



**Aetna Better Health® of Pennsylvania/Aetna Better Health® Kids
Pharmacy and Therapeutics Committee (P&T)
Meeting Minutes**

| | | |
|-------------------|--|--|
| Date: | 5/7/2019 | Telephonic Attendance: B. Lewin, MD, CMO; A. D’Angelo, Director of Medical Management; Bradley Tabaac, RPh, Friendly Pharmacy; Romani George, MD, CCBH; Oluwatoyin Fadeyibi, Pharm.D, MPH, CBH; Robert Schreiber, RPh, Burns Pharmacy; Barbara Wingate, MD, Magellan Health; T. Cummings, Sr. Pharmacy Director, Aetna Medicaid Administrators; E. Carroll, Health Care QM Project Manager* |
| Time: | 5:30 PM-7:00 PM | |
| Presiding: | Natalie Nkurunziza, Pharm.D, Pharmacy Director | |

* Nonvoting member(s)

| TOPIC FOR DISCUSSION | SPEAKER | DISCUSSION | ACTION | DATE DUE |
|--|------------------------|---|------------------------------------|----------|
| I. Standing Agenda Items | | | | |
| A. Call to Order & Confidentiality Statement | B. Lewin, MD | The meeting was called to order at 5:33pm. Telephonic roll call was completed, and quorum was established. B. Lewin, MD reminded committee participants that they are obligated to properly use and safeguard confidential information discussed during committee proceedings, and to identify and resolve potential conflicts of interest. | N/A | N/A |
| B. Review and Approval of Minutes | B. Lewin, MD | B. Lewin, MD presented the minutes from the 2/5/2019 P&T meeting. There were no concerns or suggestions for revision posed by the committee. B. Tabaac, RPh motioned to approve the minutes as written with a second from R. George, MD. The motion carried without opposition. | The meeting minutes were approved. | Complete |
| II. New Business | | | | |
| A. 2019 Pennsylvania (PA) HealthChoices (HC) Agreement - P&T Committee Requirements | N. Nkurunziza, Pharm.D | N. Nkurunziza, Pharm.D announced the following: <ul style="list-style-type: none"> The list of external committee members on P&T were approved to serve as physical health and behavioral health consumer representatives at the 3/4/2019 Health Education Member Advisory Committee (HEMAC) meeting In any instance where the Pennsylvania P&T Committee needs to address specific drugs or entire drug classes requiring medical expertise beyond the existing P&T Committee membership, specialists from the National P&T Committee with knowledge | Informational | N/A |
| A. 2019 PA HC Agreement | N. Nkurunziza, | | | |



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| P&T Committee Requirements – Cont’d | Pharm.D | <p>appropriate to the drug(s) or class(es) of drugs being addressed will be added as non-voting, ad hoc members for that meeting.</p> <p>There were no questions or concerns regarding the presented information.</p> | | |
| B. New Drug Reviews | N. Nkurunziza, Pharm.D | <p>This evening’s P&T Slide deck was presented by N. Nkurunziza, Pharm.D.</p> <p><u>New Drug Reviews</u> Information was presented regarding New Drug Reviews. New Drugs to the market default to Non-formulary status and the plan’s standard non-formulary process until they can undergo their formal P&T review. The standard non-formulary process is to review for the following criteria:</p> <ul style="list-style-type: none"> • The drug is deemed to be medically necessary; AND • Three (3) formulary drugs (when available) in the same therapeutic category have been utilized for an adequate trial and have not been effective or not tolerated; OR Formulary drugs in the same therapeutic category are contra-indicated; OR There is no therapeutic alternative listed on the Formulary; OR • The Member is currently receiving medication within the following drug classes (members are grandfathered if they come into the plan already taking these medications): <ol style="list-style-type: none"> a. Anticonvulsants, Oral b. Antidepressants c. Antipsychotics d. Cystic Fibrosis (new addition) e. Cytokines and Cell Adhesion Molecules (CAM) f. Hereditary Angioedema (HAE) medications g. Hepatitis C agents or HIV medications h. Immunosuppressives, Oral | New Drug Reviews and non-formulary recommendations were approved as presented. | Complete |
| B. New Drug Reviews – | N. Nkurunziza, | | | |



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| | | <p>There were no other questions, comments or concerns posed by the committee regarding the presented information. B. Tabaac, RPh motioned to approve the New Drug Reviews as presented with a second from O. Fadeyibi, Pharm.D, MPH. The motion carried without opposition.</p> | | |
| <p>C. New Generics</p> <p>C. New Generics – Cont’d</p> | <p>N. Nkurunziza, Pharm.D</p> <p>N. Nkurunziza,</p> | <p><u>New Generics</u> Information regarding New Generics, which have been released to the market since the previous P&T meeting, was presented. P&T reviewed recommendations from the Aetna Clinical Subcommittee regarding the following:</p> <ul style="list-style-type: none"> • Medications/products recommended for placement on the Standard Core Formulary and each Plan Formulary where permitted by state regulations, based on their ability to add clinical value to members, along with applicable Utilization Management (UM) edits are as follows: <ul style="list-style-type: none"> ○ Albuterol Aerosol HFA with Quantity Level Limit (QLL) ○ Erythromycin Eth Sus 400/5mL ○ Sirolimus Sol 1mg/mL ○ Toremifene Tab 60mg ○ Insulin Lispro injection 100mg/mL • Medications/products not recommended for addition to the Standard Core Formulary based on their limited additional clinical value to members are as follows: <ul style="list-style-type: none"> ○ Acyclovir Cre 5% ○ Aliskiren Tablets (Tab) 150, 300 mg ○ Buprenorphine/Naloxone Mis 12-3, 2-0.5, 4-1 mg ○ Clindam/benz gel 1.2-2.5% ○ Deferasirox Tab 125, 250, 500mg ○ Dexbro/Pheny Tab 2-10mg | <p>Plan formulary recommendations for New Generics were approved as presented.</p> | <p>Complete</p> |

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| | Pharm.D | <ul style="list-style-type: none"> ○ Diclofenac Dis 1.3% ○ DM-GG-Phenyl Tab ○ Doxy/Phenyl Tab 7.5-10mg ○ Levorphanol Tab 3mg ○ Minocycline Extended Release (ER) 105, 80mg ○ Pentamidine Injection (Inj) 300 mg ○ Primaquine Tab 26.3mg ○ Pyridostigmine Solution (Sol) 60mg/5ml ○ Ranolazine Tab ER 500mg, 1000mg ○ Sevelamer Tab 400mg, 800mg ○ Treprostinil Inj 1mg/mL, 2.5mg/mL, 5mg/mL, 10mg/mL ○ Vigabatrin Tab 500mg ○ Wixela Inhub Aerosol (Aer) 100/50, 250/50, 500/50 <p>There were no questions, comments or concerns posed by the committee regarding the presented information. B. Tabaac, RPh motioned to approve the plan formulary recommendations for New Generics as presented with a second from A. D'Angelo. The motion carried without opposition.</p> | | |
| D. Drug Class Reviews | N. Nkurunziza, Pharm.D | <p><u>Drug Class Reviews</u> The following drug classes were reviewed for clinical efficacy, safety and according to national treatment guideline recommendations associated with the conditions treated with these agents since the last P&T meeting.</p> | Drug Class Reviews, recommendations and formulary modifications were approved as presented. | Complete |
| D. Drug Class Reviews – Cont'd | N. Nkurunziza, Pharm.D | | | |



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| | | <p>Drug classes reviewed : NO changes recommended to the formulary</p> <table border="1" data-bbox="722 461 1614 667"> <tr> <td>Smoking Cessation</td> <td>Herpes</td> <td>Quinolones</td> </tr> <tr> <td>Medication Assisted Treatment</td> <td>BPH (Benign Prostatic Hypertrophy)</td> <td>Antimycobacterial</td> </tr> <tr> <td>Hyperparathyroid</td> <td>Androgens</td> <td>Cephalosporins</td> </tr> <tr> <td>Urinary Anti-infectives</td> <td>Antimalaria</td> <td>Penicillin</td> </tr> <tr> <td>Topical Anti-inflammatory</td> <td>Gout</td> <td>Opioids</td> </tr> </table> <p>Drug classes reviewed : Changes recommended to the formulary</p> <table border="1" data-bbox="722 711 1614 849"> <tr> <td>Oral NSAIDs (Non-steroidal Anti-inflammatories)</td> <td>HIV (Human Immunodeficiency Virus)</td> </tr> <tr> <td>Estrogens</td> <td>Hepatitis B</td> </tr> <tr> <td>Phosphate Binders</td> <td></td> </tr> </table> <p>Those with recommended formulary changes were reviewed in detail by the committee. An overview consisting of background information, current formulary products available and the recommended changes was presented.</p> <p>Formulary updates were also reviewed in detail for the following drug classes being tracked as SAIs (Scorable Action Items), as there is the potential for cost savings:</p> <ul style="list-style-type: none"> • Erythromycin Suspension • Calcipotriene • Butalbital <p>R. Schreiber, RPh motioned to approve the drug class reviews, recommendations and formulary modifications as presented, with a second from A. D'Angelo. The motion carried without opposition.</p> | Smoking Cessation | Herpes | Quinolones | Medication Assisted Treatment | BPH (Benign Prostatic Hypertrophy) | Antimycobacterial | Hyperparathyroid | Androgens | Cephalosporins | Urinary Anti-infectives | Antimalaria | Penicillin | Topical Anti-inflammatory | Gout | Opioids | Oral NSAIDs (Non-steroidal Anti-inflammatories) | HIV (Human Immunodeficiency Virus) | Estrogens | Hepatitis B | Phosphate Binders | | | |
| Smoking Cessation | Herpes | Quinolones | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Assisted Treatment | BPH (Benign Prostatic Hypertrophy) | Antimycobacterial | | | | | | | | | | | | | | | | | | | | | | | |
| Hyperparathyroid | Androgens | Cephalosporins | | | | | | | | | | | | | | | | | | | | | | | |
| Urinary Anti-infectives | Antimalaria | Penicillin | | | | | | | | | | | | | | | | | | | | | | | |
| Topical Anti-inflammatory | Gout | Opioids | | | | | | | | | | | | | | | | | | | | | | | |
| Oral NSAIDs (Non-steroidal Anti-inflammatories) | HIV (Human Immunodeficiency Virus) | | | | | | | | | | | | | | | | | | | | | | | | |
| Estrogens | Hepatitis B | | | | | | | | | | | | | | | | | | | | | | | | |
| Phosphate Binders | | | | | | | | | | | | | | | | | | | | | | | | | |
| E. Coverage Guidelines/ | N. Nkurunziza, | <u>Coverage Guidelines/Criteria Reviews</u> | Coverage | Complete | | | | | | | | | | | | | | | | | | | | | |



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| Criteria Reviews | Pharm.D | <p>All coverage guidelines are provided in the meeting materials in their entirety. Coverage guidelines are reviewed at least annually for clinical appropriateness against national treatment recommendations/guidelines as applicable for the topic at hand, and the current formulary status of the drug/drug classes. Highlights regarding changes made, if any, since the last guideline version(s) were approved by the P&T Committee were presented.</p> <p>The following Guidelines were reviewed and approved by the workgroup and Subcommittee as having no substantive changes. Updates may have included clarifications in wording, references or formatting. There is no change in to the intended scope of coverage or criteria for approval since the previously approved versions.</p> <table border="1"> <thead> <tr> <th>Guideline</th> <th>Summary of Changes</th> </tr> </thead> <tbody> <tr> <td>Acamprosate</td> <td>No clinical update</td> </tr> <tr> <td>Chantix</td> <td>No clinical update</td> </tr> <tr> <td>Elmiron</td> <td>No clinical update</td> </tr> <tr> <td>Ondansetron Oral Solution</td> <td>No clinical update</td> </tr> </tbody> </table> <p>The following guidelines have been reviewed and updates are being recommended based on clinical evidence, changes in treatment recommendations and/or other related or comparable products available in the market. A summary of the changes for each guideline was presented to the committee.</p> <ul style="list-style-type: none"> • Anticoagulants - Oral • Celecoxib • Cinacalcet • Cialis • Daraprim | Guideline | Summary of Changes | Acamprosate | No clinical update | Chantix | No clinical update | Elmiron | No clinical update | Ondansetron Oral Solution | No clinical update | Guidelines/ Criteria Reviews and recommended changes were approved as presented. | |
| Guideline | Summary of Changes | | | | | | | | | | | | | |
| Acamprosate | No clinical update | | | | | | | | | | | | | |
| Chantix | No clinical update | | | | | | | | | | | | | |
| Elmiron | No clinical update | | | | | | | | | | | | | |
| Ondansetron Oral Solution | No clinical update | | | | | | | | | | | | | |
| E. Coverage Guideline/ Criteria Reviews – Cont’d | N. Nkurunziza, Pharm.D | | | | | | | | | | | | | |



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| | | <ul style="list-style-type: none"> • Hemophilia • Interferons • Lyrica • Movantik • Onychomycosis • Promacta • HIV • Testosterone Agents • Calcipotriene (New Guideline) • Erythromycin Ethylsuccinate Suspension (New Guideline) • Spinraza (New Guideline) <p>There were no questions, comments or concerns posed by the committee regarding the presented information. B. Tabaac, RPh motioned to approve the Coverage Guidelines/Criteria Reviews and recommended changes as presented, with a second from B. Wingate, MD. The motion carried without opposition.</p> | | |
| III. Open Forum | All | There were no items discussed during open forum. | N/A | N/A |
| IV. Adjournment | All | B. Tabaac, RPh motioned to adjourn the meeting at 6:08pm with a second from R. Schreiber, RPh. The motion carried without opposition. | The meeting adjourned. | N/A |
| V. Next Meeting | N/A | The next P&T Committee meeting is scheduled for August 6, 2019. | N/A | N/A |



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APPROVED: August 6, 2019 P&T Meeting

A handwritten signature in black ink, appearing to read "N. Nkurunziza, Pharm.D".

N. Nkurunziza, Pharm.D, Director of Pharmacy, Chair P&T

A handwritten signature in black ink, appearing to read "E. Carroll".

E. Carroll, RN, BSN, CMCN, Health Care QM Project Manager
Scribe*