Members Present: Chethan Bachireddy, M.D. Tim Jennings, Pharm.D. Megan Sarashinsky, Pharm.D. Ira Bloomfield, M.D. Angela Venuto-Ashton, M.D. Sue Cantrell, M.D. Carol Forster, M.D. Sarah Melton, Pharm.D. Gill Abernathy, M.S., R.Ph. Michele Thomas, Pharm.D. for Alexis Aplasca, M.D.	DMAS Staff: Donna Proffitt, R.Ph., Pharmacy Manager Rachel Cain, Pharm.D., Clinical Pharmacist Usha Koduru, Counsel to the Board, Office of the Attorney General Danielle Adeeb, CPhT., Pharmacy Contract Administrator MaryAnn McNeil, R.Ph., CCC Plus Pharmacist Nettie Emmelhainz, PharmD, Senior Pharmacy Policy and Data Analyst
Absent: Ananda Basu, M.D. Rachel M. Selby-Penczak, M.D.	<b>Staff: Magellan Rx Management</b> Debbie Moody, R.Ph., Director, Clinical Account Services, Virginia Nancy Eldin, Pharm.D., Pharmacist Account Executive, Virginia Marcie Morris, R.Ph., Rebate Pharmacist Chris Andrews, Pharm.D., VP, Account Management Jeni Hodzic, CPhT, Lead Formulary Analyst, Magellan Health Services
A quorum was present	<b>Guests:</b> 74 representatives from pharmaceutical companies, providers, advocates, associations, etc.

#### Welcome and Comments from Chethan Bachireddy, M.D., Chief Medical Officer and Chairman

Dr. Chethan Bachireddy welcomed the members of the Committee and thanked them for their participation during these unprecedented times. Dr. Bachireddy noted that Medicaid members are receiving high quality prescription medications based on sound clinical criteria at substantially reduced costs to the Commonwealth.

Dr. Bachireddy took a roll call of the Committee members since this is an electronic meeting. The following members were present: Dr. Chethan Bachireddy, Dr. Tim Jennings, Dr. Megan Sarashinsky, Dr. Ira Bloomfield, Dr. Angela Venuto-Ashton, Dr. Sue Cantrell, Dr. Carol Forster, Dr. Sarah Melton, Gill Abernathy, and Dr. Michele Thomas for Dr. Alexis Aplasca. Dr. Ananda Basu and Dr. Rachel M. Selby-Penczak were absent.

### Welcome and Comments from Daniel Carey, M.D., Virginia's Secretary of Health and Human Resources

Dr. Bachireddy introduced Dr. Daniel Carey, Virginia's Secretary of Health and Human Resources. Dr. Carey was appointed by Governor Ralph Northam in January 2018. Prior to his appointment, he worked for over 20 years as a cardiologist in Lynchburg and served as Senior Vice President and Chief Medical Officer of Centra, where his responsibilities included information technology services, patient quality and safety efforts, performance improvement initiatives, and functions of the medical staff at Centra's three

acute care facilities. Dr. Carey received his M.D. degree from Harvard Medical School, and his Master of Health Care Management degree from the Harvard T.H. Chan School of Public Health.

Dr. Carey thanked the Committee members for their participation and provided a COVID-19 update in Virginia.

**<u>Call to Order:</u>** The meeting was called to order by Dr. Bachireddy.

<u>Approval of Minutes from April 20, 2020 meeting</u> Dr. Bachireddy asked if there were any corrections, additions or deletions to the draft meeting minutes. With no revisions or corrections, Dr. Jennings motioned that the minutes be approved as written. Dr. Sarashinsky seconded the motion. The Committee unanimously approved the minutes as written. (Reference Attachment 1 for the Committee Vote Tally)

**DMAS' Drug Utilization Review (DUR) Board Update:** Dr. Rachel Cain provided the DUR update. The DMAS DUR Board reviewed seven (7) new drugs at the September 2020 DUR meeting and placed service authorization (SA) criteria on these drugs which are subject to the DMAS Preferred Drug List (PDL). Additionally, the Board reviewed the results of several utilization analyses: concurrent use of opioids and benzodiazepines, concurrent use of opioids and antipsychotics, antipsychotic medications in children and opioid use with risk factors and no naloxone. The Board will continue to review these issues. The next DUR Board meeting is scheduled for December 10, 2020. The minutes from the DUR Board meetings can be found at: <a href="https://www.virginiamedicaidpharmacyservices.com/provider/drug-utilization-review/">https://www.virginiamedicaidpharmacyservices.com/provider/drug-utilization-review/</a>

# PDL Management

### PDL Phase II – New Drug Review (Therapeutic Class)

# **Brand Drugs**

- 1. Arazlo<sup>™</sup> (Acne Agents, Topical): Dr. Nancy Eldin presented the clinical information for Arazlo<sup>™</sup> (tazarotene).
- 2. Avsola<sup>TM</sup> (*Cytokine and CAM Antagonists*) (*Closed Class*): Dr. Eldin presented the clinical information for Avsola<sup>TM</sup> (infliximab-axxq).
- **3.** Licart<sup>™</sup> Patch *(Topical NSAIDS):* Dr. Eldin presented the clinical information for Licart<sup>™</sup> Patch (diclofenac epolamine).
- **4.** Lyumjev<sup>™</sup> (*Hypoglycemics, Insulin & Related Agents*): Dr. Eldin presented the clinical information for Lyumjev<sup>™</sup> (insulin lispro-aabc).
- 5. Nurtec<sup>TM</sup> ODT (*Antimigraine Agents, Other*):

Speaker

• Chelsea Leroue, PhD. Medical Science Liaison, Biohaven (Nurtec<sup>TM</sup> ODT)

Dr. Eldin presented the clinical information for Nurtec<sup>™</sup> ODT (rimegepant).

6. Trijardy<sup>®</sup> XR (*Hypoglycemics, SGLT2*) (*Closed class*): Dr. Eldin presented the clinical information on Trijardy<sup>®</sup> XR (empagliflozin, linagliptin, and metformin).

### 7. Zeposia<sup>®</sup>, Bafiertam<sup>™</sup> (*Multiple Sclerosis Agents*):

#### Speaker

• Samaneh Kalirai, PharmD, Associate Director, Field HEOR, BMS (Zeposia<sup>®</sup>)

Dr. Eldin presented the clinical information for Zeposia<sup>®</sup> (ozanimod) and Bafiertam<sup>™</sup> (monomethyl fumarate).

8. Zilxi<sup>™</sup> Foam (*Rosacea Agents, Topical*): Dr. Eldin presented the clinical information for Zilxi<sup>™</sup> (minocycline) topical foam.

Dr. Jennings motioned that Arazlo<sup>TM</sup>, Avsola<sup>TM</sup>, Licart<sup>TM</sup> Patch, Lyumjev<sup>TM</sup>, Nurtec<sup>TM</sup> ODT, Trijardy<sup>®</sup> XR, Zeposia<sup>®</sup>, Bafiertam<sup>TM</sup>, and Zilxi<sup>TM</sup> Foam be PDL eligible. Dr. Venuto-Ashton seconded the motion. The Committee voted unanimously to consider these drugs as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

<u>Generic Drugs or New Dosage Forms:</u> Dr. Eldin noted the following new generics and new dosage forms:

- (Antipsoriatics, Topical)
  - calcipotriene 0.005% foam (generic for Sorilux<sup>®</sup>)
  - calcipotriene/betamethasone suspension (generic for Taclonex<sup>®</sup> susp)
- (Hypoglycemics, Biguanides)
  - metformin (generic for Riomet<sup>®</sup> Solution)
- <u>(NSAIDs)</u>
  - naproxen-esomeprazole DR (generic for Vimovo<sup>®</sup>)
  - ketorolac tromethamine (generic for Sprix<sup>®</sup>)
  - indomethacin (generic for Tivorbex<sup>®</sup>)
- (Opiate Dependence Treatments)
  - naloxone HCL (authorized generic for Evzio<sup>®</sup>)
- (Stimulants & Related Agents)
  - methylphenidate ER (generic for Aptensio XR<sup>TM</sup>)

Dr. Jennings motioned that the new generics and new dosage forms be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to consider these drugs as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

#### PDL Phase I – Annual Review

- 1. <u>Antibiotics, Vaginal</u>: Dr. Eldin presented the Antibiotics, Vaginal clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- <u>Hepatitis C Agents (Closed Class)</u>: Dr. Eldin presented the Hepatitis C Agents clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

- 3. <u>Angiotensin Modulators (includes ACEs, ARBs, & CCB combination products)</u>: Dr. Eldin presented the Angiotensin Modulators (includes ACEs, ARBs, & CCB combination products) clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Venuto-Ashton seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 4. <u>Lipotropics, Other (includes Bile Acid Sequestrants, Cholesterol Absorption Inhibitor Agents, Fibric Acid Derivatives, Microsomal Triglyceride Transfer Protein Inhibitors, Niacin Derivatives, Oligonucleotide Inhibitors, Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Inhibitor and Omega 3 Agents)</u>: Dr. Eldin presented the Lipotropics, Other clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Thomas seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

# 5. <u>Pulmonary Arterial Hypertension (PAH) Agents, Oral/Inhaled/Injectable:</u>

Speakers

- Susan Steinbis, RN, Clinical Nurse Educator, United Therapeutics (Orenitram<sup>™</sup>)
- Saja Khuder, PhD, Medical Science Liaison, Actelion (Opsumit<sup>®</sup>, Uptravi<sup>®</sup>)

Dr. Eldin presented the PAH Agents, Oral/Inhaled/Injectable clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

# 6. Anticonvulsants:

Speakers

- Brian Burke, PharmD, Medical Science Liaison, Neurelis (Valtoco<sup>®</sup>)
- Heather Vita, PhD, Sr Medical Science Liaison, Zogenix (Fintepla<sup>®</sup>)
- Derek Ems, MPH, CPHQ, Epilepsy Outcomes Partner, UCB (Nayzilam<sup>®</sup>)

Dr. Eldin presented the Anticonvulsants clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

### 7. <u>Antipsychotics (includes oral and long-acting injectables) (Closed Class – long-acting injectables</u> <u>only</u>):

Speakers

- Michael Boskello, RPh, Senior Medical Liaison, Alkermes (Aristada® and Aristada Initio®)
- Bradford Loo, PharmD, Sr. Medical Science Liaison, Intra-Cellular (Caplyta<sup>TM</sup>)
- Adan Sosa, PharmD, Health Economics & Outcomes, Sunovion (Latuda<sup>®</sup>)

Dr. Eldin presented the Antipsychotics clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

8. <u>Sedative Hypnotics</u>: Dr. Eldin presented the Sedative Hypnotics clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

# 9. Immunomodulators, Atopic Dermatitis:

Speaker

• Mark A. Vaughan, PharmD, Medical Outcomes Specialist, Pfizer (Eucrisa<sup>TM</sup>)

Dr. Eldin presented the Immunomodulators, Atopic Dermatitis clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

- 10. <u>Antiemetic/Antivertigo Agents:</u> Dr. Eldin presented the Antiemetic/Antivertigo Agents clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- <u>H. pylori Agents</u>: Dr. Eldin presented the H. pylori Agents clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Venuto-Ashton seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 12. <u>Histamine-2 Receptor Antagonists (H-2RA)</u>: Dr. Eldin presented the Histamine-2 Receptor Antagonists (H-2RA) clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 13. <u>Proton Pump Inhibitors</u>: Dr. Eldin presented the Proton Pump Inhibitors clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 14. <u>Ulcerative Colitis</u>: Dr. Eldin presented the Ulcerative Colitis clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 15. <u>Bladder Relaxants</u>: Dr. Eldin presented the Bladder Relaxants clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 16. <u>Ophthalmics, Allergic Conjunctivitis (includes Ophthalmic Antihistamines & Mast Cell Stabilizers)</u>: Dr. Eldin presented the Ophthalmics, Allergic Conjunctivitis (includes Ophthalmic Antihistamines & Mast Cell Stabilizers) clinical information. Dr. Jennings motioned that the class continue to be PDL

eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

- 17. <u>Anti-Allergens, Oral</u>: Dr. Eldin presented the Anti-Allergens, Oral clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 18. <u>Bronchodilators, Long Acting Beta Adrenergics:</u> Dr. Eldin presented the Bronchodilators, Long Acting Beta Adrenergics clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- **19.** <u>Bronchodilators, Short Acting Beta Adrenergics</u>: Dr. Eldin presented the Bronchodilators, Short Acting Beta Adrenergics clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Venuto-Ashton seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 20. <u>COPD (includes Anticholinergics, Bronchodilators and Phosphodiesterase 4 (PDE4) Inhibitors)</u> (<u>Closed Class</u>): Dr. Eldin presented the COPD clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 21. <u>Glucocorticoids, Inhaled (includes nebulized solutions, metered dose inhalers and combinations)</u> <u>(Closed Class)</u>: Dr. Eldin presented the Glucocorticoids, Inhaled clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Sarashinsky seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)
- 22. <u>Leukotriene Modifiers</u>: Dr. Eldin presented the Leukotriene Modifiers clinical information. Dr. Jennings motioned that the class continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain this class as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

# 23. <u>Therapeutic Drug Classes Without Updates (Reviewed by the Department):</u>

- Alzheimer's Agents
- Angiotensin Modulators II (includes Direct Renin Inhibitors & combination products)
- Antibiotics, Inhaled (Closed Class)
- Antidepressants, Other
- Antidepressants, SSRI
- Antihistamines Minimally Sedating
- Antihypertensives, Sympatholytics (Closed Class)
- Beta Blockers (includes combination products)
- Bile Salts
- BPH Agents (includes Alpha Blockers, Androgen Hormone Inhibitors and Phosphodiesterase (PDE) 5 Inhibitors for BPH treatment)
- Calcium Channel Blockers (includes dihydropyridine and non-dihydropyridine agents)

- Cough & Cold Agents (Legend)
- Epinephrine, Self-injected
- GI Motility, Chronic
- Glucocorticoids, oral
- Growth Hormones (Closed Class)
- Hereditary Angioedema (HAE)
- Intranasal Rhinitis (includes antihistamines and corticosteroids)
- Lipotropics, Statins
- Ophthalmic Antibiotic/Steroid Combinations
- Ophthalmic Antibiotics
- Ophthalmic Anti-Inflammatory Agents (includes Ophthalmic NSAIDS & Corticosteroids)
- Ophthalmic, Glaucoma Agents (includes Alpha-2 Adrenergics, Beta-blockers, Carbonic Anhydrase Inhibitors, Prostaglandin Inhibitors)
- Phosphate Binders
- Progestins for Cachexia
- Steroids, Topical

Dr. Eldin noted that the above therapeutic classes had no significant changes since the last P&T Committee review.

Dr. Jennings motioned that these classes continue to be PDL eligible. Dr. Bachireddy seconded the motion. The Committee voted unanimously to maintain these classes as PDL eligible. (Reference Attachment 1 for the Committee Vote Tally)

# Comments from the Office of the Attorney General

Ms. Usha Koduru from the Attorney General's office stated that under the Virginia Freedom of Information Act (FOIA), specifically Virginia Code section 2.2-3711, a public body such as the P&T Committee, may go into a closed session for any one of the 51 reasons listed in that statute. The discussion of manufacturer and wholesaler prices is not one of the 51 reasons listed.

She stated the Attorney General strongly supports the principles of open government embodied by the FOIA and believes in the opportunity of the Commonwealth's citizens to witness the operation of government to the fullest extent.

Federal Law 42 U.S.C. 1396r-8(b) (3) (D) requires such pricing information to be kept confidential. On this point, federal law supersedes the Virginia FOIA. Since the P&T Committee must discuss this pricing information as part of its duties, pursuant to federal law a confidential meeting must occur for the consideration of this pricing information and she cautioned only this confidential pricing information should be discussed.

Dr. Tim Jennings made a motion for the P&T Committee to resume the meeting in a separate private teleconference to discuss this confidential information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. This confidential meeting is authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information be kept confidential. The motion was seconded by Dr. Bachireddy and unanimously approved by the Committee. (Reference Attachment 1 for the Committee Vote Tally)

Following the teleconferenced Confidential Session, the Committee members re-assembled on the public teleconference session. Dr. Bachireddy took a roll call of the Committee members after the public meeting reconvened. The following members were present: Dr. Chethan Bachireddy, Dr. Tim Jennings, Dr. Megan Sarashinsky, Dr. Ira Bloomfield, Dr. Angela Venuto-Ashton, Dr. Sue Cantrell, Dr. Carol Forster, Dr. Sarah Melton, Gill Abernathy, and Dr. Michele Thomas for Dr. Alexis Aplasca. Dr. Bachireddy then confirmed that to the best of each of the Committee member's knowledge the only information discussed at the confidential meeting was information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. As authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information to be kept confidential. Dr. Bachireddy motioned to reconvene the meeting. Dr. Venuto-Ashton seconded the motion. The Committee voted unanimously to reconvene. (Reference Attachment 1 for the Committee Vote Tally)

PDL Generic Watch Changes Effective January 1, 2021.

Dr. Jennings made a motion to make the following generic formulations preferred and the brand name equivalents non-preferred effective January 1, 2021. Dr. Cantrell seconded the motion and it was approved unanimously by the Committee: (Reference Attachment 1 for the Committee Vote Tally)

- 1. <u>Topical NSAIDS</u>: diclofenac sodium 1 % gel is preferred. Voltaren<sup>®</sup> 1% gel is non-preferred.
- 2. <u>Progestational Agents:</u> hydroxyprogesterone caproate SDV is preferred. Makena<sup>®</sup> SDV is non-preferred.

# PDL Changes Effective January 1, 2021

Dr. Jennings made a motion to keep the following new drugs in Phase II non-preferred. Dr. Bachireddy seconded the motion and the Committee approved unanimously. (Reference Attachment 1 for the Committee Vote Tally)

<u>New Drugs Phase II</u>: Arazlo<sup>®</sup>, Avsola<sup>TM</sup>, Licart<sup>TM</sup> Patch, Lyumjev<sup>TM</sup>, Nurtec<sup>®</sup> ODT, Trijardy<sup>®</sup> XR, Zeposia<sup>®</sup>, Bafiertam<sup>TM</sup> and ZilxiTM Foam.

#### Phase I Annual Review

Dr. Jennings made the following motions that were seconded and approved unanimously by the Committee (Reference Attachment 1 for the Committee Vote Tally) (note the motions are for changes to the current PDL status):

- 1. <u>Angiotensin Modulator Combinations:</u> amlodipine/olmesartan and amlodipine/olmesartan (AG) are preferred.
- 2. <u>Angiotensin Modulators:</u> quinapril is preferred.
- 3. <u>Antibiotics, Vaginal:</u> Nuvessa<sup>TM</sup> is preferred.
- 4. <u>Anticonvulsants:</u> Epidiolex<sup>®</sup> and Valtoco<sup>®</sup> are preferred.
- 5. <u>Antidepressants, SSRI:</u> sertraline concentrate is preferred.

- 6. <u>Antiemetic/Antivertigo Agents:</u> ondansetron solution is preferred.
- 7. <u>Antihistamines, Minimally Sedating:</u> levocetirizine tablets and levocetirizine tablets OTC are preferred.
- 8. <u>Antimigraine Agents, Other:</u> Ubrelvy<sup>™</sup> is preferred.
- 9. <u>Bile Salts:</u> ursodiol 300mg capsule is preferred.
- 10. <u>Bronchodilators, Beta Agonist:</u> Ventolin<sup>®</sup> HFA is preferred. Proventil<sup>®</sup> HFA is non-preferred.
- 11. <u>Glucocorticoids, Inhaled (Closed Class)</u>: Advair<sup>®</sup> Diskus and Advair<sup>®</sup> HFA are preferred. Fluticasone/salmeterol (Advair<sup>®</sup>) (AG) and fluticasone/salmeterol (Advair<sup>®</sup>) are non-preferred.
- 12. <u>Lipotropics, Other:</u> Omega-3 acid ethyl esters and omega-3 OTC are preferred. Welchol<sup>™</sup> tablet is non-preferred.
- *13. <u>Ophthalmic Antibiotics</u>:* moxifloxacin (AG) ophthalmic and moxifloxacin ophthalmic are preferred. Moxeza<sup>®</sup> is non-preferred.
- 14. <u>Ophthalmic for Allergic Conjunctivitis:</u> olopatadine (Patanol<sup>®</sup>) (AG), olopatadine (Patanol<sup>®</sup>), olopatadine drops (Pataday<sup>®</sup>) (AG) and olopatadine drops (Pataday<sup>®</sup>) are preferred.
- 15. <u>Ophthalmics, Glaucoma Agents:</u> dorzolamide/timolol/PF drops (AG) and dorzolamide/timolol/PF drops are non-preferred.
- 16. <u>PAH Agents, Oral/Inhaled/Injectable:</u> ambrisentan and Revatio<sup>®</sup> susp are preferred. Adcirca<sup>®</sup>, sildenafil susp (AG), sildenafil susp and Letairis<sup>®</sup> are non-preferred.
- 17. <u>Phosphate Binders:</u> sevelamer carbonate tab (AG) and sevelamer carbonate tab are preferred. Renagel<sup>®</sup> tablet is non-preferred.
- 18. <u>Sedative Hypnotics:</u> eszopiclone and zaleplon are preferred.
- 19. Steroids, Topical (High): fluocinonide soln is non-preferred.
- 20. <u>Steroids, Topical (Low)</u>: alclometasone dipropionate cream and alclometasone dipropionate ointment are non-preferred.
- 21. Steroids, Topical (Very High): halobetasol propionate ointment is non-preferred
- 22. <u>Ulcerative Colitis Agents:</u> balsalazide is preferred.

Dr. Jennings made the following motion to make no changes to the following PDL drug classes, which was seconded and approved unanimously by the Committee: (Reference Attachment 1 for the Committee Vote Tally)

- Alzheimer's Agents
- Anti-Allergens, Oral

- Antibiotics, Inhaled (Closed Class)
- Antidepressants, Other
- Antihypertensives, Sympatholytics (Closed Class)
- Antipsoriatics, Topical
- Antipsychotics
- Beta Blockers
- Bladder Relaxant Preparation
- BPH Agents
- Calcium Channel Blockers
- COPD Agents (Closed Class)
- Cough & Cold, Narcotic
- Cytokine and CAM Antagonists (Closed Class)
- Epinephrine, Self-Injected
- GI Motility, Chronic
- Glucocorticoids, Oral
- Growth Hormones (Closed Class)
- H. pylori Treatments
- Hereditary Angioedema Treatments
- Hepatitis C Treatment
- Histamine-2 Receptor Blocker
- Hypoglycemics, Incretin Mimetics/Enhancers (Closed Class)
- Hypoglycemics: Insulin and Related Agents
- Hypoglycemics: Metformins
- Immunomodulators, Atopic Dermatitis
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Lipotropics, Statins
- Multiple Sclerosis Agents
- NSAIDs
- Ophthalmic Antibiotic/Steroid Combinations
- Opiate Dependence Treatments (Closed Class)
- Progestins for Cachexia
- Proton Pump Inhibitors
- Rosacea Agents, Topical
- Steroids, Topical (Medium)
- Stimulants and Related Agents (Closed Class)

#### Clinical Criteria and Service Authorization (SA) Forms

The Committee members reviewed the proposed new or revised clinical criteria including new and updated service authorization fax forms. Dr. Jennings made the following motion to approve new or revised clinical

criteria for the following drugs and drug classes, which was seconded and approved unanimously by the Committee: (Reference Attachment 1 for the Committee Vote Tally)

- Updates to Cytokine & CAM Antagonists Indications (Appendix A)
- Service Authorization Criteria for Oralair®
- Service Authorization Criteria for Anti-Allergens
- Service Authorization Criteria for Antimigraine new Nurtec<sup>™</sup> ODT criteria
- Service Authorization Criteria for Cytokine & CAM Antagonists
- Service Authorization Criteria for Zeposia<sup>®</sup>
- Service Authorization Criteria for Hepatitis C
- Service Authorization Criteria for Valtoco<sup>®</sup>
- Service Authorization Criteria for Nexlizet<sup>TM</sup> and Nexletol<sup>TM</sup>

The next P&T Committee Meeting is tentatively scheduled for March 18, 2021.

Dr. Bachireddy made a motion to adjourn the meeting that was seconded by Dr. Venuto-Ashton. After a unanimous vote, the meeting was adjourned. (Reference Attachment 1 for the Committee Vote Tally)

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DNASSEPTEMPERT 200 PST DNASSEPTEMPERT VOTE FAIL 2&T Committee Meeting April 20, 2020 Alinutes	رامل م	Gill A	Abernathy Abernathy A	nete Thomas Ana	и <sup>8</sup>	S <sup>UE</sup>	ري م	_t <sup>in</sup> M	<u>رمار</u> م	P <sup>at</sup>	s	cat Bansarashinstu Ang			
PDL Phase II New Drugs: Arazlo, Avsola, Licart Patch, Lyumjev, Nurtec ODT, Trijardy, Zeposia, Bafiertam, Zilxi, Be PDL eligible	Α	А	А	o	Α	Α	Α	м	А	ο	А	s			
PDL Phase II Generics or Dosage Forms:calcipotriene/ calcipotriene/bethamethasone, metformin soln, naproxen/esomeprazole DR, ketorolac, indomethathacin, naloxone HCL methylphenidate ER be PDL eligible	A	А	А	0	A	A	A	м	A	0	S	А			
PDL Phase I Annual Review															
Antibiotics (Vaginal) continue PDL Eligibility	S	Α	Α	0	Α	Α	Α	м	Α	0	Α	Α			
Hepatitis C Agents - continue PDL Eligibility	S	Α	Α	0	Α	Α	Α	м	Α	0	А	А			
Angiotensin Modulators - continue PDL Eligibility	Α	Α	Α	0	Α	Α	Α	м	Α	0	Α	s			
Lipotropics (other) - continue PDL Eligibility	Α	Α	s	0	Α	Α	Α	м	Α	ο	А	А			
Pulmonary Arterial Hypertension - continue PDL eligibility	Α	Α	Α	0	Α	Α	Α	м	Α	ο	s	А			
Anticonvlsants - continue PDL Eligibility	A	Α	Α	0	Α	Α	Α	м	Α	Α	S	A			
Antipsychotics - continue PDL Eligibility	A	A	A	0	A	A	Α	м	A	0	S	Α			
Sedative Hypnotics - continue PDL Eligibility	s	A	A	0	A	A	A	м	A	0	A	A			
Immunomodulators, Atopic Dermatitis - continue PDL Eligibility	A	Α	Α	0	A	A	Α	м	A	ο	s	A			
Anti-emetic/Antivertigo Agents - continue PDL Eligibility	Α	Α	А	о	Α	Α	Α	м	Α	о	S	А			
H-Pylori Agents - continue PDL Eligibility	А	А	Α	o	А	А	Α	м	А	0	А	s			
Histamine 2 Receptor Antagonists - continue PDL Eligibility	Α	Α	Α	ο	Α	Α	Α	м	Α	0	s	А			
Proton Pump Inhibitors - continue PDL Eligibility	Α	А	А	0	Α	Α	Α	м	А	ο	s	А			
Ulcerataive Colitis - continue PDL Eligibility	S	Α	Α	0	Α	Α	Α	м	Α	0	A	Α			
Bladder Relaxants - continue PDL Eligibility	Α	Α	Α	o	Α	Α	Α	м	Α	ο	s	A			
Allergic Conjunctivitis - continue PDL Eligibility	S	Α	Α	o	Α	Α	Α	м	Α	ο	A	A			
Anti-allergens (oral) - continue PDL Eligibility	Α	А	А	o	Α	Α	Α	м	Α	o	s	A			
Bronchodilators (LA) - continue PDL Eligibility	Α	Α	Α	o	Α	Α	Α	м	Α	o	s	A			
Bronchodilators (SA) - continue PDL Eligibility	Α	Α	Α	o	Α	Α	Α	м	Α	0	А	s			
COPD Agents - continue PDL Eligibility	A	A	A	0	A	Α	Α	м	A	0	S	A			
Glucocorticoids, Inhaled - continue PDL eligiblity	Α	Α	A	0	A	Α	Α	м	A	0	s	A			
Leukotriene Modifiers - continue PDL Eligibility	S	Α	Α	о	Α	Α	Α	м	Α	о	А	А			
Phase I - Reviewed by Dept															

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DWASSEPTEMDER 17 2000 P&1	conmittee		AN Chairl		tor Alexis Ali	1855.0						5234 JK4
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Bile Salts, Phosphate Binders, Angiotensin Modulators II, Antihypertensives (Sympatholytics), Beta Blockers, Calcium Channel Blockers, Lipotropics (statins), Alzheimer's Agents, Antidepressants(SSRIs), Antidepressants (Other), Steroids, (topical), Glucocorticoids (oral), Growth Hormones, Hereditary Angioedema, Progestins for Cachexia, GI Motility(Chronic), BPH Agents, Antibiotics, Antibiotic/Steroid Combinations, Anti-Inflammatory Agents, Glaucoma Agents, Antibiotics (Inhaled), Antihistamines (Minimally Sedating), Cough & Cold Agents (Legend), Epinephrine, Self- injected, Intranasal Rhinitis - Continue PDL Eligibility	S	A	A	0	A	A	A	М	A	0	A	A
Confidential Pricing Meeting Motion	S	Α	Α	0	A	Α	Α	м	A	0	A	A
Motion to Reconvene public meeting	м	Α	Α	0	A	Α	Α	Α	0	0	Α	S
Generic Watch changes effective 1/1/21: diclofenac sodium gel preferred and Voltaren 1% gel non-preferred. Hydroxyprogesterone caproate SDV preferred and Makena SDV non-preferred	A	A	A	0	А	S	А	м	ο	ο	А	A
Phase II new drugs to remain non- preferred: Arazlo®, Avsola™, Licart™ Patch, LyumjevTM, Nurtec® ODT, Trijardy® XR, Zeposia®, Bafiertam™ and ZilxiTM Foam	S	A	A	0	A	A	A	м	o	o	A	A
PDL Recommendatons: The following drugs change from non-preferred to PREFERRED: amlodipine/olmesartan, amlodipine/olmesartan (AG), quinapril, Nuvessa, Epidiolex	A	A	А	0	A	S	A	м	o	o	A	s
PDL Recommendatons: The following drugs change from non-preferred to PREFERRED: Valtoco	A	A	A	0	A	A	A	м	0	0	A	s
PDL Recommendatons: The following drugs change from non-preferred to PREFERRED: sertraline, ondansetron soln, levocetirizine tabs, levocetrizine tabs (OTC), Ubrelvy, Ursodiol 300mg capsule	S	A	A	ο	A	A	A	м	ο	ο	A	А
PDL Recommendatons: The following drugs change from preferred to NON-PREFERRED: Proventil HFA, fluticasone/salmeterol (Advair)(AG), fluticasone/salemterol (Advair)(inhalation) The following drugs change from non-preferred to PREFERRED: Ventolin HFA, Advair Diskus, Advair HFA	A	A	A	0	A	A	A	м	0	0	S	A

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DWASSERTERIDE 17 2020 FRI	ommittee											/ /	/
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PDL Recommendatons: The following drugs change from preferred to NON-PREFERRED: Welchol tablets, Moxeza, dorzolamide/timolol/PF drops (AG), dorzolamide/timolol/PF drops. The following drugs change from non-preferred to PREFERRED: Omega-3 Acid Ehtyl esters, Omega-3 OTC, moxifloxacin (AG) ophthalmic, moxifloxacin ophthalmic, olopatidine (Patanol) AG, olopatadine (Patanol), olopatidine drops (Pataday) AG, olopatadine (Pataday)	A	A	A	0	A	A S	A	M	0	¢° 0	s	A	
PDL Recommendatons: The following drugs change from preferred to NON-PREFERRED: Adcirca, sildenafil susp (AG), sildenafil susp, Letairis, Renagel, fluocinonide soln, alclometasone cream, alclometasone ointment, halobetasole ointment, The following drugs change from non-preferred to PREFERRED: ambrisentan, Revatio susp, sevelamer carbonate tab (AG), sevelamer carbonate tab, eszopiclone, Zaleplon	А	A	A	ο	A	A	A	М	ο	0	S	A	
PDL Recommendatons: The following drugs change from preferred to NON-PREFERRED: Voltaren (topical), Makena SDV The following drugs change from non-preferred to PREFERRED: Balsalazide, diclofenac gel, hydroxyprogesterone caproate (SDV)	S	A	A	0	A	A	A	М	0	0	A	A	
No changes to the following PDL classess: Alzheimer's Agents, ANTI- ALLERGENS(ORAL), ANTIBIOTICS(INHALED) ,ANTIDEPRESSANTS (OTHER) ,ANTIDEPRESSANTS (OTHER) ,ANTIPSORIATICS (TOPICAL), ,ANTIPSORIATICS (TOPICAL), ,ANTIPSORIATICS (TOPICAL), ,ANTIPSYCHOTICS, BETA-BLOCKERS, BLADDER RELAXANTS, BPH TREATMENTS, CALCIUM CHANNEL BLOCKERS, COPD AGENTS, COUGH AND COLD(NARCOTIC), CYTOKINE AND CAM ANTAGONISTS, EPINEPHRINE (SELF-INJECTED),GI MOTILITY, CHRONIC GLUCOCORTICOIDS (ORAL), GROWTH HORMONES, H. PYLORI TREATMENTS, HAE TREATMENTS, HEPATITIS C AGENTS, HISTAMINE II RECEPTOR BLOCKER, HYPOGLYCEMICS (INCRETIN MIMETICS/ENHANCERS, INSULIN AND RELATED AGENTS, METFORMINS), IMMUNOMODULATORS (ATOPIC DERMATITIS), INTRANASAL RHINITIS AGENTS, LEUKOTRIENE MODIFIERS, LIPOTROPICS (STATINS), MULTIPLE SCLEROSIS AGENTS, NSAIDS, OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS, OPIATE DEPENDENCE TREATMENTS, PROGESTINS FOR CACHEXIA, PROTON PUMP INHIBITORS, ROSACEA AGENTS (TOPICAL), STEROIDS (TOPICAL, MEDIUM) STIMULANTS AND RELATED AGENTS	A	A	Α	0	Α	A	Α	Μ	ο	ο	A	S	

DM <sup>ASSPIENDEL 1, 200</sup> PSI DM <sup>ASSPIENDEL 1, 200</sup> PSI Vote Tall	Committee N:	tran Bachire	Sav Crain	see Thomas	tor Alexis Al	Best?	Cartrell Cart	J.Forset	Jernings	In Meteor	net selby net	Let Arest
Updates to Cytokine & CAM Antagonists Indications (Appendix A)	Α	Α	S	0	A	Α	Α	м	о	0	A	Α
Service Authorization Criteria for Oralair	S	Α	Α	0	A	Α	Α	М	0	0	A	Α
Service Authorization Criteria for Anti- allergens	Α	Α	S	0	A	Α	Α	м	0	0	A	Α
Service Authorization Criteria for Antimigraine - new Nurtec criteria	Α	Α	Α	0	А	S	Α	м	0	0	A	A
Service Authorization Criteria for Cytokine & CAM Antagonists	Α	Α	Α	0	А	Α	Α	м	0	0	s	А
Service Authorization Criteria for Zeposia	S	Α	Α	0	A	Α	Α	м	0	0	A	A
Service Authorization Criteria for Hepatitis C	м	Α	s	0	А	Α	Α	Α	0	0	A	Α
Service Authorization Criteria for Diazepam and Nexilet	Α	Α	А	0	A	Α	А	м	0	о	s	Α
Motion to Adjourn Meeting	м	Α	Α	0	Α	Α	Α	Α	0	0	0	S

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KEY
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M = member made motion

S = member seconded motion

A = member approved

D = member voted against

X = member did not vote

O - absent