

**Enterprise P&T Meeting
Committee Meeting Minutes
February 1, 2016**

Voting Members Present

Greg Barabell, MD	Don Cooper, RPh	Jeffrey Kreitman, PharmD	Kirby Smith, MD
David Batluck, DO	Rogers Elebra, PharmD	Markus Kruesi, MD	Larry Warner, MD
Donald Beam, MD	Jason Gallagher, PharmD	Jay Messeroff, RPh	Wayne Weart, PharmD
John Floyd Brinley, MD	Glenn Hamilton, MD	Andrew Peterson, PharmD	Arthur Williams, MD
William Burnham, MD	Fred Hill, MD	David Petkash, MD	Rodney Wise, MD

Excused Voting Members

Michael Baer, MD	Stuart Hamilton, MD	Lynda Roberts, MD
John Dragannescu, MD	Lily Higgins, MD	Monir Shalaby, MD
Joel Fruge, PharmD	Lavdena Orr, MD	

Invited Guests Present

Linda Albandoz, NCPHT - PRx	Rebecca Engleman, Mkt Pres - SC	James King, CPhT - Reg 1	Raina Sanjak - BCC
Norbert Becker, RPh - PRx	Bert Gilliam, Acct Mgmt - PRx	Paul Knecht, PharmD - LA DHH	Jennifer Schonhorst, PharmD
Christine Carter, RPh - PRx	Stacey Hannigan, RPh - PRx	Kelly Martin, PharmD - Reg 1	Kyle Viator, Mkt Pres - ACLA
Heidi Chan, Mkt Pres - BCC	Jennifer Harmon, PharmD - PRx	Chris Meny, RPh - BCC	Melwyn Wendt, PharmD - LA DHH
Mayank, Dalal, MD PerformCare	Matthew Hassel, Acct Mgmt - PRx	Patty Oaster, Acct Mgmt - PRx	Doug Wood, Acct Rep - ViiV
Patrick DeHoratius, PharmD - PRx	Jamila Jordan, PharmD - PRx	Jeanine Plante, PharmD - ACLA	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Call to Order	The meeting was called to order at 6:08PM EST	Informational Only		Dr. Glenn Hamilton
Conflict of Interest Disclosures	Dr. Hamilton asked if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item.	No conflicts were disclosed		Dr. Glenn Hamilton
Welcome New and Existing Committee Members	Dr. Hamilton welcomed new committee members and guests.	Informational Only		Dr. Glenn Hamilton
BCC Consensus Formulary Update	As of January 16 th the RFP called for the development of a common formulary referred to as the Consensus Formulary for the state of Michigan. The formulary list has been created and finalized. The prior authorization and clinical edits should be completed by the middle of this month. The formulary list was sent to PerformRx so that they can start the project plan on implementing the formulary. The state also provided a drafted bulletin with the transitional process.	Except for one item, BCC will abstain from any formulary changes at this time due to the implementation of the Michigan Consensus Formulary.		Dr. Donald Beam

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Review of last P&T Minutes	Jay Messeroff asked if there were any corrections or updates to the minutes from 11/3/15.	Committee approved set of minutes as presented	20-0	Approved minutes to be signed by P&T Meeting Chairman (Dr. Burnham).
Old Business:				
Spiriva RespiMat	PerformRx made the following recommendations: Add Spiriva Respimat 1.25mcg inhaler (new indication) to all plans with an age requirement of 12 years and older.	Committee approved as recommended.	20-0	PerformRx will update the formulary/PDL with any changes.
ARB-Neprilisyn Inhibitor (Entresto)	PerformRx made the following recommendation: No change. Entresto will remain non-formulary for all plans.	Committee approved as recommended.	20-0	None Necessary.
Diovan/Diovan-HCT	PerformRx made the following recommendation: <ul style="list-style-type: none"> • No changes at this time • Bring back the entire ARB class at a future meeting 	Committee approved as recommended.	20-0	None Necessary.

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Brilinta – Platelet Aggregation Inhibitors	PerformRx made the following recommendation: <ul style="list-style-type: none"> No change to current plan formulary listings 	Committee approved as recommended.	20-0	None Necessary.
PCSK-9 Inhibitors	PerformRx made the following recommendation: <ul style="list-style-type: none"> Approval of prior authorization criteria as presented for all LOBs. Approval of the updated Crestor criteria 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
New Business				
Therapeutic Class (includes PA Criteria if applicable)				
Agents for Opioid Dependence	PerformRx made the following recommendations: <ul style="list-style-type: none"> The approval of the updated criteria and no changes to the current formulary status of any of the items in this class. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Diabetic Testing Strips- NF use	PerformRx made the following recommendation: <ul style="list-style-type: none"> No changes to the formulary status of these products. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Second Generation Antihistamine Agents	PerformRx made the following recommendations: <ul style="list-style-type: none"> Remove Loratadine 5mg orally disintegrating tablets from the formulary for Select Health. Approval of the 2nd Generation Antihistamine prior authorization criteria 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Growth Hormone Agents	PerformRx made the following recommendations: <ul style="list-style-type: none"> No changes to the current criteria. Humatrope will remain exclusive preferred agent. For Select Health, convert members not currently on Humatrope to this preferred product. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Hepatitis B Treatment Agents	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Remove Baraclude Oral Solution from formulary/PDL and apply PA criteria. • Apply to PA Criteria to DC • Remove from LA and SC and list as NF w/PA. • Remove Tyzeka Tablets from LA and SC formulary. • Approve the Hepsera Prior Authorization Criteria with no changes. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Alzheimer Treatment Agents	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Remove Namenda Oral Solution from LA and SC formulary. • Namenda XR to be removed from DC and PA formularies. 	Committee approved as recommended.	20-0	PerformRx will update the formulary/PDL with any changes.
Pulmonary Arterial Hypertension	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Approve the updated prior authorization criteria documents. • Remove the inhalation/injectable infusible agents for the Pennsylvania LOBs: <ul style="list-style-type: none"> ○ Flolan, Remodulin, Revatio IV Solution, Tyvaso, Ventavis, and Veletri. • Keep Uptravi as non-formulary 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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	for all LOB's.			
Low-Molecular Weight Heparins	PerformRx made the following recommendations: Apply the current PA Criteria (no changes) across all lines of business, PA, DC, LA and SC	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
DPP-IV Inhibitors	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Onglyza and Kombiglyze XR to be removed from formulary for PA, DC, LA and SC. • Jentaducto and Tradjenta to be removed from formulary PA and DC. • Approve the newly developed DPP-IV prior authorization criteria. • Retire the Oral Diabetic Agents Criteria for PA and DC. (The remaining agents in these criteria –Starlix (nateglinide) and Juvisync (sitagliptin/simvastatin) are non-formulary agents or no longer available, requests can be addressed via non-formulary criteria for nateglinide.) • Remove the references to DPP- 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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	<p>IV agents from the Diabetic Oral Agents PA Criteria for LA and SC and update the existing prior authorization criteria accordingly.</p>			
<p>Injectable- Infusible Multiple Sclerosis Agents</p>	<p>PerformRx recommends:</p> <ul style="list-style-type: none"> • Making Plegridy®/ Plegridy® Pen, along with Copaxone® 40 mg, the preferred products within this class. Members on Avonex®/Avonex® Pen will not be grandfathered and will be converted to the preferred product, Plegridy®/ Plegridy® Pen. • Approve the updated prior authorization criteria for the Self-Injectable Disease Modifying Immunomodulators for Multiple Sclerosis (MS), Lemtrada®, and Tysabri®. 	<p>Committee approved as recommended</p>	<p>20-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Single Product Reviews (includes PA Criteria if applicable):</p>				
<p>Makena</p>	<p>PerformRx made the following recommendation:</p> <ul style="list-style-type: none"> • Add specific PA authorization criteria to Makena where permissible (Non-formulary w/PA). 	<p>Committee approved as recommended.</p>	<p>20-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Evzio	<p>PerformRx made the following recommendation:</p> <ul style="list-style-type: none"> • Evzio remain non-formulary for all plans and apply specific non-formulary PA Criteria for Evzio. • Discussion about the price listed for Evzio being either per unit or price per package size. Information on the price per package given during the meeting. 	<p>Committee approved as recommended. Need to bring info on packaging to next meeting</p>	20-0	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
Diclegis	<p>PerformRx made the following recommendations:</p> <ul style="list-style-type: none"> • The adoption of the new prior authorization criteria for Diclegis for all lines of business. PerformRx also recommends to • Add Diclegis® to the formulary with Prior Authorization for PA and DC. • Replace the step therapy edit on Diclegis® with Prior Authorization for LA and SC. • Allow all current members on Diclegis to continue their treatment through grandfathering logic and apply the prior authorization requirement to new starts. 	<p>Committee approved as recommended.</p>	20-0	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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DDAVP – MI only	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Adding BCC-only prior authorization criteria for DDAVP (desmopressin) nasal spray for BCC. • No changes are recommended for the formulary status or prior authorization criteria for DDAVP agents for PA, DC, LA and SC. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
New Products Reviews:				
	A review of new drugs was presented with the recommendation to keep them non-formulary at this time except for notations listed. As always, state specific requirements may affect the processing of these agents. Prescribers can request these drugs through the prior authorization process: <ul style="list-style-type: none"> • Rexulti- do not add • Praluent- do not add (note: created new criteria in 2015 to address appropriate use). • Daklinza-remain NF with PA • Technivie-remain NF with PA • Hycofenix- do not add • Synjardy-do not add 	Committee approved as recommended.	20-0	PerformRx will update the formulary/PDL with any changes.

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	<ul style="list-style-type: none"> • Repatha Sureclick/syringe-do not add (note: created new criteria in 2015 to address appropriate use) • Envarsus XR-do not add • Zarxio- do not add (updated criteria for WBC stimulators in November to address this item). • Addyi-do not add • Odomzo-do not add • Aristada-do not add • Varubi-do not add • Praxbind-do not add • Tresiba Flextouch-do not add • Nuwiq-do not add • Onivyde-do not add • Yondelis-do not add • Imlygic-do not add • Strensiq-do not add • Seebri Neohaler-do not add • Utibron Neohaler-do not add • Cotellic-do not add • Genvoya-add for ACLA only • Nucala-do not add • Viberzi-do not add • Tagrisso-do not add • Darzalex-do not add • Standard Rye Grass Pollen-do not add • Veltassa-do not add • Adynovate-do not add 			

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	<ul style="list-style-type: none"> • Coagadex-do not add • Ninlaro-do not add • Empliciti-do not add • Alecensa-do not add • Portrazza-do not add 			
Prior Authorization Criteria Review				
Specialty annual review:				
Alpha-1 Proteinase Inhibitors (Aralast)	PerformRx make the following recommendations to the current criteria: <ul style="list-style-type: none"> • Addition of Pulmonary Function Tests for initial approval • Documentation that patient is non-smoker or ex-smoker • Documentation of patient's weight 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Anaplastic Lymphoma Kinase (ALK) Tyrosine Inhibitors for Non-Small Cell Lung Cancer	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Anti-PD 1 Monoclonal Antibodies (Keytruda/Opdivo)	PerformRx made the following recommendations: <ul style="list-style-type: none"> • Addition of documentation of prior treatment history for NSCLC and advanced renal cell 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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	carcinoma <ul style="list-style-type: none"> • Addition of documentation of FDA approved testing of tumor for NSCLC. • Removal of requirement of trial and failure of Yervoy for unresectable or metastatic melanoma. 			
Fuzeon	PerformRx made the following changes: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Gonadotropin Releasing Hormone Agonists (GnRH)	PerformRx made the following changes: <ul style="list-style-type: none"> • Approve endometriosis indications from 3 to 6 months. • Add if diagnosis is HER2 positive for breast cancer and request is for Zoladex, no trial of another GnRH agonist is required. • For diagnosis of endometriosis, documentation of trial and failure with conservative treatment for approval (i.e. analgesics, oral contraceptives). • For reauthorization with diagnosis of fibroids, documentation that medication is being used prior to surgery. • For reauthorization with 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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	diagnosis of central precocious puberty, documentation of current height and bone age (every 6-12 months)			
Hyaluronic Acid Derivatives	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Cystic Fibrosis	PerformRx made the following changes: <ul style="list-style-type: none"> • Initial coverage duration for Kalydeco and Orkambi from 6 to 3 months. • Documentation includes baseline FEV1 for Kalydeco and Orkambi requests. • Documentation of labs from 60 days to 90 days of request. • Continuation of therapy documentation including repeat FEV1 and labs, and clinical benefit 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Kuvan	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Novoseven (applies to Keystone Mercy only)	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Injectable Bisphosphonates and Skeletal-Related Medications	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Gender Dysphoria PA Criteria	<ul style="list-style-type: none"> • After discussion about requiring a Psychiatrist evaluation as part of the criteria, Jeff Kreitman brought up that a psychiatric evaluation is already a part of the standard of care for these members and Dr. Hamilton mentioned there is a case management program (including psychiatric evaluation) in place for these members as well. Therefore, no changes are needed. • The criteria applies only to AHDC. 	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-specialty annual review:				
Anzemet (Dolasetron) Tablets	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Bactroban Nasal	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Banzel	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Butrans	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Danocrine	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Diamox Sequel	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Dostinex	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Elidel	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Kytril	PerformRx made the following changes: Remove references to the oral solution formulation as it is no longer available.	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Mepron	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
OxyContin	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Pulmicort Respules	PerformRx made the following recommendation: No changes	Committee approved as recommended.	20-0	PerformRx will update the criteria and formulary/PDL with any changes.
Recalls	James provided a follow up on the Auvi-Q recall. He informed the committee that letters were sent out to the affected members and physicians. No other non-lot level recalls requiring patient notification were seen at this time.	Informational Only		James King and Jeff Kreitman-ongoing.

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Adjournment	The meeting adjourned at 7:24 PM EST	n/a		The next meeting is April 25, 2016 from 6:00 PM- 8:00 PM.

Glenn Hamilton, MD - Chair

Date