

**Enterprise P&T Meeting
Committee Meeting Minutes
October 29, 2018**

Voting Members Present

Kirton Caton, MD	Rogers Elebra, PharmD	Chris Meny, PharmD	Andrew Peterson, PharmD	Wayne Weart, PharmD
Donald Beam, MD	Gus, Geraci, MD	Jay Messeroff, RPh	Eric Peters, PharmD	Rani Whitfield, MD
John Floyd Brinley, MD	Glenn Hamilton, MD	Kendra Michael, MD	David Petkash, MD	Rodney Wise, MD
William Burnham, MD	Jeffrey Kreitman, PharmD	Betty Muller	Jeanine Plante, PharmD	
Don Cooper, RPh	Markus Kruesi, MD	Lavdena Orr, MD	Kirby Smith, MD	

Excused Voting Members

Christopher Antypas, PharmD	Jen Devinney, PharmD	Karen Jordan, MD
David Batluck, DO	Lily Higgins, MD	Susan McAllister, MD

Invited Guests Present

Linda Albandoz, NCPHT - PRx	Tracey Davis, PharmD	Lanaye Lawyer, MD	Patty Oaster, Administrative-PRx	Calla Vodoor – PharmD PRx
Dustin Brookshire, Compliance Manager	Fury Fecondo, PharmD	Shalis Lightner, Pharmacy Manager	Brian O'Meara, Administrative- PRx	Melwyn Wendt, PharmD
Patrick DeHoratius, PharmD-PRx	Monica Guerriero, PharmD	Lauren Megargell, PharmD-PRx	Devon Trumbower, PharmD-PRx	
Kathleen Clement, Administrative- PRx	April Holley, PharmD LDH	Holly Moreau, PharmD	Rebecca Skare, CPhT	
Michael Colvin, PharmD	Paul Knecht, PharmD	Michelle Murphy, PharmD	Kyle Viator, Market President	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	The meeting was called to order at 6:09 PM EST. Dr. G. Hamilton welcomed all external and internal participants.	Informational Only		Dr. Glenn Hamilton
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Dr. Glenn Hamilton
5. Review of last P&T Minutes	Jay Messeroff asked if there were any corrections or updates to the minutes from August 06, 2018 P&T meeting.	Minutes approved as presented	23-0	Jay Messeroff
6. Old Business				PerformRx
	Pennsylvania Opioid Criteria	Informational Only		PerformRx
7. New Business				

Opioid cough and cold QL	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add a quantity limit of 120mL per month for all liquid opioid containing cough/cold products and adding a quantity limit of 2 capsules/tablets per day for opioid containing cough/cold tablets or capsules for KF/AHC/ [REDACTED] /AHN [REDACTED] 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
8. Drug Reviews				
Therapeutic Class				
Test Strips	<p>PerformRx makes the following recommendation:</p> <p>KF/AHC/AHNE/[REDACTED]</p> <ul style="list-style-type: none"> • Adding the newly rebated Accu chek Guide 100Ct. Test 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

<p>Androgens with PA criteria</p>	<p>PerformRx makes the following recommendations: KF/AHC/AHNE/ [REDACTED] 1. No changes are recommended</p> <p>[REDACTED]</p>	<p>Committee approved as recommended</p>	<p>23-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
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<p>Topical Antivirals with PA criteria</p>	<p>PerformRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]</p> <ol style="list-style-type: none">1. In an effort to align the formulary statuses of all medications within this class, PerformRx recommends changing Xerese® and Denavir® on the searchable formulary from NF to NF-PA2. Approve the prior authorization criteria with the removal of <p>[REDACTED]</p>	<p>Committee approved as recommended</p>	<p>23-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
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Urinary Tract Antispasmodics with PA criteria	PerformRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Allergenic extract	PerformRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

Vitamin D and calcium

PerformRx makes the following recommendation:

KF/AHC/AHNE/

1. Add Vitamin D3 4000 and 10000 unit capsules to the formulary
2. Add Vitamin D2 400, 2000 unit tablets to the formulary
3. Add Calcium Carbonate/Vitamin D3 250 mg-125 unit, 500 mg-125 unit, 500 mg-200 unit, 500 mg-400 unit, 500 mg-600 unit, 600 mg-125 unit, 600 mg-200 unit, 600 mg-400 unit, 600 mg-800 unit, 1000 mg- 800 unit tablets to the formulary

Committee approved as recommended

23-0

PerformRx will update the criteria and formulary/PDL with any changes.

<p>MS Agents with PA criteria</p>	<p>PerformRx makes the following recommendation: KF/AHC/AHNE/ [REDACTED]</p> <ol style="list-style-type: none">1. No changes to the formulary status are recommended2. Approve the Lemtrada, Tysabri, Oral MS agents and self-injectable MS agents prior authorization criteria <p>[REDACTED]</p>	<p>Committee approved as recommended</p>	<p>23-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
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Long acting opioid products

PerformRx makes the following recommendation:

KF/AHC/AHNE/

1. Remove Morphine sulfate (Kadian®) 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg ER capsule

No changes for K/AHC/AHNE/ since Morphine sulfate (Kadian®) products are already removed from Pennsylvania's lines of business

Committee approved as recommended

23-0

PerformRx will update the criteria and formulary/PDL with any changes

Antiparasitic
Agents, Topical
Medications

PerformRx makes the following recommendation:

KF/AHC/AHNE/ [REDACTED]

1. Remove Sklice from the formulary
 - a. Due to the reduction in preferred pricing and the availability of a generic alternative, PerformRx is recommending removing Sklice from the formulary for all lines of business
2. Add spinosad (Natroba) to the formulary
 - a. Due to having a generically available product that is a clinically effective product that is ovicidal and can kill unhatched lice, PerformRx is recommending spinosad be

Committee approved
as recommended

23-0

PerformRx will update the criteria
and formulary/PDL with any
changes

Single Product Reviews:				
Retacrit with PA criteria	<p>PerformRx makes the following recommendation: PerformRx recommends approving the criteria for KF/AHC/AHN/ [REDACTED] with the following changes:</p> <ol style="list-style-type: none"> 1. Removing Aranesp as a preferred agent and preferring Retacrit 2. Creating a section for all new requests to streamline and shorten criteria 3. Separating chronic kidney disease and chemotherapy related anemia requirements 4. Removal of criteria for other indications and referring to medical director review for requests outside of the parameters mentioned in the criteria <p>PerformRx makes the following recommendation:</p> <ol style="list-style-type: none"> 1. PerformRx recommends adding Retacrit to the formulary (specialty tier) with prior authorization for KF/AHC/AHN/ [REDACTED]. 2. PerformRx recommends approving the ESA prior authorization criteria, preferring Retacrit, for KF/AHC/AHN/ [REDACTED]. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes

New Products Reviews				
	<p>PerformRx recommends to keep the following product non-formulary for KF/AHC/AHN/ [REDACTED] [REDACTED]:</p> <ul style="list-style-type: none"> • Idelvion • Siklos • Invexxy • Nipride RTU • NuDroxiPAK I-800 • NuDroxiPAK • Zemdri • NuDroxiPAKDSDR • NuDroxiPAK E-400 • NuDroxiPAK N-500 • Orilissa • Tibsovo • Macrilen • Kaspargo • Nuplazid • KelaRx • Lokelma • Heplisav • Kyprolis • Plenvu • Galafold • Onpattro • SilaLite Pak • Mulpleta • Poteligeo • Signifor LAR • TriXylitral 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes

PerformRx recommends to keep the following products non-formulary and use drug specific criteria for KF/AHC/AHN/ [REDACTED]:

- Xeljanz
- Mektovi
- Braftovi
- Aristada Initio
- Ilaris
- Orkambi
- Perseris
- Lenvima
- Ilumya
- Takhzyro

PerformRx recommends to remain non-formulary for KF/AHC/AHN/ [REDACTED]

- Symtuza
- [REDACTED]

Already added to formulary with PA at previous P&T for KF/AHC/AHN/ [REDACTED]:

- Fulphila

Add to specialty tier with prior authorization and utilize drug specific PA criteria for KF/AHC/AHN/ [REDACTED]:

- Humira

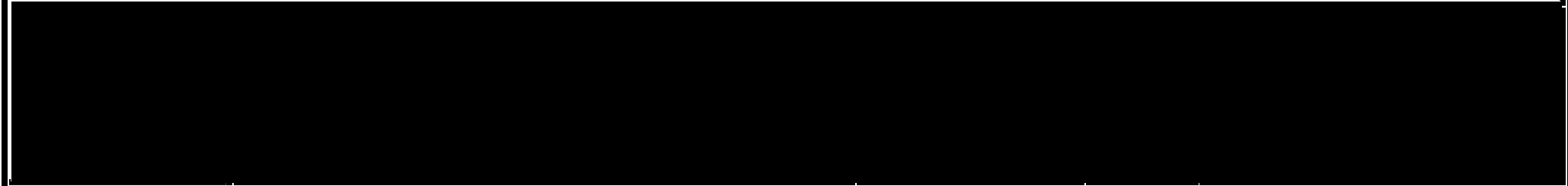
PerformRx will update the criteria and formulary/PDL with any changes

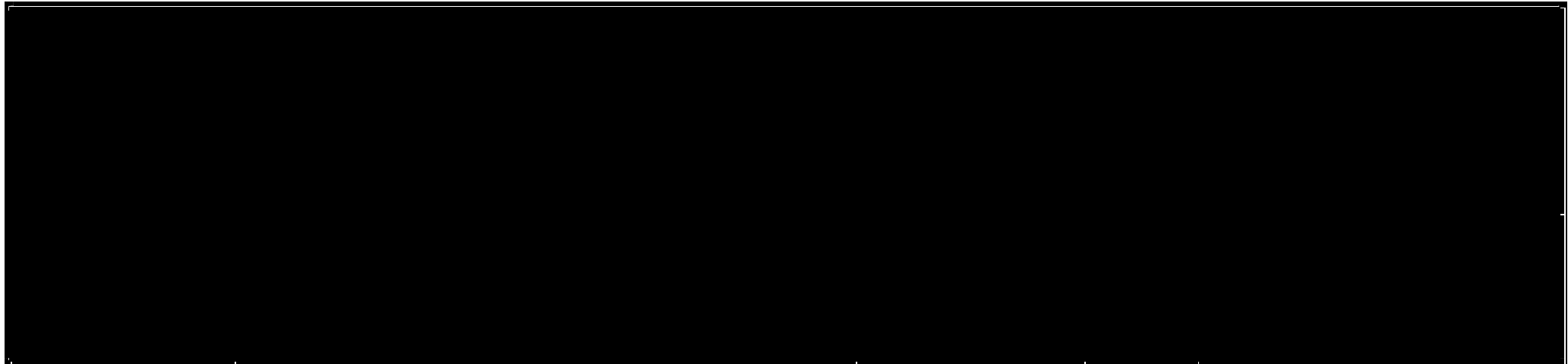
9. Prior Authorization Criteria Review				
Prior Authorization Criteria Annual Review				
Atypical antipsychotics for <18 years old	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Updated information with black box warnings and references. Speak with Dr. David Petkash about additional recommendations. 	Tabled for next meeting	0	No Changes
Brand Name Medication Criteria	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> Approve the criteria with no changes for KF/AHC/AHN/CHC. <p>[REDACTED]</p>	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Botulinum Toxins	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> KF/AHC/AHN/[REDACTED]: <ol style="list-style-type: none"> Co-preferring both Xeomin and Dysport due to new preferred pricing opportunities. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Ciprodex	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> KF/AHC/AHN/[REDACTED] <ol style="list-style-type: none"> Add Acetic Acid 2% solution as a cost effective, clinically appropriate prerequisite therapy for Ciprodex. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Daraprim	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> KF/AHC/AHN/[REDACTED] <ol style="list-style-type: none"> Approve the prior authorization criteria for with minor clarification changes. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

Hepatitis C	<p>PerformRx makes the following recommendations:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] <ol style="list-style-type: none"> 1. Approve the prior authorization criteria with no changes. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes
Hereditary Angioedema	<p>PerformRx makes the following recommendations :</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Removal of stanazolol as it is not available as a table or capsule in the U.S., only powder formulation. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes
IVIG	<p>PerformRx makes the following recommendations :</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes for <ol style="list-style-type: none"> 1. Re-worded idiopathic thrombocytopenia for clarity 2. For pediatric HIV, remove every 28 day dosing since the FDA approved dosing allows every 14 days. 3. Updated CIDP dosing according to package insert. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Injectable Infusible Osteoporosis Agents	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria for with the addition of a section pertaining to requests for a diagnosis of glucocorticoid-induced osteoporosis. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

Makena	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approving the criteria with the following changes <ol style="list-style-type: none"> 1. Preferring the newly available generic product 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes
Natpara	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approving the criteria for with the following changes <ol style="list-style-type: none"> 1. Removal of the exclusion of members at risk for osteosarcoma as this might be difficult to ascertain 2. Addition of the labs required in the “required medical information” field 3. Extension of time interval for current labs. 4. Addition of normal serum vitamin D value as a reference point for the reviewer 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

Provigil	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Addition of armodafinil into the sleep disorder stimulants criteria. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Retinoids	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Add in diagnosis of moderate acne as this criteria is also applicable to guideline recommendations for treatment of moderate acne. 2. Clarifying that members must trial both an oral and topical first line treatment prior to isotretinoin approval. 3. Allow 180 days for members to trial the appropriate prerequisites so they have an appropriate amount of time to trial these agents. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Sedative hypnotics	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Update wording to reflect generic status of formulary medications 2. Update trial and failure of prerequisites for non-formulary agents to remove a mandatory trial of eszopiclone since it is a long-acting agent and may not be appropriate for some patients. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.





	<p>removing required documentation of Tb testing, extending the approval duration to 12 months, and streamlined language.</p> <p>6. Specialty Biologic Agents for FDA (and NON-FDA Approved Medically- Accepted Indications - removal of required documentation of Tb testing, addition of a statement that a trial of a preferred agent is only required if there is data to support use of the agent for the diagnosis, and streamlined language.</p> <p>7. Rheumatoid Arthritis - streamlined language, removal of required documentation of Tb testing, and extension of approval duration to 12 months for all drugs.</p> <p>8. Ankylosing Spondylitis - removal of required documentation of Tb testing, extension of approval duration to 12 months, and streamlined language.</p> <p>9. Psoriatic Arthritis (PsA) - removal of the required documentation of Tb testing, addition of COX-2 inhibitor as a possible pre-requisite therapy, addition of criteria specific for enthesitis, and extension of approval period to 12 months for all drugs.</p>			
Tardive Dyskinesia	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Addition of alternate scoring tools 2. Addition of language stating the antipsychotic regimen is stable 3. Removal of baseline EKG for both therapies 4. Removal of prerequisite options to require tetrabenazine as the 2018 guidelines have recommended Austedo and Ingrezza over tetrabenazine with tetrabenazine having a lower level of evidence. 5. Modification of reauthorization criteria to allow for symptom stabilization. 	Committee approved as recommended	23-0	PerformRx will update the criteria and formulary/PDL with any changes.

Xyrem	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • KF/AHC/AHN/ [REDACTED] approve the criteria with the following changes <ol style="list-style-type: none"> 1. Removing exclusion criteria for concomitant alcohol use as this cannot be monitored by reviewers 2. Removal of venlafaxine ER requirement as both IR and ER can be utilized 3. Update of age limit to 7 years of age and older 	Committee approved as recommended, with change to age limit of 7 years of age and older based on updated FDA indication released 10/29/2019.	23-0	PerformRx will update the criteria and formulary/PDL with any changes.
Criteria with no changes				
ADHD Medications- Pennsylvania	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria with no changes for KF/AHC/AHN/ [REDACTED] 	Committee approved as recommended	23-0	No Changes
Cholbam	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the prior authorization criteria for KF/AHC/AHN/ [REDACTED] with no clinical changes. 	Committee approved as recommended	23-0	No Changes

Danocrine	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria with no changes for KF/AHC/AHN/ [REDACTED]. 	Committee approved as recommended	23-0	No Changes
Endari	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the prior authorization criteria with no changes for KF/ AHC/AHN/ [REDACTED]. 	Committee approved as recommended	23-0	No Changes
QL limit exception criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria for KF/AHC/AHN/ [REDACTED], [REDACTED] with no changes. 	Committee approved as recommended	23-0	No Changes
Prior authorization exception criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria for KF/AHC/AHN/ [REDACTED] [REDACTED] with no changes 	Committee approved as recommended	23-0	No Changes
Safety edit exception	<p>PerformRx makes the following recommendation:</p> <p>[REDACTED]</p> <ul style="list-style-type: none"> • Approve the criteria for KF/AHC/AHN/ [REDACTED] with no changes. 	Committee approved as recommended	23-0	No Changes
Step therapy exception	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria for KF/AHC/AHN/ [REDACTED] [REDACTED] with no changes. 	Committee approved as recommended	23-0	No Changes
Stimate	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria with no changes for KF/AHC/AHN/ [REDACTED] 	Committee approved as recommended	23-0	No Changes

Retired Criteria:				
10. Recalls	<p>[REDACTED]</p> <p>Montelukast lot level was addressed and members were notified.</p>	Informational	Shalis Lightner Jeff Kreitman	Affected members who had prescriptions filled for these products were all notified
11. Adjournment	The meeting adjourned at 7:26 PM EST	N/A	Dr. Glenn Hamilton	The next meeting February 4th, 2019 from 6:00 PM- 8:00 PM.

Glenn Hamilton MD
Dr. Glenn Hamilton, MD - Chair

2/7/19
Date