

UPMC for You
Pharmacy and Therapeutics Committee Meeting
March 31, 2009

1. Call to order:

The meeting was called to order at 7:05 a.m.

2. Review of the minutes:

The minutes of the January 20, 2009 meeting were approved as amended by the Committee.

3. New Business:

Medication Reviews

Drug Class	Drug Name	Formulary Coverage Recommendation
Antimuscarinic	Gelnique (oxybutynin)	Do not add
Antimuscarinic	Toviaz (fesoterodine)	Do not add
Analgesic	No Tradename (tapendatol)	Do not add
Antigout	Uloric (febuxostat)	Do not add
Anticonvulsant	Vimpat (lacosamide)	May add with prior authorization
SNRI	Savella (milnacipran)	May add with prior authorization and quantity limit
Proton Pump Inhibitor	Kapidex (dexlansoprazole)	Do not add
Vitamin D analog	Vectical (calcitriol)	May add with quantity limit
C1 Inhibitor	Cinryze (C1 inhibitor)	May add with prior authorization and quantity limit
Stem Cell Mobilizer	Mozobil (plerixafor)	May add with prior authorization and quantity limit
Antihyperlipidemic	Trilipix (fenofibric acid)	May add
NSAID	Naprelan CR (naproxen sodium)	Do not add
Antiacne	Pacnex Wash (benzoyl peroxide)	Do not add
Hypoglycemic	Prandimet (repaglinide/metformin)	Do not add
Keratolytic	Salvax (salicylic acid)	Do not add

Drug Class	Drug Name	Formulary Coverage Recommendation
Gastrointestinal	Apriso (mesalamine)	May add
Antiacne	Avidoxy DK Kit (doxycycline)	Do not add
Antibiotic	Moxatag (amoxicillin)	Do not add
Dermatological	Ovace Plus Shampoo (sodium sulfacetamide)	Do not add
Dermatological	Sumaxin Cleansing Pads (sodium sulfacetamide/sulfur)	Do not add
Corticosteroid	Veripred Solution (prednisolone)	Do not add
Ophthalmologic	Latisse (brimatoprost)	Do not add
Antiacne	Acanya Gel (clindamycin phosphate/ benzoyl peroxide)	Do not add

All voted in favor to approve the recommendations noted above.

4. Updates:

Policy Revision

Recommendation to remove the step therapy (policy RX-PA.059) requirement on Ranexa (ranolazine) due to new indication for first line use.

All voted in favor to approve the recommendation.

Annual Policy Review

All voted in favor to approve the policies with no criteria changes.

Review of Drug Utilization Review (DUR) activities

All voted in favor to approve the DUR programs.

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.