

Enterprise Pharmacy and Therapeutics Committee Meeting
Call in number 646-876-9923 Passcode 454 363 203
October 28, 2019
6:00PM-8:00PM EST

Physical location: 10,000 Perkins Rowe, Ste. 400, Baton Rouge, LA 70810
Please RSVP at jplante1@amerihealthcaritasla.com as seating is limited.

<u>Subject</u>	<u>Presenter</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 July P&T minutes	W. Burnham
5. Old Business	PerformRx
a. Antihyperlipidemia Agents PA criteria	
b. Xolair (omalizumab) PA criteria	
c. Orilissa (elagolix) PA Criteria	
d. Injectable 5HT3 Serotonin Receptor Antagonists	
e. Chelating Agents	
f. Multiple Sclerosis	
6. New Business	PerformRx
a. Gonadotropin Releasing Hormone Agonists PA Criteria	
b. ACLA Value Add Drug List	
c. Anusol HC	
d. Verapamil	
e. Specialty Biological Agents for Crohn's Disease	
f. Hepatitis C	
7. Drug Reviews:	PerformRx
A. Therapeutic Class:	
1. Hormone Replacement Therapy with PA criteria	
2. Xanthine Bronchodilators	
3. Vitamins for Ocular Health	
4. Conventional DMARDs	
5. Allergenic Extracts	
6. Test Strips	
7. Topical Steroids	
8. Hereditary Angioedema with PA criteria	
B. Single Products:	PerformRx
1. Zulresso with PA criteria	
2. Skyrizi with PA criteria	
3. Evenity with PA criteria	

C. New Products

PerformRx

8. Prior Authorization Criteria Review:

PerformRx

A. Prior Authorization Criteria Annual Review:

1. Botulinum Toxins A&B
2. Cholbam
3. Ciprodex
4. Danocrine
5. Daraprim
6. Endari
7. Erythropoiesis-Stimulating Agents (ESA)
8. Androgenic Agents
9. Immunoglobulins (IVIg)
10. Retinoids
11. Eosinophilic Asthma Agents
12. Specialty Biological Agents for Ankylosing Spondylitis
13. Hydroxyprogesterone Caproate
14. Natpara
15. Sleep Disorder Stimulants
16. Xyrem
17. Sedative Hypnotics
18. Pediculicides
19. Tardive Dyskinesia
20. Safety Edit Exception Criteria
21. Quantity Limit Exception Criteria
22. Brand Name Medication
23. Step Therapy Exception Criteria
24. Prior Authorization Exception
25. Stimate
26. Topical Antiviral Treatment
27. Spinraza
28. Zolgensma
29. Injectable Anticoagulants
30. Non-formulary Inhalers
31. Opioid Containing Products
32. Butorphanol
33. Ophthalmic Anti-inflammatory Immunomodulators
34. Tretinoin topical

B. Prior Authorization New Criteria

1. Biologic Agents for Nasal Polyposis
2. Truvada

9. Recalls

C. Meny

10. Adjourn

W. Burnham

*****NEXT MEETING: February 10th, 2020*****