

**COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE MEETING
Capitol Annex -Room 131**

700 Capital Avenue Frankfort, Kentucky 40601

Thursday, May 18, 2017
1:00 P.M. to 4:30 P.M.

AGENDA

- I. Call to Order and Welcome**
- II. Executive Session** (upon request)
- III. Old Business**
 - a. Approval of Minutes: March 16, 2017 Meeting
 - b. Yosprala™ Follow-Up – individual ingredients aren't interchangeable with the combination product.
 - c. Orkambi® Utilization Follow-Up
- IV. New Business**
 - a. New Products to Market
 - i. Eucrisa™ to be discussed within the class review – Immunomodulators, Atopic Dermatitis.
- V. Therapeutic Classes with Recommended Changes**
 - a. Acne Agents, Topical
 - i. Criteria Review
 - b. Analgesics Narcotics, Long-Acting
 - c. Analgesics Narcotics, Short-Acting
 - i. Criteria Review
 - d. Analgesics Narcotics, Fentanyl Buccal Products
 - e. All Analgesics Narcotics, Legislative Mandate (Informational Only)
 - f. Antidepressants - Tricyclics
 - g. Anxiolytics
 - h. Glucocorticoids, Inhaled
 - i. Glucocorticoids, Oral
 - j. Histamine II Receptor Blockers
 - k. Immunomodulators, Atopic Dermatitis
(includes new product: Eucrisa™)
 - l. NSAIDs
 - m. Sedative Hypnotics
 - n. Steroids Topical – High, Low, Medium, Very High
- VI. Consent Agenda**
 - a. The following therapeutic classes have no changes recommended and may be voted on as a group under a consent agenda:

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|---------------------------------------|--------------------------------------|
| Acne Agents, Oral | Oncology Oral – Breast Cancer |
| Anti-Alcoholic Preparations | Oncology Oral – Lung Cancer |
| Anticholinergics/Antispasmodics | Oncology Oral – Prostate Cancer |
| Antidiarrheals | Oncology Oral – Renal Cell Carcinoma |
| Anti-Ulcer Protectants | Oncology Oral – Skin Cancer |
| Bone Resorption Suppression & Related | Pancreatic Enzymes |
| Growth Hormone | Progestins for Cachexia |
| Immunosuppressives, Oral | Skeletal Muscle Relaxants |
| Multiple Sclerosis Agents | Tobacco Cessation Products |

- b. The following therapeutic classes have no recommended changes other than a brand/generic switch. These may be voted on as a group:

| | |
|------------------------------|----------------------------|
| Antivirals, Oral | Hepatitis B Agents |
| Epinephrine, Self-Injectable | Intranasal Rhinitis Agents |

- c. The following therapeutic classes have no recommended changes other than specific formulation movement. These may be voted on as a group:

| | |
|--------------------------------|------------------------|
| Antimigraine Agents - Triptans | Antiparkinson's Agents |
|--------------------------------|------------------------|

VII. Adjournment

- a. Next Meetings
 - i. **July 20, 2017**
 - ii. **September 21, 2017**
 - iii. **November 16, 2017**
- b. Collection of Travel Vouchers

PUBLIC SPEAKERS: If you would like to speak during the public session, please complete the Speaker Request Form located on the Committees/P&T tab of the Kentucky specific Magellan Medicaid Administration web portal at:

<https://kyportal.magellanmedicaid.com/provider/public/documents.xhtml>.