Enterprise P&T Meeting

Committee Meeting Minutes
April 29, 2019

Voting Members Present

Kirton Caton, MD	Rogers Elebra, PharmD	McAllister, Susan, MD	Andrew Peterson, PharmD	Wayne Weart, PharmD
Donald Beam, MD	Gus, Geraci, MD	Higgins, Lilly, MD	Peters, Eric, PharmD	Whitfield, Rani, MD
Brinley, John Floyd, MD	Glenn Hamilton, MD	Elebra, Rogers, PharmD	Rodney Wise, MD	
Caton, Cathryn, MD	Jeffrey Kreitman, PharmD	Muller, Betty. MD	Beam, Donald, MD	
Don Cooper, RPh	Markus Kruesi, MD	Lavdena Orr, MD	Kirby Smith, MD	
Michelle Murphy, PharmD	Antypas, Christopher, PharmD	Tracey Davis, PharmD		

Excused Voting Members

Fury Fecondo, PharmD	William Burnham, MD	Karen Jordan, MD	David Petkash, MD	Hockmuth, Robert, MD
David Batluck, DO	Sturgeon, Lena. PharmD	Lanaye Lawyer, MD	Kendra Michael, MD	

Invited Guests Present

Linda Albandoz, NCPhT - PRx	Jeanine Plante, PharmD	Erich Weiss, PharmD Prx	Patty Oaster, Administrative-PRx	Abad, Melissa, CPhT
Patrick DeHoratius, PharmD-PRx	Chris Meny, PharmD	Kathleen, Clement, Administrative- PRx	Fadeyibi, Oluwatoyin, PharmD-BH	
Calla Vodoor – PharmD Prx	Michael Colvin, PharmD		Paul, Larry, DMD	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible

1. Call to Order	The meeting was called to order at 6:07 PM EST. Jeff Kreitman welcomed all external and internal participants.	Informational Only	Michelle	Dr. Hamilton
2. Conflict of Interest Disclosure	No conflicts announced	Informational Only		Dr. Hamilton
3[redacted]		[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
5. Review and approval of February and March Proxy minutes		.		J. Kreitman
[redacted]	[redacted]	[redacted]		[redacted]

	PerformRx makes the following recommendation: **[redacted]CHC[redacted]:** ▯ Remove all pen needles and insulin syringes from the formulary and preferring BD pen needles and syringes	Approved - 22 Excused - 9		PerformRx will update the criteria and formulary/PDL with any changes
ICS/LABA Combination Inhalers	**PerformRx makes the following recommendation:** **[redacted]CHC:** • Remove current age limits on Dulera® due to availability of generic Advair Diskus which is indicated for the treatment of asthma with FDA approved minimum age of 4 years and approved for COPD • Update the Non-Formulary Inhaled Corticosteroid Combination Inhalers for Asthma and Chronic Obstructive Pulmonary Disease (COPD) to reflect these changes. [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] • [redacted]	Approved - 22 Excused - 9 Comments: Approved, but would like to grandfather kids on Dulera. Approved. As a general comment we should strive to make steroid inhalers (both ICS alone and combo products) easily and cheaply available for patients. I know frequently my patients struggle to get these critical medications because they are either not covered or have high copays. No idea which		PerformRx will update the criteria and formulary/PDL with any changes

	[redacted]	insurances this applies to, but hopefully it's none of the ones we are involved with.		
Levalbuterol Criteria	**PerformRx makes the following recommendation:** [redacted]**CHC**[redacted] - Approve the Levalbuterol Prior Authorization Criteria with replacing "Ventolin HFA" with "Albuterol HFA" as formulary agent. .	Approved - 22 Excused - 9		PerformRx will update the criteria and formulary/PDL with any changes
6. Old Business				PerformRx
[redacted]	[redacted]	[redacted]		[redacted]

7. New Business				

Savella	**PerformRx makes the following recommendation:** **CHC:** • No changes are recommended at this time •	Committee approved as recommended		

8. Drug Reviews	**PerformRx makes the following recommendation:**	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

Therapeutic Class:				
Attention Deficit Hyperactivity Disorder	**PerformRx makes the following recommendation:** [redacted]**CHC:** • PerformRx recommends approving the ADHD Drugs prior authorization criteria with no changes [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes

Anticonvulsants with PA criteria	**PerformRx makes the following recommendation:** **[redacted]CHC:** • Remove phenytoin 100 mg/4 mL oral suspension from the formulary due to lack of utilization and availability of cost effective formulary alternatives • Add clobazam (Onfi) 10 mg and 20 mg tablets to the formulary • Add carbamazepine (Carbatrol) 100 mg, 200 mg, and 300 mg ER capsules to the formulary.	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	• Approve the Banzel prior authorization criteria with the addition of clobazam as an alternative step one agent [redacted] [redacted]			

Contraceptives - Diaphragms	**PerformRx makes the following recommendation:** [redacted]**CHC:** • No changes are recommended at this time [redacted] [redacted] [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	[redacted] [redacted] [redacted] • [redacted]			

Inhaled Corticosteroid	**PerformRx makes the following recommendation:** [redacted]**CHC**: • Remove Flovent® HFA from the formulary due to high cost and the availability of clinically effective alternative inhalers at a lower cost • Remove ArmonairTM Respiclick from the formulary due to the product having no utilization and higher cost than alternative inhalers. [redacted] [redacted] [redacted] • [redacted]	Committee approved removal of ArmonairTM as recommended. Recommendation to remove Flovent HFA from formulary was tabled to determine the appropriate age restriction the committee would like to put in place rather than remove entirely from the formulary.		PerformRx will update the criteria and formulary/PDL with any changes.

Potassium Removing Agents with PA criteria	**PerformRx makes the following recommendation:** **[redacted]CHC:** • Remove Sodium polystyrene sulfonate 30 g/120 mL, 50 g/200 mL rectal enema from the formulary due to no utilization and higher cost • Remove SPS® (sodium polystyrene sulfonate) with sorbitol 30 g/120 mL rectal enema due to no utilization and higher cost • Approve the newly developed prior authorization criteria for Veltassa® and Lokelma™ to ensure appropriate utilization of these newer agents • Change the status of Veltassa® and Lokelma™ from NF to NF-PA [redacted] • [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	[redacted] [redacted] [redacted] [redacted] • [redacted] [redacted] • [redacted] [redacted]			

Gaucher Disease with PA Criteria	**PerformRx makes the following recommendation:** **[redacted]CHC:** • Make no changes to the formulary status of the medications in this class • Approve the prior authorization criteria with the changes listed below • Add contraindications for Cerdelga according to the package insert • Remove trial and failure of enzyme replacement therapy prior to approving Cerdelga as Cerdelga is indicated as first line treatment [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
Single Products				

Ridaura	**PerformRx makes the following recommendation:** **CHC:** • No changes	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Palynziq with PA Criteria	**PerformRx makes the following recommendation:** **CHC:** • Add Palynziq (pegvaliase-PQPZ) to the specialty tier with prior authorization • Approve the new Palynziq prior authorization criteria	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	[redacted]			
Spravato with PA Criteria	**PerformRx makes the following recommendation:** [redacted]**CHC:** • Add Spravato (esketamine) to the specialty tier with prior authorization • Approve the new Spravato prior authorization criteria [redacted] [redacted] [redacted] [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

New Products	**PerformRx recommends to keep the following product remain non-formulary:** • Ablysinol • Afrezza • Apadaz • Bijuva • Dextenza • Divigel • D-Penamine • Dsuvia • Dxevo • Healon EndoCoat • Integrilin • Krintafel • Lotemax SM • Motegrity • Prograf • Protyl Ag • Qmiiz ODT • Rocklatan • Solox Wound Gel • Tirosint • Tuxarin ER [redacted] • [redacted]			PerformRx will update the criteria and formulary/PDL with any changes.

	PerformRx recommends add to Specialty Tier for [redacted] CHC [redacted]: • Andexxa • Cablivi • Elzonris • Inbrija • Infugem • Nivestym • Tecentriq [redacted] [redacted] [redacted] [redacted] [redacted] **PerformRx recommends to add the following drugs to Specialty Tier and use drug specific PA criteria for [redacted] CHC [redacted]:** • Aimovig Autoinjector • Mayzent • Spravato • Tremfya			
9. Prior Authorization Criteria Review				

Non-Formulary-Prior Authorization Required Medications Criteria	**PerformRx recommends to approve the criteria with the following changes:** **[redacted]CHC[redacted]:** • Streamline the language [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Diagnosis Code Requirement	**PerformRx recommends to approve the criteria with the following changes:** **[redacted]CHC[redacted]:** • Approve the criteria with no changes [redacted] • [redacted]			
Acthar HP	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** Maintain the current criteria with no changes	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
Ampyra	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** Approve the criteria with minor language changes to illustrate that Ampyra is available generically	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

Amyotrophic Lateral Sclerosis	**PerformRx makes the following recommendation:**			

	[redacted]CHC[redacted]: • Approve the criteria with minor language changes to state that riluzole is available generically and that will pay at point of sale and criteria is not required [redacted] • [redacted]			
Kuvan	**PerformRx makes the following recommendations:** **[redacted]CHC[redacted] :** • Streamline language for 1st reauthorization and subsequent reauthorizations • Remove specific initial maximum dose as dose can differ for different ages [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

Lidoderm	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** • Approve the criteria with minor changes to illustrate Lidoderm is available generically [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	[redacted] [redacted]			
Lyrica and Lyrica CR	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]** • Remove of Trigeminal Neuralgia section as Lyrica is not approved for this indication nor is this in treatment practice guidelines [redacted] [redacted] [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

Long Acting Injectable Antipsychotics	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** • Add Aristada Initio as it is newly available [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

Mepron	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** Approve the Mepron prior authorization criteria with no changes	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
Multaq	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted].** Approve the criteria with no changes	Committee approved as recommended		No Changes

Oncology Without Specific Criteria to be Used with an Oncology Diagnosis	**PerformRx makes the following recommendation:** **[redacted]CHC[redacted]:** • Approve the Oncology without Specific Criteria to be Used with an Oncology Diagnosis • Clarify language • Require labs only when necessary verify the absence of contraindications • Change title for simplicity [redacted] • [redacted] [redacted] • [redacted]	Committee approved as recommended		
	[redacted]			

[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]			
Rituxan	**PerformRx makes the following recommendation:**			

	[redacted] CHC [redacted]: • Add criteria for newly approved diagnosis of Pemphigus Vulgaris • Add required documentation of PCP prophylaxis for diagnosis of CLL, GPA, MPA • Remove the requirement that Rituxan be used in combination with fludarabine and cyclophosphamide (FC) as NCCN guidelines recommend Rituxan in combination with various other chemotherapies. It is only the PI that prescribes use in combination with FC. [redacted] • [redacted]			
Serotonin Receptor Agonists	**PerformRx makes the following recommendation:** **[redacted] CHC [redacted]:** • Clarify formulary agents and include new formulations of non-formulary sumatriptan • Remove reference to quantity limits in approval criteria • Clarify trial of preferred products			
Skeletal Muscle Relaxants	**PerformRx makes the following recommendation:** **[redacted] CHC [redacted]** • Approve the new Carisoprodol criteria [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

[redacted]	[redacted] [redacted] [redacted] [redacted] [redacted]			
Soliris	**PerformRx makes the following recommendation:** [redacted]**CHC** [redacted] • Remove confirmation patient has received appropriate vaccinations • Removal of lab values not required to assist in determination of clinical response [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

VEGF Inhibitors	**PerformRx makes the following recommendation:** [redacted]**CHC**[redacted] • Update name to reflect use is for ophthalmic indications to support addition of Avastin • Add Avastin to the criteria • Clearly differentiated preferred and non-preferred agents. • Add clarifying language [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

[redacted]	[redacted]	[redacted]		[redacted]
Zyvox	**PerformRx makes the following recommendations:** [redacted]**CHC**[redacted] • Approve the Linezolid Prior-Authorization Criteria • Clarify requirement for trial of a preferred antibiotic prior to the use of linezolid [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Injectable Osteoclast Inhibitors for Skeletal Related Events	**PerformRx makes the following recommendations:** [redacted]**CHC** [redacted] • Change title to specify that this criteria is to be used for oncology indications only • Remove language related to renal function as renal dysfunction is not a labeled contraindication for any of the products and	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	recommendations related to dosing in renal dysfunction are dependent on drug and indication • Change language related to preference of the generic products over Xgeva [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] • [redacted]			
Injectable/Infusible Osteoporosis Agents	**PerformRx makes the following recommendation:** [redacted]**CHC** [redacted] • Change title to clarify that the policy also pertains to requests for bisphosphonates used for Paget's disease • Addition of pamidronate to the list of drugs to which this criteria	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

	applies • Addition of prescriber restriction • Reformat drug names where appropriate based on generic availability • Minor formatting changes [redacted] [redacted] [redacted]			

[redacted]	[redacted]	[redacted]		[redacted]
	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
Prior Authorization New Criteria				.

Agents for Thrombocytopenia	**PerformRx makes the following recommendation:** [redacted] **CHC** [redacted] • Approve the newly developed Thrombocytopenia Prior Authorization Criteria [redacted] • [redacted]	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
[redacted]	[redacted]	[redacted]		[redacted]
		[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]
[redacted]	[redacted]	[redacted]		[redacted]

10. Recalls	Ongoing recall for Losartan Potassium ▯	Informational	Melissa Jeff Kreitman	Affected members who had prescriptions filled for these products were all notified
11. Adjournment	The meeting adjourned at 7:19 PM EST	N/A	William Burnham	The next meeting July 29, 2019 from 6:00 PM- 8:00 PM.

William D Burnham MD

_____ _7/24/19_____

William Burnham, MD - Chair Date