

**Enterprise P&T Meeting
Committee Meeting Minutes
April 30, 2018**

Voting Members Present

David Batluck, DO	Gus Geraci, MD	Chris Meny, RPh	Andrew Peterson, PharmD	Rodney Wise, MD
Donald Beam, MD	Glenn Hamilton, MD	Jay Messeroff, RPh	David Petkash, MD	
William Burnham, MD	Fred Hill, MD	Kendra Michael, M	Jeanine Plante, PharmD	
Kirt Caton, MD	Jeffrey Kreitman, PharmD	Betty Muller, MD	Kirby Smith, MD	
Don Cooper, RPh	Markus Kruesi, MD	Lavdena Orr, MD	Wayne Weart, PharmD	
Rogers Elebra, PharmD	Susan McAllister, MD	Eric Peters, PharmD	Rani Whitfield, MD	

Excused Voting Members

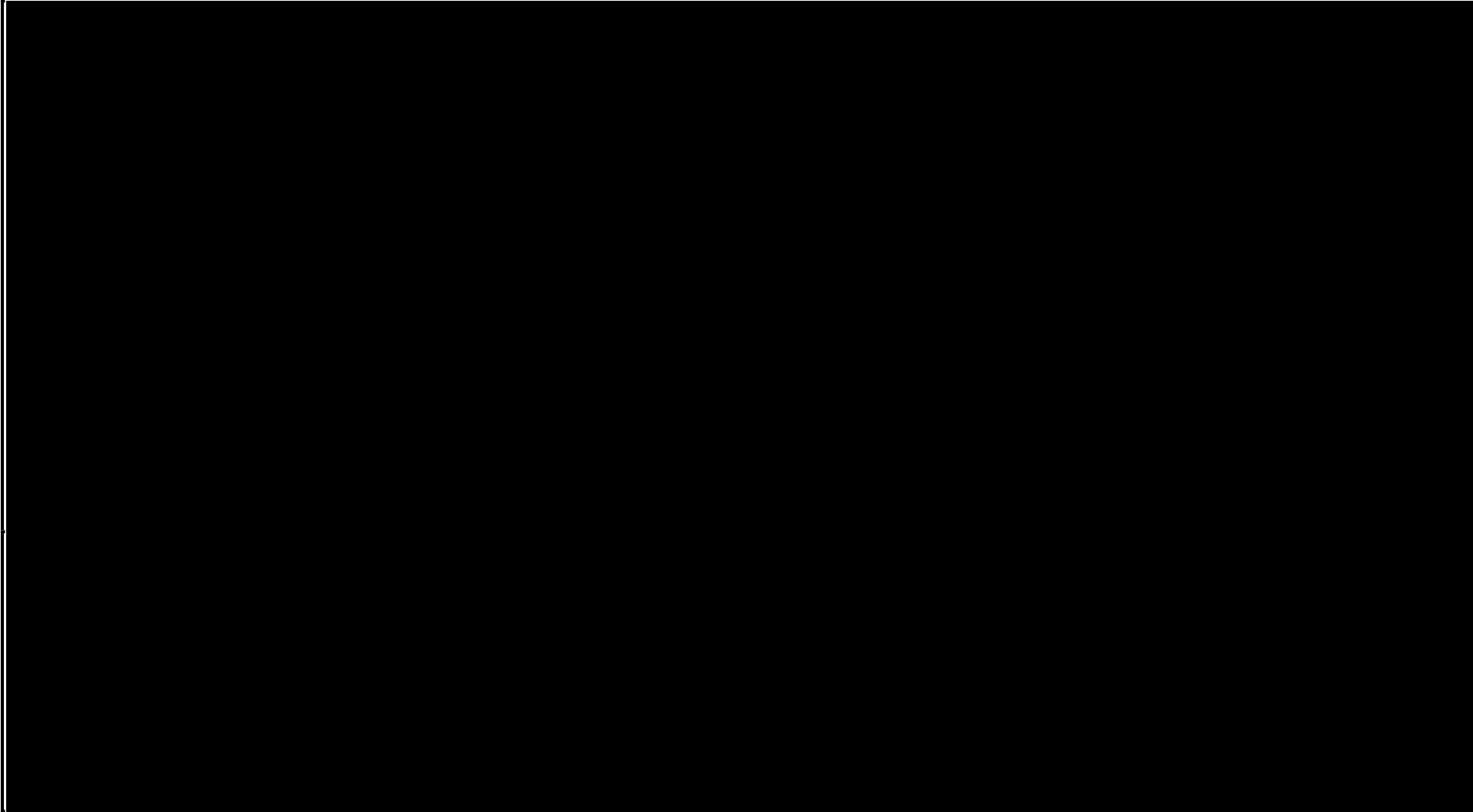
John Floyd Brinley, MD	Lily Higgins, MD	Melissa Rooney, RN
Jen Devinney, PharmD	Parul Mistry, MD	Rajiv Vyas, MD

Invited Guests Present

Linda Albandoz, NCPHt - PRx	April Holly - LDH	Kelly Martin, PharmD	Paul Larry, DMD Corp Dental Director
Kathleen Clement, Administrative- PRx	Matt Hassel, Administrative- PRx	Lauren Megargell, PharmD-PRx	Mariel Shull, PharmD-PRx
Mike Colvin, PharmD	Jamila Jorden, PharmD - PRx	Tim Melancon, Sparks Therapeutics	Devon Trumbower, PharmD-PRx
Tracy Davis, PharmD -DC	Paul Knecht, PharmD	Holly Moreau, Prestige	Calla Vodoor – PharmD
Patrick DeHoratius, PharmD - PRx	Lanaye Lawyer, MD	Michelle Murphy, PharmD Pharmacy Director	Melwyn Wendt, PharmD
Fury Fecondo, PharmD	Shalis. Lightner, Pharmacy Manager	Herbert Peeples, PharmD	

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:00 PM EST. Dr. Burnham welcomed all new of our external and internal participants.	Informational Only		Dr. William Burnham
2. Conflict of Interest Disclosures	Dr. Burnham if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item.	Informational Only		Dr. William Burnham
4. Review of last P&T Minutes	Kelly Martin asked if there were any corrections or updates to the minutes from January 29, 2018. Attendee Correction: Mel Wendt from LDH instead of Doug Wendt from Merck	Informational Only		Kelly Martin
5. Proxy Minutes	Proxy email sent 2/20/2018	Informational Only		Kelly Martin

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
6. Old Business				
Inhaled Corticosteroids (ICS)	<p>PerformRx makes the following recommendation: Remove Dulera from the formulary for KF/AHC/AHN/ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>a. Members 9 years of age or older currently on this product will be converted to either Breo Ellipta or generic Airduo Respiclick. b. Members 8 years of age or younger will be allowed to obtain Dulera without the need of a prior authorization</p> <p>Make no other changes to the formulary status of any other products within this class.</p>	Committee approved as recommended	25-0	
GLP-1 Agonists	<p>PerformRx makes the following recommendation:</p> <p>Add Ozempic to the formulary for KF/AHC/AHN/ [REDACTED] [REDACTED] [REDACTED] [REDACTED] with a step therapy requirement of a prior trial of a metformin product.</p> <p>Remove Victoza from the formulary for KF/AHC/AHN/ [REDACTED] [REDACTED] [REDACTED] [REDACTED]. No indefinite grandfathering, with members currently on Victoza converted to either Trulicity or Ozempic.</p> <p>[REDACTED]</p> <p>Make no other changes to the formulary status of any other product in this class.</p>	<p>Add Ozempic KF/AHC/AHN/ [REDACTED] [REDACTED] [REDACTED] [REDACTED] formulary with step therapy.</p> <p>Add to ACLA formulary with no step therapy</p>	25-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
				

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Cystic Fibrosis Oral Agents PA Criteria	<p>PerformRx makes the following recommendation: Approve the oral cystic fibrosis criteria with the addition of Symdeko for KF/AHC/AHN, [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Lemtrada	<p>PerformRx makes the following recommendation: Approve the updated prior authorization criteria for KF/AHC/AHN, [REDACTED] with the removal of ECG requirement as it is no longer recommended in labeling.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

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7. New Business				
Opioid containing cough/cold medication age limits	<p>PerformRx makes the following recommendation: Add the age limits listed below to KE/AHC/ [REDACTED] AHN, [REDACTED]</p> <p>a. Codeine products in combination with antihistamines or decongestants (i.e. promethazine with codeine, guaifenesin with codeine etc.)- change the age limit from 12 years of age, to only allowing these products to pay in members 18 years of age and older.</p> <p>b. Hydrocodone products in combination with antihistamines or decongestants (i.e. Tussionex)- Add an age limit only allowing it to pay in members 18 and older products.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes

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8. Drug Reviews Therapeutic Classes:				
Oral Antihistamine Agents	<p>PerformRx makes the following recommendation: Removing promethazine vials from the formulary for KF/AHC/AHN [REDACTED]</p> <p>Removing clemastine from the formulary for KF/AHC/AHN [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Selective serotonin Reuptake Inhibitors	<p>PerformRx makes the following recommendation: [REDACTED]</p> <p>Remove Lexapro solution from formulary with indefinite grandfathering for KF/AHC/AHN [REDACTED]</p> <p>[REDACTED]</p> <p>Remove Celexa solution from formulary with indefinite grandfathering for KF/AHC/AHN [REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
Contraceptive Devices Condoms/Diaphragms	<p>PerformRx makes the following recommendation: Make no changes to the formulary status of the products within this class.</p>	Committee approved as recommended	25-0	No Changes
Gaucher Disease with PA Criteria	<p>PerformRx makes the following recommendation: Approve the updated Gaucher’s Disease Treatment Agents Prior Authorization Criteria for KF/AHC/AHN, [REDACTED]</p> <p>Make no changes to the formulary status of the products within this class.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Short Acting Insulins	<p>PerformRx makes the following recommendation: Add Admelog and Admelog Solostar to the formulary for KF/AHC/AHN, [REDACTED] with a quantity limit of 30mls per 30 days for KF/AHC/AHN, [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Remove Humalog vials/Kwikpen/cartridge, Apidra and Apidra Solostar from the formulary for KF/AHC/AHN, [REDACTED].</p> <p>Convert members on Humalog vials / Kwikpen /cartridge, Apidra or Apidra Solostar to either Admelog or Admelog Solostar.</p> <p>No indefinite grandfathering for these members.</p> <p>[REDACTED]</p> <p>Make no other changes to the formulary status of any other product within this class.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

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SGLT-2 Inhibitors	<p>PerformRx makes the following recommendation: Add Steglatro and Segluromet to the formulary for KF/AHC/AHN, [REDACTED] with step therapy requirements. Members must have a previous trial of a metformin product in their history before Steglatro and Segluromet will pay at the point of sale.</p> <p>[REDACTED]</p> <p>Make no other changes to the formulary status of any other products within this class.</p>	Committee approved, requested we speak to prior authorization team if Jardiance product line is asked for CVD, it is approved and the Steglatro product line is not required first.	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Single Product Reviews:				
Entresto	<p>PerformRx makes the following recommendation: Add Entresto to the formulary for KF/AC/AHN, [REDACTED]</p> <p>Retire the drug specific prior authorization criteria.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Bidil	<p>PerformRx makes the following recommendation: Add Bidil to the formulary for KF/AHC/AHN, [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Ridaura	<p>PerformRx makes the following recommendation: Make no changes to the formulary status of Ridaura at this time</p>	Committee approved as recommended	25-0	No Changes

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Luxturna	<p>PerformRx makes the following recommendation: Make no changes to the formulary status of Luxturna at this time.</p>	Committee approved as recommended	25-0	No Changes
Provenge	<p>PerformRx makes the following recommendation: Make no changes to the formulary status of Provenge at this time</p>	Committee approved as recommended	25-0	No Changes
Symfi Lo	<p>PerformRx makes the following recommendation: Add Symfi and Symfi Lo to the formulary for KF/AHC/AHN, [REDACTED].</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
New Products Reviews	<p>PerformRx makes the following recommendation: Add to the formulary for KF/AHC/AHN, [REDACTED]</p> <ul style="list-style-type: none"> • Eliquis • Zenpep <p>Add to the formulary for KF/AHC/AHN, [REDACTED]</p> <ul style="list-style-type: none"> • Symfi Lo <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Add to the formulary with step therapy for KF/AHC/AHN, [REDACTED]</p> <ul style="list-style-type: none"> • Ozempic • Segluromet • Steglatro 	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
<p>New Products Reviews... continued</p>	<p>Remain Non-Formulary for KF/AHC/AHN/ [REDACTED]</p> <ul style="list-style-type: none"> • Trogarzo <p>Remain Non-Formulary for KF/AHC/AHN/ [REDACTED]</p> <ul style="list-style-type: none"> • Biktarvy <p>Remain Non-Formulary & use drug specific PA Criteria for KF/AHC/AHN/ [REDACTED]</p> <ul style="list-style-type: none"> • Daliresp <p>Remain Non-Formulary & use drug specific PA Criteria [REDACTED]</p> <ul style="list-style-type: none"> • Makena Quick- Shot AutoInjector <p>Remain Non-Formulary & use drug specific PA Criteria</p> <ul style="list-style-type: none"> • Alunbrig • Bosulif • Endari • Erleada • Imbruvica • Lyrica CR • Opdivo • Sublocade • Symdeko • Trisenox <p>Remain Non-Formulary</p> <ul style="list-style-type: none"> • Adzenys ER • Bonjesta • Clenpiq • Clinimix • DicloPR • DiThol • Fibryga • Firvanq • Giapreza • Hcpisav-B • Impoyz 	<p>Committee approved as recommended</p>	<p>25-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

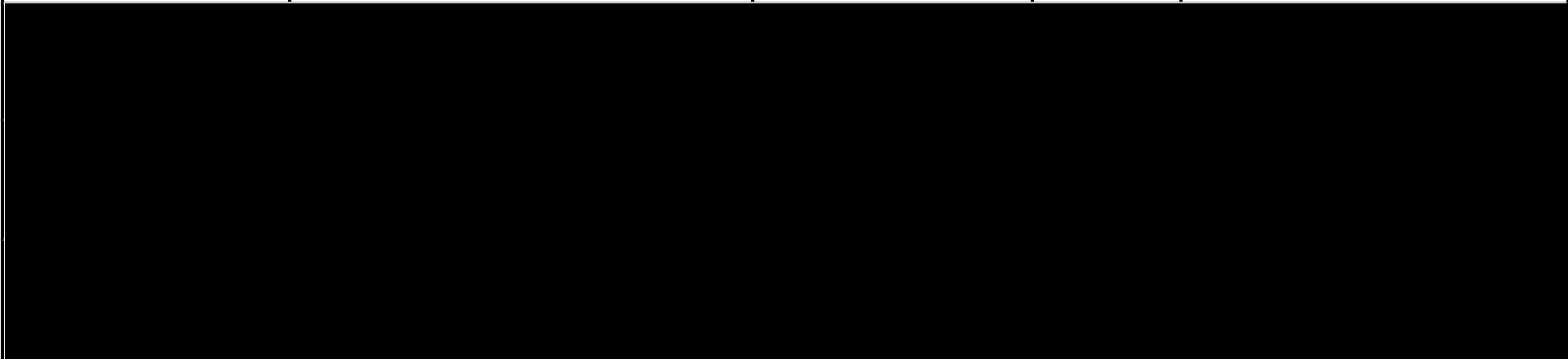
Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
New Products Reviews... continued	Remain Non-Formulary <ul style="list-style-type: none"> • Lonhala • Lutathera • Luxturna • Nipride RTU • Noctiva • Odactra • Prolastin-C • Sinuva • Steglujan • Solosec • Tisseel • Xigduo XR 	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
9. Prior Authorization Criteria Review <u>Specialty Drugs - Existing:</u>				
Acthar	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHN/ [REDACTED] with no changes.	Committee approved as recommended	25-0	No Changes
Ampyra	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHN/ [REDACTED] with no changes.	Committee approved as recommended	25-0	No Changes
Epogen	PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHN/ [REDACTED]	Committee approved as recommended	25-0	No Changes
Erythropoiesis Stimulating Agents	PerformRx makes the following recommendations: Maintain the current criteria for KF/AHC/AHN/ [REDACTED] with no changes	Committee approved as recommended	25-0	No Changes

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
9. Prior Authorization Criteria Review Specialty Drugs - Existing:				
Kuvan	PerformRx makes the following changes: Approve the criteria with the removal of Phe restricted diet in the reauthorization sections and adding clarification on the Phe level results required for reauthorization for KF/AHC/AHN/ [REDACTED]	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Oncology without specific criteria	PerformRx makes the following changes: Maintain the current criteria for KF/AHC/AHN/ [REDACTED] with no changes.	Committee approved as recommended	25-0	No Changes
Rituxan	PerformRx makes the following changes: Approve the updated prior authorization criteria for KF/AHC/AHN/ [REDACTED] with the following changes: <ul style="list-style-type: none"> o The addition of Rituxan Hycela o The removal of a glucocorticoid and azathioprine as prerequisite therapy for GPA or MPA and the addition of a nephrologist as an accepted prescriber for these indications. 	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Soliris	PerformRx makes the following recommendation: Approve this updated prior authorization criteria for KF/AHC/AHN/ [REDACTED] with the addition of the new indication of Myasthenia Gravis and specific criteria and updating general criteria for all other FDA labeled indications	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
9. Prior Authorization Criteria Review Specialty Drugs - Existing:				
Long acting injectable antipsychotics	PerformRx makes the following changes: Approve the updated prior authorization criteria for KF/AHC/AHN, [REDACTED] with the following changes: removed requirement that member has noncompliance issues and has failed adherence measures to improve.	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Specialty Drugs New:				
Amyotrophic Lateral Sclerosis Agents\	PerformRx makes the following recommendation: Approve this newly-created criteria for KF/AHC/AHN, [REDACTED] to ensure appropriate approval of these agents.	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-Specialty - Existing:				
Non-Formulary PA Criteria	PerformRx makes the following recommendation: [REDACTED] Change the reviewer note to refer to the Brand name medication criteria as the Medwatch criteria is now retired for Keystone First, AmeriHealth Caritas, AmeriHealth Northeast [REDACTED] [REDACTED]	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
Non-Specialty - Existing:				
Opioid Containing Products	<p>PerformRx makes the following recommendation: Approve the criteria with changes associated with state mandated edits and to help facilitate in the review process for KF/AHC/AHN/ [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Opioid Dependence Agents	<p>PerformRx makes the following recommendation: Approve the criteria with changes associated with state mandated edits and to help facilitate in the review process for KF/AHC/AHN/ [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes.
Lidoderm	<p>PerformRx makes the following recommendation: Approve the Lidoderm prior authorization criteria without any changes for KF/AHC/AHN/ [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Mepron	<p>PerformRx makes the following recommendation: Approve the Mepron prior authorization criteria without any changes for KF/AHC/AHN/ [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Multaq	<p>PerformRx makes the following recommendation: Approve the Multaq prior authorization criteria with the appropriate changes for KF/AHC/AHN/ [REDACTED]. PerformRx recommends adding criteria for which members a negative pregnancy test is/is not warranted.</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Serotonin Receptor Agonists (Triptans)	<p>PerformRx makes the following recommendation: Approve the Serotonin Receptor Agonists (Triptans) prior authorization criteria with the appropriate changes (the removal of Zecuity which is no longer available) for KF/AHC/AHN/ [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
Non-Specialty - Existing:				
Zyvox	<p>PerformRx makes the following recommendation: Maintain the current criteria for KF/AHC/AHN [REDACTED] with no changes.</p>	Committee approved as recommended	25-0	No Changes
Lyrica and Lyrica CR	<p>PerformRx makes the following recommendation: Approve the Lyrica prior authorization criteria with the addition of the newly approved Lyrica CR and placement of this product with its FDA approved indication of use for KF/AHC/AHN, [REDACTED] [REDACTED]</p>	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
Pediculicides	<p>PerformRx makes the following recommendation: Approve the Pediculicides prior authorization criteria without any changes for KF/AHC/AHN [REDACTED]</p>	<p>Committee approved as recommended. Sklice is preferred for KF/AHC/AHN/[REDACTED] with no ST requirement</p>	25-0	PerformRx will update the criteria and formulary/PDL with any changes



Issue	Discussion	Conclusion/ Results	Vote	Action/ Person Responsible
<u>Non-Specialty - New:</u>				
Formulary Medications with Diagnosis Code Requirement	PerformRx makes the following recommendation: Approve the criteria Diagnosis Code Requirement for KF/AHC/AHN/ [REDACTED]	Committee approved as recommended	25-0	PerformRx will update the criteria and formulary/PDL with any changes
10. DTM Program Description	Overview of DTM program Description provided.	Informational Only		PerformRx
11. Recalls				
Zinbryta Voluntary Market Removal	[REDACTED] There were no other Non-lot level recalls to address	Informational		Shalis Lightner Jeff Kreitman
<u>12. Adjournment</u>	The meeting adjourned at 7:47 PM EST	N/A		The next meeting August 6, 2018 from 6:00 PM- 8:00 PM.

Dr. William Burnham, MD - Chair

Date