

Unison Administrative Services
PA Medicaid Pharmacy & Therapeutics Committee Meeting Minutes Summary
Thursday April 23, 2009

The meeting was called to order at 6:10pm.

Formulary Placement (*indicates generic availability)

Brand Name (Generic)	Primary Indication	P&T Decision	Vote	Comments
Promacta (eltrombopag)	immune thrombocytopenic purpura	Add. Prior authorization required.	11:0	Available through a specialty pharmacy
Astepro (azelastine nasal spray)	allergic rhinitis	Not Add	11:0	Astelin, which contains the same active ingredient, is currently formulary.
Prezista 75mg tablets (darunavir)	HIV	Add	11:0	
Seroquel XR 50 & 150mg (quetiapine extended release)	schizophrenia; bipolar disorder	Add. Quantity limit of 30 tablets per month	11:0	There was discussion about the XR formulation vs. the regular tablets. The committee agreed there is no clinical difference.
Seroquel XR 200mg (quetiapine extended release)	schizophrenia; bipolar disorder	Decrease quantity limit to 30 tablets per month	11:0	A 400mg tablet is available.

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Glucagon kit	hypoglycemia	Increase quantity limit to 2 kits per month	11:0	
Tamiflu capsules and susp (oseltamivir)	influenza	Remove age edit. Quantity limit of 2 treatments per year; 1 treatment per fill.	11:0	
Relenza (zanamivir)	influenza	Remove age edit. Quantity limit of 2 treatments per year; 1 treatment per fill.	11:0	
Timolol tablets*	hypertension	Add	11:0	
Inderal LA* (propranolol extended release)	hypertension	Delete. Current users will be grandfathered.	11:0	More cost effective beta-blockers are formulary including propranolol, carvedilol, metoprolol, metoprolol ER, bisoprolol, nadolol, acebutolol, atenolol
Cardizem CD* (diltiazem extended release)	hypertension	Add	11:0	
Cardizem SR* (diltiazem sustained release)	hypertension	Add	11:0	
Tiazac* (diltiazem extended release)	hypertension	Add	11:0	
Nimotop* (nimodipine)	subarachnoid hemorrhage	Add. Quantity limit of 252 capsules per 180 days.	11:0	Quantity limit allows for the recommended 21 days of therapy at the max dose

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Procardia capsules* (nifedipine)	ischemic heart disease	Add	11:0	
Cardene* (nicardipine)	hypertension	Add	11:0	
Procardia XL 60mg* (nifedipine extended release)	hypertension	Increase the quantity limit to 60 tablets per month	11:0	The maximum dose is 120mg daily.
Cozaar (losartan)	hypertension	Add with Step Therapy. ACE inhibitor trial required first. Quantity limit of 60 tablets per months.	11:0	
Hyzaar (losartan/hydrochlorothiazide)	hypertension	Add with Step Therapy. ACE inhibitor trial required first. Quantity limit of 60 tablets per months.	11:0	
Lotrel* (amlodipine/benazepril)	hypertension	Delete. Current users will be grandfathered.	11:0	More cost effective alternatives are available including amlodipine and benazepril taken separately.
Fiorinal with Codeine* (butalbital/aspirin/caffeine/cod eine)	migraine	Add. Quantity limit of 180 tablets per month.	11:0	Maximum dose is 6 tablets per day.
Fioricet with Codeine* (butalbital/APAP/caffeine/cod eine)	migraine	Add. Quantity limit of 180 tablets per month.	11:0	Maximum dose is 6 tablets per day.
Lortab Elixir* (hydrocodone/APAP)	pain	Add. Quantity limit of 3600ml per month.	11:0	Quantity limit allows for max dose of acetaminophen

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Stadol Nasal Spray* (butorphanol nasal spray)	pain	Add. Quantity limit of 10ml per month.	11:0	
Methadone tablets*	chronic pain	Add. Prior authorization required.	11:0	Methadone is not covered as a pharmacy benefit for opioid detoxification.
Duragesic* (fentanyl transdermal)	chronic pain	Apply Step Therapy. Trial of morphine sulfate ER required first. Quantity limit of 20 patches for the 100mcg/hr and 10 patches per month for all other strengths.	11:0	
Opana ER* (oxymorphone extended release)	chronic pain	Apply Step Therapy. Trial of morphine sulfate ER required first.	11:0	Quantity limit of 60 tabs/month already apply
Ultram* (tramadol)	pain	Increase quantity limit to 240 tablets per month	11:0	Maximum dose is 400mg (8 tabs) daily.
Aspirin with Codeine #2,3,4	pain	Delete.	11:0	Product no longer available
Darvon Compound (propoxyphene)	pain	Delete.	11:0	Product no longer available
Frova (frovatriptan)	acute migraine headache	Add with Step Therapy. Trial of sumatriptan at a dose of at least 50mg required first. Quantity limit of 9 tablets per month.	11:0	Both Frova and Maxalt will be available after a trial of sumatriptan

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Additional Agenda Items

Item	Vote	Comments
Approved January 22 nd 2009 P&T meeting minutes	11:0	
Confirmed review of the 1 st Quarter formulary / PDL updates	11:0	
Confirmed review of the grievance and appeals report, utilization statistics, approvals/denials report, IRR, and plan update	11:0	Next meeting will be the first combined Unison / AmeriChoice P&T meeting.
Confirmed review of the following drug classes: beta-blockers, calcium channel blockers, renin-angiotensin aldosterone system modulators, opioids, and triptans.	11:0	
Confirmed review of the summary and results of the Antidepressant DUR	11:0	
Approved modifications to the following policies.: ARBs Step Therapy (updated look back period to 90 days), Vytorin/Crestor Step Therapy (prerequisite therapy is 90 day trial on simvastatin 80mg), Oxycontin prior authorization (prerequisite therapy is morphine sulfate ER, fentanyl transdermal, and Opana ER), RX06 Base policy (changes made to comply with PA Department of Health)	11:0	
Approved the following new policies: Fenofibrate Step Therapy (prerequisite therapy is 90days of gemfibrozil OR concurrent use with a statin), Proton Pump Inhibitor Step Therapy (prerequisite therapy is omeprazole 40mg daily before stepping to Prevacid and then pantoprazole), Fentanyl Transdermal/Opana ER Step Therapy (prerequisite therapy is 30 day trial on morphine sulfate ER 200mg daily), Nplate/Promacta Prior Authorization (diagnosis of chronic ITP with specified platelet levels and prior use of first line therapies).	11:0	
Approved termination of the policy RX20Proton Pump Inhibitors.	11:0	

The meeting was adjourned at 7:28pm.

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