

UPMC for You
Pharmacy and Therapeutics Committee Meeting
July 27, 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 April 6, 2010 meeting and fax vote were approved as amended by the Committee.

3. New Business:

Medication Reviews

Drug Class	Drug Name	Formulary Coverage Recommendation
Contraceptive	Natazia (estradiol valerate and estradiol valerate/dienogest)	Do not add with quantity limit
Sleep Aid	Silenor (doxepin)	Do not add
Nitrate	NitroMist (nitroglycerin)	Do not add
Antitussive	Zonatuss (benzonatate)	Do not add
Antifungal	Oravig (miconazole)	Do not add
Analgesic	Orbivan (acetaminophen/butalbital/caffeine)	Do not add
Analgesic	Oxycontin (oxycodone abuse resistant reformulation)	Do not add with quantity limit
Enzyme Replacement	Pancreaze (pancrelipase)	May add
Analgesic	Rybix ODT (tramadol)	Do not add
Analgesic	Vimovo (naproxen/esomeprazole)	Do not add
Hypoglycemic	ActosPlus Met XR (pioglitazone/metformin)	May add with step therapy
Benign Prostatic Hypertrophy Agent	Jalyn (dutasteride/tamsulosin)	May add
Central Nervous System Agent	Namenda XR (memantine)	May add

Drug Class	Drug Name	Formulary Coverage Recommendation
Antiasthma	Dulera (mometasone/formoterol)	May add
Immune Modulator	Zyclara (imiquimod)	Do not add
Topical dermatologic	Differin lotion (adapalene)	Do not add
Anesthetic	Tetravisc Forte (tetracaine)	Do not add
Ophthalmic antibiotic	Zymaxid (gatifloxacin)	Do not add
Analgesic	Sprix (ketorolac)	Do not add with quantity limit
Immune Suppressant	Zortress (everolimus)	May add with prior authorization
Monoclonal Antibody	Prolia (denosumab)	May add with prior authorization and quantity limit
Hyperammonemia Agent	Carbaglu (carglumic acid)	May add with prior authorization
Immunological Agent	Provenge (sipuleucel-T)	May add with prior authorization and quantity limit

All voted in favor to approve the recommendations noted above.

Medication Class Reviews

Topical antibacterial products:

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

- Bactroban cream, Bactroban nasal ointment, Altabax ointment

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

- Mupirocin ointment

Dry mouth treatments:

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

- Evoxac, Pilocarpine tablets, Caphasol, Aquoral, Numoisyn lozenge, Numoisyn liquid, and Neutrasal

Pegylated Interferons:

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

- Pegasys and PEG-Intron

mTOR Inhibitors:

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

- Rapamune and Zortress

New policies

RX.PA. 140 Oral Diabetes step therapy

All voted in favor to approve the policy as presented.

RX.PA.141 Prolia

All voted in favor to approve the policy as presented.

RX.PA.142 IV Bisphosphonates

All voted in favor to approve the policy as presented.

RX.PA.143 Carbaglu

All voted in favor to approve the policy as presented.

RX.PA.144 Buphenyl

All voted in favor to approve the policy as presented.

RX.PA.144 Proveng

All voted in favor to approve the policy as presented.

RX.PA.146 Xifaxan

All voted in favor to approve the policy as presented.

RX.PA.147 Rapamune and Zortress

All voted in favor to approve the policy as presented.

RX.015 Prescribing Privileges of Non-Participating Providers

All voted in favor to approve the policy as presented.

4. Updates:

Policy Revisions

RX.PA.037 Elidel and Protopic

- Updated to extend the approval and reauthorization period from 3 months to 1 year based on specialist feedback.

All voted in favor to approve the policy as presented.

RX.PA.054 LHRH agents

- Updated to include Synarel and new strength of Trelstar.

All voted in favor to approve the policy as presented.

RX.PA.065 Lucentis

- Updated to include new FDA approved indication for macular edema following retinal vein occlusion.

All voted in favor to approve the policy as presented.

RX.PA.067 Oral Chemotherapeutic Agents

- Updated to include new indication for Tarceva for maintenance treatment of patients with locally advanced or metastatic non-small lung cancer (NSCLC) whose disease has not progressed after four cycles of platinum-based first-line chemotherapy.
- Updated to include new indication for Tasigna for adult patients with newly diagnosed Ph+ chronic phase CML.

All voted in favor to approve the policy as presented.

RX.PA.080 Suboxone and Subutex

- Updated initial coverage period from 3 months to 1 month, require documentation of buprenorphine positive drug screen, require initial substance abuse counseling by a licensed drug and alcohol or behavioral health provider, and allow less formal behavioral health counseling programs after 1 year of therapy.

All voted in favor to approve the policy as presented.

RX.PA.088 Glucocerebrosidase Replacement Enzymes

- Updated to include all types of Gaucher Disease instead of just Type 1 and 3.

All voted in favor to approve the policy as presented.

RX.PA.136 Lumizyme and Myozyme

- Updated to include criteria for Lumizyme.

All voted in favor to approve the policy as presented.

RX.PA.002 Pharmacy and Therapeutics Committee Structure

- Updated to include language to abstain from voting if conflict of interest and removed membership requirements.

All voted in favor to approve the policy as presented.

RX.007 Therapeutic Drug Utilization Review

- Updated to include the following drug utilization review (DURs): Coumadin DUR, Transitions Program, and Antipsychotic DUR.
- Also presented 2009 DUR report.

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
Granisol solution (granisetron)	90 mL per month
Valcyte (valganciclovir)	365 day supply per lifetime for CMV prophylaxis post-transplantation
Promacta (eltrombopag)	25mg, 75mg: 30 tablets per 30 days
Monophasic, biphasic, triphasic, and progestin only oral contraceptive tablets	28 tablets per 28 days
Extended cycle oral contraceptive tablets	91 tablets per 90 days
Depo-Provera (medroxyprogesterone) injection	1 vial/syringe per 90 days
Nuvaring (etonogestrel/ethinyl estradiol)	1 ring per 28 days
Cordran (flurandrenolide)	2 rolls of tape per month

Drug	Quantity Limit
Elidel (pimecrolimus)	6 months in a 12 month period
Protopic (tacrolimus)	6 months in a 12 month period
Victoza (liraglutide)	2 pens per month
Actemra (tocilizumab)	800mg (40mL) per 28 days
Ampyra (dalfampridine)	60 tablets per month
Botox (onabotulinumtoxinA)	Four 100 Unit vials, Two 200 Unit vials
Cayston (aztreonam inhalation solution)	84 vials per 56 days
Copaxone (glatiramer acetate)	1 package of 30 vials per month
Dysport (abobotulinumtoxinA)	Four 2,500 Unit vials, Two 5,000 Unit vials
Forteo (teriparatide)	1 pen per 28 days, Maximum of 2 years per lifetime
Myobloc (rimabotulinumtoxinB)	Two 500 Unit vials
Provenge (sipuleucel-T)	1 course per lifetime
Qutenza (capsaicin patch)	4 patches per 90 days
Rebif titration pack (interferon beta-1A)	1 package per lifetime
TOBI (tobramycin)	56 vials per 56 days
Xolair (omalizumab)	6 vials per 28 days
Synarel (nafarelin)	5 bottles per 30 days
Trelstar (triptorelin pamoate)	3.75 mg: 1 vial every 28 days, 11.25 mg: 1 vial every 84 days, 22.5 mg: 1 vial every 168 days
Zithromax (azithromycin) 500mg	4 tablets per month
Xifaxan (rifaximin)	550 mg tablets: 60 tablets per 30 days
Sporanox (itraconazole)	60 capsules per month
Boniva (ibandronate)	1 vial per 90 days
Prolia (denosumab)	2 vials per 365 days
Rybix ODT (tramadol)	240 tablets per 30 days
Ryzolt (tramadol)	30 tablets per 30 days
Abilify (aripiprazole)	900 mL per 30 days
Ambien CR (zolpidem)	1 tablet per day
Edluar (zolpidem)	1 tablet per day
Fanapt (iloperidone)	Titration pack: 1 pack per year
Invega Sustenna (paliperidone palmitate)	1 syringe/kit per 28 days (2 syringes per initial 28 days of therapy will be covered to allow for loading dose)
Lexapro (escitalopram) Solution	20 mL per day
Risperdal Consta (risperidone)	2 kits per 28 days
Rozerem (ramelteon)	1 tablet per day
Suboxone (buprenorphine/naloxone)	2/0.5 mg: 120 tablets per 30 days 8/2 mg: 90 tablets per 30 day
Subutex (buprenorphine)	2 mg: 120 tablets per 30 days 8 mg: 90 tablets per 30 days
Zyprexa Relprevv (olanzapine extended release injection)	210 mg and 300 mg: 2 kits per 28 days 405 mg: 1 kit per 28 days
Provigil (modafinil)	100 mg: 30 tablets per 30 days 200mg : 60 tablets per 30 days
Nuvigil (armodafinil)	30 tablets per 30 days

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*.