

UPMC for You
Pharmacy and Therapeutics Committee Meeting
October 27, 2009 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 July 22, 2009 meeting and September 2009 fax vote were approved as amended by the Committee.

3. New Business:

Medication Reviews

| Drug Class | Drug Name | Formulary Coverage Recommendation |
|--------------------|---|--|
| Platelet inhibitor | Effient (prasugrel) | May add |
| Anti-arrhythmic | Multaq (dronedarone) | May add |
| Anti-diabetic | Onglyza (saxagliptan) | May add |
| Ophthalmic | Bepreve (bepotastine) | May add |
| Antipsychotic | Saphris (asenapine) | May add with step therapy |
| Antipsychotic | Invega Sustenna (paliperidone) | May add |
| Analgesic | IC400 kit (ibuprofen/vitamin B ₁ , B ₂ , B ₆ , B ₁₂ /caffeine) | Do not add |
| Analgesic | IC800 kit (ibuprofen/vitamin B ₁ , B ₂ , B ₆ , B ₁₂ /caffeine) | Do not add |
| Dermatologic | Hylatopic emollient foam (water/various moisturizers) | Do not add |
| Dermatologic | Zenieve Kit (emollient combination #35) | Do not add |
| Ophthalmic | Acuvail ophthalmic solution (ketorolac) | Do not add |
| Dermatologic | Vasolex (trypsin/balsam peru/castor oil) | Do not add |
| Dermatologic | Aloquin gel (iodoquinol/aloe) | Do not add |
| Dermatologic | Zithranol-RR (antralin) | Do not add |
| Anti-migraine | Sumavel DosePro (sumatriptan) | Do not add |
| Dermatologic | Promiseb (emollient combination #43) | Do not add |

| | | |
|-----------------------|--|---|
| Analgesic | Embeda (morphine sulfate/naltrexone) | May add |
| Topical antiviral | Lipsovir (acyclovir/hydrocortisone) | Do not add |
| Antigout | Colcrys (colchicine) | May add |
| Analgesic | Zipsor (diclofenac) | Do not add |
| Cough/Cold | Corzall Plus Liquid (carbetapentane/pseudoephedrine/pyrilamine) | Do not add |
| Anti-inflammatory | Analpram E Kit (pramoxine/hydrocortisone) | Do not add |
| Cough/Cold | Ryneze (chlorpheniramine/methscopolamine) | Do not add |
| Topical dermatologic | BenzEfoam Emollient Foam (benzoyl peroxide) | Do not add |
| Analgesic | Onsolis (fentanyl) | Do not add |
| Antihypertensive | Valturna (aliskiren/valsartan) | Do not add |
| Antihypertensive | Tyvaso (treprostinil) | May add with prior authorization |
| Antihypertensive | Adcirca (tadalafil) | May add with prior authorization |
| Neuromuscular blocker | Dysport (abobotulinumtoxinA) | May add with prior authorization |
| Immunological agent | Extavia (interferon beta-1b) | May add with a quantity limit |
| Immunological agent | Ilaris (canakinumab) | May add with prior authorization quantity limit |
| Anticonvulsant | Sabril (vigabatrin) | May add with prior authorization and quantity limit |
| Immunological agent | Stelara (ustekinumab) | May add with prior authorization and quantity limit |

All voted in favor to approve the recommendations noted above.

Medication Class Reviews

Long-acting injectable atypical antipsychotic class review: Risperdal Consta, Invega Sustenna

All voted in favor to approve all products as “may add” status.

Leukotriene antagonist review: Singulair, Accolate, Zyflo

All voted in favor to approve all products as “may add” status.

New policies

RX-PA.118 Adagen, RX-PA.119 Aldurazyme, RX-PA.120 Elaprase, RX-PA.121 Fabrazyme, RX-PA.122 Naglazyme

All voted in favor to approve the policies as presented.

RX-PA.117 Brand Triptan step

All voted in favor to approve the policy as presented.

RX-PA.123 Ilaris (canakinumab)

All voted in favor to approve the policy as presented.

RX-PA.124 Sabril (vigabatrin)

All voted in favor to approve the policy as presented.

RX-PA.125 Stelara (ustekinumab)

All voted in favor to approve the policy as presented.

4. Updates:

Policy Revisions

RX-PA.076 Pulmonary Arterial Hypertension Agents

Policy revised to include criteria for Tyvaso and Adcirca.

All voted in favor to approve the policy as presented.

RX-PA.025 Botox, Dysport, and Myobloc

Policy revised to include criteria for Dysport and updated to reflect American Academy of Neurology (AAN) guidelines.

All voted in favor to approve the policy as presented.

RX.005 Quantity Limits

Added/updated quantity limits for the following medications: Symlin, Reclast, Tysabri, Emend 40mg, Valcyte, Nucynta, Lamictal ODT, Lamictal XR, Acuvail, Soma, Invega.

All voted in favor to approve the policy as presented.

RX-PA.005. Remicade, RX-PA.005.4 Humira, RX-PA.063 Tysabri, RX-PA.087 Cimzia

Revised Crohn's and Ulcerative Colitis criteria to make criteria for each disease state consistent among policies.

All voted in favor to approve the policy as presented.

RX-PA.039 Aranesp, Procrit, and Epogen

Revised criteria for initial and for continuation of therapy based on package insert trial endpoints.

All voted in favor to approve the policy as presented.

RX-PA.041 Neupogen and RX-PA.043 Neulasta

Combined the two policies into one policy and updated criteria based on guidelines.

All voted in favor to approve the policy as presented.

RX-PA.065 Peginterferon/interferon for Chronic Hepatitis C

Updated criteria according to AASLD 2009 guidelines and clinical trial results. The criteria for Genotype 1 “slow responders” and for retreatment was revised.

All voted in favor to approve the policy as presented.

RX-PA.067 Oral Chemotherapeutic Agents

The policy was revised to include criteria for Thalomid.

All voted in favor to approve the policy as presented.

RX-PA.080 Suboxone and Subutex

Revised criteria for initial and reauthorization criteria.

All voted in favor to approve the policy as amended to include a 90 day waiver on benzodiazepines, drug screen quarterly, and 2 behavioral health visits a month.

RX-PA.046 Symlin

Updated to remove criteria requiring Endocrinologist prescriber

All voted in favor to approve the policy as presented.

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.