

AmeriChoice Pharmacy & Therapeutics Committee Minutes

December 3, 2009

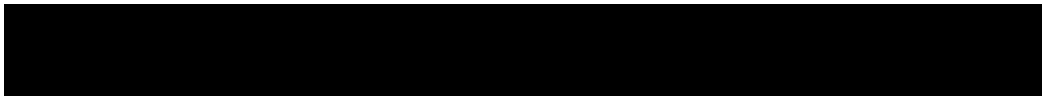
Meeting Date: December 3, 2009

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 September AMC P&T meeting were reviewed	Minutes reviewed, approved	13:0
II. New Formulations	J. Bellicini	1) Creon (pancrelipase) Recommendation: Categorize as Essential Class, add as preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	2) Zenpep (pancrelipase) Recommendation: Categorize as Essential Class, add as preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	3) Ryzolt (tramadol ER) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	4) Colcrys (colchicine) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs; add as preferred on the Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	D. Morgan	5) Invega Sustenna (paliperidone injection) Recommendation: Categorize as Optional inclusion (recommendation for non-preferred status was tabled and will be revisited)	Motion made, seconded, and carried to accept recommendation for category designation only	12:2
III. New Drug Reviews	J. Bellicini	1) Saphris (asenapine) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs; add as preferred with PA on the Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	2) Vimpat (lacosamide) Recommendation: Categorize as Essential Drug, add as preferred with ST on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	3) Nucynta (tapentadol) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	J. Bellicini	4) Ulesfia (benzyl alcohol) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	14:0
	D. Morgan	5) Simponi (golimumab) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	D. Morgan	6) Mozobil (plerixafor) Recommendation: Categorize as Essential Drug, add as preferred with PA on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	13:0
IV. Class Reviews	J. Bellicini	1) Alzheimers Agents Recommendation: Add Razadyne, Exelon Patch, Namenda (AMC plans) Recommendation: Remove PA requirement from all agents (Unison plans)	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	2) Centrally-acting Adrenergic Agonists Recommendation: Delete Reserpine - grandfather current users (AMC plans) Recommendation: Add Methyldopa/CTZ (Unison plans) Recommendation: Remove PA requirement from Catapres TTS (AMC plans)	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	3) Thyroid Agents Recommendation: Add liothyronine and Thyrolar (AMC plans)	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	4) Platelet Aggregation Inhibitors Recommendation: Delete ticlopidine - grandfather current users (AMC plans) 4a) Effient (prasugrel) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs. Reserve for patients with ACS undergoing PCI or with an inadequate response or contraindication to Plavix	Motion made, seconded, and carried to accept recommendation	12:1
	J. Bellicini	5) Proton Pump Inhibitors Recommendation: Delete pantoprazole - grandfather current users (all plans) Recommendation: Add omeprazole 40mg capsules (all plans) Recommendation: Remove ST requirement from lansoprazole capsules if cost competitive with omeprazole Comments: Dr. Morgan asked if lansoprazole capsules would be preferred over Prevacid OTC. Dr. Bellicini replied that Prevacid OTC will also be preferred along with the RX capsules 5a) Kapidex (dexlansoprazole) Recommendation: Categorize as Essential Class, add as preferred with ST on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0

Agenda Item	Speaker	Discussion	Conclusions/Recommendations	Voting Totals
IV. Class Reviews (CONT.)	J. Bellicini	6) Topical Anesthetics Recommendation: Add lidocaine 4% cream (AMC plans) Recommendation: Add lidocaine 3% crm, lidocaine/prilocaine 2.5% crm (Unison)	Motion made, seconded, and carried to accept recommendation	12:0
	J. Bellicini	7) Otic Antibiotics Recommendation: Add PA requirement to Ciprodex (Unison plans) (use would be limited to ACM and AOE with perforated tympanic membrane or resistant to preferred agents)	Motion made, seconded, and carried to accept recommendation	13:0
	J. Bellicini	8) Blood Glucose Monitoring Systems Recommendation: Add Lifescan products (Unison plans)	Motion made, seconded, and carried to accept recommendation	12:0
	J. Bellicini	9) Oral Chemotherapy, Alkylating Agents Recommendation: Add Hexalen (Unison plans) Recommendation: Add PA and SP requirement to Temodar	Motion made, seconded, and carried to accept recommendation	12:0
	J. Bellicini	10) Oral Chemotherapy, Signal Transduction Inhibitors Recommendation: Delete Iressa - grandfather current users (AMC plans) Recommendation: Add Tarceva with PA and SP (Unison plans) Recommendation: Add Sprycel, Nexavar, and Tasigna with PA and SP (AMC plans) Recommendation: Add PA and SP requirement to Tarceva (AMC plans) 10a) Afinitor (everolimus) Recommendation: Categorize as an Essential Drug, add as preferred with PA and SP on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	12:0
	J. Bellicini	11) Oral Chemotherapy, Antimetabolites Recommendation: Add Droxiia (Unison plans) Recommendation: Add PA and SP requirement to Zolinza (AMC plans) Recommendation: Add PA and SP requirement to Xeloda (all plans)	Motion made, seconded, and carried to accept recommendation	12:0
	J. Bellicini	12) DDAVP Recommendation: Remove PA requirement from DDAVP (Unison plans)	Motion made, seconded, and carried to accept recommendation	12:0
	D. Moore	13) Alcohol Deterrents Recommendation: Add Campral	Motion made, seconded, and carried to accept recommendation	12:0
	D. Moore	14) Antiarrhythmics Recommendation: Add flecainide and Tikosyn (Unison plans) 14a) Multaq (dronedarone) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs. Reserve for patients unable to tolerate amiodarone	Motion made, seconded, and carried to accept recommendation	11:0
	K. Topolosky	15) Antiherpes Agents Recommendation: Add Zovirax cream (Unison plans) Recommendation: Add valacyclovir (Unison plans) if cost competitive with acyclovir	Motion made, seconded, and carried to accept recommendation	12:0
	S. Balog	16) Ophthalmic Agents, Antibiotics Recommendation: Add Zymar with PA (AMC plans) 16a) Besivance (besifloxacin) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	12:0
	S. Balog	17) Ophthalmic Agents, Antibiotic/Steroid Combos Recommendations: Delete Blephamide (Unison plans) Recommendations: Add Pred-G oint and drops (AMC plans) Removal of discontinued products from the PDL: dexamethasone/neomycin, Metimyd, FML-S	Motion made, seconded, and carried to accept recommendation	12:0
	S. Balog	18) Ophthalmic Agents, Anti-inflammatories Recommendation: Add FML SOP oint, Prednisolone acetate 0.12%, Vexol, and Acular LS (AMC plans)	Motion made, seconded, and carried to accept recommendation	12:0
	S. Balog	19) Ophthalmic Agents, Allergy Recommendation: Delete Alomide - no grandfathering (Unison plans) Recommendation: Add Visine-A (AMC plans) Recommendation: Add Optivar with ST (Unison plans)	Motion made, seconded, and carried to accept recommendation	12:0
S. Balog	20) Ophthalmic Agents - Glaucoma, Beta-Blockers Recommendation: Delete Melipranolol - grandfather current users (AMC plans) Recommendation: Add Levobunolol and timolol gel forming solution (Unison plans)	Motion made, seconded, and carried to accept recommendation	12:0	
S. Balog	21) Ophthalmic Agents - Glaucoma, Miotics Recommendation: Delete Isopto Carbachol - grandfather current users (AMC plans)	Motion made, seconded, and carried to accept recommendation	12:0	
S. Balog	22) Ophthalmic Agents - Glaucoma, Sympathomimetics Recommendation: Delete Iopidine - grandfather current users (AMC plans) Recommendation: Add Alphagan P (AMC plans) Removal of discontinued products from the PDL: dipivefrin	Motion made, seconded, and carried to accept recommendation	12:0	
S. Balog	23) Ophthalmic Agents, Anesthetics and Miscellaneous Recommendation: Delete Proparacaine (AMC plans) Recommendation: Add tropicamide (Unison plans) Recommendation: Add Isopto Hyosine (AMC plans)	Motion made, seconded, and carried to accept recommendation	12:0	
Adjournment		7:10 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.