

**Enterprise Pharmacy and Therapeutics Committee Meeting**

**Call in number 646-876-9923 Meeting ID 919 3408 8822**

**July 25<sup>th</sup>, 2022**

**5:00PM-7:00PM CST**

Pre-register at [scherian@amerihealthcaritas.com](mailto:scherian@amerihealthcaritas.com) prior to the meeting

<b><u>Subject</u></b>	<b><u>Presenter</u></b>
1. Call to Order	B. Himmelstein
2. Conflict of Interest Disclosures	S. Cherian
3. BCC Positive Changes, PA Criteria Updates	C. Meny
4. Review and approval of May P&T minutes	S. Cherian
5. Old Business	PerformRx
A. Amyotrophic Lateral Sclerosis (ALS) agents.....p. 109	
B. Oxbryta.....p. 110	
C. Rituximab .....p. 114	
D. Erythropoiesis-Stimulating Agents (ESAs) .....p. 151	
E. SMN2 Splicing Modifiers for the Treatment.....p. 155 of Spinal Muscular Atrophy (SMA)	
F. SGLT-2 Inhibitors and Combination Products.....p. 159 Containing SGLT-2 Inhibitors	
G. Medications for the Management of Obesity PA Criteria.....p. 161	
H. ACDE – Agents for Atopic Dermatitis .....p. 165	
I. Zyprexa Relprevv QL Update.....p. 168	
6. New Business	PerformRx
A. Dupixent with PA Criteria .....p. 170	
B. ACNH – DUR Edits .....p. 192	
C. Flovent HFA .....p. 193	
D. Non-Preferred Inhaled Corticosteroid Beta/Beta .....p. 196 Agonist Combination Inhalers for Asthma and COPD	
E. SHSC – Short Acting Opioids PA Criteria .....p. 198	
7. Drug Reviews:	PerformRx
A. Therapeutic Class:	
1. Hepatitis B.....p. 202	
2. Chronic Dry Eye with PA Criteria.....p. 208	
3. Continuous Glucose Monitors with PA Criteria.....p. 217	
4. Laxatives .....p. 232	
5. Pancreatic Enzymes.....p. 261	
6. Chelating Agents with PA Criteria.....p. 266	
B. Single Products:	PerformRx
1. Pyrukynd with PA Criteria.....p. 286	

2. Carvykti with PA Criteria.....	p. 300
3. Vjoice with PA Criteria.....	p. 313
4. Camzyos with PA Criteria.....	p. 320

8. New Products PerformRx

9. Prior Authorization Criteria Review: PerformRx

A. Prior Authorization Criteria Annual Review:

1. Acthar H.P. (corticotropin).....	p. 341
2. Adenosine Triphosphate-Citrate Lyase (ACL) inhibitors.....	p. 434
3. Angiotensin II Receptor Blocker and Renin Inhibitor Medications.....	p. 345
4. Anti-Amyloid Monoclonal Antibodies [Aduhelm].....	p. 347
5. Anti-FGF23 Monoclonal Antibodies.....	p. 350
6. Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists.....	p. 355
7. Complement Inhibitors.....	p. 362
8. Insulin Pumps.....	p. 371
9. Specialty Biological Agents for Ankylosing Spondylitis.....	p. 373
10. Specialty Biological Agents for Crohn's Disease.....	p. 379
11. Specialty Biological Agents for FDA and Non-FDA Approved Medically Accepted Indications.....	p. 384
12. Specialty Biological Agents for Psoriasis.....	p. 389
13. Specialty Biological Agents for Psoriatic Arthritis (PsA).....	p. 396
14. Specialty Biological Agents for Rheumatoid Arthritis.....	p. 403
15. Specialty Biological Agents for Ulcerative Colitis.....	p. 410
16. Specialty Biological Agents for Systemic JIA.....	p. 416
17. Specialty Drugs.....	p. 422
18. Verquvo.....	p. 429
19. White Blood Cell Stimulators.....	p. 431
20. Synagis.....	p. 436
21. ACDE - Opioid Containing Products.....	p. 444

B. Prior Authorization Criteria Annual Review without Clinical Changes

1. Adakveo.....	p. 449
2. Antifibrotic Respiratory Tract Agents.....	p. 451
3. Brineura.....	p. 455
4. Budesonide Inhalation Suspension.....	p. 458
5. Crinone.....	p. 460
6. Difucid (Fidaxomicin).....	p. 461
7. Gonadotropin Releasing Hormone Receptor Antagonists Combination Products.....	p. 462
8. Increlex.....	p. 466
9. Mucopolysaccharidosis II (Hunter Syndrome) Agents – Elaprase.....	p. 467
10. Scopolamine Patch.....	p. 468
11. Serostim.....	p. 469
12. Spiriva Respimat.....	p. 471
13. Toremifene (Fareston).....	p. 473
14. Triamcinolone Intranasal.....	p. 474
15. Vasodilators for Pulmonary Arterial Hypertension (PAH).....	p. 475
16. Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors for Huntington's Disease.....	p. 486
17. Vimizim.....	p. 489

18. Voriconazole (Vfend) .....	p. 491
19. Xifaxan .....	p. 492
20. Specialty Biological Agents for Poly JIA .....	p. 495
21. Ophthalmic Antihistamines .....	p. 500
C. New Prior Authorization Criteria	
1. Vuity .....	p. 503
D. Retired Prior Authorization Criteria	
1. Agents for Gender Dysphoria .....	p. 505
10. Additional Items	PerformRx
A. Androgenic Agents.....	p. 508
B. Gonadotropin Releasing Hormone Agonists (GNRH) .....	p. 510
11. Recalls	PerformRx
12. Adjourn	B. Himelstein

**\*\*\*NEXT MEETING: October 24<sup>th</sup>, 2022\*\*\***