Keystone/AmeriHealth Pharmacy & Therapeutic Committee Meeting Minutes
July 21, 2009

TOPIC	ISSUE	ACTION	VOTE
Approval of Minutes	The minutes from the April 7, 2009 meeting were reviewed.	Minutes were approved.	**9 For, 0 Against**
Old Business	<u>Ophthalmic Prostaglandin Analogs</u> Committee requested at the December 2008 meeting that the recommendation to remove Lumigan from formulary be reviewed by ophthalmologists. Based on the reviews, we continue to recommend the addition of Travatan and Travatan Z and the removal of Lumigan from the formulary.	Committee approved the addition of Travatan and Travatan Z to the formulary and the removal of Lumigan from the formulary.	**9 For, 0 Against**
Prior Authorization Criteria – Injectable/Specialty Protocols	<u>Annual Reviews</u> *Criteria for review unchanged and/or updated with informational changes:* Enbrel, Humira, Orencia, Pulmonary Arterial Hypertension Medications, Revlimid, Tarceva. The reauthorization duration for the following protocols: Enbrel, Humira, and Orencia has been extended from 6 months to 12 months.	Committee approved all annual review PA criteria with informational updates with no changes to criteria. However, for Revlimid, committee requested that the requirements for blood transfusions for patients with myelodysplastic syndrome be updated if necessary.	**10 For, 0 Against**
	<u>Revised Criteria</u> Cimzia: Recommend to add to prior authorization criteria for the newly approved indication of use in patients with rheumatoid arthritis.	Committee approved all revised criteria with no changes.	**10 For, 0 Against**

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	Growth Hormones: Recommend updating protocol to change the preferred products in the class to Genotropin and Norditropin (originally just Norditropin).		**10 For, 0 Against**
	Infergen: Recommend updating protocol to allow medically accepted dosing. In addition, the requirement for patients with normal liver function has been updated to allow invasive test results.		**10 For, 0 Against**
	Synagis: Recommend updating protocol to reflect the changes made in the 2009 American Academy of Pediatrics: Red Book.		**10 For, 0 Against**
	Xolair: Recommend updating protocol to change baseline pulmonary test results and medication that may be tried and failed before initial authorization based on the Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma.		**10 For, 0 Against**
Prior Authorization Criteria – Oral Products	Annual Reviews *Criteria for review unchanged and/or updated with informational changes:* *Intranasal Corticosteroids, Topical Androgens, Zyvox*	Committee approved all annual review PA criteria with informational updates with no changes to criteria.	**10 For, 0 Against**
	Revised Criteria Exjade: The updated PA criteria were presented for approval. The maximum maintenance dose has been increased to 40mg/kg/day per updated prescribing	Committee approved all revised criteria with no changes. However, for PPIs, committee suggested getting feedback from a	**10 For, 0 Against**

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	information. Approval criteria and information changes were made to reflect this. Proton Pump Inhibitors (PPIs): The updated PA criteria were presented for approval. Gastritis was added to the list of approved diagnoses required for approval. The look-back requirement of 90 days for Prevacid Solutab and Protonix was removed; members still need to have tried those products for a minimum of three weeks to get a non-formulary PPI. Approval criteria stating 'non-formulary agent upon written request and appropriate documentation' was also removed. Informed committee that the protocol was previously revised to include an approval criteria for members on Plavix and PPI; however, due to inconclusive studies about the potential drug interaction, the criteria was removed.	biostatistician to see if the impact of the potential drug interaction has been evaluated; and provide members and providers with information on potential drug interaction if warranted.	**10 For, 0 Against**
	<u>Removed Criteria</u> *Criteria being presented with recommendation for removal*: Denavir, Glucagon	Committee approved the prior authorization criteria removal of Denavir and Glucagon. Committee recommended bringing Glucagen information to next P&T to add to the formulary if not already added.	**10 For, 0 Against**
	<u>New Criteria</u> New prior authorization criteria for Seroquel/Seroquel XR was developed and presented.	Committee did not approve the new prior authorization criteria as presented. Committee suggested to table the criteria until a child psychiatrist reviews it.	**0 For, 10 Against**

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Medication Review	Low-Cost Injectables Utilization data for low-cost injectables was developed and presented. Recommend removal of prior authorization for the listed low-cost injectables.	Committee approved removing prior authorization for listed low-cost injectables.	**10 For, 0 Against**
Cost Savings Initiatives	Tablet Splitting Update Provided an update on the status of the tablet splitting initiative.	Committee approved all cost savings initiatives.	**10 For, 0 Against**
	Oral Bisphosphonates As a cost savings initiative, recommend removing Actonel (risedronate) tablet, Actonel with Calcium (risedronate/calcium carbonate) tablet, and Fosamax plus D (alendronate sodium/cholecaciferol) tablet from the formulary and require the use of generic Fosamax (alendronate sodium) tablet as first line therapy.		**10 For, 0 Against**
	Angiotensin-Converting Enzyme (ACE) Inhibitors and Combinations: As a cost savings initiative, recommend removing Lotrel (benazepril/amlodipine) capsule from the formulary and require the use of individual agents (benazepril and amlodipine). Also recommend removing Aceon (perindopril) tablet and Monopril-HCT (fosinopril/HCTZ) tablet from formulary. In addition, recommend adding Lotensin (benazepril) tablet and Lotensin HCT (benazepril/HCTZ) tablet to formulary.		**10 For, 0 Against**

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Formulary Updates	Topamax Updated committee that all generic topiramate products were added to formulary. Flovent Diskus Recommend adding all strengths of Flovent Diskus to formulary as a line extension.	Committee approved adding all generic topiramate products to formulary. Committee approved adding all strengths of Flovent Diskus to formulary as a line extension.	**10 For, 0 Against** **10 For, 0 Against**
New Product Review	New products approved by the FDA since the last P&T meeting were presented. The following medications were recommended to remain non-formulary: Afinitor, Apidra SoloSTAR, Asacol HD, Besivance, Cetraxal, Coartem, Gelnique, Lamictal ODT, Lamictal XR, LoSeasonique, Nuvigil, Ryzolt, Savella, Xylarex. Recommend the following product be added to formulary: Exforge HCT	Committee approved all recommendations regarding the new product review.	**10 For, 0 Against**