

Q2 2019 – LHCC Pharmacy and Therapeutics (P&T) Meeting - Medicaid
Monday, April 8, 2019
5:30-6:30 pm

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

A G E N D A

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

- II. Meeting Minutes Review (*Vote Required*)**

- III. Old Business**
 - A. PMUR-Psychotropic Medication Utilization Review. Provide requested information on PMUR and drugs for different age groups.

- IV. New Business**
 - A. Therapeutic Class Review (*Public Comment, Discussion, Vote Required*)**
 - i. Therapeutic Class Review Matrix
 - (1) 46 Laxatives
 - (2) 47 Antidiarrheals
 - (3) 48 Antacids
 - (4) 50 Antiemetics
 - (5) 52 Gastrointestinal Agents Miscellaneous
 - (6) 53 Urinary Anti-Infectives
 - (7) 54 Urinary Antispasmodics
 - (8) 55 Vaginal Products
 - (9) 56 Genitourinary Agents
 - (10) 84 Hemostatics
 - (11) 85 Hematological Agents, Miscellaneous

 - B. New Drugs (*Public Comment, Discussion, Vote Required*)**
 - i. Review Types 1, 2, 3 and 5
 - (1) RT1 Amifampridine (Firdapse)
 - (2) RT1 Caplacizumab-vhdp (Cablivi®)

- (3) RT1 Esketamine (Spravato™)
- (4) RT1 Gilteritibin (Xospata®)
- (5) RT1 Glasdegib (Daurismo™)
- (6) RT1 Larotrectinib (Vitrakvi®)
- (7) RT1 Prucalopride (Motegrity™)
- (8) RT1 Ravulizumab-cwyz (Ultomiris™)
- (9) RT1 Revefenacin (Yupelri™)
- (10) RT1 Rifamycin (Aemcolo™)
- (11) RT2 Eltrombopag (Promacta®)
- (12) RT2 Ospemifene (Osphena®)
- (13) RT2 Rituximab-abbs (Truxima®)
- (14) RT5 Atezolizumab (Tecentriq)

ii. Review Type 4

- (1) brentuximab vedotin (Adcetris®) intravenous infusion
- (2) calaspargase pegol-mknl (Asparlas™) intravenous infusion
- (3) crotalidae immune F(ab')₂ (equine) (Anavip®) intravenous
- (4) Dexamethasone (Dextenza®) ophthalmic implant
- (5) diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, Haemophilus b conjugate and Hepatitis B [recombinant] (Vaxelis™) intramuscular injection
- (6) docetaxel (Docefrez®) intravenous infusion
- (7) epinephrine (Adrenalin®) intravenous
- (8) immune globulin subcutaneous [human]-hipp 16.5% (Cutaquig®) subcutaneous injection
- (9) indocyanine green (Spy Agent Green®) intravenous or interstitial injection
- (10) influenza vaccine (Fluzone® Quadrivalent) intramuscular injection
- (11) leucovorin calcium 100 mg/10 mL intravenous infusion or intramuscular injection
- (12) leucovorin calcium 500 mg/50 mL intravenous infusion or intramuscular
- (13) levodopa (Inbrija™) inhalation therapy
- (14) palonosetron 0.25 mg/5 mL intravenous infusion
- (15) pegfilgrastim-cbqv (Udenyca™) subcutaneous injection
- (16) pembrolizumab (Keytruda®) intravenous infusion
- (17) pemetrexed (Alimta®) intravenous
- (18) romiplostim (Nplate®) subcutaneous injection
- (19) tagraxofusp-erzs (Elzonris™) intravenous
- (20) tocilizumab (Actemra® ACTPen®) subcutaneous injection
- (21) trastuzumab-dttb (Ontruzant®) intravenous infusion
- (22) trastuzumab-pkrb (Herzuma®) intravenous infusion
- (23) voriconazole (Vfend®) oral tablets, suspension, intravenous infusion

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

i. Medicaid

a. Clinically Significant Changes

- (1) CP.PHAR.76 Nilotinib (Tasigna)
- (2) CP.PHAR.108 Omacetaxine (Synribo)
- (3) CP.PHAR.176 Paclitaxel protein-bound (Abraxane)
- (4) CP.PHAR.228 Trastuzumab, Biosimilars, Trastuzumab-Hyaluronidase
- (5) CP.PHAR.229 Ado-Trastuzumab (Kadcycla)
- (6) CP.PHAR.232 OnabotulinumtoxinA (Botox)
- (7) CP.PHAR.235 Atezolizumab (Tecentriq)
- (8) CP.PHAR.258 Mitoxantrone (Novantrone)
- (9) CP.PHAR.260 Rituximab (Rituxan, Truxima, Rituxan Hycela)
- (10) CP.PHAR.308 Elotuzumab (Empliciti)
- (11) CP.PHAR.316 Cabazitaxel (Jevtana)
- (12) CP.PHAR.319 Ipilimumab (Yervoy)
- (13) CP.PHAR.361 Tisagenlecleucel (Kymriah)
- (14) CP.PHAR.362 Axicabtagene ciloleucel (Yescarta)
- (15) CP.PHAR.403 Fremanezumab-vfrm (Ajovy)
- (16) CP.PHAR.404 Galcanexumab-gnlm (Emgality)

b. New Guidelines (Policies)

- (1) CP.PHAR.413 Glasdegib (Daurismo)
- (2) CP.PHAR.414 Larotrectinib (Vitrakvi)
- (3) CP.PHAR.415 Ravulizumab-cwvz (Ultomiris)
- (4) CP.PHAR.416 Caplacizumab-yhdp (Cablivi)
- (5) CP.PMN.195 Revefenacin (Yupelri)

c. No Clinically Significant Change(s)

- (1) CP.PHAR.120 Sipuleucel-T (Provenge)
- (2) CP.PHAR.152 Laronidase (Aldurazyme)
- (3) CP.PHAR.156 Idursulfase (Elaprase)
- (4) CP.PHAR.157 Taliglucerase Alfa (Elelyso)
- (5) CP.PHAR.158 Agalsidase Beta (Fabrazyme)
- (6) CP.PHAR.159 Sebelipase Alfa (Kanuma)
- (7) CP.PHAR.160 Alglucosidase Alfa (Lumizyme)
- (8) CP.PHAR.161 Galsulfase (Naglazyme)
- (9) CP.PHAR.162 Elosulfase Alfa (Vimizim)
- (10) CP.PHAR.163 Velaglucerase Alfa (VPRIV)
- (11) CP.PHAR.227.Pertuzumab (Perjeta)
- (12) CP.PHAR.260 Rituximab (Rituxan, Truxima, Rituxan Hycela)
- (13) CP.PHAR.339 Durvalumab (Imfinzi)
- (14) CP.PHAR.343 Edaravone (Radicava)
- (15) CP.PHAR.374 Vestronidase alfa-vjbc (Mepsevii)
- (16) CP.PHAR.378 Ibalizumab-uiyk (Trogarzo)
- (17) CP.PMN.13 Dose Optimization
- (18) CP.PMN.53 No Coverage Criteria / Off-Label Use

(19) CP.PMN.61 ACEI and ARB Duplicate Therapy

d. To Retire Medicaid (no document[s] for review)

None

D. Medicaid (*Public Comment, Discussion, Vote Required*)

i. Policy and Procedures

- (1) CC.PHAR.02 Approval of Brand-Name Override
- (2) CC.PHAR.05 Lost, Stolen, Spilled or Broken Medications
- (3) LA.PHAR.08 Pharmacy Prior Authorization and Medical Necessity Criteria
- (4) CC.PHAR.16 P & T Committee Member Documentation
- (5) CC.PHAR.17 COI and CF P & T Committee
- (6) LA.PHAR.18 Pharmacy Lock in Program
- (7) P&T Charter

ii. Louisiana State PDL link:

https://www.lamedicaid.com/provweb1/Pharmacy/rxpa/PDL_Jan2019.pdf

E. Pain Management Education (*Public Comment, Discussion, Vote Required*)

F. FDA Updates (*Informational only*)

V. Other Business

A. DUR

B. PMUR

VI. Announcements

Next P&T Meeting, Monday, July 15, 2019 Tentatively

VII. Adjournment