

ODJFS P&T Committee Meeting Minutes

October 1, 2008

77 S. High St., Room 1948

Committee members present: Suzanne Eastman, RPh; Robert L. Hunter, DO (chair); Karen Jacobs, DO; Margaret Scott, RPh; Mary Jo Welker, MD

ODJFS staff present: Jill Griffith, PharmD, Drug Utilization Review Director

ACS staff present: Stephanie Levine, PharmD, Clinical Manager

Approximately 50 stakeholders were present, most representing pharmaceutical manufacturers.

The meeting was called to order at 10:15 AM by Dr. Hunter, chair, who introduced Karen Jacobs, DO, psychiatrist, as a new member of the committee.

Dr. Hunter called on GSK to present information on their product Requip XL (ropinirole extended-release tablets). A local neurologist, presented clinical information. Dr. Levine presented on behalf of ACS. ACS recommends preferred status due to clinical and financial information. The committee agreed.

Dr. Hunter recognized GSK to present information about their product Altabax (retapamulin) antibiotic ointment. GSK presented clinical information. Dr. Levine presented on behalf of ACS. ACS requested committee feedback regarding recommendation for the product. Margaret Scott responded to a committee member question regarding Altabax pricing as compared to the generic mupirocin ointment. The product is looking more expensive than generic mupirocin but at parity with oral agents used for the same indication. The state has evaluated 23 claims for Altabax. Available in 5 gm, 10 gm and 15 gm tubes, the recommendation from the committee was to move the product to a preferred status with prior authorization required for the 15 gm tube.

Dr. Hunter called on Amgen to review the FDA-approved label changes to the hematopoietic agents. The labeling changes relate to safety for cancer patients receiving chemotherapy. The label warning states that treatment should not be initiated if the hemoglobin level is greater than or equal to 10g/dL, and the drugs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure. Ortho Biotech also commented on the changes. The labeling affects all agents in the category and is considered a class effect. The committee recommended that prior authorization criteria for this class be changed to reflect the FDA statement that these products not be used in cancer patients receiving chemotherapy with hemoglobin > 10. In addition, the committee recommended removal of the criterion to approve hematopoietic agents for anemia associated with malignancy if the patient is receiving chemotherapy.

Ms. Scott requested the committee prioritize questions raised at the July meeting. She introduced Dr. Griffith and suggested that many of the questions brought up at the last meeting could be addressed by the drug utilization review (DUR) program.

Lipotropics: Zetia and Vytorin

- ENHANCE trial showed no benefit with adding ezetimibe to simvastatin

- July meeting committee suggestion was to review additional literature and revisit this drug class
- October committee recommendation is to make this a low priority, revisit in April or July 2009

Antidepressants: Liquid formulations

- The PDL proposal presented by ACS and the state in July recommended non-preferred status of liquids due to their higher cost vs. tablets/capsules
- July meeting, committee questioned whether there is inappropriate use warranting PA on liquids
- October committee recommendation is to make this low priority.

Antidepressants and Second Generation Antipsychotics: Advance Practice Nurse Prescribing

- Prescriptions written by psychiatrists for non-preferred antidepressants and second generation antipsychotics are exempt from prior authorization for the standard tablet/capsule dosage forms
- Stakeholder groups have asked for this exemption to be extended to clinical nurse specialists whose specialty is mental health
- July meeting, committee suggested monitoring APN prescribing and revisit the question
- Dr. Hunter asked Dr. Jacobs for her opinion on APN exemption from the states PDL. Dr. Jacobs agrees this is a tough question. Physician extenders are important to the community mental health centers. She does feel that given the choices available on the PDL, APN prescribers should be able to find agents to use without being exempt from the PDL altogether. She requests time investigate this matter on her own and report back to the committee in January.
- October committee recommendation is to discuss this in January 2009.

Second Generation Antipsychotics: Invega

- Invega required prior authorization beginning January 2007, and was recommended non-preferred when the drug class was added to the PDL
- Committee suggested revisiting the PDL status if Invega to see if new clinical studies show benefit vs. Risperdal
- July meeting, committee suggested the review be done after the pricing of generic Risperdal has stabilized
- October meeting, a representative of Johnson & Johnson pharmaceuticals confirmed that there are new studies being performed, the committee would like more information when the studies are published

Proton Pump Inhibitors

- All PPIs have a limit of 1 dose per day
- July meeting, committee suggested a review of the length of therapy and dosing of PPIs
- October committee recommendation is to refer this to the DUR program

Ophthalmic Antibiotics: Quinolones

- The PDL includes several ophthalmic quinolones available without PA
- July meeting, committee suggested that ophthalmic quinolones may be inappropriately overused and asked for utilization review information
- October committee recommendation is to refer this to the DUR program.

Inhaled Corticosteroids: Pulmicort Respules

- Pulmicort Respules have been included on the PDL as a preferred drug because it is the only corticosteroid available in a nebulizer formulation
- Pulmicort Respules have 38% of the market share
- July meeting, committee suggested that an age limit (suggestion age 8) may be appropriate
- ODJFS is researching and will have information at the January 2009 meeting

Leukotriene Modifiers

- Leukotriene modifiers do not require a specific diagnosis
- July meeting, committee would like to consider limiting to asthma or requiring prior therapy if the diagnosis is allergic rhinitis
- October committee recommendation is for ODJFS to research this topic and present information in January or April 2009

Topical Agents, Post-Herpetic Neuralgia: Lidoderm

- The PDL proposal presented by ACS and the state in July recommended limiting to the labeled indication post-herpetic neuralgia
- July meeting, committee suggested that Lidoderm may be appropriate for other types of pain
- July meeting, committee suggested that Lidoderm may not be a first-line agent and other therapy should be tried
- July meeting, committee suggested that state staff work with pain management specialists to determine appropriate use
- October recommendation is to make this a low priority to be revisited in July 2009

The next P&T Meeting is scheduled for January 28, 2009, Riffe Building room 1948.

Meeting was adjourned at 10:50 AM by Dr. Hunter.