1. **Call to order:**
The meeting was called to order at 7:00 a.m.

2. **Review of the minutes:**
The minutes of the April 2018 Meeting and the April and May 2018 Fax Vote Minutes were approved by the Committee.

3. **New Business:**

   **Medication reviews**

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Drug Name</th>
<th>Formulary Coverage Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antineoplastic</td>
<td>Erleada (apalutamide)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Blood Modifier</td>
<td>Doptelet (avatrombopag)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Rhopressa (netarsudil)</td>
<td>May add with a prior authorization</td>
</tr>
<tr>
<td>Mineral Supplement</td>
<td>Crysvita (burosumab-twza)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Gastrointestinal Agent</td>
<td>Lokelma (sodium zirconium cyclosilicate)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Endocrine/Metabolic Agent</td>
<td>Jynarque (tolvaptan)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Endocrine/Metabolic Agent</td>
<td>Lutathera (lutetium Lu 177 dotatate)</td>
<td>May add with a prior authorization and quantity limit</td>
</tr>
<tr>
<td>Steroid</td>
<td>TaperDex (dexamethasone)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Laxative</td>
<td>Plenuv (Potassium Chloride/Sodium Chloride/Ascorbic Acid/Macrogol 3350/Sodium Sulfate/Anhydrous Sodium Ascorbate)</td>
<td>Do not add</td>
</tr>
<tr>
<td>NSAID</td>
<td>Flexipak (diclofenac)</td>
<td>Do not add</td>
</tr>
<tr>
<td>NSAID</td>
<td>Dithol (diclofenac)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Topical Analgesic</td>
<td>Pliaglis (Lidocaine\Tetracaine)</td>
<td>Do not add</td>
</tr>
<tr>
<td>NSAID</td>
<td>Diclopak (diclofenac)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Antiemetic</td>
<td>Palonesetron injection</td>
<td>May add with prior authorization</td>
</tr>
<tr>
<td>Antiemetic</td>
<td>Akynezo vial (fosnetupitant/palonosetron)</td>
<td>May add</td>
</tr>
<tr>
<td>Drug Class</td>
<td>Drug Name</td>
<td>Formulary Coverage Recommendation</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Steroid</td>
<td>Pod-Care Kit 100C (Betamethasone Sodium Phosphate/Betamethasone Acetate)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Steroid</td>
<td>Pod-Care Kit 100CG (Betamethasone Sodium Phosphate/Betamethasone Acetate)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Progestin</td>
<td>Makena auto-injector (hydroxyprogesterone)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
</tbody>
</table>

All voted in favor to approve the recommendations noted above.

4. **New policies**
   - **RX.PA.515 Letermovir (Prevymis)**
     All voted in favor to approve the policy as presented.
   - **RX.PA.519 and RX.PA.519.1 Tildrakizumab-asmn (Ilumya)**
     All voted in favor to approve the policy as presented.
   - **RX.PA.505.1 Guselkumab (Tremfya)**
     All voted in favor to approve the policy as presented.
   - **RX.PA.524 Tolvaptan (Jynarque)**
     All voted in favor to approve the policy as presented.
   - **RX.PA.250 Lutetium Lu 177 Dotatate (Lutathera)**
     All voted in favor to approve the policy as presented.

5. **Policy revisions**
   - **RX.PA.067 Oral and Topical Oncology Agents**
     - Updated to include criteria for the new FDA-approved medication, Erleada. Also, updated to account for new FDA-approved indications for Tasigna, Afinitor Disperz, Tafinlar, Mekinist, Tagrisso, and Rubraca.
     All voted in favor to approve the policy as presented.
   - **RX.PA.153 Denosumab (Xgeva)**
     - Updated to clarify language surrounding exceptions to prerequisite medication trials.
     All voted in favor to approve the policy as presented.
   - **RX.PA.263 Mepolizumab (Nucala), Reslizumab (Cinqair), and Benralizumab (Fasenra)**
     - Updated to account for new indication for Nucala for the treatment of eosinophilic granulomatosis with polyangiitis.
     All voted in favor to approve the policy as presented.
   - **RX.PA.505 Guselkumab (Tremfya)**
     - Updated to clarify language surrounding exceptions to prerequisite medication trials.
     All voted in favor to approve the policy as presented.
   - **RX.PA.041 Granulocyte Colony-Stimulating Factors**
     - Updated to account for a new FDA-approved indication for Leukine.
     All voted in favor to approve the policy as presented.
   - **RX.PA.045 Pregabalin (Lyrica)**
     - Updated to account for expanded indication for the treatment of partial onset seizures in pediatric patients 4 years of age and older.
     All voted in favor to approve the policy as presented.
RX.PA.062.1 Hepatitis C Treatment (Medicaid)
- Updated to prefer Mavyret. Additionally, clarification was added regarding documentation of laboratory genotype result—if subtypes of the genotype exist, the subtype must be specified.
   All voted in favor to approve the policy as presented.

RX.PA.069 Eculizumab (Soliris)
- Updated to account for new FDA-approved indication of myasthenia gravis.
   All voted in favor to approve the policy as presented.

RX.PA.080 Buprenorphine (Subutex)
- Updated to account for the removal of the prior authorization from all oral medication assisted treatment options except for buprenorphine tablet. Additional updates to the policy were made for both initial and reauthorization requests based upon DHS criteria for medication assisted treatment.
   All voted in favor to approve the policy as presented.

RX.PA.126.1 Asenapine (Saphris) and Lurasidone (Latuda) – Medicaid, CHIP
- Updated to include the new FDA-approved indication of treatment of bipolar depression in pediatric patients.
   All voted in favor to approve the policy as presented.

RX.PA.169 Fidaxomicin (Dificid) Step
- Updated to remove metronidazole from the list of accepted prerequisite medications based upon recent updates to the guidelines on the treatment of Clostridium difficile.
   All voted in favor to approve the policy as presented.

RX.PA.194 Crofelemer (Mytesi)
- Updated to require two anti-diarrheal medications (e.g., loperamide, diphenoxylate, and bismuth subsalicylate) prior to approval.
   All voted in favor to approve the policy as presented.

RX.PA.201 Oral Cysteamine (Cystagon and Procysbi)
- Updated to clarify criteria surrounding confirmation of a diagnosis of nephropathic cystinosis. The criteria were updated to require only one, instead of all, of the following: elevated baseline white blood cell (WBC) cystine levels, laboratory result confirming CTNS gene mutation, or identification of cystine corneal crystals by slit lamp examination.
   All voted in favor to approve the policy as presented.

RX.PA.283 Narcotics in Children and Adolescents
- Updated to reflect that criteria for short acting opioids applies for prescriptions written for greater than a 3 day supply. Additional updates were made based upon recommendations from DHS including a requirement for documentation that the member is using any opiates in combination with tolerated non-pharmacologic and non-opioid therapies and that an assessment of recent opioid use has been made.
   All voted in favor to approve the policy as presented.

RX.PA.283.1 Narcotic Analgesics in Adults
- Additional updates to criteria were made per DHS recommendations including documentation that the member is using any opiates in combination with tolerated non-pharmacologic and non-opioid therapies and that an assessment of recent opioid use has been made.
   All voted in favor to approve the policy as presented.

RX.PA.134 Dalfampridine (Ampyra)
- Updated to allow for an indefinite approval duration on the first reauthorization approval.
   All voted in favor to approve the policy as presented.

RX.PA.146 Rifaximin (Xifaxan) 550mg Tablet
- Updated to allow for an indefinite approval duration on an initial approval for a diagnosis of hepatic encephalopathy.
   All voted in favor to approve the policy as presented.
RX.PA.150 Fingolimod (Gilenya)
- Updated to allow for an initial authorization duration to 1 year.
  All voted in favor to approve the policy as presented.

RX.PA.193 Tofacitinib (Xeljanz) and Tofacitinib extended-release (Xeljanz XR)
- Updated to allow for an initial authorization duration to 1 year.
  All voted in favor to approve the policy as presented.

RX.PA.290 Crisaborole (Eucrisa)
- Updated to allow for an indefinite approval for an initial authorization.
  All voted in favor to approve the policy as presented.

RX.PA.055.1 Abatacept Subcutaneous (Orencia)
- Updated to clarify language surrounding exceptions to prerequisite medication trials.
  All voted in favor to approve the policy as presented.

RX.PA.272 Ixekizumab (Taltz)
- Updated to clarify language surrounding exceptions to prerequisite medication trials.
  All voted in favor to approve the policy as presented.

RX.PA.293 Brodalumab (Siliq)
- Updated to clarify language surrounding exceptions to prerequisite medication trials.
  All voted in favor to approve the policy as presented.

RX.005 Quantity Limits
- Updated to add limits for Denavir, Zovirax topical cream, acyclovir topical ointment, Daliresp, brand name Prevident products, Elidel, Solaraze, hydrocortisone enema & suppository, Biktarvy, Cimduo, Symfi, Symfi Lo, Ilumya, Luxturna, Makena SC Injection, Symdeko, Apadaz, Tussigon, and Vitamin D 50,000 unit; limits were revised for valacyclovir 500mg, Ozempic, Trulicity, Victoza, U-300 Toujeo, Fasenra, Nucala, naratriptan, sumatriptan tablet, rizatriptan, Imbruvica, and Tasigna; limits were removed for Narcan nasal spray. Additionally, the cumulative, daily Morphine Equivalent Dose Quantity Limit was decreased to 50.
  All voted in favor to approve the policy as presented.

RX.009 Notification of Recalls and Market Withdrawals for Prescription Medications
- Updated to reflect current notification processes for recalls and market withdrawals of prescription medications.
  All voted in favor to approve the policy as presented.

Update to RX.PA.266 Patiromer (Veltassa) and Sodium Zirconium Cyclosilicate (Lokelma)
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 non-formulary. Other drugs already on the formulary are considered equally effective from a clinical standpoint.
- Do not add: Drug will be non-formulary.

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