

Q4 2018 – LHCC Pharmacy and Therapeutics (P&T) Meeting - Medicaid
Monday, October 15, 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. 2019 P&T Annual Paperwork To Be Signed**
- III. Meeting Minutes Review (*Vote Required*)**
- IV. Old Business**
 - A. 2018 Vaccines. Is this a medical benefit for greater than 20 years?
- V. New Business**
 - A. Therapeutic Class Review (*Public Comment, Discussion, Vote Required*)**
 - i. Position Paper on Use of Humira for the Treatment of Ulcerative Colitis
 - ii. Drug Class - Long-Acting Injectable Antipsychotics
 - iii. Therapeutics Class Review Matrix
 - (1) 2140 Prostate Cancer (Oral Anti-Androgens)
 - (2) 57 Antianxiety Agents
 - (3) 58 Antidepressants
 - (4) 59 Antipsychotics
 - (5) 60 Hypnotics
 - (6) 61 ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant
 - (7) 62 Psychotherapeutic and Neurological Agents, Miscellaneous
 - (8) 64 Analgesics, Non-Narcotic
 - (9) 65 Analgesics, Opioid
 - (10) 66 Analgesics, Anti-Inflammatory
 - (11) 67 Migraine Products
 - (12) 68 Gout Agents
 - (13) 69 Local Anesthetics

- (14) 70 General Anesthetics
- (15) 72 Anticonvulsants
- (16) 73 Antiparkinson Agents
- (17) 74 Neuromuscular Agents
- (18) 75 Musculoskeletal Therapy Agents
- (19) 76 Antimyasthenic Agents
- (20) 90 Dermatologicals
- (21) 9940 Immunosuppressants

B. FDA Updates (*Informational only*)

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

- i. Review Types 1, 2, 3 and 5
 - (1) RT1 – Avatrombopag (Doplet®)
 - (2) RT1 – Baricitinib (Olumiant®)
 - (3) RT1 – cannabidiol (Epidiolex®)
CP.PMN.164 Cannabidiol (Epidiolex)
 - (4) RT1 – Elagolix (Orilissa®)
 - (5) RT1 – encorafenib + binimetinib (Braftovi™ + Mektovi®)
CP.PHAR.50 Binimetinib (Mektovi)
CP.PHAR.127 Encorafenib (Braftovi)
 - (6) RT1 - erenumab-aooe (Aimovig™)
 - (7) RT1 – lofexidine hydrochloride (Lucemyra®)
CP.PMN.152 lofexidine (Lucemyra®)
 - (8) RT1 - Ivosidenib (Tibsovo®)
 - (9) RT1 – Migalastat (Galafold™)
 - (10) RT1 – Moxidectin
 - (11) RT1 – Patisiran (Onpattro™)
 - (12) RT1 – Pegvaliase-pqpz (Palynziq)
 - (13) RT1 - Sodium zirconium cyclosilicate (Lokelma)
 - (14) RT1 – Tafenoquine (Krintafel®)
 - (15) RT2 – Certolizumab pegol (Cimzia®)
 - (16) RT2 - Denosumab (Prolia®)
 - (17) RT2 – Enzalutamide (Xtandi®)
 - (18) RT2 - Epoetin alfa-epbx (Retacrit™)
 - (19) RT2 – Glycopyrronium (Qbrexza™)
 - (20) RT2 – IncobotulinumtoxinA (Xeomin®)
 - (21) RT2 – Lenvatinib (Lenvima®)
 - (22) RT2- Pegfilgrastim-jmdb (Fulphila™)
 - (23) RT2 – Ribociclib (Kisqali®)
 - (24) RT2 – Rituximab (Rituxan®)
 - (25) RT2 – Tofacitibin (Xeljanz®)
 - (26) RT2 – venetoclax (Venclexta®)
 - (27) RT5 - ipillimumab (Yervoy®)

CP.PHAR.319 ipillimumab (Yervoy®)
(28) RT5 – Mogamulizumab-kpkc (Poteligeo®)

ii. Review Type 4

- (1) abiraterone acetate (Yonsa®) oral tablets
- (2) amlodipine/ celecoxib (Consensi®) oral tablets
- (3) aripiprazole lauroxil (Aristada Initio™) intramuscular injection
- (4) atezolizumab (Tecentriq®) intravenous injection
- (5) baclofen 5 mg oral tablets
- (6) bevacizumab (Avastin®) intravenous injection
- (7) bortezomib 2.5 mg intravenous injection
- (8) C-1 esterase inhibitor (Cinryze®) intravenous infusion
- (9) carfilzomib (Kyprolis®) intravenous injection
- (10) coagulation factor IX (recombinant), albumin fusion protein (Idelvion®, 3500 IU) intravenous infusion
- (11) coagulation factor Xa (recombinant), inactivated-zhzo (Andexxa®) intravenous infusion
- (12) cocaine (Goprelto) intranasal solution
- (13) daptomycin 350 mg intravenous infusion
- (14) desmopressin (Nocdurna®) sublingual oral tablets
- (15) doxercalciferol 10mcg/5mL intravenous injection
- (16) epinephrine injection 0.1 mg/0.1 mL (Auvi-Q®) intramuscular or subcutaneous injection
- (17) estradiol (Imvexxy™) vaginal soft-gel capsule
- (18) etravirine (Intelence®) oral tablets
- (19) filgrastim-aafi biosimilar agent (Nivestym™) intravenous and subcutaneous injections
- (20) fingolimod (Gilenya®) oral capsules
- (21) fingolimod (Gilenya®) 0.25mg oral tablets
- (22) fish oil triglycerides (Omegaven®) intravenous infusion
- (23) fluticasone furoate (Arnuity® Ellipta®) inhaler
- (24) fluticasone furoate 50 mcg (Arnuity® Ellipta®) inhaler
- (25) gemcitabine (Infugem™) intravenous injection
- (26) glycopyrrolate, preservative-free (Glyrx-PF™) intravenous or intramuscular injection
- (27) halobetasol propionate topical foam
- (28) human insulin isophane suspension / human insulin injection (Novolin® 70/30, FlexPen) subcutaneous injection
- (29) hyaluronic acid/lidocaine (Restylane® Lyft) intradermal injections
- (30) hydrocodone-containing oral products
- (31) insulin, human (Novolin® R, FlexPen) subcutaneous injection
- (32) iobenguane I-131 (Azedra®) intravenous infusion

- (33) isophane insulin human suspension (Novolin® N, FlexPen) subcutaneous injection
- (34) ixekizumab (Taltz®) subcutaneous injection
- (35) levorphanol 1 mg, 3 mg oral tablets
- (36) loteprednol etabonate 0.5% (Lotemax®) ophthalmic gel
- (37) methoxy polyethylene glycol-epoetin beta (Mircera®) intravenous injection
- (38) metoprolol succinate extended release (Kaspargo Sprinkle™) oral capsules
- (39) nivolumab (Opdivo®) intravenous infusion
- (40) pancreatic enzymes, porcine derived, 15K-47K-63K (Zenpep®) oral capsules
- (41) pancreatic enzymes, porcine derived, 3K-10K-14K (Zenpep®) oral capsules
- (42) pasireotide (Signifor® LAR) intramuscular injection
- (43) pasireotide 10 mg, 30 mg (Signifor® LAR) intramuscular injection
- (44) pembrolizumab (Keytruda®) intravenous infusion
- (45) pemetrexed (Alimta®) intravenous injection
- (46) pimavanserin (Nuplazid®) 10 mg oral tablet
- (47) pimavanserin (Nuplazid®) 34 mg oral capsule
- (48) plazomicin (Zemdri™) intravenous infusion
- (49) polyethylene glycol low-volume (Plenvu®) oral therapy
- (50) somatropin, rDNA origin (Zomacton™) subcutaneous injection
- (51) risperidone (Perseris™) subcutaneous depot injection
- (52) secukinumab (Cosentyx®) subcutaneous injection
- (53) sodium nitroprusside 0.2 mg/mL (Nipride RTU) intravenous infusion
- (54) tacrolimus (Prograf®) granules for oral suspension
- (55) tbo-filgrastim (Granix®) subcutaneous injection
- (56) tecovirimat (TPOXX®) oral capsules
- (57) tocilizumab (Actemra®) subcutaneous injection
- (58) tofacitinib 10 mg (Xeljanz®) oral tablets
- (59) vancomycin 250 mg, 750 mg, 1.25 g, 2.5 g vials intravenous injection

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

i. Medicaid

a. Clinically Significant Changes

- (1) CP.PHAR.24 fostamatinib (Tavalisse)
- (2) CP.PHAR.27 tolvaptan (Jynarque, Samsca)
- (3) CP.PHAR.63 everolimus (Afinitor, Afinitor Disperz, Zortress)
- (4) CP.PHAR.93 bevacizumab (Avastin, Mvasi)
- (5) CP.PHAR.128 erenumab-aaoe (Aimovig)
- (6) CP.PHAR.129 venetoclax (Venclexta)

- (7) CP.PHAR.149 intra baclofen (Gablofen)
- (8) CP.PHAR.151 levoleucovorin (Fusilev)
- (9) CP.PHAR.168 corticotropin (H.P. Acthar)
- (10) CP.PHAR.179 romiplostim (Nplate)
- (11) CP.PHAR.180 eltrombopag (Promacta)
- (12) CP.PHAR.201 belatacept (Nulojix)
- (13) CP.PHAR.214 desmopressin (DDAVP, Stimate, Noctiva)
- (14) CP.PHAR.241 abatacept (Orencia)
- (15) CP.PHAR.242 adalimumab (Humira)
- (16) CP.PHAR.245 apremilast (Otezla)
- (17) CP.PHAR.250 etanercept (Enbrel)
- (18) CP.PHAR.253 golimumab (Simponi, Simponi Aria)
- (19) CP.PHAR.254 infliximab (Remicade, Renflexis, Inflectra)
- (20) CP.PHAR.257 ixekizumab (Taltz)
- (21) CP.PHAR.259 natalizumab (Tysabri)
- (22) CP.PHAR.261 secukinumab (Cosentyx)
- (23) CP.PHAR.264 ustekinumab (Stelara)
- (24) CP.PHAR.265 vedolizumab (Entyvio)
- (25) CP.PHAR.304 irinotecan Liposome (Onivyde)
- (26) CP.PHAR.305 obinutuzumab (Gazyva)
- (27) CP.PHAR.307 bendamustine (Bendeka, Treanda)
- (28) CP.PHAR.309 carfilzomib (Kyprolis)
- (29) CP.PHAR.314 romidepsin (Istodax)
- (30) CP.PHAR.316 cabazitaxel (Jevtana)
- (31) CP.PHAR.332 pasireotide (Signifor LAR)
- (32) CP.PHAR.353 pegaspargase (Oncaspar)
- (33) CP.PHAR.358 gemtuzumab ozogamicin (Mylotarg)
- (34) CP.PHAR.363 enasidenib (Idhifa)
- (35) CP.PHAR.365 neratinib (Nerlynx)
- (36) CP.PHAR.372 voretigene neparvovec-rzyl (Luxturna)
- (37) CP.PMN.16 Request for Medically Necessary Drug not on the PDL
- (38) CP.PMN.17 droxidopa (Northera®)
- (39) CP.PMN.53 Off Label Use
- (40) CP.PMN.59 Quantity Limit Overrides
- (41) CP.PMN.74 Granisetron (Kytril, Sancuso, Sustol)
- (42) CP.PMN.75 tazarotene (Tazorac)
- (43) CP.PMN.114 betrixaban (Bevyxxa)
- (44) CP.PMN.143 isotretinoin ((Claravi, Absorica, Myorisan, Zenatane)

b. New Guidelines (Policies)

- (1) CP.PHAR.130 Avatrombopag (Doptelet)
- (2) CP.PHAR.131 Infertility Therapy
- (3) CP.PHAR.132 nitisinone (Orfadin, Nityr)

- (4) CP.PHAR.133 idelalisib (Zydelig)
 - (5) CP.PHAR.134 Methotrexate (Otrexup, Rasuvo, Xatmep)
 - (6) CP.PHAR.135 Baricitinib (Olumiant)
 - (7) CP.PHAR.136 Elagolix (Orilissa)
 - (8) CP.PHAR.137 Ivosidenib (Tibsovo)
 - (9) CP.PHAR.138 Lenvatinib (Lenvima)
 - (10) CP.PHAR.139 Mogamulizumab-kpkc (Poteligeo)
 - (11) CP.PHAR.140 Pegvaliase-pqpz (Palynziq)
 - (12) CP.PHAR.141 Ribavirin (Copegus, Moderiba, Rebetol, Ribasphere)
 - (13) CP.PHAR.142 adefovir (Hepsera)
 - (14) CP.PHAR.143 betaine (Cystadane)
 - (15) CP.PHAR.387 azacitidine (Vidaza)
 - (16) CP.PHAR.388 Chloramphenicol
 - (17) CP.PHAR.389 pegvisomant (Somavert)
 - (18) CP.PHAR.390 cholic Acid (Cholbam)
 - (19) CP.PHAR.391 Lanreotide (Somatuline Depot)
 - (20) CP.PHAR.392 pegademase Bovine (Adagen)
 - (21) CP.PHAR.393 Leucovorin Injection
 - (22) CP.PMN.161 Methadone (Dolophine)
 - (23) CP.PMN.162 Moxidectin
 - (24) CP.PMN.163 Sodium zirconium cyclosilicate (Lokelma)
 - (25) CP.PMN.165 fluorouracil Cream (Tolak)
 - (26) CP.PMN.166 luliconazole cream (Luzu)
 - (27) CP.PMN.167 neomycin-fluocinolone cream (Neo-Synalar)
 - (28) CP.PMN.168 ospemifene (Osphena)
 - (29) CP.PMN.169 methylnaltrexone Bromide (Relistor)
 - (30) CP.PMN.170 eluxadoline (Viberzi)
 - (31) CP.PMN.171 naloxegol (Movantik)
 - (32) CP.PMN.172 zolpidem (Edluar, Intermezzo, Zolpimist)
 - (33) CP.PMN.173 ramelteon (Rozerem)
 - (34) CP.PMN.174 perindopril-amlodipine (Prestalia)
 - (35) CP.PMN.175 doxepin (Silenor)
 - (36) CP.PMN.176 amlodipine-atorvastatin (Caduet)
 - (37) CP.PMN.177 Glycopyrronium (Qbrexza)
 - (38) CP.PMN.178 Tafenoquine (Krintafel)
 - (39) CP.PMN.179 megestrol Acetate Oral Suspension (Megace ES)
 - (40) CP.PMN.180 halobetasol Propionate Lotion (Ultravate)
 - (41) CP.PMN.181 calcipotriene-Betamethasone Dipropionate Foam (Enstilar)
 - (42) CP.PMN.182 betamethasone dipropionate (Sernivo)
- c. No Clinically Significant Change(s)
- (1) CP.PHAR.68 gefitinib (Iressa)
 - (2) CP.PHAR.79 lapatinib (Tykerb)
 - (3) CP.PHAR.125 palbociclib (Ibrance)

- (4) CP.PHAR.170 degarelix Acetate (Firmagon)
- (5) CP.PHAR.171 goserelin acetate (Zoladex)
- (6) CP.PHAR.172 histrelin acetate (Vantas, Supprelin LA)
- (7) CP.PHAR.173 leuprolide acetate (Eligard, Lupaneta Pack, Lupron Depot, Lupron Depot-Ped)
- (8) CP.PHAR.174 nafarelin acetate (Synarel)
- (9) CP.PHAR.175 triptorelin pamoate (Trelstar, Triptodur)
- (10) CP.PHAR.244 anakinra (Kineret)
- (11) CP.PHAR.246 canakinumab (Ilaris)
- (12) CP.PHAR.260 rituximab (Rituxan), Rituximab-Hyaluronidase (Rituxan Hycela)
- (13) CP.PHAR.263 tocilizumab (Actemra)
- (14) CP.PHAR.266 rilonacept (Arcalyst)
- (15) CP.PHAR.294 Osimertinib (Tagrisso)
- (16) CP.PHAR.306 ofatumumab (Arzerra)
- (17) CP.PHAR.308 elotuzumab (Empliciti)
- (18) CP.PHAR.311 belinostat (Beleodaq)
- (19) CP.PHAR.313 pralatrexate (Folotyn)
- (20) CP.PHAR.315 vincristine sulfate liposome injection (Marqibo)
- (21) CP.PHAR.317 cetuximab (Erbix)
- (22) CP.PHAR.318 eribulin Mesylate (Halaven)
- (23) CP.PHAR.320 necitumumab (Portrazza)
- (24) CP.PHAR.321 panitumumab (Vectibix)
- (25) CP.PHAR.322 pembrolizumab (Keytruda)
- (26) CP.PHAR.324 temsirolimus (Torisel)
- (27) CP.PHAR.325 ziv-aflibercept (Zaltrap)
- (28) CP.PHAR.326 olaratumab (Lartruvo)
- (29) CP.PHAR.328 asfotase alfa (Strensiq®)
- (30) CP.PHAR.346 sarilumab (Kevzara)
- (31) CP.PHAR.352 daunorubicin/cytarabine (Vyxeos)
- (32) CP.PHAR.357 copanlisib (Aliqopa)
- (33) CP.PHAR.359 inotuzumab ozogamicin (Besponsa)
- (34) CP.PHAR.361 Tisagenlecleucel (Kymriah)
- (35) CP.PHAR.362 axicabtagene ciloleucel (Yescarta)
- (36) CP.PHAR.364 guselkumab (Tremfya)
- (37) CP.PHAR.375 brodalumab (Siliq)
- (38) CP.PMN.47 rifaximin (Xifaxan)
- (39) CP.PMN.71 linaclotide (Linzess)
- (40) CP.PMN.73 lifitegrast (Xiidra)
- (41) CP.PMN.87 plecanatide (Trulance)
- (42) CP.PMN.109 Suvorexant (Belsomra)
- (43) CP.PMN.112 naldemedine (Symproic)
- (44) CP.PMN.115 delafloxacin (Baxdela)

- (45) CP.PMN.116 l-glutamine (Endari)
- (46) CP.PMN.142 lubiprostone (Amitiza)
- (47) CP.PMN.153 alosetron (Lotronex)
- (48) CP.PST.01 Step Therapy

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

- (1) CP.PHAR.299 gefitinib (Iressa)
- (2) CP.PHAR.356 bevacizumab-awwb (Mvasi)
- (3) CP.PPA.20 methadone (Dolophine®)
- (4) CP.PST.05 Exemestane Step Therapy
- (5) CP.PST.20 rosuvastatin (Crestor)

E. Medicaid

i. Policy and Procedures (*Public Comment, Discussion, Vote Required*)

- (1) CC.PHAR.06 PBM Inquiry for Additional Information
- (2) CC.PHAR.07 Pharmaceutical Management
- (3) CC.PHAR.11 Requests for Pharmacy Profiles
- (4) CC.PHAR.19 Vacation Overrides
- (5) LA.PHAR.01 72 Hour Emergency Supply of Medication
- (6) LA.PHAR.09 Pharmacy Program Track
- (7) LA.PHAR.10 Preferred Drug List
- (8) LA.PHAR.12 Specialty Pharmacy Program

i. Preferred Drug List (PDL) Changes

F. Educational Presentation Osteoporosis (*Public Comment, Discussion, Vote Required*)

VI. Other Business

A. DUR

B. PMUR

VII. Announcements

Next P&T Meeting, Monday, January 14, 2019 Tentatively

VIII. Adjournment