

**Enterprise P&T Meeting
Committee Meeting Minutes
October 24, 2016**

Voting Members Present

Greg Barabell, MD	Rogers Elebra, PharmD	Jeffrey Kreitman, PharmD	David Petkash, MD
David Batluck, DO	Jason Gallagher, PharmD	Markus Kruesi, MD	Kirby Smith, MD
Donald Beam, MD	Glenn Hamilton, MD	Jay Messeroff, RPh	Wayne Weart, PharmD
William Burnham, MD	Lily Higgins, MD	Eric Peters, PharmD	Rodney Wise, MD
Don Cooper, RPh	Fred Hill, MD	Andrew Peterson, PharmD	

Excused Voting Members

Michael Baer, MD	Lavdena Orr, MD	Arthur Williams, MD
John Floyd Brinley, MD	Monir Shalaby, MD	
Paul Mistry, MD	Larry Warner, MD	

Invited Guests Present

Linda Albandoz, NCPht - PRx	Stacey Hannigan, RPh – PRx	Chris Meny, RPh - BCC	John Sauer, Admin. PRx
Mayank, Dalal, MD PerformCare	Jamila Jordan, PharmD – PRx	Betty Muller, MD - ACLA	Kyle Viator, Market President - ACLA
Patrick DeHoratius, PharmD - PRx	Paul Knecht, PharmD - LA DHH	Patty Oaster, Admin. PRx	Calla Vodoor, PharmD -PRx
Erica Green, PharmD – PRx	Shalis Lightner, Pharm. Mgr., Reg 1	Herbert Peeples, PharmD - Prestige	Melwyn Wendt, PharmD - LDH
Lee Hennigan, Novartis - ACLA	Kelly Martin, PharmD – Reg 1	Jeanine Plante, PharmD- ACLA	Joy West, CPhT - BCC

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. Call to Order	<ul style="list-style-type: none"> • The meeting was called to order at 6:09 PM EST 	Informational Only		William Burnham
2. Welcome Remarks	<ul style="list-style-type: none"> • Dr. Burnham thanked Dr. John Draganescu and Dr. Linda Roberts for participating in our meetings • Welcome Shalis Lightner as the new Pharmacy Manager 	Informational Only		William Burnham
3. Conflict of Interest Disclosures	<ul style="list-style-type: none"> • 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
4. BCC Formal Introduction and engagement with ENT P&T	<ul style="list-style-type: none"> • Review of the MI Common Formulary 	Informational Only		Chris Meny
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 July 25, 2016 	Committee approved set of minutes as presented	19-0	Approved minutes to be signed by P&T Meeting Chairman (Glenn Hamilton).
LAI Antipsychotic Proxy Approval Minutes	<ul style="list-style-type: none"> • Proxy Minutes from end of September 	Committee approved set of minutes as presented	19-0	Kelly Martin

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
6. Old Business				PerformRx
Opioid Dependence Agents	<ul style="list-style-type: none"> • For KF/AHC and AHN generic tablets are now the preferred agent and the physician must be a participating provider • AHDC generic tablet is the preferred product. • ACLA and SHSC the generic is the preferred and provider restriction has been removed 	Informational Only		PerformRx
MedWatch Form Prior Authorization Policy	<ul style="list-style-type: none"> • Criteria for brand medications when an A-Rated generic is available: <ul style="list-style-type: none"> - Physician must complete a MedWatch Form when requesting a brand named medication 	Informational Only		PerformRx
7. New Business				
Opioid Coverage Policy	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approving the newly created criteria for KF, AHC, AHN to restrict new patients to no more than 200 morphine milligram equivalents (MME) 	Committee recommended and approved that members with mental health issues be referred to a behavioral health specialist, as appropriate.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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8. Drug Reviews				
Therapeutic Class				
Angiotensin Receptor Blocking Agents with PA Criteria)	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Removing Tekturna and Tekturna HCT from formulary for KF/AHC, AHN and AHDC • Removing Micardis and Exforge HCT from the formulary for AHDC Alliance • Adding Avapro, Diovan, Diovan HCT and Avalide to formulary with step therapy (t/f losartan or losartan/HCTZ) for AHDC Alliance • Approving the revised Angiotensin Receptor Blocking Agents prior authorization criteria for KF/AHN/AHC, AHDC, SHSC and ACLA • Approving the newly created Entresto prior authorization criteria KF/AHN/AHC, AHDC, SHSC and ACLA 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Androgens Agents (with PA Criteria)</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Adding to formulary with PA: <ul style="list-style-type: none"> Generic Depo testosterone to KF/AHC/AHN, AHDC AND AHDC Alliance - Testosterone Enanthate to AHDC Alliance and ACLA - Androgel 1% to KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA - Androxy to AHDC Alliance and ACLA - Fortesta to KF/AHC/AHN, AHDC, AHDC Alliance and ACLA • Removing the following products from formulary: <ul style="list-style-type: none"> - Androgel 1.62% from KF/AHC/AHN and AHDC - Methitest KF/AHC/AHN, AHDC and SHSC - Testred from KF/AHC/AHN, AHDC and SHSC - Axiron from SHSC • Approving the revised prior authorization criteria for androgenic agents KF/AHC/AHN, AHDC, SHSC and ACLA 	<p>Committee approved as recommended</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Local Anesthetics	<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	19-0	No changes required
Oxytocic Agents: Oxytocin and Pitocin	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Add a quantity limit to Methergine tablets for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA 	Committee recommended and approved to change the allowable days of therapy to 7 days for Methergine	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Rho Immune Globulins	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Changing the status of the following medications to specialty with PA: <ul style="list-style-type: none"> - MICRhoGAM and HyperRHO for KF/AHC/AHN and SHSC - RhoGAM and Rhophylac for SHSC - HyperRHO for ACLA - WinRho and Rhophylac for SHSC and ACLA 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Antiviral-Topical Agents (with PA Criteria)</p>	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Adding Abreva to the formulary for KF/AHC/AHN, AHDC, AHDC Alliance and ACLA • Removing Denavir from the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA • Removing Zovirax cream and ointment from the formulary for SHSC and ACLA and Zovirax ointment from the formulary of AHDC Alliance • Retiring the Zovirax Topical prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA • Approving the newly developed Topical Antiviral Treatment Prior Authorization Criteria for KF/AHC/AHN, AHDC, SHSC and ACLA • Making no changes to the formulary status of the other products included within this class 	<p>Committee approved as recommended</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

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<p style="text-align: center;">Urinary Tract Antispasmodic Agents (with PA Criteria)</p>	<p style="text-align: center;">PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Remove Toviaz from the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA. Current members receiving Toviaz will be grandfathered • Adding generic Detrol, Detrol LA, and Sanctura to the formulary for AHDC Alliance • Approving the updated Urinary Antispasmodic Agents prior authorization criteria with the necessary changes for KF/AHC/AHN, AHDC, SHSC and ACLA • Making no changes to the formulary status of the other products included within this class 	<p style="text-align: center;">Committee approved as recommended.</p>	<p style="text-align: center;">19-0</p>	<p style="text-align: center;">PerformRx will update the criteria and formulary/PDL with any changes.</p>

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Prenatal Vitamins	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Adding One Daily Prenatal Vitamins, Women’s Prenatal+DHA, One-A-Day Women’s Prenatal 1 DHA softgel , Prenatal Chewable Gummy, Prenatal Vitamin+DHA combo pack, Prenatal Multi+DHA, and Prenatal Multi-DHA to the formulary for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC, and ACLA • Adding Cadeau DHA softgel to the formulary for KF/AHC/AHN, AHDC, SHSC, and ACLA • Adding Obstetrix DHA combo pack and Complete natal DHA to the formulary for KF/AHC/AHN, AHDC, and AHDC Alliance • Adding Triveen-duo DHA combo pack from the formulary for AHDC Alliance • Making no other changes to the formulary status of products included within this class 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes.

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<p>Multiple Sclerosis Treatment Agents (with PA Criteria)</p>	<p>PerformRx makes the following recommendation</p> <ul style="list-style-type: none"> • Removing Avonex from the formulary for AHDC – Alliance and allowing any requests for these products to follow the approved prior authorization criteria • Making Aubagio and Copaxone 40mg the preferred products within the class. This change will only affect new starts, as existing members will be grandfathered • Approving the updating Self Injectable Multiple Sclerosis Treatment Class, Oral Multiple Sclerosis Treatment Class, Lemtrada and Tysabri Prior Authorization criteria with the necessary changes for KF/AHC/AHN, AHDC, SHSC and ACLA • Making no changes to the formulary status of the other products included within this class 	<p>Committee approved as recommended</p>	<p>19-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Devices: Peak Flow Meters	<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	19-0	No changes required
Pharmaceutical Aids Compression Stockings	<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.	19-0	No changes required
Single Product				
Sodium Citrate	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Make no changes to the formulary status of this product for KF/AHC/AHN, AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	No changes required
Fanapt	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Remove Fanapt from formulary and grandfather existing members for KF/AHC/AHN, AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes

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Haloperidol Decanoate	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Keep the formulary status of haloperidol decanoate (ample – non-preferred and vial - preferred) the same and ensuring these agents process correctly at the point of sale for KF/AHC/AHN, AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	No changes required
New Products Review	<p>The following new products were reviewed and were not added to the formulary:</p> <ul style="list-style-type: none"> • Jentaduetto XR - do not add • Orencia Clickject - do not add • Kyprolis - do not add • Vaxchora Vaccine - do not add • Epclusa - do not add • Bevespi Aerosphere - do not add • Zinbryta - do not add • Vonvendi - do not add • Doryx MPC - do not add • Repatha Pushtronex - do not add • Otrexup - do not add 	Committee approved as recommended.	19-0	PerformRx will update the formulary/PDL with any needed changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<ul style="list-style-type: none"> • Grafix Core - do not add • Gialax 17gram/ scoop oral kit- do not add • Emend - do not add • Gelsyn-3 - do not add • Xiidra - do not add • Viekira XR - do not add • Qbreliis - do not add • Byvalson - do not add • Otovel - do not add • Relistor - do not add • Zurampic - do not add • Taradox - do not add • Nanzaric - do not add • Belviq XR - do not add • Gonitro - do not add • Invokamet XR - do not add • Yosprala - do not add • Exondys 51 - do not add • Cuvirtu - do not add • Stelara - do not add 			

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9. Prior Authorization Criteria Review				
Specialty Annual Review				
Botulinum Toxins A&B	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Specialty Biological Agents for Crohn's Disease	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA with the addition of Stelara and Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Specialty Biological Agents for Ulcerative Colitis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/ AHN, AHDC, SHSC and ACLA with the addition of Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes

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Specialty Biological Agents for Systemic Juvenile Idiopathic Arthritis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Specialty Biological Agents for Rheumatoid Arthritis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the addition of Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Specialty Biological Agents for Psoriatic Arthritis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the addition of Cosentyx and Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Specialty Biological Agents for Psoriasis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the addition of Taltz and Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Specialty Biological Agents for Polyarticular Juvenile Idiopathic Arthritis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	No changes required
Specialty Biological Agents for NON-FDA Approved Medically Accepted Indications	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/ AHN, AHDC, SHSC and ACLA with the addition of Taltz and Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Specialty Biological Agents for Ankylosing Spondylitis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the addition of Cosentyx and Inflectra to the criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Synagis	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN and AHDC with no changes as well as maintain the current criteria for SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.

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Natpara	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Agents for Gender Dysphoria	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Approve the criteria for AHDC, SHSC and ACLA 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Makena	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Remove the approval quantity and duration for AHDC, as there is now a single dose administration available, which minimizes waste; add “Family Practitioners” to Prescriber Restrictions, add “singleton preterm birth” to first bullet item, add “between 16 weeks, zero days and 20 weeks, 6 days” to third bullet item on PA Criteria. 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes

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Treatment of Hereditary Angioedema	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes: updating the approval duration for acute attack for Firazyr and Kalbitor, adding “clinical reviewer” and “any newly approved agents” to the criteria document 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Immunoglobulins PA Criteria	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Daraprim	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Update the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes: include other indications for Daraprim, and update coverage duration based on indication 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes

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Xyrem	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Non-Specialty Annual Review				
Cholbam	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Ciprodex	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN and AHDC with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Colcrys	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.

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Daliresp	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for AHDC 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Elmiron Capsules	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Lidoderm	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
Protopic	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.

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Proton Pump Inhibitors	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the updated criteria for, SHSC and ACLA with changing the age limit for the Prilosec Suspension to less than 8 years old 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Retinoid	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA as well as removing Amnesteem from the preferred status and adding Absorica or any newly approved retinoid product to the non-preferred status 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes.
Stimate	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for SHSC and ACLA with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.

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Thiazolidinediones	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> • Maintain the current criteria for KF/AHC/AHN and AHDC with no changes 	Committee approved as recommended.	19-0	PerformRx will update the criteria with the new review date.
CNS Stimulants – ACLA	<p>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 • Committee agreed to require that members who are 18 years old or greater, that does not have a history of previous ADD/ADHD therapy, will be required to be reviewed by a license behavioral health professional. Existing members on ADD/ADHD therapy who are 18 years old or greater will be grandfathered 	<p>Committee recommended and approved the following changes: for members >18 years old who do not have a previous history of treatment with an ADD/ADHD agent, provider must submit documentation that an ADD/ADHD diagnosis was made prior to age 13 OR they need to be evaluated by a mental health professional with a ADD/ADHD Tool other than a check list. Next meeting: the possibility of implementing across other LOB's will be discussed.</p>	19-0	PerformRx will update the criteria with the new review date.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Prior Authorization Criteria Removal				
Fareston	<p>PerformRx makes the following Recommendation:</p> <ul style="list-style-type: none"> Retire this criteria for Keystone KF/AHC/AHN, AHDC, SHSC and ACLA and utilizing the Oral and Injectable Oncology Medications without medication specific criteria 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Retin-A - ACLA	<p>PerformRx makes the following recommendation:</p> <ul style="list-style-type: none"> Retire the criteria for ACLA as this product is formulary and currently pays at the point of sale with the appropriate age limits 	Committee approved as recommended.	19-0	PerformRx will update the criteria and formulary/PDL with any changes
Uloric	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> Retire the criteria for SHSC and ACLA and utilize the non-formulary/non-preferred/prior authorization criteria. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes

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Zofran tablet	<p>PerformRx makes the following changes:</p> <ul style="list-style-type: none"> •Retire the criteria for AHDC as this product is formulary and currently pays at the point of sale. 	Committee approved as recommended	19-0	PerformRx will update the criteria and formulary/PDL with any changes
10. Recalls	<ul style="list-style-type: none"> • Non- lot level recall for Linezolid Injection manufactured by Teva Pharmaceuticals. Zero members were impacted for BCC, SHSC and ACLA. • Non – lot level recall for Ambien blister pack with zero utilization across any of our plans. 	Informational		<p>Shalis Lightner</p> <p>Jeff Kreitman</p>
11. Adjournment	The meeting adjourned at 7:44 PM EST	.	N/A	The next meeting is February 20, 2017 from 6:00 PM – 8:00 PM EST

Dr. William Burnham, MD - Chair

Date