

**GATEWAY HEALTH PLAN®**

**PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

**DATE: September 9, 2009**

**TIME: 5:00PM**

*The attached minutes of the September 9, 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.*



## 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 June 10, 2009 P&T committee meeting.

**Action:** With once change to a P&T member's place of practice, the minutes from the June 10, 2009 meeting were unanimously approved.

### II. OLD BUSINESS

#### **Estring**

The committee requested a discussion of Estring based upon the class reviews during the June P&T meeting. After a brief discussion on the formulary alternatives and nonformulary requests for Estring, the committee unanimously voted to keep Estring as nonformulary status.

#### **Atypical Step Edit**

The committee requested that there be a discussion on the communication of the atypical step edit to providers. The committee discussed the updated online listing for the atypical step edit and the communication efforts that Gateway has made to physicians.

#### **Risperdal Consta**

The discussion was tabled until the December 2009 P&T committee meeting.

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

#### ***Besifloxacin (Besivance)***

**Discussion:** The committee discussed the clinical details of Besivance and reviewed the specialty comments.

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

#### ***Canakinumab (Ilaris, Novartis)***

**Discussion:** The committee discussed the clinical details of Ilaris and reviewed the specialty comments.

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

#### ***Dronedarone (Multaq)***

**Discussion:** The committee discussed the clinical details of Multaq and reviewed the specialty comments.

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

#### ***Tapentadol (Nucynta)***

**Discussion:** The committee discussed the clinical details of Nucynta and reviewed the specialty comments.

**Action Taken:** With no further comments, the committee voted Nucynta as a “may add.” (13 “may add”/3 “do not add”)

***Prasugrel (Effient)***

**Discussion:** The committee discussed the clinical details of Effient and reviewed the specialty comments. There was a discussion on its potential use by cardiologists.

**Action Taken:** With no further comments, the committee unanimously voted Effient as a “may add.”

***Saxagliptin (Onglyza)***

**Discussion:** The committee discussed the clinical details of Onglyza and reviewed the specialty comments.

**Action Taken:** With no further comments, the committee unanimously voted Onglyza as a “may add.”

***Treprostinil inhalation solution (Tyvaso)***

**Discussion:** The committee discussed the clinical details of Tyvaso and reviewed the specialty comments.

**Action Taken:** With no further comments, the committee voted Tyvaso as a “may add.” (14 “may add”/2 “do not add”)

***Interferon beta-1b (Extavia)***

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

**Action Taken:** With no further comments, the committee unanimously voted Extavia as a “may add.”

***Asenapine (Saphris)***

**Discussion:** The committee discussed the clinical details of Saphris. The committee expressed concerns that Saphris did not have any clinical benefits versus other currently available antipsychotics.

**Action Taken:** With no further comments, the committee voted Saphris as a “do not add.” (10 “do not add”/5 “may add”)

**IV. ABBREVIATED REVIEWS:**

***Lamotrigine extended release (Lamictal XR)***

**Discussion:** The committee discussed the clinical details of Lamictal XR and reviewed the specialty comments.

**Action taken:** With no further comments, the committee gave Lamictal XR “may add” status. (12 “may add”/3 “do not add”)

***Benzyl alcohol lotion 5% (Ulesfia)***

**Discussion:** The committee discussed the clinical details of Ulesfia and reviewed the specialty comments.

**Action taken:** With no further comments, the committee unanimously gave Ulesfia “may add” status.

*Diclofenac powder for oral solution (Cambia)*

**Discussion:** The committee discussed the clinical details of Cambia and reviewed the specialty comments. The committee also discussed other more cost effective medications used in the hospital setting for migraine treatment.

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

*Diclofenac capsules (Zipsor)*

**Discussion:** The committee discussed the clinical details of Zipsor and reviewed the specialty comments.

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

*Fentanyl buccal soluble film (Onsolis)*

**Discussion:** The committee discussed the clinical details of Onsolis and reviewed the specialty comments. The committee also discussed the distribution program and dosage form of the medication.

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

*Ketorolac ophthalmic solution (Acuvail)*

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

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

*Paliperidone injection (Invega Sustenna)*

**Discussion:** The committee discussed the clinical details of Invega Sustenna and reviewed the specialty comments.

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

*Sumatriptan needle free injection (Sumavel Dosepro)*

**Discussion:** The committee discussed the clinical details of Sumavel Dosepro and reviewed the specialty comments. The committee also had a discussion concerning migraine use in children.

**Action taken:** With no further comments, the committee gave Sumavel Dosepro “do not add” status. (11 “do not add”/4 “may add”)

*Ciprofloxacin otic solution (Cetraxal)*

**Discussion:** The committee discussed the clinical details of Cetraxal and reviewed the specialty comments.

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

*Clindamycin phosphate 1.2%/benzoyl peroxide 2.5% (Acanya)*

**Discussion:** The committee discussed the clinical details of Acanya and reviewed the specialty comments. The committee also commented on the direct to consumer advertising.

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

*Colchicine (Colcyrs)*

**Discussion:** The committee discussed the clinical details of Colcyrs and reviewed the specialty comments.

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

**V. NEW FDA INDICATIONS**

*Reclast*

**New Indication:** The FDA approved Reclast for the prevention of osteoporosis in post menopausal women and treatment and prevention of glucocorticoid-induced osteoporosis in patients expected to be on glucocorticoids for at least 12 months on 5/29/2009.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

*Tekturna HCT*

**New Indication:** As of 7/16/2009, the FDA approved Tekturna HCT as initial therapy in patients likely to need multiple drugs to achieve their blood pressure goals.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

*Forteo*

**New Indication:** On 7/22/2009, the indications for Forteo were expanded to include the treatment of men and women with osteoporosis associated with sustained systemic glucocorticoid therapy at high risk for fracture.

**Previous Status:** Formulary

**Voted Status:** No change in status

*Invega*

**New Indication:** On 7/31/2009, the FDA approved Invega for the acute treatment of schizoaffective disorder as monotherapy, and acute treatment of schizoaffective disorder as an adjunct to mood stabilizers and/or antidepressants

**Previous Status:** Nonformulary

**Voted Status:** No change in status

*Isentress*

**New Indication:** On 7/8/2009 the FDA approved Isentress for use in combination with other antiretrovirals for the treatment of HIV-1 infection in treatment naïve adult patients.

**Previous Status:** Formulary

**Voted Status:** N/A

*Axert*

**New Indication:** Acute treatment of migraine headache pain in adolescents age 12 to 17 years with a history of migraine with or without aura, and who have migraine attacks usually lasting 4 hours or more on 4/30/09.

**Previous Status:** Nonformulary

**Voted Status:** The committee requested a formal review of the medication for use in children.

*Tracleer*

**New Indication:** Was FDA approved for the treatment of pulmonary arterial hypertension in patients with WHO class 2 to 4 on 8/7/2009.

**Previous Status:** Nonformulary

**Voted Status:** No change in status

**VI. CLASS REVIEWS**

*Gastrointestinal*

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

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

*Ophthalmic*

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

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

*Dental Care*

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

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

*Otic*

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

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

*Miscellaneous*

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

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

**VII. POLICY REVIEWS**

*Medicaid*

**Pediatric Cough & Cold**

**Discussion:** The committee reviewed the proposed pediatric cough and cold medication policy as presented in the meeting materials.

**Action taken:** The committee unanimously approved the pediatric cough and cold safety prior authorization policy as presented in the meeting materials, updating the policy to be effective to children age 4 and under.

**Tamiflu**

**Discussion:** The committee discussed the recent FDA and CDC updates concerning the H1N1 virus.

**Action taken:** The committee unanimously approved the decision to add Tamiflu and Relenza to the Medicaid formulary with appropriate quantity limits. The committee also unanimously approved a prior authorization policy that will not be implemented at this time.

**Synagis**

**Discussion:** The committee discussed the updated American Academy of Pediatric guidelines with respect to appropriate Synagis use.

**Action taken:** The committee unanimously approved the decision to adopt the new Synagis guidelines for the upcoming 2009-10 Synagis season.

**Growth Hormone**

**Discussion:** The committee discussed the proposed updates to the growth hormone prior authorization policy.

**Action taken:** The committee unanimously approved the proposed updates as presented.

**VIII. MISCELLANEOUS**

**2Q09 CDUR**

**Discussion:** There were no significant changes to the CDUR reports as compared to 1Q09 data.

**Generic Pipeline**

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

***Xyrem formulary removal request***

**Discussion:** The committee reviewed Xyrem and the request for formulary removal.

**Action taken:** The committee unanimously voted to remove Xyrem from the Medicaid formulary.

***CNS update***

**Discussion:** The committee reviewed the 2Q09 updates from CNS as an informational item.

***Cross-cultural care eLearning Program***

**Discussion:** The committee listened to a discussion concerning cultural disparities and Gateway Health Plan®'s commitment to combat these disparities where they exist. Providers on Gateway committees are expected to complete programs related to these topics.

***Primary Care Practice (PCP) Dashboard & Diagnosis Information Gap***


**Discussion:** The committee listened to a discussion concerning the PCP dashboard program and the diagnosis information gap program initiated by Gateway Health Plan® as an informational item.

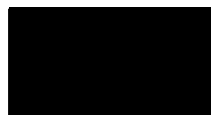
**IX. ADJOURNMENT**

The next committee meeting is on Wednesday December 9, 2009. There being no further business, the committee adjourned at 7:20 p.m.

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

 Date: 12-9-09

Completed by:  
  
Clinical Pharmacist  
Gateway Health Plan®

 Date: 12/9/09