

**Enterprise P&T Meeting  
Committee Meeting Minutes  
April 24, 2017**

**Voting Members Present**

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

**Excused Voting Members**

Michael Baer, MD	Fred Hill, MD	Monir Shalaby, MD
Glenn Hamilton, MD	Paul Mistry, MD	Larry Warner, MD
Lily Higgins, MD	Lavdena Orr, MD	Arthur Williams, MD

**Invited Guests Present**

Linda Albandoz, NCPht - PRx	Patrick DeHoratius, PharmD - PRx	Kelly Martin, PharmD – Regl	Jennifer Schonhorst, Administrative
Avenessians Edward, PharmD	Stacey Hannigan, RPh - PRx	Chris Meny, RPh - BCC	Kyle Viator, Market President
Kathleen Clement, Administrative	Tim Hambacher, Otsuka	Patty Oaster, Administrative	Calla Vodoor – PharmD
Mayank Dalal, MD PerformCare	Jamila Jordan, PharmD - PRx	Herbert Peoples, PharmD	Melwyn Wendt, PharmD
Karen Dale, AHDC Administrative	Paul Knecht, PharmD - LA DHH	Jeanine Plante, PharmD- ACLA	Joy West, CPhT
Tracy Davis, PharmD -DC	Shalis. Lightner, Pharmacy Manager	Natashia Sanders, Administrative	Wood Doug, VIIV Healthcare

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<b>1. Call to Order</b>	The meeting was called to order at <b>6:07 PM EST</b>	Informational Only		William Burnham
<b>2. Conflict of Interest Disclosures</b>	Dr. Burnham asked if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item.	No conflicts were disclosed		William Burnham
<b>3. ACLA Common PDL Attestation</b>		Informational Only		Kelly Martin
<b>4. Review of last P&amp;T Minutes</b>	Kelly Martin asked if there were any corrections or updates to the minutes from February 20, 2017	Committee approved set of minutes as presented	18-0	Approved minutes to be signed by P&T Meeting Chairman (William Burnham).
	Proxy Minutes from March 15, 2017	Committee approved set of minutes as presented	18-0	Kelly Martin
<b>5. Old Business</b>				PerformRx
<b>GNRH Agonists</b>	PerformRx makes the following recommendation: <ul style="list-style-type: none"> <li>Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p align="center"><b>Pulmonary Arterial Hypertension</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add Adempas to the specialty tier with prior authorization for KF/AHC/AHN.</li> <li>• Make no changes to the formulary status of the other products within this class.</li> <li>• Approving the prior authorization criteria with no changes for KF/AHN/AHC, AHDC, AHDC Alliance, SHSC, and ACLA.</li> <li>• Approving for BCC the pulmonary arterial hypertension criteria for drugs that are covered on the common formulary. Any requests for any other medication will utilize the Enterprise specific pulmonary arterial hypertension criteria.</li> </ul>	<p align="center">Committee approved as recommended</p>	<p align="center">18-0</p>	<p align="center">PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p align="center"><b>Emflaza</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC.</li> </ul>	<p align="center">Committee approved as recommended</p>	<p align="center">18-0</p>	<p align="center">PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p><b>BCC Butrans &amp; Belbuca PA Criteria</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Indication provided that the member has moderate to severe pain and has tried and failed on two of our preferred long acting opioid products.</li> <li>• Approve the updated criteria for BCC</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p><b>Atypical Antipsychotics Quantity Limits</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• ACLA and SHSC would like to implement/update the quantity limits for the listed atypical antipsychotics to ensure proper appropriate use of these products.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p><b>6. New Business</b></p>				
<p><b>Long Acting Opioid Edit</b></p>	<p><b>PerformRx makes the following recommendation:</b></p>			
<p><b>Vivitrol</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Per state guidance, Vivitrol will be added to the formulary with no restrictions for KF/AHC/AHN</li> <li>• Retire the Vivitrol prior authorization criteria for KF/AHC/AHN.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p><b>Suboxone PA Criteria Removal</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the opioid dependence agent's prior authorization criteria for KF/AHC/AHN with only an initial authorization criteria and programming point of sale edits to allow the buprenorphine products to continue to pay at the point of sale if members meet the appropriate point of sale edits. The point of sale edits will include an age limit of 16 and older, quantity limit of 24mg of the buprenorphine component per day and a duplicate therapy edit with opioids. SHSC and ACLA will no longer require initial authorization for generic buprenorphine products. These products will pay at point-of-sale with the following edits in place: age limit of 16 and older, quantity limit of 24mg of the buprenorphine component per day and a duplicate therapy edit in place with opioids. Retire the PA criteria for ACLA and SHSC.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p align="center"><b>SHSC – Opioid Policy</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approving this criteria for SHSC and implement a morphine milligram equivalent limit of 200 MME on all short acting opioid products.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p align="center"><b>SHSC –Smoking Cessation</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove the formulary restriction to all smoking cessation products and allow these agents to process at point-of-sale with zero copay.</li> <li>• Remove the quantity limit of 90 days of therapy every 365 days.</li> <li>• Keep the quantity limits that were already approved in the previous meeting regarding each smoking cessation product per 30 days.</li> <li>• Retire the Tobacco Cessation Products PA criteria.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

<p><b>7. Drug Reviews</b></p>				
<p>Therapeutic Class</p>				
<p>Miscellaneous Contraceptive Products</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add Ella to the formulary for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA</li> <li>• Make no other changes to the formulary status of the other products within this class</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p>Diuretics with PA criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• For KF/AHC/AHN, AHDC, SHSC, and ACLA <ul style="list-style-type: none"> <li>a. Remove Methyclothiazide, brand Dyrenium, brand Aldactazide® 50-50 mg from the formulary and grandfather existing members receiving these products.</li> </ul> </li> <li>• For KF/AHC/AHN and</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

	<p>AHDC</p> <ul style="list-style-type: none"> <li>a. Remove the prior authorization requirement from generic Diamox Sequels and allow this product to process at the point of sale.</li> <li>b. Retire the Diamox Sequel prior authorization criteria</li> <li>• For SHSC: <ul style="list-style-type: none"> <li>a. Remove Dyazide<sup>®</sup> 50/25 mg from the formulary and grandfather existing members receiving this product.</li> </ul> </li> <li>• For AHDC Alliance: <ul style="list-style-type: none"> <li>a. Remove Neptazane<sup>®</sup> and Inspra<sup>®</sup> from the formulary</li> <li>b. Add generic Zaroxolyn<sup>®</sup> 2.5 mg and 10 mg tablets, generic Aldactone<sup>®</sup> 50 mg, and 100 mg tablets, generic Maxzide<sup>®</sup> 75/50 mg, and generic Dyazide<sup>®</sup> 37.5/25 mg to the formulary.</li> </ul> </li> <li>• Making no other changes to the formulary status of the products within this class.</li> </ul>			
	<p><b>PerformRx makes the following recommendation:</b></p>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>



Gaucher's Disease Agents with PA criteria	<ul style="list-style-type: none"> <li>• Approve the updated Gaucher's Disease Treatment Agents Prior Authorization Criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> <li>• Make no changes to the formulary status of the products within this class.</li> </ul>			
Pancreatic Enzymes	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add Creon 6K-19K-30K to formulary for AHDC Alliance.</li> <li>• Ensure that all strengths of Zenpep are on the formulary KF/AHC/AHN, AHDC, SHSC, ACLA and BCC.</li> <li>• Make no other changes to the formulary status of the other products within this class.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Local Anesthetics with PA criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the Lidoderm prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>		18-0	PerformRx will update the criteria and formulary/PDL with any changes.
	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove Effexor XR tablets</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.

<p>Neuropathic Pain with PA criteria</p>	<p>(37.5mg, 75mg, 150mg) from the formulary with grandfathering for KF/AHC/AHN, AHDC, AHDC Alliance.</p> <ul style="list-style-type: none"> <li>• Add Effexor XR 37.5mg, 75mg, and 150mg Capsules to the formulary for AHDC Alliance.</li> <li>• Add the 75mg and 100mg Norpramin tablets to the formulary for KF/AHC/AHN and AHDC and AHDC Alliance.</li> <li>• Approve the current Lyrica prior authorization criteria for SHSC and ACLA with the appropriate changes and implement Lyrica PA Criteria for KF/AHC/AHN, AHDC and AHDC Alliance.</li> </ul>			
<p>Topical Analgesics</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Adding Diclofenac 1% gel to the formulary with a 2 step pre requisite edit (trial of an oral NSAID and Acetaminophen product or trial of two oral NSAIDs) and a diagnosis ICD-10 code of osteoarthritis of the knee or hand for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC.</li> </ul>	<p>Committee approved as recommended</p>		<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p><b>Single Product</b></p>				

<p>Sklice with PA criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add Sklice® to the formulary with step therapy (trial and failure of OTC permethrin/pyrethrin) for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>• Remove Natroba from the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>• Approve the Pediculicides prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>	<p>Committee approved as recommended.</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Xiidra with PA criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Adding Xiidra to the formulary with prior authorization for KF/AHC/ AHN, AHDC, SHSC and ACLA.</li> <li>• Approve the newly created Ophthalmic Anti-Inflammatory Immunomodulator Products Prior Authorization Criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC (QL for BCC 1 box/30 days; 60 applications per month) and retire the Restasis prior authorization criteria.</li> </ul>	<p>Committee approved as recommended.</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>

<p><b>New Products Review</b></p>	<p><b>The following new products were reviewed and PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• <b>Remain non-formulary for all lines of business:</b> Triferic, Trulance, Adynovate, Emflaza. Daxbia, Ryvent, Xermelo, Zonacort, Arymo Er, Rhofade Eloctate, Ilaris, Nipride RTU and Kisqali</li> <li>• <b>Add to formulary for the following lines of business:</b> <ul style="list-style-type: none"> <li>- Linzess - Add to the formulary for KF/AHC/AHN, AHDC</li> <li>- Selzentry - Add to the formulary for KF/AHC/AHN, SHSC (added to ACLA)</li> <li>- Vvyanse (chewable tablets 10mg, 20mg, 30mg, 40mg, 50mg, and 60mg) - Add to the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA</li> </ul> </li> </ul>	<p>Committee approved as recommended.</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>
<p><b>8. Prior Authorization Criteria Review</b></p>				
<p><b>Specialty Annual Review</b></p>				

Ampyra	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Erythropoiesis-stimulating agents	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with the following changes: streamlined clinical information for ease of reviewer, removed redundancies.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Epogen	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintaining the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC with the following changes: streamlined clinical information for ease of reviewer, removed redundancies.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Oncology without specific criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Rituxan	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintaining the current criteria for KF/AHC/AHN, AHDC, ACLA and SHSC with the following changes: For GPA/MPA diagnosis- the addition of glucocorticoids/azathioprine as an initial therapy option, adding nephrologist as a prescriber, and adding re-authorization criteria.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Juxtapid/Kynamro	<p><b>PerformRx makes the following Recommendation:</b></p> <ul style="list-style-type: none"> <li>Update the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC with the following changes: updating the required LDL values in lab reporting to mimic requirements for PCSK9's. (Specific information notated by italics on PA Criteria only applies to KF/AHC/AHN)</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Botulinum Toxins	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Update the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with the following changes: Make Dysport the preferred agent for the diagnosis of lower limb spasticity for pediatric patients (2-17 years old), cervical dystonia (spasmodic torticollis) or upper limb spasticity in adult patients.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Acthar	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes</li> </ul>	Committee approved as recommended.	18-0	No changes required
Makena	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN AHDC, AHDC Alliance, and SHSC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required

Hepatitis C	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approving the updated prior authorization criteria, specific to each line of business, KF/AHC/AHN, AHDC, and ACLA with the following changes: addition of pediatric indications and Hepatitis B screenings.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
<b>Non-Specialty Annual Review</b>				
Non-formulary medications for the use in ADHD treatment for members over 21	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Atypical Antipsychotic Agents for Members Less Than 18 Years Old	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approving the updated criteria for ACLA with the addition of the products with a minimum age limit of 18 years old, increase the initial authorization duration to 6 months, criteria for any non-formulary medication request, and removal of the requirement of a clinical rationale for continued use or plans for discontinuation.</li> </ul>	The committee recommended updating the criteria and adding a requirement of fasting glucose or hemoglobin A1C documentation for both initial authorization and reauthorization	18-0	PerformRx will update the criteria and formulary/PDL with any changes



CNS Stimulants Age Limits	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for SHSC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Ponstel	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for ACLA and SHSC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Quaalun	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Sporanox	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for ACLA and SHSC with no changes.</li> </ul>	Committee approved as recommended.	18-0	No changes required
Zyvox	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA with no changes</li> </ul>	Committee approved as recommended.	18-0	No changes required

<p>Oral Triptans</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the Serotonin Receptor Agonists (Triptans) prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>	<p>Committee approved as recommended</p>	<p>18-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p>Mepron</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the Mepron prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC. Due to Dapsone being a cost effective medication indicated for the prevention of PCP and treatment for mild to moderate PCP, PerformRx recommends adding the requirement to use Dapsone before using Mepron for these indications.</li> </ul>	<p>Committee approved as recommended.</p>	<p>18-0</p>	<p>PerformRx will update the criteria with the new review date.</p>

<p>Multaq</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the Multaq prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC. Due to the fact that this medication should not be used in patients with permanent atrial fibrillation and is listed as pregnancy category X, PerformRx recommends adding criteria for cardioverting patients into normal sinus rhythm and a negative pregnancy test.</li> </ul>	<p>Committee approved as recommended.</p>	<p>18-0</p>	<p>PerformRx will update the criteria with the new review date.</p>
<p>Sedative hypnotics</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the Sedative Hypnotics prior authorization criteria with the addition of Belsomra to the non-formulary agents for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>	<p>Committee approved as recommended with the correction of the removal of <i>60 bucks</i> <i>typo and replace with 60 tablets.</i></p>	<p>18-0</p>	<p>PerformRx will update the criteria with the new review date.</p>

Skeletal Muscle Relaxants	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Maintain the current criteria for SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria with the new review date.
Stadol NS	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approve the criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria with the new review date.
<b>Prior Authorization Criteria Removal</b>		.		
Retin-A	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>PerformRx recommends retiring the criteria for AHDC and AHDC Alliance as this product is formulary and currently pays at the point of sale with the appropriate age limits.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Ibrance	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Retire the Ibrance prior authorization criteria and utilizing the oral oncology prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC.</li> </ul>	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Celebrex	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the Celebrex prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC and adding the generic celecoxib to the formulary.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
NovoSeven	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the NovoSeven prior authorization criteria for KF/AHC/AHN due to the fact that these requests are not routinely reviewed by the pharmacists in the prior authorization department</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Oxycontin	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance and SHSC and utilizing the non-formulary criteria and the new opioid management criteria for the appropriate plans</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Vicoprofen	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance and SHSC and utilizing the non-formulary criteria and the new opioid management criteria for the appropriate plans.</li> </ul>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Long acting ADHD meds	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the criteria for SHSC and using the non-preferred medications prior authorization criteria for any review of these products.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
CNS Stimulants/Amphetamines	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the criteria for ACLA and using the CNS Stimulants Age Limit Prior Authorization Criteria for any review of these products and retiring the criteria for SHSC and issuing the non-formulary/PA required prior authorization criteria for review of these products.</li> </ul>	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Ranexa	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the criteria for SHSC and using the non-preferred medications prior authorization criteria for any review of these products.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Niaspan	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the criteria for SHSC and ACLA. PerformRx recommends bringing this product in line with KF/AHC/AHN and adding this product to the formulary with a step therapy requirement. The step therapy requirement would include a prior history of a HMG CoA reductase inhibitors or the generic niacin tablets.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Kapvay	<p><b>PerformRx makes the following changes:</b></p> <ul style="list-style-type: none"> <li>Retire the criteria for SHSC and ACLA and using the non-preferred medications prior authorization criteria for any review of these products.</li> </ul>	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
<b>9. DTM Program</b>		Informational		PerformRx
<b>10. Recalls</b>	No all lot recalls No member impact recall	Informational		Shalis Lightner Jeff Kreitman
<b>11. Adjournment</b>	The meeting adjourned at 7:32 PM EST	.	N/A	The next meeting is July 24, 2017 from 6:00 PM – 8:00 PM EST

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Dr. William Burnham, MD - Chair

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Date