

GATEWAY HEALTH PLAN®

PHARMACY AND THERAPEUTICS COMMITTEE MEETING

DATE: December 9, 2009

TIME: 5:00PM

The attached minutes of the December 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.

GATEWAY HEALTH PLAN®
PHARMACY AND THERAPEUTICS COMMITTEE MEETING

DATE: December 9, 2009

TIME: 5:00PM

PRESENT:

██████████, MD	Chief Medical Officer, Gateway
Dennis Sebastian, RPh, MS	Pharmacy Director, Gateway
██████████, R.Ph.	Clinical Pharmacist, Gateway
██████████, PharmD	Clinical Pharmacist, Gateway
██████████, RPh.	Manager, Clinical Pharmacy, Gateway
██████████, PharmD	Clinical Pharmacist, Gateway
██████████, MD	Medical Director, Gateway
██████████, MD	Family Practitioner, Mercer County
██████████, PharmD	University of Pittsburgh, School of Pharmacy
██████████, MD	Pediatrician, Allegheny County
██████████, MD	The Western Pennsylvania Hospital
██████████, PharmD	Highmark
██████████, MD	Community Care Behavioral Health
██████████, DO	Value Behavioral Health

Guests:

██████████	Pharmacy Student, Duquesne University
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CALL TO ORDER

Having confirmed quorum, Mr. Sebastian called the meeting to order at 5:17 p.m.

I. REVIEW OF MINUTES

Discussion: The committee reviewed the minutes from the September 9, 2009 P&T committee meeting.

Action: With no further comments, the minutes from the September 9, 2009 meeting were unanimously approved.

II. OLD BUSINESS - AXERT

Discussion: The committee reviewed the Axert information as presented.

Action: With no comments the committee unanimously voted to keep the formulary status unchanged.

III. NEW BUSINESS – FORMULARY REVIEW (New Products)

Pitavastatin (Livalo)

Discussion: The committee discussed the clinical details of Livalo.

Action Taken: With no further comments, the committee voted Livalo as a “may add.” (7 “may add”/ 6 “do not add”)

Vigabatrin (Sabril)

Discussion: The committee discussed the clinical details of Sabril.

Action Taken: With no further comments, the committee voted Sabril as a “may add.” (7 “may add”/6 “do not add”)

Bepotastine (Bepreve)

Discussion: The committee discussed the clinical details of Bepreve.

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

Ustekinumab (Stelara)

Discussion: The committee discussed the clinical details of Stelara.

Action Taken: With no further comments, the committee voted Stelara as a “do not add.” (3 “may add”/10 “do not add”)

Pazopanib (Votrient)

Discussion: The committee discussed the clinical details of Votrient.

Action Taken: With no further comments, the committee voted Votrient as a “may add.” (11 “may add”/2 “do not add”)

III. ABBREVIATED REVIEWS:

Morphine sulfate/naltrexone hydrochloride ER (Embeda)

Discussion: The committee discussed the clinical details of Embeda.

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

Guanfacine extended release (Intuniv)

Discussion: The committee discussed the clinical details of Intuniv.

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

Metoclopramide (Metozolv ODT)

Discussion: The committee discussed the clinical details of Metozolv ODT.

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

Ganciclovir 0.15% ophthalmic gel (Zirgan)

Discussion: The committee discussed the clinical details of Zirgan.

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

Valsartan/aliskiren (Valturna)

Discussion: The committee discussed the clinical details of Valturna.

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

Intravenous immune globulin (Gammaplex 5%)

Discussion: The committee discussed the clinical details of Gammaplex.

Action taken: With no further comments, the committee gave Gammaplex “do not add” status. (12 “do not add”/1 abstained from voting)

Telmisartan/amlodipine (Twynsta)

Discussion: The committee discussed the clinical details of Twynsta.

Action taken: With no further comments, the committee gave Twynsta “may add” status. (12 “may add”/1 abstained from voting)

Diclofenac sodium topical solution 1.5% (Pennsaid)

Discussion: The committee discussed the clinical details of Pennsaid.

Action taken: With no further comments, the committee gave Pennsaid “do not add” status. (12 “do not add”/1 abstained from voting)

Clonidine HCl (Jenloga)

Discussion: The committee discussed the clinical details of Jenloga.

Action taken: With no further comments, the committee gave Jenloga “do not add” status. (12 “may add”/1 abstained from voting)

Pancrelipase delayed-release (Zenpep)

Discussion: The committee discussed the clinical details of Zenpep.

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

IV. NEW FDA INDICATIONS

Valcyte

New Indication: The FDA approved Valcyte for the prevention of CMV disease in kidney and heart transplant patients at high risk on August 20, 2009.

Previous Status: Formulary

Voted Status: n/a

Xyzal

New Indication: As of 8/20/2009, the FDA approved Xyzal for The relief of symptoms associated with seasonal allergic rhinitis in adults and children 2 years of age and older, the relief of symptoms associated with perennial allergic rhinitis in adults and children 6 months of age and older, and the treatment of the uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 months of age and older.

Previous Status: Nonformulary

Voted Status: No change in status

Crestor

New Indication: On 8/20/2009, the indications for Crestor were expanded to include the treatment of Pediatric Patients 10 to 17 years of age with Heterozygous Familial Hypercholesterolemia (HeFH) and primary dysbetalipoproteinemia (type III hyperlipoproteinemia).

Previous Status: Nonformulary

Voted Status: No change in status

Byetta

New Indication: On 10/30/2009, the FDA approved Byetta as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Previous Status: Nonformulary

Voted Status: No change in status

Micardis

New Indication: On 10/10/2009 the FDA approved Micardis for the reduction of the risk of myocardial infarction, stroke, or death from cardiovascular causes in patients 55 years of age or older at high risk of developing major cardiovascular events who are unable to take ACEIs.

Previous Status: Nonformulary

Voted Status: No change in status

Welchol

New Indication: Was FDA approved to reduce LDL-C levels in boys and postmenarchal girls, 10 to 17 years of age, with heterozygous familial hypercholesterolemia as monotherapy or in combination with a statin after failing an adequate trial of diet therapy on 10/2/09.

Previous Status: Nonformulary

Voted Status: No change in status

V. CLASS REVIEWS

Pain/inflammation:

Discussion: The committee reviewed and discussed the existing pain/inflammation class as published in the Gateway Medicaid Formulary.

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

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.

Urology/vaginal:

Discussion: The committee reviewed and discussed the existing urology/vaginal class as published in the Gateway Medicaid Formulary

Action taken: With no further comments, the committee unanimously approved the urology/vaginal class currently published on the Gateway Medicaid Formulary.

Vitamin/electrolytes:

Discussion: The committee reviewed and discussed the existing vitamin/electrolyte class as published in the Gateway Medicaid Formulary.

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

VI. POLICY REVIEWS

New Medicaid Prior Authorizations:

Azor Step Therapy:

Discussion: The committee reviewed the proposed Azor step therapy as presented in the meeting materials, noting that it is consistent with the Exforge and ARB step therapies.

Action taken: The committee unanimously approved the step therapy policy.

Risperdal Consta Prior Authorization Policy:

Discussion: The committee discussed the proposed Risperdal Consta prior authorization policy, noting that Gateway is planning to add Risperdal Consta to the Medicaid formulary with this prior authorization.

Action taken: The committee unanimously approved the proposed prior authorization policy as presented.

Suboxone Prior Authorization Policy:

Discussion: The committee reviewed the proposed Suboxone prior authorization policy as enclosed in the meeting materials.

Action taken: The committee unanimously approved the prior authorization policy as presented after a brief discussion.

VII. MISCELLANEOUS

3Q09 CDUR

Discussion: There were no significant changes to the CDUR reports as compared to 2Q09 data.

ePrescribing Update

Discussion: The committee reviewed the ePrescribing graph and listened to the updates Gateway plans to make in 2010.


VIII. ADJOURNMENT

The next committee meeting is on Wednesday March 9, 2010. There being no further business, the committee adjourned at 6:45 p.m.

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



Date: 3/10/10

Completed by:
 PharmD
Clinical Pharmacist
Gateway Health Plan®



Date: 3/10/10

