

AmeriChoice Pharmacy & Therapeutics Committee Minutes

September 9, 2010

Meeting Date: September 10, 2010

Location: Via conference call

Members in Attendance:

Members Absent:

Guests:



Agenda Item	Speaker	Discussion	Conclusions/Recommendations	Voting Totals
Meeting called to order		5:08 PM		
I. Minutes of previous meetings	R. Brekosky	Minutes of June 2010 AMC P&T meeting were reviewed	Minutes reviewed, approved	13:0
II. New Formulations	A. Hindman	1) Lysteda (tranexamic acid) Recommendation: Categorize as Essential Drug, add as preferred with ST on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Sprix (ketorolac tromethamine) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Oravig (miconazole buccal tablet) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	4) Zymaxid (gatifloxacin 0.5% ophthalmic solution) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	5) Pancreaze (pancrelipase) Recommendation: Categorize as Essential Class, add as preferred on the Medicaid PDLs including Arizona CRS	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	6) Zortress (everolimus) Recommendation: Categorize as Essential Class, add as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	7) Vimovo (naproxen/esomeprazole) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	8) Cambia (diclofenac potassium for oral solution) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	9) Actoplus Met XR (pioglitazone/metformin ER) Recommendation: Categorize as Optional Inclusion, add as preferred with ST on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	10) Jalyn (dutasteride/tamsulosin) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	11) Primsol (trimethoprim) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	12) Dulera (formoterol/mometasone) Recommendation: Categorize as Essential Class, add as preferred with ST on the Medicaid PDLs. Advair step therapy applies.	Motion made, seconded, and carried to accept recommendation	11:1

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II. New Formulations CONT'D	L. Cormier	13) Olepro (trazodone extended release) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	L. Cormier	14) Lyrica (pregabalin) Recommendation: Categorize as Optional Inclusion, add as preferred with PA on the Medicaid PDLs including Arizona CRS	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	15) Revatio (sildenafil) Injection Recommendation: Categorize as Medical Benefit	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	16) Hizentra (immune globulin SC) Recommendation: Categorize as Medical Benefit	Motion made, seconded, and carried to accept recommendation	13:0
III. Class Reviews and New Drug Reviews	A. Hindman	1) Statins Recommendation: Confirm class review 1a) Livalo (pitavastatin) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation	13:0 13:0
	A. Hindman	2) Hormonal Contraceptives Recommendation: Confirm class review 2a) Natazia (estradiol valerate/dienogest) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation Motion made, seconded, and carried to accept recommendation	13:0 13:0
	D. Morgan	3) Actemra (tocilizumab) Recommendation: Categorize as Medical Benefit	Motion made, seconded, and carried to accept recommendation	13:0
IV. PDL Additions/Deletions/Modifications	J. Bellicini	1) Citalopram Oral Solution 10mg/5ml Recommendation: Add citalopram oral solution as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	2) Hypercare 20% topical solution Recommendation: Add Hypercare 20% as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	3) Emollients Recommendation: Add Cetaphil cream and lotion, Betacare cream and lotion, E-Ointment, and Dermaphor Ointment as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	4) Over-The-Counters Recommendation: Add aluminum acetate, Calamine lotion, Capsaicin, docusate calcium plus, docusate potassium, docusate sodium/casanthranol, naphazoline/antazoline, providone/iodine, saliva substitute, vitamin A, vitamin B1, vitamin B6, vitamin C, and zinc as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	5) Simcor (niacin/simvastatin) 500/40 and 1000/40 mg Recommendation: Add Simcor 500/40 and 1000/40 mg doses as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	6) Bayer glucometers and test strips Recommendation: Add Bayer glucometers and test strips as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	7) Naratriptan Recommendation: Add naratriptan as preferred with ST and QL of 9 tablets per month on the Medicaid PDLs. Triptan step therapy applies.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	8) Omnitrope (somatropin) Recommendation: Add Omnitrope as preferred with PA on the Medicaid PDLs. Growth hormone criteria applies.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	9) Lifescan glucometers and test strips	Motion made, seconded, and carried to accept recommendation	13:0

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		Recommendation: Delete Lifescan glucometers and test strips from the Medicaid PDLs. Current users will not be grandfathered.		

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	J. Bellicini	10) Dexilant (dexlansoprazole) Recommendation: Delete Dexilant from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	11) Frova (frovatriptan) Recommendation: Delete Frova from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	12) Symbicort (budesonide/formoterol) Recommendation: Delete Symbicort from the Medicaid PDLs. Current users will be grandfathered.	Motion made, seconded, and carried to accept recommendation	12:1
	J. Bellicini	13) Saizen (somatropin) Recommendation: Delete Saizen from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	14) Pegasys (peginterferon alfa-2a) Recommendation: Delete Pegasys from the Medicaid PDLs. Current users will be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	15) Rebif (interferon beta-1a) Recommendation: Delete Rebif from the Medicaid PDLs. Current users will be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
V. New Clinical Guidelines - Pharmacy	A. Hindman	1) Lovaza	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Vfend	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Elmiron	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	4) Entocort	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	5) Ranexa	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	6) Lysteda Step Therapy	Motion made, seconded, and carried to accept recommendation	13:0
VI. New Clinical Guidelines - Medical	D. Morgan	1) Revatio Injection	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	2) Actemra	Motion made, seconded, and carried to accept recommendation	13:0
VII. Modified Clinical Guidelines - Pharmacy	A. Hindman	1) Oral Chemotherapy	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Provigil/Nuvigil	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Temporary Coverage Override	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	4) Alfa Interferon/Ribavirin	Motion made, seconded, and carried to accept recommendation	13:0
VIII. Modified Clinical Guidelines - Medical	D. Morgan	1) Botulinum Toxins	Motion made, seconded, and carried to accept recommendation	12:0
	D. Morgan	2) Immune Globulin	Motion made, seconded, and carried to accept recommendation	12:0
VI. Quality Monitoring	R. Brekosky	1) The Quality Management Reports for the 2nd quarter of 2010 were reviewed	Motion made, seconded, and carried to accept recommendation	12:0
	L. Cormier	2) The DUR Board Summary Report for June 2010 was reviewed		
	J. Bellicini	3) Top 25 drugs by cost and volume for the 2nd quarter of 2010 were reviewed		
	J. Bellicini	4) Top 10 drugs requested - approvals and denials for the 2nd quarter of 2010 were reviewed		
	J. Bellicini	5) The grievance and appeals statistics for the 2nd quarter of 2010 were reviewed		
	D. Moore	6) The pharmacist and physician IRR results for the 3rd quarter of 2010 were reviewed		
Adjournment		7:07 PM		

Votes not totaling 13 are the result of abstentions.

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NOTE: Actions documented in these minutes document what transpired at the meeting and do not serve as notice of formulary/PDL change. All formulary/PDL changes must be approved by the Department of Public Welfare. Formulary/PDL changes are only official once approved and subsequently posted/distributed in a change notice.