

**GATEWAY HEALTH PLAN®**

**PHARMACY AND THERAPEUTICS COMMITTEE MEETING**

**DATE: September 14, 2011**

**TIME: 5:00PM**

*The attached minutes of the September 14, 2011 meeting of the Pharmacy and Therapeutics*

*("P & T") Committee have participants' names redacted.*

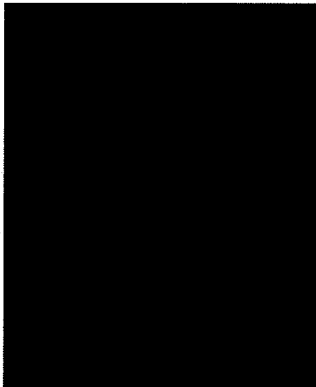
*No actions taken by the P & T Committee constitute formulary changes unless and until approved by the Department of Public Welfare.*

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

**DATE: September 14, 2011**  
**TIME: 5:00PM**

**PRESENT:**

Dennis Sebastian, RPh, MS



Pharmacy Director, Gateway  
Clinical Pharmacist, Gateway  
Clinical Pharmacist, Gateway  
Manager, Clinical Pharmacy, Gateway  
Clinical Pharmacist, Gateway  
Clinical Pharmacist, Gateway  
Medical Director, Gateway  
Clinical Pharmacist, Highmark BCBS  
Family Practice, Mercer County  
Family Practice, Allegheny County  
Family Practice, Allegheny County  
Community Care Behavioral Health  
Duquesne University / Giant Eagle Pharmacy  
Value Behavioral Health

**Guests:**



Pharmacy Student, University of Pittsburgh  
Pharmacy Student, Duquesne University  
Pharmacy Resident, Highmark BCBS

## CALL TO ORDER

Having confirmed quorum, Mr. Sebastian called the meeting to order at 5:07 p.m.

## I. REVIEW OF MINUTES

**Discussion:** The Committee reviewed the minutes from the June 9, 2011 P&T Committee meeting.

**Action:** The minutes from the June 9, 2011 meeting were unanimously approved.

## II. OLD BUSINESS

### Lipitor Formulary Addition

**Discussion:** Gateway clinical pharmacist recapped the unanimous decision of the P&T Committee to add Lipitor to the formulary through the June 17<sup>th</sup> ad hoc review and voting process. Through P&T Committee input, a step edit of trial and failure of or intolerance to a generic "statin" was developed, as well as a quantity limit of 30 tablets per 30 days. The addition was recommended by P&T due to the June 8<sup>th</sup> FDA Drug Safety Release which recommended limiting the use of the highest approved dose of simvastatin (80mg) because of increased risk of muscle damage. The FDA communication was sent out with the ad hoc review and voting process for reference. P&T Committee further stated that "intolerance" should not be defined in terms of a length of time for a treatment failure, rather the development of some untoward effect.

### Invega

**Discussion:** Gateway clinical pharmacist shared Invega non-formulary request statistics as a follow up from the June P&T Committee class review. P&T Committee discussed the potential of adding oral Invega to the formulary.

**Action:** P&T Committee unanimously voted to maintain nonformulary status for oral Invega.

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

### *Fidaxomicin (Difcid)*

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

**Action Taken:** With no further comments, the Committee voted Difcid "may add" status (11 "may add"/ 4 "do not add")

### *Belatacept (Nulojix)*

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

**Action Taken:** With no further comments, the Committee voted Nulojix "may add" status (14 "may add"/ 1 "do not add")

### *Ezogabine (Potiga)*

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

**Action Taken:** With no further comments, the Committee voted Potiga "may add" status (10 "may add"/ 5 "do not add")

***Rivaroxaban (Xarelto)***

**Discussion:** The Committee discussed the clinical details of Xarelto. Gateway clinical pharmacist read specialty comments provided by a board certified orthopedic surgeon which referenced two journal articles published in the New England Journal of Medicine which compared rivaroxaban to enoxaparin for thromboprophylaxis after hip arthroplasty and after total knee replacement. Committee family practitioner commented on the benefit of avoiding the added cost nursing visits associated with Lovenox or Fragmin.

**Action Taken:** With no further comments, the Committee unanimously voted Xarelto "may add" status

***Indacaterol (Arcapta Neohaler)***

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

**Action Taken:** With no further comments, the Committee unanimously voted Arcapta "may add" status

***Ticagrelor (Brilinta)***

**Discussion:** The Committee discussed the clinical details of Brilinta. Gateway clinical pharmacist read specialty comments provided by a board certified cardiologist which referenced a journal article published in the New England Journal of Medicine comparing ticagrelor to clopidogrel.

**Action Taken:** With no further comments, the Committee voted Brilinta "may add" status (13 "may add"/ 2 "do not add")

***Vemurafenib (Zelboraf)***

**Discussion:** The Committee discussed the clinical details of Zelboraf. Committee physician commented on the fact that the genetic test that accompanies this medication is handled through a pathology lab. Committee family practitioner inquired about the cost of treatment, to which Gateway clinical pharmacist responded that the AWP for one month of treatment is approx \$5,640.

**Action Taken:** With no further comments, the Committee unanimously voted Zelboraf "may add" status.

***Brentuximab (Adcetris)***

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

**Action Taken:** With no further comments, the Committee unanimously voted Adcetris "may add" status.

***Icatibant (Firazyr)***

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

**Action Taken:** With no further comments, the Committee voted Firazyr "may add" status (10 "may add"/ 5 "do not add")

#### IV. ABBREVIATED REVIEWS:

##### *Oxycodone HCl (Oxecta)*

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

**Action taken:** With no further comments, the Committee unanimously voted Oxecta "do not add" status.

##### *Nitroglycerin Ointment (Rectiv)*

**Discussion:** The Committee discussed the clinical details of Rectiv. Committee family practitioner commented that he has used nitroglycerin ointment for this indication in the past.

**Action taken:** With no further comments, the Committee unanimously voted Rectiv "do not add" status.

##### *Fentanyl Nasal Spray (Lazanda)*

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

**Action taken:** With no further comments, the Committee unanimously voted Lazanda "do not add" status.

##### *Abatacept Subcutaneous (Orencia SC)*

**Discussion:** The Committee discussed the clinical details of Orencia SC.

**Action taken:** With no further comments, the Committee unanimously voted Orencia SC "may add" status.

##### *Emtricitabine/rilpivirine/tenofovir (Complera)*

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

**Action taken:** With no further comments, the Committee unanimously voted Complera "may add" status.

#### V. NEW FDA INDICATIONS

##### *Creon*

**New Indication:** As of June 2011, the dosing of Creon has been expanded to include Infant-specific dosage for patients with exocrine pancreatic insufficiency due to cystic fibrosis

**Previous Status:** On formulary

**Voted Status:** No change in status

##### *Istodax*

**New Indication:** As of June 2011, Istodax is also indicated for Peripheral T-cell lymphoma in patients who have received at least one prior therapy

**Previous Status:** Non-formulary

**Voted Status:** No change in status

***Lialda***

**New Indication:** As of July 2011, Lialda is also indicated for maintenance of remission of ulcerative colitis

**Previous Status:** Non-formulary

**Voted Status:** No change in status

***Gilenya***

**New Indication:** As of August 2011, Gilenya is also indicated for the reduction of T1 gadolinium-enhancing lesions in patients with MS

**Previous Status:** Non-formulary

**Voted Status:** No change in status

***Gammagard Liquid***

**New Indication:** As of July 2011, Gammagard is also indicated for subcutaneous route of administration for replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

***Botox***

**New Indication:** As of August 2011, Botox Injection is also indicated for prevention of urinary incontinence in people with neurologic conditions including MS and spinal cord injury.

**Previous Status:** Non-formulary

**Voted Status:** No change in status

**VI. CLASS REVIEWS**

***Central Nervous System:***

**Discussion:** The Committee reviewed and discussed the existing central nervous system class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist discussed the proposed removal of the step edit on venlafaxine er based on a review of request data. P&T Committee physicians stated this would be beneficial to remove any barrier that we can.

**Action taken:** With no further comments on the class, the Committee unanimously approved the central nervous system class as currently published in the Gateway Medicaid Formulary as well as the removal of the venlafaxine er step edit.

***Gastrointestinal:***

**Discussion:** The Committee reviewed and discussed the existing gastrointestinal class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist discussed the proposed formulary removal of the step edit on lansoprazole based on a review of request data. In addition, it was proposed to remove Prilosec OTC from the formulary effective 1/1/12 and add pantoprazole. The Committee discussed the fact that the cost of generic PPIs are trending down and the addition of generic pantoprazole would be a suitable replacement for Prilosec OTC.

**Action taken:** With no further comments, the Committee unanimously approved the gastrointestinal class currently published in the Gateway Medicaid Formulary as well as the removal of the lansoprazole step edit, removal of Prilosec OTC from the formulary, and addition of pantoprazole to the formulary.

***Pain/Inflammation:***

**Discussion:** The Committee reviewed and discussed the existing pain/inflammation class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist discussed the proposed formulary removal of Avinza and proposed formulary addition of Opana (ER and IR formulations). The existing formulary alternatives were discussed and it was a Committee consensus that having a different chemical entity would create a more robust offering. P&T Committee recommended quantity limits that mirror the prescribing information.

Gateway clinical pharmacist also discussed the proposed removal of Celebrex from the formulary. P&T Committee members commented that Gateway's utilization is above what would be expected and that the drug is more applicable to a Medicare population.

**Action taken:** With no further comments, the Committee unanimously approved the pain/inflammation class currently published in the Gateway Medicaid Formulary as well as the addition of Opana IR/ER, removal of Avinza, and removal of Celebrex.

***Endocrine:***

**Discussion:** The Committee reviewed and discussed the existing endocrine class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist also discussed the proposed addition of two extended-cycle oral contraceptives, Jolessa and Introvale. The Committee discussed that these two products will meet a formulary need for an extended cycle oral contraceptive.

**Action taken:** With no further comments, the Committee unanimously approved the endocrine class currently published in the Gateway Medicaid Formulary as well as the addition of Jolessa and Introvale.

***Ophthalmic:***

**Discussion:** The Committee reviewed and discussed the existing ophthalmic class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist proposed the addition of Moxeza and Durezol to the formulary as added options for Gateway members.

**Action taken:** With no further comments, the Committee unanimously approved the ophthalmic class currently published in the Gateway Medicaid Formulary as well as the addition of Moxeza and Durezol to the Formulary.

**Miscellaneous:**

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

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

**Respiratory:**

**Discussion:** The Committee reviewed and discussed the existing respiratory class as published in the Gateway Medicaid Formulary. Gateway clinical pharmacist proposed the addition of generic Nasacort AQ and removal of Nasonex from the Formulary. Committee family practitioners discussed the age range usage for both products and established that generic Nasacort AQ is a suitable replacement.

**Action taken:** With no further comments, the Committee unanimously approved the respiratory class currently published in the Gateway Medicaid Formulary as well as the addition of generic Nasacort AQ to the Formulary and removal of Nasonex.

**Oral Care:**

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

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

**VII. POLICY REVIEWS**

***Retired Medicaid Policies:***

**Discussion:** Through a review of claims, it was found that several policies were maintained on medications that Gateway has little to no utilization on. P&T Committee decided to remove the following medications from the formulary, grandfather existing users, and retire the respective policies.

- CP-206.2-MD-PA Actimmune
- CP-206.16.1-MD-PA Intron-A
- CP-206.16.4-MD-PA Roferon-A
- CP-206.16.5-MD-PA Alferon-N
- CP-206.26-MD-PA Serostim
- CP-206.31-MD-PA Proleukin
- CP-206.9.1-MD-PA Leukine
- CP-206.16.2-MD-PA Infergen
- CP-206.20-MD-PA Neulasta
- CP-206.21-MD-PA Neumega
- CP-206.28-MD-PA Targetin

**Action taken:** With no further comments, the Committee unanimously approved the retirement of the policies and the removal of the medications from the formulary with grandfathering of existing users.

The Committee reviewed the proposed retirement of the following policies. Through a review of claims, it was found the majority of these requests ended up in approvals and Accutane has a very tight REMS

program so it is already being managed in the community. P&T decided to retire the prior authorization requirement for the following policies:

- o CP-206.13-MD-PA Forteo
- o CP-206.1-MD-PA Accutane

**Action taken:** With no further comments, the Committee unanimously approved the retirement of the Forteo and Accutane policies; however the medications will remain on the formulary.

***CP-206.43.1-MD-PA Incivek***

**Discussion:** The Committee reviewed , discussed, and provided input on the proposed Incivek prior authorization criteria. P&T Committee recommended following treatment guidelines as outlined in the prescribing information.

**Action taken:** With no further comments, the Committee unanimously approved the policy.

***CP-206.43.2-MD-PA Victrelis***

**Discussion:** The Committee reviewed , discussed, and provided input on the proposed Victrelis prior authorization criteria. P&T Committee recommended following response guided treatment guidelines as outlined in the prescribing information.

**Action taken:** With no further comments, the Committee unanimously approved the policy.

***CP-218-MD-PA Non-Participating Prescriber Controlled Substances and Muscle Relaxants Exclusion***

**Discussion:** The Committee reviewed the proposed policy.

**Action taken:** The Committee unanimously approved the policy as presented.

***CP-206.44-MD-PA Duplicate Therapy***

**Discussion:** The Committee reviewed the proposed policy.

**Action taken:** The Committee unanimously approved the policy as presented.

**VIII. MISCELLANEOUS:**

***2Q11 CDUR***

**Discussion:** Committee pharmacist presented that there were no significant changes to the CDUR reports as compared to 1Q10 data

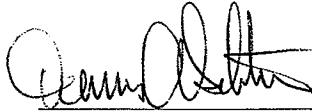
***CMT Semi-annual Update***

**Discussion:** Committee clinical pharmacist presented an overview of the CMT program highlights from the first half of 2011.


**IX. ADJOURNMENT**

The next Committee meeting is on Wednesday December 7, 2011. There being no further business, the Committee adjourned at 6:50 p.m.

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



Date: 12/12/11

Completed by:  
  
Clinical Pharmacist  
Gateway Health Plan®



Date: 12/12/11