Louisiana Healthcare Connections Pharmacy and Therapeutics (P&T) Meeting

Q4 2017

MONDAY, OCTOBER 9, 2017

5:30-7 pm

Location: Louisiana Healthcare Connections
Jazz Vieux Executive Conference Room
8585 Archives Avenue, Suite 310
Baton Rouge, Louisiana 70809

Agenda

I. Call to Order – Marcus Wallace, Senior Vice President and Amy Himel, Medical Director

II. Meeting Minutes Review *(Vote Required)*

III. Old Business

A. Q2 2017 Minutes updated to reflect Dr. Himel attended in person (not via teleconference)

B. Follow-Up Items

1. Hep C – Jan 2017 – Sept 2017, 1- 16 year old received Harvoni x 3 doses
2. The max dose for Suboxone is 24 mg/6mg per day

IV. New Business

A. New Drugs *(Public Comment, Discussion, Vote Required)*

1. Summary table
   a. RT1 – delafloxacin (Baxdela®)
   b. RT1 – betrixaban (Bevyxxa®)
   c. RT1 – enasidenib (Idhifa®)
   d. RT1 – sarilumab (Kevzara®)
   e. RT1 – glexaprevir /pibrentasvir (Mavyret®)
   f. RT1 – neratinib (Nerlynx®)
   g. RT1 – guselkumab (Tremfya®)

h. RT1 – sofosbuvir-velpatasvir-voxilaprevir (Vosevi®)
i. RT2 – aripiprazole (Abilify Maintena®)
j. RT2 – tocilizumab (Actemra®)
k. RT2 – Lglutamine (Endari®)
l. RT2 – ibrutinib (Imburvica®)
m. RT2 – ivacaftor (Kalydeco®)
n. RT2 – abatacept (Orencia®)
o. RT2 – triptorelin pamoate (Triptodur®)
p. RT2 – ceritinib (Zykadia®)

2. Review Type 4 Abbreviated Review is for drug products which do not require review beyond CPAC Steering.
   a. abobotulinum neurotoxin type A (Dysport®)
   b. aminolevulinic acid hydrochloride (Gleolan®)
   c. barium sulfate (Tagitol™ V)
   d. barium sulfate (Varibar® Nectar®)
   e. beclomethasone dipropionate (Qvar® Redihaler™)
   f. belimumab (Benlysta®)
   g. C1-esterase inhibitor (human) (Haegarda®)
   h. Cetirizine (Zerviate®)
   i. cytarabine/ daunorubicin liposome (Vyxeos™)
   j. daclizumab (Zinbryta®)
   k. epinephrine (Symjepi™)
   l. fulvestrant (Faslodex®)
   m. gemcitabine (gemcitabine)
   n. hemin (Panhematin®)
   o. insulin lispro (Humalog® Junior KwikPen®)
   p. ivacaftor (Kalydeco®)
   q. levonorgestrel (Mirena®)
   r. levonorgestrel (Liletta®)
   s. mebendazole (Vermox®)
   t. methylphenidate (Cotempla XR-ODT™)
   u. mixed salts of a single-entity amphetamine (Mydayis™)
   v. naproxen enteric coated/ esomeprazole (Vimovo®)
   w. nitisinone (Nityr™)
   x. nivolumab (Opdivo®)
   y. nonacog beta pegol (coagulation Factor IX [recombinant], glycoPEGylated) (Rebinyn®)
   z. pancrelipase/ bicarbonate buffer (Pertzye®)
   aa. perampanel (Fycompa®)
   bb. pitavastatin magnesium (Zypitamag™)

cc. pitavastatin sodium (Nikita™)
dd. spironolactone (CaroSpir®)
ee. velpatasvir/ sofosbuvir (Epclusa®)

B. Drug Class Review *(Public Comment, Discussion, Vote Required)*
   1. Drug Class Review Summary
      a. Prostate Cancer (Oral Anti-Androgens)
      b. Antianxiety
      c. Antidepressants
      d. Antipsychotics
      e. Hypnotics
      f. ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants
      g. Psychotherapeutic and Neurological Agents, Misc.
      h. Analgesics, Non-Narcotic
      i. Analgesics, Opioid
      j. Analgesics, Anti-Inflammatory
      k. Migraine Products
      l. Gout Agents
      m. Local Anesthetics-Parenteral
      n. General Anesthetics
      o. Anticonvulsants
      p. Antiparkinson Agents
      q. Neuromuscular Agents
      r. Musculoskeletal Therapy Agents
      s. Antimyasthenic Agents
      t. Dermatologicals
      u. Immunosuppressive Agents
   2. SDC Prior Clinical Placement Guidelines
      a. ADHD Agents
      b. Anticoagulants and Antiplatelet
      c. Antiemetic's
      d. Antifungal Agents
      e. Antihyperlipidemics
      f. Antimyasthenic Agents
      g. Antiparkinsons Agents
      h. BPH Agents
      i. Cystic Fibrosis Agents
      j. Dementia
      k. Dermatological Agents
      l. Digestive Enzymes
      m. Estrogens and Brisdelle

n. Gastrointestinal Agents
o. Heart Failure Agents
p. Human Growth Hormones
q. Iron Chelating Agents
r. Musculoskeletal Agents
s. Non-Parkinson's Movement Disorder Agents
t. Ophthalmic antibiotics and combos
u. Prostate Cancer (Antiadrogensm Androgen Biosynthesis)
v. Topical Immunomodulators
w. Ulcer Agents
x. Wake promoting agents

C. Medicaid Guidelines *(Public Comment, Discussion, Vote Required)*

1. Medicaid Guidelines
   a. CP.PHAR.74 Erlotinib (Tarceva®)
   b. CP.PHAR.79 Lapatinib (Tykerb®)
   c. CP.PHAR.81 Pazopanib (Votrient®)
   d. CP.PHAR.82 Collagenase Clostridium Histolyticum (Xiaflex®)
   e. CP.PHAR.83 Vorinostat (Zolinza®)
   f. CP.PHAR.92 Tetrabenazine (Xenazine®)
   g. CP.PHAR.108 Omacetaxine (Synribo®)
   h. CP.PHAR.109 Temasmorelin (Egrifta®)
   i. CP.PHAR.121 Nivolumab (Opdivo®)
   j. CP.PHAR.126 Ibrutinib (Imbruvica®)
   k. CP.PHAR.149 Intra baclofen (Gablofen®)
   l. CP.PHAR.150 Mecasermin (Increlex®)
   m. CP.PHAR.151 Levoleucovorin (Fusilev®)
   n. CP.PHAR.152 Laronidase (Aldurazyme®)
   o. CP.PHAR.153 Eliglustat (Cerdelga®)
   p. CP.PHAR.154 Imiglucerase (Cerezyme®)
   q. CP.PHAR.155 Cysteamine (Cystagon, Procysbi®)
   r. CP.PHAR.156 Idursulfase (Elaprase®)
   s. CP.PHAR.157 Taliglucerase Alfa (Elelyso®)
   t. CP.PHAR.158 Agalsidase Beta (Fabrazyme®)
   u. CP.PHAR.159 Sebelipase Alfa (Kanuma®)
   v. CP.PHAR.160 Alglucosidase Alfa (Lumizyme®)
   w. CP.PHAR.161 Galsulfase (Naglazyme®)
   x. CP.PHAR.162 Elosulfase Alfa (Vimizim®)
   y. CP.PHAR.163 Velaglucerase Alfa (VPRIV®)
   z. CP.PHAR.164 Miglustat (Zavesca®)
   aa. CP.PHAR.169 Vigabatrin (Sabril®)

bb. CP.PHAR.170 Degarelix Acetate (Firmagon®)
cc. CP.PHAR.171 Goserelin Acetate (Zoladex®)
dd. CP.PHAR.172 Histrelin Acetate (Vantas®, Supprelin LA®)
ee. CP.PHAR.173 Leuprolide Acetate (Eligard®, Lupaneta Pack®, Lupron Depot®, Lupron Depot-Ped®)
ff. CP.PHAR.174 Nafarelin Acetate (Synarel®)
gg. CP.PHAR.175 Triptorelin Pamoate (Trelstar®, Triptodur®)
hh. CP.PHAR.201 Belatacept (Nulojix®)
ii. CP.PHAR.210 Ivacaftor (Kalydeco®)
jj. CP.PHAR.241 Abatacept (Orencia®)
kk. CP.PHAR.246 Canakinumab (Ilaris®)
ll. CP.PHAR.263 Tocilizumab (Actemra®)
mm. CP.PHAR.288 Eteplirsen (Exondys 51®)
nn. CP.PHAR.290 Aripiprazole Long-Acting Injections (Abilify Maintena®, Aristada®)
oo. CP.PHAR.291 Paliperidone Inj (Invega Sustenna®, Invega Trinza®)
pp. CP.PHAR.292 Olanzapine LA Inj (Zyprexa Relprev®)
qq. CP.PHAR.293 Risperidone LA Inj (Risperdal Consta®)
rr. CP.PHAR.294 Osimertinib (Tagrisso®)
ss. CP.PHAR.295 Sargramostim (Leukine®)
tt. CP.PHAR.296 Pegfilgrastim (Neulasta®)
uu. CP.PHAR.297 Filgrastim (Neupogen®), Filgrastim-sndz (Zarxio®), Tbo-filgrastim (Granix®)
vv. CP.PHAR.298 Afatinib (Gilotrif®)
ww. CP.PHAR.299 Gefitinib (Iressa®)
xx. CP.PHAR.300 Bezlotoxumab (Zinplava®)
yy. CP.PHAR.302 Ixazomib (Ninlaro®)
zz. CP.PHAR.303 Brentuximab Vedotin (Adcetris®)
aaa. CP.PHAR.304 Irinotecan Liposome (Onivyde®)
bbb. CP.PHAR.305 Obinutuzumab (Gazyva®)
ccc. CP.PHAR.306 Ofatumumab (Arzerra®)
ddd. CP.PHAR.307 Bendamustine (Bendeka®, Treanda®)
eee. CP.PHAR.308 Elotuzumab (Empliciti®)
fff. CP.PHAR.309 Carfilzomib (Kyprolis®)
ggg. CP.PHAR.310 Daratumumab (Darzalex®)
hhh. CP.PHAR.311 Belinostat (Beleodaq®)
iii. CP.PHAR.312 Blinatumomab (Blincyto®)
jjj. CP.PHAR.313 Pralatrexate (Folotyn®)
kkk. CP.PHAR.314 Romidepsin (Istodax®)
lll. CP.PHAR.315 Vincristine Sulfate Liposome Injection (Marqibo®)

mmm. CP.PHAR.316 Cabazitaxel (Jevtana®)
nnn. CP.PHAR.317 Cetuximab (Erbitux®)
ooo. CP.PHAR.318 Eribulin Mesylate (Halaven®)
ppp. CP.PHAR.319 Ipilimumab (Yervoy®)
qqq. CP.PHAR.320 Necitumumab (Portrazza®)
rrr. CP.PHAR.321 Panitumumab (Vectibix®)
sss. CP.PHAR.323 Perixafor (Mozobil®)
ttt. CP.PHAR.324 Temsirolimus (Torisel®)
uuu. CP.PHAR.325 Ziv-aflibercept (Zaltrap®)
vvv. CP.PHAR.326 Olaratumab (Lartruvo®)
www. CP.PHAR.328 Asfotase Alfa (Strensiq®)
xxx. CP.PHAR.329 Siltuximab (Sylvant®)
yyy. CP.PHAR.330 Protein C Concentrate, Human (Ceprotin)
zzz. CP.PHAR.332 Pasireotide (Signifor LAR®)
aaaa. CP.PHAR.XX Daunorubicin/Cytarabine (Vyxeos®)
bbbb. CP.PHAR.XX Pegaspargase (Oncaspar®)
cccc. CP.PHAR.XX Testosterone Pellet (Testopel®)
dddd. CP.PMN.08 Lidocaine Transdermal (Lidoderm®)
eeee. CP.PMN.11 Oral Antiemetics (5-HT3 Antagonists)
ffff. CP.PMN.12 Clozapine ODT (Fazaclo®)
gggg. CP.PMN.16 Request for Medically Necessary Drug not on the PDL
hhhh. CP.PMN.17 Droxidopa (Northera®)
iiii. CP.PMN.27 Linezolid (Zyvox®)
jjjj. CP.PMN.29 Olanzapine ODT (Zyprexa Zydis®)
kkkk. CP.PMN.44 Pyrimethamine (Daraprin®)
llll. CP.PMN.53 No Custom Criteria/Off-Label Use Policy
mmmm. CP.PMN.59 Quantity Limit Override
nnnn. CP.PMN.64 Quetiapine ER (Seroquel XR®)
oooo. CP.PMN.67 Sacubitril/Valsartan (Entresto®)
pppp. CP.PMN.68 Brexpiprazole (Rexulti®)
qqqq. CP.PMN.70 Ivabradine (Corlanor®)
rrrr. CP.PMN.71 Linaclotide (Linzess®)
ssss. CP.PMN.72 Metformin ER (Glumetza®)
tttt. CP.PMN.73 Lifitegrast (Xiidra®)
uuuu. CP.PMN.74 Granisetron (Sancuso®)
vvvv. CP.PMN.75 Tazarotene (Tazorac®)
wwww. CP.PMN.76 Calcifediol (Rayaldee®)
xxxx. CP.PPA.17 Aripiprazole (Abilify®) for oral use
yyyy. CP.PPA.20 Methadone (Dolophine®)
zzzz. CP.PPA.21 GLP-1 receptor agonists

aaaaa. CP.PPA.XX Isotretinoin
bbbbb. CP.PST.05 Exemestane (Aromasin®)
ccccc. CP.PST.17 Atomoxetine (Strattera®)
ddddd. CP.PST.06 Isotretinoin (retire, no document to review)
eeeee. CP.PST.16 Sedative Hypnotics (retire, no document to review)
fffff. LA.PPA.12 Narcotic Analgesics

2. Medicaid proposed criteria. The Strategy Development Committee (SDC) will decide the final formulary placement position and whether to implement the policy or not. A policy number will be assigned to each policy if implemented.
   a. CP.PHAR.XX Delafloxacin (Baxdela®)
   b. CP.PHAR.XX Enasidenib (Idhifa®)
   c. CP.PHAR.XX Neratinib (Nerlynx®)
   d. CP.PHAR.XX Sarilumab (Kevzara®)
   e. CP.PHAR.XX. Guselkumab (Tremfya®)
   f. CP.PMN.XX Betrixaban (Bevyxxa®)
   g. CP.PMN.XX L-glutamine (Endari®)
   h. CP.PHAR.348 Glecaprevir Pibrentasvir (Mavyret®)

D. Medicaid Policy and Procedures *(Public Comment, Discussion, Vote Required)*
   1. Policy and Procedures Summary Table
      a. CC.PHAR.01 72 Hour Emergency Supply of Medication
      b. CC.PHAR.03 Drug Recall Notification
      c. CC.PHAR.06 PBM Inquiry for Additional Information During PA/MN Review Process
      d. CC.PHAR.07 Pharmaceutical Management
      e. CC.PHAR.11 Requests for Pharmcy Profiles
      f. CC.PHAR.17 Conflict of Interest and Confidentialty Agreement for Pharmacy and Therapeutics Committee Membersip
      g. CC.PHAR.19 Vactaion Overrides
      h. CC.PHAR.20 Medicaid Pharmacy Appeals
      i. LA.PHAR.08 Pharmacy Prior Authorization and Medical Necessity Criteria
      j. LA.PHAR.10 Preferred Drug List
      k. LA.PHAR.10 Preferred Drug List Attachment B
      l. LA.PHAR.12 Specialty Pharmacy Program
      m. LA.PMN.01 Appropriate Use and Safety Edits
      n. LA.PMN.01 Appropriate Use and Safety Edits, Attachment A

E. Preferred Drug List (PDL) Document *(Public Comment, Discussion, Vote Required)*
F. Clinical Policies *(Public Comment, Discussion, Vote Required)*
   1. June:
      a. CP.PHAR.64.Topotecan (Hycamtin®)
      b. CP.PHAR.69 Sorafenib
      c. CP.PHAR.71 Lenalidomide
      d. CP.PHAR.78 Thalidomide
      e. CP.PHAR.112 Ponatinib
      f. CP.PHAR.116 Pomalidomide
      g. CP.PHAR.120.Sipuleucel-T
      h. CP.PHAR.121 Nivolumab
      i. CP.PHAR.125.Palbociclib
      j. CP.PHAR.227 Pertuzumab
      k. CP.PHAR.228 Trastuzumab
      l. CP.PHAR.229 Ado-Trastuzumab
      m. CP.PHAR.235 Atezolizumab
      n. CP.PHAR.236 Darbepoetin alfa
      o. CP.PHAR.237.Epoetin alfa (Epogen®, Procrit®)
      p. CP.PHAR.238 Methoxy polyethylene glycol-epoetin beta (Mircera®)
      q. CP.PHAR.337 Telotristat ethyl
   2. July:
      a. CP.PHAR.01 Omalizumab
      b. CP.PHAR.55 Somatropin
      c. CP.PHAR.60 Capecitabine
      d. CP.PHAR.65 Imatinib
      e. CP.PHAR.72 Dasatinib
      f. CP.PHAR.75 Bexarotene
      g. CP.PHAR.76 Nilotinib
      h. CP.PHAR.230 AbobotulinumtoxinA
      i. CP.PHAR.231 IncobotulinumtoxinA
      j. CP.PHAR.232 OnabotulinumtoxinA
      k. CP.PHAR.233 RimabotulinumtoxinB (Myobloc)
      l. CP.PHAR.239 Dabrafenib
      m. CP.PHAR.240 Trametinib
      n. CP.PHAR.253 Golimumab (Simponi)
      o. CP.PHAR.254 Infliximab
      p. CP.PHAR.259 Natalizumab
      q. CP.PHAR.263 Tocilizumab (Actemra)
      r. CP.PHAR.265 Vedolizumab (Entyvio)
      s. CP.PHAR.266 Rilonacept (Arcalyst)

t. CP.PHAR.267 Tofacitinib (Xeljanz Xelajanz XR)
u. CP.PHAR.333 Avelumab (Bavencio)
v. CP.PHAR.338 Cerliponase alfa (Brineura)
w. CP.PHAR.339 Durvalumab (Imfinzi)
x. CP.PHAR.340 Valbenazine (Ingrezza)
y. CP.PHAR.341 Deutetrabenazine (Austedo)
z. CP.PHAR.342 Brigatinib (Alunbrig)
aa. CP.PHAR.343 Edaravone (Radicava)
bb. CP.PHAR.344 Midostaurin (Rydapt)
cc. CP.PHAR.345 Abaloparatide (Tymlos)

3. August:
   a. CP.PHAR.05 Hyalurante derivatives
   b. CP.PHAR.16 Palivizumab (Synagis®)
   c. CP.PHAR.57 Global BioPharm Policy
   d. CP.PHAR.58 Denosumab (Prolia Xgeva)
   e. CP.PHAR.73 Sunitinib
   f. CP.PHAR.77 Temozolomide
   g. CP.PHAR.90 Crizotinib
   h. CP.PHAR.176 Paclitaxel protein bound
   i. CP.PHAR.179 Romiplostim (Nplate®)
   j. CP.PHAR.180 Eltrombopag (Promacta®)
   k. CP.PHAR.241 Abatacept (Orencia®)
   l. CP.PHAR.242 Adalimumab (Humira®)
   m. CP.PHAR.243 Alemtuzumab (Lemtrada®)
   n. CP.PHAR.244 Anakinra (Kineret®)
   o. CP.PHAR.245 Apremilast (Otezla®)
   p. CP.PHAR.247 Certolizumab (Cimzia®)
   q. CP.PHAR.248 Dalfampridine (Ampyra®)
   r. CP.PHAR.249 Dimethyl fumarate (Tecfidera®)
   s. CP.PHAR.250 Etanercept (Enbrel®)
   t. CP.PHAR.251 Fingolimod (Gilenya®)
   u. CP.PHAR.252 Glatiramer (Copaxone Glatopa®)
   v. CP.PHAR.255 Interferon beta-1a (Avonex®), Rebif®)
   w. CP.PHAR.256 Interferon beta-1b (Betaseron®, Extavia®)
   x. CP.PHAR.257 Ixekizumab (Taltz®)
   y. CP.PHAR.258 Mitoxantrone
   z. CP.PHAR.260 Rituximab (Rituxan®)
   aa. CP.PHAR.261 Secukinumab (Cosentyx®)
   bb. CP.PHAR.262 Teriflunomide (Aubagio®)
   cc. CP.PHAR.264 Ustekinumab (Stelara®)

dd. CP.PHAR.269 Daclizumab (Zinbryta®)
ee. CP.PHAR.270 Paricalcitol (Zemplar®)
ff. CP.PHAR.271 Peginterferon beta-1a (Plegridy®)
gg. CP.PHAR.272 Sonidegib
hh. CP.PHAR.273 Vismodegib
ii. CP.PHAR.335 Ocrelizumab (Ocrevus®)

4. September:
   a. CP.PHAR.268 Sofosbuvir Velpatasvir (Epclusa®)
   b. CP.PHAR.274 Daclatasvir (Daklinza®)
   c. CP.PHAR.275 Elbasvir Grazoprevir (Zepatier®)
   d. CP.PHAR.276 Ombitasvir Paritaprevir Ritonavir
   e. CP.PHAR.278 DasabuvirOmbitasvirParitaprevirRitonavir
   f. CP.PHAR.279 Ledipasvir Sofosbuvir (Harvoni®)
   g. CP.PHAR.280 Simeprevir (Olysio®)
   h. CP.PHAR.281 Sofosbuvir (Sovaldi®)
   i. CP.PHAR.347 Sofosbuvir Velpatasvir Voxilaprevir
   j. CP.PHAR.348 Glecaprevir Pibrentasvir (Mavyret®)

G. Other Business
   1. Drug Utilization Review (DUR) – Multiple Opioid Letters/Reports
   2. Drug Utilization Review (DUR) – Respiratory Medications
   3. Psychotropic Medication Utilization Review (PMUR)
   4. Medicare

V. Announcements

A. Next P&T Meeting, January 16, 2018 Tentatively

VI. Adjournment