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

2. Review of the minutes:
The minutes of the January 2019 Meeting and February & March 2019 Fax Votes were approved.

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>Multiple Sclerosis Agent</td>
<td>Mayzent (siponimod)</td>
<td>May add with prior authorization</td>
</tr>
<tr>
<td>N-Methyl-D-Aspartate Receptor Antagonist</td>
<td>Spravato (esketamine)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>N-Methyl-D-Aspartate Receptor Antagonist</td>
<td>Ketalar (ketamine)</td>
<td>May add with prior authorization</td>
</tr>
<tr>
<td>Monoclonal Antibody</td>
<td>Cablivi (caplacizumab-yhdp)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Anthelmintic</td>
<td>Egaten (triclabendazole)</td>
<td>May add</td>
</tr>
<tr>
<td>Gamma-Aminobutyric Acid (GABA) A Receptor Positive Modulator</td>
<td>Zulresso (bexanolone)</td>
<td>May add with prior authorization</td>
</tr>
<tr>
<td>Gene Therapy, Adeno-Associated Virus</td>
<td>Zolgensma (Onasemnogene abeparvovec-xioi)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Monoclonal Antibody</td>
<td>Evenity (romosozumab-aqqg)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Transthyretin Stabilizer</td>
<td>Vyndagel (tafamidis meglumine)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Transthyretin Stabilizer</td>
<td>Vyndamax (tafamidis)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Monoclonal Antibody</td>
<td>Skyrizi (risankizumab-rzaa)</td>
<td>May add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Antihemophilic Agent</td>
<td>Esperoct (antihemophilic factor recombinant)</td>
<td>May add</td>
</tr>
<tr>
<td>Optical Imaging Agent</td>
<td>Gleolan (aminolevulinic acid hydrochloride)</td>
<td>May add</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>Ryclora (dextchlorpheniramine maleate)</td>
<td>Do not 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>Antidiabetic agent</td>
<td>Qternmet XR (dapagliflozin, saxagliptin, metformin)</td>
<td>Do not add with a quantity limit</td>
</tr>
<tr>
<td>Opioid Analgesic Agent</td>
<td>Dvorah (acetaminophen, caffeine, dihydrocodeine bitartrate)</td>
<td>Do not add with prior authorization and quantity limit</td>
</tr>
<tr>
<td>Anticholinergic, Long-Acting Beta Agonist Agent</td>
<td>Duaklir Pressair (aclidinium/formoterol)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Corticosteroid</td>
<td>Dxevo (dexamethasone)</td>
<td>Do not add</td>
</tr>
<tr>
<td>Antiretroviral Agent</td>
<td>Dovato (dolutegravir and lamivudine)</td>
<td>May add with a quantity limit</td>
</tr>
</tbody>
</table>

All voted in favor to approve the recommendations noted above.

4. **New policies**
   RX.PA.551 Siponimod (Mayzent)
   - This policy was created to promote appropriate use. Highlights include appropriate diagnosis, specialist prescriber, and a prerequisite medication trial.
   *All voted in favor to approve the policy as presented.*

   RX.PA.552 Tegaserod (Zelnorm)
   - This policy was created to promote appropriate use. Highlights include specialist prescriber, appropriate diagnosis, absence of contraindications, prerequisite medication trials with all preferred agents, and a behavioral health evaluation.
   *All voted in favor to approve the policy as presented.*

   RX.PA.553 Esketamine (Spravato)
   - This policy was created to promote appropriate use. Highlights include appropriate diagnosis, specialist prescriber, and prerequisite medication trials.
   *All voted in favor to approve the policy as presented.*

   RX.PA.554 Risankizumab-rzaa (Skyrizi)
   - This policy was created to promote appropriate use. Highlights include appropriate diagnosis, specialist prescriber, and prerequisite medical trials.
   *All voted in favor to approve the policy as presented.*

   RX.PA.555 Ketamine (Ketalar)
   - This policy was created to promote appropriate use. Highlights include appropriate indication and specialist prescriber.
   *All voted in favor to approve the policy as presented.*

   RX.PA.556 Brexanolone (Zulresso)
   - This policy was created to promote appropriate use. Highlights include appropriate diagnosis, monitored administration, and a prerequisite medication trial.
   *All voted in favor to approve the policy as presented.*

   RX.PA.557 Romosozumab (Evenity)
   - This policy was created to promote appropriate use. Highlights include appropriate diagnosis, administration by a healthcare provider, and a prerequisite medication trial.
   *All voted in favor to approve the policy as presented.*
RX.PA.558 Tafamidis meglumine (Vyndagel) and Tafamidis (Vyndamax)
  • This policy was created to promote appropriate use. Highlights include appropriate diagnosis and specialist prescriber.
  All voted in favor to approve the policy as presented.

RX.PA.559 Onasemnogene abeparvovec-xioi (Zolgensma)
  • This policy was created to promote appropriate use. Highlights include appropriate diagnosis, specialist prescriber, and documentation of baseline motor function.
  All voted in favor to approve the policy as presented.

5. Policy Revisions
RX.005 Quantity Limits
  • This policy was updated to add limits for Namenda, Motegrity, Zelnorm, Firdapse, Inbrija, Mavenclad, Mayzent, Mytesi, Orilissa, Aemcolo, Lonsurf, Dvorah, Emla, Tuxarir ER, Spravato; revise limits for Ozempic, Cialis, Viagra, Adcirca, Crystvita, Ingrezza, Kalydeco, Palynziq, Xolair, Zykdia, Emgality, Maxalt, Tosymra, Fazaclo ODT, Zubsolv, Zyprexa, Evekeo ODT; and remove limits for Fulyzaq.
  All voted in favor to approve the policy as presented.

RX.017 Requirements for Pharmacy Prior Authorization Policies and Procedures
  • This policy was created to define the PARP process.
  All voted in favor to approve the policy as presented.

RX.PA.002 Cholinesterase Inhibitors and NMDA Receptor Antagonist
  • This policy was updated to include a step through memantine IR tablets for the memantine solution.
  All voted in favor to approve the policy as presented.

RX.PA.062.1 Hepatitis C Treatment (Medicaid)
  • This policy was updated to include the expanded age indication for Mavyret for children ages 12-17.
  All voted in favor to approve the policy as presented.

RX.PA.068 Intravenous Immune Globulin (IVIG) & Subcutaneous Immune Globulin (SCIG)
  • This policy was updated to add definitions, extend the auth length for CIDP diagnoses, and add an exception to biopsy requirement for pediatric patients with dermatomyositis and polymyositis. This policy applies to the Commercial, Exchange, Medicaid and CHIP lines of business.
  All voted in favor to approve the policy as presented.

RX.PA.069 Eculizumab (Soliris) and Ravulizumab-cwvz (Ultomiris)
  • This policy was updated based on recommendations from DHS to change the reauthorization LDH level criteria for a diagnosis of PNH.
  All voted in favor to approve the policy as presented.

RX.PA.087.1 Certolizumab Pegol (Cimzia) Prefilled Syringe
  • This policy was updated to include criteria for the indication of non-radiographic axial spondyloarthritis.
  All voted in favor to approve the policy as presented.

RX.PA.087.2 Certolizumab Pegol (Cimzia) Lyophilized Powder
  • This policy was updated to include criteria for the indication of non-radiographic axial spondyloarthritis.
  All voted in favor to approve the policy as presented.

RX.PA.100 Eltrombopag (Promacta)
  • This policy was updated for new indications of first-line treatment for severe aplastic anemia and in patients with insufficient response to immunosuppressive therapy.
  All voted in favor to approve the policy as presented.
RX.PA.103 Rufinamide (Banzel)
- This policy was updated based on recommendations from DHS to include a grandfathering statement for Medicaid members.
All voted in favor to approve the policy as presented.

RX.PA.123 Canakinumab (Ilaris)
- This policy was updated based on recommendations from DHS to include a grandfathering statement for Medicaid members.
All voted in favor to approve the policy as presented.

RX.PA.124 Vigabatrin (Sabril)
- This policy was updated based on recommendations from DHS to include a grandfathering statement for Medicaid members.
All voted in favor to approve the policy as presented.

RX.PA.132 Levalbuterol (Xopenex) Step
- This policy was updated to remove references to the HFA inhaler.
All voted in favor to approve the policy as presented.

RX.PA.180 Ivacaftor (Kalydeco), Lumacaftor/Ivacaftor (Orkambi), & Tezacaftor/Ivacaftor and Ivacaftor (Symdeko)
- This policy was updated to include expanded age indication for Kalydeco and step criteria for granule packets.
All voted in favor to approve the policy as presented.

RX.PA.161 Belimumab (Benlysta)
- This policy was updated to include age restrictions for intravenous and subcutaneous administration and a requirement for concomitant therapy in the reauthorization criteria.
All voted in favor to approve the policy as presented.

RX.PA.210 Apomorphine (Apokyn)
- This policy was updated to match the criteria for the Inbrija policy and include a step through Inbrija.
All voted in favor to approve the policy as presented.

RX.PA.217 Hepatitis B Products
- This policy was updated to include additional definitions, remove reference to TyzeKa, and update all criteria to match recent guideline update.
All voted in favor to approve the policy as presented.

RX.PA.258 PCSK9 Inhibitors
- This policy was updated to extend the initial and reauthorization durations.
All voted in favor to approve the policy as presented.

RX.PA.272 Ixekizumab (Taltz)
- This policy was updated to require three preferred trials based on ESI’s ICCV policy.
All voted in favor to approve the policy as presented.

RX.PA.297 Desmopressin Acetate Nasal Spray (Noctiva) and Desmopressin Acetate Sublingual Tablet (Nocdurna)
- This policy was updated to include Nocdurna in criteria.
All voted in favor to approve the policy as presented.

RX.PA.527 CGRP Antagonists
- This policy was updated based on recommendations from DHS to specify the requirement for migraine days and clarify improvement from baseline in the reauthorization criteria.
All voted in favor to approve the policy as presented.
RX.PA.544 Cenegermin-bkbj (Oxervate)
• This policy was updated based on recommendations from DHS to add contraindications as an exception to standard of care therapies.
All voted in favor to approve the policy as presented.

RX.PA.549 Inhaled Levodopa Powder (Inbrija)
• This policy was updated to include concurrent therapy, documentation of symptoms, and grandfathering statement for Medicaid members.
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.