

**New Hampshire Healthy Families™
Pharmacy and Therapeutics Committee Meeting Minutes
Medicaid (New Hampshire Healthy Families) and Marketplace (Ambetter)
January 10, 2017**

COMMITTEE MEMBERSHIP / ATTENDANCE	
<p>Present: Sean Buckley, PharmD., Samuel DiCapua, D.O., Denise Cook, Crystal Thurston, Lisa Carmichael, Puja Malaviya, Nancy Sullivan, R.N., Jennifer Glaude, Jennifer Foster</p> <p>External Consultants Present: Keith Stahl, M.D., Nina Sand-Loud, M.D., Evie Stacy, APRN, Joseph Goreham, RPh</p>	<p>Not Present: Scott Early, M.D., Frank Shelp, M.D., Kumble Rajesh, M.D., Jennifer Weigand, Anne Marie Sciammacco, R.N., Lindsey Powers, Caroline Vitiello, R.N., Hilary Hartje, Jane Gilon, R.N., Nina Worsley, Sharon Moreau, Lisa DiBrigida, M.D., Pamela Hofley, M.D., Graciela Sironich-Kalkan M.D., Karen Kimball</p>

TOPIC	ISSUE/ DISCUSSION	ACTION(S)/FOLLOW-UP RESPONSIBLE PARTIES
Introduction and Call to Order	<p>Introduction and Call to Order: Sean Buckley, PharmD</p> <p>Sean Buckley, PharmD opened the meeting at 5:34 pm by welcoming everyone to the New Hampshire Healthy Families Pharmacy and Therapeutics (P&T) Committee meeting.</p>	No action(s) required
Approval of Minutes	<p>December 12, 2016 Meeting Minute Approval: Sean Buckley, PharmD</p> <p>Sean Buckley, PharmD presented the December 12, 2016 Pharmacy and Therapeutics (P&T) meeting minutes for review and approval. There was a motion by Evie Stacy, APRN, to approve the minutes as written; Joseph Goreham, RPh, seconded the motion. The committee voted unanimously to approve the minutes as written.</p>	<p>Action: <i>The December 12, 2016 P&T meeting minutes were approved.</i></p> <p>No Follow-up required</p>
Old Business	N/A	
New Business: Drug Arrivals (Medicaid and Marketplace)	<p>New Drug Arrivals (Medicaid and Marketplace)</p> <p>Sean Buckley, PharmD presented the New Drug Arrivals for both Medicaid and Marketplace to the committee. None of the drugs have been recommended to be added to the formulary for Medicaid or Marketplace at this time without a Prior Authorization. Most drugs listed have already existed, just adding new formulations. There are alternatives already available on both formularies.</p>	<p>Action: <i>The New Drug Arrivals for Medicaid and Marketplace were approved.</i></p> <p>No follow up required.</p>

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Therapeutic Class Review (Medicaid and Marketplace)	<table border="0"> <tr> <td>i. Amjevita</td> <td>iv. Isopto Atropine</td> <td>vii. Tecentriq</td> </tr> <tr> <td>ii. Avastin</td> <td>v. Jardiance</td> <td>viii. Tigecycline</td> </tr> <tr> <td>iii. Bonjesta</td> <td>vi. Keytruda</td> <td>ix. Veltassa</td> </tr> <tr> <td>x. Bromfed DM</td> <td>xii. Lartuvo</td> <td>xiv. Vemlidy</td> </tr> <tr> <td>xi. Darzalex</td> <td>xiii. Ofirmev</td> <td>xv. Vermox</td> </tr> <tr> <td>xvi. Enbrel</td> <td>xx. Opdivo</td> <td>xxiv. Xultrophy</td> </tr> <tr> <td>xvii. Evzio</td> <td>xxi. Renvela</td> <td>xxv. Zinplava</td> </tr> <tr> <td>xviii. Flulaval</td> <td>xxii. Selzentry</td> <td></td> </tr> <tr> <td>xix. Intrarosa</td> <td>xxiii. Soliqua</td> <td></td> </tr> </table>	i. Amjevita	iv. Isopto Atropine	vii. Tecentriq	ii. Avastin	v. Jardiance	viii. Tigecycline	iii. Bonjesta	vi. Keytruda	ix. Veltassa	x. Bromfed DM	xii. Lartuvo	xiv. Vemlidy	xi. Darzalex	xiii. Ofirmev	xv. Vermox	xvi. Enbrel	xx. Opdivo	xxiv. Xultrophy	xvii. Evzio	xxi. Renvela	xxv. Zinplava	xviii. Flulaval	xxii. Selzentry		xix. Intrarosa	xxiii. Soliqua		<p>There was a motion by Evie Stacy, APRN, to approve the New Drug Arrivals for Medicaid and Marketplace and Dr. Samuel DiCapua seconded the motion. The Committee voted unanimously to approve the New Drug Arrivals.</p> <p>Therapeutic Class Review (Medicaid and Marketplace)</p> <table border="0"> <tr><td>i. Antianginals</td></tr> <tr><td>ii. Antiarrhythmics</td></tr> <tr><td>iii. Antiasthmatics and Bronchodilators</td></tr> <tr><td>iv. Antihistamines</td></tr> <tr><td>v. Antihyperlipidemic Agents</td></tr> <tr><td>vi. Antihypertensives</td></tr> <tr><td>vii. Beta Blockers</td></tr> <tr><td>viii. Calcium Channel Blockers</td></tr> <tr><td>ix. Cardiotonics</td></tr> <tr><td>x. Cardiovascular Agents, Miscellaneous</td></tr> <tr><td>xi. Cough-Cold Allergy</td></tr> <tr><td>xii. Diuretics</td></tr> <tr><td>xiii. Nasal Agents, Systemic and Topical</td></tr> <tr><td>xiv. Ophthalmic Agents</td></tr> <tr><td>xv. Otic Agents</td></tr> <tr><td>xvi. Respiratory Agents, Miscellaneous</td></tr> <tr><td>xvii. Vasopressors</td></tr> </table> <p>Sean Buckley, PharmD gave a high level overview of the therapeutic class review. Quantity limit changes made to Antihypertensives: Amlodipine/Benazapril adding a quantity limit of 1 per day, Bisoprolol/hctz adding quantity limit of 1 per day; Propranolol/hctz adding quantity limit of 2 per day. Quantity limit changes added to Calcium Channel Blockers: Verapamil ER 100mg and Verapamil ER 200 mg adding a quantity limit of 2 per day, and Verapamil ER 300 mg adding a quantity limit of 1 per day. For Cough-Cold Allergy, there was a quantity limit added to diphenhydramine/pseudoephedrine of 4 per day.</p>	i. Antianginals	ii. Antiarrhythmics	iii. Antiasthmatics and Bronchodilators	iv. Antihistamines	v. Antihyperlipidemic Agents	vi. Antihypertensives	vii. Beta Blockers	viii. Calcium Channel Blockers	ix. Cardiotonics	x. Cardiovascular Agents, Miscellaneous	xi. Cough-Cold Allergy	xii. Diuretics	xiii. Nasal Agents, Systemic and Topical	xiv. Ophthalmic Agents	xv. Otic Agents	xvi. Respiratory Agents, Miscellaneous	xvii. Vasopressors
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<p>Action: The Therapeutic Class Review for Medicaid and Marketplace were approved.</p> <p>No follow-up required</p>																																														

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<p>Guideline Review (Medicaid)</p>	<p>Sean Buckley, PharmD, mentioned that Mylan is now making a generic Epinephrine pen that is XB rated, and considered an authorized generic of Mylans Epipen, therefore will not be automatically substituted at pharmacies. This may cause an increase in calls to prescribers to get approval to dispense the generic over the Brand Epipen. Dr. Samuel DiCapua asked if Epipen would be removed from the formulary and the cost difference. Sean Buckley, PharmD stated that corporate guidance is to remove the brand Epipen from the formulary with a rejection message to switch to Mylan generic. The cost of the Epipen is approximately \$375 and the new generic Epinephrine is \$187.</p> <p>There was a motion by Dr. Samuel DiCapua approve the Therapeutic Class Review as presented. Joseph Goreham, RPh, seconded the motion. The committee voted unanimously to approve the Therapeutic Class Review as presented.</p> <p>Sean Buckley, PharmD, gave a high level overview of the Medicaid Preferred Drug List and Programming Updates. The medications removed from formulary are no longer available on the market, therefore providers are not notified because the medications can no longer be prescribed. Notable changes in coverage promethazine/codeine syrup had an age limit of 6 and older added due to contraindication. Budesonide nebulizer suspension (0.25mg/2ml, 0.5 mg/2ml, and 1mg/2ml) had an age limit of 1 to 8 years old due to FDA recommendation, other ages would require a PA. Fluoxetine 10 mg tablets has been limited to ages 7 years and older. Olanzapine (all strengths) limited to age 10 years and older. Propranolol/hctz adding a quantity limit of 2 tablets daily. Lastly diphenhydramine/pseudoephedrine 25mg/60mg tablets added a quantity limit of 4 tablets per day.</p> <p>There was a motion by Evie Stacy, APRN, to approve the changes in the formulary as presented. Dr. Samuel DiCapua offered a second to the motion. Committee voted unanimously to approve the Medicaid Drug List and programing updates as presented.</p> <p>Guideline Review (Medicaid)</p> <ul style="list-style-type: none"> i. NH.PMN.01 Atomoxetine (Strattera) ii. CP.PMN.04 Non-Calcium Containing Phosphate Binders iii. CP.PMN.05 Rifapentine (Priftin) iv. NH.PMN.06 Ezetimibe (Zetia) and Ezetimibe/Simvastatin (Vytorin) v. NH.PMN.07 Levalbuterol (Xopenex) vi. NH.PMN.10 Methylphenidate (Daytrana) vii. NH.PMN.20 Aspirin/Dipyridamole (Aggrenox) viii. NH.PMN.21 Becaplermin (Regranex) ix. CP.PMN.24 Ciclopirox (Penlac) x. CP.PMN.33 Pregabalin (Lyrica) xi. CP.PMN.34 Ranolazine (Ranexa) xii. CP.PMN.43 Oral Bisphosphonates xiii. NH.PMN.62 Tedizolid (Sivextro) 	<p>Action: The Guideline Review for Medicaid was approved.</p> <p>No follow-up required</p>

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	<p>xiv. Proposed Policy for Intrarosa</p> <p>Prior Authorization</p> <p>xv. CP.PPA.04 Oxycodone SR (Oxycontin)</p> <p>xvi. CP.PPA.05 Topical Immunomodulators</p> <p>xvii. NH.PPA.12 Narcotic Analgesics</p> <p>xviii. NH.PPA.14 CNS Stimulants for Adult ADHD-ADD</p> <p>xix. CP.PPA.22 Rivastigmine (Exelon)</p> <p>xx. NH.PST.08 Mesalamine Oral Therapy</p> <p>Retired</p> <p>i. CP.PPA.08 Alzheimer Therapy</p> <p>Sean Buckley, PharmD, gave a high level overview of the guideline review for Medicaid. The only significant change of the policies listed is for the Oral Bisphosphonates, all age limits will be removed. All the other policies were annual reviews, no significant changes. The Alzheimer Therapy policy was retired and broken down into a policy for Rivastigmine. Memantine will not be broken into its own policy because it will be added the PDL without a prior authorization.</p> <p>There was a motion by Evie Stacy, APRN, to approve the Guideline Review for Medicaid and Dr. Keith Stahl seconded the motion. The Committee voted unanimously to approve the Guideline Review for Medicaid.</p>	
<p>Policies & Procedures (Medicaid)</p>	<p>Policies & Procedures (Medicaid)</p> <p>i. NH.PHAR.13 Pharmacy and Therapeutics Committee</p> <p>Sean Buckley, PharmD mentioned the only addition to this policy was an update in the language, adding Ad Hoc voting.</p> <p>There was a motion by Evie Stacy, APRN, to approve the Medicaid Policies and Procedures and a second by Joseph Goreham, RPh. The committee voted unanimously to approve the Medicaid Policies and Procedures.</p>	<p>Action: The Medicaid Policies & Procedures were approved</p> <p>No follow-up required</p>
<p>Policies & Procedures (Marketplace)</p>	<p>Policies & Procedures (Marketplace)</p> <p>Sean Buckley, PharmD, reported that there were no changes of significance to Marketplace policies and procedures. All policies were updated in order to change US Scripts to Envolve Pharmacy Solutions.</p> <p>i. HIM.PHAR.01 Pharmacy Grievances</p>	<p>Action: The Marketplace Policies & Procedures were approved.</p> <p>No follow-up required</p>

TOPIC	ISSUE/ DISCUSSION	ACTION(S)/FOLLOW-UP RESPONSIBLE PARTIES
<p>Pharmacy Medical Necessity Policy and Guidelines Annual Review (Medicaid & Marketplace)</p>	<ul style="list-style-type: none"> ii. HIM.PHAR.02 Pharmacy Appeals iii. HIM.PHAR.03 Pharmacy & Therapeutics Committee iv. HIM.PHAR.04 Drug Utilization Review v. HIM.PHAR.05 Lost or Stolen Medications vi. HIM.PHAR.06 PBM Inquiry vii. HIM.PHAR.09 Pharmacy Program viii. HIM.PHAR.10 Formulary ix. HIM.PHAR.11 Requests for Pharmacy Profiles x. HIM.PHAR.13 Drug Recall Notification xi. HIM.PHAR.14 Approval of Brand Name Override xii. HIM.PHAR.16 Vacation Overrides <p>There was a motion by Evie Stacy, APRN, to approve the Marketplace Policies & Procedures as presented. Dr. Nina Sand-Loud seconded the motion. The committee voted unanimously to approve the Marketplace Policies & Procedures as presented.</p> <p>Pharmacy Medical Necessity Policy and Guidelines Annual Review (Marketplace)</p> <p>Sean Buckley, PharmD, reported that the only significant changes to the Marketplace Guideline review was the Buprenorphine policy was broken into separate Subutex and Suboxone policies. Dr. Samuel DiCapua asked if there will be a disruption report run for the Advair/Symbicort PDL change. Sean Buckley, PharmD, stated that for Ambetter those reports are handled at the corporate level. The only other notable change was for the Inhaled Long-Acting Beta-Agonists and Combinations products policy. Advair and Symbicort were removed from the policy for the reason that they will be added to the PDL for Ambetter.</p> <ul style="list-style-type: none"> i. HIM.PA.22 Suvorexant (Belsomra) ii. HIM.PA.23 Linaclotide (Linzess) iii. HIM.PA.24 Sacubitril/Valsartan (Entresto) iv. HIM.PA.25 Efinaconazole (Jublia) v. HIM.PA.26 Buprenorphine (Subutex) vi. HIM.PA.27 Tasimelteon (Hetlioz) vii. HIM.PA.28 Rolapitant (Varubi) viii. HIM.PA.29 Icosapent Ethyl (Vascepa) ix. HIM.PA.30 Brexpiprazole (Rexulti) x. HIM.PA.34 Non-Formulary Test Strips xi. HIM.PA.35 Buprenorphine/Naloxone (Suboxone) xii. HIM.PA.74 Inhaled Long-Acting Beta-Agonists and Combination Products xiii. HIM.PA.91 SGLT2 Inhibitors 	<p>Action: The Medicaid and Marketplace Pharmacy Medical Necessity Review were approved.</p> <p>No follow-up required</p>

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<p>Biopharmacy Clinical Policy Review</p>	<p>There was a motion by Evie Stacy, APRN, to approve the Medicaid and Marketplace Pharmacy Medical Necessity Policy and Guideline Review. Joseph Goreham, RPh, offered a second to the motion. Committee voted unanimously to approve the Marketplace Medical Necessity Policy and Guideline Review.</p> <p>Biopharmacy Clinical Policy Review</p> <ul style="list-style-type: none"> i. CP.PHAR.41 Enfuvirtide ii. CP.PHAR.84 Abiraterone iii. CP.PHAR.88 Belimumab iv. CP.PHAR.95 Thyrotropin Alfa v. NH.PHAR.105 Bosutinib vi. NH.PHAR.106 Enzalutamide vii. CP.PHAR.145 Deferasirox viii. CP.PHAR.146 Deferoxamine ix. CP.PHAR.147 Deferiprone x. CP.PHAR.148 Rituximab (Oncology/Hematology) xi. CP.PHAR.232 OnabotulinumtoxinA xii. CP.PHAR.242 Adalimumab xiii. CP.PHAR.245 Apremilast xiv. CP.PHAR.247 Certolizumab xv. CP.PHAR.250 Etanercept xvi. CP.PHAR.253 Golimumab xvii. CP.PHAR.259 Natalizumab xviii. CP.PHAR.260 Rituximab xix. CP.PHAR.261 Secukinumab xx. CP.PHAR.264 Ustekinumab xxi. CP.PHAR.265 Vedolizumab xxii. CP.PHAR.287 Obeticholic Acid xxiii. CP.PHAR.289 Buprenorphine Implant <p>Sean Buckley, PharmD, gave a high level overview of the Biopharmacy Clinical policies. The Abiraterone policy was updated to remove age and prescriber specialty requirements. The OnabotulinumtoxinA policy updated the initial use approval times for migraines to increase from 12 to 24 weeks. Policies CP.PHAR.245, CP.PHAR.250, CP.PHAR.261, and CP.PHAR.264 were split out from the Psoriasis policy into individual policies.</p> <p>Lisa Carmichael posed a question about what the Buprenorphine Implant was. It is a Buprenorphine implant that last approximately 6 months to help prevent adherence issues from Vivitrol and Suboxone.</p>	<p>Action: The Biopharmacy Clinical Policy Review was approved.</p> <p>No follow-up required</p>

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	<p>The cost is not much more than the 6 month treatment of Suboxone or Vivitrol. Criteria is pretty strict, may not see much approval, but may see in Appeals department.</p> <p>There was a motion by Evie Stacy, APRN, to approve the Biopharmacy Clinical Policy Review as presented. Dr. Samuel DiCapua offered a second to the motion. Committee voted unanimously to approve the Biopharmacy Clinical Policy Review as presented.</p>	
Announcements	<p>The provider newsletter will be changing to monthly instead of quarterly. There will be a block statement with a URL to log into to see the meeting materials and changes.</p> <p>Currently, we are waiting for Corporate to provide the date range to schedule the next Pharmacy and Therapeutics meeting. Sean Buckley, PharmD, will reach out to all committee members as soon as he receives the allotted dates.</p>	N/A
Closing	The meeting was adjourned at 5:57 pm Eastern Time.	N/A
Next Meeting	Next P&T: TBA	

Respectfully submitted 01/13/17, Crystal Thurston Pharmacy Coordinator

1/13/2017

 Date of Committee Review and Approval



 Pharmacy and Therapeutics Committee Chair or CEO Signature