

Unison Administrative Services
PA Medicaid Pharmacy & Therapeutics Committee Meeting Minutes Summary
Thursday January 22, 2009

The meeting was called to order at 6:13pm.

Formulary Placement (*indicates generic availability)

Brand Name (Generic)	Primary Indication	P&T Decision	Vote	Comments
Durezol (difluprednate 0.05%)	ocular inflammation and pain after surgery	Not Add	14:0	
Sancuso (granisetron transdermal patch)	nausea and vomiting	Not Add	14:0	
Aloxi capsules (palonosetron)	nausea and vomiting	Not Add	14:0	
LoSeasonique (ethinyl estradiol/levonorgestrel)	prevention of pregnancy	Not Add	14:0	
Aczone 5% gel (dapsone)	acne vulgaris	Not Add	14:0	
Xenazine (tetrabenazine)	chorea associated with Huntington's Disease	Add. Prior authorization required.	14:0	

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Cinryze (C1 inhibitor human)	treatment of angioedema attacks in patients with hereditary angioedema	Medical Benefit. Prior authorization required.	14:0	
Prezista 400mg tablets (darunavir)	HIV	Add	14:0	
Abilify 2mg tablets (aripiprazole)	Schizophrenia; adjunct for depression	Add. Quantity limit of 30 tablets /month. Prior authorization required for members <5 years of age.	14:0	
Insulin (all formulary products)	Diabetes	Increase Quantity limit to 3 vials /month.	14:0	
Ocufen* (flurbiprofen ophth solution)	ocular inflammation	Add	14:0	
HMS Liquifilm (medrysone)	Keratitis	Delete Product is no longer available on the market	14:0	
Inflamase Mild (prednisolone sodium phosphate 0.125% ophth sol)	ocular inflammation and pain	Delete Product is no longer available on the market	14:0	
Desowen* 0.05% cream, ointment, lotion (desonide)	dermatitis	Add	14:0	
Synalar* 0.01% cream (fluocinolone)	dermatitis	Add	14:0	

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Hytone* 1% lotion (hydrocortisone)	dermatitis	Add	14:0	
Ortho Tri Cyclen Lo (ethinyl estradiol /norgestimate)	prevention of pregnancy	Delete	14:0	3 alternative triphasic oral contraceptives remain preferred
Finacea 15% gel (azelaic acid)	acne vulgaris acne rosacea	Add. Prior authorization required for members \geq 21 years of age.	14:0	
Maxalt and Maxalt MLT (rizatriptan)	acute migraine headache	Addition of Step Therapy. A previous trial of sumatriptan tablets (Imitrex) is required.	14:0	

Additional Agenda Items

Item	Vote	Comments
Approved October 23 rd 2008 P&T meeting minutes	14:0	
Confirmed review of the 4 th Quarter formulary / PDL updates and Prandimet pricing update	14:0	Prandimet recommendation was non-preferred
Confirmed review of the grievance and appeals report, utilization statistics, approvals/denials report, and IRR	14:0	
Confirmed review of the following drug classes: ophthalmic anti-inflammatories, topical corticosteroids, antiemetics, oral contraceptives, and topical acne agents.	14:0	
Confirmed review of the summary and results Asthma HEDIS DUR and summary of the Antidepressant DUR	14:0	There was discussion about the discontinuation rate of anti-depressants and what providers would be targeted for the DUR.
Approved Triptan step therapy proposal. Preferred brand triptans will be available after a trial of sumatriptan tablets.	14:0	

The meeting was adjourned at 7:36pm.

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