

New York State Medicaid Pharmacy and Therapeutics Committee Meeting Agenda

The Pharmacy & Therapeutics (P&T) Committee will meet June 16, 2011, from 8:45 a.m. to 4:30 p.m., Meeting Room 6, Concourse, Empire State Plaza, Albany, New York

Agenda Items

A. Preferred Drug Program: Initial Review

Description: The Committee will review the following therapeutic classes for Preferred Drug Program inclusion and recommend preferred and non-preferred status.

1. Short Acting Opioids

Drugs Affected: APAP/codeine, butalbital compound with codeine, butorphanol NS, codeine, Combunox (oxycodone/ibuprofen), Dazidox (oxycodone), Demerol (meperidine), Dilaudid (hydromorphone), dihydrocodeine/APAP/caffeine, Endocet (oxycodone/APAP), Endodan (oxycodone/ASA), Hycet (hydrocodone/APAP), hydrocodone/APAP, hydrocodone/ibuprofen, hydromorphone, Ibudone (hydrocodone/ibuprofen), Lorcet (hydrocodone/APAP), Lortab (hydrocodone/APAP), levorphanol, Magnacet (oxycodone/APAP), Margesic H (hydrocodone/APAP), Maxidone (hydrocodone/APAP), meperidine, morphine IR, Norco (hydrocodone/APAP), Nucynta (tapentadol), Opana (oxymorphone), Panlor SS (dihydrocodeine/APAP/caffeine), oxycodone, oxycodone/APAP, oxycodone/ASA, oxycodone/ibuprofen, OxyIR (oxycodone), oxymorphone, pentazocin/APAP, pentazocin/naloxone, Percocet (oxycodone/APAP), Percodan (oxycodone/ASA), Primalev (oxycodone/APAP), Primlev (oxycodone/APAP), Reprexain (hydrocodone/ibuprofen), Roxicet (oxycodone/APAP), Roxicodone (oxycodone), Synalgos DC (dihydrocodeine/APAP/caffeine), Rybix ODT (tramadol), tramadol, tramadol/APAP, Trezix (dihydrocodeine/APAP/caffeine), Tylenol #3 (APAP/codeine), Tylenol #4 (APAP/codeine), Tylox (oxycodone/APAP), Ultracet (tramadol/APAP), Ultram (tramadol), Xolox (oxycodone/APAP), Xodol (hydrocodone/APAP), Zydone (hydrocodone/APAP), Vicodin/Vicodin ES/Vicodin HP (hydrocodone/APAP), Vicoprofen (hydrocodone/ibuprofen), Zamiset (hydrocodone/APAP)

2. Anti-Fungals – Topical

Drugs Affected: clotrimazole, clotrimazole/betamethasone, ciclopirox olamine, econazole nitrate, Ertaczo (sertaconazole nitrate), Exelderm (sulconazole nitrate), Extina (ketoconazole), ketoconazole, Lamisil AT (terbinafine HCL), Loprox (ciclopirox), Lotrisone (clotrimazole/betamethasone), Mentax (butenafine HCL), miconazole nitrate, Naftin (naftifine HCL), Nyamyc (nystatin), nystatin, nystatin/triamcinolone, Nystop (nystatin), Oxistat (oxiconazole nitrate), Pedi-Dri (nystatin), terbinafine, Tinactin (tolnaftate), tolnaftate, Vusion (miconazole nitrate/zinc), Xolegel (ketoconazole)

3. Topical Steroids

Drugs Affected: Aclovate (acclometasone dipropionate), acclometasone dipropionate, amcinonide, Apexicon (diflorasone diacetate), Apexicon E (diflorasone diacetate/emollient), Beta-Val (betamethasone valerate), betamethasone dipropionate, betamethasone dipropionate (augmented), betamethasone valerate, Cordran (flurandrenolide), clobetasol propionate, Clobex (clobetasol propionate), Cloderm (Clocortolone pivalate), Cormax (clobetasol propionate), Cutivate (fluticasone propionate), Derma-Smoothe/FS (fluocinolone acetonide), Dermatop (prednicarbate), Desonate (desonide), desonide, desoximetasone, diflorasone diacetate, Diprolene (betamethasone dipropionate), Diprolene AF (betamethasone dipropionate), Elocon (mometasone furoate), fluocinolone acetonide, fluocinonide, fluocinonide-e (fluocinonide), fluticasone propionate, halobetasol propionate, Halog (halcinonide), hydrocortisone, hydrocortisone/aloe vera, hydrocortisone butyrate, hydrocortisone valerate, Kenalog (triamcinolone acetonide), Luxiq (betamethasone valerate), mometasone furoate, Nucort (hydrocortisone/aloe vera), Olux (clobetasol propionate), Olux-E (clobetasol propionate), Pandel (hydrocortisone probutate), prednicarbate, Temovate (clobetasol propionate), Temovate Emollient (clobetasol propionate/emollient), Texacort (hydrocortisone), Topicort (desoximetasone), Topicort LP (desoximetasone), triamcinolone acetonide, Ultravate (halobetasol propionate), Vanos (fluocinonide), Verdeso (desonide)

4. Serotonin/Norepinephrine Reuptake Inhibitors (SNRIs)

Drugs Affected: Cymbalta (duloxetine), Effexor (venlafaxine), Effexor XR (venlafaxine ER), Pristiq (desvenlafaxine), Savella (milnacipran), venlafaxine, venlafaxine ER

5. Selective Serotonin Reuptake Inhibitors (SSRIs)

Drugs Affected: Celexa (citalopram), citalopram, fluoxetine, fluvoxamine, Lexapro (escitalopram), Luvox CR (fluvoxamine), paroxetine, paroxetine CR, Pexeva (paroxetine), Paxil (paroxetine), Paxil CR (paroxetine CR), Prozac (fluoxetine), Sarafem (fluoxetine), Selfemra (fluoxetine), sertraline, Zoloft (sertraline)

6. Helicobacter Pylori Agents

Drugs Affected: Helidac (metronidazole/tetracycline/bismuth subsalicylate), Pylera (metronidazole/tetracycline/bismuth subcitrate potassium), Prevpac (amoxicillin/clarithromycin/lansoprazole)

7. Pancreatic Enzymes

Drugs Affected: Creon (amylase/lipase/protease), Pancreaze (amylase/lipase/protease), pancrelipase (amylase/lipase/protease), Zenpep (amylase/lipase/protease)

8. Glucagon-like-Peptide-1 (GLP-1) Agents

Drugs Affected: Byetta (exenatide), Victoza (liraglutide)

9. Phosphodiesterase type-5 Inhibitors (for PAH)

Drugs Affected: Adcirca (tadalafil), Revatio (sildenafil)

B. Preferred Drug Program: Re-review

Description: The Committee will re-review therapeutic classes subject to the Preferred Drug Program periodically as described and listed below. The following therapeutic classes to be re-reviewed contain new relevant clinical and/or financial information. Therapeutic classes not included on this agenda may be re-reviewed at a later date pending new relevant clinical information.

- The Committee will review new clinical and financial information as required, to recommend preferred and non-preferred drugs. ^
- The Committee will **only** consider clinical information which is new since the previous review of the therapeutic class and then consider financial information.
- New clinical information may include a new drug or drug product information, new indications, new safety information or new published clinical trials (comparative, or placebo controlled when no head-to-head trials are available). Information in abstract form alone, posters, and unpublished data is poor quality evidence for the purpose of re-review and submission is discouraged).
- Those wishing to submit new clinical information must do so in an electronic format by **June 1, 2011** or the Committee may not have ample time to review the information.

^The current preferred and non-preferred status of drugs subject to the Preferred Drug List (PDL) may be viewed at https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf

1. Long Acting Opioids

(previous review date September 16, 2010)

Drugs Affected: Avinza (morphine sulfate ER), Butrans (buprenorphine), Duragesic (fentanyl), Embeda (morphine sulfate and naltrexone hydrochloride ER), Exalgo (hydromorphone HCL ER), fentanyl patch, Kadian (morphine sulfate SR), morphine sulfate SR, MS Contin (morphine sulfate CR), Opana ER (oxymorphone ER), Oramorph SR (morphine sulfate SR), oxycodone HCl CR, Oxycontin (oxycodone HCl CR), Ryzolt (tramadol ER), tramadol ER, Ultram ER (tramadol ER)

2. Atypical Antipsychotics

(previous review date September 16, 2010)

Drugs Affected: Abilify (aripiprazole), clozapine, Clozaril (clozapine), Fanapt (iloperidone), FazaClo (clozapine), Geodon (ziprasidone), Invega (paliperidone), Latuda (lurasidone), risperidone, Risperdal (risperidone), Saphris (asenapine), Seroquel (quetiapine), Seroquel XR (quetiapine), Zyprexa (olanzapine)

3. Bisphosphonates - Oral

(previous review date March 11, 2010)

Drugs Affected: Actonel (risedronate), Actonel with Calcium (risedronate with calcium carbonate), alendronate, Atelvia (risedronate delayed-release), Boniva (ibandronate), Fosamax (alendronate), Fosamax Plus D (alendronate plus cholecalciferol)

4. Dipeptidyl Peptidase-4 (DPP- 4) Inhibitors

(previous review date March 11, 2010)

Drugs Affected: Janumet (sitagliptin/metformin HCL), Januvia (sitagliptin), Kombiglyze XR (saxagliptin/metformin ER), Onglyza (saxagliptin), Tradjenta (linagliptin)

5. Thiazolidinediones

(previous review date September 16, 2010)

Drugs Affected: Actos (pioglitazone), Actoplus Met (pioglitazone/metformin), Actoplus Met XR (pioglitazone/metformin), Avandia (rosiglitazone), Avandamet (rosiglitazone/metformin), Avandaryl (rosiglitazone/glimepiride), Duetact (pioglitazone/glimepiride)

6. Growth Hormones

(previous review date September 11, 2009)

Drugs Affected: Genotropin (somatropin), Humatrope (somatropin), Norditropin (somatropin), Nutropin (somatropin), Omnitrope (somatropin), Saizen (somatropin), Tev-Tropin (somatropin), Zorbtive (somatropin)

7. Anti-Emetics

(previous review date April 29, 2010)

Drugs Affected: Anzemet (dolasetron), granisetron, Granisol (granisetron), Kytril (granisetron), ondansetron, Sancuso (granisetron patch), Zofran (ondansetron), Zuplenz (ondansetron)

8. Proton Pump Inhibitors (PPIs)

(previous review date March 11, 2010)

Drugs Affected: Aciphex (rabeprazole), Dexilant (dexlansoprazole), lansoprazole rx, Nexium (esomeprazole), omeprazole Rx, omeprazole OTC, omeprazole/ sodium bicarbonate Rx, pantoprazole, Prevacid Rx (lansoprazole), Prevacid OTC (lansoprazole OTC), Prilosec (omeprazole), Prilosec OTC (omeprazole), Protonix (pantoprazole)

9. Sulfasalazine Derivatives

(previous review date April 29, 2010)

Drugs Affected: Asacol/Asacol HD (mesalamine), Apriso (mesalamine), Azulfidine (sulfasalazine), Azulfidine Entab (sulfasalazine DR/EC), balsalazide, Colazal (balsalazide), Dipentum (olsalazine), Lialda (mesalamine), Pentasa (mesalamine), sulfasalazine, sulfasalazine DR/EC

10. Corticosteroids - Intranasal

(previous review date June 11, 2010)

Drugs Affected: Beconase AQ (beclomethasone dipropionate), Flonase (fluticasone propionate), flunisolide, fluticasone propionate, Nasacort AQ (triamcinolone acetate), Nasonex (mometasone furoate), Omnaris (ciclesonide), Rhinocort Aqua (budesonide), Veramyst (fluticasone furoate)

Agenda Timeline (subject to change based on meeting proceedings)

8:45 - 9:00	Welcome and Introductions
9:00 - 10:30	Public Comment Period
10:30 - 10:45	Break
10:45 - 12:00	PDP Clinical Reviews
12:00 - 1:30	Lunch Break/Executive Session (PDP financial review)
1:30 - 1:45	Summary of P&T Committee Recommendations
1:45 - 3:00	PDP Clinical Reviews
3:00 - 3:30	Afternoon Break/Executive Session (PDP financial review)
3:30 - 3:45	Summary of P&T Committee Recommendations
3:45 - 4:30	Updates, Comments and Adjournment

- Interested parties must notify DOH by **June 8, 2011** of their request to address the Committee during the public comment period. Requests may be made by calling 518-486-3209 or e-mailing pandtc@health.state.ny.us. (Please reference P&T Committee).
- Public comments are limited to therapeutic classes on the agenda and new clinical information for the PDP classes being re-reviewed. Comments must be brief (2 minutes) and the total comment period will not exceed 90 minutes.
- All written statements must be received in an electronic format by **June 8, 2011**. Written statements should summarize key points and may not exceed two (2) pages in length.
- Any studies cited should be referenced, with the primary source of funding included.
- Clinical information must be submitted in an electronic format by **June 1, 2011**, or the Committee may not have ample time to review the information. For the therapeutic classes subject to the PDP re-review, submitted clinical information must be new since the previous review of the therapeutic class.