Pharmacy and Therapeutics Committee Meeting
March 29, 2019
Draft Minutes

Members Present:	**DMAS Staff:**
Chethan Bachireddy, M.D.	Karen Kimsey, Chief Deputy Director
Ira Bloomfield, M.D.	Donna Proffitt, R.Ph., Pharmacy Manager
Tim Jennings, Pharm.D.	Rachel Cain, Pharm.D., Clinical Pharmacist
Gill Abernathy, M.S., R.Ph.	Usha Koduru, Counsel to the Board, Office of the Attorney General
Megan Sarashinsky, Pharm.D.	Dean Beuglass, R.Ph., Senior Pharmacy Policy and Data Strategist
Susan Lee, D.O.	Danielle Adeeb, CPhT., Pharmacy Contract Administrator
Alexis Aplasca, M.D.	MaryAnn McNeil, R.Ph., CCC Plus Pharmacist
	Keith Hayashi, R.Ph., Pharmacist
Absent:	**Staff: Magellan Rx Management**
Sue Cantrell, M.D.	Debbie Moody, R.Ph., Pharmacist Account Executive, Virginia
Sarah Melton, Pharm.D.	Nancy Eldin Pharm.D., Clinical Manager, Virginia
Ananda Basu, M.D.	Doug Brown, R.Ph., MBA, VP, Account Management
Carol Forster, M.D.	Jeni Hodzic, CPhT, Lead Formulary Analyst, Magellan Health Services
Rachel M. Selby-Penczak, M.D.	
A quorum was present	**Guests:**
	54 representatives from pharmaceutical companies, providers, advocates, associations, etc.

Welcome and Comments from Karen Kimsey, Chief Deputy Director

Ms. Karen Kimsey welcomed the members of the Committee and thanked them for their participation in the PDL program. Ms. Kimsey shared that Medicaid members are receiving high quality prescription medications based on sound clinical criteria at substantially reduced costs to the Commonwealth in part to the work of the Pharmacy & Therapeutics Committee. Ms. Kimsey introduced Dr. Chethan Bachireddy,the acting Chief Medical Officer (CMO) for DMAS. Dr. Bachireddy was hired this past fall as the inaugural Chief Clinical Innovation Officer for Virginia's Medicaid Program. He is a physician, economist, and social entrepreneur dedicated to improving health for vulnerable populations. In his role as Chief Clinical Innovation Officer, Dr. Bachireddy is leading efforts related to the opioid epidemic, behavioral health, and health-related social needs. With the recent resignation of Dr. Kate Neuhausen, Dr. Bachireddy has assumed the responsibilities of the CMO.

Ms. Kimsey announced the launch of Medicaid Expansion effective January 1, 2019. As of March 2019, 255,000 people have enrolled in Medicaid under the expansion benefit. Ms. Kimsey shared that the majority of the new Medicaid members will be assigned to one of Virginia Medicaid's two Managed Care Programs: Commonwealth Coordinated Care (CCC) Plus - the managed care delivery model for seniors and individuals with disabilities or Medallion 4.0 program, for children, pregnant women and adults.

Under the leadership of Dr. Bachireddy, the Office of the Chief Medical Officer continues to establish clinical policy for pharmacy services across our Fee for Service Programs and Managed Care programs. Ms. Kimsey mentioned two major initiatives in both the CCC Plus and the Medallion 4.0 programs are the "Common Core Formulary" and standardization of drug policies across the FFS and managed care plans. These initiatives provide DMAS the unique opportunity to make significant changes in our pharmacy program. As the Agency continues its mission of providing high quality of health care for our Medicaid

members, the recommendations made by this Committee becomes critical to the success of the Common Core Formulary and members' access to drug therapies.

Comments from Chethan Bachireddy, M.D., Acting Chief Medical Officer and Chairman
Dr. Bachireddy welcomed and thanked the members for their commitment and continued participation on the DMAS Pharmacy and Therapeutics Committee. Dr. Bachireddy introduced new Board member Dr. Susan Lee who is Chief of Hospitalist Medicine at Carilion Roanoke Memorial Hospital (CRMH). Dr. Lee currently serves as Chair for the CRMH Pharmacy and Therapeutics Committee. She is board certified in psychiatry and internal medicine. Dr. Lee is a graduate of Nova Southeastern University College of Osteopathic Medicine and completed her residencies at Carilion. She is replacing Dr. Shaheen Lakhan who recently relocated to Boston.

Dr. Bachireddy shared that DMAS recently published a Medicaid Bulletin that provided substance use disorder treatment guidance updates to ensure that the care provided through the ARTS program is more evidence based and person centered. These changes included the removal of the service authorization for the Suboxone® film for up to 24 mg/day in an effort to expand access to treatment.

Call to Order: Chethan Bachireddy, 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 met twice since the last P&T Committee meeting and reviewed the following 26 new drugs (which includes physician administered drugs): Ajovy™, Braftovi™, Copiktra™, Crysvita®, Daurismo™, Delstrigo™, Doptelet®, Galafold™, Ilumya™, Libtayo®, Lokelma™, Lorbrena®, Mektovi®, Mulpleta®, Onpattro™, Orilissa™, Panzyga®, Pifeltro™, Poteligeo®, Soliris®, Symtuza™, Talzenna™, Tibsovo®, Vitrakvi®, Vizimpro® and Xospata®. The Board placed service authorization (SA) criteria on several of these drugs which are in drug classes currently not included on the PDL. The DUR Board reviewed the results of several utilization analyses: compounded prescriptions, adult and pediatric opioid utilization, concurrent use of opioids and benzodiazepines, opioid use with high risk factors and no naloxone claims, naloxone utilization, antipsychotic drug duplication and Synagis utilization. Dr. Cain mentioned the updated compound edit to make the maximum per compound drug set at $250 and $500 maximum for all compounds per 30 days was implemented on November 26, 2018. The compound utilization reports are showing that compounds are continuing to decline. Dr. Cain noted that the next DUR Board meeting is scheduled for June 13, 2019.

Approval of Minutes from September 26, 2018 meeting Dr. Bachireddy 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 Class Review *(PDL Category)*

- **Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist *(Antimigraine Agents, Other)***

  Speakers
  - Ahmad Nessar, PharmD, Health Economics & Outcomes Scientist, Amgen (Aimovig™)
  - Nancy Njuguna, BPharm, Evidence & Outcomes Liaison, Lilly (Emgality®)

  Dr. Nancy Eldin presented the Antimigraine Agents, Other clinical information. Drugs presented in this new class include Aimovig™, Ajovy™ and Emgality®. A member of the committee

motioned that the new class be PDL eligible. With the motion seconded, the Committee voted unanimously to make this new class PDL eligible.

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

Brand Drugs

1. **Arikayce™ *(Antibiotics, Inhaled)* *(Closed Class):*** Dr. Eldin presented the clinical information for Arikayce™ (amikacin). A member of the committee motioned that Arikayce™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

2. **Epidiolex® (*Anticonvulsants)*:**

   Speaker
   - Jordyn Stuart, PhD, Senior Health Outcomes Liaison, Greenwich (Epidiolex®)

   Dr. Eldin presented the clinical information for Epidiolex® (cannabidiol). A member of the committee motioned that Epidiolex® be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

3. **Sympazan™ (*Anticonvulsants)*:** Dr. Eldin presented the clinical information for Sympazan™ (clobazam). A member of the committee motioned that Sympazan™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

4. **Abilify® MyCite (*Antipsychotics)* *(Closed Class):***

   Speaker
   - Gerard Zitnick, PharmD, Managed Market Liaison, Otsuka (Abilify® MyCite)

   Dr. Eldin presented the clinical information for Abilify® MyCite (aripiprazole). A member of the committee motioned that Abilify® MyCite be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

5. **Perseris™ (*Antipsychotics)* *(Closed Class)*:** Dr. Eldin presented the clinical information for Perseris™ (risperidone). A member of the committee motioned that Perseris™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

6. **Bryhali™ *(Steroids, Topical)*:** Dr. Eldin presented the clinical information for Bryhali™ (halobetasol). A member of the committee motioned that Bryhali™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

7. **Inveltys™ *(Ophthalmic – Anti-inflammatory Agents)*:** Dr. Eldin presented the clinical information for Inveltys™ (loteprednol etabonate). A member of the committee motioned that Inveltys™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

8. **Xelpros™ *(Ophthalmic – Prostaglandin Analogs)*:** Dr. Eldin presented the clinical information for Xelpros™ (latanoprost). A member of the committee motioned that Xelpros™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

9. **Yupelri™ *(COPD)* *(Closed Class)*:** Dr. Eldin presented the clinical information for Yupelri™ (revefenacin). A member of the committee motioned that Yupelri™ be PDL eligible. With the motion seconded, the Committee voted unanimously to consider this drug PDL eligible.

Generic Drugs or New Dosage Forms: Dr. Eldin noted the following new FDA approved generic drugs and dosage forms have entered the marketplace since the last P&T Committee meeting:

- ledipasvir/sofosbuvir (generic Harvoni®) and sofosbuvir/velpatasvir (generic Epclusa®) *(Hepatitis C Agents)* ***(Closed Class)***

  Speaker
  - Katherine Klem, PharmD, Associate Director, Medical Sciences, Gilead (sofosbuvir/velpatasvir, generic Epclusa®)

- fenofibrate (generic Triglide®) *(Lipotropics other)*

- clobazam (generic Onfi® susp/tab) *(Anticonvulsants)*

- bupropion XL (generic Forfivo® XL) *(Antidepressants)*

- hydrocortisone butyrate (generic Locoid® lotion) and desoximetasone (generic Topicort® spray) *(Steroids, Topical)*

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: Therapeutic Drug Classes with Updates

1. ***Opioid Dependency (includes oral buprenorphine & methadone) (Closed Class):*** Dr. Eldin presented the Opioid Dependency 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. ***Antibiotics, Topical:*** Dr. Eldin presented the Antibiotics, 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.
3. ***Antifungals, Oral:*** Dr. Eldin presented the Antifungals, 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.

4. ***GI Antibiotics:*** Dr. Eldin presented the GI 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.

5. ***Quinolones (Second and Third Generations):*** Dr. Eldin presented the Quinolones (Second and Third Generations) 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. ***Antivirals for Herpes (HSV), Oral:*** Dr. Eldin presented the Antivirals for Herpes (HSV), 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.

7. ***Antivirals for Influenza, Oral:*** Dr. Eldin presented the Antivirals for Influenza, 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.

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. ***Erythropoiesis Stimulating Proteins:*** Dr. Eldin presented the Erythropoiesis Stimulating Proteins 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. ***Anticoagulants (includes oral agents, low molecular weight heparins & Factor XA Inhibitors) (Closed Class):***

    Speakers
    - Samaneh Kalirai, PharmD, Health Economics & Outcomes Scientist, BMS (Eliquis®)
    - Nicholas Claussen, PharmD, Senior Scientific Account Lead, 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.

11. ***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.

12. ***Antihyperkinesis/CNS Stimulants (Closed Class):*** Dr. Eldin 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.

13. ***Multiple Sclerosis Agents:*** Dr. Eldin presented the Multiple Sclerosis 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.

14. ***Neuropathic Pain:*** Dr. Eldin 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.

15. ***Acne Agents Topical (includes benzoyl peroxide, clindamycin, retinoids & combinations):*** Dr. Eldin 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. ***Antivirals, Topical:*** Dr. Eldin presented the Antivirals, 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. ***Psoriasis Agents, Topical:*** Dr. Eldin presented the Psoriasis 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.

18. ***Androgenic Agents:*** Dr. Eldin 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.

19. ***Bone Resorption Suppression and Related Agents (includes bisphosphonates, calcitonins and others):*** Dr. Eldin 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.

20. ***Hypoglycemics: Incretin Mimetics/Enhancers (includes DPP-IV Inhibitors, GLP-1 Agonists & Comb) (Closed Class):***

    Speaker
    - Wes Blankenship, PharmD, Regional Medical Liaison, Novo Nordisk (Ozempic®)

    Dr. Eldin 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: Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors (Closed Class):***

    Speaker
    - Nicholas Claussen, PharmD, Senior Scientific Account Lead, Janssen (Invokana®)

    Dr. Eldin presented the Hypoglycemics: SGLT2 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.

22. ***Self-administered Cytokine & CAM Antagonists with Related Agents including Methotrexate (all indications: Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA), Ankylosing Spondylitis (AS), Plaque Psoriasis, Psoriatic Arthritis (PsA), Crohn's Disease (CD), Ulcerative Colitis, Cryopyrin-Associated Periodic Syndromes (CAPS) (Closed Class):***

    Speakers
    - Nancy Njuguna, BPharm, Evidence & Outcomes Liaison, Lilly (Taltz®)
    - Karen Gallagher-Horsting, MD, Medical Science Liaison, Novartis (Cosentyx™)

    Dr. Eldin presented the Cytokine and CAM Antagonists 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.

23. ***Therapeutic Classes Without Significant Updates (Reviewed by the Department):***

- Antimigraine
- Non-Steroidal Anti-Inflammatory Drugs (NSAID) (includes Cox-2 inhibitors and topical agents)
- Opioids: Long Acting
- Opioids: Short Acting (includes combination drugs and lozenges)
- Cephalosporins (Second and Third Generations)
- Ketolides & Macrolides (Adult and Pediatric)
- Quinolones (Otic)
- Non-Ergot Dopamine Receptor Agonists
- Skeletal Muscle Relaxants
- Smoking Cessation Agents
- Long-Acting Reversible Contraceptives (includes IUDs & injectables)
- Antifungal Agents
- Rosacea Agents
- Estrogens *(vaginal and oral)*
- Hypoglycemics: Alpha-Glucosidase Inhibitors
- Hypoglycemics: Insulins
- Hypoglycemics: Meglitinides
- Hypoglycemics: Metformins
- Hypoglycemics: Sulfonylureas
- Hypoglycemics: Thiazolidinediones
- Pancreatic Enzymes
- Progestational Agents

Speaker

- Jay Van Horn, PharmD, Senior Medical Science Liaison, AMAG (Makena®)

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. Usha Koduru 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 and she cautioned only this confidential pricing information should be discussed.

Dr. Tim Jennings 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. Bachireddy 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, 2019

New Drugs Phase I:
Dr. Jennings made the following motions that were seconded and approved unanimously by the Committee:

1. ***Hepatitis C Agents (Closed Class):*** sofosbuvir/velpatasvir (AG for Epclusa®) is preferred. ledipasvir-sofosbuvir (AG for Harvoni®) is non-preferred.

2. ***Antimigraine Agents, Other:*** Emgality™ is preferred. Aimovig™ and Ajovy™ are non-preferred.

- *All other new drugs (brand and generic) presented will remain non-preferred. Including* Arikayce™, Epidiolex®, Sympazan™, Abilify® Mycite, Perseris™, Bryhali™, Inveltys™, Xelpros™ and Yupelri™

Phase II Annual Review
Dr. Jennings 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. ***Analgesics, Narcotics Short:*** tramadol/APAP is preferred. Apadaz™ is non-preferred.

2. ***Antibiotics, GI:*** Firvanq® is preferred.

Second Confidential Meeting
Dr. Jennings 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. Bachireddy 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.

3. ***Anticoagulants (Closed Class):*** Xarelto® Dose Pack is preferred.

4. ***Antifungals, Topical:*** clotrimazole-betamethasone cream is preferred.

5. ***Antivirals, Oral:*** Relenza® (Inhalation) and rimantadine (oral) are non-preferred.

6. ***Cephalosporins and Related Antibiotics:*** cefixime suspension is non-preferred.

7. ***Cytokine and CAM Antagonists (Closed Class):*** Entyvio®, Ilaris®, Remicade®, Stelara® syringe and Stelara® vial are non-preferred.

8. ***Erythropoiesis Stimulating Proteins:*** Epogen® and Retacrit™ are preferred. Aranesp® Disp Syringe and Aranesp® Vial are non-preferred. (Procrit® was mistakenly not read but the Agency has agreed to make Procrit® non-preferred.)

9. ***Macrolides/Ketolides:*** E.E.S.® 200 Suspension is preferred. E.E.S® 400 tablet, Ery-Tab® and Erythrocin® are non-preferred.

10. ***Multiple Sclerosis Agents:*** dalfampridine ER is non-preferred.

11. ***Opiate Dependence Treatments (Closed Class):*** Sublocade™ is preferred. Probuphine® (Implant) is non-preferred.

12. ***Otic Antibiotics:*** neomycin/polymyxin/hc soln/susp and ofloxacin are preferred.

13. ***Stimulants And Related Agents (Closed Class):*** Dyanavel® XR is preferred.

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

- Alzheimer's Agents
- Analgesics, Narcotics Long
- Androgenic Agents
- Antibiotics, Topical
- Antifungals, Oral
- Antihyperuricemics
- Antimigraine Agents, Triptans
- Antipsoriatics, Topical
- Antivirals, Topical
- Bone Resorption Suppression and Related Agents
- Contraceptives, Other
- COPD Agents
- Fluoroquinolones, Oral

- Hypoglycemics, Alpha-Glucosidase Inhibitors
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulin and Related Agents
- Hypoglycemics, Metformins
- Hypoglycemics, SGLT2
- Hypoglycemics, Sulfonylureas
- Hypoglycemics, TZD
- Methotrexate
- Neuropathic Pain
- NSAIDS
- Ophthalmics, Glaucoma Agents
- Pancreatic Enzymes
- Platelet Aggregation Inhibitors
- Progestational Agents
- Rosacea Agents, Topical
- Skeletal Muscle Relaxants
- Smoking Cessation
- Steroids, Topical Very High

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

- Brand Pulmicort® 0.25mg, 0.5mg and 1mg respules are non-preferred and the generic budesonide 0.25mg, 0.5mg and 1mg respules are preferred.
- Brand Tobi® (inhalation) is non-preferred and generic tobramycin solution (inhalation) is preferred.
- Brand Androgel® gel packet and gel pump are non-preferred and generic testosterone gel packet and gel pump are preferred.

Clinical Criteria and Service Authorization (SA) Forms

The Committee members reviewed the proposed new or revised clinical criteria including new and updated service authorization fax forms. A Committee member made the following motion to approve new or revised clinical criteria for the following drugs and drug classes, which was seconded and approved unanimously by the Committee:

- Abilify® MyCite
- Antifungals, Oral
- Antimigraine, Other
- Arikayce™
- Cytokine and CAM Antagonists and Related Agents
- Epidiolex®
- Hepatitis C Agents
- Mavyret™ and sofosbuvir/velpatasvir (AG for Epclusa®)

- Oral Buprenorphine Products
- Short and Long Acting Opioids
- Stimulants/ADHD Medications for Children Under Four or Adults 18 Years of Age and Older

The next P&T Committee Meeting is tentatively scheduled for September 19, 2019.

A motion to adjourn the meeting was made and seconded. After a unanimous vote, Dr. Bachireddy adjourned the meeting.