

**GATEWAY HEALTH PLAN®**

**PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

**DATE: December 7, 2011**

**TIME: 5:00PM**

*The attached minutes of the December 7, 2011 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 7, 2011**  
**TIME: 5:00PM**

**PRESENT:**

Dennis Sebastian, RPh, MS

[REDACTED]

[REDACTED]

[REDACTED]

Pharmacy Director, Gateway  
Clinical Pharmacist, Gateway  
Clinical Pharmacist, Gateway  
Manager, Clinical Pharmacy, Gateway  
Clinical Pharmacist, Gateway  
Clinical Pharmacist, Gateway  
Medical Director, Gateway  
Family Practice, Mercer County  
Pediatrics, Allegheny County  
Family Practice, Allegheny County  
University of Pittsburgh, School of Pharmacy  
Duquesne University / Giant Eagle Pharmacy  
Value Behavioral Health

## CALL TO ORDER

Having confirmed quorum, Mr. Sebastian called the meeting to order at 5:10 p.m.

### I. REVIEW OF MINUTES

**Discussion:** The Committee reviewed the minutes from the September 14, 2011 P&T Committee meeting.

**Action:** The minutes from the September 14, 2011 meeting were unanimously approved.

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

#### *Crizotinib (Xalkori)*

**Discussion:** The Committee discussed the clinical details of Xalkori.

**Action Taken:** With no further comments, the Committee unanimously voted Xalkori “may add” status

#### *Clobazam (Onfi)*

**Discussion:** The Committee discussed the clinical details of Onfi.

**Action Taken:** With no further comments, the Committee unanimously voted Onfi “may add” status

#### *Deferiprone (Ferriprox)*

**Discussion:** The Committee discussed the clinical details of Ferriprox.

**Action Taken:** With no further comments, the Committee unanimously voted Ferriprox “do not add” status

#### *Ruxolitinib (Jakafi)*

**Discussion:** The Committee discussed the clinical details of Jakafi.

**Action Taken:** With no further comments, the Committee unanimously voted Jakafi “may add” status

#### *Aflibercept (Eylea)*

**Discussion:** The Committee discussed the clinical details of Eylea. Gateway medical director pointed out the product similarities to the commercially available product, Lucentis as well as the recent issues regarding using Avastin as an alternative to Lucentis.

**Action Taken:** With no further comments, the Committee unanimously voted Eylea “do not add” status

#### *Asparaginase Erwinia Chrysanthemi (Erwinase)*

**Discussion:** The Committee discussed the clinical details of Erwinase.

**Action Taken:** With no further comments, the Committee voted Erwinase “may add” status (8 “may add”/ 5 “do not add”)

### III. ABBREVIATED REVIEWS

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

**Discussion:** The Committee discussed the clinical details of Nucynta ER. Committee community pharmacist asked about the pricing of the product, to which Gateway clinical pharmacist read off the WAC pricing.

**Action taken:** With no further comments, the Committee unanimously voted Nucynta ER “do not add” status.

#### *Sitagliptin/Simvastatin (Juvisyne)*

**Discussion:** The Committee discussed the clinical details of Juvisyne. Multiple Committee members commented on the fact that combination products such as these may have a valuable place within our member population. Committee family practitioner stated that there are no reasons not to add this product to formulary.

**Action taken:** With no further comments, the Committee unanimously voted Juvisyne “may add” status.

#### *Ipratropium/Albuterol (Combivent Respimat)*

**Discussion:** The Committee discussed the clinical details of Combivent Respimat. Gateway clinical pharmacist advised that the product should not be available until mid-2012.

**Action taken:** With no further comments, the Committee voted Combivent Respimat “must add” status (9 “must add”/ 4 “may not add”)

#### *Zolpidem SL (Intermezzo)*

**Discussion:** The Committee discussed the clinical details of Intermezzo.

**Action taken:** With no further comments, the Committee unanimously voted Intermezzo “do not add” status.

### IV. NEW FDA INDICATIONS

#### *Cialis*

**New Indication:** As of October 2011, Cialis is also indicated for: the treatment of signs and symptoms of benign prostatic hyperplasia (BPH) and the treatment of erectile dysfunction and the signs and symptoms of BPH.

**Previous Status:** Non formulary.

**Voted Status:** No change in status

*Prolia*

**New Indication:** As of September 2011, Prolia is also indicated for: treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer and treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for non-metastatic prostate cancer.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

*Erbix*

**New Indication:** As of November 2011, Erbitux has an expanded indication for: Use with chemotherapy to treat patients with late-stage (metastatic) head and neck cancer.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

*Xarelto*

**New Indication:** As of November 2011, Xarelto is now indicated for: the reduction of the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

*Byetta*

**New Indication:** As of October 2011, Byetta has an expanded indication for: add-on therapy to insulin glargine, with or without meformin and/or a thiazolidinedione (TZD), in conjunction with diet and exercise for adults with type 2 diabetes who are not achieving adequate glycemic control on insulin glargine alone.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

*Soliris*

**New Indication:** As for September 2011, Soliris is also indicated for: the treatment of all pediatric and adult patients with atypical hemolytic uremic syndrome (aHUS).

**Previous Status:** Non-formulary

**Voted Status:** No change in status

## V. CLASS REVIEWS

### *Otic:*

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

**Action taken:** With no further comments, the Committee unanimously approved the Otic class currently published in the Gateway Medicaid Formulary.

### *Urology:*

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

**Action taken:** With no further comments, the Committee unanimously approved the Urology class currently published in the Gateway Medicaid Formulary.

### *Vaginal:*

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

**Action taken:** With no further comments, the Committee unanimously approved the Vaginal class currently published in the Gateway Medicaid Formulary.

### *Vitamin/Electrolyte:*

**Discussion:** The Committee reviewed and discussed the existing Vitamin/Electrolyte class as published in the Gateway Medicaid Formulary. Committee clinical pharmacist asked that Gateway review once weekly Vitamin D capsules for inclusion on formulary.

**Action taken:** With no further comments, the Committee unanimously approved the Vitamin/Electrolyte class currently published in the Gateway Medicaid Formulary. Gateway clinical pharmacy department will review the requested product for addition to formulary.

### *Dermatology:*

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

**Action taken:** With no further comments, the Committee unanimously approved the Dermatology class currently published in the Gateway Medicaid Formulary.

## VI. MISCELLANEOUS:

### *Implanon Update*

**Discussion:** Gateway clinical pharmacist updated the Committee on the product change with Implanon. Implanon will be phased out and replaced by Nexplanon, which has a radio-opaque covering allowing for visibility on X-Ray.

**3Q11 CDUR**

**Discussion:** Gateway pharmacist presented that there were no significant changes to the CDUR reports as compared to 2Q10 data

**6 Prescription Limit Update**

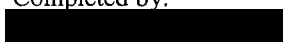
**Discussion:** Gateway pharmacist discussed the recent Department of Public Welfare Medical Assistance Bulletin regarding the six prescription limit. The committee discussed the classes of excluded medications and the process by which these exclusions are identified. Gateway pharmacist advised that Gateway is currently evaluating the implementation of a similar prescription limit.

**VII. ADJOURNMENT**

The next Committee meeting is on Wednesday February 29th, 2012. 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: 3/27/12

Completed by:  
  
Clinical Pharmacist  
Gateway Health Plan®

 Date: 3/27/12