

**Enterprise P&T Meeting
Committee Meeting Minutes
February 20, 2017**

Voting Members Present

Michael Baer, MD	Rogers Elebra, PharmD	Jay Messeroff, RPh
Greg Barabell, MD	Jason Gallagher, PharmD	Parul Mistry, MD
David Batluck, DO	Glenn Hamilton, MD	Eric Peters, PharmD
Donald Beam, MD	Fred Hill, MD	Andrew Peterson, PharmD
Floyd John Brinley, MD	Jeffrey Kreitman, PharmD	Kirby Smith, MD
William Burnham, MD	Markus Kruesi, MD	Wayne Weart, PharmD
Don Cooper, RPh	Indira Mahidira, MD	Rodney Wise, MD

Excused Voting Members

Lily Higgins, MD	David Petkash, MD	Larry Warner, MD
Lavdena Orr, MD	Monir Shalaby, MD	Arthur Williams, MD

Invited Guests Present

Albandoz, NCPHt - PRx	Patrick DeHoratius, PharmD - PRx	Paul Knecht, PharmD - LA DHH	Jeanine Plante, PharmD-ACLA	Melwyn Wendt, PharmD – LDH
Avanessians, Pharmacy t -PRx	Andrea Gelzer, MD -	Shalis Lightner, Pharm. Mgr., Reg 1	Janis Powers, ICM Director	Joy West, CPhT – BCC
rumleve, GSK	Lee Hennigan, Novartis Oncology	Kelly Martin, PharmD – Reg 1	Erik Stumpf, MD - Prestige	Doug Wood, VIIV Healthcare
n Clement, Admin. PRx	Tim Hambacher, Otsuka	Chris Meny, RPh - BCC	Devon Trumbower, PharmD -PRx	
, Dalal, MD PerformCare	Stacey Hannigan, RPh - PRx	Betty Muller, MD -ACLA	Kyle Viator, Market President	
Davis, Market Pharmacy r	Jamila Jordan, PharmD - PRx	Herbert Peoples, PharmD – Prestige	Calla Vodoor – PharmD	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Welcome Remarks	<ul style="list-style-type: none"> Special welcome to Dr. Indira Mahidhara 	Informational Only		Kelly Martin
2. Call to Order	<ul style="list-style-type: none"> The meeting was called to order at 6:00 PM EST 	Informational Only		Indira Mahidhara
3. Conflict of Interest Disclosures	<ul style="list-style-type: none"> Dr. Mahidhara asked if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item. 	No conflicts were disclosed		Indira Mahidhara
4. ACLA Common PDL Attestation		Informational Only		Kelly Martin
5. Review of last P&T Minutes	<ul style="list-style-type: none"> Kelly Martin asked if there were any corrections or updates to the minutes from October 24, 2016. For Haloperidol Decanoate – ample was recommended to change to ampules. 	Committee approved set of minutes with recommended changes	21-0	Approved minutes to be signed by P&T Meeting Chairman (William Burnham) .
6. Old Business				PerformRx

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Opioid Dependence Agents Criteria	<ul style="list-style-type: none"> Changes were made to ensure that we were compliant with AHDC states regulations. 	Informational		PerformRx
Opioid Coverage Policy	<ul style="list-style-type: none"> Approve the criteria restricting to 200 morphine milligram equivalents (MME) for KF, AHC and AHN new patients. 	Informational		PerformRx
CNS Stimulants PA Criteria	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Approve the updated prior authorization criteria for ACLA with the addition of adequate trial and failure of behavior modification for members less than 12 years old. (less than 6 years of age) For members over the age of 18 years old without history of treatment they must submit documentation of being diagnosed with ADHD before age 13 years old. Age limit change from 3 to 18 years old to 6 to 18 years old for: <ul style="list-style-type: none"> Dexedrine (dextroamphetamine) Adderall (dextroamphetamine/amphetamine) Procentra (dextroamphetamine) 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Opioid Dependence Agents Criteria	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve of the prior authorization criteria with the changes for KF/AHC and AHNE • Approve of the prior authorization criteria with the changes for ACLA and SHSC • Update renewal section “licit and illicit drugs...” to illicit drugs only. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
7. New Business				Jeanine Plante
Louisiana Department of Health Opioid Worksheet	<ul style="list-style-type: none"> • Universal PA Criteria form that will be used for all Opioid Analgesic Treatment Worksheet in order to override the quantity. 	Informational		PerformRx will update the criteria and formulary/PDL with any changes.
8. Drug Reviews				Kelly Martin
Therapeutic Class				

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
HIV Medications and PA criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Retire the Fuzeon prior authorization criteria for KF/AHC/AHN and SHSC. • Add Odefsey, Descovy and Genvoya to formulary for KF/AHC/AHN and SHSC. • Remove Complera and Atripla from the formulary with grandfathering for KF/AHC/AHN and for SHSC. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Genital Wart treatments	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Add topical generic Condylox solution to formulary for AHDC Alliance. • Remove brand Condylox gel from formulary for KF/AHC/AHN, AHDC, SHSC and ACLA with no grandfathering. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
DPP-4 inhibitors and PA criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add insulin as pre-requisite for step therapy (ST is metformin or insulin) on Januvia, Janumet and Janumet XR for 	Committee disapproved the recommendation of adding insulin as pre-requisite for ACLA and SHSC	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>ACLA and SHSC</p> <ul style="list-style-type: none"> Retire the DPP-4 Inhibitors prior authorization criteria and utilizing the current step therapy edits in place for this class of medication. 	<p>Committee approved the retirement of the DPP-4 Inhibitors prior authorization criteria.</p>		
<p>Alzheimer's Agents</p>	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> Add the 13.3mg Exelon patch formulary for KF/AHC/AHN and AHDC Add an age limit of 18 years and older for Exelon/Exelon Patch for SHSC and to Exelon, Aricept/Aricept ODT for AHDC Alliance. 	<p>Committee approved as recommended</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Anaphylaxis Agents</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Remove brand EpiPen from the formulary with no grandfathering for KF/AHC/AHN, AHDC, SHSC and ACLA Add authorized Mylan generic epinephrine auto-injector (0.15mg/0.3ml and 0.3mg/0.3ml) to formulary for 	<p>Committee approved as recommended</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>KF/AHC/AHN, AHDC, SHSC and ACLA</p> <ul style="list-style-type: none"> • Block other available generic epinephrine auto-injector products from the formulary for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA 			
Benign Prostatic Hyperplasia	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add generic Flomax to the formulary for KF/AHC and AHN. • Add generic Uroxatral to the formulary for KF/AHC/AHN, AHDC, and AHDC Alliance • Add generic Terazosin to the formulary for AHDC Alliance • Add generic Avodart to the formulary for AHDC Alliance, SHSC and ACLA. • Make no additional changes to the formulary status of any other products within the class. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Factor Xa Inhibitors	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Make no changes to the formulary status of any other product within this class. 	Committee approved as recommended	21-0	No changes required
Pulmonary Arterial Hypertension Table	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Add Adempas to the specialty tier with prior authorization for KF/AHC and AHN. • Make no changes to the formulary status of the other products within this class. • Approve the Pulmonary Arterial Hypertension Prior Authorization Criteria being submitted with no changes • Make no changes to the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	The committee discussed that there would be a cost savings by having Cialis instead of Adcirca	21-0	Tabled for next meeting
PCSK9 and PA criteria	<p>PerformRx makes the following Recommendation:</p>	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<ul style="list-style-type: none"> • Add the Repatha and Praluent products to the specialty tier with prior authorization for KF/AHC and AHN. • Make no changes to the formulary status for the other lines of businesses. • Approve the PCSK9 Inhibitors Prior Authorization Criteria with the necessary updates. 			
Long Acting Insulin Products	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add Basaglar KwikPen to the formulary for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. Basaglar KwikPen is currently on formulary with a quantity limit of 30ml/month for Blue Cross Complete of Michigan with QL of 30ml/month. • Remove Lantus vials and SoloSTAR pen, as applicable, from the formulary for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. <ul style="list-style-type: none"> - Blue Cross Complete of Michigan is unable to participate in the removal of Lantus vials and 	<p>Committee approved to add Basaglar to all LOBs formulary as recommended.</p> <p>Committee approved the removal of Lantus SoloStar pen for all LOBs with the exception of SHSC.</p>	19-2	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>SoloSTAR pens due to the State of Michigan common formulary compliance requirements.</p> <ul style="list-style-type: none"> • Convert all members on either Lantus vials or SoloSTAR to Basaglar KwikPen with no grandfathering for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. • Make no other changes to the formulary status of any products within this class. 			
Needles and Pen Needles	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Make no changes to the formulary status of these products at this time. 	Committee approved as recommended.	21-0	No changes required
Smoking Cessation Products	<p>PerformRx makes the following recommendation:</p> <p>For AHDC Alliance:</p> <ul style="list-style-type: none"> • Remove Nicotrol NS from the formulary. • Add generic Zyban to the formulary. 	Committee approved as recommended.	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<ul style="list-style-type: none"> • Add the appropriate age limits, of a minimum age of 18 years old, and quantity limits, of 360 tablets per 365 days, to Chantix. For SHSC and ACLA apply or update the follow quantity limits: • Nicorette Gum and Commit Lozenges – a limit of 450 pieces per 30 days. • Nicotrol NS & Nicotrol Inhaler – a limit of 2 systems per 30 days. • Zyban and Chantix- a limit of 60 per 30 days. • NicoDerm CQ - a limit of : • (30 patches per 30 days for the 7 mg and 21 mg patches) • (60 patches per 60 days for the 14 mg patch) • Allow members only a 90 day supply of each agent per a rolling 365 day period. • Members are allowed another 90 supply via the prior authorization process. • Make no other formulary changes to any other product within this class. 			

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Single Product				Kelly Martin
Rectiv Ointment	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Remove Rectiv ointment from the formulary with grandfathering for KF/AHC/AHN, AHDC, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Lialda	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Make no changes to the formulary status of Lialda for KF/AHC/AHN, AHDC, SHSC and ACLA. 	Committee approved as recommended.	21-0	No changes required
Incruse Ellipta	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Remove Incruse Ellipta from the formulary of KF/AHC/AHN, AHDC, SHSC, and ACLA. Members would be allowed to stay on their current therapy 	Committee approved as recommended	21-0	No changes required

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	through the grandfathering logic.			
Quantity Limit Additions				Kelly Martin
Atypical Antipsychotics	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • ACLA and SHSC would like to implement/update the quantity limits for the listed atypical antipsychotics to ensure proper appropriate use of these products. 	There were questions concerning the proposed quantity limits for Abilify, Abilify ODT and Risperdal	21-0	Tabled for next meeting
New Products Review				

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>The following new products were reviewed and PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Remain non-formulary for all lines of business: <ul style="list-style-type: none"> - Treximet, Sustol, Ameluz, Bromsite, Vascepa, Diclozor, Micort-HC, Aggrastat, Lartruvo, Namzaric, Alprolix, Raplixa, Rayaldee, Pertzy, Vemlidy, Xultophy, Zinplava Adlyxin, Soliqua Mircera, Rubraca, Afrezza, Zubsolv, Spinraza, Epaned, Lucentis, Maci, Primacare and Ticalast - • Require prior authorization for all lines of business : <ul style="list-style-type: none"> - Eucrisa, Evzio, Inflectra, Restasis Multidose and Orkambi • Add to formulary for all lines of business: <ul style="list-style-type: none"> - Basaglar Kwikpen –add to formulary • Add to BCC formulary and remain non-formulary for all other lines of business: 	Committee approved as recommended	21-0	PerformRx will update the formulary/PDL with any needed changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<ul style="list-style-type: none"> - Pancreaze • Add to ACLA formulary and remain non-formulary for all other lines of business: <ul style="list-style-type: none"> - Kyleena 			
9. Prior Authorization Criteria Review				
Specialty Annual Review				
Cinqair or Eosinophilic Asthma Agents	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the new prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria with the new review date.
Cystic Fibrosis Agents	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the updated KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<ul style="list-style-type: none"> • Remove duplicate documentation (updated FEV1) for Kalydeco/Orkambi • Add the additional genetic mutation documentation from the National CF Registry • Change the approval durations for these medications (Initial approval duration for Orkambi and Kalydeco changed to 6 months with reauthorization approved for 12 months; all other products will be approved for 12 months). • Updating the age for approval for Orkambi to 6 years of age or older. 			
Injectable Bisphosphonates	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
GNRH Agonists	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved the criteria with the removal of documentation of bone age advanced 1 beyond chronological age for initial authorization	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Growth Hormone	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
LMWH	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Update for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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Hyaluronic Acid Derivatives	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Kuvan	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Alpha 1 Proteinase Inhibitors	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Specialty New Criteria:				
Exondys 51	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the new prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Ocaliva	<p align="center">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the new prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Spinraza	<p align="center">PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Approve the new prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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	(deleting 6 minute walk test, removing BUN and creatinine from criteria).			
Non-Specialty Annual Review				
Bactroban	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the Bactroban prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Banzel	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the Banzel prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC. • Due to Banzel being indicated for patients 1 year of age and older, PerformRx recommends adding an age restriction to the criteria. Additionally, PerformRx recommends adding the contraindication of familial short QT 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	syndrome to the criteria.			
Danocrine	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the Danocrine prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC. • Add criteria for a negative pregnancy test. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
DDAVP	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria with appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. • Modifying the 1st bullet point to read “Diagnosis of primary nocturnal enuresis in children 5 years of age or older” 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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Diclegis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the removal of male exclusions due to state regulations for non-discriminatory acts on the prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Dostinex	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the recommended approval duration on the prior authorization criteria from 6 months to 12 months for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Effient	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current prior authorization criteria for SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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Evzio	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Hepsera	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Pulmicort Respules	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

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Oxycontin	<p align="center">PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
2 nd Generation Antihistamines	<p align="center">PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes.
Non-specialty New Criteria				
Agents for Atopic Dermatitis	<p align="center">PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Retire the Protopic and Elidel prior authorization criteria and approving the 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>newly created Agents for Atopic Dermatitis prior authorization criteria including the new drug Eucrisa for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</p>			
<p>Prior Authorization Criteria to be Retired</p>				
<p>Diamox Sequel</p>	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> Retire the criteria for SHSC and ACLA as this product is formulary and currently pays at the point of sale. 	<p>Committee approved as recommended</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Retin-A</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Retire the criteria for KF/AHC/AHN. The product is formulary and currently pays at the point of sale with the appropriate age limits 	<p>Committee approved as recommended</p>	<p>21-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
ALK tyrosine kinase inhibitors	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA and utilizing the Oral and Injectable Oncology Medications without medication specific criteria. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Anti PD-1 monoclonal antibodies	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA and utilizing the Oral and Injectable Oncology Medications without medication specific criteria. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Metanx	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for SHSC and ACLA and using the non-preferred/non-formulary medications prior authorization criteria for any review of this request. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Elidel	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the prior authorization criteria. Elidel will now be included in the class specific “Agents for Atopic Dermatitis” Prior Authorization Criteria. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Avinza	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the prior authorization criteria. Brand name Avinza has been discontinued, the prior authorization criteria should be retired and non-formulary criteria can be utilized for the generic formulation for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Crestor	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the Crestor prior authorization criteria. Crestor is now available generic. If members require brand Crestor, the non-formulary prior authorization criteria can be utilized for KF/AHC/AHN, AHDC, AHDC 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	Alliance, SHSC and ACLA.			
Butrans	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire Butrans prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC and utilizing the general non-formulary medications prior authorization criteria since the requirements in the criteria are also in the non-formulary medications prior authorization criteria. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
Protopic	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the prior authorization criteria and utilizing the newly created Agents for Atopic Dermatitis prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	Committee approved as recommended	21-0	PerformRx will update the criteria and formulary/PDL with any changes
10. Recalls	<ul style="list-style-type: none"> No lot level recall 	Informational		Shalis Lightner Jeff Kreitman
11. Adjournment		.	N/A	The next meeting is April

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	The meeting adjourned at 7:56 PM EST			24. 2017 from 6:00 PM – 8:00 PM EST

 Dr. William Burnham, MD - Chair

 Date