UPMC *for You*
Affiliate of UPMC Health Plan

Pharmacy and Therapeutics Committee Meeting

November 8, 2017 meeting

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

2. **Review of the minutes:**
   The minutes of the September meeting and October fax vote were approved by the Committee.

3. **New Business:**

Medication Reviews

Drug Class	Drug Name	Formulary Coverage Recommendation
Immunological agent	Cyltezo (adalimumab-adbm)	May add with prior authorization and quantity limit
Antibiotic	Solosec (secnidazole)	May add
Antineoplastic agent	Verzenio (abemaciclib)	May add with prior authorization and quantity limit
Anti-infective agent	Benznidazole	May add with quantity limit
Antineoplastic agent	Kymriah (tisagenlecleucel)	May add with prior authorization
Central nervous system agent	Austedo (Deutetrabenazine)	May add with prior authorization and quantity limits
Respiratory	Trelegy Ellipta (fluticasone furoate/ umeclidinium/vilanterol)	May add
Amino acid supplement	Endari (L-glutamate)	May add with a prior authorization and quantity limit
Anti-parkinson's agent	Gocovri (amantadine ER)	Do not add with quantity limit
Immunological agent	Odactra (house dust mite allergen extract)	May add with a prior authorization and quantity limit
Central nervous system agent	Austedo (Deutetrabenazine)	May add with a prior authorization and quantity limit
Digestant	Pertzye (pancrelipase)	Do not add
Pulmonary arterial hypertension	Tracleer tablets for oral suspension (bosentan)	May add with prior authorization and quantity limit
Lipotropic, statin	FloLipid (simvastatin)	Do not add
Stimulant	Adzenys ER extended-release suspension (amphetamine)	Do not add with prior authorization and quantity limit
Muscle relaxant	Chlorzoxazone 250mg tablet	Do not add
Topical analgesic	Dolotranz kit (lidocaine/prilocaine)	Do not add

Drug Class	Drug Name	Formulary Coverage Recommendation
Topical antibiotic	Nusurgepak kit (mupirocin)	Do not add
Topical dermatologic	Nutraseb cream (emollient)	Do not add
Topical dermatologic	Quinja gel (iodoquinol/aloe)	Do not add
Topical analgesic	Wound Debridement Kit (lidocaine)	Do not add
Corticosteroid, intranasal	Xhance nasal spray (fluticasone)	Do not add
Hyaluronate derivatives	Durolane (hyaluronic acid)	Do not add
Insulin	Fiasp (insulin aspart)	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.

5. **Policy Revisions**

RX.PA.062.1 Hepatitis C Treatment (Medicaid)
- Updated to account for new FDA approved products, Mavyret and Vosevi. Additional updates were made based on recently released American Association for the Study of Liver Disease (AASLD) guidelines on the treatment of hepatitis C, including adding a requirement for baseline testing for hepatitis B infection.

All voted in favor to approve the policy as presented.

RX.PA.067 Oral and Topical Oncology Agents
- Updated to add criteria for Verzenio.

All voted in favor to approve the policy as presented.

RX.PA.097 Methylnaltrexone (Relistor) and Naldemedine (Symproic)
- Updated to account for recently FDA-approved expanded indication of the treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

All voted in favor to approve the policy as presented.

RX.PA.248 Naloxegol (Movantik)
- Updated to account for recently FDA-approved expanded indication of the treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

All voted in favor to approve the policy as presented.

RX.PA.054 Luteinizing Hormone Releasing Hormone (LHRH) Agents

- Updated to include triptorelin (Triptodur) in the policy for a diagnosis of central precocious puberty. The criteria for coverage for this diagnosis did not change.

All voted in favor to approve the policy as presented.

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

- Updated the criteria for several indications. For a diagnosis of multifocal motor neuropathy, the requirement of electrodiagnostic testing to confirm the diagnosis was clarified, and the requirement for use in patients with anti-granulocyte macrophage 1 antibodies and conduction block was removed. For a diagnosis of multiple sclerosis, ocrelizumab (Ocrevus) was added as a required prerequisite medication trial prior to approval. Finally, the section for a diagnosis of stiff man syndrome was renamed stiff person syndrome, and the reauthorization criteria for this diagnosis was updated to reflect that additional approvals are made on a case-by-case basis.

All voted in favor to approve the policy as presented.

RX.PA.162 Roflumilast (Daliresp)

- Updated for consistency with other policies that require monitoring for depression related side effects. Both the initial and reauthorization criteria were updated.

All voted in favor to approve the policy as presented.

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

- Updated to include a requirement for documentation of pulmonary airway clearance therapy prior to approval.

All voted in favor to approve the policy as presented.

RX.PA.266 Patiromer (Veltassa)

- Updated based on a recommendation from DHS to clarify that a prerequisite trial of diuretic is only required if clinically appropriate.

All voted in favor to approve the policy as presented.

RX.PA.271 Brivaracetam (Briviact)

- Updated to account for the recently expanded FDA-approved indication of monotherapy for partial-onset seizures. *All voted in favor to approve the policy as presented*

RX.PA.222 Eslicarbazepine Acetate (Aptiom)

- Updated to account for the recently FDA-approved expanded age indication for the treatment of partial-onset seizures in patients 4 years of age and older.

All voted in favor to approve the policy as presented.

RX.PA.113 Iloperdione (Fanapt)

- Updated based on a recommendation from DHS to clarify that members who are ongoing and stable on this medication may continue treatment.

All voted in favor to approve the policy as presented.

RX.PA.270 Lesinurad (Zurampic) and Allopurinol-Lesinurad (Duzallo)

- Updated to account for the new combination product, allopurinol-lesinurad (Duzallo). The criteria for coverage for these medications remains the same.

All voted in favor to approve the policy as presented.

RX.PA.287 Eteplirsen (Exondys 51)

- Updated so that the age requirement does not apply to Medical Assistance. Additionally, the criteria were updated to require documentation of baseline forced vital capacity (FVC%) and to require either an FVC of > 30% or a Brooke upper extremity score of ≤ 5.

All voted in favor to approve the policy as presented.

RX.PA.303 Cerliponase Alfa (Brineura)

- Updated to clarify the requirement for a specialist prescriber. The medication must be prescribed by neurologist who specializes in the treatment of CLN2 and may be administered by any health care professional who is experienced in performing the infusion.

All voted in favor to approve the policy as presented.

RX.PA.295 Nusinersen (Spinraza)

- Updated to clarify the requirement for a specialist prescriber. The medication must be prescribed by a neuromuscular specialist and may be administered by any health care professional who is experienced in performing lumbar punctures.

All voted in favor to approve the policy as presented.

RX.PA.055.1 Abatacept SC (Orencia)

- Updated to clarify that for a diagnosis of psoriatic arthritis, a prerequisite medication trial of ustekinumab (Stelara) must be of the subcutaneous dosage form.

All voted in favor to approve the policy as presented.

RX.PA.300 Sarilumab (Kevzara)

- Updated to include an infliximab product (Remicade, Inflectra), certolizumab pegol (Cimzia), abatacept IV or SC (Orencia IV or SC), golimumab IV or SC (Simponi Aria or Simponi SC) or tocilizumab IV (Actemra IV) as exceptions to the requirement of a trial of two of the following: adalimumab (Humira), etanercept (Enbrel), tocilizumab SC (Actemra), tofacitinib (Xeljanz, Xeljanz XR) prior to approval.

All voted in favor to approve the policy as presented.

RX.PA.305 Guselkumab (Tremfya)

- Updated to include a trial of topical, phototherapy, or photochemotherapy prior to approval that was inadvertently left out of the original criteria. Additionally, a reference to brodalumab (Siliq) was removed and an update was made to clarify that a prerequisite medication trial of ustekinumab (Stelara) must be of the subcutaneous dosage form.

All voted in favor to approve the policy as presented.

RX.005 Quantity Limits

- Updated to add limits for Bevyxxa, Duzallo, Fiasp, Symproic, Cyltezo, Mavyret, Tremfya, Vosevi, Triptodur, Idhifa, Nerlynx, Verzenio, diclofenac 1.5% topical drops, opioid containing cough and cold preparations including liquids, syrups, and solutions, Salonpas Pain Relief Patch, Spritam, and Adzenys ER; and limits were revised for Cimzia, Lynpraza, Alunbrig, Celexa, Lexapro, and Neurontin. Additionally, a cumulative, daily MEqD limit of greater than or equal to 90 is added to be applied across all opioid analgesics for Medical Assistance only. This policy applies to the Commercial, Exchange, Medicaid, and CHIP lines of business.

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.*

UPMC Health Plan

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