF
Sofosbuvir/velpatasvir (generic for Epclusa®)	F, PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA, QL, SP	Tier 5, PA, QL, SP
Symfi™ (efavirenz/lamivudine/tenofovir DF) 600/300/300 mg tablet	F, QL	Tier 4, QL	Tier 5, QL	Tier 5
Talzenna® (talazoparib) 0.25 mg, 1 mg capsules	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Temixys™ (lamivudine/tenofovir disoproxil fumarate) 300mg/300 mg tablet	F, QL	Tier 4, QL	Tier 5, QL	Tier 5, QL
Valsartan (generic for Diovan®) 40 mg, 80 mg, 160 mg, 320 mg tablets	F	Tier 3	Tier 4	Tier 2, ST
Vizimpro® (dacomitinib) 15 mg, 30 mg, 45 mg tablets	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Xospata™ (gilteritinib) 40 mg tablet	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
New Generics – Unless otherwise noted, when a generic product becomes available, the brand-name product will be removed from the formularies.				
Abiraterone (generic for Zytiga®) 250 mg tablets	F, PA, QL, SP	Tier 4, PA, QL, SP	Tier 5, PA, QL, SP	Tier 5, PA, QL, SP
Mesalamine (generic for Canasa®) 1 g suppository	F, QL	Tier 4, QL	Tier 5, QL	Tier 4
Vardenafil (generic for Levitra®) 2.5 mg, 5 mg, 10 mg, 20 mg tablets	BE	BE (for plans that cover this benefit, T1, QL)	BE	NF
Azelaic acid (generic for Finacea®) 15% topical gel	F, ST	Tier 3	Tier 4	Tier 4
Aminocaproic acid (generic for Amicar®) 500 mg, 1 g tablet	NF	Tier 4	Tier 5	NF
Mesalamine (generic for Lialda®) 1.2 g delayed release tablet	F, ST, QL	Tier 3, ST, QL	Tier 4, ST, QL	NF
Silodosin (generic for Rapaflo) 4 mg, 8 mg capsule	NF	NF	Tier 4, ST, QL	NF
Vardenafil orally disintegrating tablets (generic for Staxyn®) 10 mg tablets	BE	BE (for plans that cover this benefit, T1, QL)	BE	NF
Testosterone gel (generic for Androgel®) 1%	F, PA, QL	Tier 1, PA, QL	Tier 2, PA, QL	NF
Testosterone gel (generic for Androgel®) 1.62%	NF	Tier 3, PA, QL	Tier 4, PA, QL	Tier 3, PA, QL
Other Formulary Changes				
Albendazole (generic for Albenza®) 200 mg tablets *PA criteria added for Centennial Care, tier increases for Commercial and Metal Level Plans.*	F, PA	Tier 4	Tier 5	Tier 5
Aspercreme® (lidocaine patch) 4% patch *Remove PA requirement for Centennial Care Plan. Will cover additional brands other than Aspercreme.*	F, QL	NF	NF	NF

*Medicare formulary changes may be pending approval from Centers for Medicare & Medicaid Services (CMS).
F= Formulary, MB = Medical Benefit, ME= Medical Exception, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion

Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Other Formulary Changes (continued)				
Atripla® (efavirenz/embricitabine/tenofovir DF) 600/200/300 mg tablet *Remove from Centennial Care, Commercial and Metal Level formularies. Symfi/Symfi Lo are preferred alternatives.*	NF	NF	NF	Tier 5
Cabergoline (generic for Dostinex®) 0.5 mg tablet *Added to all formularies.*	F, QL	Tier 1, QL	Tier 2, QL	Tier 2
Colesevelam hydrochloride (generic for Whelcol®) 625 mg tablet *Generic formulations moved to generic tiers on all formularies.*	F	Tier 1	Tier 2	Tier 3
Colesevelam hydrochloride (generic for Whelcol®) 3.75 g packet *QL added to Centennial Care, moved to specialty tier on Commercial and Metal Level formularies.*	F, QL	Tier 4, QL	Tier 5, QL	Tier 3
Famciclovir (generic for Famvir®) 125 mg, 250 mg, 500 mg tablets *Step therapy added to Centennial Care. Tiers increased for Commercial and Metal Level Plans.*	F, ST	Tier 3	Tier 4	Tier 2
Invokamet® (canagliflozin) 50/500 mg, 150/500 mg, 50/1000 mg, 150/1000 mg tablets *Remove from Centennial Care, Commercial and Metal Level plans.*	NF	NF	NF	Tier 4, ST, QL
Invokamet XR® (canagliflozin/metformin) 50/500 mg, 150/500 mg, 50/1000 mg, 150/1000 mg tablets *Remove from Centennial Care, Commercial and Metal Level plans.*	NF	NF	NF	Tier 4, ST, QL
Latuda® (lurasidone) 20 mg, 40 mg, 60 mg, 80 mg, 120 mg tablets *Added to Centennial Care Plan formulary.*	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Lenvima® (lenvatinib) 4 mg, 10 mg, 14 mg, 20 mg dosing packs *Added all dosing packs to formularies.*	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Mesnex® (mesna) 400 mg tablets *Increase tier on Commercial, Metal Level and Medicare formularies.*	NF	Tier 4	Tier 5	Tier 5
Remicade® (infliximab), 100 mg/vial *NF on Commercial and Metal Level plans for all indications except Pediatric Ulcerative Colitis (UC) and Juvenile Rheumatoid Arthritis (JRA). Renflexis will be formulary preferred infliximab product on Centennial Care.*	MB, PA, SP* *Covered for pediatric UC and JRA	MB, PA, SP *Covered for pediatric UC and JRA	MB, PA, SP *Covered for pediatric UC and JRA	Tier 5, PA
Renflexis™ (infliximab-abda), 100 mg/vial *Added to Commercial and Metal Level formularies.*	MB, PA, SP	MB, PA, SP	MB, PA, SP	NF
Valacyclovir (generic for Valtrex®) 500 mg, 1000 mg tablet *Add to Centennial Care with step therapy. Tiers increased on Commercial and Metal Level plans.*	F, ST	Tier 3	Tier 4	Tier 4

*Medicare formulary changes may be pending approval from Centers for Medicare & Medicaid Services (CMS).
F= Formulary, MB = Medical Benefit, ME= Medical Exception, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion

Drug Name	Centennial Care	Commercial	Metal Level Plans	Medicare*
Other Formulary Changes (continued)				
Xigduo® XR (generic for dapagliflozin/ metformin extended release) 2.5/1000 mg, 5/500 mg, 2.5/1000 mg, 5/1000 mg, 10/1000 mg tablets *Remove from Centennial Care formulary, increase tier on Commercial and Metal Level plans.*	NF	Tier 3, ST, QL	Tier 4, ST, QL	Tier 3, ST, QL
Xyrem® (sodium oxybate) 500 mg/mL oral solution *PA criteria updated.*	F, PA, QL	Tier 4, PA, QL	Tier 5, PA, QL	Tier 5, PA, QL
Zytiga® abiraterone acetate) *Remove 500 mg tablets from all formularies.*	NF	NF	NF	NF

*Medicare formulary changes may be pending approval from Centers for Medicare & Medicaid Services (CMS).
F= Formulary, MB = Medical Benefit, ME= Medical Exception, NF = Non-Formulary, PA = Prior Authorization Required, QL = Quantity Limits Apply, SP = Specialty Pharmacy Mandated, ST = Step Therapy Required, AL = Age Limit, BE = Benefit Exclusion

Please use the approved formulary when prescribing drugs and choose the best, most cost-effective drug and dosage form to treat your patient's health condition or disease. Please follow the utilization management restrictions for each drug to promote patient safety, therapeutic outcomes and to manage costs. You can find Presbyterian formularies and updates, including utilization management restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences online at: https://www.phs.org/providers/formularies/Pages/default.aspx.

Current and past issues of the Pharmacy & Therapeutics (P&T) Committee Provider Updates are available online at https://www.phs.org/providers/contact-us/news-and-communications/Pages/default.aspx.

Providers must register with Presbyterian to receive the Pharmacy & Therapeutics (P&T) Committee Provider Update via email. Presbyterian eNews registration is located at https://www.phs.org/providers/contact-us/news-and-communications/Pages/default.aspx.

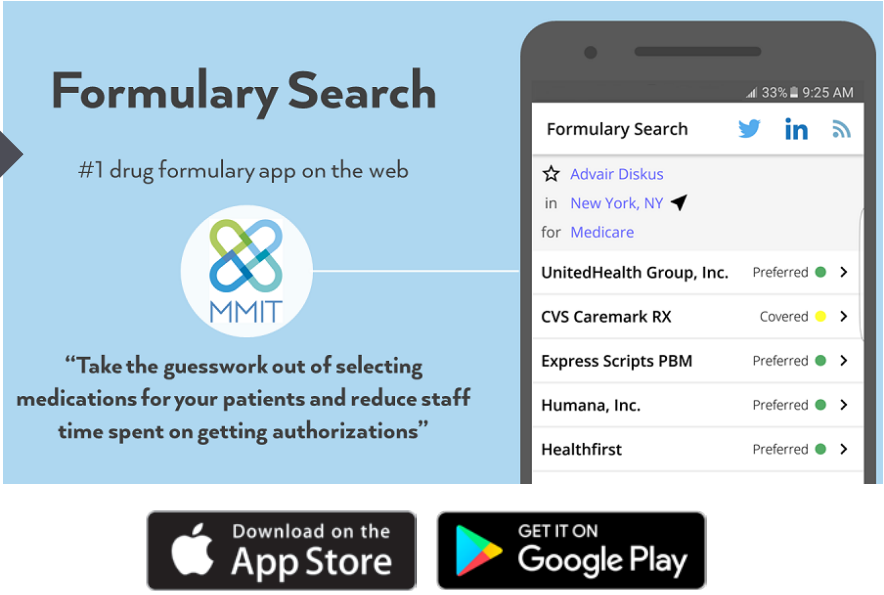
The Universal Practitioner and Provider Manual and the Centennial Care Practitioner and Provider Manuals are also available online at https://www.phs.org/providers/resources/training-education/Pages/outreach.aspx and include information about pharmacy benefits, the prior authorization process, generic substitution and requesting non-formulary medications based on medical necessity. A printed copy of the Centennial Care Practitioner and Provider Manual is available at no cost from Presbyterian by contacting your Provider Network Management relationship executive.

Requests for Formulary Additions, Deletions or Modifications

Use the **Formulary Addition Request form** to request medication additions, deletions or other changes to the Presbyterian formularies. Complete and submit the form to the ASK PHP P&T mailbox at askphppt@phs.org. The form can be accessed at: http://docs.phs.org/idc/groups/public/documents/communication/pel_00251399.pdf.

Formulary Search App

As a reminder, Presbyterian formularies are also accessible through the Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or passwords are required. Search from your desktop at www.FormularyLookup.com or download the free app today.



Presbyterian Health Plan Formularies

Presbyterian Health Plan (Presbyterian) strives to give our providers access to the information and support they need. One way we do this is by providing information on medications that are covered by the plan. Presbyterian formularies may be accessed in the following ways:

- **New for 2019!** Searchable formularies will soon be available at: www.phs.org/providers/formularies/Pages/default.aspx. You may search for a drug using this tool by viewing an alphabetical list of drugs, searching by drug name or searching by therapeutic class. You may also find out if a covered drug has any restrictions by clicking on the link for the drug.
- Providers can also find PDF versions of Presbyterian formularies and updates, including restrictions (e.g., quantity limits, step therapy and prior authorization criteria) and preferences, online at the webpage noted above.
- Presbyterian formularies may also be accessed using the Managed Markets Insights & Technology, LLC (MMIT) Formulary Search App. No registration, username or password required. Search from your desktop at www.FormularyLookup.com or download the free mobile app from the App Store or Google Play.

For questions about the formulary coverage of medications, call the Presbyterian's Pharmacy Services Help Desk at (505) 923-5500 or toll-free at 1-888-923-5757. Help Desk business hours are Monday through Friday from 8 a.m. to 5 p.m. You may also contact us via email at ASKRX@phs.org. The email box is monitored during regular business hours (Monday through Friday from 8 a.m. to 5 p.m.) and one of our clinical pharmacists will respond to your inquiry within one business day.

ANNOUNCEMENT

Concurrent Drug Utilization Edits for Opioid Medications

In response to the nationwide opioid crisis, Presbyterian is strengthening its efforts to prevent opioid misuse. We are implementing new safety edits for initial prescription fills and high morphine equivalent doses as well as increasing the refill threshold for controlled substance prescriptions. These safety edits are based on the Centers for Disease Control & Prevention (CDC) guidelines for safe and appropriate use of opioids. The CDC guidelines may be accessed at: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm.

(continued on next page)

(continued from previous page)

The following safety edits will be applied to prescription fills for Centennial Care, Commercial and Metal Level Plan members:

- MEDLIMIT: Treatment experienced cumulative daily opioid morphine milligram (MME) equivalent ≥ 90 mg
- MEDLIMIT: Treatment naïve cumulative daily opioid MME ≥ 50 mg
- MEDLIMIT: Treatment naïve must try short-acting opioid before a long-acting opioid
- MEDLIMIT: Treatment naïve limited to a seven-day supply

These safety edits will be soft rejects that may be overridden by the dispensing pharmacist after outreach to the prescriber and/or review of member's medication history for clinical appropriateness. In addition to these safety edits the refill window will be narrowed for all CII-CV drugs to a 90 percent threshold at retail pharmacies and 80 percent at mail order pharmacies.

The following safety edits will be applied to prescription fills for Medicare Plans:

- MEDLIMIT: Treatment experienced and treatment naïve cumulative daily opioid morphine milligram (MME) equivalent ≥ 90 mg. This will be a soft reject that the dispensing pharmacist may override if appropriate.
- MEDLIMIT: Treatment naïve limited to a seven-day supply. This will be a hard reject in which a prior authorization will be required. Dynamic prior authorizations can be entered by the dispensing pharmacist at the point of sale for exempt members (i.e., cancer diagnosis) or for members with documented opioid claim history.
- OVERLAP Long-Acting Opioid Duplicate Therapy: This edit identifies overlapping claims for long-acting opioids where the member is not changing doses.

In addition to the safety edits noted above, the refill window for Medicare members filling CII-CV opioid medications will be narrowed to 90 percent for prescriptions filled through retail, mail order and long-term care pharmacies. A maximum 30-day supply of opioid and benzodiazepine medications will be dispensed per prescription fill.

Food and Drug Administration (FDA) Alerts from September 2018 to December 2018

For a full list of FDA alerts and additional information, see the FDA website at: http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts.

1. **Voluntary Recall on Robaxin tablets manufactured by Endo Pharmaceuticals [9/28/2018]:** The products have been found to have incorrect daily dosing information on the label due to a labeling error which misstates the daily dose as "two to four tablets four times daily" rather than the correct dosage of "two tablets three times daily." Patients who follow the directions on the bottle may experience significant drowsiness or dizziness which would put them at risk of falls or an overdose which could result in seizures, coma or death.
   Response by Presbyterian Health Plan: Inform providers in the P&T newsletter.

2. **Voluntary Recall on Irbesartan tablets manufactured by ScieGen Pharmaceuticals, Inc. [10/30/2018]:** These products are being recalled due to the presence of an impurity, N-nitrosodiethylamine (NDEA), contained in the API Irbesartan, USP, manufactured by Aurobindo Pharma Limited. This impurity, which is a substance that occurs naturally in certain foods, drinking water, air pollution and industrial processes, has been classified as a probable human carcinogen as per the International Agency for Research on Cancer (IARC). Irbesartan Tablets, USP 75 mg, 150 mg and 300 mg were manufactured by ScieGen Pharmaceuticals Inc. and are labeled as Westminster Pharmaceuticals and Golden State Medical Supply, Inc.
   Response by Presbyterian Health Plan: Inform providers in the P&T newsletter.

3. **Voluntary Recall on Ortho-Novum 1/35 and Ortho-Novum 7/7/7 manufactured by Janssen. [11/2/2018]:** The patient information provided inside affected packages of ORTHO-NOVUM® does not include the appropriate instructions for the Veridate® dispenser. The potential risk of taking ORTHO-NOVUM® without the appropriate instructions for correct use of the Veridate® dispenser pack is that the consumer could take the pills in the incorrect order (still receiving an effective dose) or could take an inactive "reminder" pill instead of an "active" pill which could lead to breakthrough bleeding or an unintended pregnancy.
   Response by Presbyterian Health Plan: Inform providers in the P&T newsletter.

4. **Voluntary Recall on generic losartan/hydrochlorothiazide manufactured by Sandoz [11/8/2018]:** Sandoz Inc. is voluntarily recalling one lot of Losartan Potassium Hydrochlorothiazide Tablets, USP 100mg/25mg, to the consumer level. This product is being recalled due to the trace amount of an impurity, N-nitrosodiethylamine

(NDEA), contained in the API Losartan, USP, manufactured by Zhejiang Huahai Pharmaceutical Co. Ltd. Sandoz Inc. Losartan Potassium Hydrochlorothiazide product is manufactured by Lek Pharmaceuticals d.d., Ljubljana, Slovenia. This impurity, which is a substance that occurs naturally in certain foods, drinking water, air pollution and industrial processes, has been classified as a probable human carcinogen as per the International Agency for Research on Cancer (IARC).
Response by Presbyterian Health Plan: Inform providers in the P&T newsletter. Members with claims for losartan/hydrochlorothiazide received a letter from Presbyterian Health Plan.

5. **Gilenya (fingolimod) Drug Safety Communication- Severe Worsening of Multiple Sclerosis After Stopping the Medicine [11/20/2018]:** The FDA is warning that when the multiple sclerosis (MS) medicine Gilenya (fingolimod) is stopped, the disease can become much worse than before the medicine was started or while it was being taken. This MS worsening is rare but can result in permanent disability. Healthcare professionals should inform patients before starting treatment about the potential risk of severe increase in disability after stopping Gilenya, observe patients for evidence of an exacerbation of their MS and treat appropriately when Gilenya is stopped, test for new or enhancing lesions by magnetic resonance imaging (MRI) if an increase in disability occurs and begin appropriate treatment as needed, and encourage patients to read the patient Medication Guide they receive with their Gilenya prescriptions, which explains the benefits and risks of the medicine. Patients should contact their health professional immediately if they experience new or worsened symptoms such as: weakness, trouble using arms or legs, and changes in thinking, eyesight or balance. Patients should not stop taking the medicine on their own and should speak to their health professional first, as stopping treatment can lead to worsening MS symptoms. If there are adverse events or side effects, healthcare professionals and patients are encouraged to report to the FDA's MedWatch at www.fda.gov/MedWatch/report.
Response by Presbyterian Health Plan: Inform providers in the P&T newsletter.

6. **Voluntary Recall on generic valsartan, valsartan/hydrochlorothiazide and amlodipine/valsartan tablets manufactured by Mylan [initial: 11/20/2018, expanded 12/4/2018]:** Mylan is conducting a voluntary nationwide recall to the consumer level of all lots of Valsartan-containing products. These products are being recalled due to detected trace amounts of an impurity, N-nitrosodiethylamine (NDEA), contained in the API Valsartan, USP, manufactured by Mylan Laboratories Limited. NDEA is a substance that occurs naturally in certain foods, drinking water, air pollution and industrial processes and has been classified as a probable human carcinogen according to the International Agency for Research on Cancer (IARC).
Response by Presbyterian Health Plan: Inform providers in the P&T newsletter. Members with claims for valsartan, valsartan/hydrochlorothiazide and amlodipine/valsartan tablets received a letter from Presbyterian Health Plan.

7. **Voluntary Recall of Amlodipine/Valsartan Combination Tablets and Amlodipine/Valsartan/Hydrochlorothiazide tablets manufactured by Teva [11/27/2018]:** Teva Pharmaceuticals has initiated a voluntary recall in the United States, to the patient level, of all lots of Amlodipine/Valsartan combination tablets and Amlodipine/Valsartan/Hydrochlorothiazide combination tablets due to an impurity detected above specification limits in an active pharmaceutical ingredient (API) manufactured by Mylan India. The impurity found in Mylan's valsartan API is known as N-nitroso-diethylamine (NDEA), which has been classified as a probable human carcinogen. This chemical is typically found in very small amounts in certain foods, drinking water, air pollution and certain industrial processes.
Response by Presbyterian Health Plan: Inform providers in the P&T newsletter. Members with claims for Amlodipine/Valsartan Combination Tablets and Amlodipine/Valsartan/Hydrochlorothiazide received a letter from Presbyterian Health Plan.

8. **Fluoroquinolone Antibiotics: Safety Communication - Increased Risk of Ruptures or Tears in the Aorta Blood Vessel in Certain Patients [12/20/2018]:** FDA review found that fluoroquinolone antibiotics can increase the occurrence of rare but serious events of ruptures or tears in the main artery of the body, called the aorta. These tears, called aortic dissections or ruptures of an aortic aneurysm, can lead to dangerous bleeding or even death. They can occur with fluoroquinolones for systemic use given by mouth or through an injection. Per the FDA, avoid prescribing fluoroquinolone antibiotics to patients who have an aortic aneurysm or are at risk for an aortic aneurysm, such as patients with peripheral atherosclerotic vascular diseases, hypertension, certain genetic conditions such as Marfan syndrome and Ehlers-Danlos syndrome, and elderly patients; prescribe fluoroquinolones to these patients only when no other treatment options are available; advise all patients to seek immediate medical treatment for any symptoms associated with aortic aneurysm; stop fluoroquinolone treatment immediately if a patient reports side effects suggestive of aortic aneurysm or dissection. If there are adverse events or side effects, healthcare professionals and patients are encouraged to report to the FDA's MedWatch at www.fda.gov/MedWatch/report.
Response by Presbyterian Health Plan: Inform providers in the P&T newsletter.

PRESBYTERIAN

Presbyterian Health Plan, Inc.
Provider Network Management
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

PRESRT STD
U.S. Postage
PAID
Albuquerque, NM
Permit No. 1971

Contact Us

The changes to our formularies are based on requests from our practitioners/providers and by the recommendations of the P&T Committee. We value your input. If you have any questions or concerns, please email the ASK PHP P&T mailbox at askphppt@phs.org.