

**Enterprise P&T Meeting
Committee Meeting Minutes
July 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 – Reg1	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
1. Call to Order	The meeting was called to order at 6:09 PM EST	Informational Only		Glenn Hamilton
2. Conflict of Interest Disclosures	Dr. Hamilton asked if anyone has a conflict of interest to disclose that would recuse them from voting on any agenda item.	No conflicts were disclosed		Glenn Hamilton
3. ACLA Common PDL Attestation		Informational Only		Kelly Martin
4. Review of last P&T Minutes	Kelly Martin asked if there were any corrections or updates to the minutes from April 24, 2017	Committee approved set of minutes as presented		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		Kelly Martin
5. Old Business				PerformRx
Hepatitis C PA Criteria	PerformRx makes the following recommendation: <ul style="list-style-type: none"> • approving this updated prior authorization criteria for KF/AHC/AHN with the following changes: allowing 	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	for patients with F1 fibrosis to qualify for treatment per DHS directive effective 7/1/2017.			
Short Acting Opioid PA Criteria (ACLA)	PerformRx makes the following recommendation: • .	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.
Long Acting Opioid PA Criteria (ACLA)	PerformRx makes the following recommendation: •	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.
Botulinum Toxins PA Criteria	PerformRx makes the following recommendation: •	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.
6. New Business				
Tramadol & Codeine Age Limit Addition	PerformRx makes the following recommendation: •	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
Opioid Limits (AHDC)	PerformRx makes the following recommendation:	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.
7. Drug Reviews				
Therapeutic Class				
Proton Pump Inhibitors with PA criteria		Committee approved as recommended		
Ophthalmic Antihistamines		Committee approved as recommended		

Short Acting Insulins		Committee approved as recommended		
Angiotensin Receptor Antagonists with PA Criteria – Entresto & ARB		Committee approved as recommended		
Leukotriene Modifiers	PerformRx makes the following Recommendation:	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Oral NSAIDs	PerformRx makes the following recommendation: •	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
Narcotic Analgesics	PerformRx makes the following recommendation: •	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes.
Agents for Atopic Dermatitis	PerformRx makes the following recommendation:	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Chelating Agents	PerformRx makes the following recommendation: •		18-0	PerformRx will update the criteria and formulary/PDL with any changes.

Single Products:	•		18-0	
Rilutek	PerformRx makes the following recommendation: •	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes.
Vivitrol	PerformRx makes the following recommendation:			
New Products Review				
	<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: Ixinity, Lartruvo, Synjardy Xr, Bavencio, Gammplex 10%, Gelnique, Airduo, Kovanaze, Tepadina, Zejula, Quflora Fe, Rydapt, Alunbrig, Imfinzi, Adynovate, P-Care, Zytiga, Herceptin, KISQALI Femara Co-Pack, Morphabond ER, Keramatrix, Gelfoam Jmi, Tranzarel, Brineura, Xadago, Radicava, Gelfoam Jmi Kit, Xatmep, Rubraca, Afstyla, Brineura, Blincyto, Syndros, Afrezza, Elite-OB, Mydayis, Panhematin & Lidtopic Max, 	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes

	<ul style="list-style-type: none"> • Remain non-formulary for all lines of business and use the class specific prior authorization criteria: Siliq, Ocrevus, Dupixent, Austedo, Esbriet, Ingrezza and Kevzara 			
	<ul style="list-style-type: none"> • Add to the Specialty Tier for KF/AHC/AHN SHSC and ACLA & utilize class specific PA criteria: Orencia, Aristada, Orenitram ER, Jadenu Sprinkle, Tymlos and Rituxan Hycela 	Committee approved as recommended.		PerformRx will update the criteria and formulary/PDL with any changes
	<ul style="list-style-type: none"> • Add the following products to for KF/AHC/AHN, AHDC, SHSC, & ACLA formulary : Narcan and Intrarosa • Remain non-formulary for KF/AHC/AHN & SHSC Selzentry and already formulary for ACLA • Already listed on ACLA PerformRx recommends to add the following product to KF/AHC/AHN & SHSC Isentress HD 			

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

	reviewer, removed redundancies.			
Oncology without specific criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC with no changes. 	Committee approved as recommended.	18-0	No changes required
Rituxan	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended.	18-0	No changes required
Juxtapid/Kynamro	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> 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) 	Committee approved as recommended.	18-0	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"> 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. 	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Acthar	<p>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.	18-0	No changes required
Makena	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for KF/AHC/AHN AHDC, AHDC Alliance, and SHSC with no changes. 	Committee approved as recommended.	18-0	No changes required

Hepatitis C	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Non-Specialty Annual Review				
Non-formulary medications for the use in ADHD treatment for members over 21	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for KF/AHC/AHN with no changes. 	Committee approved as recommended.	18-0	No changes required
Atypical Antipsychotic Agents for Members Less Than 18 Years Old	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> 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. 	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>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for SHSC with no changes. 	Committee approved as recommended.	18-0	No changes required
Ponstel	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for ACLA and SHSC with no changes. 	Committee approved as recommended.	18-0	No changes required
Quaalun	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for SHSC, ACLA and BCC with no changes. 	Committee approved as recommended.	18-0	No changes required
Sporanox	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for ACLA and SHSC with no changes. 	Committee approved as recommended.	18-0	No changes required
Zyvox	<p>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.	18-0	No changes required

<p>Oral Triptans</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the Serotonin Receptor Agonists (Triptans) prior authorization criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA. 	<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>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • 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. 	<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>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • 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 cardio verting patients into normal sinus rhythm and a negative pregnancy test. 	<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>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • 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. 	<p>Committee approved as recommended with the correction of the removal of <i>60 bucks 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>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Maintain the current criteria for SHSC, ACLA and BCC with no changes. 	Committee approved as recommended.	18-0	PerformRx will update the criteria with the new review date.
Stadol NS	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Approve the criteria with the appropriate changes for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, ACLA and BCC. 	Committee approved as recommended.	18-0	PerformRx will update the criteria with the new review date.
Prior Authorization Criteria Removal		.		
Retin-A	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Ibrance	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Retire the Ibrance prior authorization criteria and utilizing the oral oncology prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC. 	Committee approved as recommended.	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Celebrex	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the Celebrex prior authorization criteria for KF/AHC/AHN, AHDC, AHDC Alliance, ACLA and SHSC and adding the generic celecoxib to the formulary. 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
NovoSeven	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> 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 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Oxycontin	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> 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 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Vicoprofen	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Long acting ADHD meds	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for SHSC and using the non-preferred medications prior authorization criteria for any review of these products. 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
CNS Stimulants/Amphetamines	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended		PerformRx will update the criteria and formulary/PDL with any changes
Ranexa	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for SHSC and using the non-preferred medications prior authorization criteria for any review of these products. 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes

Niaspan	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> 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. 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
Kapvay	<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 medications prior authorization criteria for any review of these products. 	Committee approved as recommended	18-0	PerformRx will update the criteria and formulary/PDL with any changes
8. DTM Program		Informational		PerformRx
9. Recalls	No all lot recalls No member impact recall	Informational		Shalis Lightner Jeff Kreitman
10. Adjournment	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

Dr. William Burnham, MD - Chair

Date