

**Enterprise P&T Meeting  
Committee Meeting Minutes  
October 23rd, 2017**

**Voting Members Present**

Greg Barabell, MD	Rogers Elebra, PharmD	Lavdena Orr, MD
David Batluck, DO	Glenn Hamilton, MD	Eric Peters, PharmD
Donald Beam, MD	Fred Hill, MD	Andrew Peterson, PharmD
John Floyd Brinley, MD	Jeffrey Kreitman, PharmD	David Petkash, MD
William Burnham, MD	Markus Kruesi, MD	Kirby Smith, MD
Don Cooper, RPh	Jay Messeroff, RPh	

**Excused Voting Members**

Jason Gallagher, Pharm	Monir Shalaby, MD	Arthur Williams, MD
Lily Higgins, MD	Larry Warner, MD	Rodney Wise, MD
Parul Mistry, MD	Wayne Weart, PharmD	

**Invited Guests Present**

Linda Albandoz, NCPHT - PRx	Jamila Jorden, PharmD – PRx	Kelly Martin, PharmD Regional 1	Patty Oaster, Administrative - PRx	Calla Vodoor – PharmD PRx
Kathleen Clement, Administrative- PRx	Paul Knecht, PharmD	Lauren Megargell, PharmD – PRx	Patricia O’Neil, PharmD -PRx	
Tracy Davis, PharmD -DC	Franmar Kopko –PharmD PRx	Mohamed Juboon, Pharmacy Resident PRx	Jeanine Plante, PharmD-ACLA	
Patrick DeHoratius, PharmD PRx	Paul Larry, DMD Corp Dental Director	Betty Muller, MD Behavioral Health	Devon Trumbower – PharmD PRx	
Stacey Hannigan, RPh – PRx	Shalis. Lightner, Pharmacy Manager	Michelle Murphy, PharmD – Pharmacy Director	Kyle Viator, Market President	

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
1. <b>Call to Order</b>	The meeting was called to order at <b>6:09 PM EST</b>	Informational Only		William Burnham
2. <b>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
3. <b>ACLA Common PDL Attestation</b>		Informational Only		Kelly Martin
4. <b>Review of last P&amp;T Minutes</b>	Kelly Martin asked if there were any corrections or updates to the minutes from July 24, 2017	Committee approved set of minutes as presented	17-0	Approved minutes to be signed by P&T Meeting Chairman (Glenn Hamilton).
5. <b>Proxy Minutes</b>	Kelly Martin asked if there were any corrections or updates to the Proxy vote from September 8, 2017 for the Synagis and Hepatitis C Treatment Agent Prior Authorization Criteria update.	Committee approved set of minutes as presented	17-0	Kelly Martin

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
6. Old Business				PerformRx
Hepatitis C PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Make Mavyret the preferred agent in this class. We will continue to use the criteria that was approved via proxy on September 8, 2017 for KF/AHC/AHCE &amp; AHDC.</li> <li>• For ACLA we will continue to use the criteria that was approved via proxy on September 8, 2017 and allow both Zepatier and Mavyret to be preferred until January 1, 2018. At that point, Mavyret will be the sole preferred product for ACLA.</li> </ul>	Informational Only	17-0	PerformRx
Tardive Dyskinesia PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the new prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC.</li> </ul>	Tabled for next meeting	0	
Synagis PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Updated the appropriate ICD-10 code</li> </ul>	Informational Only		PerformRx

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>for bronchopulmonary dysplasia (BPD) was updated within the document for KF/AHC/AHCE and AHDC. For SH/ACLA- there were no changes that needed to be made to the criteria.</p> <ul style="list-style-type: none"> <li>Added language specific for the treatment of cystic fibrosis in accordance with the American Academy of Pediatrics guidelines.</li> </ul>			
<b>DC Alliance/Medicaid Alignment</b>	<p>The plan has requested that Alliance members be aligned with the Medicaid members and for both groups utilize the current Medicaid formulary starting October 1, 2017. Beginning January 2018 both groups data's will be combined for all upcoming P&amp;T.</p>	Informational Only		PerformRx
<b>7. New Business</b>				PerformRx
<b>Diabetic Test Strip Changes</b>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Effective January 1, 2018 we will continue to use Roche as our preferred manufacture for diabetic test strips and diabetic meters.</li> <li>The preferred diabetic meter will be Accu-Chek Guide.</li> <li>Members will be able to continue to use the Nano and Aviva test strips.</li> <li>Notifications will be sent out to members as needed.</li> </ul>	Informational Only		PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p><b>Methadone Removal</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove Methadone as a formulary product for KF/AHC/AHN, AHDC, SHSC and ALCA <ul style="list-style-type: none"> <li>a. Methadone would be subjected to “Non-Formulary-Non-Preferred/Prior Authorization Required Medication” criteria requiring a set number of formulary-preferred product(s) be tried first based on the criteria’s description</li> <li>b. Methadone would also be subjected to any “Opioid Containing Products” criteria that is either currently in use or projected to be initiated in the future.</li> <li>c. Current users will be grandfathered indefinitely.</li> </ul> </li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
<p><b>Zoloft Quantity Limit Change</b></p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Increase the quantity limit of Zoloft 25 mg and 50 mg to 45 tabs per 30 days for KF/AHC/AHN, AHDC, SHSC, and ACLA which will allow appropriate dosing of this product and decreasing the administrative burden on the various departments.</li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<b>SHSC – Opioid Initiative</b>	<p>All of Medicaid MCO and Fee for service are going to implementing the same opioid utilization edits, same prior authorization language so that there's clarity and consistency for determination across the plans.</p> <p>Concerns about implementing a PA with a day supply limits without a clear understanding of what would need to be done for existing members that are currently over the day supply limit that are receiving the medication on a chronic basis. We will not be implementing addition step edits until the criteria is reviewed with pain abuse specialist management and DAODAS Department.</p>	Informational Only		Greg Barbell
<b>Remove PA from Pulmozyme for CF</b>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Pulmozyme once approved the member will have an indefinite authorization place.</li> <li>• Orkambi and Kalydeco will have separate criteria according to approval duration.</li> <li>• All other Cystic Fibrosis Agents will have a separate criteria according to approval duration.</li> </ul>	Tabled for next meeting		PerformRx will develop new/updated criteria based on the recommendation of the committee to separate Tobi, Cayston and Pulmozyme PA criteria from the current CF criteria leaving Orkambi and Kalydeco on the current PA criteria. These criteria will be presented at the next P&T meeting.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p><b>ACFC Step Therapy Exception Criteria</b></p>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>To approve the Step Therapy Exception Criteria for KF/AHC/AHN, AHDC, SHSC, ALCA &amp; BCC</li> </ul>	<p>Tabled for next meeting</p>	<p>17-0</p>	<p>Kelly Martin will work with PerformRx to make any necessary changes and it will be brought via proxy P&amp;T vote.</p>
<p><b>ACFC Safety Edit Exception Criteria</b></p>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>To approve the Safety Edit Exception Criteria for KF/AHC/AHN, AHDC, SHSC, ALCA &amp; BCC</li> </ul>	<p>Tabled for next meeting</p> <p>Per Dr, Kruessi Documented treatment failure language with the agent at the maximum tolerated or maximum recommended dose whichever is lower.</p>	<p>17-0</p>	<p>Kelly Martin will work with PerformRx to make any necessary changes and it will be brought via proxy P&amp;T vote.</p>
<p><b>ACFC Quantity Limit Exception Criteria</b></p>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>To approve the Quantity Limit Exception Criteria for KF/AHC/AHN, AHDC, SHSC, ALCA &amp; BCC</li> </ul>	<p>Tabled for next meeting</p> <p>Per Dr. Kruessi: Add the language in the form of “the member needs a dose within prescribing guidelines that cannot be achieved by the following quantity limit.” This will save the reviewer from having to go through another level of appeal anytime that someone needs a dose that is not manufactured.</p>	<p>17-0</p>	<p>Kelly Martin will work with PerformRx to make any necessary changes and it will be brought via proxy P&amp;T vote.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<b>ACFC Brand Name Medication Criteria</b>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>To approve the Brand Name Medication Criteria for KF/AHC/AHN, AHDC, SHSC, ALCA &amp; BCC.</li> </ul>	<p>Per Calla Vodoor can we update our existing MedWatch Criteria to align with the NCQA.</p>	<p>17-0</p>	<p>Kelly Martin will work with PerformRx to make any necessary changes and it will be brought via proxy P&amp;T vote.</p>
<b>ACFC Prior Authorization Exception Criteria</b>	<p><b>Enterprise Committee made the following recommendation:</b></p> <ul style="list-style-type: none"> <li>To approve the Prior Authorization Exception Criteria for KF/AHC/AHN, AHDC, SHSC, ALCA &amp; BCC.</li> </ul>	<p>Tabled for next meeting</p>	<p>17-0</p>	<p>Kelly Martin will work with PerformRx to make any necessary changes and it will be brought via proxy P&amp;T vote.</p>
<b>8. Drug Reviews</b>				<p>Kelly Martin</p>
<p>Therapeutic Class</p>				
<p>Injectable-Infusible Biological Agents with PA criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Add Renflexis, Tremfya, Siliq, Ilaris, Kevzara, and Orencia to the specialty tier with prior authorization for KF/AHC/AHN, AHDC, SHSC, and ACLA.</li> <li>Approve the updated Injectable/Infusible Biological Agents Prior Authorization Criteria. <ul style="list-style-type: none"> <li>a. Add Renflexis as a preferred product for all</li> </ul> </li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes</p>



Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
	<p>appropriate indications b. Streamlined the language</p> <ul style="list-style-type: none"> <li>• Make no other changes to the remaining products in this class.</li> <li>• Tysabri criteria was added to the Crohn's Disease prior authorization criteria to ensure proper approval.</li> </ul>			
DPP-4 Agents	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add generic alogliptin, alogliptin/pioglitazone and alogliptin/metformin to the formulary with step therapy t/f of insulin or metformin for KF/AHC/AHN, AHDC and a t/f of metformin for ACLA and SHSC.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
ADHD Medications with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove generic Methylphenidate chewable tablets from the formulary for KF/AHC/AHN, AHDC and ACLA.</li> <li>• Add Generic Metadate CD to the formulary with the appropriate age limits and/diagnosis for KF/AHC/AHN, AHDC, SHSC</li> <li>• Remove Quillichew ER from the formulary for ACLA</li> <li>• Add generic Focalin XR 40mg to the formulary for AHDC</li> </ul>	Committee approved as recommended	17-0	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"> <li>• Remove Dexedrine Spansules from the formulary for KF/AHC/AHN, AHDC, and SHSC.</li> <li>• Remove Procentra from the formulary for SHSC</li> <li>• Ensure all formulary ADHD medications are listed as formulary with age limit with a note stating “PA required for 21 years of age and older” for KF/AHC/AHN.</li> </ul>			
Rho D Immune Globulins	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Making no changes to the products in this class.</li> </ul>	Committee approved as recommended	17-0	No Changes
Sedative Hypnotics with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Making no changes to the products in this class.</li> </ul>	Committee approved as recommended	17-0	No Changes

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
<p>Androgens with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add generic Axiron to the formulary as a preferred agent with a prior authorization for KF/AHC/AHN, AHDC/AHDC Alliance, SHSC and ACLA.</li> <li>• Remove the prior authorization from Depo-Testosterone (Testosterone Cypionate) vial and add a quantity limit of 2ml per 28 days for KF/AHC/AHN, AHDC/AHDC Alliance, SHSC and ACLA.</li> <li>• Remove the prior authorization from Testosterone Enanthate and add a quantity limit of 5ml per 28 days for KF/AHC/AHN and SHSC.</li> <li>• Add a quantity limit of 5ml per 28 days to Testosterone Enanthate for ACLA.</li> <li>• Remove Aveed from the formulary for KF/AHC/AHN.</li> <li>• Remove Methitest from the formulary for SHSC.</li> <li>• Remove Testred from the formulary for ACLA and SHSC.</li> <li>• Approve the Androgenic Agents updated criteria for AHDC/AHDC Alliance, SHSC and ACLA with the appropriate changes.</li> <li>• Make no changes to the Danocrine criteria for KF.AHC/AHN, AHDC/AHDC Alliance, SHSC and ACLA.</li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Antivirals with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Update the Topical Antiviral Treatment prior authorization criteria to include Valcyclovir tablet as part of the preferred oral antiviral therapy for KF/AHC/AHN, AHDC/AHDC Alliance, SHSC and ACLA.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
Prenatal Vitamins	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Add Prenatal Plus-DHA to the formulary for KF/AHC/AHN, AHDC/AHDC Alliance, SHSC and ACLA.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.

Issue	Discussion	Conclusion/Results	Vote	Action/ Person Responsible
Urinary Tract Antispasmodics with PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove Toviaz from the formulary for AHDC. <ul style="list-style-type: none"> <li>- Allow members currently on Toviaz to continue on their current treatment agent.</li> </ul> </li> <li>• Add Oxytrol for Women to the formulary KF/AHC/AHN, AHDC, SHSC, and ACLA.</li> <li>• Retire the Urinary Tract Antispasmodic Agents Prior Authorization Criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA.</li> <li>• Make no other changes to the formulary status of the other products included in this class.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.

Inhaled Corticosteroids	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add generic Airduo Respiclick to the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>• Remove Dulera from the formulary for KF/AHC/AHN, AHDC, SHSC and ACLA. <ul style="list-style-type: none"> <li>- Members currently on</li> </ul> </li> </ul>	<p>Tabled for next meeting</p> <p>Each LOB will determine the time line to remove the Dulera</p> <p>This has been tabled and let every LOB decide after receiving</p>	17-0	
-------------------------	--	---	------	--

	<p>this product will be converted to either Breo Ellipta or generic Airduo Respiciick.</p> <ul style="list-style-type: none"> <li>• Make no other changes to the formulary status of any other products within this class.</li> </ul>	<p>follow up utilization information concerning the removal of Symbicort. If needed, a proxy vote will be sent out.</p>		
<p>Injectable Infusible Osteoporosis Agents with PA Criteria</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Make Tymlos preferred agent over Forteo.</li> <li>• Approve the updated Injectable/Infusible Osteoporosis Agents Prior Authorization Criteria for KF/AHC/AHN, AHDC, SHSC, and ACLA</li> <li>• Add Tymlos to the specialty tier with prior authorization for KF/AHC/AHN, SHSC, and ACLA</li> <li>• Making no other changes to the remaining products in this class.</li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>
				<p><b>PerformRx</b></p>

<b>Single Products:</b>				
Xyzal	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Remove the step therapy requirement from Levocetirizine Dihydrochloride tablet for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA and make Levocetirizine Dihydrochloride preferred, first line therapy, along with Loratadine and Cetirizine for KF/AHC/AHN, AHDC, AHDC Alliance SHSC and ACLA</li> <li>• Update the criteria as needing to try two of the three first line medications (loratadine product, a cetirizine product OR levocetirizine tablet) in order to receive a listed second line medication for KF/AHC/AHN, AHDC/AHDC Alliance, and SHSC.</li> <li>• For ACLA due to the two medication limit by the state, PerformRx recommends that only one of the three first line agents be tried before receiving a second line agent.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
Cymbalta	<p><b>PerformRx makes the following recommendation:</b></p>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.

	<ul style="list-style-type: none"> <li>Allow two capsules per day of Duloxetine 60mg capsules pay at the point of sale KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>			
Gabapentin	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Allow 270 capsules a month (=9 capsules a day) of Gabapentin 300mg to pay at the point of sale for KF/AHC/AHN, AHDC, AHDC Alliance, SHSC and ACLA.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
Restasis	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Add Restasis, Restasis Multidose, and Xiidra to the formulary with a step therapy requirement (requiring try and failure with an artificial tear product) for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>Retire the Ophthalmic Anti-Inflammatory Immunomodulator Products Prior Authorization Criteria for</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.



	KF/AHC/AHN, AHDC, SHSC and ACLA.			
Endari	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the newly developed Endari prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC.</li> <li>• Move Endari to the specialty tier with prior authorization for KF/AHC/AHN, SHSC and ACLA.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
<b>New Drug Reviews</b>				<b>PerformRx</b>
	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• <b>Remain non-formulary for all lines of business:</b> Frotek , Haegarda, Brilliant Blue G-0.9% NaCl, Alzair, Neuraptine, Nerlynx, Benlysta, Nityr, Cotempla XR-ODT, Idhifa, Totect, Armonair Respiclick, Nutraseb, Aggrastat, Flolipid, Lidocilone I, Wound Debridement- Lidocaine, Vyxeos</li> </ul>			

	<p>Liposome, Pertzye, Lynparza, Besponsa, Nuwiq, Carospir, Duzallo, Nestabs One, Bevyxxa, Kymriah, Mylotarg, Axumin &amp; Jetrea</p>			
	<ul style="list-style-type: none"> <li>• <b>Remain non-formulary for all lines of business and use the class specific prior authorization criteria:</b> Tremfya, Vosevi, Triptodur</li> <li>• <b>Add to the specialty tier as preferred agent and use class specific prior authorization criteria:</b> Renflexis &amp; Mavyret</li> <li>• <b>Add to Formulary with QL 30mL/ Month KF/AHC/AHN, AHDC, SHSC and ACLA - Humalog Junior Kwikpen</b></li> </ul>	<p>Committee approved as recommended</p>	<p>17-0</p>	<p>PerformRx will update the criteria and formulary/PDL with any changes.</p>

Prior Authorization Criteria Review				PerformRx
Specialty Annual Review:				
Oral MS Agents	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes: <ul style="list-style-type: none"> <li>○ Change approval duration from 6 months to 12 months, removed reauthorization criteria.</li> </ul> </li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
Injectable MS Agents	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes: <ul style="list-style-type: none"> <li>○ Approve duration from 6 months to 12 months, removed reauthorization criteria, as no additional clinical information was required.</li> </ul> </li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.

Cholbam	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	17-0	No changes
Daraprim	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</li> </ul>	Committee approved as recommended.	17-0	No changes
Hereditary Angioedema	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with the following changes: <ul style="list-style-type: none"> <li>○ Update the acute treatment duration of therapy to the standard dose per episode per agent with 5 refills.</li> <li>○ Add Heagarda to the policy.</li> </ul> </li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes
IVIG	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	17-0	No Changes

Lemtrada	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with the following changes: <ul style="list-style-type: none"> <li>○ Update the trial and failure from three agents to two, and updated the timing on the reauthorization labs.</li> </ul> </li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.
Long acting injectable antipsychotics	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with no changes.</li> </ul>	Committee approved as recommended	17-0	No Changes
Makena	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, and SHSC with no changes.</li> </ul>	Committee approved as recommended	17-0	No Changes
Nucala	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with the following changes: <ul style="list-style-type: none"> <li>○ Change timeframe for documentation of eosinophil count and added clarity to “medically appropriate” for varicella immunization.</li> </ul> </li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes.

Natpara	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended.	17-0	No Changes
Tysabri	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with the following changes: <ul style="list-style-type: none"> <li>○ Remove Crohn’s indication as it was added to biologic criteria, streamlined required information.</li> </ul> </li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Xyrem	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Add Modafinil to the formulary with prior authorization requiring the appropriate indication and updating the criteria to require a trial and failure of Modafinil for KF/AHC/AHN, AHDC, SHSC, ACLA and BCC with no changes.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Hyaluronic Acid Derivatives	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA allowing members to only have to try and fail one simple analgesic agent.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes

Non-Specialty Annual Review				PerformRx
Ciprodex	<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, with no changes.</li> </ul>	Committee approved as recommended.	17-0	No Changes
Retinoids	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated prior authorization criteria for KF/AHC/AHN, AHDC, SHSC and ACLA with the following changes: <ul style="list-style-type: none"> <li>○ Remove tetracycline and erythromycin as preferred first line therapies per the 2017AAFP guidelines.</li> <li>○ Require the use of only one preferred agent.</li> <li>○ Add Amnesteem to the criteria.</li> </ul> </li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Oral Atypical Antipsychotics	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA with the following changes: <ul style="list-style-type: none"> <li>○ The appropriate age limits for Invega, Risperdal, and Zyprexa per FDA indications.</li> <li>○ The requirement of BMI added to the initial authorization.</li> <li>○ Approve the updated criteria for SHSC with BMI monitoring added to the initial authorization.</li> </ul> </li> </ul>	<p>Committee approved as recommended.</p> <p>Dr. Martin stated that the age limits for the Select Health criteria will be updated to reflect the limits on the ACLA criteria to align criteria with the FDA recommendations</p>	17-0	PerformRx will update the criteria and formulary/PDL with any changes

Stimate	<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.	17-0	No Changes
MedWatch	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approve the updated criteria for ACLA removing the requirement that the MedWatch form be submitted with each request.</li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Long-Acting Opioid PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Update criteria for ACLA decreasing the number of non-formulary agents that must be tried and failed first from 3 to 2 agents.</li> </ul>			
Short-acting Opioid PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approve the updated criteria for ACLA decreasing the number of preferred agents that must be tried and failed from 3 to 2 agents.</li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Atypical Antipsychotics Less Than 18 Years Old	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approve the updated criteria for ACLA decreasing the number of non-formulary agents that must be tried and failed first from 3 to 2 agents.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes



Lyrica	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA decreasing the number of agents that must be tried and failed for trigeminal neuralgia pain from 3 to 2 agents.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Ponstel	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA decreasing the number of preferred NSAIDs that must be tried and failed first from 3 to 2 agents.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Stadol	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA decreasing the number of agents that must be tried and failed for the diagnosis of pain from 3 to 2 agents.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Transderm Scopolamine	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Approve the updated criteria for ACLA decreasing the number of agents that must be tried and failed for motion sickness from 3 to 2 agents.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes

<b>Non-Specialty New Criteria</b>				
Provigil PA Criteria	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Approve this newly developed criteria for Provigil to ensure proper use of the product for KF/AHC/AHN, AHDC, SHSC, and ACLA.</li> </ul>	Committee approved as recommended	17-0	PerformRx will update the criteria and formulary/PDL with any changes
<b>Prior Authorization Criteria Removal</b>				<b>PerformRx</b>
Elmiron	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Retire the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>Adding to formulary with step therapy (a t/f of an oral formulary NSAID/COX-2 inhibitor, an formulary oral corticosteroid, Allopurinol, Probenacid, or Probenacid/Cholchine) and a quantity limit of #60/30 days</li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes
Colcrys	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>Retire the current criteria for KF/AHC/AHN, AHDC, SHSC and ACLA.</li> <li>Adding to formulary with step therapy (a t/f of an oral formulary NSAID/COX-2 inhibitor, an formulary oral corticosteroid, Allopurinol, Probenacid, or Probenacid/Cholchine) and a quantity limit of #60/30 days</li> </ul>	Committee approved as recommended.	17-0	PerformRx will update the criteria and formulary/PDL with any changes

<p>Thiazolidinediones (TZDs)</p>	<p><b>PerformRx makes the following recommendation:</b></p> <ul style="list-style-type: none"> <li>• Retire the current criteria for KF/AHC/AHNE, AHDC SHSC and ACLA with the following additional changes: <ul style="list-style-type: none"> <li>○ Add generic Actos and Actoplus Met to the formulary with step therapy (trial and failure of metformin or insulin for KF/AHC, AHNE and AHDC).</li> <li>○ Add generic Actos and Actoplus Met to the formulary with step therapy (trial and failure of metformin for ACLA and SH).</li> <li>○ Retire the Thiazolidinediones criteria and utilize non-formulary agent criteria for the non-formulary thiazolidinediones for KF/AHC/AHN and AHDC.</li> </ul> </li> </ul>	<p>Committee approved as recommended.</p>	<p>17-0</p>	<p>No changes required</p>
----------------------------------	--	---	-------------	----------------------------

<p><b>9. Recalls</b></p>	<ul style="list-style-type: none"> <li>• Nationwide Recall of all Liquid Products Manufactured by Pharmatech LLC and Distributed by Leader Brand, Major Pharmaceuticals, and Rugby Laboratories <ul style="list-style-type: none"> <li>○ The medication was 22 liquid vitamins.</li> <li>○ All effected members were notified</li> <li>○ 3,000 members across the region and were all notified</li> </ul> </li> </ul>	<p>Informational</p>		<p>Shalis Lightner Jeff Kreitman</p>
<p><b>10. Adjournment</b></p>	<p>The meeting adjourned at <b>8:02 PM</b> EST</p>	<p>.</p>	<p>N/A</p>	<p>The next meeting is January 29, 2018 from 6:00 PM – 8:00 PM EST</p>

\_\_\_\_\_  
Dr. William Burnham, MD - Chair

\_\_\_\_\_  
Date