PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
Pharmacy & Therapeutics Committee Recommendations
November 27, 2018

Committee Members Present:

Ivonne Acrich, MD	Ad Hoc Child/Adolescent Psychiatrist
Cheston Berlin, Jr., MD	Pediatrician
Terri Cathers, PharmD, Chair	OMAP Pharmacy Director
Sharon Connor, PharmD	Academic Pharmacist
Jessica Daw, PharmD	UPMC For You Pharmacist
Andrea Fox, MD	Internist
Donald Gerhart, RPh	Community Pharmacist
James Hancovsky, RPh, MBA	United Health Care Pharmacy Director
David Haverstick, MD	Family Practitioner
Rosemary Keffer, MD	Ad Hoc Adult Psychiatrist
David Kelley, MD	OMAP Chief Medical Officer
Meghan McNelly, PharmD	Pennsylvania Health and Wellness Pharmacist
Natalie Nkurunziza, PharmD	Aetna Pharmacist
Ian Paul, MD	Pediatrician
Adam Raphael Rom, MD	Family Practitioner
Kevin Szczecina, RPh	Geisinger Health Plan Pharmacist
Andreas Wali, MD	Cardiologist
Lloyd Wertz	Consumer/Family Advocate

Committee Members Not Present:

Christopher Casella, PharmD	Health Partners of Philadelphia Pharmacist
Jaymie Lako, PharmD	Gateway Health Plan Pharmacist
Andrew Maiorini, PharmD	Keystone/AmeriHealth PerformRx Pharmacist
Michele Musheno, RPh, MS	Academic/Hospital Pharmacist

Public Testimony Heard by the Committee:

Steven Burch (Sunovion) – Lonhala Magnair & Utibron Neohaler
John DellaValle (GlaxoSmithKline) – Trelegy Ellipta
Amy Hall (Novo Nordisk) – Ozempic & Tresiba
TinaMarie Lieu (UCB) – Briviact
Mark Pirner (US WorldMeds) – Lucemyra
Daniel Shan (Shire) – Xiidra
Christine Stine (United Healthcare) – Orenitram ER
Brian Stwalley (Bristol-Myers Squibb) – Orencia
Sue Tairu (Abbvie) – Orilissa
Jawad Wunej (Janssen) – Invokana

Welcome and Introduction	Dr. Terri Cathers welcomed the Committee and the members introduced themselves.
Approval of May 2018 Minutes	The Committee unanimously approved the minutes from the May 2018 meeting without revision.
Other Business	Dr. Terri Cathers reviewed the NPR article on the drug industry's influence on P&T Committee decisions as well as Pennsylvania policies and by-laws that have been in practice for years designed to prevent these conflicts of interests.
Drug Class Reviews, Public Testimony, Discussion, and Voting:	
Alzheimer's Agents	The Committee reviewed the Alzheimer's Agents class and unanimously approved adding memantine ER to the PDL as non-preferred.
Anticoagulants	The Committee reviewed the Anticoagulants class and unanimously approved no changes to this class.
Anticonvulsants	The Committee reviewed the Anticonvulsants, Oral class and unanimously approved adding vigabatrin powder packet to the PDL with non-preferred status, moving Diastat, Diastat Acudial, Topamax Sprinkle, and Trileptal suspension to non-preferred status, and moving diazepam rectal kit to preferred status. Dr. Kristin Hoover presented the following proposed revisions to the prior authorization guidelines for Anticonvulsants to be consistent with the language used in the department's other guidelines and to address prescriber concerns: • Adding whether the beneficiary "is being treated for a condition that is a U.S. Food and Drug Administration (FDA) approved, or a medically accepted, indication"; • Adding whether the beneficiary "is age appropriate according to package labeling"; • Adding whether the beneficiary "has a current history (within the past 90 days) of being prescribed the same non-preferred Anticonvulsant; and • In regard to requests for non-preferred agents in this class, changing whether the beneficiary "has a history of therapeutic failure of at least four (4) preferred Anticonvulsants" to "has a history of therapeutic failure, contraindication, or intolerance to the preferred Anticonvulsants." Dr. Sevdalina Boshnokov, the department's Medical Director, explained that many of the requests she receives for a non-preferred Anticonvulsant are for beneficiaries who are being treated by a neurologist and have already tried and failed multiple medications. She also considers whether the drug is considered a first-line agent or is indicated for adjunctive treatment. The committee discussed the proposed revisions and unanimously approved the change to the guidelines.
Antidepressants, Other	The Committee reviewed the Antidepressants, Other class and unanimously approved moving Trintellix to preferred status.
Antidepressants, SSRIs	The Committee reviewed the Antidepressants, SSRIs class and unanimously approved adding paroxetine mesylate to the PDL with non-preferred status.
Antiemetics-Antivertigo Agents	The Committee reviewed the Antiemetics/Antivertigo Agents class and unanimously approved adding Akynzeo vial, Bonjesta, palonosetron syringe/vial, Syndros, and Varubi to the PDL with non-preferred status and adding Cinvanti with preferred status. The Committee also unanimously approved moving Emend vial to non-preferred status and moving granisetron tablet and Promethagan 50 mg suppository to preferred status. The Committee discussed the safety of promethazine, especially the use of promethazine syrup in pediatric patients. The department explained that all prescriptions for a promethazine-containing agent for children under six years of age require prior authorization. The committee agreed to not make any changes to promethazine PDL status at this time but requested that the department

	review the utilization of promethazine and prochlorperazine to determine if PDL status or prior authorization guideline changes are needed.
Antihyperuricemics	The Committee reviewed the Antihyperuricemics class and unanimously approved adding Duzallo to the PDL as non-preferred status. Dr. Hoover presented changes to the prior authorization guidelines to reflect the addition of Duzallo to the PDL and a clinical prior authorization requirement for single-agent colchicine products. The Committee unanimously approved the proposed revisions.
Antiparkinson's Agents	The Committee reviewed the Antiparkinson's Agents class and unanimously approved adding Gocovri, Osmolex ER, and Xadago to the PDL with non-preferred status. Dr. Cathers presented a proposed revision to the prior authorization guidelines to reflect the department's current practice of grandfathering the medications in this class. The Committee discussed the merits of grandfathering medications in this class. The Committee approved the proposed revision. Two members were opposed.
Antipsychotics	The Committee reviewed the Antipsychotics class and unanimously approved adding Perseris and Aristada Initio to the PDL with preferred status, moving Aristada to preferred status, and moving Abilify Maintena to non-preferred status.
Bronchodilators, Beta-Agonists	The Committee reviewed the Bronchodilators, Beta-Agonists class unanimously approved moving ProAir Respiclick to preferred status.
COPD Agents	The Committee reviewed the COPD Agents class and unanimously approved adding Lonhala Magnair and Trelegy Ellipta to the PDL with non-preferred status and moving Tudorza Pressair to preferred status.
Cytokine and CAM Antagonists	The Committee reviewed the Cytokine and CAM Antagonists class and unanimously approved adding Ilumya and Olumiant to the PDL with non-preferred status.
GI Motility, Chronic Agents	The Committee reviewed the GI Motility, Chronic Agents class and unanimously approved adding Symproic to the PDL with non-preferred status and moving Linzess and Movantik to preferred status.
Glucocorticoids, Inhaled	The Committee reviewed the Glucocorticoids, Inhaled class and unanimously approved moving Advair HFA and Flovent Diskus to preferred status.
Growth Hormones	The Committee reviewed the Growth Hormones class and unanimously approved moving Genotropin to non-preferred status and moving Omnitrope to preferred status.
Hypoglycemics, Incretin Mimetics/Enhancers	The Committee reviewed the Hypoglycemics, Incretin Mimetics/Enhancers class and unanimously approved adding Bydureon BCise and Ozempic to the PDL with non-preferred status.
Hypoglycemics, Insulins and Related Agents	The Committee reviewed the Hypoglycemics, Insulins and Related Agents class and unanimously approved adding Admelog vial and Solostar pen, Fiasp vial and Flextouch, and Humalog Junior Kwikpen to the PDL with non-preferred status. Dr. Rom expressed concern regarding the differences in insulin products on the PH-MCO formularies. He shared his experiences regarding formulary changes by the PH-MCOs, the clinical impact to patients, and the administrative burden to his practice. He inquired whether there was a way to standardize the insulin products among the PH-MCOs and FFS. The Committee discussed the MCO delivery system and the market changes related to insulin products.

Hypoglycemics, SGLT2 Inhibitors	The Committee reviewed the Hypoglycemics, SGLT2 Inhibitors class and unanimously approved moving Farxiga and Xigduo XR to non-preferred stauts and adding Qtern, Segluromet, Steglatro, and Steglujan to the PDL as non-preferred.
Intranasal Rhinitis Agents	The Committee reviewed the Intranasal Rhinitis Agents class and unanimously approved moving Patanase to non-preferred status and adding Sinuva and Xhance to the PDL with non-preferred status.
Multiple Sclerosis Agents	The Committee reviewed the Multiple Sclerosis Agents class and unanimously approved moving Aubagio to preferred status and adding dalfampridine ER and glatiramer acetate to the PDL with non-preferred status.
Ophthalmic Antibiotics	The Committee reviewed the Ophthalmics Antibiotics class and unanimously approved adding moxifloxacin drops to the PDL with non-preferred status and adding AK-Poly-Bac ointment, gentamicin sulfate drops, Moxeza drops, and ofloxacin drops with preferred status and moving Ciloxan drops and Vigamox drops to non-preferred status.
Ophthalmics, Antibiotic-Steroid Combinations	The Committee reviewed the Ophthalmics, Antibiotic-Steroid Combinations class and unanimously approved moving Zylet to preferred status.
Ophthalmics for Glaucoma	The Committee reviewed the Ophthalmics for Glaucoma class unanimously approved moving Simbrinza to preferred status and adding dorzolamide/timolol droperette, timolol once-daily, and Vyzulta to the PDL with non-preferred status. Change Healthcare recommended adding Rhopressa to the PDL as preferred to due to its novel mechanism of action and to provide an additional cost-effective option in this class. The Committee discussed Rhopressa's unknown place in therapy and its lack of clinical efficacy data compared to other drugs in this class. The Committee approved adding Rhopressa to the PDL as non-preferred. Four members opposed the motion, and four members abstained from voting.
Ophthalmic Immunomodulators	The Committee reviewed the Ophthalmic Immunomodulators class and unanimously approved moving Restasis Multidose to non-preferred status.
Opiate Dependence Treatments	The Committee reviewed the Opiate Dependence Treatments class and unanimously approved adding Lucemyra and Sublocade to the PDL with non-preferred status. The Committee also unanimously approved adding clonidine tablet to the class with preferred status.
Pulmonary Arterial Hypertension (PAH) Agents	The Committee reviewed the Pulmonary Arterial Hypertension (PAH), Oral and Inhaled class and unanimously approved adding tadalafil and Tracleer tablet for suspension to the PDL with non-preferred status. Dr. Cathers presented a proposed revision to the prior authorization guidelines to add a grandfathering provision for all medications in this class. The Committee unanimously approved the revision.
Pancreatic Enzymes	The Committee reviewed the Pancreatic Enzymes class and unanimously approved no changes.
Phosphate Binders	The Committee reviewed the Phosphate Binders class and unanimously approved making lanthanum carbonate chewable tabletand sevelamer carbonate powder packet to the PDL with non-preferred status.
Pituitary Suppressive Agents, LHRH	The Committee reviewed the Pituitary Suppressive Agents, LHRH class and unanimously approved adding Orilissa to the PDL withnon-preferred status and adding Triptodur with preferred status.

Progestational Agents	The Committee reviewed the Progestational Agents class and unanimously approved moving Depo-Provera 400 mg/ml vial to preferred status and adding hydroxyprogesterone caproate vial (generic Makena) to the PDL with non-preferred status.
Smoking Cessation Agents	The Committee reviewed the Smoking Cessation Agents class unanimously approved making no changes.
Stimulants and Related Agents	The Committee reviewed the Stimulants and Related Agents class and unanimously approved adding Adzenys ER, Adzenys XR-ODT, Cotempla XR-ODT, methylphenidate ER 72 mg tablet, and Mydayis to the PDL with non-preferred status, moving Adderall XR to non-preferred status, and moving dextroamphetamine/amphetamine ER capsule to preferred status.
Ulcerative Colitis	The Committee reviewed the Ulcerative Colitis Agents class and unanimously unanimously approved moving Pentasa to preferred status.
PDL Classes with No New Drugs, No Recommended Status Changes, and No Public Testimony	The Committee unanimously approved making no changes to the following classes: • Androgenic Agents • Anti-Allergens, Oral • Antihistamines, Minimally Sedating • Anxiolytics • Growth Factors • H. Pylori Treatments • Histamine II Receptor Blockers • Hypoglycemics, Alpha-Glucosidase Inhibitors • Hypoglycemics, Meglitinides • Hypoglycemics, Metformins • Hypoglycemics, Sulfonylureas • Hypoglycemics, TZDs • Leukotriene Modifiers • Macular Degeneration Agents • Methotrexate • Ophthalmics for Allergic Conjunctivitis • Ophthalmic Anti-Inflammatories • Opiate Overdose Agents • Otic Antibiotic Preparations • Otic Anti-Infectives & Anesthetics • Platelet Aggregation Inhibitors • Proton Pump Inhibitors • Sedative Hypnotics
Meeting Adjourned	Dr. Cathers thanked the Committee for their participation and adjourned the meeting.