

Q3 2018 – LHCC Pharmacy and Therapeutics (P&T) Meeting - Medicaid
Monday, July 16, 2018
5:30-7:00 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. SGLT2 Inhibitors – Explanation of CPAC scores clarification
 - B. Codeine Tramadol Hydrocodone Recommendations with Health Plan Utilization
 - C. Confirmation: Loperamide is on the PDL for both OTC and RX

- IV. New Business**
 - A. Therapeutic Class Review (*Public Comment, Discussion, Vote Required*)**
 - i. Therapeutic Class Matrix
 - (1) 01 Penicillins
 - (2) 02 Cephalosporins
 - (3) 03 Macrolides
 - (4) 04 Tetracyclines
 - (5) 05 Fluoroquinolones
 - (6) 07 Aminoglycosides
 - (7) 08 Sulfonamides
 - (8) 09 Antimycobacterial Agents
 - (9) 11 Antifungals
 - (10) 12 Antivirals

- (11) 13 Antimalarials
- (12) 14 Ambesides
- (13) 15 Anthelmintics
- (14) 16 Anti-Infective Agents, Miscellanout
- (15) 22 Corticosteroids
- (16) 23 Andorgents, Anabolic
- (17) 24 Estrogens
- (18) 25 Contraceptives (Missing TCM)
- (19) 26 Progestins
- (20) 27 Antidiabetics
- (21) 28 Thyroid Agents (Missing on TCM; not on Sum Table)
- (22) 29 Oxytocics
- (23) 30 Endocrine and Metabolic Agents, Miscellaneous

B. FDA Updates (*Informational only*)

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

- i. Review Types 1, 2, 3 and 5
 - (1) RT1 – burosumab-twza (Crysvita®)
 - (2) RT1 - fostamatinib disodium hexahydrate (Tavalisse®)
 - (3) RT1 - tildrakizumab-asmn (Ilumya®)
 - (4) RT2 - everolimus (Afinitor Disperz®)
 - (5) RT2 - osimertinib (Tagrisso®)
 - (6) RT2 – rucaparib (Rubraca®)
 - (7) RT2 - tisagenlecleucel (Kymriah®)
 - (8) RT2 - tolvaptan (Jynarque®)
 - (9) RT2 - trametinib and Dabrafenib (Mekinist and Tafinlar®)
 - (10) RT5 – nivolumab plus ipilimumab (Opdivo plus Yervoy®)

- ii. Review Type 4
 - (1) adalimumab (Humira®)
 - (2) amantadine extended-release (Osmolex ER™)
 - (3) aminolevulinic acid hydrochloride (Levulan® Kerastick®) 20%
 - (4) barium sulfate (Varibar® Honey)
 - (5) bendamustine intravenous infusion
 - (6) benzhydrocodone/ acetaminophen (Apadaz™)
 - (7) brivaracetam (Briviact®)
 - (8) bupivacaine (Exparel®) extended release
 - (9) ceftazidime/ avibactam (Avycaz®)
 - (10) ciprofloxacin (Otiprio®) otic
 - (11) daratumumab (Darzalex®)
 - (12) deferiprone (Ferriprox®)

- (13) dexamethasone (Dexycu™)
- (14) exenatide, extended release (Bydureon®)
- (15) ferumoxytol (Feraheme)
- (16) fosnetupitant/ palonosetron (Akynzeo®)
- (17) immune globulin subcutaneous (human), 20% (Hizentra®) subcutaneous
- (18) insulin glargine (Toujeo® Max SoloStar)
- (19) lidocaine (ZTlido™) topical patch 1.8%
- (20) luliconazole (Luzu®)
- (21) mirabegron with solifenacin (Myrbetriq® with Vesicare®)
- (22) pancrelipase (Zenpep®)
- (23) pregabalin (Lyrica®)
- (24) rabies immune globulin [human] (HyperRAB™ S/D)
- (25) ranibizumab (Lucentis®)
- (26) recombinant human growth hormone, somatropin, rDNA origin
(Zomacton®)
- (27) sargramostim (Leukine®)
- (28) sarilumab (Kevzara® Pen)
- (29) somatropin, recombinant (Norditropin®)
- (30) talc (Steritalc®)
- (31) tenofovir/ emtricitabine (Truvada®)
- (32) umeclidinium/ vilanterol/ fluticasone (Trelegy® Ellipta®)
- (33) von Willebrand factor, recombinant (Vonvendi®)
- (34) vortioxetine (Trintellix®)

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

i. Medicaid

a. Clinically Significant Changes

- (1) CP.PHAR.63 Everolimus (Afinitor, Afinitor Disperz)
- (2) CP.PHAR.81 Pazopanib (Votrient)
- (3) CP.PHAR.89 Peginterferon Alfa-2b (PegIntron, Sylatron)
- (4) CP.PHAR.103 Immune Globulins
- (5) CP.PHAR.114 Teduglutide (Gattex)
- (6) CP.PHAR.121 Nivolumab (Opdivo)
- (7) CP.PHAR.169 Vigabatrin (Sabril)
- (8) CP.PHAR.239 Dabrafenib (Tafinlar)
- (9) CP.PHAR.240 Trametinib (Mekinist)
- (10) CP.PHAR.294 Osimertinib (Tagrisso)
- (11) CP.PHAR.295 Sargramostim (Leukine)
- (12) CP.PHAR.296 Pegfilgrastim (Neulasta)
- (13) CP.PHAR.297 Filgrastim (Neupogen), Filgrastim-sndz (Zarxio),
Tbo-filgrastim (Granix)

- (14) CP.PHAR.302 Ixazomib (Ninlaro)
- (15) CP.PHAR.303 Brentuximab Vedotin (Adcetris)
- (16) CP.PHAR.310 Daratumumab (Darzalex)
- (17) CP.PHAR.312 Blinatumomab (Blincyto)
- (18) CP.PHAR.319 Ipilimumab (Yervoy)
- (19) CP.PHAR.327 Nusinersen (Spinraza)
- (20) CP.PHAR.350 Rucaparib (Rubraca)
- (21) CP.PHAR.361 Tisagenlecleucel (Kymriah)
- (22) CP.PMN.132 Tadalafil BHP - ED (Cialis)
- (23) LA.PHAR.268 Sofosbuvir/Velpatasvir (Epclusa)
- (24) LA.PHAR.274 Daclatasvir (Daklinza)
- (25) LA.PHAR.275 Elbasvir/Grazoprevir (Zepatier)
- (26) LA.PHAR.276 Ombitasvir/Paritaprevir/Ritonavir (Technivie)
- (27) LA.PHAR.278 Dasabuvir/Ombitasvir/Paritaprevir/Ritonavir (Viekira XR, Viekira Pak)
- (28) LA.PHAR.279 Ledipasvir/Sofosbuvir (Harvoni)
- (29) LA.PHAR.280 Simeprevir (Olysio)
- (30) LA.PHAR.281 Sofosbuvir (Sovaldi)
- (31) LA.PHAR.347 Sofosbuvir/Velpatasvir/Voxilaprevir (Vosevi)
- (32) LA.PHAR.348 Glecaprevir/Pibrentasvir (Mavyret)

b. New Guidelines

- (1) CP.PHAR.11 Burosumab-twza (Crysvita)
- (2) CP.PHAR.24 Fostamatinib (Tavalisse)
- (3) CP.PHAR.27 Tolvaptan (Jynarque)
- (4) CP.PHAR.277 Cytomegalovirus Immune Globulin (CytoGam)
- (5) CP.PHAR.282 Parathyroid hormone (Natpara)
- (6) CP.PHAR.379 etelcalcetide (Parsabiv)
- (7) CP.PHAR.380 cobimetinib (Cotellic)
- (8) CP.PHAR.381 mechlorethamine (Valchlor)
- (9) CP.PHAR.382 panobinostat (Farydak)
- (10) CP.PHAR.383 trifluridine_Tipiracil (Lonsurf)
- (11) CP.PHAR.384 lutetium Lu 177 dotatate (Lutathera)
- (12) CP.PHAR.385 Corticosteroid Intravitreal Implants (Iluvien, Ozurdex, Retisert)
- (13) CP.PHAR.386 tildrakizumab-asmn (Ilumya)
- (14) CP.PMN.45 Ondansetron (Zuplenz)
- (15) CP.PMN.139 naloxone (Evzio)
- (16) CP.PMN.140 Pimavanserin (Nuplazid)
- (17) CP.PMN.141 Dolasetron (Anzemet)
- (18) CP.PMN.142 Lubiprostone (Amitiza)

- (19) CP.PMN.143 isotretinoin
- (20) CP.PMN.144 Epinephrine (EpiPen and EpiPen Jr) Quantity Limit Override
- (21) CP.PMN.145 vilazodone (Viibryd)
- (22) CP.PMN.146 fluticasone-umeclidinium-vilanterol (Trelegy Ellipta)
- (23) CP.PMN.147 indacaterol-glycopyrrolate (Utibron Neohaler)
- (24) CP.PMN.148 tiotropium-olodaterol (Stiolto Respimat)
- (25) CP.PMN.149 umeclidinium-vilanterol (Anoro Ellipta)
- (26) CP.PMN.150 lesinurad (Zurampic), lesinurad-allopurinol (Duzallo)
- (27) CP.PMN.153 alosetron (Lotronex)
- (28) CP.PMN.154 isavuconazonium (Cresemba)
- (29) CP.PMN.155 lacosamide (Vimpat)
- (30) CP.PMN.156 perampanel (Fycompa)
- (31) CP.PMN.157 rufinamide (Banzel)
- (32) CP.PMN.158 netupitant;palonosetron (Akynzeo)
- (33) CP.PMN.159 dronabinol (Marinol, Syndros)
- (34) CP.PMN.160 nabilone (Cesamet)

c. No Clinically Significant Change(s)

- (1) CP.PHAR.28 Immunization Coverage
- (2) CP.PHAR.61 Cinacalcet (Sensipar)
- (3) CP.PHAR.82 Collagenase Clostridium Histolyticum (Xiaflex)
- (4) CP.PHAR.83 Vorinostat (Zolinza)
- (5) CP.PHAR.84 Abiraterone (Zytiga)
- (6) CP.PHAR.88 Belimumab (Benlysta)
- (7) CP.PHAR.95 Thyrotropin Alfa (Thyrogen)
- (8) CP.PHAR.106 Enzalutamide (Xtandi)
- (9) CP.PHAR.109 Tesamorelin (Egrifta)
- (10) CP.PHAR.123 Evolocumab (Repatha)
- (11) CP.PHAR.124 Alirocumab (Praluent)
- (12) CP.PHAR.126 Ibrutinib (Imbruvica)
- (13) CP.PHAR.145 Deferasirox (Exjade, Jadenu)
- (14) CP.PHAR.146 Deferoxamine (Desferal)
- (15) CP.PHAR.147 Deferiprone (Ferriprox)
- (16) CP.PHAR.150 Mecasermin (Increlex)
- (17) CP.PHAR.270 Paricalcitol Injection (Zemplar)
- (18) CP.PHAR.283 Lomitapide (Juxtapid)
- (19) CP.PHAR.284 Mipomersen (Kynamro)
- (20) CP.PHAR.285 Nintedanib (Ofev)
- (21) CP.PHAR.286 Pirfenidone (Esbriet)
- (22) CP.PHAR.287 Obeticholic acid (Ocaliva)
- (23) CP.PHAR.290 Aripiprazole Long-Acting Injections (Abilify Maintena, Aristada)
- (24) CP.PHAR.291 Paliperidone Long-Acting Injections (Invega Sustenna,

Invega Trinza)

- (25) CP.PHAR.292 olanzapine LA injection (Zyprexa Relprevv)
- (26) CP.PHAR.293 Risperidone Long-Acting Injection (Risperdal Consta)
- (27) CP.PHAR.323 Plerixafor (Mozobil)
- (28) CP.PHAR.338 Cerliponase alfa (Brineura)
- (29) CP.PHAR.351.Daptomycin (Cubicin Cubicin RF)
- (30) CP.PMN.08 Lidocaine Transdermal (Lidoderm)
- (31) CP.PMN.09 Lindane Shampoo
- (32) CP.PMN.19 Aprepitant (Emend)
- (33) CP.PMN.31 Fluticasone/Salmeterol (Advair Diskus, Advair HFA)
- (34) CP.PMN.40 Acitretin (Soriatane)
- (35) CP.PMN.44 Pyrimethamine (Daraprim)
- (36) CP.PMN.46 Roflumilast (Daliresp)
- (37) CP.PMN.47 Rifaximin (Xifaxan)
- (38) CP.PMN.54 Clobazam (Onfi)
- (39) CP.PMN.60 SSRI SNRI Duplicate Thearapy
- (40) CP.PMN.65 Vortioxetine (Trintellix)
- (41) CP.PMN.70 Ivabradine (Corlanor)
- (42) CP.PMN.74 Granisetron (Kytril, Sancuso)
- (43) CP.PMN.76 Calcifediol (Rayaldee)
- (44) CP.PMN.83 Short Ragweed Pollen Allergen Extract (Ragwitek)
- (45) CP.PMN.84 Timothy Grass Pollen Allergen Extract (Grastek)
- (46) CP.PMN.85 Sweet Vernal, Orchard, Perennial Rye, Timothy, and
Kentucky Blue Grass Mixed Pollens Allergen Extract (Oralair)
- (47) CP.PMN.111 House dust mite allergen extract (Odactra)
- (48) CP.PST.01 Step Therapy (DI needs to finalize)
- (49) CP.PST.17 Atomoxetine (Strattera)
- (50) LA.PMN.33 regabalin (Lyrica)
- (51) LA.PMN.71 Linaclotide (Linzess)
- (52) LA.PPA26 Isotretinoin (Claravis, Absorica, Myorisan, Zenatane)
- (53) LA.PST.08 Mesalamine Oral Therapy
- (54) LA.PHAR.245 Apremilast (Otezla)

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

- (1) CP.PHAR.57 Global BioPharm
- (2) CP.PMN.11 Oral Antiemetics (5-HT3 Antagonists)
- (3) CP.PMN.26 famciclovir (Famvir®)
- (4) CP.PMN.37 Guanfacine ER (Intuniv)
- (5) CP.PMN.63 Dexmethylphenidate ER (Focalin XR)
- (6) CP.PMN.69 Inhaled combination LAA-LABA
- (7) CP.PPA.04 oxycodone sr (Oxycontin®)
- (8) CP.PPA.09 Epinephrine (EpiPen and EpiPen Jr) Quantity Limit Override
- (9) CP.PPA.12 Narcotic Analgesics (replaced PMN.97)

- (10) CP.PPA.16 vilazodone (Viibryd)
- (11) CP.PPA.19 Pimavanserin (Nuplazid)
- (12) CP.PPA.26 isotretinoin (Claravis®, Sotret®, Amnesteem®, Myorisan®)
- (13) CP.PST.03 Anti-Allergy Ophthalmics

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

i. Policy and Procedures

- (1) CC.PHAR.03 Drug Recall Notification
- (2) CC.PHAR.14 Generic Drug Additions to PDL
- (3) CC.PHAR.15 Line Extension Additions to PDL
- (4) LA.PHAR.08 Pharmacy PA and MN Criteria
- (5) LA.PHAR.08 Attachment A: Healthy Louisiana Pharmacy Prior Authorization Form
- (6) LA.PHAR.09 Pharmacy Program
- (7) LA.PMN.01 Appropriate Use and Safety Edits

ii. Preferred Drug List (PDL) Changes

V. Approved by Corporate P&T 2Q18 Live Meeting (*Public Comment, Discussion, Vote Required*)

A. New Drugs

i. Review Types 1, 2, 3 and 5

- (1) RT1 – tezacaftor/ivacaftor; ivacaftor (Symdeko™)
- (2) RT2 – ibalizumab-uiyk (Trogarzo™)
- (3) RT2 - abemaciclib (Verzenio™)

ii. Review Type 4

- (1) blinatumomab (Blinicyto®) intravenous injection
- (2) brentuximab vedotin (Adcetris®) intravenous injection
- (3) efavirenz 600 lamivudine/tenofovir disoproxil fumarate (Symfi™) tablets
- (4) hydroxyprogesterone caproate (Makena®) subcutaneous injection
- (5) lamivudine/ tenofovir disoproxil fumarate (Cimduo™) oral tablets
- (6) lurasidone (Latuda®) oral tablets
- (7) nilotinib (Tasigna® 50 mg) oral capsules
- (8) nivolumab (Opdivo®) intravenous infusion

B. Guidelines/Criteria

i. Medicaid Guidelines

- (1) CP.PHAR. 355 abemaciclib (Verzenio™)
- (2) CP.PHAR.377 tezacaftor/iv acafter; ivacaftor (Symdeko™)
- (3) CP.PHAR.378 ibalizumab-uiyk (Trogarzo™)
- (4) CP.PMN.112 naldemedine (Symproic®)

C. 2018 Vaccines: Quantity and Age Limits

VI. Other Business

- A. DUR
- B. State Mandated DUR
 - i. Prospective DUR
 - ii. Retrospective
 - iii. Educational DUR
 - a. Asthma Educational Presentation
- C. PMUR

VII. Announcements

Next P&T Meeting, Monday, October 15, 2018 Tentatively

VIII. Adjournment