Pharmacy and Therapeutics Committee Meeting
April 25, 2017
Draft Minutes

Members Present:	**DMAS Staff:**
Kate Neuhausen, MD, MPH	Cynthia Jones, Agency Director
Gill Abernathy, MS, RPh	Kathy Sardegna, MD, Pediatric Medical Director
Jack Barber, MD	Jennifer Gobble, Counsel to the Committee, Office of the Attorney General
Rachel M. Selby-Penczak, MD	Donna Proffitt RPh, Pharmacy Manager
Nathan Charlton, MD	Rachel Cain, PharmD, Clinical Pharmacist
Barbara Exum, PharmD	Keith Hayashi, RPh, Pharmacist
Jason Vourlekis, MD	Dean Beuglass, RPh, Project Consultant
Keith Kittinger, RPh	Danielle Adeeb, CPhT, Pharmacy Contract Administrator
Ira Bloomfield, MD	
Absent:	**Staff: Provider Synergies/Magellan Medicaid Administration**
Tim Jennings, PharmD	Debbie Moody, RPh, Clinical Account Manager, Virginia
Krishna Madiraju, MD	Nancy Eldin PharmD, Clinical Manager, Virginia
Sue Cantrell, MD	Doug Brown, RPh, MBA, VP, Drug Rebate Manager Medicaid
A quorum was present	**Guests:** 64 representatives from pharmaceutical companies, providers, advocates, associations, etc.

Welcome and Comments from Cynthia Jones, Agency Director

Cynthia Jones welcomed the members of the Committee and thanked them for their participation in the PDL program. Ms. Jones introduced a new Pharmacy and Therapeutics Committee Board member, Dr. Ira Bloomfield. Dr. Bloomfield is the Chief Medical Officer at Aetna Better Health of Virginia and he will be representing Commonwealth Coordinated Care Plus (CCC Plus) health plans. Ms. Jones announced that Dr. Tim Jennings will be continuing on the Committee representing Medallion 3.0 Medicaid Managed Care health plans. Ms. Jones also mentioned that Pharmacy Benefit Manager Solution (PBMS) contract was awarded to Magellan Medicaid Administration.

Ms. Jones shared that the Commonwealth Coordinated Care (CCC) Plus Program, which is the next version of the duals demonstration. The Department has signed with six health plans and the program will have a regional phased implementation beginning August 1, 2017. By January of 2018, 215,000 members will be enrolled with one of the six health plans for their medical, behavioral health, and long-term care needs.

Ms. Jones also mentioned DMAS will soon be releasing a RFP for Medallion 4.0. The Medallion 4.0 program will address the health care needs for over 700,000 pregnant women and children and low income adults enrolled with Medicaid.

Comments from Kate Neuhausen, M.D., Chief Medical Officer and Chairman

Dr. Neuhausen welcomed and thanked the members for their continued participation in the PDL program. Dr. Neuhausen shared that DMAS has implemented an enhanced substance use disorder benefit on April 1, 2017. The Addiction and Recovery Treatment Services (ARTS) expands access to a comprehensive continuum of addiction treatment services for all 1.1 million enrolled members. She stated that this program has been carved into the managed care plans for comprehensive integrated health care.

Dr. Neuhausen discussed the Common Core Formulary (CCF). She stated that all preferred drugs on the DMAS PDL will be included on the CCC Plus plans' formularies on August 1, 2017. With the CCF, health plans may add drugs to most drug classes but cannot remove drugs or place additional utilization management criteria on the CCF drugs. In addition, DMAS will identify a select number of drug classes as "closed classes" and the plans will NOT be able to add or delete any drugs to these classes. DMAS will collect supplemental drug rebates for the drugs in these closed classes. The primary focus of this is for the ease of the providers and the members. It will decrease the administrative burden for prescribers while ensuring continuity of care for our members. DMAS has received unprecedented support from medical community for the Common Core formulary. A recent survey conducted by the Medical Society of Virginia showed that: Physicians overwhelmingly cited prior authorizations (PAs) as the primary reason for not accepting Medicaid. Forty-seven percent cite prescription PAs as a reason to not accept Medicaid. Respondents also cited service PAs, the time involved in PAs, reimbursement, and inconsistent administrative requirements as well. Physicians who accept Medicaid cited prior authorizations (52%) as the biggest problem they face in treating Medicaid patients; 40% identified inconsistent requirements for medications.

Call to Order Kate Neuhausen, M.D., Chairman called the meeting to order.

DMAS' Drug Utilization Review (DUR) Board Update: Dr. Rachel Cain provided the DUR Update. Since the last P&T Committee meeting, the DUR Board met twice. The DUR Board reviewed the following new drugs - Venclexta™ , Xiidra®,Rayaldee®, Rubraca®, and Vemlidy®. The DUR Board approved Service Authorization (SA) criteria for Venclexta™ and Rubraca®. Dr. Cain stated that based on an analysis of compounded prescription data, the Board recommended a SA for all compounded prescriptions over $500. Dr. Cain also mentioned that the Board's review of opioids show that there has been an 88% decrease in opioid medications dispensed to the pediatric population from the second quarter of 2016 to the third quarter and a 57% decrease in the adult population. In February, the Board reviewed HIV/AIDS medications from July through December 2016 and has requested additional time to review. Dr. Cain stated that the DUR Board will continue to review these issues. The next DUR Board Meeting is scheduled for May 11, 2017.

Approval of Minutes from October 20, 2016 meeting Dr. Neuhausen asked if there were any corrections, additions or deletions to the draft meeting minutes. With no revisions or corrections, the Committee members approved the minutes as written.

PDL Management

Potential New Therapeutic Classes (PDL Category)

1. ***Long-Acting Reversible Contraceptives (LARCS) (Contraceptives):*** Dr. Nancy Eldin presented the Long-Acting Reversible Contraceptives (LARCS) clinical information. A member of the Committee motioned that the class be PDL eligible. With the motion seconded, the Committee voted unanimously for this class to be PDL eligible.

2. ***Long-Acting Injectable Antipsychotics (Antipsychotics):*** Dr. Eldin presented the Long-Acting Injectable Antipsychotics clinical information. A member of the Committee motioned that the class be PDL eligible. With the motion seconded, the Committee voted unanimously for this class to be PDL eligible.

Speaker

- Patricia Rohman, PhD, Managed Market Liaison, Otsuka (Abilify Maintena®)

3. ***Agents to Treat Rosacea (Dermatologic Agents Topical):*** Dr. Eldin presented the Agents to Treat Rosacea clinical information. A member of the Committee motioned that the class be PDL eligible. With the motion seconded, the Committee voted unanimously for this class as PDL eligible.

PDL Phase I – New Drug Review *(Therapeutic Class)*

1. Emflaza® *(Glucocorticoids, Oral):*

Speaker

- James Meyer, PharmD., Sr. Director, Medical Affairs, Marathon Pharm (Emflaza®)

Dr. Eldin presented the clinical information on Emflaza® (deflazacort). A member of the Committee motioned that Emflaza® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

2. Eucrisa® (*Immunomodulators, Atopic Dermatitis)*:

Speaker

- Myriam Attar, PhD., Field Medical Director, Pfizer (Eucrisa®)

Dr. Eldin presented the clinical information on Eucrisa® (crisaborole). A member of the Committee motioned that Eucrisa® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

3. Bromsite® (*Ophthalmics, Anti-Inflammatories)*: Dr. Eldin presented the clinical information on Bromsite® (bromfenac). A member of the Committee motioned that Bromsite® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

4. Micort-HC® (*Topical Steroids):* Dr. Eldin presented the clinical information on Micort-HC® (hydrocortisone). A member of the Committee motioned that Micort-HC® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

5. Generic Drugs and New Dosage Forms*:* Dr. Eldin noted the following new generics and new dosage forms:

- Olmesartan/HCTZ (generic Benicar® HCT), olmesartan (generic Benicar®), Epaned® Solution (new dosage form) *(Angiotensin Modulators)*
- Amlodipine/olmesartan/HCTZ (generic Tribenzor®) & amlodipine/olmesartan (generic Azor®) *(Angiotensin Modulators Combinations)*
- Aprepitant capsule/pack (generic Emend®) *(Antiemetic/Antivertigo Agents)*
- Quetiapine fumarate ER (generic Seroquel® XR) *(Antipsychotics)*
- Metoprolol XL/HCTZ (generic Dutoprol® XL) *(Beta Blockers)*
- Levalbuterol tartrate HFA (generic Xopenex® HFA) *(Bronchodilators, Beta-Agonist)*
- Epinephrine (generic EpiPen® and EpiPen® Jr.) *(Epinephrine, Self-Injected)*
- Prednisolone sodium phosphate solution (generic Millipred™) & prednisolone sodium phosphate solution (generic Veripred™) *(Glucocorticoids, Oral)*

- Ezetimibe (generic Zetia®) *(Lipotropics, Other)*
- Flurandrenolide (generic Cordran®) *(Topical Steroids)*

A member of the Committee motioned that the new generics and new dosage forms be PDL eligible. With the motion seconded, the Committee voted unanimously to consider these drugs as PDL eligible.

PDL Phase II – Annual Review

1. ***Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (includes Cox-2 inhibitors and topical agents):*** Dr. Eldin presented the NSAIDs clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

2. ***Opiate Dependence Treatments:*** Dr. Eldin presented the Opiate Dependence Treatments clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

3. ***Opioids: Long Acting and Short Acting:*** Dr. Eldin presented the Opioids: Long Acting and Short Acting clinical information. A member of the Committee motioned that the classes continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

4. ***Cephalosporins (Second and Third Generations):*** Dr. Eldin presented the Cephalosporins clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

5. ***Quinolones (Second and Third Generations):*** Dr. Eldin presented the Quinolones clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

6. ***Oral Antivirals for Herpes (HSV):*** Dr. Eldin presented the Oral Antivirals for Herpes clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

7. ***Antivirals for Influenza:*** Dr. Eldin presented the Antivirals for Influenza clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

8. ***Antihyperuricemics:*** Dr. Eldin presented the Antihyperuricemics clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

9. ***Anticoagulants (includes oral agents, low molecular weight heparins and Factor XA Inhibitors):***

   Speakers
   - Chad Patel, PharmD, Director, Health Economics & Outcomes Research, BMS (Eliquis®)
   - Mark Veerman, PharmD, Health Economics and Research, Janssen (Xarelto®)

Dr. Eldin presented the Anticoagulants clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

10. ***Platelet Aggregation Inhibitors:*** Dr. Eldin presented the Platelet Aggregation Inhibitors clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

11. ***Antihyperkinesis/CNS Stimulants:***

    Speakers
    - George Bright, MD, Medical Director, Adolescent & Family Health Center (Adzenys XR-ODT™)
    - Marsie Ross, PharmD, Medical Science Liaison, Tris Pharma (Dyanavel® XR)

    Ms. Debbie Moody presented the Antihyperkinesis/CNS Stimulants clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

12. ***Neuropathic Pain:*** Ms. Moody presented the Neuropathic Pain clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

13. ***Skeletal Muscle Relaxants:*** Ms. Moody presented the Skeletal Muscle Relaxants clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

14. ***Smoking Cessation Agents:*** Ms. Moody presented the Smoking Cessation Agents clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

15. ***Acne Agents, Topical (includes benzoyl peroxide, clindamycin, retinoids & combinations):*** Ms. Moody presented the Acne Agents, Topical clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

16. ***Antifungal Agents, Topical:*** Ms. Moody presented the Antifungal Agents, Topical clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

17. ***Androgenic Agents:*** Ms. Moody presented the Androgenic Agents clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

18. ***Bone Resorption Suppression and Related Agents (includes bisphosphonates, calcitonins and others):*** Ms. Moody presented the Bone Resorption Suppression and Related Agents clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

19. ***Hypoglycemics: Alpha-Glucosidase Inhibitors:*** Ms. Moody presented the Hypoglycemics: Alpha-Glucosidase Inhibitors clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

20. ***Hypoglycemics: Incretin-Mimetics/Enhancers (includes DPPIV):***

Speaker

- Laura McClung, PhD, Regional Outcomes Liaison, Eli Lilly (Trulicity®)

Ms. Moody presented the Hypoglycemics: Incretin-Mimetics/Enhancers clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

21. ***Hypoglycemics: Insulins (including combination agents):***

Speaker

- Laura McClung, PhD, Regional Outcomes Liaison, Eli Lilly (Basaglar®)

Ms. Moody presented the Hypoglycemics: Insulins clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

22. ***Hypoglycemics: Meglitinides:*** Ms. Moody presented the Hypoglycemics: Meglitinides clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

23. ***Hypoglycemics: Metformins:*** Ms. Moody presented the Hypoglycemics: Metformins clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

24. ***Hypoglycemics: Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitor:***

Speakers

- Mark Veerman, PharmD, Health Economics and Research, Janssen (Invokana® and Invokamet XR®)
- Deane Leader, Assoc Dir of Health Economics & Outcomes Research, Boehringer-Ingelheim (Jardiance®)

Ms. Moody presented the Hypoglycemics: SGLT2 clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

25. ***Hypoglycemics: Sulfonylureas:*** Ms. Moody presented the Hypoglycemics: Sulfonylureas clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

26. ***Hypoglycemics: Thiazolidinediones:*** Ms. Moody presented the Hypoglycemics: Thiazolidinediones clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

27. ***Self-administered Cytokine & CAM Antagonists with Related Agents including Methotrexate (all indications):***

Speakers

- Laura McClung, PhD, Regional Outcomes Liaison, Eli Lilly (Taltz®)
- Peter Synder, PhD, Field Medical Director, Pfizer (Xeljanz®)
- Gina McKnight-Smith, PharmD, Medical Outcomes Science Liaison, Abbvie (Humira®)
- Ahmed Nessar, PharmD, Sr. Health Outcomes and Pharmacoeconomics Specialist, Amgen (Enbrel®)

Ms. Moody presented the Self-administered Cytokine & CAM Antagonists with Related Agents including Methotrexate clinical information. A member of the Committee motioned that the class continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain this class as PDL eligible.

28. ***Therapeutic Classes Without Significant Updates Since Last Annual Review (Reviewed by the Department):***

- Antimigraine Agents, Triptans
- Antibiotics, GI
- Antibiotics, Topical
- Antifungals, Oral
- Macrolides & Ketolides
- Otic Antibiotics
- Erythropoiesis Stimulating Proteins
- Multiple Sclerosis Agents

  Speaker
  - Jill Beavin, RN, Medical Science Liaison, Biogen (Tecfidera®)

- Non-Ergot Dopamine Receptor Agonists
- Antivirals, Topical (Herpes HSV)
- Psoriasis Agents
- Estrogens (vaginal and oral)
- Pancreatic Enzymes

Ms. Moody noted that the above therapeutic classes had no significant changes since the last review. A member of the Committee motioned that these classes continue to be PDL eligible. With the motion seconded, the Committee voted unanimously to maintain these classes as PDL eligible.

Comments from the Office of the Attorney General

Ms. Jennifer Gobble from the Attorney General's office stated that under the Virginia Freedom of Information Act (FOIA), specifically Virginia Code section 2.2-3711, a public body such as the P&T

Committee, may go into a closed session for any one of the 49 reasons listed in that statute. The discussion of manufacturer and wholesaler prices is not one of the 49 reasons listed.

She stated the Attorney General strongly supports the principles of open government embodied by the FOIA and believes in the opportunity of the Commonwealth's citizens to witness the operation of government to the fullest extent.

Federal Law 42 U.S.C. 1396r-8(b) (3) (D) requires such pricing information to be kept confidential. On this point, federal law supersedes the Virginia FOIA. Since the P&T Committee must discuss this pricing information as part of its duties, pursuant to federal law a confidential meeting must occur for the consideration of this pricing information she cautioned only this confidential pricing information should be discussed.

Ms. Gill Abernathy made a motion for the P&T Committee to resume the meeting in another room to discuss this confidential information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. This confidential meeting is authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information be kept confidential.

The motion was seconded and unanimously approved by the Committee.

Following the Confidential Session, the Committee members re-assembled in the 7th floor conference room. Dr. Neuhausen confirmed that to the best of each of the Committee member's knowledge the only information discussed at the confidential meeting was information regarding prices charged by the manufacturers and wholesalers of the drug classes discussed at this P&T Committee meeting. As authorized by Federal Law at 42 U.S.C. § 1396r-8(b) (3) (D) that requires this information to be kept confidential. A motion was made to resume the meeting. The motion was seconded and unanimously approved by the Committee.

PDL Changes Effective July 1, 2017

New Drugs Phase I: *All new drugs presented will remain non-preferred.*

Phase II Annual Review
Ms. Abernathy made the following motions that were seconded and approved unanimously by the Committee ***(note the motions are for changes to the current PDL status)****:*

1. ***Stimulants/ADHD Agents (CLOSED CLASS)****:* Daytrana®, Focalin®, guanfacine ER, Quillichew ER™, and Quillivant XR® are preferred. Dexmethylphenidate, methylphenidate ER (Concerta®), methylphenidate ER (Ritalin LA®), methylphenidate ER, and Vyvanse® Chewable Tablet are non-preferred.

2. ***Antipsychotics, Long Acting (CLOSED CLASS)****:* Abilify Maintena®, Aristada®, Invega Sustenna®, Invega Trinza®, and Risperdal® Consta® are preferred. Zyprexa® Relprevv™ is non-preferred.

3. ***Hypoglycemics, Incretin Mimetics/Enhancers (CLOSED CLASS)****:* Bydureon®, Bydureon® Pens, and Victoza® are preferred.

4. ***Anticoagulants (CLOSED CLASS)****:* Eliquis® is preferred.

5. ***Oral Hypoglycemics SGLT2 (CLOSED CLASS):*** Farxiga® is preferred. Invokamet® is non-preferred.

6. ***Macrolides/Ketolides:*** E.E.S.® 200 Suspension and Eryped® 400 Suspension are non-preferred.

7. ***Antibiotics, GI:*** Vancomycin capsule is preferred. Vancocin® is non-preferred.

8. ***Non-Steroidal Anti-Inflammatory Drugs:*** Flector® Patch, naproxen CR, naproxen sodium, and naproxen suspension are non-preferred.

9. ***Antihyperuricemics:*** Colchicine **capsule** is preferred and colchicine **tablet** is non-preferred.

10. ***Rosacea Agents, Topical:*** Metrocream®, Metrogel® and Metrolotion® are preferred. Finacea® gel and foam, metronidazole cream, metronidazole gel, metronidazole lotion, Mirvaso®, Noritate®, Soolantra®, and Rosadan® Kit are non-preferred.

11. ***Antimigraine Agents, Triptans:*** Rizatriptan tablet is preferred. All sumatriptan KITS (subcutaneous) are non-preferred.

12. ***Antifungals, Topical:*** Clotrimazole cream RX, miconazole nitrate OTC, miconazole ointment OTC, tolnaftate aero powder OTC, and tolnaftate spray OTC are non-preferred.

13. ***Progestational Agents:*** Makena® Single Dose Vial (SDV) (Intramuscular) is preferred. Crinone® (Vaginal), Depo-Provera® 400 mg/mL (Injection), hydroxyprogesterone caproate (Intramuscular), and Makena® Multi Dose Vial (MDV) (Intramuscular) are non-preferred.

14. ***Antivirals, Oral (for herpes or influenza):*** Acyclovir suspension is preferred. Zovirax® Suspension is non-preferred.

15. ***Oral Antifungals:*** Grifulvin V® Tablet is preferred. Griseofulvin ultramicrosize is non-preferred.

16. ***Platelet Aggregation Inhibitors***: Brilinta ® is preferrred. Aspirin/dipyridamole is non-preferred.

17. ***Opioids – Short Acting*:** Nucynta® is preferred. Morphine suppositories (rectal), oxycodone concentrate (oral), and pentazocine/naloxone (oral) are non-preferred.

18. ***Erythropoiesis Stimulating Proteins*:** Aranesp® Disp Syringe and Aranesp® Vial are preferred.

19. ***Contraceptives, Other*:** Kyleena™ (Intrauterine), medroxyprogesterone (generic Depo-Provera®), Mirena® (Intrauterine), and Paragard® T 380-A (Intrauterine) are preferred. Depo-Provera® 104 mg and 150 mg, Liletta® (Intrauterine), Nexplanon® (Subcutaneous), and Skyla® (Intrauterine) are non-preferred.

20. ***Multiple Sclerosis Agents*:** Rebif® Rebidose® Pen Injector (Subcutaneous) is preferred.

21. ***Acne Agents, Topical*:** Benzoyl peroxide 9% cleanser OTC and benzoyl peroxide cleanser are non-preferred.

***22. Topical Agents for Psoriasis*:** Calcipotriene cream and calcipotriene ointment are preferred.

***23. Hypoglycemics, Alpha-Glucosidase Inhibitors*:** Glyset® is non-preferred.

***24. Hypoglycemics, Meglitinides*:** Nateglinide and repaglinide are preferred. Starlix® is non-preferred.

Ms. Abernathy made the following motion to make no changes to the following PDL drug classes, which was seconded and approved unanimously by the Committee:

Cytokine And CAM Antagonists (Closed Class)
Opiate Dependence Treatments (Closed Class)
Opioids, Long-Acting
Androgenic Agents
Antibiotics, Topical
Antivirals, Topical
Bone Resorption Suppression And Related Agents
Cephalosporins And Related Antibiotics
Estrogens (Vaginal And Oral)
Fluoroquinolones, Oral
Hypoglycemics, Insulin And Related Agents
Hypoglycemics, Metformins
Hypoglycemics, Sulfonylureas
Hypoglycemics, TZD
Methotrexate
Neuropathic Pain
Non-Ergot Dopamine Receptor Agonists
Otic Antibiotics
Pancreatic Enzymes
Skeletal Muscle Relaxants
Smoking Cessation

Ms. Abernathy made the following motion for Generic over Brand Preferred Flip, which was seconded and approved unanimously by the Committee:

- Brand Suprax® Suspension is non-preferred and the generic cefixime suspension is preferred.
- Brand Lamictal® XR Tablet is non-preferred and the generic lamotrigine XR tablet is preferred.
- Brand Avelox® ABC Pack is non-preferred and the generic moxifloxacin tablet is preferred.
- Brand Niaspan® Tablet is non-preferred and the generic niacin ER is preferred.
- Brand Patanase® Nasal Spray is non-preferred and the generic olopatadine nasal spray is preferred.

Ms. Abernathy made the following motion for Closed PDL Classes As Part Of The Fall Annual Review, which was seconded and approved unanimously by the Committee:

- Antibiotics, Inhaled
- Antihypertensives, Sympatholytics
- COPD Agents
- Glucocorticoids, Inhaled

- Growth Hormone

Clinical Criteria

Dr. Neuhausen, Dr. Barber, Ms. Abernathy, Dr. Charlton, Dr. Selby-Penczak, Dr. Exum, Dr. Vourlekis, Dr. Bloomfield and Mr. Kittinger discussed the proposed new or revised clinical criteria. Ms. Abernathy made the following motion to implement new or revised clinical criteria for the following drugs and drug classes, which was seconded and approved unanimously by the Committee:

- An update to the "routine" PDL criteria for non-preferred drugs.
  - The section that states, "There has been a therapeutic failure of no less than a one-month trial of at least one preferred drug within the same class" has been updated. This section of the criteria will now state, "There has been a therapeutic failure of at least **two** preferred drugs within the same class as appropriate for diagnosis."
- Lyrica®
- Zurampic®
- Yosprala®
- Invokamet® XR
- Eucrisa™
- Emflaza™
- Otrexup™
- Rasuvo®
- Cytokine and CAM Antagonists and Related Agents

The next P&T Committee Meeting is tentatively scheduled for October 19, 2017.

Dr. Neuhausen adjourned the meeting.