UPMC *for You*
Affiliate of UPMC Health Plan

Pharmacy and Therapeutics Committee Meeting

April 12, 2018

1. **Call to order:**
   The meeting was called to order at 7 a.m.

2. **Review of the minutes:**
   The minutes of the January 2018 Meeting and the January, February, and March 2018 Fax Vote Minutes were approved by the Committee.

3. **New Business:**

Medication Reviews

Drug Class	Drug Name	Formulary Coverage Recommendation
Respiratory	Symdeko (tezacaftor/ivacaftor)	May add with a prior authorization and quantity limit
Opioid analgesic	Apadaz (benzhydrocodone/acetaminophen)	Do not add with a quantity limit
Diabetes	Admelog (insulin lispro, recombinant)	May add with a quantity limit
Immunological	Ixifi (infliximab-qbtx)	Do not add
Topical antibiotic	Xepi (ozenoxacin)	Do not add
Gastrointestinal	Trulance (plecanatide)	May add with a quantity limit
Antiretroviral	Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)	May add with a quantity limit
Antiretroviral	Trogarzo (ibalizumab-uiyk)	May add with a prior authorization
Antiretroviral	Symfi (efavirenz/lamivudine/tenofovir disoproxil fumarate)	May add with a quantity limit
Antiretroviral	Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)	May add with a quantity limit
Antiretroviral	Cimduo (lamivudine/tenofovir disoproxil fumarate)	May add with a quantity limit
Ophthalmologic	Luxturna (voretigene neparvovec-rzyl)	May add with a prior authorization and quantity limit
Immunological	Ilumya (tildrakizumab-asmn)	May add with a prior authorization and quantity limit
Cardiovascular	Presxxartan (valsartan)	Do not add with quantity limit

Drug Class	Drug Name	Formulary Coverage Recommendation
Central nervous system	Lyrica CR (pregabalin)	Do not add with quantity limit
Antibiotic	Firvanq (vancomycin)	May add
Antineoplastic	Siklos (hydroxyurea)	May add
Antineoplastic	Imbruvica tablet (ibrutinib)	May add with prior authorization and quantity limit
Mouth/Throat/Dental agent	Bocasal (saliva substitute)	Do not add
Antineoplastic	Alunbrig Starter Pack (brigatinib)	May add with prior authorization and quantity limit
Parkinson's disease	Osmolex ER (amantadine)	Do not add
Topical dermatologic	Levicyn (hypochlorous acid)	Do not add
Topical dermatologic	Ztlido (lidocaine)	Do not add
Topical analgesic	Mezparox-HC (pramoxine/hydrocortisone)	Do not add
Topical analgesic	Diclopr Gel (diclofenac)	Do not add
Steroid	MAS Care-pak (dexamethasone)	Do not add
Progestin	Makena SC (hydroxyprogesterone)	May add with prior authorization
Stimulant	Methylphenidate ER 72mg	Do not add with quantity limit

All voted in favor to approve the recommendations noted above.

4. **New policies**

RX.PA.309 Tolterodine and Tolterodine ER, Trospium & Trospium ER Step (Medicaid, CHIP)
All voted in favor to approve the policy as presented.

RX.PA.310 Oxycodone Extended Release (Xtampza ER) [Medicaid, CHIP]
All voted in favor to approve the policy as presented.

RX.PA.311 Deutetrabenazine (Austedo)
All voted in favor to approve the policy as presented.

RX.PA.517 Ibalizumab-uiyk (Trogarzo)
All voted in favor to approve the policy as presented.

RX.PA.518 Voretigene neparvovec-rzyl (Luxturna)
All voted in favor to approve the policy as presented.

5. **Policy Revisions**

RX.PA.067 Oral and Topical Oncology Agents

- Updated to account for new FDA-approved indications for Gilotrif (afatinib) and Lynparza (olaparib). Additionally, a prerequisite medication trial of Zytiga (abiraterone) was added prior to approval of Xtandi (enzalutamide).

All voted in favor to approve the policy as presented.

RX.PA.068 Intravenous Immune Globulin (IVIG) & Subcutaneous Immune Globulin (SCIG)

- Updated to clarify the language surrounding the confirmation of a diagnosis of stiff-person syndrome.

All voted in favor to approve the policy as presented.

RX.PA.193 Tofacitinib (Xeljanz) & Tofacitinib extended-release (Xeljanz XR)

- Updated to account for new FDA-approved indication for the treatment of psoriatic arthritis.

All voted in favor to approve the policy as presented.

RX.PA.272 Ixekizumab (Taltz)

- Updated to account for new FDA-approved indication for the treatment of psoriatic arthritis.

All voted in favor to approve the policy as presented.

RX.PA.125 Ustekinumab Subcutaneous (Stelara)

- Updated to clarify that for a diagnosis of Crohn's disease, a prerequisite trial of adalimumab (Humira) is no longer required. Prior to approval, a single induction dose with ustekinumab IV (Stelara) is required in addition to a trial of either a corticosteroid or an immunosuppressant.

All voted in favor to approve the policy as presented.

RX.PA.505 Guselkumab (Tremfya)

- Updated to change the prerequisite medication trials that are necessary prior to approval. The following trials are required prior to approval: topical treatments or phototherapy, a conventional systemic therapy, and adalimumab (Humira).

All voted in favor to approve the policy as presented.

RX.PA.180 Ivacaftor (Kalydeco), & Lumacaftor/Ivacaftor (Orkambi), & Tezacaftor /Ivacaftor (Symdeko)

- Updated to include criteria for the new drug, Symdeko.

All voted in favor to approve the policy as presented.

RX.PA.045 Pregabalin (Lyrica)

- Updated to include duloxetine as a prerequisite medication required prior to approval for a diagnosis of diabetic peripheral neuropathy.

All voted in favor to approve the policy as presented.

RX.PA.039 Erythropoiesis Stimulating Agents

- Updated to remove criteria for off-label diagnoses. Required hemoglobin levels for reauthorization were clarified and updated.

All voted in favor to approve the policy as presented.

RX.PA.044 Acne Medications

- Updated to clarify which formulary products are affected by the criteria.

All voted in favor to approve the policy as presented.

RX.PA.058 Rituximab (Rituxan and Rituxan Hycela)

- Updated to include appropriate indications and use for Rituxan Hycela.

All voted in favor to approve the policy as presented.

RX.PA.062.1 Hepatitis C Treatment (Medicaid)

- Updated to clarify language surrounding the requirement for hepatitis B testing and resistance testing. Also, additional medications that are contraindicated with the use of Mavyret were added.

All voted in favor to approve the policy as presented.

RX.PA.067 Oral and Topical Oncology Agents

- Updated to include criteria for new FDA-approved indications for abiraterone (Zytiga) and abemacicilib (Verzenio). Additionally, examples of aromatase inhibitors were removed from criteria for ribociclib (Kisqali), palbociclib (Ibrance), and Verzenio; a definition of aromatase inhibitor was added to the definitions section.

All voted in favor to approve the policy as presented.

RX.PA.081 Aripiprazole ODT (Abilify Discmelt) and Aripiprazole Oral Solution

- Updated the policy and its title were updated to clarify that criteria only apply to oral disintegrating and oral solution products.

All voted in favor to approve the policy as presented.

RX.PA.125 Ustekinumab Subcutaneous (Stelara)

- Updated the procedure section for Crohn's disease so that the diagnosis matches the prescribing information.

All voted in favor to approve the policy as presented.

RX.PA.125.1 Ustekinumab Intravenous (Stelara)

- Updated the procedure section for Crohn's disease so that the diagnosis matches the prescribing information.

All voted in favor to approve the policy as presented.

RX.PA.135.1 Tocilzumab (Actemra)

- Updated to clarify the criteria required to confirm a diagnosis of cytokine release syndrome.

All voted in favor to approve the policy as presented.

RX.PA.226 Elosulfase alfa (Vimizim)

- Updated to clarify the requirements surrounding confirmation of the member's generic mutation. Additionally, criteria were added to require chart documentation of the member's condition at baseline for initial authorizations.

All voted in favor to approve the policy as presented.

RX.PA.258 Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Inhibitors

- Updated to account for a new FDA-approved indication for and an expanded FDA indication for evolocumab (Repatha) for the reduction of the risk of myocardial infarction, stroke, and coronary revascularization in adults with established cardiovascular disease and for primary hyperlipidemia.

All voted in favor to approve the policy as presented.

RX.PA.502 Valbenazine (Ingrezza)

- Updated to clarify the language surrounding how the member's symptoms impact quality of life.

All voted in favor to approve the policy as presented.

RX.PA.510 Oxycodone Extended-Release (Xtampza ER and Oxycontin) – Medicaid and CHIP

- Updated to clarify the prerequisite medication trials for oxycodone extended-release products.

All voted in favor to approve the policy as presented.

RX.PA.513.1 Axicabtagene Ciloleucel (Yescarta)

- Updated to clarify requirements to confirm the member's diagnosis.

All voted in favor to approve the policy as presented.

RX.005 Quantity Limits

- Updated to add limits for Eliquis, Presxxartan, Prevymis, Lonhala Magnair, Ozempic, Segluromet, Steglatro, Steglujan, Imodium, Juluca, Fasenra, Calquence, Abilify Mycite, Sublocade; and limits were revised Xarelto 10 mg, Xigduo XR, Tracleer, Noxafil, Alunbrig, Bosulif, Abilify, Concerta.

All voted in favor to approve the policy as presented.

Definitions:

- Must add: Drug will be added to the formulary.
- May add: Drug may be added to the formulary or may be nonformulary. Other drugs already on the formulary are considered equally effective from a clinical standpoint.
- Do not add: Drug will be nonformulary.

NOTE: All recommendations are subject to DHS approval and final decision determination by UPMC *for You.*

UPMC Health Plan

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