

GATEWAY HEALTH PLAN®

PHARMACY AND THERAPEUTICS COMMITTEE MEETING

DATE: March 10, 2010

TIME: 5:00PM

The attached minutes of the March 10, 2010 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: March 10, 2010
TIME: 5:00PM

PRESENT:

Dennis Sebastian, RPh, MS

[REDACTED] R.Ph.

[REDACTED] PharmD

[REDACTED] RPh.

[REDACTED] PharmD

[REDACTED] PharmD

[REDACTED] MD

[REDACTED] MD

[REDACTED] MD

[REDACTED] PharmD

[REDACTED] MD

[REDACTED] PharmD

[REDACTED] MD

[REDACTED] DO

[REDACTED] MD

[REDACTED] MD

[REDACTED] RPh

[REDACTED] MD

Pharmacy Director, Gateway
Clinical Pharmacist, Gateway
Clinical Pharmacist, Gateway
Manager, Clinical Pharmacy, Gateway
Clinical Pharmacist, Gateway
Clinical Pharmacist, Gateway
Medical Director, Gateway
Medical Director, Gateway
Family Practitioner, Mercer County
University of Pittsburgh, School of Pharmacy
Pediatrician, Allegheny County
Highmark
Community Care Behavioral Health
Value Behavioral Health
Internal Medicine, Allegheny County
Internal Medicine, Allegheny County
Duquesne University/Giant Eagle Pharmacy
Family Practice, Allegheny County

Guests:

[REDACTED]

Pharmacy Student, Duquesne University

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 December 9, 2009 P&T committee meeting.

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

II. OLD BUSINESS – FORMULARY ADDITIONS

Discussion: The committee reviewed the formulary addition: Voltaren 1% gel.

III. NEW BUSINESS – FORMULARY REVIEW (New Products)

Tocilizumab (Actemra)

Discussion: The committee discussed the clinical details of Actemra.

Action Taken: With no further comments, the committee voted Actemra as a “may add.” (16 “may add”/1 “do not add”)

Liraglutide (Victoza)

Discussion: The committee discussed the clinical details of Victoza.

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

Dalfampridine (Ampyra)

Discussion: The committee discussed the clinical details of Ampyra.

Action Taken: With no further comments, the committee voted Ampyra as a “may add” (13 “may add”/4 “do not add”)

Ecallantide (Kalbitor)

Discussion: The committee discussed the clinical details of Kalbitor.

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

IV. ABBREVIATED REVIEWS:

Capsaicin 8% patch (Qutenza)

Discussion: The committee discussed the clinical details of Qutenza.

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

Tranexamic acid (Lysteda)

Discussion: The committee discussed the clinical details of Lysteda.

Action taken: With no further comments, the committee gave Lysteda “do not add” status (9 “do not add”/8 “may add”).

Sildenafil injection (Revatio IV)

Discussion: The committee discussed the clinical details of Revatio IV.

Action taken: With no further comments, the committee gave Revatio IV “may add” status (15 “may add”/2 “do not add”).

Olanzapine long acting injection (Zyprexa Relprevv)

Discussion: The committee discussed the clinical details of Zyprexa Relprevv.

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

Abobotulinumtoxin A (Dysport)

Discussion: The committee discussed the clinical details of Dysport.

Action taken: With no further comments, the committee gave Dysport “may add” status (11 “may add”/6 “do not add”).

Trazodone extended-release (Oleptro)

Discussion: The committee discussed the clinical details of Oleptro.

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

Fludarabine (Oforta)

Discussion: The committee discussed the clinical details of Oforta.

Action taken: With no further comments, the committee gave Oforta “may add” status (15 “may add”/1 “must add”).

C1 esterase inhibitor (Berinert)

Discussion: The committee discussed the clinical details of Berinert.

Action taken: With no further comments, the committee gave Berinert “do not add” status. (16 “do not add”/1 “may add”)

Chenodiol (Chenodal)

Discussion: The committee discussed the clinical details of Chenodal.

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

V. NEW FDA INDICATIONS

Abilify

New Indication: The FDA approved Abilify for irritability associated with autistic disorder in pediatric patients aged 6 to 17 years of age on November 19, 2009.

Previous Status: Formulary

Voted Status: N/A

Crestor

New Indication: As of 2/8/2010, the FDA approved Crestor for the primary prevention of cardiovascular disease including myocardial infarction prophylaxis and stroke prophylaxis, and to reduce the risk of arterial revascularization procedures in patients without evidence of coronary heart disease but who have risk factors for cardiovascular disease

Previous Status: Nonformulary

Voted Status: No change in status

Geodon

New Indication: On 11/19/2009, the indications for Geodon were expanded to include the maintenance treatment of bipolar disorder, as an adjunct to lithium or valproate.

Previous Status: Formulary

Voted Status: N/A

Cymbalta

New Indication: On 11/19/2009, the FDA approved Cymbalta for maintenance treatment of generalized anxiety disorder.

Previous Status: Formulary (with a step edit)

Voted Status: N/A

Lamictal XR

New Indication: On 1/29/2010 the FDA approved Lamictal XR as adjunctive therapy treatment for primary generalized tonic-clinic seizures in patients \geq 13 years of age.

Previous Status: Nonformulary

Voted Status: No change in status

Benicar

New Indication: FDA approved for the treatment of hypertension in pediatric patients aged 6 to 17 years on 2/4/2010.

Previous Status: Formulary (with a step edit)

Voted Status: N/A

Rituxan

New Indication: The FDA approved Rituxan for treatment of patients with previously treated or untreated CD20-positive chronic lymphocytic leukemia in combination with fludarbine and cyclophosphamide on February 18, 2010.

Previous Status: Nonformulary

Voted Status: No change in status

Seroquel XR

New Indication: As of 12/2/2009, the FDA approved Seroquel XR as adjunctive therapy in treatment of major depressive disorder.

Previous Status: Formulary

Voted Status: N/A

Seroquel

New Indication: On 12/2/2009, the indications for Seroquel were expanded to include treatment of schizophrenia in adolescents 13 to 17 years of age and the treatment of bipolar mania in children and adolescents aged 10 to 17 years of age.

Previous Status: Formulary

Voted Status: N/A

Selzentry

New Indication: On 11/20/2009, the FDA approved Selzentry for treatment of therapy-naïve adults infected with CCR5-trophic HIV-1 virus in combination with other antiretroviral agents.

Previous Status: Nonformulary

Voted Status: N/A.

Tykerb

New Indication: On 1/29/2010 the FDA approved Tykerb for use in combination with letrozole tablets for the treatment of postmenopausal women with hormone receptor positive metastatic breast cancer that over-expresses the HER2 receptor for whom hormonal therapy is indicated..

Previous Status: Nonformulary

Voted Status: No change in status

Zyprexa

New Indication: FDA approved for the treatment of manic or mixed episodes of bipolar I disorder and schizophrenia in adolescents on 12/4/2009.

Previous Status: Formulary

Voted Status: N/A

VI. CLASS REVIEWS

Anti-Infectives:

Discussion: The committee reviewed and discussed the existing anti-infective class as published in the Gateway Formulary.

Action taken: With no further comments on the class, the committee unanimously approved the anti-infective class as currently published on the Gateway Formulary.

Cancer/Immunosuppression:

Discussion: The committee reviewed and discussed the existing cancer/immunosuppression class as published in the Gateway Formulary.

Action taken: With no comments, the committee unanimously approved the cancer/immunosuppression class currently published on the Gateway Formulary.

Cardiovascular:

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

Action taken: With no further comments, the committee unanimously approved the cardiovascular class currently published on the Gateway Formulary.

VII. POLICY REVIEWS

Voltaren 1% gel Prior Authorization Policy

Discussion: The committee reviewed the proposed Voltaren 1% gel prior authorization policy.

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

Procrit & Neupogen Prior Authorization Policy:

Discussion: The committee reviewed the Procrit & Neupogen prior authorization policies.

Action taken: The committee unanimously approved the policies as presented.

Quantity Limit Prior Authorization Policy:

Discussion: The committee reviewed the quantity limit prior authorization policy.

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

VIII. MISCELLANEOUS

OAB Class Discussion:

Discussion: The committee reviewed the proposed changes to the OAB class.

Action taken: The committee unanimously approved the changes as presented.

ARB Class Discussion:

Discussion: The committee reviewed the proposed changes to the ARB class.

Action taken: The committee unanimously approved the changes as presented.

4Q09 CDUR:

Discussion: There were significant changes to the CDUR reports as compared to 4Q08 data, evidence that the low dose atypical step edit is proving effective for controlling inappropriate use.

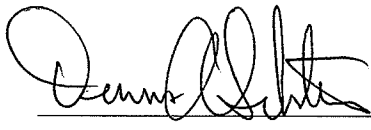
CMT Annual Report:

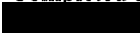
Discussion: The committee reviewed the information pertaining to the CMT annual report as an information item.

IX. ADJOURNMENT

The next committee meeting is on Wednesday June 9, 2010. There being no further business, the committee adjourned at 6:30 p.m.

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

 Date: 6/9/10

Completed by:
 PharmD, MBA
Clinical Pharmacist
Gateway Health Plan®

 Date: 6/9/10