

Pharmacy and Therapeutics Committee Meeting
October 19, 2017
Draft Minutes

Members Present:

Kate Neuhausen, M.D., MPH
Krishna Madiraju, M.D.
Tim Jennings, Pharm.D.
Gill Abernathy, M.S., R.Ph.
Jack Barber, M.D.
Rachel M. Selby-Penczak, M.D.
Nathan Charlton, M.D.
Ira Bloomfield, M.D.
Sue Cantrell, MD

DMAS Staff:

Kathy Sardegna, MD, Pediatric Medical Director
Matthew Keats, MD, MMM, Behavioral Health Medical Director
Jennifer Gobble, Counsel to the Committee, Office of the Attorney General
Donna Proffitt R.Ph. Pharmacy Manager
Rachel Cain, Pharm.D., Clinical Pharmacist
Keith Hayashi, R.Ph., Pharmacist
Dean Beuglass, R.Ph., Senior Pharmacy Policy and Data Strategist
Danielle Adeeb, CPhT., Pharmacy Contract Administrator

Absent:

Barbara Exum, Pharm.D.
Keith Kittinger, R.Ph.

Staff: Provider Synergies/Magellan Medicaid Administration

Debbie Moody, R.Ph., Clinical Account Manager, Virginia
Nancy Eldin Pharm.D., Clinical Manager, Virginia
Doug Brown, R.Ph., MBA, VP, Drug Rebate Manager Medicaid

A quorum was present

Guests:

68 representatives from pharmaceutical companies, providers, advocates, associations, etc.

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

Dr. Neuhausen welcomed the members of the Committee and thanked them for their participation in the PDL program. Dr. Neuhausen shared that DMAS' new Pharmacy Benefit Manager Solution (PBMS) went live on October 1, 2017. Magellan Medicaid Administration is now processing all pharmacy claims, reviewing pharmacy service authorizations and continues to administer the PDL.

Dr. Neuhausen introduced Dr. Matthew Keats, DMAS' new Behavioral Health Medical Director. Dr. Keats has over 20 years of managed care experience. She also introduced Dean Beuglass in his new role with DMAS as the Senior Pharmacy Policy and Data Strategist.

Dr. Neuhausen provided an update for the Addiction Recovery Treatment Services (ARTS) program. The ARTS program launched on April 1, 2017 across all of the managed care plans. Preliminary results provided by researchers at Virginia Commonwealth University show that during the 1st three months of the ARTS program (April 1 – June 30, 2017) there was a 50% increase in Medicaid members with a substance abuse disorder receiving any treatment compared to April 1 – June 30, 2016 and also there was a 30% increase in Medicaid members receiving pharmacotherapy for opioid abuse disorder. She stated that nearly one thousand additional members received pharmacotherapy treatment for opioid abuse disorder.

Dr. Neuhausen also gave an update on the CDC Opioid Guidelines that were implemented on July 1, 2016. The results in fee-for-service Medicaid have shown a 40% decrease in the quantity of pills being dispensed which has stayed stable. In addition, there was an initial decrease by 20% on opioid spending and now there is nearly a 40% decrease in spending on opioids. There is a 17% decrease for members who are on opioids. She mentioned this is viewed as that Medicaid prescribers are not cutting members off from opioids but instead are titrating down to lower and safer doses with less risk of overdose. She stated that on December 1, 2016, the health plans all implemented the same uniform service authorization criteria that

is being used for fee-for-service for new starts. On July 1, 2017, this was implemented for all members on opioids. Dr. Neuhausen mentioned that DMAS will be working with the Virginia Commonwealth University evaluation team to monitor the decrease in opioids and to also see if the use of non-opioid pain relievers has increased.

Dr. Neuhausen discussed the data on overdose for the first two quarters from the Virginia Department of Health. The results indicate that fatal overdose from pills has plateaued. This is the first year where there has not been an increase in fatal overdose from opioid pills. The report does show that fatal overdoses from heroin and fentanyl does continue to rise but not as rapidly as the 40% increase, that occurred between 2015 and 2016.

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. The DMAS DUR Board has met twice since the April 25, 2017 P&T Committee meeting and reviewed the following new drugs: Kisqali®, Trulance™, Xermelo™, Alunbrig™, Austedo®, Ingrezza®, Kisqali®-Femara®, Rydapt®, Xadago®, and Zejula®. The DUR Board approved Service Authorization (SA) criteria for Kisqali®, Alunbrig™, Kisqali®-Femara®, Rydapt®, and Zejula®.

Dr. Cain stated that the DUR Board reviewed the results of utilization analyses for compounded prescriptions, adult and pediatric opioids, insulin and incretin mimetics products, Synagis, HIV/AIDS medications, naloxone utilization, Proton Pump Inhibitors, and Gender point-of-sale edits. Decreased opioid utilization continued in both the adult and pediatric member population with the implementation of quantity limits effective July 1, 2016 and revised January 1, 2017. The DUR Board also discussed and reviewed the FDA recommendations on tranilast. Based on the lack of safety and efficacy of topical tranilast and the safety concerns related to its oral use, the DUR Board voted to deny payment of tranilast in the point-of-sale system effective July 1, 2017. In addition, the DUR Board discussed and reviewed the FDA safety announcement restricting the use of codeine and tramadol medications. The FDA's strongest warning, a contraindication, recommends that codeine should not be used to treat children's pain or cough and tramadol should not be used to treat pain in children less than 12 years. Based on these recommendations, the DUR Board approved the addition of system edits to the point-of-sale (POS) claims processing system, which will deny all claims for codeine and tramadol for members less than 12 years of age effective July 1, 2017. .

Approval of Minutes from April 25, 2017 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

PDL Phase II – New Drug Review (Therapeutic Class)

1. ***Tymlos™ (Bone Resorption Suppression and Related Agents):*** Dr. Nancy Eldin presented the clinical information on Tymlos™ (abaloparatide). A member of the committee motioned that Tymlos™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

2. **Kevzara® (Cytokine and CAM Antagonists):** Dr. Eldin presented the clinical information on Kevzara® (sarilumab). A member of the committee motioned that Kevzara® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
3. **Siliq™ (Cytokine and CAM Antagonists):** Dr. Eldin presented the clinical information on Siliq™ (brodalumab). A member of the committee motioned that Siliq™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
4. **Tremfya™ (Cytokine and CAM Antagonists):** Dr. Eldin presented the clinical information on Tremfya™ (guselkumab). A member of the committee motioned that Tremfya™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
5. **Synjardy® XR (Hypoglycemics, SGLT2):** Dr. Eldin presented the clinical information on Synjardy® XR (empagliflozin/metformin XR). A member of the committee motioned that Synjardy® XR be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
6. **Xatmep™ (Methotrexate):** Dr. Eldin presented the clinical information on Xatmep™ (methotrexate). A member of the committee motioned that Xatmep™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
7. **Arymo™ ER (Opioids, Long Acting):** Dr. Eldin presented the clinical information on Arymo™ ER (morphine sulfate extended-release). A member of the committee motioned that Arymo™ ER be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
8. **MorphaBond™ ER (Opioids, Long Acting):**

Speaker

- Brittany Jowers, Senior Medical Science Liaison, Daiichi Sankyo (MorphaBond™ ER)

Dr. Eldin presented the clinical information on MorphaBond™ ER (morphine sulfate extended-release). A member of the committee motioned that MorphaBond™ ER be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

9. **Vivitrol® (Opiate Dependence Treatments):** Dr. Eldin presented the clinical information on Vivitrol® (naltrexone extended-release injectable suspension). A member of the committee motioned that Vivitrol® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
10. **Cotempla XR-ODT™ (Stimulants and Related Agents):** Dr. Eldin presented the clinical information on Cotempla XR-ODT™ (methylphenidate). A member of the committee motioned that Cotempla XR-ODT™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.
11. **Mydayis™ ER (Stimulants and Related Agents):** Dr. Eldin presented the clinical information on Mydayis™ ER (mixed salts of a single-entity amphetamine product). A member of the committee motioned that Mydayis™ ER be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

12. Intrarosa™ (Vaginal Estrogen Preparations): Dr. Eldin presented the clinical information on Intrarosa™ (prasterone). A member of the committee motioned that Intrarosa™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug as PDL eligible.

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

- Differin® 0.1% Gel OTC, tazarotene 0.1% cream (generic Tazorac®), adapalene-benzoyl peroxide (generic Epiduo®) (Acne Agents, Topical)
- testosterone 30mg/1.5ml sol gel pump (generic Axiron®) (Androgenic Agents)
- eletriptan (generic Relpax®) (Antimigraine Agents, Triptans)
- buprenorphine (generic Butrans®) (Opioids, Long acting)
- oxycodone-acetaminophen (generic Primlev™) (Analgesics, Narcotics Short)
- atomoxetine (generic Strattera®) (Stimulants and Related Agents)

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 I – Annual Review

1. Hepatitis C Agents:

Speakers

- Gina Mcnight-Smith, PharmD, Medical Outcomes Science Liaison, AbbVie (Mavyret™)
- Vicki Star, MD, Merck (Zepatier®)
- Sean Byrne, PA-C, Medical Scientist, Gilead Sciences (Vosevi™)

Dr. Eldin presented the Hepatitis C 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.

2. Phosphate Binders: Dr. Eldin presented the Phosphate Binders 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. Lipotropics, Other (includes Bile Acid Sequestrants, Cholesterol Absorption Inhibitor agents, Fibric Acid derivatives, Microsomal Triglyceride Transfer Protein Inhibitors, Niacin derivatives, Oligonucleotide Inhibitors and Omega 3 agents): Dr. Eldin presented the Lipotropics, Other 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.

4. Lipotropics, Statins: Dr. Eldin presented the Lipotropics, Statins 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. **Pulmonary Arterial Hypertension Agents (Endothelin-1 agents, PDE-5 Inhibitors; Prostacyclin analogues, Prostacyclin Vasodilators, Soluble Guanylate Cyclase Stimulators):**

Speakers

- Zev Winicur, PhD, Medical Science Liaison, United Therapeutics (Orenitram ER®)

Dr. Eldin presented the Pulmonary Arterial Hypertension 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.

6. **Anticonvulsants:**

Speaker

- Ingrid Ma, PharmD, CNS Field Health Economics and Outcomes, Sunovion (Aptiom®)

Dr. Eldin presented the Anticonvulsants 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. **Antidepressants, Other:** Dr. Eldin presented the Antidepressants, Other 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. **Antipsychotics:**

Speakers

- Ingrid Ma, PharmD, CNS Field Health Economics and Outcomes, Sunovion (Latuda®)
- Michael Boskello, RPh, Medical Science Director, Alkermes Pharmaceuticals (Aristada®)

Dr. Eldin presented the Antipsychotics 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. **Sedative Hypnotics (includes other Hypnotics):** Dr. Eldin presented the Sedative Hypnotics 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. **Immunological Atopic Dermatitis:** Dr. Eldin presented the Immunological Atopic Dermatitis 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. **Steroids, Topical:** Dr. Eldin presented the Steroids, 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.

12. **Glucocorticoids, Oral:** Dr. Eldin presented the Glucocorticoids, Oral 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. **Hereditary Angioedema (HAE):** Dr. Eldin presented the Hereditary Angioedema (HAE) 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. **Antiemetic/Antivertigo Drugs:** Dr. Eldin presented the Antiemetic/Antivertigo Drugs 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. **Gastrointestinal (GI) Motility, Chronic:**

Speakers

- Kate Kim, PharmD, Medical Science Liaison, Synergy Pharma (Trulance™)
- Brian Howell, PharmD, Medical Science Liaison, Purdue Pharma (Symproic®)

Dr. Eldin presented the Gastrointestinal (GI) Motility, Chronic 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. **H. Pylori Treatments:** Dr. Eldin presented the H. Pylori Treatment 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. **Proton Pump Inhibitors:** Dr. Eldin presented the Proton Pump 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.

18. **Ulcerative Colitis (oral and rectal):** Dr. Eldin presented the Ulcerative Colitis 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. **Ophthalmic Antibiotics:** Dr. Eldin presented the Ophthalmic Antibiotics 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. **Anti-Allergens, Oral:** Dr. Eldin presented the Anti-Allergens, Oral 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. **COPD (includes Anticholinergics, Bronchodilators and Phosphodiesterase 4 (PDE4) Inhibitors):**

Speaker

- Steven Burch, RPh, PhD, Director, Health Economics & Outcomes Research, Sunovion Pharmaceuticals, Inc (Utibron™ Neohaler®)

Dr. Eldin presented the COPD 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. **Epinephrine, Self-Injected:** Dr. Eldin presented the Epinephrine, Self-Injected 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. **Glucocorticoids (includes nebulized solutions, metered dose inhalers and combinations):** Dr. Eldin presented the Inhaled Glucocorticoids 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. **Intranasal Rhinitis (includes Antihistamines and Corticosteroids):** Dr. Eldin presented the Intranasal Rhinitis Drugs 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. **Leukotriene Modifiers:** Dr. Eldin presented the Leukotriene Modifiers 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. **Therapeutic Classes Without Updates (Reviewed by the Department):**

- Antibiotics, Vaginal
- Bile Salts
- Angiotensin Modulators (ACEs, ARBs, & CCB combination products)
- Angiotensin Modulators II (Direct Renin Inhibitors & combination products)
- Antihypertensives, Sympatholytics
- Beta Blockers (includes combination products)
- Calcium Channel Blockers (includes dihydropyridine and non-dihydropyridine agents)
- Alzheimer's Agents
- Antidepressants, SSRI
- Long-Acting Reversible Contraceptives (LARCS)
- Growth Hormones
- Progestins for Cachexia
- Histamine-2 Receptor Antagonists (H-2RA)
- BPH Agents (includes Alpha Blockers, Androgen Hormone Inhibitors and Phosphodiesterase (PDE) 5 Inhibitors for BPH treatment)
- Bladder Relaxants
- Ophthalmic Allergic Conjunctivitis (includes Ophthalmic Antihistamines & Mast Cell Stabilizers)
- Ophthalmic Antibiotic/Steroid Combinations
- Ophthalmic Anti-Inflammatory Agents (includes Ophthalmic NSAIDS & Corticosteroids)
- Ophthalmic Glaucoma Agents (includes Alpha-2 Adrenergics, Beta-blockers, Carbonic Anhydrase Inhibitors, Prostaglandin Inhibitors)
- Antibiotics, Inhaled
- Antihistamines Minimally Sedating
- Bronchodilators, Long Acting Beta Adrenergics

- Bronchodilators, Short Acting Beta Adrenergics
- Cough & Cold Agents (Legend)

Dr. Eldin 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 51 reasons listed in that statute. The discussion of manufacturer and wholesaler prices is not one of the 51 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.

Dr. Krishna Madiraju 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.

<i>PDL Changes Effective January 1, 2018</i>

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

Dr. Madiraju 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 and Related Agents (CLOSED CLASS):*** Vyvanse® Chewable Tablet is preferred. Atomoxetine (generic Strattera®), Cotelpla XR ODT™, and Mydayis™ ER are non-preferred.
2. ***Opiate Dependence Treatments (CLOSED CLASS):*** Vivitrol® (Intramuscular) is preferred.

Phase I Annual Review

Dr. Madiraju 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. **Hepatitis C (CLOSED CLASS):** Mavyret™ is preferred. Epclusa®, Harvoni®, Technivie™, Viekira Pak™, and Viekira XR™ are non-preferred.
2. **COPD Agents (CLOSED CLASS):** Bevespi Aerosphere® is preferred.
3. **Epinephrine, Self-Injected:** Epinephrine 0.15 mg (generic EpiPen® JR) and epinephrine 0.3 mg (generic EpiPen®) are preferred. Epinephrine 0.3 mg (generic Adrenaclick®), epinephrine 0.15 mg (generic Adrenaclick®), EpiPen® Jr, and EpiPen® are non-preferred.
4. **Antipsychotics:** Quetiapine ER, haloperidol decanoate (IM), and fluphenazine decanoate (IM) are preferred. Clozapine ODT, Seroquel XR®, Haldol® decanoate (IM), Invega Trinza and Adasuve® are non-preferred.

Note: The P&T Committee's recommendation to make Invega Trinza non-preferred was rejected by Cindi Jones, DMAS Director. Invega Trinza will remain on the Virginia Preferred Drug List as preferred.

5. **Anticonvulsants:** Oxcarbazepine suspension is preferred. Trileptal® Suspension and vigabatrin powder pack are non-preferred.
6. **Bile Salts:** Ursodiol tablet is preferred. Ursodiol 300 mg capsule is non-preferred.
7. **Ophthalmics for Allergic Conjunctivitis:** Pataday® is non-preferred.
8. **Phosphate Binders:** Fosrenol® chewable tablet, sevelamer carbonate tablet, and lanthanum carbonate chewable tablet are non-preferred.
9. **Intranasal Rhinitis Agents:** Azelastine and Patanase® are preferred. Olopatadine, fluticasone OTC, Clarispray® OTC, and triamcinolone OTC are non-preferred.
10. **Steroids, Topical Low:** Hydrocortisone/min oil/pet ointment (this was misread as hydrocortisone ointment), alclometasone dipropionate ointment, and alclometasone dipropionate cream are non-preferred.
11. **GI Motility, Chronic:** Movantik® is preferred.
12. **Ophthalmics, Anti-Inflammatories:** Dexamethasone is non-preferred.
13. **Antibiotics, Vaginal:** Clindesse® is preferred.
14. **Ulcerative Colitis Agents:** Lialda® is preferred.
15. **Antidepressants, Other:** Desvenlafaxine ER (generic Pristiq®) is preferred.

16. **Antihistamine, Minimally Sedating:** Levocetirizine tablet is preferred. Loratadine capsule OTC and Xyzal® solution & tablet OTC are non-preferred.
17. **BPH Treatments:** Dutasteride is preferred.
18. **Cough & Cold Agents (Legend):** Lohist-DM liquid is non-preferred.
19. **Angiotensin Modulators:** Valsartan is preferred. Diovan® is non-preferred.
20. **Beta-Blockers:** Metoprolol XL is preferred. Propranolol/HCTZ and nadolol/bendroflumethiazide are non-preferred.
21. **Long-Acting Reversible Contraceptives (LARCS):** Nexplanon® (Subcutaneous), Skyla® (Intrauterine), and Liletta® (Intrauterine) are preferred.

Phase II New Drug Review

Dr. Madiraju made the following motions that were seconded and approved unanimously by the Committee (note the motions are for changes to the current PDL status):

22. **Stimulants and Related Agents (CLOSED CLASS):** Vyvanse chewable is preferred. Cotelma XR-ODT™, Mydayis™ ER, and atomoxetine are non-preferred.
23. **Opioid Dependence Treatments (CLOSED CLASS):** Vivitrol (IM) is preferred.

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

- Antibiotics, Inhaled (CLOSED CLASS)
- Antihypertensives, Sympatholytics (CLOSED CLASS)
- Glucocorticoids, Inhaled (CLOSED CLASS)
- Growth Hormone (CLOSED CLASS)
- Alzheimer's Agents
- Angiotensin Modulator Combinations
- Anti-Allergens, Oral
- Antidepressants, SSRIs
- Antiemetic/Antivertigo Agents
- Bladder Relaxant Preparations
- Bronchodilators, Beta-Agonist
- Calcium Channel Blockers
- Glucocorticoids, Oral
- H. Pylori Treatment
- HAE Treatments
- Immunomodulators, Atopic Dermatitis
- Leukotriene Modifiers
- Lipotropics, Other
- Lipotropics, Statins
- Ophthalmic Antibiotics
- Ophthalmic Antibiotic-Steroid Combinations

- Ophthalmics, Glaucoma Agents
- PAH Agents, Oral and Inhaled
- Proton Pump Inhibitors
- Sedative Hypnotics
- Steroids, Topical High
- Steroids, Topical Medium
- Steroids, Topical Very High

Clinical Criteria

The Committee members discussed the proposed new clinical criteria presented by Dr. Eldin. Dr. Madiraju made the following motion to implement new clinical criteria for the following drugs and drug classes, which was seconded and approved unanimously by the Committee:

- Androgenic Agents (Testosterone Topical)
- Haegarda[®]
- Vosevi[™]
- Mavyret[™]
- Siliq[™]

The next P&T Committee Meeting is tentatively scheduled for April 19, 2018.

Dr. Neuhausen adjourned the meeting.