

Pharmacy and Therapeutics Advisory Committee Recommendations

November 16, 2006 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the November 16, 2006, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	<p>ACE Inhibitor/Ca++ Channel Blocker Combos Re-review</p> <ol style="list-style-type: none"> 1. All dihydropyridine agents in the ACE inhibitor/Calcium Channel Blocker combination class are equivalent in efficacy. 2. DMS to select agent(s) based on economic evaluation with at least one preferred dihydropyridine. 3. Agents not selected as preferred based on economic evaluation will require PA. 4. DMS to allow continuation of therapy for patients taking an ACE inhibitor/Calcium Channel Blocker combination product in the past 90 days. 5. For any new chemical entity or product in the ACE inhibitor/Calcium Channel Blocker combination class, require a PA until reviewed by the P&T Advisory Committee. 	<p>Passed 8 - For 0 - Against</p>
#2	<p>Hepatitis C Agents : Pegylated Interferons Re-review</p> <ol style="list-style-type: none"> 1. Continue 16 week duration of therapy limit and require genotype and qualitative HCV RNA serum assay for continuation treatment. 2. Patients with EVR (2 log decrease in viral load at 12 weeks) will be approved for continuation treatment for an additional 32 weeks (after initial 16 weeks of therapy) for viral genotype 1 or 4 for a total of 48 weeks. 3. An EVR is not required for genotype 2 or 3, but will receive a total of 24 weeks of therapy based on documentation of genotype. 4. DMS to select agent(s) based on economic evaluation. 5. Agents in this class are time limited treatments. Patients will be allowed to complete their course of therapy. PDL selected agents will apply for any new courses of therapy. 6. Pegylated interferon alfa-2b will be available to pediatric patients between the ages of 3 and 18 years without PDL PA. 7. Agents not selected as preferred based on economic evaluation will require PA. 8. For any new chemical entity in the Hepatitis C medication class, require a PA and quantity limit until reviewed by the P & T Advisory Committee. 	<p>Passed 8 - For 0 - Against</p>
#3	<p>Bronchodilators - Short Acting Beta Agonists Re-review</p> <ol style="list-style-type: none"> 1. Short Acting Beta Agonists, with the exception of metaproterenol, are equivalent in efficacy and safety when administered at comparable doses. 2. DMS to select <i>available</i> agent(s) based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA. 	<p>Passed 8 - For 0 - Against</p>

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	Description of Recommendation	P & T Vote
	<p>Bronchodilators - Short Acting Beta Agonists Re-review</p> <ol style="list-style-type: none"> 4. Inadequate therapeutic response on preferred agents required before approval of nonpreferred agent(s). 5. For any new chemical entity in the Short Acting Beta Agonist Bronchodilator class, require a PA until reviewed by the P&T Advisory Committee. 	
#4	<p>Long Acting Narcotics - Morphine Sulfates Re-review</p> <ol style="list-style-type: none"> 1. Long Acting Morphine Sulfates are equivalent in efficacy and safety. 2. DMS to select at least 1 branded agent as preferred based on economic evaluation. 3. Agents not selected as preferred based on economic evaluation will require PA. 4. Inadequate therapeutic response to preferred agents required before approval of nonpreferred agent(s). 5. Continue current quantity limits. 6. DMS to allow continuation of therapy for patients taking long acting morphine sulfate in the past 90 days. 7. For any new chemical entity, dosage form or route of administration require a PA until reviewed by the P&T Advisory Committee. 8. Recipients in Long Term Care facilities are exempt from PDL PA requirements for morphine sulfates, but clinical edits (QL, etc.) may still apply. 	<p>Passed 8 - For 0 - Against</p>