

UnitedHealthcare Community & State Pharmacy & Therapeutics Committee Minutes

June 9, 2011

Meeting Date: June 9, 2011

Location: Via conference call

Members in Attendance:

Members Absent:

Guests:



Agenda Item	Speaker	Discussion	Conclusions/Recommendations	Voting Totals
Meeting called to order		5:10 PM		
I. Minutes of previous meetings	R. Brekosky	Minutes of March 2011 UnitedHealthcare Community & State P&T meeting were reviewed.	Minutes reviewed, approved	14:0
II. New Formulations	A. Hindman	1) Horizant (gabapentin enacarbil) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	2) Gralise (gabapentin) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	3) Nuedexta (dextromethorphan/quinidine) Recommendation: Categorize as Essential Drug, add as preferred with prior authorization (PA) on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	4) Namenda XR (memantine) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	5) Viramune XR (nevirapine) Recommendation: Categorize as Essential Class, add as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	6) Zyclara (imiquimod 3.75%) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	7) Banzel (rufinamide) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
III. New Drugs	A. Hindman	1) Daliresp (roflumilast) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	2) Edarbi (azilsartan medoxomil) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	D. Morgan	3) Egrifta (tesamorelin) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	D. Morgan	4) Makena (hydroxyprogesterone caproate) Recommendation: Categorize as a medical benefit	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	5) Natroba (spinosad) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0

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	A. Hindman	6) Vandetanib (vandetanib)	Motion made, seconded, and carried to accept recommendation	14:0
III. New Drugs CONT'D		Recommendation: Categorize as Essential Class, add as preferred with prior authorization (PA) on the Medicaid PDLs		
	A. Hindman	7) Viibryd (vilazidone) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	14:0
IV. Class Reviews	A. Hindman	1) Ophthalmic Prostaglandins Recommendation: Confirm class review Recommendation: Delete Lumigan (bimatoprost) from the Medicaid PDLs. Current users will not be grandfathered and will be required to switch to latanoprost.	Motion made, seconded, and carried to accept recommendation	14:0
	A. Hindman	2) Fibromyalgia Agents Recommendation: Confirm class review Recommendation: No changes.	Motion made, seconded, and carried to accept recommendation	13:0
	J. Hackett	3) HMG-CoA Reductase Inhibitors (statins) Recommendation: Confirm class review Recommendation: Add generic atorvastatin as preferred on the Medicaid PDLs. Recommendation: Delete Crestor (rosuvastatin) from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	14:0 14:0 12:2
	J. Hackett	4) Angiotensin II Receptor Blockers (ARBs) Recommendation: Confirm class review Recommendation: Delete Diovan (valsartan) and Diovan HCT (valsartan/HCTZ) from the Medicaid PDLs. Current users will not be grandfathered and will be required to switch to a losartan product. Recommendation: Delete Micardis (telmisartan) and Micardis HCT (telmisartan/HCTZ) from the Medicaid PDLs. Current users will not be grandfathered and will be required to switch to a losartan product.	Motion made, seconded, and carried to accept recommendation	13:0 12:2 14:0
	A. Hindman	5) Attention Deficit Hyperactivity Disorder (ADHD) Agents Recommendation: Confirm class review Recommendation: Add Vyvanse (lisdexamfetamine) as preferred on the Medicaid PDLs. The current maximum age edit applies. Recommendation: Implement a minimum age edit on all ADHD agents. The minimum age edit will follow the FDA approved minimum age limitations for each drug.	Motion made, seconded, and carried to accept recommendation	13:0 14:0 14:0
V. PDL Additions/Deletions/Modifications	A. Hindman	1) Atypical Antipsychotics - Quality Initiatives Recommendation: Implement the updated minimum age edits Recommendation: Implement the ICD-9 code edit Confirm review of the therapeutic duplication edit	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Atypical Antipsychotics - PDL Initiative Recommendation: Implement a Generics First strategy when the atypical antipsychotic generic formulations enter the market. The remaining brand-name products will require trials and failures of the generic formulations first.	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Singulair (montelukast) Recommendation: Remove the Step Therapy edit for Singulair for patients less than 18 years old. The current Step Therapy edit will remain for patients 18 years of age and older.	Motion made, seconded, and carried to accept recommendation	13:0
VI. Clinical Guidelines	A. Hindman	1) Nuedexta (dextromethorphan/quinidine)	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Daliresp (roflumilast)	Motion made, seconded, and carried to accept recommendation	13:0

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	D. Morgan	3) Egrifta (tesamorelin)	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	4) Makena (hydroxyprogesterone caproate)	Motion made, seconded, and carried to accept recommendation	12:0
VI. Clinical Guidelines CONT'D	A. Hindman	5) Aldara (imiquimod)	Motion made, seconded, and carried to accept recommendation	12:0
	A. Hindman	6) Atypical Antipsychotics Age Edit Current user will be grandfathered.	Motion made, seconded, and carried to accept recommendation	12:0
	A. Hindman	7) Oral Chemotherapy	Motion made, seconded, and carried to accept recommendation	12:0
		8) Intuniv (guanfacine ER)_Strattera (atomoxetine)	Motion made, seconded, and carried to accept recommendation	12:0
		9) ARBs	Motion made, seconded, and carried to accept recommendation	12:0
		10) Botulinum Toxins	Motion made, seconded, and carried to accept recommendation	12:0
		11) Xolair (omalizumab)	Motion made, seconded, and carried to accept recommendation	12:0
		12) Multiple Sclerosis Drugs	Motion made, seconded, and carried to accept recommendation	12:0
		13) Flolan, Remodulin, Revatio, Tyvaso, Ventavis	Motion made, seconded, and carried to accept recommendation	12:0
		14) Promacta	Motion made, seconded, and carried to accept recommendation	12:0
		15) Crestor Vytorin	Motion made, seconded, and carried to accept recommendation	12:0
		Change requirement of a trial of simvastatin 80mg daily to simvastatin 40mg daily due to recent FDA safety recommendations		
VI. Annual Review	A. Hindman	1) Clinical Guidelines Recommendation: Confirm review of all clinical guidelines.	Motion made, seconded, and carried to accept recommendation	12:0
VII. Quality Monitoring	R. Brekosky	1) The Quality Management Reports for the 1st quarter of 2011 were reviewed	Motion made, seconded, and carried to accept recommendation	11:0
	L. Cormier	2) The DUR Board Summary Report for June 2011 was reviewed		
	R. Brekosky	3) Top 25 drugs by cost and volume for the 1st quarter of 2011 were reviewed		
	R. Brekosky	4) Top 10 drugs requested - approvals and denials for the 1st quarter of 2011 were reviewed		
	C. Shaw	5) The grievance and appeals statistics for the 1st quarter of 2011 were reviewed		
	A. Hindman	6) The IRR results for the 2nd quarter of 2011 were reviewed		
Adjournment			7:05 PM	

Votes not totaling 14 are the result of abstentions.

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.