

AmeriChoice Pharmacy & Therapeutics Committee Minutes

June 17, 2009

Meeting Date: June 17, 2009

Location: Via conference call

| Agenda Item | Speaker | Discussion | Conclusions/Recommendations | Voting Totals |
|---------------------------------|----------------|--|---|--------------------------------------|
| I. Minutes of previous meetings | R. Brekosky | Minutes of April Unison P&T, AMC March P&T Meetings were reviewed | Minutes reviewed, approved | 15:0 |
| II. New Formulations | J. Bellicini | 1) Millipred Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | J. Bellicini | 2) Trilipix Recommendation: Categorize as essential class, remain non-preferred on the Medicaid and Medicare PDLs Comments Dr. Frances asked which agents we do cover. Dr. Bellicini confirmed that generic fenofibrate tablets and capsules are preferred | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | J. Bellicini | 3) Moxatag Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs | Motion made, seconded, and carried to accept recommendation | 15:0 |
| III. New Drug Review | J. Bellicini | 1) Savella Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs | Motion made, seconded, and carried to accept recommendation | 16:0 |
| IV. Class Reviews | D. Morgan | 1) Anticonvulsants Recommendation: Delete mephobarbital grandfather current users Recommendation: Delete Felbatol - grandfather current users Recommendation: Add Lyrica as preferred with prior authorization required. Recommendation: Add levetiracetam as preferred with Step Therapy required. Recommendation: Remove prior authorization requirement from topiramate, lamotrigine, and zonisamide | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 16:0 16:0 16:0 |
| | J. Bellicini | 1a) Banzel Recommendation: Categorize as essential drug, add to Medicaid and Medicare PDLs with Step therapy required. | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | D. Morgan | Recommendation: Approve Lyrica and Gabatril PA guidelines, oxcarbazepine, levetiracetam, and Banzel Step Therapy guidelines. | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | D. Morgan | 2) Antidepressants Recommendation: Delete bupropion SR (Zyban) - grandfather current users, remove PA from bupropion SR (Wellbutrin SR), add Pristiq as Preferred with Step Therapy. Recommendation: Approve Cymbalta, Effexor XR and Pristiq Step Therapy guidelines. Recommendation: Add paroxetine, fluvoxamine, and sertraline 50mg as preferred. Recommendation: Delete Lexapro, grandfather current users Recommendation: Delete Nardil, grandfather current users. | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 16:0 16:0 16:0 |

| Agenda Item | Speaker | Discussion | Conclusions/Recommendations | Voting Totals |
|---------------------------|-----------|--|---|--------------------------------------|
| IV. Class Reviews (CONT.) | D. Morgan | 3) Antipsychotics Recommendation: Delete Abilify Solution, grandfather current users. Recommendation: Add Zyprexa as preferred Recommendation: Delete Orap, grandfather current users. Recommendation: Add Risperdal Consta as preferred with a QL of 2 injections per 28 days. | Motion made, seconded, and carried to accept recommendation | 15:1 16:0 16:0 16:0 |
| | D. Morgan | 4) Stimulants and related agents Recommendations: Add Strattera as preferred with Step Therapy after a one month trial of a stimulant Add Ritalin LA as preferred with Step Therapy after a trial of two preferred stimulants, a one month trial of each agent (AZ Plan Only) Delete Metadate CD, grandfather current users. Remove Step Therapy from Adderall XR. Add an age edit to all stimulants. Member ≥21 years of age require PA to confirm diagnosis. | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 16:0 16:0 16:0 |
| | D. Morgan | 5) Inhaled Corticosteroids Recommendations: Add Symbicort as preferred with Step therapy Change Asmanex to preferred. Delete Azmacort, current users will be grandfathered. Change the age edit for Pulmicort respules to require PA for members >8 years of age. Approve Advair/Symbicort Step Therapy guidelines. Asthma after a 30 day trial of a preferred single agent ICS. For COPD a 60 day trial is required on a LABA plus an anticholinergic. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 15:0 15:0 14:1 |
| | D. Morgan | 6) Inhaled Beta Agonists Recommendations: Delete Alupent, Proventil HFA, albuterol respules 1.25mg and 0.63mg, Xopenex HFA. Add Xopenex Respules as preferred with Step Therapy after a trial of albuterol. Exclusive Preferred agent Proair HFA or Ventolin HFA. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 15:0 |
| | D. Morgan | 7) Oral Bronchodilators Recommendation: Delete albuterol ER tablets, grandfather current users. | Motion made, seconded, and carried to accept recommendation | 15:0 |
| | D. Morgan | 8) Leukotriene Inhibitors Recommendations: Delete Accolate, grandfather current users. Step Therapy requirements for Singulair. For Asthma, a 60 day trial of an ICS. For Allergic Rhinitis a 30 day trial on an antihistamine and a nasal steroid. | Motion made, seconded, and carried to accept recommendation | 15:0 14:1 |
| | D. Morgan | 9) Miscellaneous Respiratory Agents Recommendation: Add Xolair as preferred with prior authorization, per the protocol (guideline reviewed in detail). | Motion made, seconded, and carried to accept recommendation | 15:0 |
| | D. Morgan | 10) Growth Hormone and Related Agents Recommendations: Change Tev-Tropin to preferred. Delete Nutropin and Nutropin AQ. No grandfathering. Approve PA guidelines for Increlex and Growth Hormone. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 15:0 |

| Agenda Item | Speaker | Discussion | Conclusions/Recommendations | Voting Totals |
|---------------------------|--------------|---|---|---------------|
| IV. Class Reviews (CONT.) | D. Morgan | 11) Non-sedating Antihistamines Recommendations: Change cetirizine D to preferred. Approve Step Therapy guidelines for fexofenadine. Minimum of 14 day trial of loratadine and cetirizine. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 |
| | D. Morgan | 12) Intranasal Rhinitis Agents Recommendation: Add flunisolide as preferred. | Motion made, seconded, and carried to accept recommendation | 15:0 |
| | D. Morgan | 13) Overactive Bladder Agents Recommendations: Add Enablex, Vesicare and Oxybutynin ER to preferred with Step Therapy after a 30 day trial of oxybutynin. Use as a first-line agent would be allowed for members > or equal to 65 years of age. Delete Oxytrol and Detrol LA, no grandfathering. | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 |
| | J. Bellicini | 13a) Gelnique Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | J. Bellicini | 13b) Toviaz Recommendation: Categorize as essential class, remain non-preferred on the Medicaid and Medicare PDLs | Motion made, seconded, and carried to accept recommendation | 16:0 |
| | D. Morgan | 14) Injectable Anticoagulants Recommendations: Add Heparin as preferred Allow 14 day supply of Lovenox at the POS every 90 days | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 |
| | D. Morgan | 15) Oral Antifungals Recommendations: Remove PA requirement for fluconazole and terbinafine and add QLs. Add itraconazole as preferred with PA. | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 |
| | D. Morgan | 16) Topical Antifungals Recommendations: Add econazole cream and clotrimazole/betamethasone cream/ lotion as preferred. Delete Oxistat and ciclopirox, no grandfathering. | Motion made, seconded, and carried to accept recommendation | 16:0 16:0 |
| | D. Morgan | 17) Penicillins Recommendations: Add Ampicillin as preferred Delete Amoxicillin 500mg & 875mg tablets, 200 and 400mg/5ml susp, Amoxicillin 200mg and 400mg chewable tablets. - Issue tabled. - No vote. | | Tabled |
| | D. Morgan | 18) Cephalosporins Recommendations: Add Cefprozil and Suprax 400mg tablets as preferred. Suprax 400mg to have a QL of 1 tab per month. Delete Ceclor CD, Suprax Suspension, and Vantin. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 |
| | D. Morgan | 19) Macrolides Recommendations: Add clarithromycin to preferred. Modify QLs for azithromycin. | Motion made, seconded, and carried to accept recommendation | 15:0 14:1 |

| Agenda Item | Speaker | Discussion | Conclusions/Recommendations | Voting Totals |
|---------------------------|-------------|---|---|----------------------|
| IV. Class Reviews (CONT.) | D. Morgan | 20) Fluoroquinolones Recommendations: Remove PA requirement for ofloxacin. Add Avelox as preferred. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 |
| | D. Morgan | 21) Miscellaneous Anti-infectives Recommendations: Add Paromomycin as preferred. Add Zyvox as preferred with PA, requiring documentation supporting MRSA or VRE with resistance to all other agents. Approve Vancocin Step Therapy, requiring a trial of metronidazole. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 15:0 |
| | D. Morgan | 22) Antimalarials Recommendations: Add Mepron and Daraprim as Preferred. | Motion made, seconded, and carried to accept recommendation | 15:0 |
| | D. Morgan | 23) Antivirals Recommendations: Delete Condylox Gel, no grandfathering. Add Fuzeon as preferred (specialty pharmacy item). | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 |
| | D. Morgan | 24) Nitrofurantoin Antibacterial agents Recommendations: Delete Furadantin suspension, grandfather current chronic users. | Motion made, seconded, and carried to accept recommendation | 14:1 |
| | D. Morgan | 25) Methenamine Antibacterial Agents Recommendations: Add Utracel, and Methenamine Hippurate as preferred. Delete Methenamine Mandelate and Urised - no longer available on the market. | Motion made, seconded, and carried to accept recommendation | 15:0 15:0 |
| | D. Morgan | 26) H2 Blockers Recommendations: Delete Axid Solution, grandfather current users. | Motion made, seconded, and carried to accept recommendation | 13:0 |
| | D. Morgan | 27) NSAIDS Add oxaprozin, meloxicam, and ketorolac (QL 20 tabs per month) as preferred. Add Celebrex as preferred with PA after a 14 day trial of 3 preferred NSAIDS, a diagnosis of adenomatous polypsis or members > 65 years of age, history of GI ulcers, bleeding or perforation, or chronic use of systemic corticosteroids, anticoagulants or antiplatelet agents - excluding ASA. Delete Indocin SR, Diflunisal, Flurbiprofen, Tolmentin, Etodolac XL, Ketoprofen ER, Naproxen EC, and Indomethacin Suspension. | Motion made, seconded, and carried to accept recommendation | 14:0 14:0 14:0 |
| | D. Morgan | 28) Lice Agents Recommendations: Remove Step Therapy from Ovide, apply QL of 120ml per month. | Motion made, seconded, and carried to accept recommendation | 14:0 |
| V. Medicare | R. Brekosky | 1) Medicare Formulary Brand to Generic Deletions Recommendations: Approve the brand to generic deletion of Topamax Approve deletion of Raptiva - voluntary market withdrawal | Motion made, seconded, and carried to accept recommendation | 14:0 |
| | R. Brekosky | 2) Medicare Formulary Additions Recommendation: Approve Mandatory Medicare adds. All were added as Tier 2, PA required for new starts: Vimpat tablets/ IV soln, Degarelix, Banzel, Sprycel 100mg, and Afinitor. | Motion made, seconded, and carried to accept recommendation | 14:0 |

| Agenda Item | Speaker | Discussion | Conclusions/Recommendations | Voting Totals |
|-------------------------|-------------|--|---|---------------|
| V. Medicare (CONT.) | R. Brekosky | 3) Mediare Formulary 2010 overview Recommendation: Approve proposed changes to 2010 Medicare Formulary. The following agents are being removed from the formulary: Lipitor, Prilosec OTC, Xalatan, Humulin products, Humalog, Lunesta, Oxycontin, Avandia, Enablex, Serevent, Fosamax D, Avandamet, Micardis, Rozerem, Oxytrol, Avandaryl. Remove prior authorization status on Aricept and Namenda. Changed Lexapro from requiring PA to Step Therapy. | Motion made, seconded, and carried to accept recommendation | 13:1 |
| VI. Quantity Limits | R. Brekosky | 1) Mr. Brekosky Opened the floor to comments on the proposed QLs distributed to the committee prior to the meeting. Recommendation: Approve the proposed QLs as presented. | Motion made, seconded, and carried to accept recommendation | 13:0 |
| VII. Quality Monitoring | R. Brekosky | 1) Mr. Brekosky outlined the reports distributed to the committee prior to the meeting and opened the floor for comments. Recommendation: Confirm review of Quality Monitoring reports. | Motion made, seconded, and carried to accept recommendation | 12:0 |
| VIII. Follow Up Items | R. Brekosky | 1) Omeprazole tablets (generic Prilosec OTC tabs) will be maintained as preferred due to economics. Brand users will be moved to generic. | | |
| Adjournment | | 8:00 PM | | |

Votes not totaling 18 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.