

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Wednesday January 14, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Meeting conducted by e-mail

Time: 7:00am – 8:00am

Review of SA's:

- 1) Case 01_PH76952
Reviewed by committee January 14, 2015
Approved 1 course rituximab (1000 mg at 0 and 2 weeks) with a 30 day pick-up window.
Exceptional coverage approved for 1 course. If renewal required please provide requested dose/frequency as well as levels of markers (eg. Prednisone dose, mycophenolate dose, number and severity of lesions, etc) at time of best response to rituximab and current levels.
Approval is subject to patient eligibility, deductibles, and the lowest cost alternative price, if applicable. Thank you, jfs.
- 2) Case 02_FC21276
Reviewed by committee January 14, 2015
Approved ustekinumab for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Jan 30, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30am

Review of SA's:

- 1) Case 01_ES61272
Reviewed by committee January 30, 2015
Not approved
Does not meet criteria for PharmaCare coverage.
- 2) Case 02_CW19236
Reviewed by committee January 30, 2015
Approved adalimumab for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Feb 13, 2015

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:15 am

Review of SA's:

- 1) Case 01_BI80419
Reviewed by committee February 13, 2015
Approved etanercept for 12 weeks
- 2) Case 02_TJ69266
Reviewed by committee February 13, 2015
Approved ustekinumab for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Feb 27, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am –7:30 am

Review of SA's:

- 1) Case 01_LD47591
Reviewed by committee February 27, 2015
Approved for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Summary Friday March 13, 2015

Attendees: VH, KP, MDW

Away: JFS, DJ (Responded via Email)

Time: 7:00am – 7:30am

Review of SA's:

- 1) Case 01_VR89624
Reviewed by Committee
More Information required: Ustekinumab 90mg every 12 weeks
For further consideration of coverage, please submit copies of lab report showing elevated liver enzymes while on methotrexate, and clarify measures taken to alleviate intolerance to cyclosporin. Thank you (mdw)
- 2) Case 02_RR28682
Reviewed by Committee
Approved 40mg weekly for 1 year
Medication is subject to eligibility, deductibles, and the lowest cost alternative price if applicable. Thank you. (mdw)
- 3) Case 03_ME46034
Reviewed by Committee
Not Approved ustekinumab
Does not meet guidelines based on information provided (less than 3 months trial with cyclosporin).
 - For further consideration of coverage, please clarify if patient is still on isoniazid treatment and provide published documentation of isoniazid/cyclosporin drug interaction. Please also clarify nature and severity of side effects to cyclosporin and specify measures used to alleviate (e.g. dose reduction? etc.). Thank you (mdw)
- 4) Case 04_BL02087
Reviewed by Committee
Approved: etanercept 50mg twice weekly for 1 year
Medication is subject to eligibility, deductibles, and the lowest cost alternative price if applicable. Thank you. (mdw)
- 5) Case 05_BR75232
Reviewed by Committee of Dermatologists
Not Approved: imiquimod
This medication is not eligible for PharmaCare coverage. Not approved for exceptional coverage. (mdw)
[PharmaCare note: KP is calling prescriber after looking into Veregen (sinecatechins 10% oint) availability/usage – non-PharmaCare benefit]

- 6) Case 06_PM82576
Reviewed by Committee of Dermatologists
Does not meet criteria for PharmaCare coverage. (mdw)

Next Meeting March 27, 2015

Transcribed by TC

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday March 27, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:15am

Review of SA's:

- 1) Case 01_CM63856
Reviewed by committee March 27, 2015
Approved adalimumab 40 mg weekly for 1 year
- 2) Case 02_CP83795
Reviewed by committee March 27, 2015
Approved adalimumab 40 mg every 14 days for 1 year
- 3) Case 03_WY64514
Reviewed by committee March 27, 2015
Not approved
Does not meet PharmaCare coverage criteria.
PharmaCare records indicate patient received 2 mg/kg of cyclosporine for 3 months, not 4 mg/kg for 3 months as per criteria above. Thank you, jfs.

Next meeting April 10, 2015

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday April 10, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_SN72471
Reviewed by committee April 10, 2015
Approved for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday April 24, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:15 am

Review of SA's:

- 1) Case 01_CS41648
Reviewed by committee April 24, 2015
Approved for 1 year
- 2) Case 02_LJ10768
Reviewed by committee April 24, 2015
Not approved
For further consideration of exceptional coverage by PharmaCare please provide results of trial with alitretinoin.
Please note: Hair loss is less likely to occur with alitretinoin than acitretin.
- 3) Case 03_VR89624
Reviewed by committee April 24, 2015
Approved ustekinumab for 16 weeks
- 4) Case 04_GN70714
Reviewed by committee April 24, 2015
Approved infliximab 700 mg every 6 weeks for 1 year
- 5) Case 05_GD75928
Reviewed by committee April 24, 2015
Does not meet PharmaCare coverage criteria for the Plaque Psoriasis program. For further consideration of coverage by the Rheumatic Auto-Immune Diseases Drug Benefit Adjudication and Advisory Committee (RADBAAC) please have a rheumatologist complete the attached Psoriatic Arthritis form and resubmit along with the Plaque Psoriasis form. Thank you.
- 6) Case 06_CW79892
Reviewed by committee April 24, 2015
Not approved
For further consideration of PharmaCare coverage please provide results of a retrial with methotrexate. Thank you.

Next meeting – Friday, May 8
Dr. Jenkins is away on June 5th and June 19th

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday May 8, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:40 am

Review of SA's:

- 1) Case 01_BI80419
Reviewed by committee May 8, 2015
Approved for 1 year
- 2) Case 02_GE26236
Reviewed by committee May 8, 2015
Approved for 16 weeks
- 3) Case 03_BT26258
Reviewed by committee May 8, 2015
More information required
Please provide the nature and severity of the gastrointestinal intolerance experienced and clarify steps taken to decrease side effects (e.g. Dose reduction, antinauseant medications, trial of subcutaneous methotrexate, etc).
Please note: PharmaCare notes lower incidence of gastrointestinal side effects with subcutaneous methotrexate.
- 4) Case 04_PN31841
Reviewed by committee May 8, 2015
Approved for 16 weeks

Next meeting Friday, May 22, 2015

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday May 22, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ-reviewed by e-mail
Away:

Time: 7:00am – 7:15 am

Review of SA's:

- 1) Case 01_WJ03094
Reviewed by committee May 22, 2015
Not approved
Does not meet criteria for PharmaCare coverage. Cyclosporine is not contraindicated unless the hypertension is not able to be controlled with antihypertensive medications while taking the cyclosporine.

Cyclosporine is associated with hypertension in about 20-30% of cases and does not necessarily worsen existing hypertension. PharmaCare notes that antihypertensive therapy should be optimized prior to beginning cyclosporine and if blood pressure increases antihypertensive therapy should be adjusted.

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday June 12, 2015

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30am

Review of SA's:

- 1) Case 01_LM56099
Not approved
Committee recommends another trial of cyclosporine.
- 2) Case 02_BT26258
Reviewed by committee June 11, 2015
Approved etanercept for 12 weeks

Next meeting June 26th

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday June 26, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ, SLB

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_PM51093
Reviewed by PharmaCare June 25, 2015
Approved infliximab 600 mg every 6 weeks for 1 year
- 2) Case 02_VA43715
Reviewed by PharmaCare June 25, 2015
Approved ustekinumab for 16 weeks
Please note: PharmaCare has provided coverage due to treatment failure with long-term cyclosporine therapy. PharmaCare does not accept increased lymphoma risk as a contraindication if patients have had less than 2 years of cyclosporine therapy. Thank you, jfs.
- 3) Case 03_DM34722
Reviewed by PharmaCare June 25, 2015
Approved adalimumab 40 mg weekly for 1 year.
- 4) Case 04_RK51641
Reviewed by PharmaCare June 25, 2015
Approved ustekinumab for 16 weeks.

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Aug 21, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30am

Review of SA's:

- 1) Case 01_BH83671
Reviewed by PharmaCare August 21, 2015
Not approved
Not approved for exceptional last resort coverage by PharmaCare
- 2) Case 02_HJ27899
Reviewed by PharmaCare August 21, 2015
Approved ustekinumab 45 mg every 8 weeks for 1 year
- 3) Case 03_MH24254
Reviewed by PharmaCare August 21, 2015
Approved infliximab 5 mg/kg every 8 weeks for 1 year

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Sept 04, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_LM63815
Reviewed by PharmaCare September 4, 2015
More information required
Please provide a copy of the GI consult and clarify if GI bleeding was due to cyclosporine.
- 2) Case 02_WC67296
Reviewed by PharmaCare September 4, 2015
Approved ustekinumab for 16 weeks
- 3) Case 03_HS84761
Reviewed by PharmaCare September 4, 2015
Approved ustekinumab for 16 weeks
- 4) Case 04_YR17875
Reviewed by PharmaCare September 4, 2015
Approved alitretinoin for 24 weeks

Next meeting September 18th

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Sept 18, 2015

DIAL IN NUMBER ^{s.15; s.17}

or ^{s.15; s.17}

(local)

Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:15 am

Review of SA's:

- 1) Case 01_FL51351
Reviewed by PharmaCare September 18, 2015
Approved alitretinoin for 24 weeks
 - 2) Case 02_RP43209
Reviewed by PharmaCare September 18, 2015
Not approved
Does not meet PharmaCare coverage criteria. Age is not an absolute contraindication to cyclosporine therapy. Committee notes cyclosporine can be used in the elderly and suggests a cautionary approach starting with a lower dose and monitoring of renal function.
 - 3) Case 03_IJ84076
Reviewed by PharmaCare September 18, 2015
Approved adalimumab for 16 weeks
- Next meeting October 2, 2015

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Oct 2, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, JFS, DJ

Away: KP

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_UO25026
Reviewed by PharmaCare October 1, 2015
Not approved
Although cyclosporine may increase uric acid levels gout is not an absolute contraindication to use. If patient is on hyperuricemic medications the dose may need to be adjusted and cyclosporine dose may need to be titrated slowly. Thank you.
- 2) Case 02_DM54674
Reviewed by PharmaCare October 1, 2015
Approved adalimumab for 16 weeks
Approved alitretinoin for 16 weeks
- 3) Case 03_LM63815
Reviewed by PharmaCare October 1, 2015
Not approved
Not approved for coverage until the etiology of the GI bleed is clarified (as per Crohn's committee recommendation). Thank you.

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Oct 16, 2015

DIAL IN NUMBER s.15; s.17

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(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:40 am

Review of SA's:

- 1) Case 01_LH65668
Reviewed by PharmaCare October 16, 2015
Approved etanercept for 1 year
- 2) Case 02_SM62939
Reviewed by PharmaCare October 16, 2015
Approved ustekinumab for 16 weeks
- 3) Case 03_TS04901
Reviewed by PharmaCare October 16, 2015
Approved adalimumab 40 mg weekly for 1 year
- 4) Case 04_TJ28048
Reviewed by PharmaCare October 16, 2015
Approved ustekinumab for 16 weeks
- 5) Case 05_WJ75059
Reviewed by PharmaCare October 16, 2015
Approved adalimumab for 16 weeks
- 6) Case 06_RN05094
Reviewed by PharmaCare October 16, 2015
Not approved
Does not meet criteria for PharmaCare coverage

October 30, 2015----Dr. Jenkins will be absent

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Oct 30, 2015

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS

Away: DJ

Time: 7:00am – 7:40 am

Review of SA's:

- 1) Case 01_CK42784
Reviewed by PharmaCare October 30, 2015
Approved etanercept for 12 weeks
Approved due to patient specific factors provided (advanced liver disease/cirrhosis).
Committee notes that Hepatitis C is not generally a contraindication to cyclosporine use.
- 2) Case 02_WP51812
Reviewed by PharmaCare October 30, 2015
Approved infliximab 600 mg every 6 weeks for 1 year
- 3) Case 03_GD75928
Reviewed by PharmaCare October 30, 2015
Not approved
Does not meet PharmaCare coverage criteria for the Plaque Psoriasis program. For further consideration of coverage by the Rheumatic Auto-Immune Diseases Drug Benefit Adjudication and Advisory Committee (RADBAAC) please have a rheumatologist complete the attached Psoriatic Arthritis form and resubmit along with the Plaque Psoriasis form. Thank you.
- 4) Case 04_HD40846
Reviewed by PharmaCare October 30, 2015
Approved ustekinumab for 16 weeks
- 5) Case 05_HM58759
Reviewed by PharmaCare October 30, 2015
Approved infliximab 500 mg every 4 weeks for 1 year
- 6) Case 06_KP02542
Reviewed by PharmaCare October 30, 2015
Approved ustekinumab for 16 weeks

- 7) **Case 07_GD03198**
Reviewed by PharmaCare October 30, 2015
More information required
For further consideration of coverage by PharmaCare:
1. **Please clarify the nature and severity of the intolerance to methotrexate experienced by the twin sister.**
 2. **Please provide the dose and duration of trial with cyclosporine.**
- 8) **Case 08_WE84547**
Reviewed by PharmaCare October 30, 2015
Not approved
Does not meet PharmaCare coverage criteria for the Plaque Psoriasis program. For further consideration of coverage by the Rheumatic Auto-Immune Diseases Drug Benefit Adjudication and Advisory Committee (RADBAAC) please complete the attached Psoriatic Arthritis form and resubmit along with the Plaque Psoriasis form. Thank you.

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Nov 13, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_AD48607
Reviewed by PharmaCare November 13, 2015
Not approved
Does not meet PharmaCare coverage criteria.
- 2) Case 02_WA35872
Reviewed by PharmaCare November 13, 2015
Approved infliximab 400 mg every 6 weeks for 1 year
- 3) Case 03_GD03198
Reviewed by PharmaCare November 13, 2015
Not approved
Does not meet PharmaCare coverage criteria.
- 4) Case 04_HK35371
Reviewed by PharmaCare November 13, 2015
Approved etanercept for 12 weeks
Exceptional coverage provided due to patient specific factors.

Next meeting November 27th

AGM December 11, 2015

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Nov 27, 2015

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_LP16014
Reviewed by committee November 27, 2015
Approved ustekinumab for 16 weeks
- 2) Case 02_GR05405
Reviewed by committee November 27, 2015
Approved ustekinumab 90 mg every 12 weeks for 1 year
- 3) Case 03_HJ91236
Reviewed by committee November 27, 2015
Approved adalimumab for 16 weeks
- 4) Case 04_BT87521
Reviewed by committee November 27, 2015
Not approved
Does not meet criteria for PharmaCare coverage

[PharmaCare note only: Physician will pursue compassionate and extended health coverage. Transport Canada does not have CSA/MTX on excluded medications list. Once patient is at therapeutic dose and stable they are able to fly]

- 5) Case 05_MJ47145
Reviewed by committee November 27, 2015
Approved adalimumab for 16 weeks
- 6) Case 06_WK05488
Reviewed by committee November 27, 2015
Approved ustekinumab 90 mg dose for 16 weeks
- 7) Case 07_KB48029
Reviewed by committee November 27, 2015
Approved ustekinumab for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee (PDBAAC)

Annual General Meeting

Minutes
Friday December 11, 2015
7:00 am – 7:45 am

Telephone Conference: s.15; s.17

Conference ID: s.15; s.17 Joanne is the Moderator

Participants: Dr. Kevin Peter, Dr. Vincent Ho, Dr. Donald Jenkins, Joanne Bolzonello, Susan Bouma

| Time | Topic |
|-------------------|---|
| 7:00 am – 7:10 am | Review of 4 special authority requests <ul style="list-style-type: none">Minutes provided separately |
| 7:10 am – 7:25 am | Review of 2014 minutes completed Selection of PDBAAC Chairperson for 2015-2016 <ul style="list-style-type: none">Dr. Vincent Ho Annual Review of Terms of Reference <ul style="list-style-type: none">ACTION: PDBAAC to replace “Committee” throughout the documentNo other changes at this time Conflict of interest <ul style="list-style-type: none">ACTION: Form for conflict of interest declaration will be sent out by Sue in 2016 Contract/billing Process <ul style="list-style-type: none">Doctors of BC has increased specialist ratesACTION: Sandy to provide new invoice template for billing purposesRESULTS: Completed by Kayla January 15, 2016Reminder to keep billing up to date for fiscal year end (March 31, 2016) |
| 7:25 am – 7:45 am | Review of 2015 volume of plaque psoriasis requests <ul style="list-style-type: none">Would like to see prior years volume of requests to see how volume has changed over timeACTION: Joanne to provide information from prior years Update on infliximab biosimilar (Inflectra) review |

| | |
|--|---|
| | <ul style="list-style-type: none">• Listing is planned for around mid-February <p>Discussion on issues seen by committee over past year</p> <ul style="list-style-type: none">• Dr. Ho noted that the PDBAAC committee is getting more reports of side effects such as nausea and back pain with cyclosporine therapy lately. He is concerned that it may be related to the Sandoz version of cyclosporine as these side effects were not seen as commonly in the studies and prior to the generic becoming available. Requests that brand name Neoral be made available in cases of intolerance to generic cyclosporine.• ACTION: Joanne to update pharmacist training sheet with note to allow coverage of name brand Neoral if requested.• RESULTS: Training sheets updated• Dr. Ho noted that tacrolimus may have lower incidences of hypertension and nephrotoxicity and appears to work as well as cyclosporine. Study information is sparse. Requests that tacrolimus be made available in cases of intolerances with cyclosporine to provide dermatologists with more options.• ACTION: Joanne to do a dose and price comparison of tacrolimus versus cyclosporine• RESULTS:• Cyclosporine-25 mg \$1.41/cap, 50 mg \$2.75/cap, 100 mg \$5.50/cap (generic pricing) Dose 4 mg/kg/day 75 kg patient takes 300 mg daily=\$16.50/day• Tacrolimus-0.5 mg \$1.59/cap, 1 mg \$2.04/cap, 5 mg \$10.22/cap (generic pricing) Dose 0.05 to 0.15 mg/kg/day 75 kg patient takes 3.5 mg to 11 mg daily=\$7.71-\$22.48/day <p>Set date for review of biologic utilization reports</p> <ul style="list-style-type: none">• Review will take place during a regular PDBAAC meeting in February <p>General discussion</p> <ul style="list-style-type: none">• Apremilast – Dr. Ho is concerned about indication creep to milder cases of psoriasis if apremilast is approved for coverage for plaque psoriasis• Dr. Peter has heard the company ^{s.21}• ACTION: Joanne to follow up to see where apremilast is in |
|--|---|

| | |
|---------|--|
| | <p>s.21</p> <ul style="list-style-type: none"> • RESULT: Review completed December 22, 2015 with apremilast provided non-benefit status. |
| 7:45 am | Wrap-up |

Psoriasis Drug Benefit Adjudication Advisory Committee 2015

Meeting Agenda Friday Dec 11, 2015

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ, SB

Away:

Time: 7:00am – 7:40 am

Review of SA's:

- 1) Case 01_CL72588
Reviewed by committee December 10, 2015
Approved adalimumab for 16 weeks
- 2) Case 02_DD02145
Reviewed by committee December 10, 2015
HOLD
Dr. Ho will call
- 3) Case 03_LG96475
Reviewed by committee December 10, 2015
Approved ustekinumab for 16 weeks
- 4) Case 04_PN03566
Reviewed by committee December 10, 2015
Approved etanercept for 12 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Jan 08, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_DD02145
Reviewed by committee January 8, 2016
Approved ustekinumab for 16 weeks
- 2) Case 02_LC37476
Reviewed by committee January 8, 2016
Not approved
Does not meet PharmaCare coverage criteria
- 3) Case 03_PR19383
Reviewed by committee January 8, 2016
Approved etanercept for 12 weeks
- 4) Case 04_CA85107
Reviewed by committee January 8, 2016
Approved infliximab 5 mg/kg every 8 weeks for 1 year
Exceptional coverage granted based on information provided. Future requests for other biologics will require criteria applicable at that time to be met before coverage would be considered. Thank you
- 5) Case 05_KS01594
Reviewed by committee January 8, 2016
Approved-ustekinumab for 16 weeks
- 6) Case 06_CS41908
Reviewed by committee January 8, 2016
Approved ustekinumab for 16 weeks

Next meeting January 22, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Jan 22, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:40am

Review of SA's:

- 1) Case 01_VL68964
Reviewed by committee January 22, 2016
Not approved
Does not meet criteria for PharmaCare coverage (requests must be submitted by a dermatologist licensed by the Royal College of Physicians and Surgeons of Canada). Thank you.

[PharmaCare note only: Dr. Peter will call Dr. s.22 office to query patients' appointment]
- 2) Case 02_SR93428
Reviewed by committee January 22, 2016
Approved adalimumab 40 mg weekly for 1 year
- 3) Case 03_CJ12095
Reviewed by committee January 22, 2016
More information required
Please provide copy of consults (e.g. Emergency room/neurology/ophthalmology, etc.) attributing temporary blindness to cyclosporine. Thank you.
- 4) Case 04_CW46823
Reviewed by committee January 22, 2016
More information required
For further consideration of PharmaCare coverage:
 1. Please specify details of prior trial with methotrexate (e.g. Dates of trial, source of methotrexate (eg. Out-of-province, etc.), dose used and results of trial).
 2. Please provide further details of trial with cyclosporine:
 - a. Duration of symptoms in relation to cyclosporine use (e.g. onset with a certain dose, persistence after how many days, etc.
 - b. Steps taken to decrease side effects (e.g. dose reduction?)
 - c. Severity of each symptom experienced

- d. PharmaCare notes trial of 50 mg twice daily dose of cyclosporine. Please clarify rationale for choosing this starting dose in this patient (as PharmaCare criteria requires dose of 4 mg/kg daily)
 - 3. Letter dated March 16, 2011 states the patient had prior treatment failure on ustekinumab. Please provide details of prior trial on ustekinumab including dates of trial, dose and frequency and results of trial. Also provide the rationale for retrial with ustekinumab at this time.
- 5) Case 05_BC71484
Reviewed by committee January 22, 2016
Not approved
Does not meet PharmaCare coverage criteria. Committee suggests a trial of subcutaneous methotrexate to alleviate the symptoms of GI intolerance.

Next meeting February 5, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Feb 05, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_OC97054
Reviewed by committee February 5, 2016
Approved adalimumab 80 mg every 14 days or 40 mg weekly for 1 year
- 2) Case 02_BS57917
Reviewed by committee February 5, 2016
More information required
Previous application noted severe hand dermatitis and patient was approved for alitretinoin. Please note: Adalimumab is not indicated for hand dermatitis and may make it worse.

[PharmaCare note only: If the physician responds stating that the diagnosis requiring treatment is plaque psoriasis we can approve adalimumab]
- 3) Case 03_CJ12095
Reviewed by committee February 5, 2016
Approved for 16 weeks
- 4) Case 04_HK35371
Reviewed by committee February 5, 2016
Approved etanercept for 1 year
- 5) Case 05_ST46914
Reviewed by committee February 5, 2016
Not approved
Not approved for exceptional last-resort only coverage by PharmaCare based upon available information. Information available to PharmaCare suggests alternatives are available (eg. Mycophenolate, etc). Thank you, jfs.

Approved – mycophenolate 9901-0122 1 year
Exceptional approval provided due to patient specific factors. jfs

- 6) Case 06_BA79811
Reviewed by committee February 5, 2016
Approved etanercept for 16 weeks

Next meeting on February 19, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Feb 19, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_SA31475
Reviewed by committee February 19, 2016
Not approved
Does not meet criteria for PharmaCare coverage (no prior trial of cyclosporine).
Please note: Information available to PharmaCare suggests cyclosporine may be used for greater than 1 year.
 - 2) Case 02_BS57917
Reviewed by committee February 19, 2016
Approved
Approved adalimumab for 16 weeks
 - 3) Case 03_SB56053
Reviewed by committee February 19, 2016
Approved
Approved adalimumab 40 mg every 2 weeks for 1 year
Exceptional coverage provided due to patient specific factors.
 - 4) Case 04_KJ97252
Reviewed by committee February 19, 2016
Approved
Approved adalimumab 40 mg every 2 weeks for 1 year
- Next meeting is March 4th

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday March 04, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_BK48029
Reviewed by committee March 4, 2016
Approved for 12 weeks
- 2) Case 02_PL16147
Reviewed by committee March 4, 2016
Approved adalimumab 40 mg every 2 weeks for 1 year
- 3) Case 03_HD40846
Reviewed by committee March 4, 2016
Approved ustekinumab 45 mg every 12 weeks for 1 year

Next meeting Friday, March 18th

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Summary Friday March 18, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ, LP

Away: JFS

Time: 7:00am – 7:30am

Review of SA's:

- 1) **Case 01_SK85628**
Reviewed by committee 18 March 2016
Review is ongoing. Decision is on hold until Dr. Ho speaks with Dr. s.22
Addendum: Dr. s.22 accepts the committee's recommendation to continue cyclosporine and optimize antihypertensive therapy and will find out more about the patient's liver function to determine methotrexate suitability.

Not Approved:
Does not meet PharmaCare criteria for coverage.
- 2) **Case 02_SL85146**
Reviewed by committee 18 March 2016
More information is required.
Please provide additional information including current CrCl, other renal function assessment results and further details of kidney stones. Also please supply a copy of the nephrology consult, if available.
- 3) **Case 03_RT82895**
Reviewed by committee 18 March 2016
More information is required
Please submit results of urinalysis, serum protein levels, electrolyte levels and CrCl. Also, please provide further details indicating cause of edema and measures taken to reduce symptoms e.g. low salt diet
- 4) **Case 04_CM38459**
Reviewed by committee 18 March 2016
Approve for 24 weeks
- 5) **Case 05_GJ96162**
Reviewed by committee 18 March 2016
More information required.
Please provide details of measures taken to alleviate adverse symptoms from cyclosporine including the effect of dosage reduction and dose titration.
- 6) **Case 06_CR71846**

Reviewed by committee 18 March 2016
Not approved.
Does not meet criteria for BC PharmaCare coverage.

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday April 29, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ , JFS

Away:

Time: 7:00am – 7:30 m

Review of SA's:

- 1) Case 01_LN58635
Reviewed by committee April 29, 2016
Not approved ustekinumab 90 mg every 12 weeks
The patients PASI score of 0.3 does not justify utilization of a higher dose of ustekinumab.

Approved ustekinumab 45 mg every 12 weeks for 1 year
- 2) Case 02_RT82895
Reviewed by committee April 29, 2016
More information required
For further consideration of coverage by committee please clarify the mg/kg dose of cyclosporine trialed, start and stop dates of trial, response of edema to amlodipine and response of edema to cyclosporine dose adjustment.
- 3) Case 03_DD72149
Reviewed by committee April 29, 2016
Approved infliximab 500 mg every 6 weeks for 1 year
PharmaCare notes that an alternative treatment may be alitretinoin or acitretin for palmoplantar psoriasis, if not already trialed.
- 4) Case 04_GJ96162
Reviewed by committee April 29, 2016
Not approved
Does not meet PharmaCare coverage criteria
- 5) Case 05_BP35107
Reviewed by committee April 29, 2016
Not approved
Does not meet PharmaCare coverage criteria

[PharmaCare note only: CANCELLED. Patient has been approved for compassionate coverage of Cosentyx]

- 6) Case 06_SL85146
Reviewed by committee April 29, 2016
Not approved
Does not meet criteria for PharmaCare coverage.
As the patient has normal kidney function it does not appear either cyclosporine or methotrexate are contraindicated.
- 7) Case 07_WS14714
Reviewed by committee April 29, 2016
More information required
For further consideration of coverage by committee please provide:
1. Duration of symptoms in relation to cyclosporine use (e.g. onset with a certain dose, persistence after how many days, etc)
 2. Steps taken to decrease side effects (e.g. dose reduction?)
 3. Severity of each symptom experienced
- 8) Case 08_NC92689
Reviewed by committee April 29, 2016
Not approved
Does not meet criteria for PharmaCare coverage.
- [PharmaCare note only: Childbearing potential is not a contraindication to use of MTX or CSA. CSA may be used for pregnancy.]
- 9) Case 09_Alitretinoin_submission
a) Dermatologist exemption request-
The dermatologists on committee noted:
-the application process is not onerous or time consuming
-they don't see a lot of patients who require alitretinoin and think it would have very minimal impact on workload.

s.17

b) Increase duration of coverage to 28 weeks - 28 weeks is reasonable as people don't always start on time.

Next meeting Friday, May 13th.

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday May 13, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_LR14784
Reviewed by committee May 12, 2016
Approved adalimumab for 16 weeks
- 2) Case 02_KI69783
Reviewed by committee May 12, 2016
Not approved
The intolerance to cyclosporine may be related to the galenic properties of the formulation and some patients do not experience the same intolerance when switched to tacrolimus. Tacrolimus may be trialed at a dose 0.10 - 0.15 mg/kg/day. Monitoring is the same as for cyclosporine.
If tacrolimus coverage is desired please submit a special authority request along with a copy of this application. Thank you.
- 3) Case 03_AG20528
Reviewed by committee May 12, 2016
Approved ustekinumab 90 mg every 10 weeks for 1 year
- 4) Case 04_WS14714
Reviewed by committee May 12, 2016
Information provided was not detailed enough for a decision to be made by committee.
For further consideration by committee:
 1. Provide the weight of the patient in kg.
 2. Please provide details of the duration of symptoms in relation to cyclosporine use (eg. Onset with a certain dose, persistence, etc).
 3. Provide details of the steps taken to decrease side effects (eg. Dose reduction, etc) and results. Thank you.
- 5) Case 05_PB42844
Reviewed by committee May 12, 2016
Approved adalimumab 40 mg weekly for 3 months
- 6) Case 06_RT82895

Reviewed by committee May 12, 2016
Approve for 16 weeks

Next meeting May 27th

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday May 27, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_KB36537
Reviewed by committee May 27, 2016
Approved adalimumab for 16 weeks
- 2) Case 02_NJ37282
Reviewed by committee May 27, 2016
Not approved
Does not meet criteria for PharmaCare coverage.
PharmaCare notes that the patient has only had 1 month trial of cyclosporine with reported worsening of psoriasis. As cyclosporine may take 4 to 6 weeks to take effect the committee recommends a retrial of cyclosporine in this case. Thank you.

Next meeting Friday, June 10, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday June 10, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_VM76524
Reviewed by committee June 10, 2016
Not Approved
Not approved for PharmaCare coverage
- 2) Case 02_CR23793
Reviewed by committee June 10, 2016
Approved ustekinumab for 16 weeks
- 3) Case 03_WS14714
Reviewed by committee June 10, 2016
Approved adalimumab for 16 weeks
- 4) Case 04_MJ21537
Reviewed by committee June 10, 2016
Approved ustekinumab for 16 weeks
- 5) Case 05_CJ81591
Reviewed by committee June 10, 2016
HOLD-This case became Case #1 of the August 12th meeting (was approved for 16 weeks)
- 6) Case 06_CL61023
Reviewed by committee June 10, 2016
Approved adalimumab for 16 weeks

Next meeting June 24, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday June 24, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 8:00am

Review of SA's:

- 1) Case 01_HJ20436
Reviewed by committee June 24, 2016
Not approved
Does not meet criteria for coverage as PASI provided is <12. For further consideration of coverage please provide the current PASI score. Thank you.
- 2) Case 02_VA43715
Reviewed by committee June 24, 2016
Not approved ustekinumab 45 mg every 12 weeks
The patients PASI score of 0.3 does not justify utilization of a higher frequency of ustekinumab.

Approved ustekinumab 45 mg every 12 weeks for 1 year

Next meeting July 8, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday July 08, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_PC04517
Reviewed by committee July 8, 2016
Approved adalimumab for 16 weeks
- 2) Case 02_YH01365
Reviewed by committee July 8, 2016
Approved ustekinumab for 16 weeks
- 3) Case 03_UM34174
Reviewed by committee July 8, 2016
Approved adalimumab 40 mg weekly for 1 year
- 4) Case 04_RA29572
Reviewed by committee July 8, 2016
Approved adalimumab 40 mg weekly for 16 weeks

Next meeting July 29, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday July 26, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00 am – 7:30 am

Review of SA's:

- 1) Case 01_DS48379
Reviewed by committee July 29, 2016
Approved for 16 weeks
- 2) Case 02_BJ48191
Reviewed by committee July 29, 2016
Approved for 16 weeks
- 3) Case 03_FJ18393
Reviewed by committee July 29, 2016
Approved for 16 weeks
- 4) Case 04_CC86315
Reviewed by committee July 29, 2016
Not approved
Does not meet criteria for PharmaCare coverage
- 5) Case 05_TK68044
Reviewed by committee July 29, 2016
Approved for 12 weeks

Next meeting Friday, August 12th

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Aug 12, 2016

DIAL IN NUMBER ^{s.15; s.17} **or** ^{s.15; s.17} **(local)**
Password ^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_CJ81591
Reviewed by committee August 12, 2016
Approved for 16 weeks
- 2) Case 02_MK32672
Reviewed by committee August 12, 2016
Approved ustekinumab 45 mg every 12 weeks for 1 year
- 3) Case 03_KJ40162
Reviewed by committee August 12, 2016
Approved for 16 weeks
- 4) Case 04_WJ75059
Reviewed by committee August 12, 2016
Approved for 12 weeks
- 5) Case 05_GR25894
Reviewed by committee August 12, 2016
More information required
PharmaCare criteria requires trial of cyclosporine 4 mg/kg/day for 3 months. Please provide the weight of the patient in kg. Thank you.
- 6) Case 06_KE09201
Reviewed by committee August 12, 2016
More information required
Please provide further details of contraindication to methotrexate trial (eg. liver enzyme test results, ultrasound results, etc). Thank you.
- 7) Case 07_LP56289
Reviewed by committee August 12, 2016
Based on information provided, patient does not meet PharmaCare coverage criteria. For further consideration of coverage, patient would be required to meet BC PharmaCare coverage criteria in section 4. Thank you.

- 8) Case 08_BJ74707
Reviewed by committee August 10, 2016
Not approved
For further consideration of coverage by PharmaCare please provide a consult supporting contraindication to cyclosporine therapy.

Next meeting Friday, September 2nd

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Sept. 2, 2016

DIAL IN NUMBER s.15; s.17

or s.15; s.17

(local)

Password s.15; s.17

Attendees: KP, DJ, JFS
Away: VH-e-mail response

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_SR83514
Reviewed by committee September 2, 2016
Approved for 16 weeks
- 2) Case 02_WD32896
Reviewed by committee September 2, 2016
Not approved
Does not meet PharmaCare coverage criteria.
- 3) Case 03_KS64358
Reviewed by committee September 2, 2016
Approved adalimumab 40 mg weekly for 1 year
- 4) Case 04_LA73258
Reviewed by committee September 2, 2016
Approved for 16 weeks
- 5) Case 05_OD36519
Reviewed by committee September 2, 2016
More information required
Please specify nature and severity of intolerance to prior trial of cyclosporine including measures taken to alleviate adverse symptoms experienced.
- 6) Case 06_RA70921
Reviewed by committee September 2, 2016
Approved for 16 weeks
- 7) Case 07_RJ57033
Reviewed by committee September 2, 2016
Not approved
Does not meet criteria for PharmaCare coverage.

- 8) **Case 08_KE09201**
Reviewed by committee September 2, 2016
Not approved
Does not meet PharmaCare coverage criteria.
- 9) **Case09_GR25894**
Reviewed by committee September 2, 2016
Not approved
Does not meet PharmaCare coverage criteria.
For a proper therapeutic trial cyclosporine should be dosed at 4 mg/kg for 3 months.
- 10) **Case10_CK19516**
Reviewed by committee September 2, 2016
Approved for 12 weeks
- 11) **Case11_WD02393**
Reviewed by committee September 2, 2016
Not approved
Does not meet PharmaCare coverage criteria for the Plaque Psoriasis program.
For further consideration of coverage by the Rheumatic Auto-Immune Diseases Drug Benefit Adjudication and Advisory Committee (RADBAAC) please have a rheumatologist complete the attached Psoriatic Arthritis form and resubmit along with the Plaque Psoriasis form. Thank you.

Next meeting September 23, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Sept. 23, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_WJ03094
Reviewed by committee September 23, 2016
Approved for 12 weeks
- 2) Case 02_RT50622
Reviewed by committee September 23, 2016
Approved for 12 weeks
- 3) Case 03_QT81682
Reviewed by committee September 23, 2016
Approved for 16 weeks
- 4) Case 04_SN58177
Reviewed by committee September 23, 2016
Approved for 16 weeks
- 5) Case 05_WK05488
Reviewed by committee September 23, 2016
Approved ustekinumab 90 mg every 8 weeks for 1 year

Next meeting October 14, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Oct 14, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_KB36537
Reviewed by PharmaCare October 14, 2016
Not approved
Committee notes patient's psoriasis worsened on adalimumab therapy. PharmaCare coverage may be considered for another biologic such as secukinumab rather than an increased dose of adalimumab. Please reapply if an alternate biologic is desired.
- 2) Case 02_RK46214
Reviewed by PharmaCare October 14, 2016
Approved for 16 weeks
- 3) Case 03_UM06851
Reviewed by PharmaCare October 14, 2016
Not approved
Committee notes that concurrent statin use with cyclosporine is not an absolute contraindication. Possible strategies include reduced statin dose with monitoring of CPK and lipid levels as well as clinical response.
- 4) Case 04_ZA92434
Reviewed by PharmaCare October 14, 2016
Approved for 16 weeks
- 5) Case 05_MS26966
Reviewed by PharmaCare October 14, 2016
Approved for 16 weeks

Next meeting Friday, October 28

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Oct 28, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, DJ, JFS

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_CL72588
Reviewed by committee October 28, 2016
Approved
Approved adalimumab 40 mg weekly for 1 year

Please note: PharmaCare records suggest patient has been using 40 mg of adalimumab every 7 to 10 days since August 27th with suboptimal response. PharmaCare notes other options are available if switching is desired.

- 2) Case 02_HF52595
Reviewed by committee October 28, 2016
Approved
Approved ustekinumab 90 mg every 8 weeks for 1 year
- 3) Case 03_RT82895
Reviewed by committee October 28, 2016
Approved
Approved adalimumab 40 mg weekly for 1 year
- 4) Case 04_NW92893
Reviewed by committee October 28, 2016
Approved
Approved for 16 weeks
- 5) Case 05_CS05013
Reviewed by committee October 28, 2016
Approved
Approved for 16 weeks
- 6) Case 06_BJ74707
Reviewed by committee October 28, 2016
Approved
Approved for 16 weeks

Next meeting Friday, November 18, 2016

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Nov 18, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS

Away: DJ

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_ST20871
Reviewed by committee November 18, 2016
Approved for 16 weeks
- 2) Case 02_RA82154
Reviewed by committee November 18, 2016
Not approved
Does not meet PharmaCare coverage criteria. Please see Section 5 for details of intolerance or contraindications to methotrexate accepted by PharmaCare. Thank you.

[PharmaCare note only: Headache is not a contraindication to MTX trial. Dose may be adjusted if needed]
- 3) Case 03_CR20291
Reviewed by committee November 18, 2016
Approved ustekinumab 90 mg every 8 weeks for 1 year
- 4) Case 04_VS90601
Reviewed by committee November 18, 2016
Approved for 16 weeks
- 5) Case 05_FR72473
Reviewed by committee November 18, 2016
Approved for 16 weeks
- 6) Case 06_WD23591
Reviewed by committee November 18, 2016
Not approved
Does not criteria for PharmaCare coverage

[PharmaCare note only: Other possible alternatives with more evidence in this indication include mycophenolate, azathioprine and apremilast. Dosing schedule questionable and too few studies to consider coverage]

Next meeting December 2nd

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Dec 02, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_RG50907
Reviewed by committee December 2, 2016
Approved for 16 weeks
- 2) Case 02_NM43156
Reviewed by committee December 2, 2016
Not approved
Committee notes that high blood pressure is not an absolute contraindication to use of cyclosporine. Cyclosporine may or may not worsen pre-existing hypertension. Antihypertensive therapy may be optimized during treatment if required. Thank you.
- 3) Case 03_IS57081
Reviewed by committee December 2, 2016
Approved for 12 weeks

{PharmaCare note only: Dr. KP changed request from adalimumab to secukinumab}
- 4) Case 04_KT03736
Reviewed by committee December 2, 2016
Not approved
PharmaCare criteria for coverage requires a trial of cyclosporine.
Committee notes that cyclosporine may be dosed according to ideal body weight for the trial.

Next meeting-Friday December 16th

Psoriasis Drug Benefit Adjudication Advisory Committee 2016

Meeting Agenda Friday Dec 16, 2016

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:40 am

Review of SA's:

- 1) Case 01_BC71484
Reviewed by committee December 16, 2016
Approved adalimumab 40 mg every 14 days for 1 year
- 2) Case 02_MJ58612
Reviewed by committee December 16, 2016
Not approved
Does not meet PharmaCare coverage criteria. PharmaCare criteria require trial of cyclosporine 4 mg/kg/day for 3 months.
Please note: Information provided on appeal must be provided by the dermatologist, not by a nurse coordinator.
- 3) Case 03_DR13802
Reviewed by committee December 16, 2016
Not approved
Does not meet PharmaCare coverage criteria. Information available to PharmaCare suggests cyclosporine is not contraindicated in patients with fatty liver.
- 4) Case 04_SC78198
Reviewed by committee December 16, 2016
Approved for 16 weeks
- 5) Case 05_BJ09853
Reviewed by committee December 16, 2016
Not approved
Does not meet PharmaCare coverage criteria. Please see noted part of criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare.

Committee notes that a single episode of infection is not a contraindication to use of cyclosporine. Repeated infections may be a contraindication to use of immunosuppressive agents including biologics.

- 6) Case 06_KC63264
Reviewed by committee December 16, 2016
Approved secukinumab 450 mg monthly for 1 year
- 7) Case 07_WM09269
Reviewed by committee December 16, 2016
Approved ustekinumab 90 mg every 12 weeks for 1 year
- 8) Case 08_KT03736
Reviewed by committee December 16, 2016
Not approved
PharmaCare criteria for coverage requires a trial of cyclosporine.
Committee notes that cyclosporine may be dosed according to ideal body weight for the trial.
- 9) Case 09_KA09173
Reviewed by committee December 16, 2016
Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window
Exceptional last-resort coverage provided due to patient specific factors provided.
- 10) Case 10_LK61636
Reviewed by committee December 16, 2016
Not approved
Does not meet PharmaCare coverage criteria. Please see noted part of criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare.
- 11) Case 11_GF58514
Reviewed by committee December 16, 2016
Approved for 24 weeks

Next meeting Friday, January 6, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday Jan 06, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_TK74138
Reviewed by committee January 6, 2017
Approved for 1 year
- 2) Case 02_FC10354
Reviewed by committee January 6, 2017
Approved for 12 weeks
- 3) Case 03_FC12458
Reviewed by committee January 6, 2017
Approved adalimumab 40 mg weekly for 1 year
- 4) Case 04_OD36519
Reviewed by committee January 6, 2017
Approved for 1 year
- 5) Case 05_JH45923
Reviewed by committee January 6, 2017
More information required
Please provide further information to support contraindication to methotrexate therapy. Thank you.

[PharmaCare note only: Fatty liver by itself is not a contraindication to MTX therapy]
- 6) Case 06_BD46934
Reviewed by committee January 6, 2017
Not approved
Does not meet criteria for PharmaCare coverage as previous trial of cyclosporine was only for 35 days. Thank you.
- 7) Case 07_HA06189
Reviewed by committee January 6, 2017

Approved adalimumab 40 mg weekly for 1 year

- 8) Case 08_AD48607**
Reviewed by committee January 6, 2017
Approved for 16 weeks
- 9) Case 09_LS10153**
Reviewed by committee January 6, 2017
Approved for 12 weeks
- 10) Case 10_SS35876**
Reviewed by committee January 6, 2017
Approved for 16 weeks
- 11) Case 11_DA29416**
Reviewed by committee January 6, 2017
Approved for 16 weeks

Next meeting January 20, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday Jan 20, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30am

Review of SA's:

- 1) Case 01_SC19321
Reviewed by committee January 20, 2017
Approved for 16 weeks
- 2) Case 02_OK98405
Reviewed by committee January 20, 2017
Approved for 16 weeks
- 3) Case 03_NA69711
Reviewed by committee January 20, 2017
More information required
For further consideration of coverage by PharmaCare:
 1. Please provide a narrative detailing the nature and severity of intolerance(s) experienced with cyclosporine. Clarify the duration of symptoms in relation to cyclosporine use (e.g. onset with a certain dose, persistence after how many days or weeks?) and provide steps taken to decrease side effects (e.g. dose reduction?).
 2. Gastrointestinal symptoms from oral methotrexate may be ameliorated by changing to subcutaneous administration. Committee suggests a trial of subcutaneous methotrexate.
- 4) Case 04_SA47644
Reviewed by committee January 20, 2017
Approved for 16 weeks
- 5) Case 05_JH45923
Reviewed by committee January 20, 2017
More information required
Pharmacare has consulted a hepatologist who suggested a baseline fibroscan. If there is minimal fibrosis, use of MTX is reasonable. If there is advanced fibrosis, MTX should be avoided. In the majority of cases of fatty liver, the use of MTX is fine, but needs evaluation. A consultation with a hepatologist is recommended.

[PharmaCare note only: Not clear in change in status between 1 and 2nd assessment. Committee would like hepatologist opinion]

- 6) Case 06_CS13725
Reviewed by committee January 20, 2017
Approved for 16 weeks
- 7) Case 07_RF08497
Reviewed by committee January 20, 2017
Approved for 1 year

Next meeting: Friday, February 3, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday Feb 17, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, DJ, LP

Away: JFS

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_DN47298
Reviewed by PharmaCare February 17, 2017

Approved ustekinumab for 16 weeks

- 2) Case 02_PH64356
Reviewed by PharmaCare February 17, 2017

Approved ustekinumab for 16 weeks

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday March 3, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_MA12451
Reviewed by committee March 3, 2017
Approved secukinumab 300 mg every 2 weeks for 6 months
- 2) Case 02_HD90319
Reviewed by committee March 3, 2017
Approved for 1 year
- 3) Case 03_KI69783
Reviewed by committee March 3, 2017
Approved for 12 weeks
- 4) Case 04_SC01948
Reviewed by committee March 3, 2017
Approved 16 weeks
- 5) Case 05_DK51041
Reviewed by committee March 3, 2017
Approved secukinumab 300 mg every 2 weeks for 6 months

Next meeting Friday, March 17, 2017

AGM on April 21st

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday March 17, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JRG, DJ

Away: JFS

Time: 7:00am – 7:25 am

Review of SA's:

- 1) Case 01_JM01678
Reviewed by committee March 17, 2017
Approved adalimumab 40 mg every 10 days for 1 year

- 2) Case 02_BD46934
Reviewed by committee March 17, 2017
Approved 16 weeks

[PharmaCare note: discussion around challenges raised with supporting cyclosporine use in a remote patient whose primary GP was not currently available and who had elevated creatinine already with a trial of cyclosporine; 2:1 in favor of biologic approval].

- 3) Case 03_BG78543
Reviewed by committee March 17, 2017
Please See Below:
Thank you for your question. Based on available information there would also not be a contraindication to use of methotrexate.

[PharmaCare note: information request from submitting Dr. in response to prior adjudication]

- 4) Case 04_TR90183
Reviewed by committee March 17, 2017
Approved for 12 weeks

Minutes Transcribed by Jason

**Next meeting March 31, 2017
AGM April 21, 2017 7-7:45 AM**

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Summary Friday March 31, 2017

Attendees: VH, KP, DJ, LP
Away: JFS

Time: 7:00am – 8:00am

Review of SA's:

- 1) Case 01_NB12471
Approve: secukinumab 450mg monthly x 1 year
- 2) Case 02_WS59808
Approved x 2 doses
- 3) Case 03_WB84903
More information required
For further consideration of coverage please provide details of methotrexate trial including dose, duration and administration route. Also, please provide details of attempts made to control the intolerance e.g. dose reduction, change to parenteral versus oral dosing etc.
- 4) Case 04_TM68197
Approved x 16 weeks
- 5) Case 05_HC67373
Not approved.
Criteria for PharmaCare coverage have not been met.
- 6) Case 06_FC10354
Approved for an additional 8 weeks

**Psoriasis Drug Benefit Adjudication Advisory Committee (PDBAAC)
Annual General Meeting
AGENDA**

Friday, April 21, 2017
7:10 am – 7:50 am
Teleconference

Dial-in Number is: s.15; s.17 (Toll-Free)

Participant ID: s.15; s.17 (Joanne as Moderator)

Participants: Dr. Kevin Peter, Dr. Vincent Ho, Dr. Donald Jenkins, Joanne Bolzonello, and Susan Bouma

| Time | Topic |
|-------------------|--|
| 7:00 am – 7:10 am | Review of PDBAAC cases |
| 7:10 am – 7:45 am | <ol style="list-style-type: none"> 1. Selection of PDBAAC Chairperson until October of 2017 Dr. Vincent Ho 2. Annual Review of Terms of Reference No concerns noted 3. Contract/Billing process No concerns noted 4. Review of Plaque Psoriasis usage and cost reports – Postpone until next PDBAAC meeting on May 12, 2017 5. New drug submissions <ol style="list-style-type: none"> A. ixekizumab (Taltz)-currently undergoing pan-Canadian negotiations B. adalimumab (Humira) for HS-Pan-Canadian negotiations failed and adalimumab will not be listed. Meeting with group of dermatologists soon to discuss HS and lack of treatment options (see letter in attachments). Need to develop internal criteria/form for PharmaCare to use to consider exceptional last-resort coverage. Have provided physician letter and PharmaCare response. Have provided draft internal form for discussion of improvements <p>Committee noted that presently there are no good treatments available for Hidradenitis Suppurativa (HS). Adalimumab has some efficacy but is not great and cost effectiveness is a concern. Adalimumab should be available exceptionally for patients with Stage II or III HS. Dr. Jenkins did note that some patients who</p> |

| | |
|--|--|
| | <p>only have one area affected who may not meet our criteria can have very severe, debilitating disease and should still be considered for exceptional coverage.</p> <p>Committee is not sure how PharmaCare can ensure physicians are being truthful with staging and note that staging score is not objective enough. There are no good scoring systems and they noted that photos may need to be sent in to verify diagnosis and all requests would need to be evaluated by committee. They would also require details of surgery, surgical treatment plans and documentation from other specialties. Committee notes that the dermatologists at the meeting could be tasked with providing input on evaluation measures and stopping criteria. Committee would be willing to help develop an internal form.</p> <p>Committee notes that they see many cases of Stage I HS which is wrongly diagnosed by the GP's (eg. acne, etc). It is not common to see a patient with Stage II or III HS who has never seen a dermatologist before. Stage II HS can initially be treated with systemic antibiotics +/- intralesional corticosteroids. Retinoids may be useful in a small number of patients. Stage III HS can also be treated with antibiotics + intralesional corticosteroids. A combined medical approach of surgery + adalimumab is often necessary.</p> <p>The committee does not foresee resistance to the use of an adalimumab SEB for HS. If the biosimilar does not have the HS indication it should be OK to force switches as we should be able to extrapolate effect from other studies.</p> <p>C. calcitriol/betamethasone foam (Enstilar)-considering coverage as regular benefit similar to Dovobet gel. Have recommended not to list. Dermatologists agreed</p> <p>6. Discussion on issues seen by committee over the past year (e.g. criteria review, form review, etc.)</p> <p>A. -Dr. dG – discussion of responses to PharmaCare and the committee over the past year Have provided 2 examples for discussion</p> <p>Committee agreed that the College of Physicians needs to be notified of the misrepresentation that occurred.</p> <p>B. Dr. Ho – Requests further consideration of expanding the initial approval for biologics to 1 year. Discussion postponed</p> |
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| | <p>until the May 26th meeting.</p> <p>C. Dr. Ho – Requests investigation of intermittent therapy. Discussion postponed until after review of usage reports and discussion of expansion of initial approvals is completed.</p> <p>7. General discussion</p> <p>A. etanercept SEB (Brenzys)-need input if dermatologists would be comfortable prescribing off-label for Plaque Psoriasis. s.21 s.21</p> <p>Have provided etanercept SEB (Erelzi) biosimilar data for review.</p> <p>Committee noted that there are very few new starts on Enbrel (mainly from one dermatologist) and if we require new starts to use the etanercept SEB it should be OK. Even if we force patients currently using Enbrel to use the etanercept SEB the numbers are not large and it should be OK.</p> <p>The committee physicians are comfortable in the use of biosimilars and feel it would be OK to follow the lead of rheumatology. Committee notes that the indications for SEB's are generally provided by extrapolating the evidence from studies on other uses.</p> <p>B. Senior technicians-Two technicians will be assisting in adjudicating Special Authority requests for Plaque Psoriasis. s.22 (ljp) and s.22 (nk).</p> <p>C. Actikerall (fluorouracil - salicylic acid) for hyperkeratotic actinic keratosis (AK). This is a niche product useful for treating hyperkeratotic AK. Dr. Peter has experience using it in transplant patients with this indication but warns it can also be prescribed for the treatment of warts. Dr. Jenkins agreed that there is risk of use for warts. It is not used very often as it is such a niche product.</p> <p>8. Wrap-up</p> |
|--|---|

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday May 12, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: KP, JFS, DJ

Away: VH

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_HR16874
Reviewed by committee May 12, 2017
Approved
Approved secukinumab 300 mg every 2 weeks for 1 year
- 2) Case 02_MG58575
Reviewed by committee May 12, 2017
Not approved
This medication is not eligible for PharmaCare coverage. jfs

[PharmaCare note only: Not considered to be last resort. Physician can consider using alitretinoin, or getting compassionate supply for apremilast from the company. A budgetary risk as there is a lot of eczema patients out there]

- 3) Case 03_AM51694
Reviewed by committee May 12, 2017
Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window
- 4) Case 04_SA39842
Reviewed by committee May 12, 2017
Approved for 16 weeks

Next meeting May 26, 2017 (will have feedback from HS meeting and review biologic usage)

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Meeting Agenda Friday May 26, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

Attendees: VH, KP, JFS, DJ

Away:

Time: 7:00am – 7:30 am

Review of SA's:

- 1) Case 01_EL62788
Reviewed by committee May 26, 2017
Approved for 12 weeks
- 2) Case 02_GC17101
Reviewed by committee May 26, 2017
Approved for 16 weeks
- 3) Case 03_RK46214
Reviewed by committee May 26, 2017
Approved for 1 year
Please note: PharmaCare also provides coverage for secukinumab for this indication.

Reviewed PSO AGM Presentation Slides.

Next meeting June 16, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

June 16, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 AM-7:45 AM

Agenda:

1. Case 01_CS95301
2. Case 02_BB86359
3. Case 03_RF60922
4. Case 04_WN93769
5. Case 05_WS74856
6. Case 06_GP05787
7. Case 07_YS19455
8. Case 08_BG40793
9. Case 09_RM58766

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|---|--|
| 1. Case 01_CS95301 | Reviewed by Committee June 16, 2017 |
| Decision: More information required <ol style="list-style-type: none">1. Please provide the patients weight in kg.2. PharmaCare records do not indicate pickups of antihypertensives by this patient since 2012. Cyclosporine is not contraindicated unless the hypertension is not able to be controlled with antihypertensive medications while taking the cyclosporine or if there is significant kidney disease.3. Please provide further details of any other patient specific contraindications to cyclosporine. Please note: PharmaCare requires trial of cyclosporine in obese patients, dose as per ideal body weight and adjust as per monitoring. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_BB86359 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 3. Case 03_RF60922 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: Ask these questions for Pityriasis Rubra Pilaris off-label requests. Get this info prior to sending to committee: 1. Distribution and severity (eg. palmoplantar hyperkeratosis with painful fissures, BSA, etc.). 2. Details of trial with alternate therapy (eg. isotretinoin/acitretin, MTX, CSA, etc). | |

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| 4. Case 04_WN93769 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved adalimumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 05_WS74856 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 06_GP05787 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: When physician does not tick off kidney disease box and only provides creatinine/eGFR levels continue to send to committee | |

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|---|--|
| Case 07_YS19455 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |
| Case 08_BG40793 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Approved for 24 weeks (28 week pickup window) | |
| PharmaCare Note [not to be returned on outgoing fax]: For alitretinoin and tacrolimus requests: If patient has had a prior trial with potent or super potent steroid and failed then retrial with a steroid is not required. Cannot think of how to pick an interval (would be choosing a random duration) | |
| 9. Case 09_RM58766 | Reviewed by Committee <i>June 16, 2017</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria for the Plaque Psoriasis program. For further consideration of coverage by the Rheumatic Auto-Immune Diseases Drug Benefit Adjudication and Advisory Committee (RADBAAC) please have a rheumatologist complete the attached Psoriatic Arthritis form and resubmit along with the Plaque Psoriasis form. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Minutes Transcribed by Joanne

Next meeting on Friday, June 30th

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

June 30, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time: 7-7:30 AM

Agenda:

1. Case 01_WC96123

2. Case 02_VA76935

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|---|--|
| 1. Case 01_WC96123 | Reviewed by Committee June 30, 2017 |
| Decision: More information required For further consideration by committee please specify the nature and severity of intolerances experienced. Also provide details of measures taken to alleviate adverse symptoms experienced with CSA including the effect of dosage reduction and dose titration. | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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| 2. Case 02_VA76935 | Reviewed by Committee June 30, 2017 |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

Minutes Transcribed by Joanne

Next Meeting is on Friday, July 14, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

July 14, 2017

DIAL IN NUMBER s.15; s.17

toll Free

Password , s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Agenda:

1. Case 01_MJ12931
2. Case 02_AJ43511
3. Case 03_MW64624
4. Case 04_ZD38758
5. Case 05_CC91057
6. Case06_HK35371

| | |
|---|--|
| 1. Case 01_MJ12931 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: More info required For further consideration by committee please provide additional information to support contraindication to cyclosporine therapy. jfs | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_AJ43511 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: If patient has prior coverage under the Ankylosing Spondylitis program and wants coverage under the PP program please bring to committee for review. | |

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| 3. Case 03_MW64624 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|--|--|
| 4. Case 04_ZD38758 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: For methotrexate and Gi issues (eg. diarrhea and stomach upset) PharmaCare can ask about results of trial with parenteral MTX. | |

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| Case 05_CC91057 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|--|--|
| Case06_HK35371 | Reviewed by Committee <i>July 14, 2017</i> |
| Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

Minutes Transcribed by Joanne
Next meeting on Friday, July 28th

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

July 28, 2017

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time: 7-7:30 AM

Agenda:

- 1. Case 01_MJ73658**
- 2. Case 02_EL62788**
- 3. Case 03_SJ60705**
- 4. Case 04_BD35811**

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|---|--|
| 1. Case 01_MJ73658 | Reviewed by Committee July 28, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_EL62788 | Reviewed by Committee July 28, 2017 |
| Decision: Approved secukinumab 300 mg every 3 weeks for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|--|
| 3. Case 03_SJ60705 | Reviewed by Committee July 28, 2017 |
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|---|
| Decision: Approved for 12 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

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|---|--|
| 4. Case 04_BD35811 | Reviewed by Committee <i>July 28, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Minutes Transcribed by Joanne

Next meeting on August 11th

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Aug 18, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | | X |
| LP | X | |

Agenda:

1. Case 01_LG52637
2. Case 02_NL16099
3. Case 03_WS21864
4. Case 04_MJ12931
5. Case 05_PE14913

| | |
|--|---|
| 1. Case 01_LG52637 | Reviewed by Committee Aug 18, 2017 |
| Decision: Not Approved Does not meet criteria for coverage based on inadequate trial of methotrexate. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 2. Case 02_NL16099 | Reviewed by Committee Aug 18, 2017 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. | |
| PharmaCare Note [not to be returned on outgoing fax]: Dr Ho will call to discuss decision | |

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|--|---|
| 3. Case 03_WS21864 | Reviewed by Committee Aug 18, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: Significant disease despite low PASI | |

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|--|---|
| 4. Case 04_MJ12931 | Reviewed by Committee Aug 18, 2017 |
| Decision: Not Approved Does not meet criteria for PharmaCare coverage. | |
| PharmaCare Note [not to be returned on outgoing fax]: Depression and anxiety common in this population. No psychiatric consult. Low quality published evidence provided. | |

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|--|---|
| Case 05_PE14913 | Reviewed by Committee Aug 18, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Minutes Transcribed by Lynn
Next meeting on Friday, September 1st

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Sept 01, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | | X |
| JFS | | X |
| LP | X | |

Agenda:

1. Case 01_PM72642
2. Case 02_DJ98405
3. Case 03_HD37826

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|--|--|
| 1. Case 01_PM72642 | Reviewed by Committee Sept 01, 2017 |
| Decision: Approved x 12 weeks Ip | |
| PharmaCare Note [not to be returned on outgoing fax]: patient may have systemic SLE as well as renal changes (possible adverse reaction to adalimumab) | |

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|---|--|
| 2. Case 02_DJ98405 | Reviewed by Committee Sept 01, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: Email response: . Dr.s.22 is reluctant to prescribe a third course of Methotrexate as the patient has had previous trials both in BC and in Alberta and did not improve with either trial. Committee approved coverage. | |

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|--|--|
| 3. Case 03_HD37826 | Reviewed by Committee Sept 01, 2017 |
| Decision: Approved x 16 weeks Ip | |
| PharmaCare Note [not to be returned on outgoing fax]: CSA contraindicated in the complex patient + | |

possible statin / csa interaction etc.

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Sept 15, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Agenda:

1. Case 01_MA12451
2. Case 02_JR65274
3. Case 03_RM49284
4. Case 04_WJ68414

| | |
|--|---|
| 1. Case 01_MA12451 | Reviewed by Committee <i>Sept 15, 2017</i> |
| Decision: Approved secukinumab 300 mg every 2 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_JR65274 | Reviewed by Committee <i>Sept 15, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------------|---|
| 3. Case 03_RM49284 | Reviewed by Committee <i>Sept 15, 2017</i> |
| Decision: Approved for 16 weeks | |

PharmaCare Note [not to be returned on outgoing fax]:

| | |
|--|---|
| 4. Case 04_WJ68414 | Reviewed by Committee <i>Sept 15, 2017</i> |
| Decision: Approved secukinumab 300 mg every 21 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting October 6, 2017

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Friday, October 06, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time: 7-7:30 AM

Agenda:

- 1. Case 01_TJ52453**
- 2. Case 02_AO07058**
- 3. Case 03_FJ65699**
- 4. Case 04_HA09821**
- 5. Case 05_BC71484**
- 6. Case 06_WG72568**
- 7. Case 07_BA87192**

| | |
|---|--|
| 1. Case 01_TJ52453 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 2. Case 02_AO07058 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Approved secukinumab 300 mg up to every 14 days for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_FJ65699 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_HA09821 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. PharmaCare notes anti-TNF inhibitoris including adalimumab are contraindicated in patients with Multiple Sclerosis (MS). According to some literature reports cyclosporine is not contraindicated in MS and may be helpful in treating MS. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 05_BC71484 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Not approved Does not meet PharmaCare renewal criteria (patient has not maintained a PASI 50 improvement). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 06_WG72568 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|------------------------|---|
| Case 07_BA87192 | Reviewed by Committee <i>October 06, 2017</i> |
| Decision: | |

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|---|
| Approved for 16 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

Next meeting October 27, 2017, then November 10, 2017, then November 24, 2017.

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

October 27, 2017

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| JRG | x | |

Time: 7-7:40 AM

Agenda:

1. Case 01_BS96573

| | |
|--|---|
| 1. Case 01_BS96573 | Reviewed by Committee October 27, 2017 |
| Decision: Approved adalimumab every 7 days for 4 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | Dermatology |
|---|---|
| Time frame for transition. (pros/cons) | 6 months lead time would be ideal. The standard dermatology patient comes in twice yearly. |
| What are the usual MSP fee codes used for monitoring / follow up of patients? | Dermatology not limited by any time frame. Higher MSP rate for seeing every 6-12 months versus more often. Giving 6 month notice would cover that (i.e. dermatologists would not be financially disadvantaged). |
| Any MSP fee codes or other billing issues that may be a barrier to transitioning? (e.g. only able to see patient for service X every Y weeks?). | No |
| Would PharmaCare generated patient lists be helpful (it is not | A list would be helpful, otherwise would rely on Remicade support program to tell us who is on it. Unfortunately that |

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| yet clear if these can be done secondary to privacy rules, but it is one idea). Or would a prescriber's own EMR be a better way to go, or a mix of both lists. Would there be a need for follow up reporting etc. (e.g. 50% of your patients have switched by Date X?). | would not identify who the PharmaCare paid patients are, and obviously Remicade is not incentivized to assist switching. Receive written lists from Remicade as to who is on it every 3 months. EMR could also be used. Estimate 75% of dermatologists have an EMR (but zero out of 3 CMTE members have EMRs). |
| Tools to support conversations with pts? Hand outs, support from pharmacies etc. Would these be helpful? | Patient handouts given out by dermatologist are helpful as patients thinking may be biased by company feedback. Suggest 1 page education summary of current status of biosimilars and experience from other countries. |
| Tools or linkages to manufacturer support programs – anything that would be helpful here? | Need info for Inflectra support program or other tools to help transition. Dr. Peter put in a request to see a rep and still hasn't seen one and doesn't know anything about the Inflectra support program. Would be very helpful to include at least some information in prescriber mailout (how to contact them, infusion locations etc) BUT Inflectra team also has to do their bit to engage dermatologists. Jason to do: contact Pfizer team to discuss dermatologist engagement (particularly for Dr. KP who previously requested this). |
| Any particularly at risk patients you would like to discuss re: switching? Can these patients be identified ahead of time? | May switch and then say Inflectra doesn't work. Some patients have already been biased against biosimilars by originator messaging – need to allay this fear and anxiety. Explain current status of biosimilars in other countries (Europe, maybe particularly Norway, Scotland). Off-label indications-last resort patients who have been very hard to control - what would we do? Pyoderma Gangrenosum, HS - get info from elsewhere. Jason to do: engage Pfizer to get any international info, expect it to be sparse but can at least get what they have. |
| Appeals process preference/suggestions for at risk patients | What type of appeals process would you like? - Use usual form (having a dedicated form would not be helpful). |
| Any possible Incentives for switching that may be feasible? Suggestions/ideas welcome. | Adalimumab for HS ? Extend initial approvals to 1 year |
| When a dermatologist writes a prescription for a biologic do you write the brand name or do you write the generic name? For example: Remicade 600 mg every 8 weeks OR infliximab | Physicians may write generic or brand name and if you want them to specify, you need to educate them. |

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| <p>every 8 weeks.</p> <p>With the addition of biosimilars it is very important that dermatologists write the brand name of the biologic and not the generic name (as biosimilars are non-interchangeable). Do we need to educate dermatologists on this?</p> | |
| <p>Are you concerned about pharmacies substituting a biosimilar for an originator biologic without your authorization? For example: A prescription is written for Remicade 600 mg every 8 weeks and Inflectra is substituted by the pharmacy without your approval.</p> | <p>Physicians prefer no substitution without prior authorization. But, if you want to enforce a switch to biosimilar, you may have to do it at the pharmacy level. One way is to just fund biosimilar and pharmacist has to call physician for a switch to biosimilar. After a while, the prescriber would learn to write brand name biosimilar to avoid getting pharmacist calls.</p> |

Next meeting November 10th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

November 10, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Agenda:

1. Case 01_HT92017
2. Case 02_SK81281
3. Case 03_KD50394

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| 1. Case 01_HT92017 | Reviewed by Committee November 10, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_SK81281 | Reviewed by Committee November 10, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 3. Case 03_KD50394 | Reviewed by Committee November 10, 2017 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (PASI<12). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

November 24, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
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7-7:30 AM

Agenda:

- 1. Case 01_DY09396**
- 2. Case 02_GG39011**
- 3. Case 03_OE17084**

| | |
|--|---|
| 1. Case 01_DY09396 | Reviewed by Committee <i>November 24, 2017</i> |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_GG39011 | Reviewed by Committee <i>November 24, 2017</i> |
| Decision: Approved secukinumab 450 mg monthly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_OE17084 | Reviewed by Committee <i>November 24, 2017</i> |
| Decision: | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Nothing to be faxed out. Opinion only requested.
Cmte notes cyclosporine can be used despite hypertension.

Next meeting December 8th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

December 08, 2017

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 AM- 7:30 AM

Agenda:

- 1. Case 01_TG51237**
- 2. Case 02_BC71484**
- 3. Case 03_KC63264**
- 4. Case 04_LG89063**

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|---|--|
| 1. Case 01_TG51237 | Reviewed by Committee December 08, 2017 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_BC71484 | Reviewed by Committee December 08, 2017 |
| Decision: Approved 80 mg every 14 days for 6 months. | |
| Please note: Coverage is being provided on an exceptional basis in this case so as not to negatively impact patient care. However, in the future PharmaCare coverage will be terminated at the time of a non-coverage decision rather than extending coverage to allow for transition to an alternate medication. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_KC63264 | Reviewed by Committee <i>December 08, 2017</i> |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_LG89063 | Reviewed by Committee <i>December 08, 2017</i> |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting December 22, 2017

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

December 22, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time: 7-7:35 AM

Agenda:

1. Case 01_AJ15782
2. Case 02_ID57074
3. Case 03_WB97185
4. Case 04_PR78216
5. Case 05_RA17425

| | |
|--|--|
| 1. Case 01_AJ15782 | Reviewed by Committee December 22, 2017 |
| Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_ID57074 | Reviewed by Committee December 22, 2017 |
| Decision: Approved adalimumab 40 mg up to once weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 3. Case 03_WB97185 | Reviewed by Committee <i>December 22, 2017</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 4. Case 04_PR78216 | Reviewed by Committee <i>December 22, 2017</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case 05_ BC71425 | Reviewed by Committee <i>December 22, 2017</i> |
| Decision: Not approved For further consideration of exceptional last-resort coverage by PharmaCare please provide results of trial with increased dose of azathioprine. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting is January 5, 2018

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

January 05, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:15 AM

Agenda:

- 1. Case 01_NV30973**
- 2. Case 02_HM20609**
- 3. Case 03_HD10494**
- 4. Case 04_BM62915**
- 5. Case 05_SB16985**
- 6. Case 06_IS57081**

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|---|---|
| 1. Case 01_NV30973 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_HM20609 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved for 12 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_HD10494 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved adalimumab 40 mg weekly for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_BM62915 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 05_ SB16985 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved secukinumab 300 mg every 3 weeks for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 06_ IS57081 | Reviewed by Committee <i>January 05, 2018</i> |
| Decision: Approved secukinumab 300 mg every 2 weeks for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting January 26, 2018

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

January 26, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| MHG | x | |

Time: 7-7:45 AM

Agenda:

1. Case 01_HS discussion with Marie-Helene
2. Case 02_CM73592
3. Case 03_DS65707
4. Case 04_JS64789

| | |
|---|---|
| 1. Case 01_HS discussion with Marie-Helene | Reviewed by Committee <i>January 26, 2018</i> |
| <p>Decision:</p> <ol style="list-style-type: none">1. Only dermatologists should be allowed to apply for both Initial and Renewal.2. Continuous 90 day day trial of oral antibiotics. Provide several boxes (in case they have already tried more than one) with type/dose+frequency/duration/response.3. OK with a 50% reduction in AN at 24 weeks. If you go with 25% reduction in AN over 12 weeks some patients may lose coverage. Experience in practice has been that some patients respond after the first 12 weeks of therapy.4. Other elements on the form: Require presence of at least 1 draining sinus as part of criteria No reason to have surgical history on the form No scoring system used in practice. Comorbidities-collected but not used as part of criteria Weight-collected but not used as part of criteria-severely obese people don't respond as well to standard dosing. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_CM73592 | Reviewed by Committee <i>January 26, 2018</i> |
| Decision: Approved for 12 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_DS65707 | Reviewed by Committee <i>January 26, 2018</i> |
| Decision: Not approved Committee notes that cyclosporine is not contraindicated as the interactions are potential pharmacokinetic interactions and are not clinically significant. Monitoring of renal function is suggested. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_JS64789 | Reviewed by Committee <i>January 26, 2018</i> |
| Decision: HOLD: Lynn to take care of faxback. | |
| PharmaCare Note [not to be returned on outgoing fax]: Severe CIU as requires daily prednisone and has a high score (has maximum score). Contraindication to CSA-one blood test that is abnormal in a young patient. Type 1 diabetes may be contributing factor. Spurious or does it show on repeated testing. eGFR of 60 in a Type 1 diabetic (check PharmaNet for Insulin) Considering this patient is very young, has the maximum score, Type 1 diabetes and has a lower eGFR cyclosporine may not be ideal therapy. PharmaCare will check patient profile to ensure patient is diabetic and ask physician if low eGFR is recent. | |

Next Meeting – Friday, February 9, 2018 AGM

Minutes Transcribed by Joanne

**Psoriasis Drug Benefit Adjudication Advisory Committee (PDBAAC)
Annual General Meeting
AGENDA**

Friday, February 9, 2018
7:10 am – 7:50 am
Teleconference

Dial-in Number is: s.15; s.17 (Toll-Free)

Participant ID: s.15; s.17 (Joanne as Moderator)

Participants: Dr. Kevin Peter, Dr. Vincent Ho, Dr. Donald Jenkins, Joanne Bolzonello, and Megan Weston

| Time | Topic |
|-------------------|--|
| 7:00 am – 7:10 am | Review of PDBAAC cases |
| 7:10 am – 7:50 am | <ol style="list-style-type: none"> 1. Selection of PDBAAC Chairperson until February 2019-Dr. Jenkins 2. Annual Review of Terms of Reference -changed wording in Section 1.1 from 'Plaque Psoriasis' to 'dermatological conditions' <ul style="list-style-type: none"> -Current name of division will be changing. Will send new TOR when name is chosen. -no issues 3. Contract/Billing process-no issues 4. New drug submissions <ol style="list-style-type: none"> A. ixekizumab (Taltz) for Plaque Psoriasis-tentative listing date of March 6, 2018 B. adalimumab (Humira) for HS-tentative listing of March 6, 2018 <ul style="list-style-type: none"> -Review of draft form (to go to manufacturer) changes requested. -1st page is fine -Page 2-Section 5: -Create Section C – Hurley stage (must have stage of II or III): _____ (Hurley Stage is a global assessment and not an individual area assessment. Therefore not appropriate to include in the table. |

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| | <p>-Change current Section 5C to 5D. Remove ‘describe area of body affected’ and ‘Hurley stage’ from the table.</p> <p>-Add a body map where physicians indicate areas affected along with # nodules/abscesses/draining sinuses (similar to the homunculus on PsA form. Physician will need to indicate body areas affected and provide # of N/A/F in each area. Dr. Peter will provide a link to a body map)</p> <p>-Change 5E to 5F</p> <p>-Change 5F to 5G</p> <p>Page 2, Section 6:</p> <p>-Delete ‘Describe area of body affected’ and ‘Hurley Stage’ from table. Add another column for ‘Global Assessment’ with tick boxes >50% improvement seen, < 50% improvement seen. (Need to add Global Assessment area as patient may still have the same # nodules/abscesses/fistula but there may be 75% improvement seen in each which would be a significant result)</p> <p>-Add a body map where physicians indicate areas affected along with # nodules/abscesses/draining sinuses in each area</p> <p>C. Guselkumab (Tremfya)-currently under review for Plaque Psoriasis</p> <p>D. Dupilumab (Dupixent)-currently under review for Atopic Dermatitis</p> <p>5. Discussion on issues seen by committee over the past year (e.g. criteria review, form review, etc.)</p> <p>A. Plaque Psoriasis form revision</p> <p>Page 1-Section 3-Collect weight (kg) for all requests</p> <p>Page 2-Section 5-Bold areas below “For intolerance or contraindication for both MTX/CSA) as physicians are not providing details to support contraindications</p> <p>Page 2, Section 5, 6, and 7-add (completed within past 90 days) and ‘Date PASI conducted’.</p> <p>Page 2, Section 7-add “*If patient has not been seen within past 90 days provide date of next appointment: ____”. This will allow provision of interim coverage to allow for collection of accurate PASI.</p> <p>B. Cyclosporine copay for the deductible: Dr. Ho noted a drug company may be interested in providing a program to cover the deductible for patients. He will provide more information when available.</p> <p>6. General discussion-no issues</p> |
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| | <ol style="list-style-type: none">7. Review of Plaque Psoriasis usage and cost reports (time permitting)-postponed until next meeting8. Wrap-up |
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Psoriasis Drug Benefit Adjudication Advisory Committee 2018

February 9, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time: 7-7:45 AM (AGM)

Agenda:

- 1. Case 01_BD93763**
- 2. Case 02_FD48197**
- 3. Case 03_MA45389**
- 4. Case 04_NH07065**
- 5. Case 05_CD51788**
- 6. Case 06_LR34951**
- 7. Case 07_DD17075**

| | |
|---|---|
| 1. Case 01_BD93763 | Reviewed by Committee February 9, 2018 |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_FD48197 | Reviewed by Committee February 9, 2018 |
| Decision: Does not meet PharmaCare coverage criteria. Please see noted part of criteria above for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Dr. Ho spoke with Dr. s.22 on February 9/18. Patient was seen in 2007 and prescribed cyclosporine 200 mg twice daily (pt weight 100Kg). Physician has not seen the patient again and was not aware of adverse reaction to cyclosporine.

3. Case 03_MA45389

Reviewed by Committee **February 9, 2018**

Decision:

Approved secukinumab 300 mg every 14 days for 6 months

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_NH07065

Reviewed by Committee **February 9, 2018**

Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_CD51788

Reviewed by Committee **February 9, 2018**

Decision:

Does not meet PharmaCare coverage criteria.

Please see noted part of criteria above for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you.

PharmaCare Note [not to be returned on outgoing fax]:

50 mg daily is a very small dose of cyclosporine in a 210 lb patient.

Tachycardia is significant symptom but patient documented, not verified by a physician.

Case 06_LR34951

Reviewed by Committee **February 9, 2018**

Decision:

Approved secukinumab 300 mg every 14 days for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Case 07_DD17075

Reviewed by Committee **February 9, 2018**

Decision:

More information required

Fatty liver alone is not a clear contraindication to therapy with methotrexate. Please provide further information regarding this contraindication including a consult from a hepatologist or gastroenterologist.

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting February 23, 2018

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

February 23, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Time 7-7:30 PM

Agenda:

- 1. Case 01_WE75127**
- 2. Case 02_TA78349**
- 3. Case 03_SD93634**
- 4. Case 04_DT17029**
- 5. Case 05_NJ37148**

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| 1. Case 01_WE75127 | Reviewed by Committee February 23, 2018 |
| Decision: Not approved Not approved for exceptional coverage by PharmaCare. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_TA78349 | Reviewed by Committee February 23, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 3. Case 03_SD93634 | Reviewed by Committee <i>February 23, 2018</i> |
| Decision: <ol style="list-style-type: none"> 1. As information regarding past use of methotrexate cannot be provided please provide results of a new trial of methotrexate. Committee notes that failure of methotrexate therapy in the past does not preclude a retrial of methotrexate. 2. As per Page 2, Section 5 of the Plaque Psoriasis Special Authority form a contraindication to cyclosporine use includes persistent hypertension uncontrolled by antihypertensive therapy. PharmaCare notes that antihypertensive therapy must be optimized prior to consideration of coverage. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 4. Case 04_DT17029 | Reviewed by Committee <i>February 23, 2018</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 05_NJ37148 | Reviewed by Committee <i>February 23, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting-March 9th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

March 09, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:45 AM

Agenda:

- 1. Case 01_CC24152**
- 2. Case 02_CM10534**
- 3. Case 03_BN34729**
- 4. Case 04_RF08497**
- 5. Case 05_Review of new PP application form**
- 6. Case 06_Review of new HS application form**
- 7. Case 07_PSO AGM presentation slides**

| | |
|---|---|
| 1. Case 01_CC24152 | Reviewed by Committee March 09, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_CM10534 | Reviewed by Committee March 09, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_BN34729 | Reviewed by Committee <i>March 09, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_RF08497 | Reviewed by Committee <i>March 09, 2018</i> |
| Decision: Approved 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 05_Review of new PP application form | Reviewed by Committee <i>March 09, 2018</i> |
| Decision: | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 06_Review of new HS application form | Reviewed by Committee <i>March 09, 2018</i> |
| Decision: | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 07_PSO AGM presentation slides | Reviewed by Committee <i>March 09, 2018</i> |
| -IL-inhibitors taking over as 1 st line-efficacy is higher, work for both skin and joints, less SE's, no good reason for anti-TNF except in IBD s.13; s.17 | |

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting Friday, March 23, 2018

Minutes Transcribed by Joanne

SUMMARY: Psoriasis Drug Benefit Adjudication Advisory Committee 2018

March 23, 2018

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | | X |
| LP | X | |

Agenda:

- 1. Case 01_CB06583**
- 2. Case 02_CD51788**
- 3. Case 03_FD48197**

| | |
|--|---|
| 1. Case 01_CB06583 | Reviewed by Committee March 23, 2018 |
| Decision: Not approved As information regarding past use of methotrexate cannot be provided please provide results of a new trial of methotrexate. Committee notes that failure of methotrexate therapy in the distant past does not preclude a retrial of methotrexate. | |
| PharmaCare Note [not to be returned on outgoing fax]: For consistency with other cases, Dr Jenkins to call Dr. s.22 to discuss possible retrial of methotrexate as previous use was many years ago and details are unknown. lp | |

| | |
|--|---|
| 2. Case 02_CD51788 | Reviewed by Committee March 23, 2018 |
| Decision: Not Approved – More information required Does not meet criteria for coverage based on available information It remains unclear whether the tachycardia was a side effect of the low dose cyclosporine. For further consideration of harmaCare coverage of adalimumab please provide a copy of the cardiac consult information and additional baseline cardiac data to indicate that all other causes of the tachycardia have been ruled out and/or that cyclosporine has been identified as the cause. lp | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Committee felt it was unlikely that low dose cyclosporine could cause the tachycardia and requested further details.

3. Case 03_FD48197

Reviewed by Committee **March 23, 2018**

Decision:

Not approved

Does not meet criteria for PharmaCare coverage based on available information.

It remains unclear whether cyclosporine was the cause of the stomach issues and bleeding. Dr.

s.22 was unable to confirm or provide information on this adverse response. Further consideration of adalimumab coverage would require submission of medical documentation (hospital discharge records etc) with details regarding the stomach issues and bleeding experienced stating that cyclosporine was implicated at that time. lp

PharmaCare Note [not to be returned on outgoing fax]:

Dr. Ho spoke with Dr. s.22 and she indicated that cyclosporine had been prescribed but that the patient had not been seen on follow up and she was not aware of the stomach issues and bleeding mentioned in the application.

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

April 06, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7 AM-7:30 AM

Agenda:

- 1. Case 01_SM10936**
- 2. Case 02_LD57354**

| | |
|--|--|
| 1. Case 01_SM10936 | Reviewed by Committee <i>April 06, 2018</i> |
| Decision: Not approved As information regarding past use of methotrexate cannot be provided please provide results of a new trial of methotrexate. Committee notes that failure of methotrexate therapy in the distant past does not preclude a retrial of methotrexate. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 2. Case 02_LD57354 | Reviewed by Committee <i>April 06, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting April 20, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

April 20, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

Time 7-7:30 AM

Agenda:

1. Case 01_PP64968
2. Case 02_BB31471
3. Case 03_CD21855
4. Case 04_SR49289
5. Case 05_HK29122
6. Case 06_RT45384
7. Case 07_MJ58612
8. Case 08_IR32943

| | |
|--|---|
| 1. Case 01_PP64968 | Reviewed by Committee April 20, 2018 |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: Internal criteria for HS cases where the patient has been receiving compassionate supply of adalimumab: -Physicians were not aware that our criteria would be for a recent 3 month continuous trial of antibiotics when they started adalimumab. PharmaCare will provide coverage so long as the patient had a 3 month trial of antibiotics in their pickup history prior to starting adalimumab. | |

| | |
|---------------------------|---|
| 2. Case 02_BB31471 | Reviewed by Committee April 20, 2018 |
|---------------------------|---|

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|--|
| Decision: Approved for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|--|---|
| 3. Case 03_CD21855 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 4. Case 04_SR49289 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_HK29122 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: Not approved Does not meet PharmaCare renewal criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 06_RT45384 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|------------------------|---|
| Case 07_MJ58612 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: | |

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|--|
| Approved for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|---|--|
| Case 08_IR32943 | Reviewed by Committee <i>April 20, 2018</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria (liver enzymes < 3x ULN). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting May 4, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

May 04, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 am

Agenda:

1. Case 01_BD02409
2. Case 02_CR09175
3. Case 03_CS95301
4. Case 04_DH38427
5. Case 05_MM23092
6. Case 06_RB06096
7. Case 07_UL06504
8. Case 08_LS41914
9. Case 09_JK67561
10. Case 10_SG64285

| | |
|---|---|
| 1. Case 01_BD02409 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (Cyclosporine is not contraindicated unless the hypertension is not able to be controlled with antihypertensive medications while taking the cyclosporine). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 2. Case 02_CR09175 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 3. Case 03_CS95301 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_DH38427 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_ HK29122 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approve for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 06_RB06096 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |

PharmaCare Note [not to be returned on outgoing fax]:

| | |
|---|---|
| Case 07_UL06504 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 08_LS41914 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Not approved Does not meet PharmaCare coverage criteria. Please see noted part of criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 9. Case 09_JK67561 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 10_SG64285 | Reviewed by Committee May 04, 2018 |
| | |
| Decision: Approved for 24 weeks (28 week dispensing window) | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

May 18th- Everybody is available

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

May 18, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 AM

Agenda:

1. Case 01_HR78024
2. Case 02_HG10827
3. Case 03_PR78216
4. Case 04_RT82895
5. Case 05_KB36537
6. Case 06_WT13946
7. Case 07_VK20284
8. Case 08_DN51081

| | |
|---|---|
| 1. Case 01_HR78024 | Reviewed by Committee May 18, 2018 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (PharmaCare criteria requires continuous 90 day trial of antibiotics prior to starting adalimumab). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 2. Case 02_HG10827 | Reviewed by Committee May 18, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

*ask for multiple test results

| | |
|---|---|
| 3. Case 03_PR78216 | Reviewed by Committee May 18, 2018 |
| Decision: Approved ustekinumab 90 mg every 8 weeks for 6 months. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 4. Case 04_RT82895 | Reviewed by Committee May 18, 2018 |
| Decision: Approved ustekinumab 45 mg every 8 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_KB36537 | Reviewed by Committee May 18, 2018 |
| Decision: Approved ixekizumab 80 mg every 14 days for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 06_WT13946 | Reviewed by Committee May 18, 2018 |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 07_VK20284 | Reviewed by Committee May 18, 2018 |
| Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: If he reapplies for 80 mg weekly it can be approved without going to committee | |

| | |
|--|--|
| Case 08_DN51081 | Reviewed by Committee <i>May 18, 2018</i> |
| Decision: Approved adalimumab 80 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting Friday, June 1, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

June 1, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 AM

Agenda:

- 1. Case 01_GA57806**
- 2. Case 02_DS43587**
- 3. Case 03_LS41914**
- 4. Case 04_RM06711**

| | |
|---|---|
| 1. Case 01_GA57806 | Reviewed by Committee June 1, 2018 |
| Decision: Approved for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 2. Case 02_DS43587 | Reviewed by Committee June 1, 2018 |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|---|
| 3. Case 03_LS41914 | Reviewed by Committee June 1, 2018 |
|---------------------------|---|

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|---|
| Decision: Approved for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|---|---|
| 4. Case 04_RM06711 | Reviewed by Committee <i>June 1, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting Friday June 15th

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

June 15, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:35 AM

Agenda:

1. Case 01_LR27428
2. Case 02_ML52793
3. Case 03_MA12451
4. Case 04_DJ97521
5. Case 05_SC67296
6. Case 06_FA35345
7. Case 07_FQ07403
8. Case 08_MV09806

| | |
|---|--|
| 1. Case 01_LR27428 | Reviewed by Committee June 15, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 2. Case 02_ML52793 | Reviewed by Committee June 15, 2018 |
| Decision: Approved adalimumab 80 mg every 2 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 3. Case 03_MA12451 | Reviewed by Committee <i>June 15, 2018</i> |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 4. Case 04_DJ97521 | Reviewed by Committee <i>June 15, 2018</i> |
| Decision: More information required Please clarify the status of the patient's renal function and provide the most recent renal function test results. Also clarify the specific connective tissue disease diagnosis. | |
| Our review of the literature does not show an increased risk or renal crisis associated with presence of anticentromere antibodies. | |
| Ref: 'Renal crisis is linked to a positive ANA speckled pattern, antibodies to RNA polymerase I and II, and an absence of anti-centromere antibodies.' | |
| C. P. Denton, G. Lapadula, L. Mouthon, U. Müller-Ladner; Renal complications and scleroderma renal crisis, <i>Rheumatology</i> , Volume 48, Issue suppl_3, 1 June 2009, Pages iii32–iii35, https://doi.org/10.1093/rheumatology/ken483 | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case 05_SC67296 | Reviewed by Committee <i>June 15, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 06_FA35345 | Reviewed by Committee <i>June 15, 2018</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria. PharmaCare cannot identify drug interactions beyond potential pharmacokinetic interaction which may be managed by adjusting dose of cyclosporine. | |

PharmaCare Note [not to be returned on outgoing fax]:

Psych consult if worried about worsening of psychiatric status but looks like just interaction right now.

Case 07_FQ07403

Reviewed by Committee *June 15, 2018*

Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 08_MV09806

Reviewed by Committee *June 15, 2018*

Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting June 29, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

June 29, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:40 AM

Agenda:

1. Case 01_BJ08932
2. Case 02_GD28167
3. Case 03_PA46808
4. Case 04_MM83639
5. Case 05_TM72169
6. Case 06_WR27054
7. Case 07_HS15019
8. Case 08_CA58164
9. Case 09_MM01264
10. Case 10_HM20609
11. Case 11_CV17599
12. Case 12_DJ97521
13. Case 13_SD69069

| | |
|---|--|
| 1. Case 01_BJ08932 | Reviewed by Committee June 29, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 2. Case 02_GD28167 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Not approved The PASI score provided does not justify utilization of a higher frequency of secukinumab. For further consideration please provide a narrative describing the severity of the flare at 3 weeks, steps taken to treat psoriasis on the legs (e.g. topical corticosteroids, etc.) and the PASI at time of flare. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 3. Case 03_PA46808 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Not approved The PASI score provided does not justify utilization of a higher dose of ixekizumab. For further consideration please provide a narrative describing severity of psoriasis and additional steps taken to treat (e.g. topical corticosteroids, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 4. Case 04_MM83639 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 5. Case 05_TM72169 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|--|
| 6. Case 06_WR27054 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Not approved | |

Does not meet PharmaCare coverage criteria.
Please see criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you, jfs.

PharmaCare Note [not to be returned on outgoing fax]:

eGFR and liver enzymes are fine at this point. No contraindication to current trial of CSA

7. Case 07_HS15019

Reviewed by Committee *June 29, 2018*

Decision:

Not approved

Does not meet PharmaCare coverage criteria as per Section 5 (Cyclosporine is not contraindicated unless the hypertension is not able to be controlled with optimal antihypertensive therapy while taking the cyclosporine).

PharmaCare Note [not to be returned on outgoing fax]:

There are GP's ins.22 that can assist in monitoring BP. Does not need to be measured by Dr. s.22
Antihypertensive therapy has not been optimized.

8. Case 08_CA58164

Reviewed by Committee *June 29, 2018*

Decision:

Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window
Minimum 24 weeks between courses required for any future request

PharmaCare Note [not to be returned on outgoing fax]:

9. Case 09_MM01264

Reviewed by Committee *June 29, 2018*

Decision:

Approved secukinumab 450 mg monthly for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Has failed 4 biologics already, must see improvement at 12 weeks or should switch

10. Case 10_HM20609

Reviewed by Committee *June 29, 2018*

Decision:

Approved secukinumab 300 mg every 14 days for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

| | |
|--|--|
| 11. Case 11_CV17599 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: May approve these type of cases on our own. Have noted in training table. | |
| 12. Case 12_DJ97521 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria. PharmaCare notes that both the dermatologists on committee and Dr. s.22 have been consulted and have concluded that there is no contraindication to cyclosporine therapy. | |
| PharmaCare Note [not to be returned on outgoing fax]: Diabetic patients still need to try CSA.....so..... | |
| 13. Case 13_SD69069 | Reviewed by Committee <i>June 29, 2018</i> |
| Decision: More information required Causative role of cyclosporine in this patients joint symptoms is unclear. For further consideration please provide the consult from the rheumatologist along with further information such as hospital consults, lab test results, etc. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting July 13, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

July 13, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 AM

Agenda:

1. Case 01_MO82717
2. Case 02_RG50907
3. Case 03_MR47875
4. Case 04_SR49289
5. Case 05_MS68039
6. Case 06_PA46808
7. Case 07_WM10241
8. Case 08_KA45193
9. Case 09_BP30298

| | |
|---|--|
| 1. Case 01_MO82717 | Reviewed by Committee July 13, 2018 |
| Decision: Approved Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|--|
| 2. Case 02_RG50907 | Reviewed by Committee July 13, 2018 |
| Decision: Approved | |

| |
|--|
| Approved secukinumab 300 mg every 14 days for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|--|--|
| 3. Case 03_MR47875 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Approved Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 4. Case 04_SR49289 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| Case 05_MS68039 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Approved Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| Case 06_PA46808 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Approved Approved ixekizumab 160 mg once monthly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: Ask PASI or narrative at the time of the flare | |

| | |
|---|--|
| Case 07_WM10241 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Approved Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| Case 08_KA45193 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: Approved Approved secukinumab 450 mg every 3 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| Case 09_BP30298 | Reviewed by Committee <i>July 13, 2018</i> |
| Decision: More information required <ol style="list-style-type: none"> 1. Please provide the pre-methotrexate and post-methotrexate PASI (methotrexate was picked up in May and August of 2017). 2. Please provide a narrative detailing the severity of gastrointestinal intolerance experienced. Clarify the duration of symptoms in relation to cyclosporine use (e.g. onset with a certain dose, persistence after how many days or weeks?) and provide steps taken to decrease side effects (e.g. dose reduction?). Provide further details of suicidal ideation (e.g. was this the first episode, onset after how many days, response upon discontinuation of cyclosporine, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: Dual biologic request Dr. Ho -no contraindication to use of 2 biologics -lump everything as immunosuppressive when it is immunomodulating. Not suppressive if you don't have increased infection. -mtx also doesn't increase lymphoma risk or increase risk of infection when used at our low dose -pemphigus routinely combines rituximab with MTX or CSA yet on paper they are more broadly immunosuppressive than biologics -there isn't a biologic available that will treat both MS and PP. If patient meets criteria for both coverage for both should be considered Dr. Peter -agree that you can use 2 biologics at the same time. In PP we are heading toward agents that have 2 mechanisms in the same agent. -methotrexate can be used in patients with MS. There is no contraindication so query results of methotrexate trial in this case. | |

Dr. Jenkins

-rituximab for pemphigus-more frequent dosing intervals are more frequently associated with fatal infections which is why guidelines recommend to give every 6 months so not to deplete all the white cells

-could only find use of dual biologics in IBD, not PP-short in duration, 2 studies (3 cases ust/ved-+ 1 patient)

Next meeting is August 3rd

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Aug 03, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

Time 7-7:30 AM

Agenda:

1. Case 01_SM90826
2. Case 02_FA35345
3. Case 03_YR03925
4. Case 04_MM80843
5. Case 05_MD15981
6. Case 06_RR21298
7. Case 07_DW08037
8. Case 08_OE20737
9. Case 09_YM56923
10. Case 10_KD69856
11. Case 11_LM13195
12. Case 12_GB60532

| | |
|--|---|
| 1. Case 01_SM90826 | Reviewed by Committee Aug 03, 2018 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. Pharmacare notes potential drug interaction may be managed by increased monitoring. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 2. Case 02_FA35345 | Reviewed by Committee Aug 03, 2018 |
| Decision: Approved Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 3. Case 03_YR03925 | Reviewed by Committee Aug 03, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. PharmaCare criteria requires 3 month consecutive trial of cyclosporine at 4 mg/kg/day. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 4. Case 04_MM80843 | Reviewed by Committee Aug 03, 2018 |
| Decision: Approved Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 5. Case 05_MD15981 | Reviewed by Committee Aug 03, 2018 |
| Decision: Approved Approved secukinumab 450 mg once monthly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 6. Case 06_RR21298 | Reviewed by Committee Aug 03, 2018 |
| Decision: Approved Approved secukinumab 450 mg once monthly for 1 year | |

PharmaCare Note [not to be returned on outgoing fax]:

7. Case 07_DW08037

Reviewed by Committee **Aug 03, 2018**

Decision:

Not approved

Reviewed by committee: Please note that ixekizumab would be considered for coverage upon receipt of Special Authority request.

PharmaCare Note [not to be returned on outgoing fax]:

8. Case 08_OE20737

Reviewed by Committee **Aug 03, 2018**

Decision:

Approved

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

9. Case 09_YM56923

Reviewed by Committee **Aug 03, 2018**

Decision:

Approved

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

10. Case 10_KD69856

Reviewed by Committee **Aug 03, 2018**

Decision:

Approved

Approved adalimumab 40 mg weekly for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

11. Case 11_LM13195

Reviewed by Committee **Aug 03, 2018**

Decision:

| |
|--|
| Approved |
| Approved for 16 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|--|---|
| 12. Case 12_GB60532 | Reviewed by Committee Aug 03, 2018 |
| Decision: Approved Approved infliximab 500 mg every 7 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting August 17/18

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Aug 17, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 AM

Agenda:

- 1. Case 01_RB71467**
- 2. Case 02_IR01486**
- 3. Case 03_RS15393**
- 4. Case 04_BS96573**
- 5. Case 05_SJ43492**

| | |
|--|---|
| 1. Case 01_RB71467 | Reviewed by Committee Aug 17, 2018 |
| Decision: Approved adalimumab 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 2. Case 02_IR01486 | Reviewed by Committee Aug 17, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 3. Case 03_RS15393 | Reviewed by Committee Aug 17, 2018 |
| Decision: Approved ixekizumab 80 mg every 4 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 4. Case 04_BS96573 | Reviewed by Committee Aug 17, 2018 |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_MD15981 | Reviewed by Committee Aug 17, 2018 |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting August 31, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

August 31, 2018

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:32 AM

Agenda:

1. Case 01_HA98978
2. Case 02_ST12807
3. Case 03_HJ65167
4. Case 04_WS50639
5. Case 05_BG32167
6. Case 06_SJ72518
7. Case 07_RG37106
8. Case 08_KA48281
9. Case 09_RA29572
10. Case 10_FS31687

| | |
|--|--|
| 1. Case 01_HA98978 | Reviewed by Committee August 31, 2018 |
| Decision: Not approved Not approved for exceptional last-resort only coverage by PharmaCare. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|--|
| 2. Case 02_ST12807 | Reviewed by Committee August 31, 2018 |
| Decision: | |

| |
|--|
| Approved for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|---|--|
| 3. Case 03_HJ65167 | Reviewed by Committee August 31, 2018 |
| Decision: Approved Inflectra brand infliximab 5 mg/kg at 0, 2 and 6 weeks, then every 8 weeks for 6 months for the diagnosis of Pyoderma Gangrenosum | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 4. Case 04_WS50639 | Reviewed by Committee August 31, 2018 |
| Decision: Approved secukinumab 300 mg every 21 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 05_BG32167 | Reviewed by Committee August 31, 2018 |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case 06_SJ72518 | Reviewed by Committee August 31, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria (indication not eligible for coverage). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|------------------------------------|--|
| Case 07_RG37106 | Reviewed by Committee August 31, 2018 |
| Decision: Approved for 16 weeks | |

PharmaCare Note [not to be returned on outgoing fax]:

Case 08_KA48281

Reviewed by Committee **August 31, 2018**

Decision:

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

9. Case 09_RA29572

Reviewed by Committee **August 31, 2018**

Decision:

Approved adalimumab up to 40 mg once weekly for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Case 10_FS31687

Reviewed by Committee **August 31, 2018**

Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting September 28, 2018

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

September 28, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30 AM

Agenda:

- 1. Case 01_HS87137**
- 2. Case 02_WG15811**
- 3. Case 03_PD58659**
- 4. Case 04_JV96185**
- 5. Case 05_SD69069**

| | |
|---|--|
| 1. Case 01_HS87137 | Reviewed by Committee <i>September 28, 2018</i> |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 2. Case 02_WG15811 | Reviewed by Committee <i>September 28, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|--|
| 3. Case 03_PD58659 | Reviewed by Committee <i>September 28, 2018</i> |
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|---|
| Decision: Approved secukinumab 300 mg every 3 weeks for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|--|---|
| 4. Case 04_JV96185 | Reviewed by Committee <i>September 28, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 05_SD69069 | Reviewed by Committee <i>September 28, 2018</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting Friday, October 5th and then Friday October 26th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

October 5, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30 AM

Agenda:

- 1. Case 01_PB42844**
- 2. Case 02_PB60598**
- 3. Case 03_HF56864**
- 4. Case 04_RB84175**
- 5. Case 05_TD07288**

| | |
|---|--|
| 1. Case 01_PB42844 | Reviewed by Committee October 5, 2018 |
| Decision: Approved Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_PB60598 | Reviewed by Committee October 5, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria (PASI <12). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 3. Case 03_HF56864 | Reviewed by Committee October 5, 2018 |
| Decision: Approved Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 4. Case 04_RB84175 | Reviewed by Committee October 5, 2018 |
| Decision: Approved Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 05_TD07288 | Reviewed by Committee October 5, 2018 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. | |
| PharmaCare Note [not to be returned on outgoing fax]: Liver enzymes are unremarkable so it is unclear why are MTX/retinoids are contraindicated. Patient is obese but can still use CSA at 300 mg daily as BP is well controlled | |

Next meeting Friday, October 26th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Oct 26, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:35 AM

Agenda:

1. Case 01_FB57652
2. Case 02_SA36809
3. Case 03_GM34197
4. Case 04_DJ64797
5. Case 05_SD68075
6. Case 06_MG38028
7. Case 07_SJ30786
8. Case 08_BC75855
9. Case 09_ML35754
10. Case 10_CL72588
11. Case 11_SK21804
12. Case 12_BK26017
13. Case 13_WE81257

| | |
|---|---|
| 1. Case 01_FB57652 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 2. Case 02_SA36809 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 3. Case 03_GM34197 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 4. Case 04_DJ64797 | Reviewed by Committee Oct 26, 2018 |
| Decision: Not approved The PASI score provided does not justify utilization of a higher frequency of ustekinumab. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 5. Case 05_SD68075 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 6. Case 06_MG38028 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved secukinumab 450 mg once monthly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 7. Case 07_SJ30786 | Reviewed by Committee Oct 26, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. Please see noted part of criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |
| 8. Case 08_BC75855 | Reviewed by Committee Oct 26, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. Please see noted part of criteria in Section 5 for details of intolerance and contraindications to cyclosporine accepted by PharmaCare. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |
| 9. Case 09_ML35754 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |
| 10. Case 10_CL72588 | Reviewed by Committee Oct 26, 2018 |
| Decision: Approved ustekinumab 90 mg every 8 weeks for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |
| 11. Case 11_SK21804 | Reviewed by Committee Oct 26, 2018 |

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|--|
| Decision: Approved for 16 weeks PharmaCare coverage provided based upon pre-existing cardiomyopathy. |
| PharmaCare Note [not to be returned on outgoing fax]: |

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|---|--|
| 12. Case 12_BK26017 | Reviewed by Committee <i>Oct 26, 2018</i> |
| Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 13. Case 13_WE81257 | Reviewed by Committee <i>Oct 26, 2018</i> |
| Decision: Approved for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting is on November 9th

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Nov 09, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

Time 7-7:33 AM

Agenda:

1. Case 01_MK41673
2. Case 02_PA91327
3. Case 03_LD83132
4. Case 04_WD40264
5. Case 05_CM65878
6. Case 06_WL03409
7. Case 07_DA35848
8. Case 08_LS19877
9. Case 09_DB93872
10. Case 10_BD35811
11. Case 11_YK29796
12. Case 12_AM82308
13. Case 13_LP56099
14. Case 14_EL62788

| | |
|---|---|
| 1. Case 01_MK41673 | Reviewed by Committee Nov 09, 2018 |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 2. Case 02_PA91327 | Reviewed by Committee <i>Nov 09, 2018</i> |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 3. Case 03_LD83132 | Reviewed by Committee <i>Nov 09, 2018</i> |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 4. Case 04_WD40264 | Reviewed by Committee <i>Nov 09, 2018</i> |
| Decision: Approved for 1 year Approved exceptionally due to patient specific factors. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 5. Case 05_CM65878 | Reviewed by Committee <i>Nov 09, 2018</i> |
| Decision: Approved ustekinumab 90 mg every 8 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 6. Case 06_WL03409 | Reviewed by Committee <i>Nov 09, 2018</i> |
| Decision: Not approved Does not meet PharmaCare coverage criteria unless the patients hypertension is not able to be | |

controlled with antihypertensive medications while taking the cyclosporine or if there is significant kidney disease. PharmaCare also notes alternatives are available that may be better tolerated than acitretin (eg. Alitretinoin, etc).

PharmaCare Note [not to be returned on outgoing fax]:

7. Case 07_DA35848

Reviewed by Committee **Nov 09, 2018**

Decision:
Approved secukinumab 450 mg monthly for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

8. Case 08_LS19877

Reviewed by Committee **Nov 09, 2018**

Decision:
Approved secukinumab 300 mg every 14 days for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

9. Case 09_DB93872

Reviewed by Committee **Nov 09, 2018**

Decision:
Approved ustekinumab 90 mg every 8 weeks for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

10. Case 10_BD35811

Reviewed by Committee **Nov 09, 2018**

Decision:
Approved secukinumab 300 mg every 14 days for 6 months
PharmaCare approval has been provided for 6 months to assess if control can be recaptured.

PharmaCare Note [not to be returned on outgoing fax]:

| | |
|--|---|
| 11. Case 11_YK29796 | Reviewed by Committee Nov 09, 2018 |
| Decision: Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| 12. Case 12_AM82308 | Reviewed by Committee Nov 09, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: Mtx is not contraindicated in consult. | |

| | |
|---|---|
| 13. Case 13_LP56099 | Reviewed by Committee Nov 09, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: Weight was 74 kg jfs | |

| | |
|--|---|
| 14. Case 13_EL62788 | Reviewed by Committee Nov 09, 2018 |
| Decision: Approved adalimumab 40 mg weekly for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting November 23rd

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Nov 23, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:15 AM

Agenda:

- 1. Case 01_GR47285**
- 2. Case 02_GT07406**
- 3. Case 03_YR03925**
- 4. Case 04_BS25458**
- 5. Case 05_NK89298**
- 6. Case 06_HP06187**

| | |
|---|---|
| 1. Case 01_GR47285 | Reviewed by Committee Nov 23, 2018 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_GT07406 | Reviewed by Committee Nov 23, 2018 |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 3. Case 03_YR03925 | Reviewed by Committee <i>Nov 23, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 4. Case 04_BS25458 | Reviewed by Committee <i>Nov 23, 2018</i> |
| Decision: Not approved – adalimumab 40 mg every 7 days Interim approval- adalimumab 40 mg every 14 days for 2 months For further consideration by committee please clarify results of trial with topical therapy (eg. Tacrolimus, etc) on affected areas. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 5. Case 05_NK89298 | Reviewed by Committee <i>Nov 23, 2018</i> |
| Decision: Approved for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: Apprilon 40 mg will not be accepted as adequate antibiotic trial. As this patient had prior adverse reactions and multiple antibiotic trials it is acceptable in this case. | |

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|--|---|
| 6. Case 06_HP06187 | Reviewed by Committee <i>Nov 23, 2018</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting is December 7, 2018

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

Dec 07, 2018

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:20 AM

Agenda:

- 1. Case 01_MV81518**
- 2. Case 02_PH57794**
- 3. Case 03_ER64172**
- 4. Case 04_PRESCRIBER FAXLET**

| | |
|--|---|
| 1. Case 01_MV81518 | Reviewed by Committee Dec 07, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 2. Case 02_PH57794 | Reviewed by Committee Dec 07, 2018 |
| Decision: Not approved Does not meet PharmaCare coverage criteria | |
| PharmaCare Note [not to be returned on outgoing fax]: Dr. Peter will call | |

| | |
|---|--|
| 3. Case 03_ER64172 | Reviewed by Committee <i>Dec 07, 2018</i> |
| Decision: More information required Please provide further details regarding current activity of the disease (including location and extent) and prior treatment(s) trialed (including name and duration of therapy). | |
| PharmaCare Note [not to be returned on outgoing fax]: Committee will evaluate morphea requests for tacrolimus. Very rare disease. | |

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|--|--|
| 4. Case 04_PRESCRIBER FAXLET | Reviewed by Committee <i>Dec 07, 2018</i> |
| Decision: | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting December 21, 2017

Psoriasis Drug Benefit Adjudication Advisory Committee 2018

December 21, 2018

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:25 AM

Agenda:

1. Case 01_RS41695
2. Case 02_LK36913
3. Case 03_CE65157
4. Case 04_LK24124
5. Case 05_DL06262
6. Case 06_BC75855
7. Case 07_SG95791
8. Case 08_MN67541

| | |
|--|--|
| 1. Case 01_RS41695 | Reviewed by Committee December 21, 2018 |
| Decision: Not approved Not approved for exceptional last-resort only coverage by PharmaCare | |
| PharmaCare Note [not not to be returned on outgoing fax]: Dr. Ho asked for studies re: MMF and s.22 only has anecdotal info. May be able to try MTX/CSA. | |

| | |
|--|--|
| 2. Case 02_LK36913 | Reviewed by Committee December 21, 2018 |
| Decision: More information required Please provide the rationale to avoid use of methotrexate in this patient (e.g. provide details of renal | |

insufficiency in the remaining kidney including lab reports, consults, etc.).

PharmaCare Note [not not to be returned on outgoing fax]:

3. Case 03_CE65157

Reviewed by Committee *December 21, 2018*

Decision:

Approved secukinumab 450 mg monthly for 1 year

PharmaCare Note [not not to be returned on outgoing fax]:

4. Case 04_LK24124

Reviewed by Committee *December 21, 2018*

Decision:

Approved secukinumab 300 mg every 14 days for 1 year

PharmaCare Note [not not to be returned on outgoing fax]:

Case 05_DL06262

Reviewed by Committee *December 21, 2018*

Decision:

Approved for 16 weeks

PharmaCare Note [not not to be returned on outgoing fax]:

Case 06_BC75855

Reviewed by Committee *December 21, 2018*

Decision:

Approved for 16 weeks

PharmaCare Note [not not to be returned on outgoing fax]:

Case 07_SG95791

Reviewed by Committee *December 21, 2018*

Decision:

Not approved

Does not meet PharmaCare coverage criteria

PharmaCare Note [not not to be returned on outgoing fax]:

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|---|
| GFR is OK; baseline creatinine could be higher due to other factors (e.g. muscle mass). Not a contraindication to CSA therapy |
|---|

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|---|--|
| Case 08_MN67541 | Reviewed by Committee <i>December 21, 2018</i> |
| Decision: Approved alitretinoin for 24 weeks (28 week dispensing window) | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

Next Meetings are on January 11, 2019 + January 25, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
January 11, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 am-7:25 AM

Agenda:

- 1. Case 01_KJ20758**
- 2. Case 02_PM63426**
- 3. Case 03_MW06802**
- 4. Case 04_LS60895**
- 5. Case 05_IS57081**
- 6. Case 06_LJ40921**

| | |
|--|--|
| 1. Case 01_KJ20758 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: Approved adalimumab 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 2. Case 02_PM63426 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: More information required Committee feels pimecrolimus has equal potency to hydrocortisone which should be safe to use in this site. Please clarify if patient has had a trial of hydrocortisone in this area. Provide dates of trial and results. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_MW06802 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: More information required Pharmacare notes trial of methotrexate in BC from 2005 to 2009. Please provide results of trial with methotrexate. Please contact Dr. s.22 to obtain the pre-ustekinumab PASI and details of cyclosporine trial. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_LS60895 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_IS57081 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: Approved secukinumab 300 mg every 14 days for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 06_LJ40921 | Reviewed by Committee <i>January 11, 2019</i> |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting January 25, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
January 25, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7- 7:35 AM

Agenda:

1. Case 01_BJ26246
2. Case 02_GJ39733
3. Case 03_NA14828
4. Case 04_LD43089
5. Case 05_KB36537
6. Case 06_BA28791
7. Case 07_HT25016
8. Case 08_EL64153
9. Case 09_HW59641
10. Case 10_BZ19378
11. Case 11_FG40278

| | |
|--|--|
| 1. Case 01_BJ26246 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved adalimumab 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 2. Case 02_GJ39733 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved adalimumab 80 mg weekly for 6 months | |

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| PharmaCare Note [not to be returned on outgoing fax]: |
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|---|---|
| 3. Case 03_NA14828 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window Exceptional coverage approved for 1 course. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_LD43089 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved ustekinumab 90 mg every 8 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 05_KB36537 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Not approved Does not meet PharmaCare renewal criteria | |
| PharmaCare Note [not to be returned on outgoing fax]: Should be able to trial Secukinumab or Guselkumab safely | |

| | |
|--|---|
| Case 06_BA28791 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved adalimumab 40 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 07_HT25016 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved ustekinumab 90 mg every 10 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 08_EL64153 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 9. Case 09_HW59641 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: More information provided Please provide further details of the type of skin eruption experienced by the patient post-MTX SC administration. Please clarify if rash was mild or major, local or generalized, and provide details of the treatment trialed to ameliorate the rash. Also clarify when the rash started. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 10_BZ19378 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 11_FG40278 | Reviewed by Committee <i>January 25, 2019</i> |
| Decision: Approved indefinitely | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting February 8, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
February 8, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:35 AM

Agenda:

1. Case 01_MJ01651
2. Case 02_LA37839
3. Case 03_NR61949
4. Case 04_PH76952
5. Case 05_JM79848
6. Case 06_DP70594
7. Case 07_PL16147
8. Case 08_BG78543
9. Case 09_HT87217
10. Case 10_KB27265

| | |
|---|---|
| 1. Case 01_MJ01651 | Reviewed by Committee February 8, 2019 |
| Decision: More information required Please provide the name of the mild potency corticosteroid the patient has had treatment failure/intolerance with and provide the dates of trial. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 2. Case 02_LA37839 | Reviewed by Committee February 8, 2019 |
| Decision: More information required | |

Please provide a description of the location, extent and severity of granuloma annulare in this patient. Provide all medications trialed for this condition (e.g. high potency topical corticosteroids, intralesional corticosteroids, etc.) including dates of trial and response. Also provide a copy of the consult from a dermatologist recommending tacrolimus trial.

PharmaCare notes that dermatologist services via Telehealth are available to serve the needs of patients who reside in remote and underserved areas. Please Email: telehealth@phsa.ca or Phone: 604.297.8777 or 1.866.966.4347 Monday to Friday, 7:30 am to 5 pm (PST).

PharmaCare Note [not to be returned on outgoing fax]:

Protopic doesn't work in GA

3. Case 03_NR61949

Reviewed by Committee *February 8, 2019*

Decision:

Not approved

Does not meet PharmaCare coverage criteria. Not approved for exceptional coverage.

PharmaCare Note [not to be returned on outgoing fax]:

SC Morphea cases-tacrolimus most likely will be ineffective. Other treatments such as potent topical corticosteroids, intralesional corticosteroids may work better for the treatment of active morphea.

4. Case 04_PH76952

Reviewed by Committee *February 8, 2019*

Decision:

Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window
Exceptional coverage approved for 1 course. If renewal required please provide requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal.

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_JM79848

Reviewed by Committee *February 8, 2019*

Decision:

Not approved

For further consideration of coverage by PharmaCare please provide results of trial with subcutaneous methotrexate.

PharmaCare Note [not to be returned on outgoing fax]:

Accept rationale not to retreat CSA.

| | |
|---|---|
| Case 06_DP70594 | Reviewed by Committee <i>February 8, 2019</i> |
| Decision: More information required 1. Please clarify if weight is 280 lbs or 280 kg. 2. Please specify: a. Duration of symptoms in relation to cyclosporine use (e.g. onset with a certain dose, persistence after how many days or weeks b. Steps taken to decrease side effects (e.g. dose reduction?) c. Severity of each symptom experienced Committee notes intolerances experienced may subside with continued treatment. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 07_PL16147 | Reviewed by Committee <i>February 8, 2019</i> |
| Decision: Approved adalimumab 40 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 08_BG78543 | Reviewed by Committee <i>February 8, 2019</i> |
| Decision: More information required 1. Please clarify the results of trial with cyclosporine. Did patient experience abdominal pain and nausea (Section 7 says "risk of..."). If yes, provide further details of severity and steps taken to decrease side effects. 2. PharmaCare notes the patient picked up methotrexate tablets in 2017. Please clarify the duration of trial with methotrexate, results of trial and rationale for discontinuation. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 9. Case 09_HT87217 | Reviewed by Committee <i>February 8, 2019</i> |
| Decision: More information required Please resubmit when the most suitable biologic for this patient is determined. | |
| PharmaCare Note [not to be returned on outgoing fax]: Biologic is approvable – just choosing which one e.g. Etanercept, ustekinumab. | |

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| Case 10_KB27265 | Reviewed by Committee <i>February 8, 2019</i> |
| Decision: Approved 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting February 22, 2018
AGM will be on Friday, March 1st

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
February 22, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30 AM

Agenda:

1. Case 01_RB71467
2. Case 02_IR01486
3. Case 03_DC85059
4. Case 04_HT87217
5. Case 05_HK35371
6. Case 06_HW59641
7. Case 07_AB95947
8. Case 08_CH29259
9. Case 09_AM76305-Duplicate case
10. Case 10_AM76305
11. Case 11_LT17293

| | |
|--|---|
| 1. Case 01_RB71467 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Approved adalimumab 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 2. Case 02_IR01486 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Approved adalimumab 40 mg weekly for 1 year | |

PharmaCare Note [not to be returned on outgoing fax]:

Coverage provided due to additional information provided by the dermatologist regarding the HS indication.

3. Case 03_DC85059

Reviewed by Committee *February 22, 2019*

Decision:

Approved ixekizumab 160 mg every 4 weeks for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_HT87217

Reviewed by Committee *February 22, 2019*

Decision:

Currently approved

PharmaCare approved 16 weeks coverage of adalimumab on February 15, 2019 (expires June 8, 2019).

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_JM79848

Reviewed by Committee *February 22, 2019*

Decision:

Approved secukinumab 300 mg every 14 days for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Case 06_HW59641

Reviewed by Committee *February 22, 2019*

Decision:

Not approved

Insufficient information provided for adjudication. Please contact the physician who prescribed methotrexate to get further details of the type of skin eruption experienced by the patient post-MTX SC administration. Please clarify if rash was mild or major, local or generalized, and provide details of the treatment trialed to ameliorate the rash. Also clarify when the rash started.

PharmaCare Note [not to be returned on outgoing fax]:

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|---|--|
| Case 07_AB95947 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case 08_CH29259 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Not approved – increase of dose to 90 mg every 12 weeks As per the notes provided in Section 7 the patient has only received Week 0 and Week 4 of 45 mg SC ustekinumab. Please reapply for consideration of coverage 8 weeks after the 3 rd dose if necessary. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 9. Case 09_AM76305 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Duplicate case with Case 10 | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case 10_AM76305 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Approved adalimumab 80 mg every 2 weeks for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|------------------------------------|--|
| Case 11_LT17293 | Reviewed by Committee <i>February 22, 2019</i> |
| Decision: Approved for 12 weeks | |

PharmaCare Note [not to be returned on outgoing fax]:
Hepatocellular carcinoma – MTX is contraindicated, CSA is not contraindicated but compassionate approval is being provided.

Minutes Transcribed by Joanne

March 1, 2019 AGM

March 15th next meeting

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
March 15, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | | X |
| LP | X | |

Agenda:

1. Case 01_WJ03094
2. Case 02_GR60172
3. Case 03_CM16757
4. Case 04_FR23678
5. Case 05_BT03569
6. Case 06_DP70594
7. Case 07_AR78127
8. Case 08_JK84014
9. Case 09_CS75172
10. Case 10_MD19705
11. Case 11_CP42686

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|--|---|
| 1. Case 01_WJ03094 | Reviewed by Committee March 15, 2019 |
| Decision: Approved: Secukinumab 300mg every 3 weeks x 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: (Dose escalation to 300mg q3w) | |

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|---|---|
| 2. Case 02_GR60172 | Reviewed by Committee March 15, 2019 |
| Decision: Approved Secukinumab x 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (Salmonella fx mtx at low dose) | |

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| 3. Case 03_CM16757 | Reviewed by Committee March 15, 2019 |
| Decision: Approved Secukinumab x 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (Not dosed to weight, questions answered? and possible inadequate CSA dose,) | |

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| 4. Case 04_FR23678 | Reviewed by Committee March 15, 2019 |
| Decision: More information required. For further adjudication by the Committee please provide the following <ol style="list-style-type: none"> 1. Patient's weight 2. Dose of cyclosporine tried and details of attempts made to reduce the nausea and vomiting e.g. dose tapering, supportive measures tried etc 3. Specific results of guselkumab trial and whether it will be discontinued upon initiation of ixekizumab Thank you lp | |
| PharmaCare Note [not not to be returned on outgoing fax]: (AUD and N/V on cyclo, no pt wt, no measures to alleviate sx, guselkumab dose: did trial continue) | |

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|--|---|
| Case 05_JM79848 | Reviewed by Committee March 15, 2019 |
| Decision: Approved Secukinumab 450mg monthly x 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: (dose inc to 450 monthly, 117 kg wt) | |

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|--|---|
| Case 06_DP70594 | Reviewed by Committee March 15, 2019 |
| Decision: Approved Ixekizumab x 16 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (answers to com questions) | |

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| Case 07_AR78127 | Reviewed by Committee March 15, 2019 |
| Decision: | |

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| Approved Ustekinumab x 16 weeks |
| PharmaCare Note [not not to be returned on outgoing fax]: (body aches on past trial CSA) |

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| Case 08_JK84014 | Reviewed by Committee <i>March 15, 2019</i> |
| Decision: Approved Secukinumab 300mg monthly x 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: (hx of CSA trial Drs.22) | |

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| 9. Case 09_CS75172 | Reviewed by Committee <i>March 15, 2019</i> |
| Decision: Secukinumab Approved x 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (CSA n/v x >1 trial, unclear re mtx trial) | |

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|--|---|
| Case 10_MD19705 | Reviewed by Committee <i>March 15, 2019</i> |
| Decision: Secukinumab Approved x 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (inc LFTs on MTX, is alk phos and gamma gt impt??) | |

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|--|---|
| Case 11_CP42686 | Reviewed by Committee <i>March 15, 2019</i> |
| Decision: Secukinumab Approved x 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: (numb/tingle CSA, even with reduction in dose) | |

Minutes Transcribed by Lynn

March 29, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | | X |
| LP | X | |

Agenda:

1. Case 01_KD71211
2. Case 02_WL70311
3. Case 03_SJ30786
4. Case 04_HK61269
5. Case 05_RK38652

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|--|---|
| 1. Case 01_KD71211 | Reviewed by Committee March 29, 2019 |
| Decision: Approve Adalimumab x 6 months Ip | |
| PharmaCare Note [not not to be returned on outgoing fax]: Ab trial inad and not conscutive | |

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|---|---|
| 2. Case 02_WL70311 | Reviewed by Committee March 29, 2019 |
| Decision: Approved Adalimumab x 16 weeks Ip | |
| PharmaCare Note [not not to be returned on outgoing fax]: CSA trial short due to dec RF | |

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|--|---|
| 3. Case 03_SJ30786 | Reviewed by Committee <i>March 29, 2019</i> |
| Decision Approved ustekinumab x 16 weeks Ip | |
| PharmaCare Note [not not to be returned on outgoing fax]: CSA GI and nerve tingling | |

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|--|---|
| 4. Case 04_HK61269 | Reviewed by Committee <i>March 29, 2019</i> |
| Decision: Approved adalimumab 40mg weekly x 1 year Ip | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 05_JM79848 | Reviewed by Committee <i>March 29, 2019</i> |
| Decision: Approved ustekinumab x 16 weeks Ip | |
| PharmaCare Note [not not to be returned on outgoing fax]: intolerant CSa and mtx, kidney infarction | |

Minutes Transcribed by Lynn

**Psoriasis Drug Benefit Adjudication Advisory Committee (PDBAAC)
Annual General Meeting
AGENDA**

Friday, April 12, 2019
7:20-8:00 AM
Teleconference

Dial-in Number is: s.15; s.17 (Toll-Free)

Participant ID: s.15; s.17 (Joanne as Moderator)

Participants: Dr. Kevin Peter, Dr. Vincent Ho, Dr. Donald Jenkins, Joanne Bolzonello, and Sue Bouma

| Time | Topic |
|-------------------|--|
| 7:00 am – 7:20 am | Review of PDBAAC cases |
| 7:20 am – 8:00 am | <ol style="list-style-type: none"> Selection of PDBAAC Chairperson – Dr. Kevin Peter Annual Review of Terms of Reference -Approved with branch name change-Updated April 12, 2019 Action item: Send out TOR with approved wording No conflicts of interest reported. New conflict of interest forms coming out soon. Contract/Billing process – no concerns New drug submissions status <ol style="list-style-type: none"> Guselkumab (Tremfya)- Still in negotiations at pCPA Risankizumab (Skyrizi)- March 20, 2019 CDEC meeting recommendation – reimburse, but not at greater than the cost of the cheapest biologic Crisaborole (Eucrisa) for atopic dermatitis- March 20, 2019 CDEC meeting recommendation upon company request for reconsideration- Do not reimburse –Not closed yet Ozenoxacin (Ozanex) for impetigo- October 24, 2018 CDEC recommendation– Do not reimburse – Not a benefit April 9, 2019 Discussion on issues seen by committee over the past year (e.g. criteria review, form review, etc.) Cyclosporine: Dr. DJ-Be clear on form regarding side effects accepted. The dermatologist community assumes cyclosporine (CSA) is a dangerous drug and do not want to use it. Perhaps educational opportunity. Dr. Ho-PASI scoring is so subjective that one way to ensure disease is severe is to get them to use both MTX and CSA. If the patient and physician are willing to trial both drugs it is an |

indication that the disease is moderate to severe. Cyclosporine cost is getting closer to costs of biologics so at some point we will need to consider if we will still need to insist on a CSA trial. If we do away with the requirement to trial CSA patients who only have mild disease will request coverage for biologics.

Dr. KP-leave form as is

Sue-Development of a new Plan Z with zero dollar deductible is being worked on and cyclosporine could be one of the drugs included (if we determine suitable and not likely with first products listed on this plan formulary).

6. General discussion

A. Dupilumab (Dupixent)-Not approved and not considered for exceptional coverage. Getting pushed by requests for reconsideration and still saying no.

-Dr. Ho-Dermatologists are being told to apply to PharmaCare for coverage. He spoke to a drug representative and noted that a study of methotrexate vs. dupilumab needs to be done.^{s.21}

s.21

Dupilumab only has a 40-60% success rate in study.

-Dr. KP-No data on how well dupilumab will work on patients with past MTX/CSA failures. Cost of dupilumab is quite high and it is lifelong therapy if it works. Got a lot of pushback to CDEC after their recommendation not to list. The new Canadian guidelines for atopic dermatitis were written by authors who have conflicts of interest. Stack of similar drugs in the pipeline.

B. Brodalumab (Siliq)-Non-benefit status on November 27, 2018. Need to discuss outcome of pCPA negotiations, companies assertion that suicide risk is not higher than other biologics currently used for PP treatment, etc.

Dr. Ho-There are only a handful of patients in the real world so still little data. Black Box warning on the drug so physicians have to do extra steps such as seeing the patient more frequently so that medico-legal Concerns are addressed.

C. Enstilar foam- Non-Benefit status August 8, 2017.

D. Etanercept biosimilars-Erelzi just got PsA indication and is now the only option we cover for etanercept as a first start. Not sure if/when etanercept biosimilars will get the PP indication.

E. Topical antibiotics on formulary – potential SAQA topic for coverage of mupirocin (tied to ozenoxacin do not reimburse decision, cost of alternatives that we currently provide coverage

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| | <p>for, etc). FM would like dermatologist input on whether adding another topical antibiotic to our formulary is needed. Currently we only cover Fucidin.</p> <p>Dr. DJ-Need coverage for mupirocin</p> <p>Dr. KP-Need coverage for mupirocin. Mupirocin is the only drug indicated for nasal use, as Fucidin is not indicated. Getting resistance to both drugs now.</p> <p>Dr. Ho-Recommend not covering as topical antibiotics are used mainly by GP's and are not always used properly. Needed for short periods of time only.</p> <p>F. Rituximab biosimilar (Truxima) just received NOC from Health Canada for same indications as Rituxan. Committee advised would be used for both indicated and non-indicated coverage in future. <u>Pemphigus vulgaris</u>-V considerations here.</p> <p>7. Biosimilar switching strategy update-</p> <p>Dr. KP-Janssen has promised to continue coverage for all existing Remicade patients (26).</p> <p>Dr. VH- His patients are all OK with switching to biosimilar infliximab</p> <p>Dr. DJ – Does not have any patients on Remicade for psoriasis. Has patients on Remicade for off-label indications but being supplied by compassionate program.</p> <p>8. Wrap-up</p> |
|--|--|

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
April 12, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| LP | | X |

7-7:20 AM

Agenda:

- 1. Case 01_DS05286**
- 2. Case 02_GG47298**
- 3. Case 03_BT27289**
- 4. Case 04_CA04369**

| | |
|---|--|
| 1. Case 01_DS05286 | Reviewed by Committee <i>April 12, 2019</i> |
| Decision: Approved secukinumab 300 mg monthly for 3 months | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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| 2. Case 02_GG47298 | Reviewed by Committee <i>April 12, 2019</i> |
| Decision: More information required Please provide further documentation and details of steps taken to alleviate the adverse symptoms experienced with cyclosporine. | |
| PharmaCare Note [not not to be returned on outgoing fax]: Joanne to request usage report to see what % of her patients do a longer than 3 month trial | |

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|---|---|
| 3. Case 03_BT27289 | Reviewed by Committee <i>April 12, 2019</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|--|---|
| 4. Case 04_CA04369 | Reviewed by Committee <i>April 12, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: Currently no clarity on safety of any of these agents | |

Minutes Transcribed by Joanne

Next meeting April 26th

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
April 26, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| LP | | X |

7-7:30 PM

Agenda:

- 1. Case 01_GT03729**
- 2. Case 02_WD67079**
- 3. Case 03_LS93791**

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|---|--|
| 1. Case 01_GT03729 | Reviewed by Committee <i>April 26, 2019</i> |
| Decision: Approved infliximab 5 mg/kg every 8 weeks for 6 months Exceptional coverage approved for infliximab 5 mg/kg every 8 weeks for six months. If renewal requested please give specific details of benefit seen from infliximab (e.g. size and severity of ulcer(s), DLQI, VAS, other measures of benefit as applicable, etc.) and details of treatment plan at time of renewal. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: Committee notes that 50% improvement is not likely at 6 months. Any improvement would be sufficient. | |

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| 2. Case 02_WD67079 | Reviewed by Committee <i>April 26, 2019</i> |
| Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |

PharmaCare Note [not to be returned on outgoing fax]:

3. Case 03_LS93791

Reviewed by Committee *April 26, 2019*

Decision:

Approved adalimumab 40 mg every 14 days for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting May 10, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
May 10, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |

7-7:30 AM

Agenda:

- 1. Case 01_GG47298**
- 2. Case 02_JM76173**
- 3. Case 03_TP90865**
- 4. Case 04_FL64819**
- 5. Case 05_SP54827**
- 6. Case 06_TS52961**

| | |
|---|---|
| 1. Case 01_GG47298 | Reviewed by Committee May 10, 2019 |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_JM76173 | Reviewed by Committee May 10, 2019 |
| Decision: Approved indefinite | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|---|
| 3. Case 03_TP90865 | Reviewed by Committee May 10, 2019 |
|---------------------------|---|

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| Decision: More information required Please provide recent LFT results to support contraindication to methotrexate. |
| PharmaCare Note [not to be returned on outgoing fax]: |

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| 4. Case 04_FL64819 | Reviewed by Committee <i>May 10, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 05_SP54827 | Reviewed by Committee <i>May 10, 2019</i> |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (PASI<12). PharmaCare also notes that concurrent statin use with cyclosporine is not an absolute contraindication. Possible strategies include reduced statin dose with monitoring of CPK and lipid levels as well as clinical response. Additionally possible switch to an alternate less interacting statin such as pravastatin may be beneficial. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 06_TS52961 | Reviewed by Committee <i>May 10, 2019</i> |
| Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: If patient has prior coverage for a biologic under the PP program and use is stopped (e.g. for infection, surgery, remission, etc.) and dermatologist needs to restart without seeing the patient (so is unable to obtain a PASI) short-term coverage may be provided until a PASI can be obtained. Dermatologist should provide a description of location and severity of plaque psoriasis. | |

Dr Ho away June 8-21st

Next meeting May 24, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
May 24, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| LP | | X |

7-7:30 AM

Agenda:

- 1. Case 01_TA78283**
- 2. Case 02_BJ72189**
- 3. Case 03_FM58431**
- 4. Case 04_PD58659**
- 5. Case 05_FR72473**
- 6. Case 06_TP90865**
- 7. Case 07_BM26817**

| | |
|---|---|
| 1. Case 01_TA78283 | Reviewed by Committee May 24, 2019 |
| <p>Decision: Not approved Does not meet PharmaCare coverage criteria. PharmaCare notes that coverage will only be considered upon request by a dermatologist. Dermatologist services may be accessed via the local dermatologist or Telehealth. Dermatologist services via Telehealth are available to serve the needs of patients who reside in remote and underserved areas by Email: telehealth@phsa.ca or Phone: 604.297.8777 or 1.866.966.4347 Monday to Friday, 7:30 am to 5 pm (PST). Thank you.</p> | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|---|
| 2. Case 02_BJ72189 | Reviewed by Committee May 24, 2019 |
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| Decision: Approved 6 months |
| PharmaCare Note [not to be returned on outgoing fax]: Exceptional pyoderma gangrenosum request |

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| 3. Case 03_FM58431 | Reviewed by Committee May 24, 2019 |
| Decision: More information required Please have the endocrinologist provide further details (including published evidence, if available) to support the contraindication to use of standard immunosuppression drugs, and cyclosporine specifically, in this patient. Also provide further details of the patient's thyroid cancer (e.g. type, date of resection, details of recurrence, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_PD58659 | Reviewed by Committee May 24, 2019 |
| Decision: Approved secukinumab 450 mg every 3 weeks for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 05_FR72473 | Reviewed by Committee May 24, 2019 |
| Decision: Approved adalimumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|------------------------------------|---|
| Case 06_TP90865 | Reviewed by Committee May 24, 2019 |
| Decision: Approved for 16 weeks | |

PharmaCare Note [not to be returned on outgoing fax]:

Case 07_BM26817

Reviewed by Committee **May 24, 2019**

Decision:

Not approved

Does not meet criteria for PharmaCare coverage as neither cyclosporine or methotrexate are contraindicated in child-bearing years.

PharmaCare Note [not to be returned on outgoing fax]:

Minutes Transcribed by Joanne

Next meeting on June 14th then June 28th

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
June 14, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | | X |
| KP | X | |
| DJ | X | |
| JFS | X | |
| LP | | X |

7 am – 7:30 AM

Agenda:

1. Case 01_AR07317
2. Case 02_RT62097
3. Case 03_MD38292
4. Case 04_AJ17641
5. Case 05_BN31634
6. Case 06_CJ51675
7. Case 07_WR57064
8. Case 08_GV03591
9. Case 09_EA36298
10. Case 10_SL73012
11. Case 11_BA74625

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|--|--|
| 1. Case 01_AR07317 | Reviewed by Committee June 14, 2019 |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (inadequate duration of cyclosporine trial). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|--|
| 2. Case 02_RT62097 | Reviewed by Committee June 14, 2019 |
| Decision: | |

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| Approved for 16 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

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|---|--|
| 3. Case 03_MD38292 | Reviewed by Committee <i>June 14, 2019</i> |
| Decision: More information provided Please provide the histology showing the patient has interstitial granulomatous dermatitis and does not have granuloma annulaire. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 4. Case 04_AJ17641 | Reviewed by Committee <i>June 14, 2019</i> |
| Decision: Approved for 6 months Exceptional coverage approved for 6 months. If renewal required please provide requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal (e.g. benefit seen in terms of prednisone and cyclosporine dose, size of lesion, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: Off-Label for Pyoderma Gangrenosum | |

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|---|--|
| Case 05_BN31634 | Reviewed by Committee <i>June 14, 2019</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: The dermatologist must write letter describing symptoms and steps taken to address intolerances seen. Patient letters will be kept on file but not considered by committee. | |

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|------------------------------------|--|
| Case 06_CJ51675 | Reviewed by Committee <i>June 14, 2019</i> |
| Decision: Approved for 16 weeks | |

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| PharmaCare Note [not to be returned on outgoing fax]: |
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|------------------------|--|
| Case 07_WR57064 | Reviewed by Committee <i>June 14, 2019</i> |
|------------------------|--|

Decision:

Approved for 1 year

For future renewal requests please provide a narrative describing improvement seen in palmoplantar symptoms.

PharmaCare Note [not to be returned on outgoing fax]:

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|------------------------|--|
| Case 08_GV03591 | Reviewed by Committee <i>June 14, 2019</i> |
|------------------------|--|

Decision:

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

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|---------------------------|--|
| 9. Case 09_EA36298 | Reviewed by Committee <i>June 14, 2019</i> |
|---------------------------|--|

Decision:

More information required

1. Please provide further details on phototherapy trial (dates/location)
2. Please provide detailed information regarding the patient's response to prior trial of methotrexate injection as well as the nature and severity of intolerance(s) experienced and details of measures taken to alleviate symptoms experienced with cyclosporine including the effect of dose reduction and titration. If this information is not available please provide results of retreatment with both medications.

PharmaCare Note [not to be returned on outgoing fax]:

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|------------------------|--|
| Case 10_SL73012 | Reviewed by Committee <i>June 14, 2019</i> |
|------------------------|--|

Decision:

More information results

Please provide the psychiatrist consult which addresses the risk of reactivation of the patient's psychiatric issues with both cyclosporine and biologic therapy.

PharmaCare Note [not to be returned on outgoing fax]:

Suicidal ideation is not a contraindication to therapy with methotrexate, cyclosporine or biologics. Dermatologists should receive a psychiatric consult prior to starting any type of therapy for plaque psoriasis for patients with existing psychiatric issues. E.g. Please provide a copy of the psychiatrist consult which addresses the risk of both cyclosporine and biologic therapy on the patient's psychiatric issues.

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|---|--|
| Case 11_BA74625 | Reviewed by Committee <i>June 14, 2019</i> |
| Decision: Not approved Does not meet criteria for PharmaCare coverage. As per pimecrolimus coverage criteria, topical calcineurin inhibitors must be initially prescribed by a dermatologist licensed by the Royal College of Physicians and Surgeons of Canada and not by a family physician. | |
| PharmaCare Note [not to be returned on outgoing fax]: Calcineurin inhibitors are very expensive and can easily be used inappropriately which is why our criteria requires a qualified dermatologist to prescribe this class of creams. Dr. J. Galt Wilson, Senior deputy registrar, is currently considering restricting the use of dermatology wording by GP's as patients do not realize they are not seeing a dermatologist when they see "special interest in dermatology" or "dip dermat". Committee requests submission of this physician's letter to the College of Physicians as it illustrates a disconnection with the importance of dermatologist training in diagnosis and prescribing for patients that "simply need creams". | |

Minutes Transcribed by Joanne

Next Meeting July 5, 2019

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
July 5, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| LP | | X |

7 – 7:46 AM

Agenda:

- 1. Case 01_SS47233**
- 2. Case 02_FM58431**
- 3. Case 03_SK14784**
- 4. Case 04_SG95791**
- 5. Case 05_WD80742**
- 6. Case 06_SV92346**
- 7. Case 07_FC21276**

| | |
|---|---|
| 1. Case 01_SS47233 | Reviewed by Committee July 5, 2019 |
| Decision: Approved for 6 months | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_FM58431 | Reviewed by Committee July 5, 2019 |
| Decision: Approved for 6 months | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_SK14784 | Reviewed by Committee <i>July 5, 2019</i> |
| Decision: Approved for 12 weeks | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_SG95791 | Reviewed by Committee <i>July 5, 2019</i> |
| Decision: Not approved Does not meet criteria for PharmaCare coverage (4 mg/kg/day for 3 months is required). PharmaCare notes that there is no evidence of worsening renal function (increased creatinine) since starting cyclosporine. | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

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|--|---|
| Case 05_WD80742 | Reviewed by Committee <i>July 5, 2019</i> |
| Decision: Not approved Does not meet criteria for PharmaCare. | |
| PharmaCare Note [not not to be returned on outgoing fax]: Dose is homeopathic. Should start at 2.5-3 mg/kg/day, monitor renal function, decreased renal function is reversible if noted. Request dose of acitretin trialed as well as details of intolerance to acitretin (usually dose is too high and dose can be adjusted) *For requests when low baseline renal function is noted ask if patient has chronic renal insufficiency and provide evidence to support or if this is acute. | |

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| Case 06_SV92346 | Reviewed by Committee <i>July 5, 2019</i> |
| Decision: Approved ixekizumab 160 mg every 4 weeks for 1 year | |

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| PharmaCare Note [not not to be returned on outgoing fax]: |

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|---|---|
| Case 07_FC21276 | Reviewed by Committee <i>July 5, 2019</i> |
| Decision: Approved secukinumab 450 mg every 3 weeks for 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: Consider asking the rationale for increasing both dose and frequency at the same time in the future. | |

Next meeting July 19, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

July 19, 2019

DIAL IN NUMBER s.15; s.17
Password s.15; s.17

toll Free

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30 AM

Agenda:

- 1. Case 01_WT12951**
- 2. Case 02_ML60418**
- 3. Case 03_BM59678**

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|---|--------------------------------------|
| 1. Case 01_WT12951 | Presented to Committee July 19, 2019 |
| PharmaCare Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--------------------------------------|
| 2. Case 02_ML60418 | Presented to Committee July 19, 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--------------------------------------|
| 3. Case 03_BM59678 | Presented to Committee July 19, 2019 |
| PharmaCare Decision: Approved ixekizumab 80 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting Friday, August 2nd

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019
Aug 02, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:35 AM

Agenda:

1. Case 01_ BJ26246
2. Case 02_ BJ75713
3. Case 03_ BL02988
4. Case 04_ SG95791
5. Case 05_ SL73012
6. Case 06_ IC61798
7. Case 07_ BA32332
8. Case 08_ RG63414
9. Case 09_ LC40823
10. Case 10_ AA47129
11. Case 11_ FS31687
12. Case 12_ SJ76037
13. Case 13_ CY02346
14. Case 14_ CB59658
15. Case 15_ WA73606

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|--|---|
| 1. Case 01_ BJ26246 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved adalimumab 80 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 2. Case 02_ BJ75713 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved ixekizumab 80 mg every 2 weeks for 4 months. If no improvement further coverage will not be provided. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 3. Case 03_ BL02988 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved ixekizumab 80 mg ever 3 weeks for 4 months. If no improvement further coverage will not be provided. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_ SG95791 | Reviewed by Committee Aug 02, 2019 |
| Decision: Not approved Does not meet PharmaCare coverage criteria (trial of cyclosporine at 4 mg/kg/day is required). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 5. Case 05_ SL73012 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved for 12 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: Attn: Tracy - Wrong initials and phn....Should be SL73012. It is right on the actual case and above...just wrong here. | |

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| 6. Case 06_ IC61798 | Reviewed by Committee Aug 02, 2019 |
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| Decision: Approved for 16 weeks. |
| PharmaCare Note [not to be returned on outgoing fax]: |

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| Case 07_ BA32332 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 08_ RG63414 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 9. Case 09_ LC40823 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved secukinumab 450 mg every 4 weeks for 4 months. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 10_ AA47129 | Reviewed by Committee Aug 02, 2019 |
| Decision: More information required PharmaCare notes that the information provided in response to the prior query was insufficient for adjudication. For further consideration of PharmaCare coverage please provide the full titration schedule, highest dose of cyclosporine achieved and all details of measures taken to alleviate adverse symptoms experienced including dosage reduction. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 11_ FS31687 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved secukinumab 300 mg every 3 weeks for 1 year. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 12_ SJ76037 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| Case 13_ CY02346 | Reviewed by Committee Aug 02, 2019 |
| Decision: Not approved Not approved for exceptional last resort only coverage by PharmaCare. | |
| PharmaCare Note [not to be returned on outgoing fax]: Dr. Ho will call and speak to physician. Query dose of dapsone trialed and if dose adjustment would control the side effects experienced. If dapsone not tolerated, a trial of colchicine or colchicine+dapsone may be attempted. Noted that dose of azathioprine tried was too low. There is not a lot of evidence that rituximab works much better for this diagnosis. There is a much longer time until remission and often requires repeated infusions. | |

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| Case 14_ CB59658 | Reviewed by Committee Aug 02, 2019 |
| Decision: Approved for 16 weeks. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|-------------------------|---|
| Case 15_ WA73606 | Reviewed by Committee Aug 02, 2019 |
| Decision: | |

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|---|
| Approved for 16 weeks. |
| PharmaCare Note [not to be returned on outgoing fax]: |

Next meeting August 16, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

August 16, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:33 AM

Agenda:

1. Case 01_TZ46961
2. Case 02_CE25055
3. Case 03_JP42913
4. Case 04_DD40197
5. Case 05_LA73852
6. Case 06_SG95791
7. Case 07_MR38589
8. Case 08_RW61472
9. Case 09_CD21855
10. Case 10_RB71467
11. Case 11_CH63791
12. Case 12_LG61661

| | |
|--|--|
| 1. Case 01_TZ46961 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window Exceptional coverage approved for 1 course. If renewal required please provide requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal (e.g. benefit seen in terms of prednisone dose, prednisone sparing agent dose, BSA, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_CE25055 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 16 weeks Exceptional coverage granted based on information provided (Does not meet PharmaCare coverage criteria in Section 5, no trial of methotrexate or cyclosporine). Future requests for other biologics will require criteria applicable at that time to be met before coverage would be considered. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 3. Case 03_JP42913 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. See criteria in Section 5 for details of intolerance and contraindications to methotrexate accepted by PharmaCare. Please note: If oral methotrexate is not tolerated due to gastrointestinal intolerance result of trial with subcutaneous methotrexate is required. Thank you. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 4. Case 04_DD40197 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved adalimumab 40 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 05_LA73852 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. PharmaCare notes that trials of required medications | |

must be consecutive and for a minimum of 3 months.

PharmaCare Note [not to be returned on outgoing fax]:

Dr. Peter will call and explain criteria.

Case 06_SG95791

Presented to Committee August 16, 2019

PharmaCare Decision:

More information required

Please provide results of a 3 month consecutive trial with cyclosporine dosed according to lean body weight.

PharmaCare Note [not to be returned on outgoing fax]:

Case 07_MR38589

Presented to Committee August 16, 2019

PharmaCare Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

If a patient has confirmed cirrhosis then trial with cyclosporine (or MTX) is not required—put into internal criteria changes document-jfs

Case 08_RW61472

Presented to Committee August 16, 2019

PharmaCare Decision:

Not approved

Does not meet PharmaCare coverage criteria.

PharmaCare Note [not to be returned on outgoing fax]:

Dr. Ho to call-baseline creatinine is 100+ so elevation is not 30%

9. Case 09_CD21855

Presented to Committee August 16, 2019

PharmaCare Decision:

Approved Inflectra brand infliximab 500 mg every 8 weeks (post-induction) for 6 months

Exceptional coverage provided due to patient specific factors.

PharmaCare Note [not to be returned on outgoing fax]:

Case 10_RB71467

Presented to Committee August 16, 2019

PharmaCare Decision:

Approved adalimumab 80 mg weekly for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Case 11_CH63791

Presented to Committee August 16, 2019

PharmaCare Decision:

Approved for 12 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 12_LG61661

Presented to Committee August 16, 2019

PharmaCare Decision:

Approved etanercept 50 mg twice weekly for 1 year

Exceptional approval provided due to patient specific factors.

PharmaCare Note [not to be returned on outgoing fax]:

August 30th next meeting.

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

August 30, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 – 7:15 AM

Agenda:

- 1. Case 01_CS85955**
- 2. Case 02_WS60128**
- 3. Case 03_TA84194**
- 4. Case 04_WD 80742**

| | |
|---|--|
| 1. Case 01_CS85955 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|--|
| 2. Case 02_WS60128 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved secukinumab 450 mg every 4 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 3. Case 03_TA84194 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 4. Case 04_WD 80742 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting September 20th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

Sept 20, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:36 AM

Agenda:

- 1. Case 01_DD70936**
- 2. Case 02_CS85955**
- 3. Case 03_KT69876**
- 4. Case 04_LB53813**
- 5. Case 05_BK81285**
- 6. Case 06_SR53689**
- 7. Case 07_MM93485**
- 8. Case 08_AA47129**
- 9. Case 09_RL86846**
- 10. Case 10_PV06762**

| | |
|---|--|
| 1. Case 01_DD70936 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved adalimumab 80 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---------------------------|--|
| 2. Case 02_CS85955 | Presented to Committee August 16, 2019 |
|---------------------------|--|

PharmaCare Decision:
Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

3. Case 03_KT69876

Presented to Committee August 16, 2019

PharmaCare Decision:
Not approved
Does not meet PharmaCare coverage criteria as per Section 5 (antihypertensive therapy has not been optimized).

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_LB53813

Presented to Committee August 16, 2019

PharmaCare Decision:
Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_BK81285

Presented to Committee August 16, 2019

PharmaCare Decision:
Approved for 12 weeks
Thank you for the helpful information provided. Exceptional coverage has been provided due to patient specific factors.

PharmaCare Note [not to be returned on outgoing fax]:

Although causative effect has not been definitively established PharmaCare has provided exceptional approval due to detailed explanation of patient specific factors that make retrial of cyclosporine difficult.

Case 06_SR53689

Presented to Committee August 16, 2019

PharmaCare Decision:

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| Approved adalimumab 40 mg every 2 weeks for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: Reported BP 90/70 + 170/100 PASI of 1 was obtained August 13/19 Has been on adalimumab since July 2012 under private insurance |

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| Case 07_MM93485 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 08_AA47129 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: CSA therapy is generally started at 2.5 mg/kg/day and then titrated up. VO-Sept 24/19-Physician-She starts patients on 100 mg daily for 7 days, then increases up to 4 mg/kg/day. This patient couldn't even tolerate the first dose. | |

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| 9. Case 09_RL86846 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 10_PV06762 1 | Presented to Committee August 16, 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting October 4th, then the 18th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

October 4, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | | x |
| JFS | X | |
| | | |

7 am – 7:22 am

Agenda:

1. Case 01_TD85407
2. Case 02_JD95181
3. Case 03_HS25153
4. Case 04_KT69876
5. Case 05_BJ82124

| | |
|---|--|
| 1. Case 01_TD85407 | Presented to Committee October 4, 2019 |
| PharmaCare Decision: RDP4 Approved for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_JD95181 | Presented to Committee October 4, 2019 |
| PharmaCare Decision: RDP4 Approved 80 mg weekly for 1 year. | |

Please note: PharmaCare data reveal that intervals between adalimumab fills range from 12 to 35 days (for a 14 day supply). Query patient compliance.

PharmaCare Note [not to be returned on outgoing fax]:

3. Case 03_HS25153

Presented to Committee October 4, 2019

PharmaCare Decision:

RDP4

Approved adalimumab 80 mg weekly for 6 months

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_KT69876

Presented to Committee October 4, 2019

PharmaCare Decision:

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_BJ82124

Presented to Committee October 4, 2019

PharmaCare Decision:

Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Next meeting October 18th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

Oct 18, 2019

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 – 7:30 am

Agenda:

- 1. Case 01_TL08288**
- 2. Case 02_BT03569**

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|--|-------------------------------------|
| 1. Case 01_TL08288 | Presented to Committee Oct 18, 2019 |
| PharmaCare Decision: Approved secukinumab 300 mg every 2 weeks for 6 months | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

| | |
|--|-------------------------------------|
| 2. Case 02_BT03569 | Presented to Committee Oct 18, 2019 |
| PharmaCare Decision: Approved secukinumab 450 mg every 3 weeks for 1 year | |
| PharmaCare Note [not not to be returned on outgoing fax]: | |

Next meeting November 8, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

November 8th, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 am-7:30 am

Agenda:

- 1. Case 01_KG70282**
- 2. Case 02_MV09348**
- 3. Case 03_JD01745**
- 4. Case 04_RJ57033**
- 5. Case 05_ZV23176**
- 6. Case06_KS41013**

| | |
|--|--|
| 1. Case 01_KG70282 | Presented to Committee November 8 th , 2019 |
| PharmaCare Decision: Approved infliximab 5 mg/kg every 8 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| 2. Case 02_MV09348 | Presented to Committee November 8 th , 2019 |
| PharmaCare Decision: More information required PharmaCare is unclear about this patients primary coverage: | |

1. If FNHA-PharmaCare records do not indicate the patient is enrolled for FNHA. Please have the patient call the FNHA client support representative at 1-855-550-5454. Once enrollment is confirmed reapply with the completed Initial coverage form.
2. If s.22 -Provide a copy of the rejection letter from the extended health plan along with the completed Initial coverage form.
3. If NIHB-Please apply to NIHB for coverage.

PharmaCare Note [not to be returned on outgoing fax]:
Approved for 12 weeks if there is proof of non-coverage from NIHB.

3. Case 03_JD01745

Presented to Committee November 8th, 2019

PharmaCare Decision:

More information required

Documentation provided is inadequate for adjudication. For further consideration of coverage:

1. Please provide the rationale for use of prednisone in this patient. Also clarify who is prescribing prednisone.
2. Please clarify if the side effects noted were verified by you.
3. Please clarify if patient has a history of angioedema. If yes, please provide further details of angioedema history including consult notes, if available.
4. Please clarify if this patient is on any other medications that may cause angioedema.
5. Please clarify if there was a clear temporal correlation to use of angioedema and cyclosporine use
6. Please provide the response of angioedema to the withdrawal of cyclosporine and the initiation of prednisone.
7. Provide name and phone # of the patients family doctor.

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_RJ57033

Presented to Committee November 8th, 2019

PharmaCare Decision:

More information provided

PharmaCare requires that all physicians exhaust all possible avenues of accessing information from prior dermatologists and GP's in order to provide accurate information on results of trial with methotrexate and cyclosporine. Please provide detailed information regarding the rationale for discontinuation of cyclosporine in 2016.

PharmaCare Note [not to be returned on outgoing fax]:

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|---|--|
| Case 05_ZV23176 | Presented to Committee November 8 th , 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| Case06_KS41013 | Presented to Committee November 8 th , 2019 |
| PharmaCare Decision: Approved adalimumab 40 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting, Friday November 22nd

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

November 22, 2019

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:32 am

Agenda:

1. Case 01_WE83851
2. Case 02_CP81581
3. Case 03_RM80659
4. Case 04_SB45733
5. Case 05_CG83078
6. Case 06_PG91943
7. Case 07_PM23853
8. Case 08_SG95791
9. Case 09_DJ49684

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| 1. Case 01_WE83851 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window Exceptional coverage approved for 1 course. If renewal required please provide requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal (e.g. benefit seen in terms of prednisone dose, prednisone sparing agent dose, BSA, etc.). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_CP81581 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 3. Case 03_RM80659 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Not approved Not approved for exceptional, last resort only coverage based on information provided | |
| PharmaCare Note [not to be returned on outgoing fax]: Dr. Ho to call and discuss case with physician | |

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| 4. Case 04_SB45733 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 05_CG83078 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 06_PG91943 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved indefinite | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 07_PM23853 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: More information required 1. Please complete Section 5 providing date PASI was taken. 2. Please provide details of medications the patient is currently on that interact with cyclosporine. 3. Please provide a detailed history of gout in this patient including frequency, severity, medications used to prevent/treat, etc. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 08_SG95791 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 9. Case 09_DJ49684 | Presented to Committee November 22, 2019 |
| PharmaCare Decision: Approved secukinumab 300 mg every 3 weeks for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting December 6, 2019

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2019

December 06, 2019

DIAL IN NUMBER^{s.15; s.17}

toll Free

Password^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 AM- 7:45 am

Agenda:

1. Case 01_SB15424
2. Case 02_MR04658
3. Case 03_MS71647
4. Case 04_PR93535
5. Case 05_BS20941
6. Case 06_MT16911
7. Case 07_NJ10852
8. Case 08_BC91599
9. Case 09_JD01745
10. Case 10_GM08928
11. Case 11_PJ63982
12. Case 12_FA81501

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| 1. Case 01_SB15424 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: Darker skin tones are prone to inflammatory hypopigmentation regardless of the treatment. | |

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| 2. Case 02_MR04658 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 3. Case 03_MS71647 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: Do not accept untreated hypercholesterolemia as contraindication to CSA | |

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| 4. Case 04_PR93535 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: More information required PharmaCare records do not indicate trial of cyclosporine 4 mg/kg/day for 3 months (first pickup of cyclosporine was on November 6, 2019). Please provide details of cyclosporine trial including doses used, duration of trial and rationale to switch therapy after a 1 month trial. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 05_BS20941 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 06_MT16911 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks Please note: PharmaCare coverage is only provided during breastfeeding. If a renewal of coverage is required, please clarify if patient is still breastfeeding. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| Case 07_NJ10852 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Not approved PharmaCare does not provide coverage for the induction dosing protocol in the middle of ongoing secukinumab therapy. If dose intensification is desired, please reapply. | |
| PharmaCare Note [not to be returned on outgoing fax]: Can approve for up to 300 mg every 14 days if he reapplies without going to cmte | |

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| Case 08_BC91599 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 9. Case 09_JD01745 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 10_GM08928 11. Case 11_PJ63982 12. Case 12_FA81501 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 10_GM08928 11. Case 11_PJ63982 12. Case 12_FA81501 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|--|
| Case 10_GM08928 11. Case 11_PJ63982 12. Case 12_FA81501 | Presented to Committee December 06, 2019 |
| PharmaCare Decision: Approved for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting December 20th

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2017

Month DD, 2017

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30 am

Agenda:

- 1. Case 01_RD45639**
- 2. Case 02_WH67017**
- 3. Case 03_FA90417**
- 4. Case 04_RS74122**

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| 1. Case 01_RD45639 | Presented to Committee December 20, 2019 |
| PharmaCare Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_WH67017 | Presented to Committee December 20, 2019 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|--|
| 3. Case 03_FA90417 | Presented to Committee December 20, 2019 |
| PharmaCare Decision: | |

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| Approved for 16 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

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|--|--|
| 4. Case 04_RS74122 | Presented to Committee December 20, 2019 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting January 10, 2020

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

January 10, 2020

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 AM – 7:18 AM

Agenda:

- 1. Case 01_PR93535**
- 2. Case 02_WD80742**
- 3. Case 03_BP76125**
- 4. Case 04_MM02188**
- 5. Case 05_MC51321**
- 6. Case06_CM28425**
- 7. Case07_AL56908**

| | |
|--|---|
| 1. Case 01_PR93535 | Presented to Committee January 10, 2020 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: Patient did not undertake further trial of cyclosporine and picked up ixekizumab on December 27th. | |

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|--|---|
| 2. Case 02_WD80742 | Presented to Committee January 10, 2020 |
| PharmaCare Decision: Approve for 1 year For future renewal requests also provide a narrative describing improvement seen in palmoplantar symptoms. | |

PharmaCare Note [not to be returned on outgoing fax]:

3. Case 03_BP76125

Presented to Committee January 10, 2020

PharmaCare Decision:
Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_MM02188

Presented to Committee January 10, 2020

PharmaCare Decision:
Approved for 16 weeks

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_MC51321

Presented to Committee January 10, 2020

PharmaCare Decision:
Approved adalimumab 80 mg weekly for 1 year

PharmaCare Note [not to be returned on outgoing fax]:

Case06_CM28425

Presented to Committee January 10, 2020

PharmaCare Decision:
Not approved
Further consideration of exceptional coverage requires copies of references indicating a contraindication to cyclosporine trial in patients with a history of breast cancer.

PharmaCare Note [not to be returned on outgoing fax]:
Currently there is a study of CSA + other drug in treatment of breast cancer. No studies saying solid tumor history precludes use of CSA. Send response to committee.

Case07_AL56908

Presented to Committee Month DD, 2017

PharmaCare Decision:
Not approved – rituximab 700 mg weekly for 4 weeks

Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window
If renewal required in the future please provide requested dose/frequency and specific details of benefit seen from rituximab therapy on attached renewal form.

PharmaCare Note [not to be returned on outgoing fax]:

Dr. LS confirmed use of 1000 mg at 0+2 weeks is OK

Next meeting January 31, 2020

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

January 31, 2020

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7 AM – 7:30 AM

Agenda:

1. Case 01_CS95301
2. Case 02_GD28167
3. Case 03_WD67079
4. Case 04_SL73012
5. Case 05_TH43412
6. Case06_SJ57588
7. Case07_LZ69925
8. Case 08_PS91816
9. Case 09_GD51709
10. Case 10_AJ17641
11. Case 11_SW24549
12. Case 12_AJ15782
13. Case 13_MP61878
14. Case 14_TK40265
15. Case 15_TA10624

| | |
|--|---|
| 1. Case 01_CS95301 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved ixekizumab 80 mg every 3 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 2. Case 02_GD28167 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_WD67079 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: RDP4 Approved adalimumab 40 mg weekly for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 4. Case 04_SL73012 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case 05_TH43412 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| Case06_SJ57588 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved secukinumab 450 mg monthly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case07_LZ69925 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| Case 08_PS91816 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|--|
| 9. Case 09_GD51709 | Presented to Committee January 31,2020 |
| PharmaCare Decision: RDP4 Approved adalimumab 40 mg weekly for 12 weeks Please note: PharmaCare coverage is provided for the dose and regimen requested on the Special Authority application unless noted otherwise. PharmaCare DID NOT agree to provide coverage for the increased dose provided on December 14, 2019 and January 10, 2020. For future changes in dosage regimens, DO NOT make changes to the dose or frequency of use that will increase the amount charged to PharmaCare UNTIL the requested dosage regimen has been approved by PharmaCare. IF additional dosing is required prior to PharmaCare approval, it may be obtained from an alternate source; coverage for additional doses should not be billed to PharmaCare without prior approval, and coverage of additional doses is not guaranteed (coverage beyond standard dosing is only considered on a case by case basis). If billing occurs beyond what has been approved, PharmaCare coverage may be discontinued. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---|
| Case 10_AJ17641 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Contingent approval granted-infliximab 500 mg loading protocol and then every 8 weeks for 6 months PharmaCare has approved coverage for infliximab (500 mg/dose) that will be entered once proof of hospital discharge and proof of compassionate supply of 2 doses of 500 mg in the community has been provided. **PharmaCare coverage requires provision of the information requested above. Please fax this information to 1-855-812-1071 (label URGENT: Joanne or Chad) Information may also be provided by calling Joanne at 1-250-952-1002 or Chad 1-250-952-4436 (if Joanne is not available) If renewal is required in 6 months please provide requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal (e.g. benefit seen in terms of prednisone and tacrolimus dose, # and size of lesions, etc). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|------------------------|---|
| Case 11_SW24549 | Presented to Committee January 31, 2020 |
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| PharmaCare Decision: Approved rituximab 1000 mg at 0 and 2 weeks for 1 course with a 3 month dispensing window Exceptional coverage approved for 1 course. If renewal required please complete the attached renewal form providing requested dose/frequency and specific details of benefit seen and need for retreatment at time of renewal (e.g. benefit seen in terms of prednisone dose, prednisone sparing agent dose, BSA, etc). | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 12. Case 12_AJ15782 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved secukinumab 300 mg every 14 days for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 13. Case 13_MP61878 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|--|---|
| 14. Case 14_TK40265 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 15. Case 15_TA10624 | Presented to Committee January 31, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting February 14, 2020

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

February 14, 2020

DIAL IN NUMBER ^{s.15; s.17}

toll Free

Password ^{s.15; s.17}

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:30

Agenda:

- 1. Case 01_WT20966**
- 2. Case 02_AP80195**
- 3. Case 03_JS80166**
- 4. Case 04_IS57081**
- 5. Case 05_TJ78939**

| | |
|---|-------------------------------------|
| 1. Case 01_WT20966 | Presented to Committee Feb 14, 2020 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|-------------------------------------|
| 2. Case 02_AP80195 | Presented to Committee Feb 14, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---------------------------|-------------------------------------|
| 3. Case 03_JS80166 | Presented to Committee Feb 14, 2020 |
|---------------------------|-------------------------------------|

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| PharmaCare Decision: Approved 12 weeks |
| PharmaCare Note [not to be returned on outgoing fax]: |

| | |
|--|-------------------------------------|
| 4. Case 04_IS57081 | Presented to Committee Feb 14, 2020 |
| PharmaCare Decision: Approved ixekizumab 80 mg every 3 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|-------------------------------------|
| Case 05_TJ78939 | Presented to Committee Feb 14, 2020 |
| PharmaCare Decision: Approved for 3 doses Approved infliximab up to 800 mg/dose for 3 doses (0, 2, and 6 weeks). If renewal of coverage is required, please complete the HS form providing requested dose/frequency and completing Sections 6+7. Also provide a narrative detailing improvement seen and the long-term treatment plan. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting February 28, 2020

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

February 28, 2020

DIAL IN: s.15; s.17
PASSWORD: s.15; s.17 -

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7:00 AM-7:35 AM

Agenda:

Including Omalizumab CIU tapering protocol document

- 1. Case 01_CE91648**
- 2. Case 02_CC51206**
- 3. Case 03_WS21864**
- 4. Case 04_MJ76173**

| | |
|---|---|
| 1. Case 01_CE91648 | Presented to Committee February 28, 2020 |
| PharmaCare Decision: Approved for 16 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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| 2. Case 02_CC51206 | Presented to Committee February 28, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 3. Case 03_WS21864 | Presented to Committee <i>February 28, 2020</i> |
| PharmaCare Decision: Approved adalimumab 40 mg weekly for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---|
| 4. Case 04_MJ76173 | Presented to Committee <i>February 28, 2020</i> |
| PharmaCare Decision: Interim approval - infliximab 500 mg/dose for 1 month For extension of coverage to 6 months please confirm whether patient has alternate drug coverage that will cover this medication for this patient. If the patient has an alternate coverage plan that will provide any coverage for this medication, PharmaCare declines to consider further exceptional coverage. For consideration of renewal of coverage after 6 months please provide requested dose/frequency and provide an update on current measures (i.e. BSA, severity of disease, concomitant medications). | |
| PharmaCare Note [not to be returned on outgoing fax]: May need to switch to adalimumab if they cannot coordinate infusions at^{s.22} | |

Minutes transcribed by Joanne

Next meeting March 14, 2020

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

March 13 , 2020

DIAL IN: s.15; s.17
PASSWORD: s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Agenda:

1. Case 01_LE27157
2. Case 02_VS52179
3. Case 03_NH25489
4. Case 04_MR54322
5. Case 05_MW30673

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|---|--|
| 1. Case 01_LE27157 | Presented to Committee <i>March 13 , 2020</i> |
| PharmaCare Decision: More information required Please have the dermatologist clarify if alternate dosing regimens (e.g. 10 mg one day, 30 mg the next, and alternate, OR 30 mg every other day, etc) have been trialed or provide the rationale to avoid trial. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|--|
| 2. Case 02_VS52179 | Presented to Committee <i>March 13 , 2020</i> |
| PharmaCare Decision: Not approved Not approved for exceptional last-resort only coverage by PharmaCare. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Spoke with Dr.s.22 he will reapply for infliximab biosimilar

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|---|---|
| 3. Case 03_NH25489 | Presented to Committee <i>March 13 ,2020</i> |
| PharmaCare Decision: Approved ustekinumab 90 mg every 8 weeks for 6 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 4. Case 04_MR54322 | Presented to Committee <i>March 13 ,2020</i> |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---|
| 5. Case 05_MW30673 | Presented to Committee <i>March 13 ,2020</i> |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting Friay, March 27, 2020

AGM April 17th 6:45 AM-7 AM

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

March 27, 2020

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

7-7:35 Pm

Agenda:

1. Case 01_LS64199
2. Case 02_RA85173
3. Case 03_RA24892
4. Case 04_PP37517
5. Case 05_LD68031
6. Case06_HM18067
7. Case07_EB10203
8. Case 08_GT14655
9. Case 09_BJ32476

| | |
|---|---------------------------------------|
| 1. Case 01_LS64199 | Presented to Committee March 27, 2020 |
| PharmaCare Decision: Approved for 6 months Exceptional coverage provided for 6 months. | |
| PharmaCare Note [not to be returned on outgoing fax]: Cannot use other agents at this time due to Covid-19 + patient lives in s.22 | |

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|---|---------------------------------------|
| 2. Case 02_RA85173 | Presented to Committee March 27, 2020 |
| PharmaCare Decision: Approved for 6 months | |

PharmaCare Note [not to be returned on outgoing fax]:

3. Case 03_RA24892

Presented to Committee March 27, 2020

PharmaCare Decision:

Approved for 6 months

PharmaCare Note [not to be returned on outgoing fax]:

4. Case 04_PP37517

Presented to Committee March 27, 2020

PharmaCare Decision:

Approved for 6 months

PharmaCare Note [not to be returned on outgoing fax]:

Case 05_LD68031

Presented to Committee March 27, 2020

PharmaCare Decision:

Approved for 6 months

Exceptional approval provided due to patient-specific factors (duration of cyclosporine therapy).

PharmaCare Note [not to be returned on outgoing fax]:

Case06_HM18067

Presented to Committee March 27, 2020

PharmaCare Decision:

Approved for 6 months

PharmaCare Note [not to be returned on outgoing fax]:

Case07_EB10203

Presented to Committee March 27, 2020

PharmaCare Decision:

Approved for 6 months

Exceptional approval has been provided due to patient specific factors.

PharmaCare Note [not to be returned on outgoing fax]:

Case 08_GT14655

Presented to Committee March 27, 2020

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| PharmaCare Decision: RDP4 Approved for 1 year |
| PharmaCare Note [not to be returned on outgoing fax]: |

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|---|---------------------------------------|
| 9. Case 09_BJ32476 | Presented to Committee March 27, 2020 |
| PharmaCare Decision: Not approved Does not meet PharmaCare coverage criteria. | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Next meeting is on April 17th and includes the AGM

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee 2020

April 17, 2020

DIAL IN NUMBER s.15; s.17

toll Free

Password s.15; s.17

| Member | Present | Absent |
|--------|---------|--------|
| VH | X | |
| KP | X | |
| DJ | X | |
| JFS | X | |
| | | |

Agenda:

Document included: 5380 Draft Feb 18

- 1. Case 01_HS20456**
- 2. Case 02_TL35134**
- 3. Case 03_RP12463**
- 4. Case 04_GJ32978**
- 5. Case 05_WC46823**

| | |
|---|---------------------------------------|
| 1. Case 01_HS20456 | Presented to Committee April 17, 2020 |
| PharmaCare Decision: Approved for 12 weeks | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---------------------------------------|
| 2. Case 02_TL35134 | Presented to Committee April 17, 2020 |
| PharmaCare Decision: Approved ustekinumab 45 mg every 8 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|--|---------------------------------------|
| 3. Case 03_RP12463 | Presented to Committee April 17, 2020 |
| PharmaCare Decision: Approved ixekizumab 80 mg every 2 weeks for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

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|---|---------------------------------------|
| 4. Case 04_GJ32978 | Presented to Committee April 17, 2020 |
| PharmaCare Decision: RDP4 Approved adalimumab 80 mg weekly for 1 year | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

| | |
|---|---------------------------------------|
| Case 05_WC46823 | Presented to Committee April 17, 2020 |
| PharmaCare Decision: RDP4 Approved adalimumab 80 mg weekly for 4 months | |
| PharmaCare Note [not to be returned on outgoing fax]: | |

Accept PASI or BSA done by phone for 1 year
Phototherapy has stopped in some areas-not required

Next meeting May 1, 2020

Minutes Transcribed by Joanne

Psoriasis Drug Benefit Adjudication Advisory Committee (PDBAAC)
Annual General Meeting
AGENDA

Friday, May 1, 2020
6:45-7:50 AM
Teleconference

Dial-in Number is: s.15; s.17 (Toll-Free)

Participant ID: s.15; s.17 (Joanne as Moderator)

Participants: Dr. Kevin Peter, Dr. Vincent Ho, Dr. Donald Jenkins, Joanne Bolzonello, and Sue Bouma

| Time | Topic |
|-------------------|--|
| 6:45 am – 7 am | Review of PDBAAC cases |
| 7:08 am – 7:50 am | <ol style="list-style-type: none"> 1. Selection of PDBAAC Chairperson-Dr. Donald Jenkins 2. Annual Review of Terms of Reference – Possible name change to Pharmaceutical Management Division – Action item: Send out revised TOR when name change is approved 3. Contract/Billing process – Dr. Peter is 10 invoices behind, Dr. Ho has not been paid yet either, Dr. Jenkins most likely 2 behind. Action item: Check with Finance regarding delay in payments Conclusion: Contracts ran out June 2019. Sue is starting process for new competition. 4. New drug submissions status <ol style="list-style-type: none"> A. Guselkumab (Tremfya)- Will be a non-benefit on May 5, 2020 B. Risankizumab (Skyrizi)- Listing on May 5, 2020. Very active compassionate program so may see a lot of renewal requests. C. Dupilumab (Dupixent) – CDEC recommendation is to reimburse with conditions for treatment of atopic dermatitis. Going to DBC in June. D. Etanercept biosimilars (Erelzi/Brenzys) – Biosimilars do not have the Health Canada indication for Plaque Psoriasis yet E. Tildrakizumab (Ilumya)- received notice of non-compliance from Health Canada so review is suspended at CDR F. Rituximab biosimilars (Truxima, Ruxience)-Truximab listing planned for July G. Halobetasol propionate/tazarotene (Duobrii) – At CDEC for treatment of moderate-severe plaque psoriasis June 17, 2020 H. Crisaborole (Eucrisa) – Do not list in January 2020 5. Discussion on issues seen by committee over the past year (e.g. criteria review, form review, etc.) <ol style="list-style-type: none"> A. Review of prices and caps in place |

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| | <p>B. Discussion of possible relaxation of criteria for least costly biologics</p> <ul style="list-style-type: none"> -cost of CSA 300 mg daily is around \$6000/year -cost of labs and physician brings it closer to the rebated price of biologics (i.e. risankizumab, ixekizumab) -other provinces in Canada only require methotrexate prior to biologics for this indication -unfortunately negotiated prices of biologics are not transparent so tiering of more expensive products will be difficult to justify. -Needs a formulary review to be done. May be ideal to include with the biosimilar switching strategy for adalimumab in 2021. <p>C. Discussion of Covid-19 impact on practice</p> <ul style="list-style-type: none"> -closing of hospital labs in the North Island for immunocompromised patients or at-risk patients. LifeLabs stopped home testing and does not have any special arrangements for these patients. <p>-Lifelabs starting to reopen closed sites and restarting home collection.</p> <p>Action item: Sue to check with VIHA regarding home collection or other accommodations planned for immunocompromised or at-risk patients on the North Island.</p> <p>Conclusion: LifeLabs has reported that home draws are available for home bound patients in Vancouver Island Health Authority. Dr. Jenkins confirmed availability.</p> <p>6. Biosimilar switching strategy update</p> <ul style="list-style-type: none"> A. Etanercept – no indication yet B. Rituximab – listing July 2020 C. Adalimumab - coming February 2021 <p>7. General Discussion</p> <p>Dr. Peter-no items to discuss</p> <p>Dr. Jenkins-no items</p> <p>Dr. Ho-no items</p> <p>Dr. Bouma-The Special Authority department is currently working on a transformational project for digitizing special authority applications (eSA). The department is moving away from the existing LAN folder system with 4.4 million files to this new digital case management system. Will be using PHSA digital office (eForms) to allow for digital data transmission of special authority requests. Each of the EMR vendors have committed to implement eForms to allow for digital flow of data transmission to submit online. This new process will work within the EMR and will walk through the application and submit electronically, provide confirmation of receipt of SA, provide automatic approval in some cases and will also provide the ability to track requests. Planning to start with a few forms in the fall and then expand.</p> |
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| | 8. Wrap-up |
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