

**UPMC for You**  
**Pharmacy and Therapeutics Committee Meeting**  
**April 6, 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 January 26, 2010 meeting and fax vote were approved as amended by the Committee.

**3. New Business:**

**Medication Reviews**

<b>Drug Class</b>	<b>Drug Name</b>	<b>Formulary Coverage Recommendation</b>
Topical analgesic	Qutenza (capsaicin patch)	May add with prior authorization and quantity limit
Antihyperlipidemic	Livalo (pitavastatin)	Do not add
Antidiabetic	Victoza (liraglutide)	May add with quantity limit
Central Nervous System Agent	Ampyra (dalfampridine)	May add with prior authorization and quantity limit
Antirheumatic	Actemra (tocilizumab)	May add with prior authorization and quantity limit
Antibiotic	Cayston (aztreonam inhalation solution)	May add with quantity limit
Enzyme Replacement	VPRIV (velaglucerase alfa)	May add with prior authorization
Immune Globulin	Hizentra (immune globulin)	May add with prior authorization
Immune Globulin	Gammaflex (immune globulin)	May add with prior authorization
Anaphylaxis Agent	Adrenaclik (epinephrine)	May add
Blood Modifier Agent	Prolastin-C (alpha1-proteinase inhibitor)	May add with prior authorization
Analgesic	Exalgo (hydromorphone)	May add
Antidepressant	Oleptro (trazodone)	Do not add
Antiparkinson Agent	Mirapex ER (pramipexole)	Do not add

*All voted in favor to approve the recommendations noted above.*

## **Medication Class Reviews**

### **Topical Urea products:**

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

- Carmol 40, Cerovel, Gordo-Urea, Hydro 35/40, Kerafoam, Keralac, Keratol, Kerol, Lerol AD, Kerol ZX, Umecta, Umecta PD, Uramaxin, Urealac, X-Viate

### **Atypical Antipsychotics:**

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

- Abilify, Abilify Discmelts, Abilify oral solution, and Aibilify IM Injection, Fanapt, Geodon, Geodon IM, Invega, Risperdal Consta, Saphris, Seroquel, Seroquel XR, Zyprexa, Zyprexa Zydis, and Zyprexa IM

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

- Clozapine, risperidone, risperidone ODT

## **New policies**

### **RX.PA.137 Qutenza**

*All voted to amend the policy to state a 90 day initial authorization instead of 1 year.*

### **RX.PA.134 Ampyra**

*All voted in favor to approve the policy as presented.*

### **RX.PA.135 Actemra**

*All voted in favor to approve the policy as presented.*

### **RX.PA.136 Myozyme**

*All voted in favor to approve the policy as presented.*

### **RX.PA.138 Low Dose Atypical Antipsychotics**

*All voted in favor to approve the policy as presented.*

## **4. Updates:**

### **Policy Revisions**

#### **RX.PA.025 Botox, Dysport, and Myobloc**

- Updated to include new indication for Botox for the treatment of spasticity in the flexor muscles of the elbow, wrist, and fingers in adults

*All voted in favor to approve the policy as presented.*

#### **RX.PA.067 Oral Chemotherapeutic Agents**

- Updated to include new indication for Tykerb for first-line use in combination with Femara for the treatment of postmenopausal women with hormone receptor (HR) positive metastatic breast cancer that over-express the HER2 receptor for whom hormonal therapy is indicated

*All voted in favor to approve the policy as presented.*

**RX.PA.129 Somatostatin Analogues**

- Updated to incorporate the following two suggestions from specialist feedback:
  - Addition of age limit criteria so the medications would not be allowed in pediatrics
  - Removal of requirement for members to try short-acting octreotide prior to getting the long-acting agents

*All voted in favor to approve the policy as presented.*

**RX.PA.131 Alpha1-Proteinase Inhibitors**

- Updated based on feedback from specialists.
  - Previously criteria limited use of these agents to members with evident emphysema. The policy was changed to allow use in evident emphysema or airflow obstruction

*All voted in favor to approve the policy as presented.*

**RX.PA.050 Seroquel and Seroquel XR**

- Updated to include criteria for depression
- Updated to include all strengths of Seroquel and Seroquel XR

*All voted in favor to approve the policy as presented.*

**RX.PA.081 Abilify**

- Updated to include new FDA-approved indication of irritability associated with autistic disorder

*All voted in favor to approve the policy as presented.*

**RX.PA.026 Forteo**

- Updated to make this policy a step looking for previous trial of a bisphosphonate

*All voted in favor to approve the policy as presented.*

**RX.PA.088 Glucocerebrosidase Replacement Enzymes: Cerezyme and VPRIV**

- Added criteria for VPRIV

*All voted in favor to approve the policy as presented.*

**RX.005 Quantity Limits**

The table below summarizes changes made to the Quantity Limit Policy:

Drug	Quantity Limit
<b>Lysteda (tranexamic acid)</b>	30 tablets per 28 days
<b>Sandostatin LAR Depot (octreotide)</b>	10 mg and 30 mg: 1 kit per 28 days 20 mg: 2 kits per 28 days
<b>Somatuline Depot (lanreotide)</b>	60 mg, 90 mg, and 120 mg: 1 syringe per 28 days
<b>Somavert (pegvisomant)</b>	15 mg: 60 vials per 30 days
<b>Stelara (ustekinumab)</b>	1 vial/syringe every 12 weeks
<b>Eligard (leuprolide acetate)</b>	One 7.5 mg kit per 28 days One 22.5 mg kit per 84 days One 30 mg kit per 112 days One 45 mg kit per 168 days
<b>Firmagon (degarelix)</b>	Two 120 mg vials per lifetime One 80 mg vial per 28 days

<b>Drug</b>	<b>Quantity Limit</b>
<b>Lupron (leuprolide acetate)</b>	2 kits per 28 days
<b>Lupron Depot (leuprolide acetate)</b>	One 3.75 mg kit per 28 days One 7.5 mg kit per 28 days One 11.25 mg kit per 84 days One 22.5 mg kit per 84 days One 30 mg kit per 112 days
<b>Lupron Depot-Ped (leuprolide)</b>	1 kit per 28 days
<b>Supprelin LA (histrelin acetate)</b>	1 implant per 365 days
<b>Trelstar Depot (triptorelin pamoate)</b>	1 kit per 28 days
<b>Trelstar LA (triptorelin pamoate)</b>	1 kit per 84 days
<b>Vantas (histrelin acetate)</b>	1 implant per 365 days
<b>Zoladex (gosarelin acetate)</b>	One 3.6 mg implant per 28 days One 10.8 mg implant per 84 days
<b>Sumavel Dose Pro (sumatriptan)</b>	6 pre-filled dose units per month
<b>Afinitor (everolimus)</b>	30 tablets per 30 days
<b>Gleevec (imatinib)</b>	100 mg: 90 tablets per 30 days 400 mg: 60 tablets per 30 days
<b>Iressa (gefitinib)</b>	30 tablets per 30 days
<b>Nexavar (sorafenib)</b>	120 tablets per 30 days
<b>Revlimid (lenalidomide)</b>	30 tablets per 30 days
<b>Sprycel (dasatinib)</b>	20 mg, 50 mg, and 70 mg: 60 tablets per month 100 mg: 30 tablets per 30 days
<b>Sutent (sunitinib)</b>	30 tablets per 30 days
<b>Tarceva (erlotinib)</b>	100 mg and 150 mg: 30 tablets per 30 days
<b>Tasigna (nilotinib)</b>	120 tablets per 30 days
<b>Thalomid (thalidomide)</b>	150 mg and 200 mg: 60 tablets per 30 days
<b>Tykerb (lapatinib)</b>	180 tablets per 30 days
<b>Votrient (pazopanib)</b>	120 tablets per 30 days
<b>Zolinza (vorinostat)</b>	120 tablets per 30 days
<b>Adderall (amphetamine salt combo)</b>	5 mg, 7.5 mg, 10 mg, 12.5 mg, 20 mg: 3 tablets per day 15 mg, 30 mg: 2 tablets per day
<b>Desoxyn (methamphetamine)</b>	5 mg: 5 tablets per day
<b>Dextrostat, Dexedrine (d-amphetamine)</b>	5 mg, 10 mg: 4 tablets per day
<b>Dexedrine Spansule (d-amphetamine SA)</b>	5 mg: 1 tablet per day 10 mg, 15 mg: 2 tablets per day
<b>Focalin (dexmethylphenidate)</b>	2.5 mg, 5 mg, 10 mg: 2 tablets per day
<b>Metadate ER (methylphenidate)</b>	10 mg, 20 mg: 3 capsules per day
<b>Methylphenidate (Ritalin)</b>	2.5 mg, 5 mg, 10 mg, 20 mg: 3 tablets per day 5 mg/5 mL oral solution: 30 mL per day 10 mg/5 mL oral solution: 15 mL per day
<b>Intinuv (guanfacine)</b>	30 tablets per 30 days

*All voted in favor to approve the policy as presented.*

**Annual Policy Review**

*All voted in favor to approve all current policies.*

**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.*