

**Enterprise Pharmacy and Therapeutics Committee Meeting**  
**Call in number 669-900-6833 Passcode 717 651 3566**  
**July 29, 2019**  
**6:00PM-8:00PM EST**

Physical location: 1000 Perkins Rowe, Ste 400, Baton Rouge, LA 70810  
Please RSVP at [jplante1@amerihealthcaritasla.com](mailto:jplante1@amerihealthcaritasla.com) as seating is limited.

<b><u>Subject</u></b>	<b><u>Presenter</u></b>
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 April P&T and June Proxy minutes	J. Kreitman
5. Old Business	PerformRx
a. Carisoprodol PA Criteria	
b. Short Acting Opioids	
c. Flovent	
6. New Business	PerformRx
a. Nitrofurantoin	
b. Naloxone	
c. Atovaquone/Proguanil	
d. Melatonin	
e. Hepatitis C	
f. Opioid Containing Products	
7. Drug Reviews:	PerformRx
A. Therapeutic Class:	
1. Agents for Constipation	
2. Chelating Agents with PA criteria	
3. Dopamine Agonists	
4. Fluoroquinolones	
5. Glaucoma with PA criteria	
6. HIV	
7. Multiple Sclerosis with PA criteria	
8. Respiratory Aids and Devices	
B. Single Products:	PerformRx
1. Firdapse with PA criteria	
C. New Products	PerformRx
9. Prior Authorization Criteria Review:	PerformRx

A. Prior Authorization Criteria Annual Review:

1. CGRP
2. Transderm-Scop
3. Agents for Atopic Dermatitis
4. Agents for Gender Dysphoria
5. Allergic Conjunctivitis Agents
6. Angiotensin II Receptor Blocker and Renin Inhibitor Medications
7. Antihyperlipidemia Agents
8. Chronic Dry Eye Agents
9. Crinone
10. Difucid (Fidaxomicin)
11. Donepezil
12. Entocort EC
13. Exondys 51
14. Fareston
15. Huntington's Disease Criteria
16. Idiopathic Pulmonary Fibrosis
17. Injectable/Specialty Medications Without Specific Prior Authorization Protocol
18. Injectable 5-Hydroxytryptamine-3 (5HT3) Serotonin Receptor Antagonists
19. Orilissa
20. Proton Pump Inhibitors
21. Pulmicort Respules (budesonide)
22. Serostim
23. Synagis
24. Triamcinolone Intranasal
25. Vfen
26. White Blood Cell Stimulators
27. Xifaxan
28. Xolair (omalizumab)
29. Opioid Dependence Agents
30. Non-Formulary Long Acting Insulin
31. Cinacalcet

B. Prior Authorization New Criteria

1. Vimizim
2. Brinuera

10. Recalls
11. Adjourn

J. Kreitman  
W. Burnham

**\*\*\*NEXT MEETING: October 28<sup>th</sup>, 2019\*\*\***