

UnitedHealthcare Community & State Pharmacy & Therapeutics Committee Minutes

December 9, 2010

Meeting Date: December 9, 2010

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 September 2010 AmeriChoice P&T meeting were reviewed	Minutes reviewed, approved	13:0
II. New Formulations	A. Hindman	1) Butrans (buprenorphine transdermal) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Zuplenz (ondansetron oral film) Recommendation: Categorize as Essential Class, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Pedialderm HC Kit (hydrocortisone 2% with separate emollient) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	4) Veltin (clindamycin/tretinoin gel) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	5) Aricept 23 mg (donepezil) Recommendation: Categorize as Essential Class, add as preferred with step therapy (ST) on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	6) Tribenzor (olmesartan medoxomil/amlodipine/HCTZ) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	7) Tekamlo (aliskiren/amlodipine) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	12:0
	A. Hindman	8) Tobradex ST (tobramycin/dexamethasone ophthalmic suspension) 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) Lumigan 0.01% (bimatoprost 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	10) Suboxone Film (buprenorphine/naloxone) Recommendation: Categorize as Essential Class, add as preferred with prior authorization (PA) on the Medicaid PDLs. Suboxone/Subutex tablet PA applies	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	11) Cetraxal (ciprofloxacin 0.2% otic solution) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	12:0
	A. Hindman	12) Beyaz (drospirenone/ethinyl estradiol/levomefolate) Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0

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	A. Hindman	13) Silenor (doxepin)	Motion made, seconded, and carried to accept recommendation	13:0

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II. New Formulations CONT'D		Recommendation: Categorize as Optional Inclusion, remain non-preferred on the Medicaid PDLs		
III. PDL Additions/Deletions/Modifications	A. Hindman	1) Nasalcrom (cromolyn sodium) Recommendation: Add Nasalcrom as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Octreotide Acetate Recommendation: Add Octreotide Acetate as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Soriatane (acitretin) Recommendation: Add Soriatane as preferred with prior authorization (PA) on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	4) Twinject and Adrenacllick (epinephrine injection) Recommendation: Add Twinject and Adrenacllick as preferred with quantity limits (QL) on the Medicaid PDLs. EpiPen quantity limit of 2 doses per month applies.	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	5) Probiotic Products Recommendation: Add Lactobacillus Acidophilus-Pectin capsules, Acidophilus Xtra tablets, Acidophilus 10mg capsules, Acidophilus/Citrus Pectin tablets, Acidophilus Bifida wafers, and Floranex chewable tablets as preferred on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	6) Protopic (tacrolimus ointment) Recommendation: Add Protopic as preferred with step therapy (ST) on the Medicaid PDLs	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	7) MASS SCO Wrap List Additions Recommendation: Add naphazoline/pheniramine, aspirin with buffers, isopropyl alcohol, chlorhexidine gluconate, bismuth subsalicylate, cimetidine, magaldrate, meclizine, mineral oil, calcium glubionate, calcium phosphate, magnesium gluconate, riboflavin, petrolatum/lanolin ointment, petrolatum/lanolin/zinc ointment, ammonium lactate, calamine lotion, carbamide peroxide, hydrophilic ointment, lanolin, permethrin, permethrin/pyrethrin, witch hazel, cyanocobalamin injection, glucosamine/MSM, phenylephrine/shark liver oil/cocoa butter supps, lactobacillus, pilocarpine, and omega-3 fish oil as preferred to the MASS SCO Wrap List (non-Part D covered drugs).	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	8) Propoxyphene containing products Recommendation: Delete propoxyphene HCl and propoxyphene napsylate/acetaminophen from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	9) Enblex (darifenacin) Recommendation: Delete Enblex from the Medicaid PDLs. Current users will not be grandfathered.	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	10) Aricept (donepezil) 10 mg tablets Recommendation: Increase Aricept (donepezil) 10 mg tablet quantity limit (QL) to 60 tablets per month	Motion made, seconded, and carried to accept recommendation	13:0
IV. New Clinical Guidelines - Pharmacy	A. Hindman	1) Exjade	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	2) Aldara	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	3) Amitiza	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	4) Relistor	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	5) Soriatane	Motion made, seconded, and carried to accept recommendation	13:0
	A. Hindman	6) Aricept 23 mg	Motion made, seconded, and carried to accept recommendation	13:0
V. Annual Review	D. Morgan/ A. Hindman	1) Clinical Guidelines Recommendation: Confirm review of all clinical guidelines and approve changes.	Motion made, seconded, and carried to accept recommendation	13:0
	R. Brekosky	2) Annual Formulary Ratification	Motion made, seconded, and carried to accept recommendation	13:0

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		Recommendation: Confirm review and approve the UnitedHealthcare Community & State PDLs to date.		

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VI. Quality Monitoring Adjournment	R. Brekosky L. Cormier J. Bellicini J. Bellicini J. Bellicini A. Hindman	1) The Quality Management Reports for the 3rd quarter of 2010 were reviewed 2) The DUR Board Summary Report for October 2010 was reviewed 3) Top 25 drugs by cost and volume for the 3rd quarter of 2010 were reviewed 4) Top 10 drugs requested - approvals and denials for the 3rd quarter of 2010 were reviewed 5) The grievance and appeals statistics for the 3rd quarter of 2010 were reviewed 6) The pharmacist IRR results for the 4th quarter of 2010 were reviewed 6:46 PM	Motion made, seconded, and carried to accept recommendation	13:0

Votes not totaling 13 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.