

**GATEWAY HEALTH PLAN®**

**PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

**DATE: June 10, 2009**

**TIME: 5:00PM**

*The attached minutes of the June 10, 2009 meeting of the Pharmacy and Therapeutics  
("P & T") Committee have participants' names redacted.*

*No actions taken by the P & T Committee constitute formulary changes unless and until  
approved by the Department of Public Welfare.*

**GATEWAY HEALTH PLAN®**  
*Pennsylvania Medicaid*  
**PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

**DATE: June 10, 2009**  
**TIME: 5:00PM**

**PRESENT:**

Dennis Andrew Sebastian RPh, MS

██████████, R.Ph.

██████████, PharmD

██████████, RPh.

██████████, MD

██████████, MD

██████████, PharmD

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██████████, MD

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██████████, PharmD

██████████, MD

██████████, MD

██████████, MD

Pharmacy Director, Gateway

Clinical Pharmacist, Gateway

Clinical Pharmacist, Gateway

Manager, Clinical Pharmacy, Gateway

Medical Director, Gateway

Medical Director, Gateway

Highmark BC/BS

Family Practitioner, Butler County

Pediatrician, Allegheny County

Internal Medicine, Allegheny County

Internal Medicine, Allegheny County

Community Care Behavioral Health

University of Pittsburgh, School of Pharmacy

Medical Director, Gateway

Metro Family Practice

The Western Pennsylvania Hospital

**Guests:**

██████████

██████████

██████████

Pharmacy Student, Duquesne University

Pharmacy Student, University of Pittsburgh

Summer Intern, Gateway

## CALL TO ORDER

Having confirmed quorum, Mr. Sebastian called the meeting to order at 5:15 p.m.

### I. REVIEW OF MINUTES

**Discussion:** The committee reviewed the minutes from the March 11, 2009 P&T committee meeting.

**Action:** With no further comments, the minutes from the March 11, 2009 meeting were unanimously approved.

### II. OLD BUSINESS

#### **DPW P&T Requirements**

Gateway initiated DPW directed changes to the P&T committee meetings: 1) Gateway posted the minutes on its website beginning with the March 2009 meeting and 2) Gateway's P&T membership includes one behavioral health and physical health member representative on the committee. The physical health representative is a retail pharmacist and the behavioral health representative is an existing P&T physician.

### III. NEW BUSINESS – FORMULARY REVIEW (New Products)

#### ***Everolimus (Afinitor)***

**Discussion:** The committee discussed the clinical details of Afinitor.

**Action Taken:** With no further comments, the committee unanimously voted Afinitor as a "may add."

#### ***Golimumab (Simponi)***

**Discussion:** The committee discussed the clinical details of Simponi.

**Action Taken:** With no further comments, the committee unanimously voted Simponi as a "may add."

#### ***Artemether/lumefantrine (Coartem)***

**Discussion:** The committee discussed the clinical details of Coartem.

**Action Taken:** With no further comments, the committee unanimously voted Coartem as a "may add."

#### ***Iloperidone (Fanapt)***

**Discussion:** The committee discussed the clinical details of Fanapt. There was a brief discussion on its FDA indications.

**Action Taken:** With no further comments, the committee voted Fanapt as a "do not add" (14 "do not adds"/ 1 "may add").

#### ***Tolvaptan (Samsca)***

**Discussion:** The committee discussed the clinical details of Samsca. The committee expressed concerns with the inability to monitor sodium levels at home.

**Action Taken:** With no further comments, the committee unanimously voted Samsca as a “do not add.”

#### IV. ABBREVIATED REVIEWS:

##### *Zolpidem sublingual tablets (Edular)*

**Discussion:** The committee discussed the clinical details of Edular.

**Action taken:** With no further comments, the committee unanimously gave Edular “do not add” status.

##### *Bupropion hydrobromide extended-release (Aplenzin)*

**Discussion:** The committee discussed the clinical details of Aplenzin.

**Action taken:** With no further comments, the committee unanimously gave Aplenzin “do not add” status.

##### *Tramadol HCl extended-release (Ryzolt)*

**Discussion:** The committee discussed the clinical details of Ryzolt.

**Action taken:** With no further comments, the committee unanimously gave Ryzolt “do not add” status.

##### *Valsartan/amlodipine/hydrochlorothiazide (Exforge HCT)*

**Discussion:** The committee discussed the clinical details of Exforge HCT.

**Action taken:** With no further comments, the committee gave Exforge HCT “may add” status (11 may/5 do not add).

##### *Triamcinolone acetonide nasal spray (AllerNaze)*

**Discussion:** The committee discussed the clinical details of AllerNaze and discussed that triamcinolone offers no significant advantage over other intranasal corticosteroids.

**Action taken:** With no further comments, the committee unanimously gave AllerNaze “do not add” status.

##### *Bromocriptine mesylate (Cycloset)*

**Discussion:** The committee discussed the clinical details of Cycloset and felt that the clinical studies did not demonstrate significant clinical effectiveness.

**Action taken:** With no further comments, the committee unanimously gave Cycloset “do not add” status.

##### *Pioglitazone HCl/metformin HCl extended-release (Actoplus Met XR)*

**Discussion:** The committee discussed the clinical details of Actoplus Met XR.

**Action taken:** With no further comments, the committee gave Actoplus Met XR “may add” status (15 may/ 1 “do not add”).

##### *Lamotrigine orally disintegrating tablets (Lamictal ODT)*

**Discussion:** The committee discussed the clinical details of Lamictal ODT.

**Action taken:** With no further comments, the committee unanimously gave Lamictal ODT “do not add” status.

***Tadalafil (Adcirca)***

**Discussion:** The committee discussed the clinical details of Adcirca.

**Action taken:** With no further comments, the committee unanimously gave Adcirca “do not add” status.

**V. NEW FDA INDICATIONS**

***Symbicort***

**New Indication:** The FDA included the maintenance treatment of airflow obstruction in patients with COPD including chronic bronchitis and emphysema to the indications for Symbicort on 2/27/2009.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

***Copaxone***

**New Indication:** As of 2/27/2009, the FDA indicated Copaxone for the treatment of patients after first clinical episode of MS with consistent magnetic resonance imaging features of MS.

**Previous Status:** Formulary

**Voted Status:** N/A

***Humatrope***

**New Indication:** On 3/12/2009, the indications for Humatrope were expanded to include the treatment of children with short stature or growth failure associated with growth hormone deficiency, Turner syndrome, idiopathic short stature, SHOX deficiency, and failure to catch up in height after small for gestational age birth.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

***Zyprexa***

**New Indication:** On 3/19/2009, the FDA approved Zyprexa and fluoxetine in combination for:

- Acute treatment of Depressive Episodes associated with Bipolar I Disorder in adults
- Acute treatment of treatment resistant depression in adults (Major Depressive Disorder in adult patients who do not respond to 2 separate trials of different antidepressants of adequate dose and duration in the current episode)

**Previous Status:** Formulary

**Voted Status:** N/A

***Pegintron***

**New Indication:** On 3/10/09 the FDA approved Pegintron as combination therapy with Rebetol (ribavirin) for Chronic Hepatitis C (CHC) in patients  $\geq 3$  years with compensated liver disease. (Patients with the following characteristics are less likely to benefit from retreatment after failing a course of therapy: previous nonresponse, previous pegylated interferon treatment, significant bridging fibrosis or cirrhosis, and genotype I infection).

**Previous Status:** Formulary

**Voted Status:** No change in status

***Prograf***

**New Indication:** Combination therapy with mycophenolate mofetil for the prevention of organ rejection in kidney transplant recipients on 5/28/09.

**Previous Status:** Formulary

**Voted Status:** N/A

***Risperdal Consta***

**New Indication:** Monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder on 5/19/09.

**Previous Status:** Nonformulary

**Voted Status:** Will complete a complete product review in September 2009

***Lexapro***

**New Indication:** As The FDA approved Lexapro on 3/19/2009 for acute and maintenance treatment of major depressive disorder in adults and adolescents aged 12-17 years.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

***Reclast***

**New Indication:** The FDA has broadened the indication for Reclast, on 3/13/2009, to include the treatment and prevention of glucocorticoid-induced osteoporosis in patients expected to be on glucocorticoids for at least 12 months.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

***Cimzia***

**New Indication:** The FDA included an indication for Cimzia as a new treatment option for U.S. adult patients suffering from moderately to severely active rheumatoid arthritis.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

*Azor*

**New Indication:** On 5/11/2009, the FDA approved Azor as initial therapy in patients likely to need multiple antihypertensive agents to achieve their blood pressure goals

**Previous Status:** Nonformulary

**Voted Status:** No change in status

*Avastin*

**New Indication:** The FDA approved Avastin on 5/5/2009 for the treatment of Glioblastoma, as a single agent for patients with progressive disease following prior therapy.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

**VI. CLASS REVIEWS**

*CNS*

**Discussion:** The committee reviewed and discussed the existing CNS class as published in the Gateway Medicaid Formulary.

**Action taken:** With no further comments on the class, the committee unanimously approved the CNS class as currently published on the Gateway Medicaid Formulary.

*Dermatology*

**Discussion:** The committee reviewed and discussed the existing dermatology class as published in the Gateway Medicaid Formulary.

**Action taken:** With no comments, the committee unanimously approved the dermatology class currently published on the Gateway Medicaid Formulary.

*Endocrine*

**Discussion:** The committee reviewed and discussed the existing endocrine class as published in the Gateway Medicaid Formulary. The committee asked for a formal review on the potential addition of Estring.

**Action taken:** With no further comments, the committee unanimously approved the endocrine class currently published on the Gateway Medicaid Formulary, considering that the committee would review Estring at the September meeting.

*Respiratory*

**Discussion:** The committee reviewed and discussed the existing respiratory class as published in the Gateway Medicaid Formulary.

**Action taken:** With no comments, the committee unanimously approved the respiratory class currently published on the Gateway Medicaid Formulary.

## **VII. 2010 MEDICAID FORMULARY REVIEW**

**Discussion:** The meeting materials contained the proposed Medicaid Formulary where Gateway must receive annual committee approval.

**Action taken:** The committee unanimously approved the Medicaid Formulary.

## **VIII. MEDICAID ANNUAL POLICY REVIEWS**

### *Existing Policies*

**Discussion:** The committee reviewed the changes to the existing policies as summarized in the meeting materials. A specialist was used for the review of pertinent policies.

**Action taken:** The committee unanimously approved the policies as presented in the meeting materials.

### *Pediatric Cough and Cold Safety Policy*

**Discussion:** The committee reviewed the proposed pediatric cough and cold medication policy as presented in the meeting materials. A short discussion ensued on the topic.

**Action taken:** The committee unanimously approved the pediatric cough and cold safety prior authorization policy as presented in the meeting materials. The committee will take a second look at the edit and formulary offerings at the next P&T committee meeting in September.

### *Atypical Pediatric Prior Authorization*

**Discussion:** The committee reviewed the proposed pediatric prior authorization for atypical antipsychotics as presented in the meeting materials. A short discussion ensued on the topic.

**Action taken:** The committee unanimously approved the atypical pediatric prior authorization policy as presented in the meeting materials.

## **IX. 1Q09 CDUR REPORTS**

### *Medicaid*

#### **Drug-Drug Interaction Summary Report 1Q09**

The meeting materials contained the details of the drug-drug interaction summary report.

**Action taken:** With no further comments, the committee approved the report as stated in the meeting materials.

#### **Duplicate Therapy Summary Report 1Q09**

The meeting materials contained the details of the duplicate therapy summary report.

**Action taken:** With no further comments, the committee approved the report as stated in the meeting materials (16).

#### **Min/Max Report 1Q09**

The meeting materials contained the details of the min/max report. The low dose atypical step has made an impact on this measure.

**Action taken:** With no further comments, the committee approved the report as stated in the meeting materials.

**X. MISCELLANEOUS**

*Arimidex*

**Discussion:** The committee discussed the use of Arimidex for growth hormone deficiency and the proposed age edit.

**Action taken:** The committee unanimously approved the proposed Arimidex age edit as presented.

*Atypical Edit Update*

**Discussion:** The committee discussed their current experiences with the atypical edit and proposed to more thoroughly review the topic at the September 2009 meeting.

*Generic Pipeline*

**Discussion:** The committee reviewed the generic pipeline as distributed in the meeting materials as an informational item.

**XI. ADJOURNMENT**

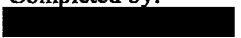
The committee had a short discussion on the proposed pharmacy carveout proposed in this year's Pennsylvania state budget.

The next committee meeting is on Wednesday September 9, 2009. There being no further business, the committee adjourned at 7:35 p.m.

Respectfully Submitted  
Dennis Andrew Sebastian RPh, MS  
Director Pharmacy Services  
Gateway Health Plan®



Date: 9-9-09

Completed by:  
  
Clinical Pharmacist  
Gateway Health Plan®



Date: 9/9/09