New York State Medicaid Pharmacy and Therapeutics Committee Meeting Agenda

The Pharmacy & Therapeutics (P&T) Committee will meet April 19, 2012, 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 and recommend preferred and non-preferred status.

1. **Hepatitis C Agents- oral**

   Protease Inhibitors
   Drugs Affected: Incivek (telaprevir), Victrelis (boceprevir)

   Ribavirins
   Drugs Affected: Copegus, Rebetol, Ribapak, Ribasphere, ribavirin

2. **Anticoagulants - oral**

   Drugs Affected: Coumadin (warfarin), Jantoven (warfarin), Pradaxa (dabigatran), warfarin, Xarelto (rivaroxaban)

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 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 evidence is preferred, or placebo controlled when no head-to-head trials are available). Information in abstract form alone, posters, or unpublished data are poor quality evidence for the purpose of re-review and submission is discouraged.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 April 5, 2012 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. **Hepatitis C Agents- injectable**
   (previous review date: September 11, 2009)

   Drugs Affected: PegIntron (peginterferon alpha-2b), Pegasys (peginterferon alpha-2a),

2. **Platelet Inhibitors**
   (previous review date: June 11, 2010)

   Drugs Affected: Aggrenox (dipyridamole ER/aspirin), Brilinta (ticagrelor), dipyridamole, Effient (prasugrel), Persantine (dipyridamole), Plavix (clopidogrel), ticlopidine

3. **HMG-CoA Reductase Inhibitors/Statins**
   (previous review date: April 15, 2011)

   Drugs Affected: Advicor (lovastatin/niacin extended-release), Altoprev (lovastatin extended-release), atorvastatin, atorvastatin/amlodipine, Caduet (atorvastatin/amlodipine), Crestor (rosuvastatin), Lescol (fluvastatin), Lescol XL (fluvastatin XL), Lipitor (atorvastatin), Livalo (pitavastatin), lovastatin, Mevacor (lovastatin), Pravachol (pravastatin), pravastatin, Simcor (simvastatin/niacin extended-release), simvastatin, Vytorin (simvastatin/ezetimibe), Zocor (simvastatin)

4. **Triglyceride Lowering Agents**
   (previous review date: April 15, 2011)

   Drugs Affected: Antara (fenofibrate), fenofibrate, fenofibric acid, Fenoglide (fenofibrate), Fibricor (fenofibric acid), gemfibrozil, Lipofen (fenofibrate), Lofibra (fenofibrate), Lopid (gemfibrozil), Lovaza (Omega-3 acid ethyl esters), Tricor (fenofibrate), Triglide (fenofibrate), Trilipix (fenofibric acid delayed release)

5. **Direct Renin Inhibitors**
   (previous review date April 15, 2011)

   Drugs Affected: Amturnide (aliskiren/amlodipine/hydrochlorothiazide), Tekamlo (aliskiren/amlodipine), Tekturna (aliskiren), Tekturna HCT (aliskiren/HCTZ), Valturna (valsartan/aliskiren)

6. **Atypical Antipsychotics**
   (previous review date: June 16, 2011)

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

7. **Central Nervous System (CNS) Stimulants**
   (previous review date: April 15, 2011)

   Drugs Affected: Adderall (amphetamine salt combo), Adderall XR (amphetamine salt combo XR), amphetamine salt combo IR, amphetamine salt combo ER, Concerta (methylphenidate), Daytrana (methylphenidate), Desoxyn (methamphetamine), Dexedrine Spansule (dextroamphetamine), dexmethylphenidate, dextroamphetamine sulfate, dextroamphetamine sulfate ER, Focalin (dexmethylphenidate), Focalin XR (dexmethylphenidate XR), Metadate CD (methylphenidate CD), Metadate ER (methylphenidate ER), methamphetamine, Methylin (methylphenidate), Methylin ER (methylphenidate ER), methylphenidate, methylphenidate ER, Nuvigil (armodafinil),

Procentra (dextroamphetamine sulfate), Provigil (modafinil), Ritalin (methylphenidate), Ritalin LA (methylphenidate LA), Ritalin SR (methylphenidate SR), Vyvanse (lisdexamfetamine dimesylate)

8. **Serotonin/Norepinephrine Reuptake Inhbitors (SNRIs)**
(previous review date: June 16, 2011)

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

9. **Selective Serotonin Reuptake Inhibitors (SSRIs)**
(previous review date: June 16, 2011)

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

10. **Inhaled Anticholinergics/COPD Agents**
(previous review date: September 16, 2010)

Drugs Affected: Atrovent HFA (ipratropium), Combivent (ipratropium/albuterol), Daliresp (roflumast), Duoneb (ipratropium/albuterol), ipratropium, ipratropium/albuterol, Spiriva (tiotropium)

11. **Inhaled Beta-2 Adrenergic Agents – Long Acting**
(previous review date: September 16, 2010)

Drugs Affected: Arcapta (indacaterol), Brovana (arformoterol), Foradil (formoterol), Perforomist (formoterol), Serevent Diskus (salmeterol)

12. **Inhaled Beta-2 Adrenergic Agents – Short Acting**
(previous review date September 16, 2010)

Drugs Affected: Accuneb (albuterol), albuterol solution, levalbuterol, Maxair Autohaler (pirbuterol), ProAir HFA (albuterol), Proventil HFA (albuterol), Ventolin HFA (albuterol), Xopenex (levalbuterol), Xopenex HFA (levalbuterol)

13. **Inhaled Corticosteroids/ Long Acting Beta-2 Adrenergic Agents**
(previous review date September 16, 2010)

Drugs Affected: Advair Diskus (fluticasone/salmeterol), Advair HFA (fluticasone/salmeterol), Dulera (mometasone furoate/formoterol fumarate dihydrate), Symbicort (budesonide/formoterol)

14. **Leukotriene Modifiers**
(previous review date: June 10, 2009)

Drugs Affected: Accolate (zafirlukast), Singulair (montelukast), zafirlukast

15. **Proton Pump Inhibitors (PPIs)**
(previous review date June 16, 2011)

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

Prevacid OTC (lansoprazole OTC), Prilosec (omeprazole), Prilosec OTC (omeprazole), Protonix (pantoprazole)

16. **Prescription Non-Steroidal Anti-Inflammatory Agents**
(previous review date: April 15, 2011)

Drugs Affected: Anaprox (naproxen sodium), Anaprox DS (naproxen sodium DS) Arthrotec (diclofenac sodium/misoprostol), Cambia (diclofenac potassium), Cataflam (diclofenac potassium), Celebrex (celecoxib), Clinoril (sulindac), Daypro (oxaprozin), diclofenac potassium, diclofenac sodium, diclofenac sodium XR, diflunisal, Duexis (ibuprofen/famotidine), etodolac, etodolac SA, Feldene (piroxicam), fenoprofen, Flector Patch (diclofenac epolamine), flurbiprofen, ibuprofen, Indocin (indomethacin), indomethacin, indomethacin SR, ketoprofen, ketoprofen SA, ketorolac, meclofenamate, mefenamic acid, meloxicam, Mobic (meloxicam), nabumetone, Nalfon (fenoprofen), Naprelan (naproxen sodium CR), Naprosyn (naproxen), Naprosyn EC (naproxen EC), naproxen, naproxen sodium, naproxen EC, oxaprozin, Pennsaid (diclofenac sodium topical solution), piroxicam, Ponstel (mefenamic acid), Sprix (ketorolac tromethamine), sulindac, tolmetin, Vimovo (naproxen and esomeprazole magnesium), Voltaren (diclofenac sodium), Voltaren XR (diclofenac sodium DR), Voltaren Gel (diclofenac sodium), Zipsor (diclofenac potassium)

Agenda Timeline (subject to change based on meeting proceedings)

8:45 - 9:00	Welcome, Introductions and DOH Updates
9:00 - 10:30	Public Comment Period
10:30 - 10:45	Break
10:45 - 12:15	PDP clinical review(s) and re-reviews
12:15 - 1:30	Lunch Break/Executive Session (PDP financial review)
1:30 - 1:45	Summary of final recommendations
1:45 - 3:00	PDP clinical re-reviews (cont.)
3:00 - 3:30	Afternoon Break/Executive Session (PDP financial review)
3:30 - 3:45	Summary of final recommendations
3:45 - 4:30	Final Comments and Adjournment

- Interested parties must notify the Department of Health (DoH) by April 11, 2012 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 ninety (90) minutes. DoH

reserves the right to limit the number of interested parties providing public comment in order to meet timelines and accomplish meeting objectives.

- All written statements must be received in an electronic format by April 11, 2012. 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 April 5, 2012**,** 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.
- Any information regarding the P&T Committee must be send to the DoH to ensure distribution to all members. Interested parties should not contact or send any information directly to P&T Committee members.

Posted: 3/20/2012