

OHIO DEPARTMENT OF MEDICAID
Pharmacy & Therapeutics Committee
Ohio Department of Medicaid
50 W. Town Street, Room C621-A and C621-B
Columbus, OH
October 5, 2016
9:00 AM
MINUTES

Committee Members Present:

Mary Ann Dzurec, PharmD
Jennifer Gwilym, DO
Jennifer Hauler, DO
Michael Howcroft, RPh
Karen Jacobs, DO, Chair
Melissa Jefferis, MD
Margaret Scott, RPh
Susan Baker, CNP

Committee Members Not Present:

Suzanne Eastman, PharmD
Sandra Hrometz PhD, RPh

Contract Staff/Change Healthcare Staff Present:

Jeffrey Barkin, DO
Chad Bissell, PharmD
Jill RK Griffith, BS, PharmD
Ben Link, PharmD

Also present were approximately 82 observers, most representing pharmaceutical manufacturers.

I. Call to Order

Karen Jacobs, DO, called the meeting to order at 9:19 a.m.

II. Introductions

Dr. Jacobs welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience. All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations. Guest were reminded to sign in and advised of where the facility resources are located. Attendants were also advised to keep ID badges when going on break so they can return to the meeting location without escort.

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III. Department of Medicaid Update

Ms. Scott provided information regarding Ohio Department of Medicaid's ongoing collaboration with the five managed care plans on the limiting of opioid prescriptions. Beginning November 1, the 6th opioid prescription within a 30-day rolling period will require a prior authorization. It was noted that good pain management may consist of one long acting and one short acting drug.

IV. Approval of August 10th, 2016 Meeting Minutes

The minutes from the prior P&T meeting were reviewed. Dr. Jefferis moved to approve the minutes, seconded by Dr. Dzurec.

V. Administrative Matters

Dr. Bissell of Change Healthcare provided recommendations for the preferred drug list review using Robert's Rules of Order by way of the consent agenda. In proposing the use of the consent agenda, extracted categories will be discussed in depth while the remainder of preferred drug list categories can be approved collectively. Committee members were asked if they had any questions, none were raised. The Committee approved the proposal to review the Preferred Drug List (PDL) via consent agenda.

The committee moved to extract the following categories for review at this time:

Blood Formation, Coagulation, and Thrombosis Agents: Oral Anticoagulants
Central Nervous System (CNS) Agents: Antidepressants
Central Nervous System (CNS) Agents: Antipsychotics, Second Generation
Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents
Central Nervous System (CNS) Agents: Multiple sclerosis
Endocrine Agents: Progestin Agents
Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI Agents
Infectious Disease Agents: Antivirals-HIV

Presenters were reminded that they had a 5-minute presentation time.

VI. Manufacturer Presentations

a. Dr. Mark Juhn, Pfizer, Flector®

Dr. Juhn provided a presentation on the drug Flector® Patch, discussing the drug formulation and clinical merits. Used for acute pain, the patch was noted to allow for fewer systemic problems. Dr. Juhn requested that Flector® patch be added as a preferred drug to be prescribed after oral drug failure.

b. Dr. Mark Juhn, Pfizer, Embeda®

Dr. Juhn provided a presentation on opioid pain medication Embeda®, discussing the drug formulation and clinical merits. After answering a question to compare the drug to other abuse deterrent formulations, Dr. Juhn made a request that Embeda® be added to the preferred drug list.

c. *Jerrod Downing, PharmD, Purdue Pharma, Butrans®*

Dr. Downing provided a presentation on transdermal buprenorphine used to treat severe pain. The presentation included a review of product boxed warnings, usage, and dosing. After answering a question on the abuse potential for Butrans®, a request was made to add Butrans® to the preferred drug list.

d. *Jerrod Downing, PharmD, Purdue Pharma, Hysingla® ER*

Dr. Downing provided a presentation on the extended-release oral formulation of Hysingla®, used in the treatment of severe pain. Presentation included the review of the product boxed warnings, usage, formulation and dosing schedules. Additional information was provided on the abuse deterrent properties including product design and chemical properties that limit abuse potential. A request was made to add Hysingla® ER to the preferred drug list.

e. *Eric Millheim, PharmD, Bristol-Myers Squibb, Eliquis®*

Dr. Millheim provided a presentation on the anticoagulant Eliquis®, used in the treatment of atrial fibrillation. The presentation included summary information of the clinical study data that highlighted product comparison information. Additional evidence was provided on the pharmacoeconomic data with the use of Eliquis® by way of decreased inpatient stays, length of stay, and number of admissions. A request was made to keep Eliquis® on the preferred drug list.

f. *Ndidi Yaucher, PharmD, Novartis, Entresto™*

Dr. Yaucher provided a presentation on the oral prescription medication Entresto™, used in the treatment of heart failure. The presentation included clinical review, study data to comparators, ability to decrease the length of initial hospitalization and overall emergency room visits, and a 20% reduction in heart failure deaths. A request was made for the committee to extract the drug category for further review and add Entresto™ to the preferred drug list, without requirement for prior authorization.

g. *Doug Fissel, PharmD, Amgen, Repatha™*

Dr. Fissel provided a presentation on the prescription medication Repatha™, used for high cholesterol. The presentation included review of drug usage and administration, overview of clinical trial results, and adverse reactions that may occur. A request was made for the committee to considering adding Repatha™ to the preferred drug list.

h. *Dr. Steve Valliere & Kelly Broderick, PharmD, Sunovion Pharmaceuticals, Aptiom®*

Dr. Valliere provided a presentation on Aptiom®, used in the management and treatment of epilepsy. The presentation included review of key clinical attributes of drugs used to treat epileptic patients including dosage of medication and adverse reactions that may be experienced. Additional pharmacoeconomic information was provided by Dr. Broderick.



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- i. Eric Millheim, PharmD, Pfizer, Relpax®**
Dr. Millheim provided a presentation on Relpax®, used in the treatment of migraines. The presentation included a review of clinical results in comparison to competitors. Overview was provided on the safety and tolerability of the product in comparison to other agents in the drug class. Additional information was provided on dosage and use.
- j. Jennifer Wilbanks, PharmD, Otsuka America Pharmaceuticals, Rexulti®**
Dr. Wilbanks provided a presentation on Rexulti®, used in the treatment of schizophrenia. The presentation included an overview of a 6-week clinical trial, highlighting the results and adverse effects.
- k. Kelly Broderick, PharmD, Sunovion Pharmaceuticals, Latuda®**
Dr. Broderick provided a presentation on Latuda®. The presentation included an outline of safety and efficacy of the drug in clinical trials. Additional information was provided on cost-effectiveness related to hospitalizations.
- l. Mark Veerman, PharmD, Janssen, Invokana®**
Dr. Veerman provided a presentation on Invokana®, used in the treatment of diabetes. The presentation included treatment guidelines and provided an overview of treatment studies.
- m. Kenneth Linsky, PharmD, Genentech, Actemra®**
Dr. Linsky yielded his time back to the committee.
- n. Eric Millheim, PharmD, Pfizer, Xeljanz®**
Dr. Millheim provided a presentation on Xeljanz®, used in the treatment of moderate to severe rheumatoid arthritis. The presentation included an outline of drug usage along with data supporting limited joint damage as a result of use.
- o. Ndidi Yaucher, PharmD, Novartis, Cosentyx™**
Dr. Yaucher provided a presentation on Cosentyx™, used in the treatment of moderate to severe psoriasis. The presentation included an outline of efficacy in a clinical study with comparison to Enbrel® and placebo, resulting in a 75% improvement of redness and clearer skin. A request was made for drug category extraction and that Cosentyx™ be added to preferred drug list.
- p. Samantha Sam, PharmD, ViiV Healthcare, Triumeq®**
Dr. Sam provided a presentation on Triumeq®, used in treatment of HIV. The presentation included clinical trial information with a request to keep Triumeq® on the preferred drug list.

With no other presenters, the session was adjourned at 10:55 a.m. with a break for lunch.

P & T reconvened at 12:15 p.m. with presentations by non-manufacturer interested parties.

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VII. Interested Party Presentation

a. Dr. Manhomhan Katapadi, Entresto®

Dr. Katapadi provided information in support of the benefits of Entresto® in the treatment of angina, hypertension, and heart failure. A request for preferred status and removal of requirement for prior authorization was submitted.

b. Dr. Charles Noble, Eliquis®

Dr. Noble provided information on the benefits of Eliquis® in the treatment of atrial fibrillation. Dr. Noble highlighted reductions in overall symptoms and mortality rates with Eliquis® use. He additionally noted it to be the most prescribed new oral anticoagulants (NOACs). A request was made to keep Eliquis® on the PDL with preferred status.

c. Dustin McKee, NAMI-Ohio, psychotropic medications

Mr. McKee provided information on the benefits of psychotropic drugs. He noted difficulty in obtaining medications with barriers of prior authorization, resulting in negative consequences. A request was made for open access for antipsychotics.

d. Dr. Deepak Patel, SGLT- 2 coverage

Dr. Patel provided information on the use of SGLT- 2 medications in his practice. He requested coverage of SGLT-2 medications for the treatment and management of diabetes.

e. Lisa France, access to hepatitis C treatments

Ms. France spoke as an advocate for the treatment of Hepatitis C. Her presentation included an outline of the patient population of people with Hepatitis C and her experience assisting providers in obtaining medications for patients. A request was made for more open access to treatment.

f. Dr. Tasos Manokas, access to hepatitis C treatments

Dr. Manokas presented information on the treatment of Hepatitis C and his experience as a provider. He outlined difficulties experienced in attempting to meet the requirements for Hepatitis C medications and requested more open access to treatment.

g. Edward Hamilton, MBA, LLM, drug coverage for HIV antiretroviral drugs

Mr. Hamilton presented on drug coverage for HIV antiretroviral drugs. Mr. Hamilton discussed difficulties experienced by patients attempting to obtain access to HIV antiretroviral drugs with the requirement for prior authorizations. Mr. Hamilton requested open access to antiretroviral medications.

h. Dr. Brian Beesley, drug coverage for HIV antiretroviral drugs

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Dr. Beesley provided information on the need for better access to drugs in the HIV antiretroviral class.

i. Dr. Jeanette Moleski, Zubsolv®

Dr. Moleski provided a presentation on Zubsolv®, used in the treatment of opioid dependent patients. Dr. Moleski outlined the problems with the use of rival product Suboxone, specifically the diversion of the product for monetary gain.

VIII. Preferred Drug List Review

Following the completion of presentations from drug manufacturers and interested parties, the P&T Committee members deliberated on the classes for extraction. The following drug categories were extracted for review and discussion with the remainder of the categories being voted and approved as recommended by Change Healthcare in the draft PDL document:

Analgesic Agents: Opioids

Blood Formation, Coagulation and Thrombosis Agents: Oral Anticoagulants

Cardiovascular Agents: Angina, Hypertension, & Heart Failure

Cardiovascular Agents: Lipotropic

Central Nervous System (CNS) Agents: Anticonvulsants

Central Nervous System (CNS) Agents: Antidepressants

Central Nervous System (CNS) Agents: Antipsychotics, Second generation

Central Nervous System (CNS) Agents: ADHD Agents

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

Central Nervous System (CNS) Agents: Multiple Sclerosis

Central Nervous System (CNS) Agents: Parkinson's Agents

Endocrine Agents: Progestin Agents

Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI

Immunomodulator Agents for Systemic Inflammatory Disease

Infectious Disease Agents: Antivirals-Hepatitis C Agents

Infectious Disease Agents: Antivirals-HIV

a. Analgesic Agents: Opioids

Change Healthcare provided an overview of the current drug category and a review of the current criteria. Coverage of abuse deterrent technologies was outlined. Change Healthcare recommended no changes to the current preferred drug list status.

Votes were taken and the category was approved without any recommended changes.

b. Blood Formation, Coagulation and Thrombosis Agents: Oral Anticoagulants

Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. Change

Healthcare made a recommend to move Eliquis® to prior authorization required status and for Pradaxa® to be moved to preferred status. A brief discussion ensued, and a motion was made for Eliquis® to remain preferred. Votes were taken and the recommendation follows below:

BLOOD AGENTS: ORAL ANTICOAGULANTS

NO PA REQUIRED "PREFERRED"	PA REQUIRED
ELIQUIS® (apixaban) PRADAXA® (dabigatran) WARFARIN (generic of Coumadin®) XARELTO® (rivaroxaban) *	SAVAYSA® (edoxaban)

* Note: Duration limit of 35 days applies to Xarelto 10mg tablets, see Heparin-Related Preparations for details

c. Cardiovascular Agents: Angina, Hypertension, & Heart Failure

Change Healthcare provided an overview of the current drug category and a review of the prior authorization criteria for Corlanor® and Entresto™. Change Healthcare provided recommendations for a brand to generic change to Exforge® and Exforge® HCT (generics now preferred). After a brief discussion votes were taken and the category was approved as recommended.

d. Cardiovascular Agents: Lipotropics

Change Healthcare provided an overview of the current drug category and a review of the authorization criteria. Change Healthcare provided recommendations for brand to generic change to Lipofen and Trilipix (generics now preferred). A brief discussion occurred regarding the requirement that PCKS9 inhibitors be recommended by a cardiologist or lipidologist. Votes were taken and the criteria was recommended to be changed to remove the requirement that the PCKS9 inhibitors be prescribed by a specialist. The remainder of the drug category was approved as recommended.

e. Central Nervous System (CNS) Agents: Anticonvulsants

Change Healthcare provided an overview of the current drug category, a review of the prior authorization criteria and a review of market share information for the drug category. Change Healthcare provided recommendations for brand to generic changes to Tegretol® XR, Carbatrol® (generics now preferred), generic to brand change to Tegretol® Susp (brand now preferred), Briviact® to be placed as non-preferred and Vimpat® moved to preferred. A brief discussion occurred. Votes were taken and the category was recommended for approval as presented.

f. Central Nervous System (CNS) Agents: Antidepressants

Change Healthcare provided an overview of the current drug category and a review of the prior authorization criteria. A review of the grandfathering and psychiatrist prior authorization exemption clauses was provided. Committee members discussed including nurse practitioners

with a psychiatry specialty into the psychiatrist prior authorization exemption. After a brief discussion, votes were taken and the category and criteria were approved with no recommended changes.

- g. Central Nervous System (CNS) Agents: Antipsychotics, Second generation**
 Change Healthcare provided an overview of the current drug category, a review of the prior authorization criteria and a review of market share information for the drug category. Change Healthcare provided recommendations for brand to generic change for Abilify® (generics now preferred) and move Aristada™ to preferred status. After a brief discussion votes were taken and the category as presented.
- h. Central Nervous System (CNS) Agents: Attention Deficit Hyperactivity Disorder Agents**
 Change Healthcare provided an overview of the current drug category, a review of the prior authorization criteria and a review of market share information for the drug category. Change Healthcare provided an overview of the recommended changes to long acting agents with new subclasses for solid and non-solid dosage forms. Recommendations for generic methylphenidate ER products to be non-preferred and a non-solid Dosage Form Subclass with preferred and non-preferred products were presented. Preferred non-solid dosage forms will include an age limit of 12 or under. After a brief discussion votes were taken and the recommended changes were approved.
- i. Central Nervous System (CNS) Agents: Medication Assisted Treatment of Opioid Addiction**
 Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. Change Healthcare recommended that Zubsolv® moved to non-preferred status. Market share information that highlighted the use of Suboxone® was presented in support of the recommended change. A discussion ensued, votes were taken and the recommendation was rejected. No changes to the drug category were supported. The approved category appears below.

CENTRAL NERVOUS SYSTEM AGENTS: MEDICATION ASSISTED TREATMENT OF OPIOID ADDICTION

CLINICAL PA REQUIRED “PREFERRED”	PA REQUIRED “NON-PREFERRED”
SUBOXONE® SL film (buprenorphine/naloxone) ZUBSOLV® SL tablets (buprenorphine/naloxone)	BUNAVAIL® buccal film (buprenorphine/naloxone) BUPRENORPHINE SL tablets (generic of Subutex®) BUPRENORPHINE/NALOXONE SL tablets

CENTRAL NERVOUS SYSTEM AGENTS: MEDICATION ASSISTED TREATMENT OF OPIOID ADDICTION LONG-ACTING INJECTABLES +

NO PA REQUIRED “PREFERRED”	PA REQUIRED
VIVITROL® (naltrexone)	

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+ Vivitrol may be billed by the pharmacy if it is not dispensed directly to the patient. The drug must be released only to the administering provider or administering provider's staff, following all regulations for a Prescription Pick-Up Station as described by the Ohio Board of Pharmacy.

***j.* Central Nervous System (CNS) Agents: Multiple sclerosis**

Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. After a brief discussion votes were taken and the drug category was approved as presented.

***k.* Central Nervous System (CNS) Agents: Parkinson's Agents**

Change Healthcare provided an overview of the current drug category and a review of the authorization criteria. A brief discussion occurred regarding whether a change could be made to criteria to exempt neurologist from the prior authorization criteria. Change Healthcare recommended that the P&T Committee review current prescriber specialty information at a subsequent P&T Meeting in order to evaluate the suggestion. The P&T Committee voted to revisit this category following a presentation of the prescriber specialty data and did not recommend any changes to the category at this time. Votes were taken and the drug category was approved as presented.

***l.* Endocrine Agents: Progestin Agents,**

Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. Change Healthcare identified that this category was suggested for addition to the PDL based upon the goals of the department to address preterm birth. Votes were taken and the category was approved as presented.

***m.* Gastrointestinal Agents: Irritable Bowel Syndrome (IBS) / Selected GI Agents,**

Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. A brief discussion occurred regarding the potential for loperamide to be abused and the committee recommended that the dose restriction be added. Votes were taken and the category was approved as recommended, with the addition of a dose limit of 16mg per day for loperamide.

***n.* Immunomodulator agents for systemic inflammatory disease**

Change Healthcare provided an overview of the current drug category, a review of the prior authorization criteria and a review of market share information for the drug category. A brief discussion occurred regarding the usefulness of adding a preferred oral agent, such as Xeljanz®. Following the discussion votes were taken and the category was approved as presented.

***o.* Infectious Disease Agents: Antivirals – Hepatitis C Agents**

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Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. Change Healthcare recommends that Epclusa® be added as preferred and Zepatier™ moved to non-preferred status. A brief discussion was undertaken regarding the appropriateness of the prior authorization criteria for these agents. The AASLD guidelines were discussed and the committee voted and recommended that the criteria be modified as follows:

All HCV DAAs require clinical prior authorization. Only regimens recommended by the American Association for the Study of Liver Diseases (AASLD) will be approved. Patients must meet all criteria below.

Step 1: Patient Readiness Evaluated

- Patient's psychiatric status has been stable for 6 months documented in medical record. If patient has mental health conditions that are not currently being treated, then a mental health professional must be consulted to assess for patient readiness before HCV treatment can begin.
- Patient Tested for HIV and, if positive, treated appropriately
- Patient vaccinated against Hepatitis A and Hepatitis B.
- Patient must not have severe renal impairment (eGFR < 30 mL/min/1.73m²) or end stage renal disease requiring hemodialysis.
- Patient must not be concomitantly taking drugs that have significant clinical interaction as described in the prescribing information for each agent.
- Patient must agree in writing to being adherent with office visits, lab testing, imaging, procedures and, if deemed a candidate, the HCV medication regimen. Prescribers may use the form below or a similar form that covers all four points. Patient signature is required. This statement and patient signature must be included as part of the prior authorization request.

Step 2: Clinical Assessment of Disease

- Confirmation of chronic hepatitis C (CHC):
 - Hepatitis C Virus (HCV) antibody test reactive
 - Provide HCV RNA load measured within 90 days prior to starting DAA therapy
 - Specify the Genotype
- Indicate any relevant co-infection, e.g., HIV or Hepatitis B
- Document that patient does not have limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions
- Document any previously tried Hepatitis C treatments, dates treated, and response/outcome (patient will not be approved if any other HCV treatments have

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been used in the last 6 months)

Step 3: Direct Acting Antivirals (DAA) conditions for coverage

- Must be prescribed by a hepatologist, gastroenterologist, or infectious disease specialist
- Initial approval: 8 week period
- HCV RNA testing is required every 4 weeks; treatment beyond the initial 8 weeks of therapy require confirmation of lowered viral load; refills will NOT be granted unless a greater than or equal to a 2 log reduction in the HCV RNA or the HCV RNA is less than 25 IU/mL
- HIV/HCV-coinfected persons should be treated and retreated the same as persons without HIV infection, after recognizing and managing interactions with antiretroviral medications
- No lost or stolen medication will be replaced
- Only regimens listed as recommended or alternative in the current AASLD guidance (<http://hcvguidelines.org>) will be approved. Regimens listed as not recommended will not be approved.

p. Infectious Disease Agents: Antivirals – HIV

Change Healthcare provided an overview of the current drug category, a review of the authorization criteria and a review of market share information for the drug category. Several changes were recommended to the drug category. Dr. Bissell spoke to the selection of drugs based on the recommendations in the guidelines. Dr. Bissell identified that the recommendations would allow for use of the first-line therapies in a once-daily regimen though multiple pills may be required. A brief discussion occurred regarding the benefit of single tablet regimens. Following the discussion, a vote was taken to reject the recommendations to move drugs to prior authorization required status. A second vote was taken to approve the change to preferred status for Evotaz® and Genvoya®. The recommended drug category follows below:

HIV PROTEASE INHIBITORS AND COMBINATIONS

NO PA REQUIRED “PREFERRED”	PA REQUIRED
CRIXIVAN® (indinavir sulfate)	
EVOTAZ® (atazanavir/cobicistat)	
INVIRASE® (saquinavir mesylate)	
KALETRA® (lopinavir/ritonavir)	
LEXIVA® (fosamprenavir calcium)	
REYATAZ® capsules, oral powder (atazanavir sulfate)	
VIRACEPT® (nelfinavir mesylate)	

HIV NON-PEPTIDIC PROTEASE INHIBITORS AND COMBINATIONS

NO PA REQUIRED “PREFERRED”	PA REQUIRED
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Table with 2 columns: PREZISTA (darunavir ethanolate) and APTIVUS (tipranavir; tipranavir/vitamin E) PREZCOBIX (darunavir/cobicistat)

HIV REVERSE TRANSCRIPTASE INHIBITORS, NUCLEOSIDE ANALOGS AND COMBINATIONS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists various HIV medications like Abacavir, Didanosine, Emtriva, etc.

HIV REVERSE TRANSCRIPTASE INHIBITORS, NUCLEOTIDE ANALOGS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists VIREAD (tenofovir disoproxil fumarate).

HIV REVERSE TRANSCRIPTASE INHIBITORS, NON-NUCLEOSIDE ANALOGS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists Nevirapine, Edurant, Intelence, Rescriptor, Viramune.

HIV INTEGRASE STRAND TRANSFER INHIBITORS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists ISENTRESS and TIVICAY (dolutegravir sodium) and VITECTA (elvitegravir).

HIV CCR5 CO-RECEPTOR ANTAGONISTS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists SELZENTRY (maraviroc).

HIV FUSION INHIBITORS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED. Lists FUZEON (enfuvirtide).

HIV RTI, NUCLEOSIDE-NUCLEOTIDE ANALOGS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' and PA REQUIRED.

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Table with 2 columns: TRUVADA (emtricitabine/tenofovir) and DESCOVY (emtricitabine/ tenofovir alafenamide)

HIV RTI, NUCLEOSIDE, NUCLEOTIDE, & NON-NUCLEOSIDE ANALOGS

Table with 2 columns: NO PA REQUIRED 'PREFERRED' (ATRIPLA, COMPLERA) and PA REQUIRED (ODEFSEY)

HIV INTEGRASE INHIBITOR & RTI COMBINATION

Table with 2 columns: NO PA REQUIRED 'PREFERRED' (GENVOYA, TRIUMEQ) and PA REQUIRED (STRIBILD)

HIV PHARMACOKINETIC ENHANCERS (CYP3A INHIBITORS)

Table with 2 columns: NO PA REQUIRED 'PREFERRED' (NORVIR) and PA REQUIRED (TYBOST)

IX. Other Business

No new business

X. Next Meeting Dates

Next meeting date has yet to be confirmed. Attendees were advised that an email will be sent out to committee members to determine next meeting date and audience was encouraged to check the Medicaid website, http://pharmacy.medicaid.ohio.gov, for information regarding the next meeting date and time.

XI. Adjournment

Dr. Jacobs adjourned the meeting at 3:22 p.m.

11/10/16: Following the meeting, ODM accepted the recommendations of the committee regarding drug placement in preferred and non-preferred positions. The recommendations will be implemented January 1, 2017. The recommendations regarding clinical criteria are under review and will be discussed at a future meeting.

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