

**Enterprise Pharmacy and Therapeutics Committee Meeting**  
**Call in number 646-876-9923 Passcode 510-799-417**  
**May 4<sup>th</sup>, 2020**  
**6:00PM-8:00PM EST**

Please RSVP at [jplante1@amerihealthcaritasla.com](mailto:jplante1@amerihealthcaritasla.com).

<u><b>Subject</b></u>	<u><b>Presenter</b></u>
1. Call to Order	W. Burnham
2. Conflict of Interest Disclosures	W. Burnham
3. BCC Positive Changes, PA Criteria Updates, DUR Reporting	C. Meny
4. Review and approval of February P&T and March proxy minutes	W. Burnham
5. Old Business	PerformRx
A. Erythropoiesis Stimulating Agents	
B. ACDE – White Blood Cell Stimulators	
C. BCC – Cimzia	
D. Injectable/Infusible Bone-Modifying Agents for Osteoporosis and Paget's Disease	
E. AHDC – Hepatitis C PA Criteria	
F. GINA Guidelines	
6. New Business	PerformRx
A. Cefpodoxime	
B. Cabergoline	
C. Compound Products PA Criteria	
7. Drug Reviews:	PerformRx
A. Therapeutic Class:	
1. Non-Opioid Pain Management for Neuropathic Pain	
2. Gout	
3. Contraceptives – Foams, devices	
4. Diuretics	
5. CGRPs	
B. Single Products:	PerformRx
1. Reyvow	
2. Beovu	
3. Crysvida	
4. Palforzia	
5. Vyondys 53	

6. Gamfiant
7. Tepezza
8. Sucraid
9. Ridaura

8. New Products PerformRx

9. Prior Authorization Criteria Review: PerformRx

A. Prior Authorization Criteria Annual Review:

1. Non-Formulary/ Prior Authorization Required
2. Agents to Treat Gaucher's Disease
3. Ampyra
4. Banzel
5. Injectable/Infusible Bone-Modifying Agents for Oncology
6. Long-acting Injectable Antipsychotics
7. Mepron
8. Multaq
9. Oncology Drugs
10. Potassium Removing Agents
11. Diagnosis Code Requirement
12. Acthar
13. Amyotrophic lateral sclerosis (ALS agents)
14. Kuvan
15. Palyzinq
16. Rituxan
17. Serotonin Receptor Agonists
18. Soliris
19. Spravato
20. Agents for Thrombocytopenia
21. Zyvox
22. Carisoprodol
23. SHSC - CNS Stimulants Age Limit
24. SHSC - Oral Atypical Antipsychotics for Members Below the FDA  
Approved Minimum Age
25. SHSC – Qualaquin
26. SHSC – Weight Loss Medications
27. SHSC – Itraconazole
28. ACLA – Quantity Limit Exception Criteria
29. ACLA – Specialty Drugs
30. ACLA – Prior Authorization Exception Criteria
31. ACLA – Safety Edit Exception Criteria
32. ACLA – Step Therapy Exception Criteria
33. BCC – Buprenorphine Products
34. BCC – Guanylate-C Cyclase Inhibitors
35. BCC – Long-acting Amantadine
36. BCC – Siklos
37. BCC – Xofluza

- 38.ACDE – Anti-Depressants for the Pediatric Patient
- 39.ACDE – Medications for the Management of Obesity
- 40.ACDE – Fentanyl
- 41.ACDE – Regranex
- 42.ACDE – Symlin
- 43.ACDE – Weight-gain Promoting Agents

B. Prior Authorization New Criteria

- 1. Ketamine
- 2. Daliresp Step Therapy
- 3. Moxeza Step Therapy
- 4. Toviaz Step Therapy
- 5. Paroxetine ER Step Therapy
- 6. ICS-LABA Step Therapy
- 7. Incretin Mimetics Step Therapy

10. Recalls

S. Cherian

11. Adjourn

W. Burnham

**\*\*\*NEXT MEETING: July 27<sup>th</sup>, 2020\*\*\***