

ODJFS P&T Committee Meeting Minutes

October 12, 2011

50 W. Town St., Room C621

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

ACS staff present: Stephanie Levine, RPh, Clinical Manager

Approximately 40 stakeholders were present, most representing pharmaceutical manufacturers and advocacy associations.

1) Interested party presentations

No requests for presentations were received.

2) Old Business:

a) Prior authorization criteria for Altabax (retapamulin) ointment 1%

Prior authorization criteria for Altabax (retapamulin) ointment 1% will include trial of Bactroban (mupirocin) or an oral antibiotic. Altabax is no longer available in 5 and 10 gram tubes, only 15 and 30 gram tubes at a considerable cost. All committee members voted in favor.

b) Levofloxacin (new generic of Levaquin)

Levofloxacin (generic Levaquin) is available with pricing at parity with ciprofloxacin. Current PDL agents include ciprofloxacin and Avelox (moxifloxacin). All committee members voted in favor of leaving the generic product on PA with no changes.

3) New Business:

a) Drugs under consideration

i) Hepatitis C

(1) Incivek (telaprevir) tablets, Vertex

(2) Victrelis (boceprevir) capsules, Merck

The state and ACS recommended the committee choose one or both agents for preferred status. The Committee voted 5-1 to approve the addition of both products to the PDL with the following criteria: the patient must be on both pegylated interferon and ribavirin as approved in the FDA package insert, monitored for each refill through the SmartPA system. A length of therapy will be determined by the state based on the FDA approvals and administered via the SmartPA system. Mr. Wascovich would like to see a single agent only on the PDL and was the dissenting vote. All committee members recommended monitoring outcomes.

ii) Xarelto (rivaroxaban) tablets, Janssen

The state and ACS recommend preferred status. The committee voted unanimously in favor of adding rivaroxaban to the PDL as an oral alternative to

injectable enoxaparin, with the same length of therapy edit currently used for the heparin-related products.

iii) Brilinta (ticagrelor) tablets, Astra Zeneca

The State and ACS requested committee input before making a recommendation.

The committee voted unanimously that with clopidogrel available and going generic in May 2012, as well as the availability of prasugrel for patients unable to tolerate clopidogrel, twice daily ticagrelor should remain non-preferred.

iv) Daliresp (roflumilast) tablets, Forest

The State and ACS recommend the product be non-preferred with the following PA criteria: Diagnosis of chronic bronchitis, FEV₁ less than or equal to 50% of predicted, 20 pack year smoking history, and inadequately controlled on long-acting beta agonist use. Dr. Hunter would like more options on the PDL for COPD patients. Mr. Wascovich would like to see patients off long acting beta agonists. The committee members voted 5-1 for the addition of roflumilast tablets to the PDL without clinical criteria. Ms. Scott was the dissenting vote.

v) Viibryd (vilazodone) tablets, Forest

The State and ACS recommend the product be non-preferred because it should not be used first-line. Dr. Welker suggested non-preferred status with the existing exemption from prior authorization for psychiatrists. The committee unanimously voted for non-preferred status.

The P&T Committee will meet the second Wednesday of January, April, and October, and the last Wednesday in June. Upcoming meetings are scheduled for:

January 11, 2012

April 11, 2012

June 27, 2012

October 10, 2012

Following the meeting, ODJFS determined that all committee recommendations will be implemented by January 1, 2012.