

AmeriChoice Pharmacy & Therapeutics Committee Minutes

September 10, 2009

Meeting Date: September 10, 2009

Location: Via conference call

Agenda Item	Speaker	Discussion	Conclusions/Recommendations	Voting Totals
Meeting called to order		5:09 PM		
I. Minutes of previous meetings	R. Brekosky	Minutes of June AMC P&T meeting were reviewed	Minutes reviewed, approved	15:0
II. New Formulations	J. Bellicini	1) Vectical Recommendation: Categorize as Optional inclusion, add as preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	15:0
III. New Drug Review	J. Bellicini	1) Rapaflo 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) Firmagon 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	3) Uloric Recommendation: Categorize as Essential Drug, Add as preferred with step therapy requirement on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	16:0
IV. Class Reviews	J. Bellicini	1) Antidiabetics Recommendation: Delete Avandia, Avandamet, Avandaryl - grandfather current users Recommendation: Add tolbutamide Recommendation: Add Prandin Recommendation: Add Starlix Recommendation: Add acarbose Recommendation: Add Duetact with step therapy requirement Recommendation: Add Byetta with prior authorization requirement. Recommendation: Add Symlin with prior authorization requirement. Recommendation: Add Levemir with a quantity limit of 3 vials per month. Recommendation: Approve TZD step therapy guidelines Recommendation: Approve DPP-4 step therapy guidelines Recommendation: Approve Byetta prior authorization guidelines Recommendation: Approve Symlin prior authorization guidelines Recommendation: Approve Insulin pen and cartridge guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	J. Bellicini	2) Phosphate Binders Recommendation: Delete Renagel - grandfather current users Recommendation: Add Renvela with step therapy requirement Recommendation: Approve Renvela step therapy guidelines	Motion made, seconded, and carried to accept recommendation	16:0
	J. Bellicini	3) Multiple Sclerosis Agents Recommendation: Delete Betaseron - grandfather current users Recommendation: Add Rebif with prior authorization requirement Recommendation: Approve Multiple Sclerosis prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	16:0
	J. Bellicini	4) Interferons and Ribavirin Recommendation: Delete Roferon-A (product is discontinued) Recommendation: Add Actimmune with prior authorization requirement Recommendation: Add Infergen with prior authorization requirement Recommendation: Approve Interferona and Ribavirin prior authorization guidelines Recommendation: Approve Actimmune prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	16:0
	J. Bellicini	5) Topical Immunomodulators Recommendation: Approve age edit for Elidel (open access for members 2-11 yrs old) Recommendation: Approve Elidel step therapy and Protopic prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	16:0

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IV. Class Reviews (CONT.)	S. Balog	6) 5-Aminosalicylates Recommendation: Add balsalazide	Motion made, seconded, and carried to accept recommendation	16:0
	S. Balog	6a) Apriso Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	16:0
	S. Balog	7) Sedatives / Hypnotics Recommendation: Delete temazepam 7.5mg and 22.5mg - grandfather current users Recommendation: Delete Rozerem - grandfather current users Recommendation: Delete estazolam - grandfather current users Recommendation: Approve zaleplon step therapy guidelines	Motion made, seconded, and carried to accept recommendation; 3 oppositions	16:0 13:3 13:3
	S. Balog	7a) Zolpimist Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	16:0
	D. Moore	8) Estrogens Recommendation: Delete Estring - grandfather current users Recommendation: Delete Estraderm - grandfather current users Recommendation: Delete Vivelle Dot - grandfather current users Recommendation: Delete Prefest - grandfather current users Recommendation: Add Enjuvia Recommendation: Add Estrace Cream	Motion made, seconded, and carried to accept recommendation	15:0
	D. Moore	9) Skeletal Muscle Relaxants Recommendation: Delete carisoprodol and carisoprodol/ASA - grandfather current users Recommendation: Add tizanidine tablets Recommendation: Add orphenadrine ER	Motion made, seconded, and carried to accept recommendation	15:0
	D. Moore	10) Cytokine / CAM Antagonists Recommendation: Delete Kineret - grandfather current users Recommendation: Approve Enbrel and Humira prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	16:0 10:1 15:1
	K. Topolosky	11) Androgens Recommendation: Delete Androxy - grandfather current users Recommendation: Delete Methitest - grandfather current users Recommendation: Delete Testim - current users will not be grandfathered Recommendation: Add Androgel with prior authorization requirement Recommendation: Add testosterone enanthate injection Recommendation: Add testosterone cypionate injection Recommendation: Approve Topical Testosterone prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	K. Topolosky	12) Chronic Hepatitis B - Oral Agents Recommendation: Add Hepsera	Motion made, seconded, and carried to accept recommendation	15:0
	K. Topolosky	13) Acne Agents Recommendation: Delete Differin gel and cream Recommendation: Delete Klaron Lotion Recommendation: Delete Azelex Recommendation: Add generic Benzac AC gel and wash Recommendation: Add sulfacetamide 10% liquid wash Recommendation: Add metronidazole 0.75% gel and lotion Recommendation: Remove age edit from Finacea Recommendation: Approve age edit for topical tretinoin (members ≥21 yrs of age will require prior authorization) Recommendation: Approve topical tretinoin prior authorization guidelines Recommendation: Approve Isotretinoin prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	16:0
	K. Topolosky	13a) Epiduo Recommendation: Categorize as Optional inclusion, remain non-preferred on the Medicaid and Medicare PDLs	Motion made, seconded, and carried to accept recommendation	16:0
	K. Topolosky	14) Cough & Cold Recommendation: Approve list of preferred cough & cold products	Motion made, seconded, and carried to accept recommendation	15:0 14:0

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V. Medicare	R. Brekosky	1) Medicare 2009 and 2010 formulary updates Recommendations: Approve proposed updates	Motion made, seconded, and carried to accept recommendation	15:0
VI. Clinical Guidelines	D. Morgan	1) Synagis Recommendation: Approved Synagis prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	2) Lupron Recommendation: Approve Lupron prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	3) Suboxone / Subutex Recommendation: Approve Suboxone / Subutex prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	4) Botulinum Toxins Recommendation: Approve Botulinum toxins prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	5) 17-alpha-hydroxyprogesteron guidelines Recommendation: Approve Botulinum toxins prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	6) Erythropoiesis Stimulating Agents Recommendation: Approve Erythropoiesis Stimulating Agents prior authorization guidelines	Motion made, seconded, and carried to accept recommendation	15:0
	D. Morgan	7) Cymbalta Recommendation: Approve Cymbalta step therapy guidelines for GAD	Motion made, seconded, and carried to accept recommendation	14:1
	D. Morgan	8) Therapeutic Duplication Recommendation: Approve Therapeutic Duplication guidelines	Motion made, seconded, and carried to accept recommendation	15:0
VII. Old Business	R. Brekosky	1) Penicillins Recommendation: Add ampicillin Recommendation: Add amoxicillin 200mg & 400mg chewable tablets Recommendation: Add amoxicillin 200mg/5ml & 400mg/5ml suspensions Recommendation: Delete amoxicillin 500mg & 875mg tablets	Motion made, seconded, and carried to accept recommendation	15:0
	R. Brekosky	2) Inhaled Short-Acting Beta Agonists Recommendation: Confirm review of Ventolin HFA as the exclusive product	Motion made, seconded, and carried to accept recommendation	15:0
VIII. Quality Monitoring	R. Brekosky	1) Mr. Brekosky presented the 2nd quarter 2009 Quality Management report	Motion made, seconded, and carried to accept recommendation	15:0
	S. Balog	2) Ms. Balog presented the 2nd quarter 2009 concurrent and retrospective DUR reports		
	D. Morgan	3) Dr. Morgan presented the 2nd quarter 2009 Grievances and Appeals Reports 4) Dr. Morgan presented the Pharmacist and Physician IRR Recommendation: Confirm review of Quality Monitoring reports.		
IX. Follow Up Items / Future Agenda Items	R. Brekosky	No items for follow-up. A list of tentative items scheduled for December's meeting was presented.		
Adjournment		7:10 PM		
IX. Additional Voting Items		1) Synagis Guidelines update Recommendation: Remove gestational age requirement for infants with a congenital abnormality of the airway or neuromuscular disease	Recommendation communicated to the committee for a vote	11:0
		2) Cough & Cold products Recommendation: Apply an age edit; members < 2 years of age will require prior authorization	Recommendation communicated to the committee for a vote	10:1

Votes not totaling 16 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.