



**The Executive Office of Health & Human Services
Center for Operations and Pharmacy Management**

Pharmacy and Therapeutics Committee Meeting Minutes

Tuesday December 11, 2012

8:00 AM

Hilton Garden Inn

One Thurber Street/Jefferson Blvd

Warwick, Rhode Island

P & T Members Present: Scott Campbell, RPh
Tracey Cohen, MD
Dave Feeny, RPh. Chairperson
Chaz Gross, NAMI
Rita Marcoux RPh, Co-Chairperson
Matt Salisbury, MD
Richard Wagner, MD
Kristina Ward, PharmD

P & T Members Absent: Greg Allen, MD
Ray Maxim, MD OHHS

Others Present: Ann Bennett (HP Enterprise Services)
Karen Mariano (HP Enterprise Services)
Kathryn Novak (Magellan Medicaid Administration)
Joe Paradis, RPh (HID)

The meeting was called to order by the Chairperson once a quorum was in attendance - 8:10 am.

The August 2012 meeting minutes were reviewed and by vote were accepted as presented with an enumeration change and one change reflecting that Cialis is on the PDL for patients with a diagnosis of BPH. One member abstained.

Reelection of committee officers was approved unanimously. Motion by Matt Salisbury with 2nd by Rick Wagner.

Public testimony included the following speakers and presentation topics:

1. John Renna, Shire– Intuniv and Vyvanse
2. Preem Kanojia, J & J,– Xarelto
3. Dan Foley, Boehringer Ingelheim – Pradaxa
4. Michael O’Connell, Pfizer– Prestiq and Lyrica
5. Chris Acever, Merck – Vytarin and Zetia
6. Wendy Bergan Foster – US Pain Foundation – Request open access to all medications. Particularly for medications treating neuropathic pain.
7. John McCarty, UCB – Neupro
8. Pavseeha Sith, United Therapeutics Corporation – Tyvaso and Adcirca
9. Erin Paul, Actillion – Tracleer and Ventavis

Magellan Medicaid Administration presented the following categories for therapeutic class reviews with discussion from the committee.

1. Alzheimer’s Agents – New strength Exelon patches. Motion to accept made & seconded; passes. Discussion of utilization of Aricept. Motion made to accept the recommendations; it passes unanimously.
2. Angiotensin Modulators – Motion made to accept the recommendations; Discussion on the motion. It passes unanimously.

3. Antibiotics, Inhaled – Supply problem eliminated. Motion made to accept the recommendations; it passes unanimously.
4. Anticoagulants- updated guidelines and currently PA process in place for non preferred agents. Consider cost to treat. Motion made to accept the recommendations; passes unanimously.
5. Anticonvulsants – new products to consider Onfi & Potiga; new indication for Keppra. Compliance at 82%. Motion made to accept the recommendations; discussion on the motion. This category is not diagnosis driven. Reassess post Part D changes. Motion to remove clonazepam from the class and accept remaining recommendations. Motion passes unanimously.
6. Antidepressants
 - a. Other – release of bupropion ER 450 mg; Motion made to accept the recommendations; passes unanimously. Suggestion to make 450 non preferred contingent upon trial history within the past 60 days for therapy that is present for 14 days;. Motion made to accept the recommendations with 450 step therapy; passes unanimously.
 - b. SSRI – updated labeling for Paxil/CR and Celexa. Continued monitoring in females and pulmonary HTN in newborn. Motion made to accept the recommendations; passes unanimously.
7. Antiparkinson’s agents – Neupro patch reformulation, generic for Requip XL. Motion made to accept the recommendations; passes unanimously.
8. Beta Blockers – Question availability of generics and combination products. Motion made to strike bisoprolol/ HCTZ combination and add the atenolol/chlorthalidone combination with grandfather of existing patients. Motion made to accept the recommendations; passes unanimously.
9. Calcium Channel Blockers – Motion made to accept the recommendations; passes unanimously.
10. Lipotropics
 - a. Others – updated 2012 AACE guidelines; concomitant use of niacin with other agents, statins. Motion to accept recommendations with addition of Zetia. Based on cost discussion to leave Zetia off the PDL. Motion revised to remove addition of Zetia. Updated motion made to accept the recommendations; passes unanimously
 - b. Statins – increased concerns regarding rhabdomyolysis. Recommendations reflect generic availability of Lipitor. Question raised where will patients go – shift usually to other agents. Suggestion to leave patients who are on 40 mg alone and require no PA. Letter to prescribers of the Crestor indicating changes to PDL. Look back 60 days for 14 days continued therapy.
11. Neuropathic Pain – Last meeting we spoke about shifting medications within the categories more sensibly. Product listed in this class: capsaicin, gabapentin, Savella, Cymbalta, Gralis, Horizant, Lidoderm, Lyrica, Qutenza and Neurontin. Motion made gabapentin a fail first for the recommended agents, then have Savella, Cymbalta & Lyrica as the 2nd step. Is there a financial reasons to set up the steps; then let’s do so: recommended Savella, then Lidoderm then Lyrica. Withdraw the motion and take the recommendations as presented. Move to accept,
12. Platelet Inhibitors – New generics for clopidogrel and new treatment guidelines for the class. Motion made to accept the recommendations with grandfathering of the Aggrenox patients; passes unanimously.
13. Pulmonary Arterial Hypertension Agents-100% current compliance, but generic Revatio available and suggestion to add to recommendations. Motion made to accept the recommendations; passes unanimously.
14. Stimulants & related agents – Compliance rate is misleading; Brand over generic review. Problem of product availability? Stabilized over the past year. Look at stimulants separately from the alpha 2 agents. Motion to accept the recommendations; passes unanimously.

The dates identified for the 2013 meetings are: April 2nd, June 4th, August 27th and December 10th.
As always, the meetings will begin at 8:00 AM.

The meeting adjourned at 10:20 AM.

Following up with DUR:

1. Review for generic Aricept. Utilization may be brand DAW.
2. Review the angiotension modulators combinations be reviewed.
3. Evaluate cost for weekly monthly lab work, non valve related atrial fibrillation. Retrospective 12 month review for this population. Gender distribution requested.
4. Look at the people writing the clonazepam prescriptions.
5. Look at diagnosis for the Antiparkinson agents.
6. Look at Crestor utilization.