



**Health Partners Plans
PHARMACY AND THERAPEUTICS COMMITTEE
MEDICAID MEETING MINUTES
February 21, 2019**

Attendance: Connie Chan (Staff/Clinical Pharmacist); Claudine Clarke, MD (Practicing Physician) (Skype/conference call); Beverly Collins, (Vice President and Quality Officer) (Skype/conference call); Dr. Neal Demp (Community Behavior Health) (Skype/conference call); Danielle Dolores (Manager of Pharmacy Services and Staff/Clinical Pharmacist); George E. Downs (Director of the Annual Fund, Dean Emeritus and Professor); Leah Finken (Staff/Clinical Pharmacist); Sharon Ford, Staff/Clinical Pharmacist; Jack Frentzen (Director of Member Services) (Skype/conference call); Jerry George (Staff/Clinical Pharmacist); Sam Jackson (Clinical Pharmacist); Lawrence Jones (Director of Pharmacy, Phoenixville Hospital) (Skype/conference call); Kaylei Koerwitz (Clinical Pharmacist Residency Coordinator); Sheenu Joseph, (Staff/Clinical Pharmacist) (Skype/conference call); Hannah Livengood (Formulary Pharmacist); Nina Lyons (Managed Care Pharmacy Resident); Brandi Mahler (Supervisor Pharmacy Technicians); Ginnette Morel (Analyst) (Skype/conference call); Nina Napoli (Executive Administrative Assistant); Oluwatoyin, Fadeyibi (Community Behavior Health) (Skype/conference call); Dr. Lou Parrott, (Community Behavior Health) Kateryna Puia (Clinical Programs Pharmacist); Julie Samuel (Clinical Programs Pharmacist) (Skype/conference call); Gino Raineri (Staff/Clinical Pharmacist); Sara Sadiq (Pharmacist); Robert Spencer (Staff/Clinical Pharmacist); Shelley Staffa (Clinical Pharmacist); Laura Lee Swan (Pediatrician) (Skype/conference call); Lauren Stabler (Pharmacy Student); Jenny Sunwoo, (Manager of Clinical and Specialty Pharmacy Programs); Fallan Vaisberg (Staff/Clinical Pharmacist) (Skype/conference call); Ramesh Vangala (Vice President of Pharmacy Operations) (Skype/conference call); Robin Wheeler (Staff/Clinical Pharmacist) (Skype/conference call)

Date: February 21, 2019

Excused: Chris Casella, (Director of Pharmacy); Kay Chan (Manager Pharmacy Benefit Design and Audits); Merleen Harris-Williams, (Medical Director); Helen Kim (Analyst); Dr. Tania Kolev (Skype/conference call); Natalie Laprade, (Senior Analyst); Shatara Lewis, (Analyst); Howard Lu (Vice President Chief Clinical Officer); Brian Wong (Medical Director)

Minutes taken by: Nina Napoli

I. Administrative Update

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
Minutes Review/Approval	-R. Vangala, D. Dolores and H. Livengood presented the minutes from the December 2018 meeting to the Committee for review.	The Committee approved the minutes from our last meeting	R. Vangala D. Dolores H. Livengood	

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
		<i>as presented.</i>		
Administrative Update	<p><i>-D. Dolores and H. Livengood presented the following items for review:</i></p> <ul style="list-style-type: none"> • <i>Annual Attestation paperwork</i> • <i>Hepatitis C Updates</i> • <i>2018 Pharmacy Trends</i> 	<i>-Informational</i>	<p><i>R. Vangala</i> <i>C. Chan</i> <i>D. Dolores</i> <i>H. Livengood</i></p>	

II. Drug Formulary Review/Update/Removal

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
<i>Prior Authorization Criteria – Buprenorphine for MAT</i>	<i>The Committee reviewed the Prior Authorization Criteria for Buprenorphine for MAT. The Committee approved as presented.</i>	<i>The Committee approved Buprenorphine for MAT criteria as presented. It will be sent to PARP for approval.</i>	<i>J. Samuel</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Lyrica</i>	<i>The Committee reviewed the Prior Authorization Criteria for Lyrica. The Committee approved as presented.</i>	<i>The Committee approved Lyrica criteria as presented. It will be sent to PARP for approval.</i>	<i>R. Wheeler</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Humulin R U-500 vial</i>	<i>The Committee reviewed the Prior Authorization Criteria for Humulin R U-500 vial. The Committee approved as presented.</i>	<i>The Committee approved Humulin R U-500 vial criteria as presented. It will be sent to PARP for approval.</i>	<i>R. Wheeler</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Enoxaparin</i>	<i>The Committee reviewed the Prior Authorization Criteria Enoxaparin. The Committee approved as presented.</i>	<i>The Committee approved Enoxaparin criteria as presented. It will be sent to PARP for approval.</i>	<i>R. Wheeler</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Entresto</i>	<i>The Committee reviewed the Prior Authorization Criteria for Entresto. The Committee approved as presented.</i>	<i>The Committee approved Entresto criteria as presented. It will be sent to PARP for approval.</i>	<i>L. Finken</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
<i>Prior Authorization Criteria – Growth Hormones</i>	<i>The Committee reviewed the Prior Authorization Criteria for Growth Hormones. The Committee approved as presented.</i>	<i>The Committee approved Growth Hormones criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Ford</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Xyrem</i>	<i>The Committee reviewed the Prior Authorization Criteria Xyrem. The Committee approved as presented.</i>	<i>The Committee approved Xyrem criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Staffa</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Non-formulary</i>	<i>The Committee reviewed the Prior Authorization Criteria for Non-formulary. The Committee approved as presented.</i>	<i>The Committee approved Non-formulary criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Staffa</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Nuedexta</i>	<i>The Committee reviewed the Prior Authorization Criteria for Nuedexta. The Committee approved as presented.</i>	<i>The Committee approved Nuedexta criteria as presented. It will be sent to PARP for approval.</i>	<i>F. Vaisberg</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Xifaxan</i>	<i>The Committee reviewed the Prior Authorization Criteria for Xifaxan. The Committee approved as presented.</i>	<i>The Committee approved Xifaxan criteria as presented. It will be sent to PARP for approval.</i>	<i>F. Vaisberg</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Promacta</i>	<i>The Committee reviewed the Prior Authorization Criteria for Promacta. The Committee approved as presented.</i>	<i>The Committee approved Promacta criteria as presented. It will be sent to PARP for approval.</i>	<i>F. Vaisberg</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Oral Antidiabetic Agents</i>	<i>The Committee reviewed the Prior Authorization Criteria for Oral Antidiabetic Agents. The Committee approved as presented.</i>	<i>The Committee approved Oral Antidiabetic Agents criteria as presented. It will be sent to PARP for approval.</i>	<i>J. George</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
<i>Prior Authorization Criteria – Simponi</i>	<i>The Committee reviewed the Prior Authorization Criteria for Simponi. The Committee approved as presented.</i>	<i>The Committee approved Simponi Agents criteria as presented. It will be sent to PARP for approval.</i>	<i>J. George</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Oral Chemo Agents</i>	<i>The Committee reviewed the Prior Authorization Criteria for Oral Chemo Agents. The Committee approved as presented.</i>	<i>The Committee approved Oral Chemo Agents criteria as presented. It will be sent to PARP for approval.</i>	<i>H. Livengood</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Praluent</i>	<i>The Committee reviewed the Prior Authorization Criteria for Praluent. The Committee approved as presented.</i>	<i>The Committee approved Praluent criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Joseph</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Repatha</i>	<i>The Committee reviewed the Prior Authorization Criteria for Repatha. The Committee approved as presented.</i>	<i>The Committee approved Repatha criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Joseph</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Tecfidera</i>	<i>The Committee reviewed the Prior Authorization Criteria for Tecfidera. The Committee approved as presented.</i>	<i>The Committee approved Tecfidera criteria as presented. It will be sent to PARP for approval.</i>	<i>G. Raineri</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Xolair</i>	<i>The Committee reviewed the Prior Authorization Criteria for Xolair. The Committee approved as presented.</i>	<i>The Committee approved Xolair criteria as presented. It will be sent to PARP for approval.</i>	<i>K. Puia</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Fasenra</i>	<i>The Committee reviewed the Prior Authorization Criteria for Fasenra. The Committee approved as presented.</i>	<i>The Committee approved Fasenra criteria as presented. It will be sent to PARP for approval.</i>	<i>K. Puia</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Nucala</i>	<i>The Committee reviewed the Prior Authorization Criteria for Nucala. The Committee approved as</i>	<i>The Committee approved Nucala</i>	<i>K. Puia</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
	<i>presented.</i>	<i>criteria as presented. It will be sent to PARP for approval.</i>		
<i>Prior Authorization Criteria – Treatment of Gender Dysphoria</i>	<i>The Committee reviewed the Prior Authorization Criteria for Treatment of Gender Dysphoria. The Committee approved as presented.</i>	<i>The Committee approved Treatment of Gender Dysphoria criteria as presented. It will be sent to PARP for approval.</i>	<i>K. Koerwitz</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Gonadotropin Releasing Hormone Agonist (Lupron Depot, Lupaneta Pack, Eligard, Lupron Depot-Ped, leuprolide)</i>	<i>The Committee reviewed the Prior Authorization Criteria for Gonadotropin Releasing Hormone Agonist (Lupron Depot, Lupaneta Pack, Eligard, Lupron Depot-Ped, leuprolide). The Committee approved as presented.</i>	<i>The Committee approved Gonadotropin Releasing Hormone Agonist (Lupron Depot, Lupaneta Pack, Eligard, Lupron Depot-Ped, leuprolide) criteria as presented. It will be sent to PARP for approval.</i>	<i>K. Koerwitz</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Orilissa</i>	<i>The Committee reviewed the Prior Authorization Criteria for Orilissa. The Committee approved as presented.</i>	<i>The Committee approved Orilissa criteria as presented. It will be sent to PARP for approval.</i>	<i>K. Koerwitz</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Epclusa authorized generic (sofosbuvir/velpatasvir)</i>	<i>The Committee reviewed the Prior Authorization Criteria for Epclusa authorized generic (sofosbuvir/velpatasvir). The Committee approved as presented.</i>	<i>The Committee approved Epclusa authorized generic (sofosbuvir/velpatasvir) criteria as presented. It will be sent to PARP for approval.</i>	<i>C. Chan</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Epidiolex</i>	<i>The Committee reviewed the Prior Authorization Criteria for Epidiolex. The Committee approved as presented.</i>	<i>The Committee approved Epidiolex criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Ford</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
<i>Prior Authorization Criteria – Palynziq</i>	<i>The Committee reviewed the Prior Authorization Criteria for Palynziq. The Committee approved as presented.</i>	<i>The Committee approved Palynziq criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Jackson</i>	<i>Resolved</i>
<i>Prior Authorization Criteria – Kuvan</i>	<i>The Committee reviewed the Prior Authorization Criteria for Kuvan. The Committee approved as presented.</i>	<i>The Committee approved Kuvan criteria as presented. It will be sent to PARP for approval.</i>	<i>S. Jackson</i>	<i>Resolved</i>
<i>Prior Authorization Additions</i>	<p><i>The following Prior Authorization Additions were presented and approved by the Committee:</i></p> <ul style="list-style-type: none"> • <i>Gonadotropin Releasing Hormone Agonist (Lupron Depot, Lupaneta Pack, Eligard, Lupron Depot-Ped, leuprolide)</i> • <i>Orilissa</i> • <i>Epclusa authorized generic (sofosbuvir/velpatasvir)</i> • <i>Epidiolex</i> • <i>Palynziq</i> • <i>Kuvan</i> • <i>Actemra ActPen-add to Actemra Prior Authorization</i> • <i>Dupixent 200 mg-add to Dupixent Prior Authorization</i> • <i>Promacta suspension- add to Promacta Prior Authorization</i> 	<i>The Committee approved the Prior Authorization Additions as presented. The Prior Authorization Additions will be sent to PARP for approval.</i>	<i>R. Vangala D. Dolores H. Livengood</i>	<i>Resolved</i>
<i>Prior Authorization Removals</i>	<p><i>The following Prior Authorization Removals were presented and approved by the Committee:</i></p> <ul style="list-style-type: none"> • <i>Lupron Depot-Ped</i> • <i>Lupron Depot-Eligard for Men</i> • <i>Lupron Depot for Females</i> 	<i>The Committee approved the Prior Authorization Removals as presented. The Prior Authorization Removals will be sent to PARP for approval.</i>	<i>R. Vangala D. Dolores H. Livengood</i>	<i>Resolved</i>
<i>Additions to the Formulary</i>	<p><i>The Committee reviewed the Formulary Additions:</i></p> <ul style="list-style-type: none"> • <i>Eligard</i> • <i>Lupaneta Pack</i> • <i>Lupron Depot 3.75 mg</i> 	<i>The Committee approved the Formulary Additions as presented. The</i>	<i>R. Vangala D. Dolores H. Livengood</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/PENDING
	<ul style="list-style-type: none"> • Olopatadine 0.2% eye drops • Orilissa • Ozempic • Vicks Warm Steam Vaporizer, Warm Steam Vaporizer, Vaporizer 1 gallon 	<p><i>Formulary Additions will be sent to PARP for approval.</i></p>		
Formulary Removals	<p><i>The Committee reviewed the Formulary Removals:</i></p> <ul style="list-style-type: none"> • Atripila <i>*Will apply to new starts only, formulary alternative Symfi, Symfi Lo</i> • Lupron Depot 22.5 mg • Lupron Depot 30 mg 	<p><i>The Committee approved the Formulary Removals as presented. The Formulary Removals will be sent to PARP for approval.</i></p>	<p><i>R. Vangala D. Dolores H. Livengood</i></p>	<p><i>Resolved</i></p>
Quantity Limits Additions	<p><i>The following Quantity Limits Additions were presented and approved by the Committee:</i></p> <ul style="list-style-type: none"> • Aimovig 70 mg/mL autoinjector – 1 mL/28 days • Aimovig 140 mg/2 mL (2-pack) – 2 mL/28 days • Dupixent 200 mg syringe – 4.56 mL/28 days • Eligard <ul style="list-style-type: none"> -7.5 mg – 1/30 days -22.5 mg – 1/90 days -30 mg – 1/120 days -45 mg – 1/180 days • Lupron Depot <ul style="list-style-type: none"> -3.75 mg kit – 1/30 days -7.5 mg kit – 1/30 days -11.25 mg 3mo kit – 1/90 days -45 mg 6mo kit – 1/180 days • Lupaneta Pack <ul style="list-style-type: none"> -3.75-5 mg – 1/30 days -11.25-5 mg 3mo kit – 1/90 days • Lupron Depot-Ped <ul style="list-style-type: none"> -7.5 mg kit – 1/30 days -11.25 mg kit – 1/30 days -11.25 mg 3mo – 1/90 days -15 mg kit – 1/30 days -30 mg 3mo kit – 1/90 days • Olopatadine 0.2% eye drop – 1 bottle/month • Orilissa <ul style="list-style-type: none"> -150 mg – 30/30 days 	<p><i>The Committee approved the Quantity Limits Additions as presented. The Quantity Limits Additions will be sent to PARP for approval.</i></p>	<p><i>R. Vangala D. Dolores H. Livengood</i></p>	<p><i>Resolved</i></p>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
	<p>-200 mg – 60/30 days</p> <ul style="list-style-type: none"> • Ozempic <p>-0.25-0.5 mg dose pen – 1.5 mL/28 days</p> <p>-1 mg dose pen – 3 mL/28 days</p> <ul style="list-style-type: none"> • Oseltamivir – 10 day supply every 365 days • Palynziq <p>-2.5 mg/mL syringe – 1.5 mL/day</p> <p>-10 mg/mL syringe – 0.5 mL/day</p> <p>-20 mg/mL syringe – 2 mL/day</p> <ul style="list-style-type: none"> • Vicks Warm Steam Vaporizer, Warm Steam Vaporizer, Vaporizer 1 gallon – 1/365 days 			
Age Edit Additions	<p>The following Age Edits Additions were presented and approved by the Committee:</p> <ul style="list-style-type: none"> • Eligard – pay 18 years and older • Epidiolex – pay 2 years and older • Lupaneta Pack – pay 18 years and older • Lupron Depot – pay 18 years and older • Lupron Depot-Ped – pay 2 years and older • Orilissa – pay 18 years and older • Ozempic – pay 18 years and older • Palynziq – pay 18 years and older • Vicks Warm Steam Vaporizer, Warm Steam Vaporizer, Vaporizer 1 gallon – pay up to 21 years 	<p>The Committee approved the Age Edit Additions as presented. The Age Edit Additions will be sent to PARP for approval.</p>	<p>R. Vangala D. Dolores H. Livengood</p>	<p>Resolved</p>
Step Therapy Edit Additions	<p>The following Step Therapy Edit Additions were presented and approved by the Committee:</p> <ul style="list-style-type: none"> • Ozempic: <p>-Must try metformin or insulin prior to filling Ozempic</p> <p>-Lookback for 6 day supply in the previous 90 days</p> <p>-Lookback will also include itself so that members on Ozempic therapy can continue to receive medication after satisfying Step Therapy</p>	<p>The Committee approved the Step Therapy Edit Additions as presented. The Step Therapy Edits Additions will be sent to PARP for approval.</p>	<p>R. Vangala D. Dolores H. Livengood</p>	<p>Resolved</p>
Grandfather Edit Additions	<p>The following Grandfather Edit Additions were presented and approved by the Committee:</p> <ul style="list-style-type: none"> • Atripla – 6 day supply in the previous 75 days 	<p>The Committee approved the Grandfather Edit Additions as</p>	<p>R. Vangala D. Dolores H. Livengood</p>	<p>Resolved</p>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
		<i>presented. The Grandfather Edit Additions will be sent to PARP for approval.</i>		
Grandfather Edit Removals	<p><i>The following Grandfather Edit Removals were presented and approved by the Committee:</i></p> <ul style="list-style-type: none"> • <i>Lantus – remove grandfather edit 90 days after removing Lantus from the formulary</i> <p><i>*Removal and grandfather edit previously approved by DHS in 2018, formulary alternative is Basaglar</i></p>	<i>The Committee approved the Grandfather Edit Removals as presented. The Grandfather Edit Removals will be sent to PARP for approval.</i>	<i>R. Vangala D. Dolores H. Livengood</i>	<i>Resolved</i>
DUR Edit Additions	<p><i>The following DUR Edits Additions were presented and approved by the Committee:</i></p> <p><u>Orilissa:</u></p> <ul style="list-style-type: none"> -1-way edit with teriflunomide, cobicistat, Genvoya, Stribild, Evotaz, Prezobix, and Symtuza -2-way edit with cyclosporine and cyclosporine modified (only systemic formulations), gemfibrozil, eltrombopag, and letermovir -Lookback: 6 day supply in the previous 30 days <p><u>Ozempic:</u></p> <ul style="list-style-type: none"> -2-way edit with other GLP-1 agonists, including GLP-1/insulin combination products -Lookback: 6 day supply in the previous 30 days <p><u>Palynziq/Kuvan:</u></p> <ul style="list-style-type: none"> -2 way edit with each other -Lookback: 6 day supply in the previous 30 days <p><u>Xyrem:</u></p> <ul style="list-style-type: none"> -1-way edit with clobazam, phenobarbital, primidone, clonazepam, diazepam -2-way edit with sedative hypnotics, barbiturates (excluding phenobarbital and primidone), benzodiazepines (excluding clobazam, clonazepam, and diazepam), meprobamate, trazodone -Lookback: 6 day supply in the previous 30 days 	<i>The Committee approved the DUR Edits Additions as presented. The DUR Edits Additions will be sent to PARP for approval.</i>	<i>R. Vangala D. Dolores H. Livengood</i>	<i>Resolved</i>
New Drug Review	<p><i>N. Lyons presented the New Drug Review list to the Committee. The following new products were review and will be kept non-formulary:</i></p> <ul style="list-style-type: none"> - <i>Cablivi</i> (caplacizumab-yhdp) Injection 	<i>The Committee approved the New Drug Review as presented.</i>	<i>N. Lyons</i>	<i>Resolved</i>

TOPIC	DISCUSSION	ACTIONS	RESPONSIBLE PARTY	RESOLVED/ PENDING
	<ul style="list-style-type: none"> - Jeuveau (prabotulinumtoxinA-xvfs) IM Injection - Tosymra (sumatriptan) Nasal Spray - Ontruzant (trastuzumab-dttb) for IV Injection - Vaxelis (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus, haemophilus b conjugate [meningococcal protein conjugate] and hepatitis B [recombinant] vaccine) Suspension for IM Injection - ProAir Digihaler (albuterol sulfate) Inhalation Powder - Inbrija (levodopa) Powder for Oral Inhalation - Ultomiris (ravulizumab-cwvz) Injection for IV Infusion - Elzonris (tagraxofusp-erzs) Injection - Asparlas (calaspargase pegol-mknl) Injection for IV Injection - Herzuma (trastuzumab-pkrb) Injection for IV Infusion - Motegrity (prucalopride) Tablets - Tolsura (itraconazole) Capsules - Dextenza (dexamethasone) Ophthalmic Insert 			

IV. Adjournment

There being no further business to discuss, the meeting was adjourned. Next meeting is to be held May 16, 2019.

C. Casella, Director of Pharmacy Services

Date