

Enterprise Pharmacy and Therapeutics Committee Meeting
Call in number 646-876-9923, Meeting ID 341-776-246

October 26th, 2020

6:00PM-8:00PM EST

Pre-register at jplante1@amerihealthcaritasla.com prior to the meeting

<u>Subject</u>	<u>Presenter</u>
1. Call to Order	W. Burnham
2. Conflict of Interest Disclosures	S. Cherian
3. BCC Positive Changes, PA Criteria Updates, DUR Reporting	C. Meny
4. 2020 DTM Program Description	C. McMahon
5. Review and approval of July and September P&T minutes	S. Cherian
6. Old Business	PerformRx
A. Donepezil.....	p. 108
B. Oncology PA Criteria.....	p. 109
C. Reblozyl PA Criteria	p. 115
D. ACDE – Medications for the Management of Obesity	p. 117
E. Synagis	p. 119
7. New Business	PerformRx
A. Semglee.....	p. 122
B. Spravato.....	p. 124
C. Vascular Endothelial Growth Factor Inhibitors for Ophthalmic Conditions	p. 126
D. AHDC – FreeStyle Libre.....	p. 128
8. Drug Reviews:	PerformRx
A. Therapeutic Class:	
1. Test Strips	p. 134
2. SGLT2 Inhibitors with PA Criteria	p. 142
3. Rho Immune Globulins	p. 151
4. Topical Antifungals	p. 156
5. Urinary Antispasmodics.....	p. 164
6. Vitamin D Analogs	p. 169
7. Multiple Sclerosis Agents with PA Criteria	p. 174
B. Single Products:	PerformRx
1. Fintepla.....	p. 204
2. Oriahnn.....	p. 214
3. Evrysdi.....	p. 224
4. Enspryng	p. 238

5. Uplizna	p. 262
6. Tectarus	p. 282
7. Viltepso	p. 293
8. Hemangeol	p. 303

9. New Products PerformRx

10. Prior Authorization Criteria Review: PerformRx

A. Prior Authorization Criteria Annual Review:

1. 5-Hydroxytryptamine-3 (5-HT ₃) Serotonin Receptor Antagonists (5-HT ₃ RA), Substance P/Neurokinin 1 Receptor Antagonists (NK1 RA), and Combination Agents	p. 326
2. Allergenic Extracts.....	p. 336
3. Androgenic Agents	p. 342
4. Antihyperlipidemia Agents	p. 346
5. Biologic Agents for Nasal Polyposis	p. 350
6. Cholbam	p. 352
7. Ciprodex	p. 354
8. Danazol	p. 355
9. Daraprim (pyrimethamine)	p. 357
10. Endari	p. 360
11. Gonadotropin Releasing Hormone Agonists (GNRH)	p. 361
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13. Hormone Replacement Therapy	p. 377
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16. ACFC – Brand Name Medication Criteria	p. 388
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18. ACFC – Quantity Limit Exception Criteria	p. 398
19. Hydroxyprogesterone Caproate	p. 400
20. Immunoglobulins	p. 402
21. Orilissa	p. 412
22. Pediculicides	p. 414
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25. Sleep Disorder Therapy	p. 422
26. Stimate	p. 435
27. Tardive Dyskinesia	p. 436
28. Topical Antiviral Treatment	p. 442
29. Xolair (omalizumab).....	p. 444
30. Zolgensma	p. 447
31. Zulresso	p. 449
32. ACDE – Benzodiazepines.....	p. 450
33. ACDE – Erythropoiesis-Stimulating Agents	p. 453
34. ACDE – Injectable Anticoagulants.....	p. 457
35. ACDE – Botulinum Toxins	p. 459
36. BCC – Topical Tretinoin.....	p. 461
37. BCC – Tysabri	p. 463

38. BCC – Amyotrophic Lateral Sclerosis (ALS) Disease Modifying Treatment p. 465

B. New Prior Authorization Criteria:

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2. Galafold p. 469
3. Epidiolex..... p. 471

11. Recalls

S. Cherian

12. Adjourn

W. Burnham

*****NEXT MEETING: February 1st, 2021*****