OHIO DEPARTMENT OF MEDICAID

Pharmacy & Therapeutics Committee
GoToMeeting
https://register.gotowebinar.com/register/4939856571577739277
October 6, 2021
9:00 AM
MEETING MINUTES

Committee Members Present:
Scott Baran, RPh
Mary Ann Dzurec, PharmD
Suzanne Eastman, RPh, MS Vice Chair
Stephen Hersey, MD
Karen Jacobs, DO Chair
Melissa Jefferis, MD
Nathan Samsa, DO, PharmD
Sherri Sievers, APRN

Ohio Medicaid Staff Present:
Michelle Barger, PharmD
Yana Doughty, PharmD
Sean Eckard, PharmD
Brian Gallow, PharmD

Contract Staff/Change Healthcare Staff Present:
Jeffrey Barkin, MD
Jill RK Griffith, BS, PharmD
Steve Liles, PharmD
Gail Master, RPh
Philip Verret, PharmD

Also present were approximately 151 observers, most representing pharmaceutical manufacturers.

I. Opening Comments/Administrative Matters

Scott Baran welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience then explained the blended in-person and virtual arrangements for the meeting. The conflict of interest statement was reviewed.

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II. Call to Order

Dr. Jacobs called the meeting to order at 9:16 A.M

III. Introductions

The Committee members, ODM pharmacy staff, and Change Healthcare staff introduced themselves. Quorum was established.

IV. Approval of the April 14, 2021 Meeting Minutes

The minutes from the prior P&T meeting were reviewed and approved by the Committee.

V. Ohio Department of Medicaid Policy Update

The Ohio Department of Medicaid announced last month that Ohio Medicaid's Next Generation managed care is projected to go-live on July 1, 2022. The Next Generation program introduces 5 new components: Managed Care, OhioRISE, Single Pharmacy Benefit Manager (SPBM), Centralized Credentialing, and Fiscal Intermediary (FI). The final selection of future managed care organizations includes UnitedHealthcare Community Plan of Ohio, Humana Health Plan of Ohio, Molina Healthcare of Ohio, AmeriHealth Caritas Ohio, Anthem Blue Cross and Blue Shield, CareSource Ohio, and Buckeye Health Plan.

ODM continues to be proactive in ensuring access to COVID-19 vaccines during the public health emergency. Enrolled pharmacies can now submit electronic NCPDP claims for COVID-19 vaccine booster administration for both Moderna and Pfizer vaccines.

As previously announced, ODM has begun reimbursing pharmacists as Medicaid providers and continues to enroll pharmacists into the Medicaid program as full providers. Currently, over 860 pharmacists have enrolled. These enrolled pharmacists represent a diverse range of practice settings, including independent practitioners, retail/community pharmacy, hospital and health system pharmacy, and clinics.

Next, ODM is working on several new DUR interventions. In one intervention, ODM is reaching out to prescribers who have issued an opioid prescription to patients who are younger than 18 years old. The goal is to remind prescribers of the association between legitimate opioid use before high school completion and the increased risk of subsequent misuse after high school. Another intervention is aimed at members who are taking triptan products chronically for migraine relief. The goal of this intervention is to encourage the use of preventative therapy to reduce the migraine frequency and/or severity of the attacks, and thereby decrease the number of headache days per month. The most recent intervention is focused on members who are taking multiple anticholinergic medications or who are prescribed these medications by multiple prescribers. The goal is to alert prescribers of the undesired additive effects of taking multiple medications with anticholinergic action, assess the risks/benefits of taking these medications, and consider alternative therapies.

In other DUR news, ODM is seeking two pharmacists to serve on our Drug Utilization Review (DUR) Committee. Qualified candidates may submit their interest via the Request for Letters of Interest (RFLI) process that is planned to post in early November. Interested candidates may refer to the ODM Pharmacy website (www.pharmacy.medicaid.ohio.gov) for general information about our DUR program.

Lastly, ODM would like to welcome Ms. Sherri Sievers, APRN as our newly appointed member to the P&T Committee. Ms. Sievers has been a nurse for over 30 years and practices at Cincinnati Children's Medical Center, serving as their Clinical Director of Advanced Practice Providers. She was recommended by the Ohio Association of Advanced Practice Nurses and this is her first official meeting.

VI. Presentations by Drug Manufacturers

a. Verquvo - Merck
b. Aimovig & Repatha – Amgen
c. Tyvaso- United Therapeutics
d. Fycompa - Eisai
e. Jornay PM - Ironshore Pharmaceuticals
f. Qelbree - Supernus Pharmaceutical
g. Lucemyra - US WorldMeds
h. Sublocade - Indivior
i. Zeposia - Bristol-Myers Squibb Co.
j. Zegalogue - Zealand Pharma
k. Gvoke - Xeris Pharmaceuticals, Inc.
l. Myfembree - Pfizer
m. Cosentyx - Novartis
n. Ponvory & Symtuza - Janssen Scientific Affairs, LLC
o. Eysuvis - Kala Pharmaceuticals
p. Bronchitol - Chiesi USA, Inc.
q. Dupixent - Sanofi Genzyme

VII. Presentations by Interested Parties

a. Jaime Twanow, MD representing Nationwide Children's Hospital. Nayzilam
b. Karen J Brown, LSW representing Epilepsy Alliance Ohio. Valtoco
c. Richard Kim, MD, representing Dayton's Clinical Neuroscience Institute. CGRP Class Review – Acute Migraine; Ubrelvy
d. Ann Weber, APRN CNP representing New Path. Jornay PM
e. Rob Graessle, DO representing Basecamp Recovery. Sublocade
f. Kristen Baron, PharmD, BCACP representing Nationwide Children's Hospital. Baqsimi
g. Siobhán Téllez MSN, CPNP-PC representing University of Cincinnati. Gvoke
h. Stephen Wilson, MD, MSc, FACP, FAAP representing Mercy Health Physicians. Ozempic
i. Emily Middleton Stephan, PharmD, BCACP representing Nationwide Children's Hospital. Infectious Disease Agents: Antibiotics – Inhaled

j. Brian J. Beesley, DO, AAHIVS representing AIDS Healthcare Foundation. Access to HIV Medications (antivirals); Symtuza
k. Marisa Brizzi, PharmD, BCPS, AAHIVP representing UC Health Business Center. Symtuza
l. Mile Brujic, O.D., FAAO, representing Premier Vision Group. Eysuvis

VIII. UPDL Drug Class Extractions Discussion

Following the completion of presentations from drug manufacturers and interested parties, Scott Baran discussed some administrative changes to the draft UPDL. The State presented recommended changes to Entresto criteria, Repatha PDL status, Valtoco PDL status and age restriction, and Abilify Maintena PDL status. The P&T Committee members deliberated on the classes for extraction. The following drug categories were extracted for discussion and review. The remainder of the categories were approved by consent agenda as recommended in the draft UPDL document.

Cardiovascular Agents: Angina, Hypertension and Heart Failure
Cardiovascular Agents: Lipotropics
Central Nervous System (CNS) Agents: Anticonvulsants Rescue
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute
Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction
Endocrine Agents: Diabetes – Hypoglycemia Treatments
Endocrine Agents: Diabetes – Non-Insulin
Gastrointestinal Agents: Crohn's Disease and Ulcerative Colitis Agents
Infectious Disease Agents: Antibiotics – Inhaled
Infectious Disease Agents: Antivirals – Hepatitis C Agents
Infectious Disease Agents: Antivirals – HIV
Respiratory Agents: Antihistamines – Second Generation

IX. Unified Preferred Drug List (Unified PDL) Annual Review

a. Cardiovascular Agents: Angina, Hypertension and Heart Failure

Change Healthcare provided a clinical overview of the category. A motion was made to move Olmesartan, Olmesartan/Hydrochlorothiazide, and Olmesartan/Amlodipine/Hydrochlorothiazide to preferred. Votes were taken, and the committee approved the category as shown below:

PREFERRED	NON-PREFERRED
Acebutolol	Aliskiren
Amlodipine	Candesartan
Amlodipine Valsartan	Candesartan/Hydrochlorothiazide
Amlodipine/Benazepril	Carospir
Amlodipine/Olmesartan	Carvedilol ER
Amlodipine/Valsartan/Hydrochlorothiazide	Corlanor
Atenolol	Edarbi
Atenolol/Chlorthalidone	Diltiazem 24HR ER tabs
Benazepril	Edarbyclor
Benazepril/Hydrochlorothiazide	Hydralazine/Hydrochlorothiazide
Betaxolol	Innopran XL
Bisoprolol	Isradipine
Bisoprolol/Hydrochlorothiazide	Kapspargo
Bystolic	Katerzia
Captopril	Nimodipine
Captopril/Hydrochlorothiazide	Nisoldipine
Cartia XT	Nymalize
Carvedilol	~~Olmesartan~~
Clonidine	~~Olmesartan/Amlodipine/ Hydrochlorothiazide~~
Diltiazem	~~Olmesartan/Hydrochlorothiazide~~
Diltiazem 12HR ER caps	Qbrelis
Diltiazem 24HR ER caps	Sotylize
Doxazosin	Tekturna/HCT
Dutoprol	Telmisartan
Enalapril	Telmisartan/Hydrochlorothiazide
Enalapril/Hydrochlorothiazide	Verapamil 200, 300mg ER 24HR
Entresto PA	Verquvo
Epaned	
Eplerenone	
Felodipine ER	
Fosinopril	
Fosinopril/Hydrochlorothiazide	
Guanfacine	
Hemangeol AR	
Hydralazine	

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PREFERRED	NON-PREFERRED
Irbesartan	
Irbesartan/Hydrochlorothiazide	
Labetalol	
Lisinopril	
Lisinopril/Hydrochlorothiazide	
Losartan	
Losartan/Hydrochlorothiazide	
Methyldopa	
Methyldopa/Hydrochlorothiazide	
Metoprolol Succinate ER	
Metoprolol Tartrate	
Metoprolol/Hydrochlorothiazide	
Minoxidil	
Moexipril	
Nadolol	
Nadolol/Bendroflumethiazide	
Nicardipine	
Nifedipine	
Olmesartan	
Olmesartan/Amlodipine/ Hydrochlorothiazide	
Olmesartan/Hydrochlorothiazide	
Perindopril	
Pindolol	
Prazosin	
Propranolol	
Propranolol/Hydrochlorothiazide	
Quinapril	
Quinapril/Hydrochlorothiazide	
Ramipril	
Ranolazine	
Sotalol	
Spironolactone	
Spironolactone/Hydrochlorothiazide	
Telmisartan/Amlodipine	
Terazosin	
Timolol	
Trandolapril	
Trandolapril/Verapamil	
Valsartan	
Verapamil	
Verapamil SR	

Link to Criteria: Cardiovascular Agents: Angina, Hypertension & Heart Failure

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b. Cardiovascular Agents: Lipotropics

Change Healthcare provided a clinical overview of the category. Discussed changes to the PCSK9 and niacin criteria. Criteria will be reviewed during the next P&T committee meeting on January 12, 2022. No drug placement changes made to the category.

c. Central Nervous System (CNS) Agents: Anticonvulsants Rescue

Change Healthcare provided a clinical overview of the category. No changes were made to the draft UPDL.

d. Central Nervous System (CNS) Agents: Anti-Migraine Agents, Acute

Change Healthcare provided a clinical overview of the category. Discussed Nurtec ODT formulary status. No changes were made to the draft UPDL.

e. Central Nervous System (CNS) Agents: Anti-Migraine Agents, Prophylaxis

Change Healthcare provided a clinical overview of the category. Discussed Nurtec ODT formulary status. Criteria may be reviewed during the next P&T committee meeting on January 12, 2022. No changes made to the draft UPDL.

f. Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents

Change Healthcare provided a clinical overview of the category. A motion was made to move Vyvanse Capsule to preferred. Votes were taken, and the committee approved the category as shown below:

PREFERRED	NON-PREFERRED
Amphetamine/Dextroamphetamine ER	Adhansia XR
Amphetamine/Dextroamphetamine IR	Adzenys ER
Atomoxetine Cap	Adzenys XR ODT
Clonidine ER Tab	Amphetamine Tab
Concerta BvG	Cotempla XR ODT
Dexmethylphenidate Tab	Daytrana
Dextroamphetamine ER Cap	Dyanavel XR
Dextroamphetamine Sol AR	Evekeo ODT
Dextroamphetamine Tab	Evekeo Tab
Focalin XR BvG	Jornay PM
Guanfacine ER Tab	Methamphetamine Tab
Methylphenidate ER Cap (generic of Metadate CD, Ritalin LA)	Methylphenidate Chewable Tab
Methylphenidate ER Tab (generic of Methylin ER, Ritalin SR)	Methylphenidate ER (generic of Apte
Methylphenidate Sol AR	Mydayis
Methylphenidate Tab	Relexxii
Qelbree ST	~~Vyvanse Cap~~
Quillichew ER ~~AR~~ PA	Vyvanse Chewable Tab
Quillivant XR ~~AR~~	Zenzedi
Ritalin LA BvG	
Vyvanse Cap	

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Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents

LENGTH OF AUTHORIZATIONS: 365 Days

Short Acting products considered separately from Long Acting products

PRIOR AUTHORIZATION CRITERIA:

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
   - Allergy to at least two medications not requiring prior approval
   - Contraindication to all medications not requiring prior approval
   - History of unacceptable/toxic side effects to at least two medications not requiring prior approval
   - Preferred long-acting non-solid dosage forms may be approved for a patient over age 12 if the patient is unable to swallow pills
   - Has the patient failed a therapeutic trial of at least 14 days with at least two medications not requiring prior approval?

STEP THERAPY:

1. For a drug requiring step therapy, there must have been inadequate clinical response to preferred alternatives, including a trial of no less than 30 days of at least two preferred products.

Note: Patients on non-preferred therapies are not required to obtain prior authorization for the use of their product until after June 30th, 2022. Providers may obtain prior authorization before June 30th, 2022.

AR - Dextroamphetamine Solution : a PA is required for patients over 12 years old
AR - Methylphenidate Solution: a PA is required for patients over 12 years old
~~AR - Quillichew ER: a PA is required for patients over 12 years old~~
~~AR - Quillivant XR: a PA is required for patients over 12 years old~~

g. Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction

Change Healthcare provided a clinical overview of the category. A motion was made to leave Sublocade as preferred with a prior authorization and a quantity limit. Votes were taken, and the committee approved the category as shown below:

Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction	
PREFERRED	**NON-PREFERRED**
Buprenorphine/Naloxone	Buprenorphine
Bunavail	Lucemyra QL
Clonidine	~~Sublocade~~
Sublocade PA QL	
Suboxone	
Vivitrol	
Zubsolv	

Link to Criteria: Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction

A motion was made to change the Sublocade criteria. Votes were taken, and the category criteria was approved as shown below:

Criteria for SUBCUTANEOUS BUPRENORPHINE INJECTION (SUBLOCADE™)

- Indicated for opioid dependence:
  - Patient ≥18 years
  - Currently established on a dose of at least 8mg of oral buprenorphine for at least 7 days
  - Medical justification supports inability to continue to use oral formulation and Vivitrol
  - Urine drug screen result obtained within the last 7 days with no illicit substances or non-prescribed therapies detected (initially). Subsequent authorization dependent upon UDS results indicating compliance to treatment plan.
  - ~~Patient is actively participating in counseling. Prescriber should retain documentation of meeting attendance and submit with PA request.~~ Provider will attest that the patient is receiving or planning to receive counseling.
  - The physician has reviewed OARRS within 7 days prior to the PA request. If the patient has received controlled substances since the previous authorization:
    - The physician has coordinated with all other prescribers of controlled substances and has determined that the patient should continue treatment; **AND**
    - If the patient has received other controlled substances for 84 or more continuous days, the physician has consulted with a board-certified addictionologist or addiction psychiatrist who has recommended the patient receive substance abuse treatment (consultation not necessary if the prescriber is a board-certified addictionologist or addiction psychiatrist).
  - Dose does not exceed 300mg per 30 days in the first 60 days and 100mg thereafter. Providers may request a maintenance dose increase beyond 100mg by submitting additional clinical documentation supporting the need for a higher dose

- Re-authorization requires adherence to specified treatment plan inclusive of adherence to counseling, OARRS and urine drug screening requirements

Sublocade may be billed by the pharmacy if it is not dispensed directly to the patient. If not administered at the pharmacy, the drug must be released only to the administering provider or administering provider's staff, following all applicable regulations.

h. Endocrine Agents: Diabetes – Hypoglycemia Treatments

Change Healthcare provided a clinical overview of the category. A motion was made to move Gvoke Hypopen and Gvoke PFS to preferred with a quantity limit and to remove the step therapy requirements from Baqsimi and Zegalogue. The step therapy and PA required non-preferred criteria will be removed from the clinical criteria for the category. Votes were taken, and the committee approved the category as shown below:

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Endocrine Agents: Diabetes – Hypoglycemia Treatments	
PREFERRED	**NON-PREFERRED**
Baqsimi [QL] ~~[ST]~~	Glucagon Emerg Kit [Labeler 00548 & 63323] [QL]
Glucagen Hypokit [QL]	~~Gvoke Hypopen~~
Glucagon Emerg Kit [Labeler 00002] [QL]	~~Gvoke PFS~~
Gvoke Hypopen [QL]	
Gvoke PFS [QL]	
Zegalogue [QL] ~~[ST]~~	

Link to Criteria: Endocrine Agents: Diabetes – Hypoglycemia Treatments

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval within the same class and formulation? Acceptable reasons include:
   - Allergy to medications not requiring prior approval
   - Contraindication to or drug interaction with medications not requiring prior approval
   - History of unacceptable/toxic side effects to medications not requiring prior approval

~~**STEP THERAPY:**~~

~~A medication requiring step therapy will be approved after a trial with a preferred medication not requiring prior approval or the inability of the patient and/or caregiver to administer a preferred product not requiring prior approval in a timely fashion.~~

~~**PA REQUIRED NON-PREFERRED:**~~

~~A non-preferred medication will be approved after a trial with a preferred medication not requiring prior approval or the inability of the patient and/or caregiver to administer a preferred glucagon product in a timely fashion.~~

Quantity limit of 2 per 34 days

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Pharmacy.medicaid.ohio.gov

i. Endocrine Agents: Diabetes – Non-Insulin

Change Healthcare provided a clinical overview and Scott Baran provided an explanation that ODM is recommending the removal of all Step edits in the category. A motion was made to move Ozempic to preferred. Votes were taken, and the committee approved the category as shown below:

PREFERRED	NON-PREFERRED
Acarbose	Adlyxin
Actoplus Met XR	Alogliptin
Byetta	Alogliptin/Metformin
Farxiga	Bydureon Bcise
Glimepiride	Glimepiride/Pioglitazone
Glipizide	Glucophage
Glipizide/Metformin	Glyxambi
Glyburide	Invokamet XR
Glyburide/Metformin	Jentadueto XR
Invokamet	Kombiglyze XR
Invokana	Metformin ER (Generic of Fortamet)
Janumet	Metformin Sol
Janumet XR	Onglyza
Januvia	~~Ozempic~~
Jardiance	Pioglitazone/Alogliptin
Jentadueto	Qtern
Metformin	Rybelsus
Metformin ER (Generic of Glucophage XR)	Segluromet
Miglitol	Soliqua
Nateglinide	Steglatro
Ozempic	Steglujan
Pioglitazone	Symlinpen
Pioglitazone/Metformin	Synjardy XR
Repaglinide	Trijardy XR
Repaglinide/Metformin	Xigduo XR
Synjardy	Xultophy
Tradjenta	
Trulicity	
Victoza	

j. Gastrointestinal Agents: Crohn's Disease and Ulcerative Colitis Agents

Change Healthcare provided a clinical overview and Scott Baran provided an explanation of the changes in the category. A motion was made to make two categories, 'Gastrointestinal Agents: Crohn's Disease' and 'Gastrointestinal Agents: Ulcerative Colitis'. A motion was made to add Zeposia as a PA Required Non-Preferred agent in the Ulcerative Colitis category. Votes were taken, and the committee approved the category as shown below:

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Gastrointestinal Agents: Ulcerative Colitis	
PREFERRED	**NON-PREFERRED**
Balsalazide Disodium	Dipentum
Budesonide ER Tab	Mesalamine DR Tab
Lialda [BvG]	Mesalamine Supp
Mesalamine DR Cap	Uceris Foam
Mesalamine Enema	Zeposia
Mesalamine ER	
Pentasa	
Sulfasalazine	

Gastrointestinal Agents: Ulcerative Colitis

LENGTH OF AUTHORIZATIONS: 365 Days

PRIOR AUTHORIZATION CRITERIA:

Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindication to or drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

ADDITIONAL INFORMATION

1. Ulcerative Colitis Agents are available in both oral (IR, ER) and rectal (enema, suppository) formulations. Patients with mild or moderate disease may be treated with either rectal or oral agents.
2. The efficacy among the different 5-ASA derivatives appears to be comparable.

For a non-preferred agent, there must have been inadequate clinical response to preferred alternatives, including a trial of no less than 30 days each of at least two preferred products.

Gastrointestinal Agents: Crohn's Disease	
PREFERRED	**NON-PREFERRED**
Sulfasalazine	Ortikos ER
Budesonide ER Cap	
Azathioprine	
Mercaptopurine	
Methotrexate	

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Gastrointestinal Agents: Crohn's Disease

LENGTH OF AUTHORIZATIONS: 365 Days

PRIOR AUTHORIZATION CRITERIA:

Is there any reason the patient cannot be changed to a medication not requiring prior approval?
Acceptable reasons include:

- Allergy to medications not requiring prior approval
- Contraindication to or drug interaction with medications not requiring prior approval
- History of unacceptable/toxic side effects to medications not requiring prior approval

For a non-preferred agent, there must have been inadequate clinical response to preferred alternatives, including a trial of no less than 30 days each of at least two preferred products.

k. Infectious Disease Agents: Antibiotics – Inhaled

Change Healthcare provided a clinical overview and no changes were made to the draft UPDL.

l. Infectious Disease Agents: Antivirals – Hepatitis C Agents

Change Healthcare provided a clinical overview and no changes were made to the draft UPDL. A motion was made to approve the removal of the specialist prescriber requirement from the Hepatitis C Prior Authorization form. Votes were taken, and the committee approved the PA form as shown below:

❑Active HCV infection verified by viral load within 180 days HCV RNA: million IU/mL Date
❑HCV Genotype verified by lab Genotype ☐ 1a ☐ 1b ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Hepatitis fibrosis stage:_____ Date:_____ Method(s) used:_____
~~❑Must be prescribed by, or in conjunction with, a gastroenterologist, hepatologist or infectious disease physician~~
❑Patients scheduled to receive an HCVNS3 protease inhibitor (i.e. grazoprevir, voxilaprevir, glecaprevir) should be assessed for a history of decompensated liver disease and liver disease severity using the Child-Turcotte-Pugh (CTP) score if cirrhosis is determined to be likely present (as evidenced by clinical findings, radiology, Metavir fibrosis score of F4, pathology findings or other laboratory markers (FibroTest/FibroSure/FIB-4 index).

m. Infectious Disease Agents: Antivirals – HIV

Change Healthcare provided a clinical overview. A motion was made to move Symtuza as preferred. Votes were taken, and the committee approved the category as shown below:

PREFERRED	NON-PREFERRED
Abacavir Sulfate	Abacavir Susp
Abacavir/Lamivudine	Abacavir/Lamivudine/Zidovudine
Atazanavir Sulfate	Aptivus
Biktarvy	Didanosine
Cimduo	Edurant
Complera	Fosamprenavir
Delstrigo	Fuzeon
Descovy	Intelence
Dovato	Lamivudine
Efavirenz	Lamivudine/Zidovudine
Efavirenz/Emtricitabine/Tenofovir	Nevirapine
Emtricitabine/Tenofovir Disoproxil Fumarate	Norvir Cap
Emtriva BvG	Norvir Pow
Evotaz	Norvir Sol
Genvoya	Selzentry
Isentress Chew Tab AR	Stavudine
Isentress	Stribild
Juluca	~~Symtuza~~
Kaletra Sol BvG	Tybost
Kaletra Tab	Viracept
Norvir Tab BvG	
Odefsey	
Pifeltro	
Prezcobix	
Prezista	
Ritonavir	
Rukobia ER PA	
Symfi BvG	
Symfi Lo BvG	
Symtuza	
Temixys	
Tenofovir Disoproxil 300mg	
Tivicay	
Tivicay PD	
Triumeq	
Viread	
Viread Oral Powder	
Zidovudine	

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n. Respiratory Agents: Antihistamines – Second Generation

Change Healthcare provided a clinical overview and a motion was made to remove the age restriction from cetirizine syrup and loratadine syrup. Votes were taken, and the committee approved the category as shown below:

PREFERRED	NON-PREFERRED
Cetirizine Syr ~~AR~~	Cetirizine Chewable
Cetirizine Tab	Clarinex-D
Cetirizine/Pseudoephedrine	Desloratadine
Loratadine Rapid Dissolve	Fexofenadine
Loratadine Syr ~~AR~~	Levocetirizine
Loratadine Tab	
Loratadine/Pseudoephedrine	

Link to Criteria: Respiratory Agents: Antihistamines – Second Generation

Respiratory Agents: Antihistamines – Second Generation

LENGTH OF AUTHORIZATIONS: 365 Days

PRIOR AUTHORIZATION CRITERIA:

1. Is there any reason the patient cannot be changed to a medication not requiring prior approval? Acceptable reasons include:
   - Allergy to medications not requiring prior approval
   - Contraindication to or drug interaction with medications not requiring prior approval
   - History of unacceptable/toxic side effects to medications not requiring prior approval
2. If there have been therapeutic failures after courses of treatment (e.g., 30 days for allergic rhinitis) with medication not requiring prior approval, then may approve the requested medication.

ADDITIONAL INFORMATION

- Fexofenadine is indicated for patients 6 years of age and older
- Loratadine is indicated for patients 2 years of age and older
- Cetirizine and desloratadine are indicated for patients 6 months of age and older

~~AR - Cetirizine Syrup: a PA is required for patients over 6 years old~~
~~AR - Loratadine Syrup: a PA is required for patients over 6 years old~~

X. Other Business

Dr. Jacobs suggest limiting interested parties to three minutes, will be considered when Bylaws are reviewed.
Dr. Samsa is resigning his position.

XI. 2022 Meeting Dates

A. Quarter 1 – Wednesday, January 12, 2022
B. Quarter 2 – Wednesday, April 6, 2022
C. Quarter 3 – Wednesday, July 13, 2022
D. Quarter 4 – Wednesday, October 5, 2022

XII. Adjournment

Dr. Jacobs adjourned the meeting at 4:35 PM EST.