

Unison Administrative Services
PA Medicaid Pharmacy & Therapeutics Committee Meeting Minutes Summary
Thursday October 23, 2008

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

Formulary Placement (*indicates generic availability)

Brand Name (Generic)	Primary Indication	P&T Decision	Vote	Comments
Alvesco (ciclesonide)	asthma	Not Add	14:0	There was discussion about how systemic absorption and the incidence of oral candidiasis compared to other ICS agents.
Relistor (methylnaltrexone)	opioid induced constipation	Add. Prior Authorization required.	10:4	Recommendation was modified from non-PDL to PDL addition with prior authorization due to feedback from committee members.
Liquadd (dextroamphetamine)	attention deficit (hyperactivity) disorder	Not Add	14:0	
Fenoglide (fenofibrate)	hyperlipidemia	Not Add	14:0	
Lipofen (fenofibrate)	hyperlipidemia	Not Add	14:0	

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Prandimet (repaglinide / metformin)	Type II Diabetes	Not Add	14:0	Pricing was not available at the time of review. There will be follow-up at the next meeting.
Zingo (lidocaine intradermal)	pain associated with venous access procedures	Not Add	14:0	
Stavzor (valproic acid delayed release)	epilepsy	Not Add	14:0	
Keppra XR (levetiracetam ext release)	epilepsy	Not Add	14:0	
Nplate (romiplostim)	chronic idiopathic thrombocytopenic purpura	Medical benefit. Prior authorization required.	14:0	
Januvia (sitagliptan)	Type II diabetes	Add .Quantity limit of 30 tablets / month. Previous therapy with metformin 1500-2000mg daily for 90 days required.	14:0	
Janumet (sitagliptan / metformin)	Type II diabetes	Add .Quantity limit of 60 tablets / month. Previous therapy with metformin 1500-2000mg daily for 90 days required.	14:0	
Sonata* (zaleplon)	insomnia	Add. Quantity limit of 60 capsules / month. Previous therapy with zolpidem, temazepam, flurazepam, or triazolam for 1 month required.	14:0	
LMX-4* (lidocaine 4% cream)	pain associated with venous access procedures	Add. Quantity limit of 15gm / month.	14:0	
Depakote ER (divalproex ext release)	epilepsy, bipolar disorder, migraines	Delete.	13:1	Deletion not implemented

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Additional Agenda Items

Item	Vote	Comments
Approved July 24 TH 2008 P&T meeting minutes	14:0	
Confirmed review of the 3 RD Quarter formulary / PDL updates	14:0	
Confirmed review of the grievance and appeals report, utilization statistics, approvals/denials report, and IRR	14:0	
Confirmed review of the following drug classes: inhaled corticosteroids, agents for opioid induced constipation, stimulants and related agents, fibrates, oral anti-diabetics, sedatives/hypnotics, topical anesthetics, and anticonvulsants	14:0	There was discussion about generic substitution of anticonvulsants for the treatment of epilepsy. The committee concluded that generic substitution is appropriate unless there is clinical information to support that a particular patient is at risk for decompensation if switched.
Confirmed review and approved all Unison PDLs	14:0	
Confirmed review of the summaries and results Asthma HEDIS DUR and the Low-Dose Seroquel DUR	14:0	
Approved new policy proposal for chemotherapy prior authorization criteria	13:0	one member did not log a vote
Approved new policy proposal for atypical antipsychotic step therapy. Preferred brand agents would be available after a trial of risperidone.	11:3	the behavioral health providers were opposed
Approved the new policy proposals for non-PDL meds, pharmacy exclusions, pharmacy reporting, and pharmacy networks	14:0	
Confirmed review of all operational policies and approved all modifications	14:0	
Confirmed review of all clinical policies and approved all modifications	14:0	

The meeting was adjourned at 8:42pm.

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