

**Enterprise P&T Meeting
Committee Meeting Minutes
August 06, 2018**

Voting Members Present

Christopher Antypas, PharmD	Don Cooper, RPh	Susan McAllister, MD	Andrew Peterson, PharmD	Rani Whitfield, MD
David Batluck, DO	Jen Devinney, PharmD	Chris Meny, PharmD	Eric Peters, PharmD	Rodney Wise, MD
Floyd (John) Brinley, MD	Rogers Elebra, PharmD	Jay Messeroff, RPh	Jeanine Plante, PharmD	
William Burnham, MD	Karen Jordan, MD	Kendra Michael, MD	Kirby Smith, MD	
Kirt Caton, MD	Markus Kruesi, MD	Lavdena Orr, MD	Wayne Weart, PharmD	

Excused Voting Members

Donald Beam, MD	Glenn Hamilton, MD	Jeffrey Kreitman, PharmD	Betty Muller, MD	Arthur Williams, MD
Gus, Geraci, MD	Lily Higgins, MD	Parul Mistry, MD	David Petkash, MD	

Invited Guests Present

Linda Albandoz, NCPHT - PRx	Deonys de Cardenas, Compliance Director - SHSC	Shalis Lightner, Pharmacy Manager - SHSC	Michelle Murphy, PharmD PA CHC	
Kathleen Clement, Administrative - PRx	Tim Hambacher, Otsuka	Tina McCann, Sarepta Therapeutics	Sandra Schwemmer, MD	Calla Vodoor – PharmD - PRx
Heidi Chan, BCC Market President	April Holley, LDH	Lauren Megargell, PharmD - PRx	Jason Swartz, Otsuka Pharmaceutical	Melwyn Wendt, PharmD - LDH
Mike Colvin, PharmD - ACPA	Paul Knecht, PharmD - LDH	Holly Moreau, PharmD - Prestige	Devon Trumbower, PharmD - PRx	Doug Welch, Merck & Co.

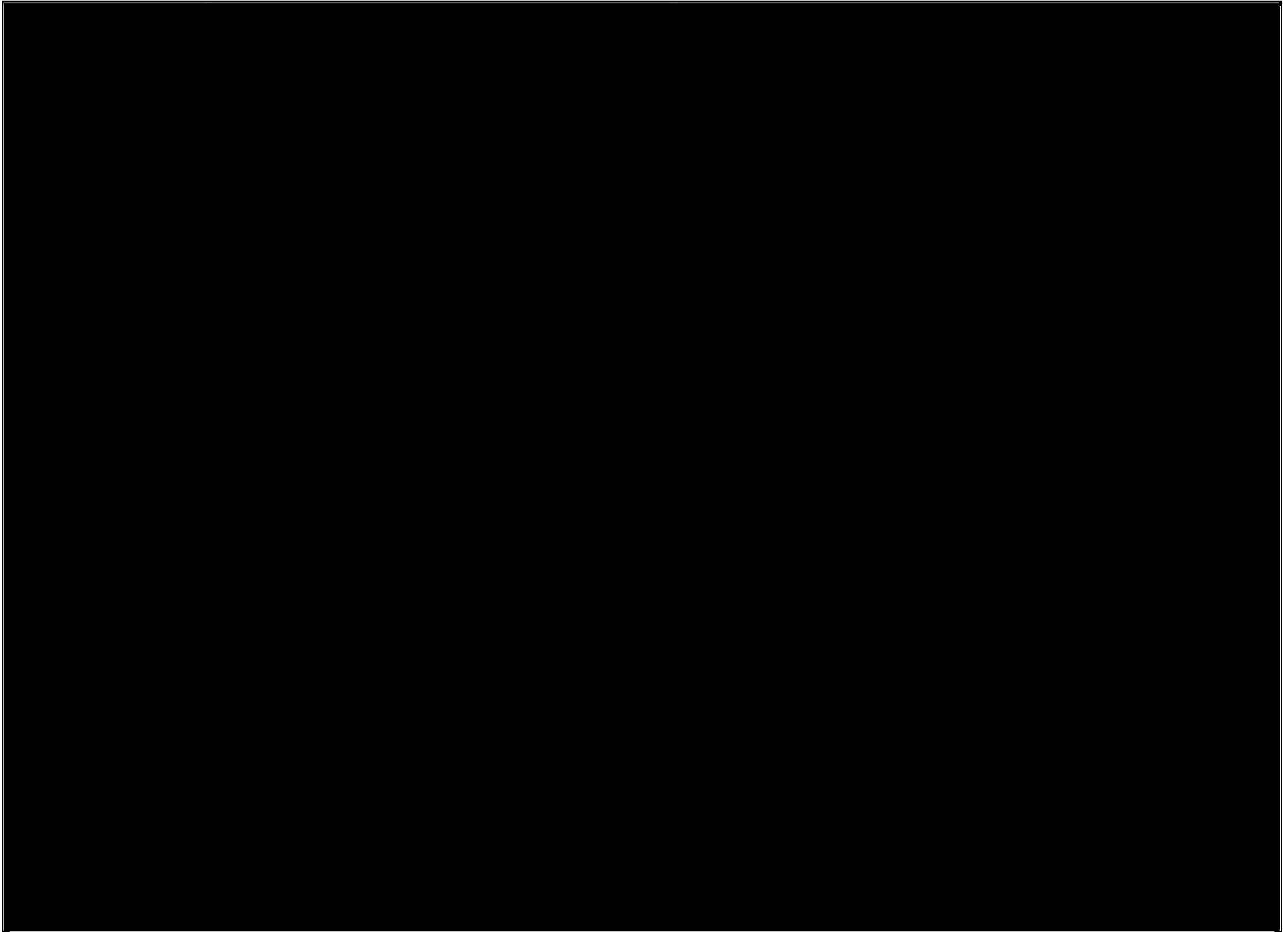
Issue	Discussion	Conclusion/Results	Vote	Action/ Person responsible
1. Call to Order	<p>The meeting was called to order at 6:08 PM EST.</p> <p>Dr. William Burnham welcomed all external and internal participants and guests.</p> <p>Dr. Burnham welcomed and acknowledged 2 new voting members: Dr. Karen Jordan, MD Behavioral Health Specialist for PA Community Health Choices Christopher Antypas, PharmD for PA Community Health Choices</p>	<p>Informational Only</p>		<p>Dr. William Burnham</p>
2. Conflict of Interest Disclosures	<p>Dr. Burnham reminded voting members to announce if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item. There were none.</p>	<p>Informational Only</p>		<p>Dr. William Burnham</p>
5. Review of last P&T Minutes	<p>Jay Messeroff asked if there were any corrections or updates to the minutes from the April 30th P&T meeting.</p>	<p>After adding the credential of MD to Kendra Michael, and correcting the spelling of April Holley's last name, the Minutes were approved as corrected</p>	<p>22-0</p>	<p>Jay Messeroff</p>
6. Old Business				

Issue	Discussion	Conclusion/Results	Vote	Action/ Person responsible
	PRx presented Prior Authorization Criteria updates for the following Step Therapy Medications for All LOB's except BBC Michigan : <ul style="list-style-type: none"> • Allergic Conjunctivitis Agents • Antidiabetic Agents • Banzel • Chronic Dry Eye Agents • Donezepil • Fareston • Antihyperlipidemia Agents • Levalbuterol • Travoprosr • Triamcinolone Intranasal 	Committee approved all criteria documents as presented with one revision to Antihyperlipidemia Agents, removing the Step Edit requirement for Extended Release Niacin	22-0	PerformRx will update the criteria and formulary/PDL with any changes..
7. New Business				
Opioid Cough and Cold Products	PRx makes the following recommendation: Add the quantity limits, revised to 120ML/month for promethazine/codeine, hydrocodone/chlorpheniramine, promethazine/phenylephrine/codeine and guaifenesin/codeine for KF/AHC/ [REDACTED] /AHN, [REDACTED]	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Latuda Quantity Limits	PRx makes the following recommendation: Add the daily quantity limits stated to all Latuda products for KF/AHC/ [REDACTED] /AHN, [REDACTED].	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Dulera Age Limit Change (Pennsylvania Plans)	PRx makes the following recommendation: Change the age restriction of Dulera from allowing Dulera to pay at point of sale for members 8 years of age and younger, to 11 years of age and younger for KF/AHC/ [REDACTED] /AHN.	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

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8. Drug Reviews				
Therapeutic Class				
Chelating Agents with PA Criteria	<p>PRx makes the following recommendation: KF/AHC/AHN/ [REDACTED]</p> <p>1. Approve the chelating agents prior authorization criteria with appropriate changes</p> <p>[REDACTED]</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Pancreatic Enzymes	<p>PRx makes the following recommendations: KF/AHC/AHNE/ [REDACTED] Adding the newly marketed strengths of Zenpen® to the formulary</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Peak Flow Meters	<p>PRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]</p> <p>1. No change to the formulary status of the products in this class</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Clostridium Difficile Infection with PA Criteria</p>	<p>PRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]</p> <ol style="list-style-type: none"> 1. Remove prior authorization from vancomycin capsules <ol style="list-style-type: none"> a. According to the most recent IDSA guidelines for management of <i>C. difficile</i> associated diarrhea, oral vancomycin is recognized as first line treatment and the cost of this drug has significantly decreased 2. Retire the vancomycin capsules prior authorization criteria 3. Add Firvanq™ (vancomycin oral solution) to the formulary 4. Add Difucid® (fidaxomicin) to the formulary with prior authorization <ol style="list-style-type: none"> a. According to the most recent IDSA guidelines, Difucid® is recognized as first line treatment of recurrent <i>C. difficile</i> infection. However, due to high cost, prior authorization criteria has been created to monitor utilization 5. Approve the newly developed prior authorization criteria for Difucid® 	<p>Committee approved as recommended</p>	<p>22-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>



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Vascular Endothelial Growth Factor (VEGF) Inhibitors with PA Criteria	<p>PRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]</p> <p>1. Approve the newly developed prior authorization criteria for Lucentis and Eylea, preferring Lucentis a. Due to the two agents having similar efficacy, and Lucentis having an overall advantage in price over Eylea, we are recommending its preferential placement on the formulary. 2. Add Eylea to the formulary with prior authorization to confirm use is for appropriate indication, and to restrict the approval based on FDA approved dosing only.</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Single Product Reviews:				
Jynarque	<p>PRx makes the following recommendation: Add to specialty tier with prior authorization and utilize specialty prior authorization criteria for all LOBs <u>except</u> BCC Michigan</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Aimovig with PA Criteria	<p>PRx makes the following recommendation: Add to formulary with prior authorization for all LOBs <u>except</u> BCC Michigan</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
New Products Reviews				

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<p>New Products Reviews</p>	<p>PRx recommends to keep the following product non-formulary:</p> <ul style="list-style-type: none"> • Ascor • Rhopressa • Toujeo Max SoloStar • Esomep-EZS • Balcoltra • Auvi-Q • Photrexa Cross- Linking • HyperRAB • Hyclodex • Zypitamag • Steritalc • Crysvita • Lidotrex • Jynarque • Kymriah <p>The following products to remain non-formulary and use drug specific criteria:</p> <ul style="list-style-type: none"> • Tassigna <p>Add to the specialty tier with prior authorization for KF/AHC/AHN/ [REDACTED] :</p> <ul style="list-style-type: none"> • Lucentis <p>Add to formulary for KF/AHC/AHN/ [REDACTED] .</p> <ul style="list-style-type: none"> • Cimduo <p>Already added to the formulary for KF/AHC/AHN/ [REDACTED] :</p> <ul style="list-style-type: none"> • Symfi <p>Add to formulary for KF/AHC/AHN/ [REDACTED] ,</p> <ul style="list-style-type: none"> • Newly marketed strengths of Zenpep 	<p>Committee approved as recommended with additional change of QL to current Arnuity Elipta products on formulary</p>	<p>22-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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New Products Reviews	<p>Add to specialty tier with prior authorization and utilize drug specific PA criteria for KF/AHC/AHN/ [REDACTED] :</p> <ul style="list-style-type: none"> • Humira <p>Remain Non-Formulary for KF/AHC/AHN/ [REDACTED] :</p> <ul style="list-style-type: none"> • Norvir <p>Add to Formulary & use drug specific PA Criteria for KF/AHC/AHN/ [REDACTED] :</p> <ul style="list-style-type: none"> • Aimovig <p>Remain Non-Formulary & use drug specific PA Criteria:</p> <ul style="list-style-type: none"> • Yonsa <p>Add to formulary with OL 1 inhaler/month for KF/AHC/AHN/ [REDACTED]</p> <ul style="list-style-type: none"> • Arnuity Ellipta 	Committee approved as recommended with additional change of QL to current Arnuity Elipta products on formulary	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
9. Prior Authorization Criteria Review				
Specialty Annual Review				
Agents for Gender Dysphoria	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] with the following changes:</p> <ul style="list-style-type: none"> • Update criteria to be aligned with new WPATH criteria for hormone therapy • Update dosing of hormone therapy to align with endocrine society clinical practice guideline • Adding a specific amount of formulary alternatives required for approval of a non-formulary agent 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

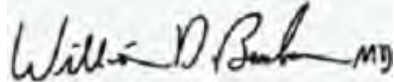
Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Idiopathic Pulmonary Fibrosis Agents	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] with no changes</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Injectable 5-Hydroxytryptamine-3 (5HT3) Serotonin Receptor Antagonists	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] with the following changes: add the newly approved product Akynzeo and Sustol syringe to the drug section of this policy, change the wording of the drugs section to clarify that three agents are available generically and the other two are branded products, update the anti-emetic classification charts to be aligned with new 2018 NCCN guidelines.</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Prior Authorization Process for Injectable/Specialty Medications with No Specific Prior Authorization Protocol	<p>PRx recommends approving this criteria for: KF/AHC/AHNE/ [REDACTED] with the addition of diagnosis requirement.</p> <p>[REDACTED]</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Serostim	<p>PRx recommends approving this criteria for: KF/AHC/AHNE/ [REDACTED] with the proposed revised language within criterion. No further indications have been gained since its previous review.</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes

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Xolair	PRx recommends approving this criteria for: [REDACTED] KF/AHC/[REDACTED]/AHNE, [REDACTED]	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes
Huntington’s Disease Treatment Class	PRx recommends approving this criteria for: PerformRx recommends removal of off-label agents as pre-requisites from the criteria for KF/AHC/[REDACTED]/AHN [REDACTED]	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Botulinum Toxin A & B	PRx recommends approving this criteria for: KF/AHC/[REDACTED] AHNE, [REDACTED] with the following changes: Make Xeomin the preferred agent for all FDA approved indications and preferring Dysport for lower limb spasticity.	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Synagis	[REDACTED] PRx recommends approving this criteria for: KF/AHNE/[REDACTED]/AHC/[REDACTED] with simplified and streamlined language	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
White Blood Cell Stimulators	PRx recommends approving this criteria for: [REDACTED] KF/AHNE/AHC/[REDACTED] [REDACTED] 1. Give preferential status to Fulphila 2. Restrict Neulasta to individuals who have failed or not tolerated Fulphila 3. Restrict Granix to individuals who have failed or not tolerated Zarxio	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-Specialty Annual Review:				

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Crinone	<p>PRx recommends approving this criteria for: [REDACTED] KF/AHC/AHNE/[REDACTED] with the following changes:</p> <ul style="list-style-type: none"> Removed requirement to provide cervical length and specified the approved diagnoses as short cervix (i.e. singleton pregnancy with no prior preterm birth for the prevention of spontaneous preterm delivery) Added requirement that patient must have tried and failed oral progestin therapy for the diagnosis of secondary amenorrhea Moved the diagnosis or treatment of infertility into the exclusion criteria Streamlined the criteria 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Entocort EC	<p>PRx recommends approving this criteria for: KF/AHC/AHNE/[REDACTED] with the following changes:</p> <ul style="list-style-type: none"> Removing active ulcerative colitis as an approved diagnosis for the use of Entocort as this indication is for the tablet formulation only Removing requirement that mesalamine be tried prior to Entocort and reducing the requirement to try a first line agent from two drugs to one drug 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Pulmicort Respules	<p>PRx recommends approving this criteria for: All lines of business.</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Transderm- Scop	<p>PRx recommends approving this criteria for: KF/AHC/[REDACTED]/AHN, [REDACTED] Approve the criteria with the addition of operative nausea and vomiting prophylaxis</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Vfend	<p>PRx recommends approving this criteria for: KF/AHC/[REDACTED]/AHN [REDACTED] with minor changes for clarity and consistency</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Agents for Atopic Dermatitis	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] [REDACTED] [REDACTED]</p> <ul style="list-style-type: none"> • Clarified the use of topical corticosteroids where appropriate • Streamlined language 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Angiotensin II Receptor Blockers and Renin Inhibitor Medications	<p>PRx Recommends making no changes to the criteria for KF/AHC/AHN/ [REDACTED] [REDACTED]</p>	Committee approved as recommended	22-0	No Changes
Second Generation Antihistamines	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] with the following changes:</p> <ul style="list-style-type: none"> • Making changes to the formulary status of these agents to ensure cost effective products are on the formulary • Streamlining criteria to ensure ease of review 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Oral Antipsychotic Agents	<p>PRx recommends approving this criteria for: KF/AHC/AHNE/ [REDACTED] with the removal of prescriber restriction redundancies and streamlining the criteria for better understanding</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.

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Proton Pump Inhibitors	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED]:</p> <ul style="list-style-type: none"> Adding Aciphex to formulary with step therapy as a second line agent Clarifying the diagnoses that are appropriate for more than once daily dosing of PPIs Streamlining the criteria for better understanding 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Opioid Containing Products	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED]</p> <ul style="list-style-type: none"> Adding in new edits for long acting opioid products Clarifying titration requirement/justification for no titration 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Opioid Dependence Agents	<p>PRx recommends approving this criteria for: KF/AHC/AHN/ [REDACTED] with the following changes:</p> <ul style="list-style-type: none"> Adding the new generic Suboxone film Adding additional clarification for pregnant member auth duration and quantity allowed Adding duration of approval for Sublocade and probuphine 	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
Criteria To Be Retired				
Ponstel	<p>PerformRx recommends: Retiring the Ponstel criteria and utilizing the general non-formulary prior authorization criteria</p>	Committee approved as recommended	22-0	PerformRx will update the criteria and formulary/PDL with any changes.
10. Recalls	Valsartan and Valsartan and Hydrochlorothiazide market recall for select manufacturers.	Informational	Shalis Lightner Jeff Kreitman	Affected members in all LOB's who had prescriptions filled for these products were all notified
11. Adjournment	The meeting adjourned at 7:20 PM EST	N/A	Dr. Burnham	The next meeting is October 29, 2018 from 6:00 PM- 8:00 PM.



Dr. William Burnham, MD - Chair

10/30/18

Date