

UPMC for You
Pharmacy and Therapeutics Committee Meeting
January 26, 2010 meeting

1. Call to order:

The meeting was called to order at 7:10 a.m.

2. Review of the minutes:

The minutes of the October 27, 2009 meeting and fax vote were approved as amended by the Committee.

3. New Business:

Medication Reviews

Drug Class	Drug Name	Formulary Coverage Recommendation
Antineoplastic	Votrient (pazopanib)	May add with prior authorization
Antineoplastic	Oforta (fludarabine)	May add with prior authorization
NSAID	Cambia (diclofenac)	Do not add
Antihypertensive	Twynsta (telmisartan/amlodipine)	May add with step therapy
Antihyperlipidemic	Fibricor (fenofibric acid)	Do not add
Antiemetic	Metozolv ODT (metoclopramide)	Do not add
Enzyme Replacement	Zenpep (pancrelipase)	May add
Antifungal	Terbinex (terbinafine/hydroxypropyl-chitosan)	Do not add
NSAID	Pennsaid (diclofenac)	Do not add
Topical Dermatologic	Durasal (salicylic acid)	Do not add
Topical Dermatologic	Kerol AD emulsion (urea/zinc/lactic acid)	Do not add
Topical Dermatologic	Halonate (halobetasol)	Do not add
Ophthalmic	Zirgan (ganciclovir)	May add
Antipsychotic	Zyprexa Relprevv (olanzapine)	May add
Antifungal	First-BXN mouthwash (diphenhydramine/lidocaine/nystatin)	May add
Central Nervous System Agent	Intuniv (guanfacine xr)	Do not add with quantity limit

Hemostatic agent	Lysteda (tranexamic acid)	May add with prior authorization and quantity limit
Gastrointestinal agent	Chenodal (chenodiol)	Do not add
Immune modulator	Berinert (C1 esterase inhibitor)	May add with prior authorization
Immune modulator	Kalbitor (ecallantide)	May add with prior authorization

All voted in favor to approve the recommendations noted above.

Medication Class Reviews

Topical Non-Steroidal Anti-Inflammatory Drugs:

All voted in favor to approve Voltaren gel as “may add” status.

All voted in favor to approve Solaraze, Flector patch, and Pennsaid as “do not add” status.

Single Source Narcotic Pain Medications:

All voted in favor to approve the following products as “may add” status:

- *Hydromorphone suppositories, Roxicet liquid, morphine sulfate suppositories, opium-belladonna suppositories*

All voted in favor to approve the following products as “do not add” status:

- *Allfen CD, Allfen CDX, Brontex, Dex-Tuss, Mar-Cof CG, J-Max DHC, Synalgos-dc, Zamicet, Hycet, Xodol, Dilaudid liquid, Perloxx, Roxicet caplet, Darvon-N, Levorphanol, , Roxicet caplet, meperidine solution, methadone HCL intensol*

Xyrem:

All voted in favor to approve as “may add status” with prior authorization.

New policies

RX-PA.129 Somatostatin Analogues: Sandostatin LAR Depot and Somatuline Depot

All voted in favor to approve the policy as presented.

RX-PA.130 Somavert

All voted in favor to approve the policy as presented.

RX-PA.131 Alpha₁-Proteinase Inhibitors (Aralast NP, Prolastin, Zemaira)

All voted in favor to approve the policy as presented.

RX-PA.0133 Risperdal Consta

All voted in favor to approve the policy as presented.

RX.014 Six Prescription Fill per Month Limit

All voted in favor to approve the policy as presented.

4. Updates:

Policy Revisions

RX-PA.013 Lansoprazole Step Therapy

Policy revised to include requirement chart documentation of omeprazole taken twice daily.

All voted in favor to approve the policy as presented.

RX-PA.109 Cinryze

Policy revised to decrease initial authorization from 1 year to 4 months.

All voted in favor to approve the policy as presented.

RX.PA.095 Atypical and Typical Antipsychotics in Children

Policy revised to include language specifying members must have severe behavioral problems related to their diagnosis, chart documentation of comprehensive evaluation and non-pharmacologic therapies, and denial review in consultation with psychiatrist.

All voted in favor to approve the policy as presented.

RX.PA.058 Rituxan and IVIG RX-PA.068

Both policies were revised to include criteria for renal and pancreatic transplant desensitization.

All voted in favor to approve the policy as presented.

RX.005.1 Quantity Limits with Special Therapeutic Classes

Policy revised to benzodiazepine limit for members under the age of 21 to one fill of formulary medication in a 30-day period.

Definitions:

- Must add: Drug will be added to the formulary.
- May add: Drug may be added to the formulary or may be non-formulary. Other drugs already on the formulary are considered equally effective from a clinical standpoint.
- Do not add: Drug will be non-formulary.

NOTE: All recommendations are subject to DPW approval and final decision determination by UPMC for You.