



# TMA DoD Pharmacoeconomic Center Fort Sam Houston, TX

## MTF Quarterly Webcast June 14, 2012

# Introduction

- ▶ Greetings from the PEC
- ▶ Purpose of the Quarterly MTF Webcast
- ▶ DCO Ground Rules
  - Type questions into the DCO system
  - Put on mute, not on hold
  - Contingency plan if DCO system stops working

# Outline


- ▶ MTF Corner– PMART ( Mr. Morales)
- ▶ Review of February 2012 P&T Committee Meeting (Dr Meade)
- ▶ Overview of May 2012 P&T Committee Meeting (Dr Meade)
- ▶ Questions

# **Prescription Medication Analysis & Reporting Tool (PMART)**

# Report Tool Summary

- ▶ Medication profile snapshot for deploying SMs
  - Pre-deployment medication screening
  - Identification of high-risk SMs
  - Identification of SMs who require CENTCOM waiver
- ▶ Menu-driven, Microsoft Access database with look-up features and reports
- ▶ Pharmacy Data Transaction Service (PDTS) is data source
  - All DoD Pharmacy points of service
- ▶ Report turn-around 24 – 72 hours

# Deployment PMART Homepage



**P-MART**  
Prescription  
Medication  
Analysis &  
Reporting Tool

A service provided by the TMA Pharmacy Operations Center    [pmc.fsa@med.mil](mailto:pmc.fsa@med.mil)

**Version 5 • May 2009**

*Subject to the Privacy Act of 1974  
(PL 93-579)*

**SAMPLE PMART**

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- ☐ About This Program
- ☐ Patient Medication Profiles
- ☐ Utilization by Drug
- ☐ Master Reports Selection
- ☐ Details/Admin Settings

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[Exit This Application](#)

**A Service Provided By The TMA Pharmacoeconomic Center • Ft Sam Houston • Texas**

# About This Program Button

P-MART | Prescription Medication Analysis And Reporting Tool - About

**P-MART | Prescription Medication Analysis And Reporting Tool**

This program was developed to aid healthcare providers responsible for the medical care of deploying service men and women. The intent is to identify individuals who might require a more intensive medical review or to alert healthcare providers of medication needs not available in standard deployment packs.

High Risk Medications are defined here as those medications, when not provided, have the potential for a significant therapeutic failure possibly resulting in a medical evacuation. Included are medications used in the treatment of diabetes, epilepsy, most psychiatric conditions, conception, HIV, asthma, malaria or tuberculosis prophylaxis, smoking cessation, prenatal care, and coagulation disorders.

Controlled substances are those medications categorized by the federal government as having a higher potential for abuse or addiction. The included drugs are designated as Schedule II - V according to their medical use, potential for abuse, and safety or dependence liability.

Chronic medications, often referred to as maintenance medications, are those drugs taken on a routine bases and when not provided, have the potential for therapeutic failure.

This database contains Privacy Act information and is subject to criminal, civil and/or administrative penalties to those who willfully misuse this information and violate a person's rights under the Privacy Act. This information was provided pursuant a request from the Senior Medical Officer of this deploying unit. Reasonable and necessary security should be in place to protect this data from unauthorized users.

This program was developed by the TMA Pharmacoeconomic Center, Ft. Sam Houston, Texas. Please send any comments or suggestions to us at P-MART@amedd.army.mil or call 866-275-4732 and press option 8.

Army: The UA lists utilized here was obtained from USAMMA.  
Navy: The AMMAL list utilized here was obtained from Naval Medical Logistics Command.

[Close This Form](#)

**Version 5 • May 2009**

# Patient Medication Profiles Button

P-MART | Prescription Medication Analysis And Reporting Tool - Patient Meds Profile

**Filter Service Members By Unit**

1st Level Unit:

2nd Level Unit:

3rd Level Unit:

Please select the first letter of the last name and locate the patient in the drop-down window

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

CADET, MARINE

Reset Name Filter Reset Unit Filters Reset All Filters

SSN: 833-33-3333 Patient Name: CADET, MARINE

1st Level Unit: 114th Subordinate Unit(s):

DepMed Used - Joint: CENTCOM Formulary

Add to Surgeon's Recall Roster: ☐

Print This Profile Export Profile Close This Form

**Medication Profile**

DrugName	Qty	Days Supply	Date Filled	High Risk	Controlled	CENTCOM
TRIAMCINOLONE ACETONIDE 0.1% CREAM(GM)	90	20	17 Apr 2009	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TOPICAL ANTI-INFLAMMATORY STEROIDA						
WALGREEN DRUG STORE #9094 AUSTIN MN Retail						
FLUTICASONE PROPIONATE 50MCG SPRAY SUSP	16	30	05 Apr 2009	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NASAL ANTI-INFLAMMATORY STEROID						
WALGREEN DRUG STORE #9094 AUSTIN MN Retail						
FLUTICASONE PROPIONATE 50MCG SPRAY SUSP	16	30	20 Feb 2009	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Record: 1 of 8 No Filter Search



# Utilization by Drug Button

P-MART | Prescription Medication Analysis And Reporting Tool - Drug Utilization

Please select the first letter of the generic name and locate the drug in the drop-down window

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Reset Filter

AZITHROMYCIN 250MG TABLET

Drug Name: AZITHROMYCIN 250MG TABLET High Risk Med Flag ☐

Generic Name: AZITHROMYCIN Controlled Med Flag ☐

Brand Name: AZITHROMYCIN CENTCOM Med Flag ☒

Drug Class: MACROLIDE

Print This Drug Use Export Profile Close This Form

Patients Utilizing

Patient Name	Qty	Days Supply	Date Filled
CADET, MARINE	6	5	20 Feb 2009
333-33-3333 114th			
WALGREEN DRUG STORE #9094 AUSTIN MN			Retail
DOE, JOHN	6	5	16 Sep 2008
777-77-7777 114th			
WALGREEN DRUG STORE #2355 ST PAUL MN			Retail
DOE, JOHN	6	5	23 May 2009
777-77-7777 114th			
WALGREEN DRUG STORE #9094 AUSTIN MN			Retail

Record: 7 of 66 No Filter Search

# Master Reports Selection Button

P-MART | Prescription Medication Analysis And Reporting Tool - Reports

## Select a Report

- Chronic Med Use Summary**
- Chronic Medication Use
- Controlled Substance \*Details\*
- Controlled Substance \*Summary\*
- Drug Combination Report
- High Risk Medication \*Details\*
- High Risk Medication \*Summary\*
- Mefloquin Combination Patient
- Narcotic Medication \*Details\*
- Narcotic Medication \*Summary\*
- Non-DepMed Use \*Details\*
- Non-DepMed Use \*Summary\*
- Psychotropics \*Details\*
- Psychotropics \*Summary\*
- Surgeon's Recall Roster
- Total Utilization By Unit and Name

## Select Report Options for Chronic Med Use Summary

Current setting for P-MART reporting dates:

From 28 May 2008 to 29 May 2009

Change Reporting Dates

Select/Deselect Units to Include

High Risk Medication List

Suppress Drugs from Reports

☒ Preview

☐ Print



Report of drug utilization for Chronic Use medications. This is a summary report by drug.

Close This Form

# Drug Combination Report

P-MART | Prescription Medication Analysis And Reporting Tool - Reports

## Select a Report

Chronic Med Use Summary  
Chronic Medication Use  
Controlled Substance \*Details\*  
Controlled Substance \*Summary\*  
**Drug Combination Report**  
High Risk Medication \*Details\*  
High Risk Medication \*Summary\*  
Mefloquin Combination Patient  
Narcotic Medication \*Details\*  
Narcotic Medication \*Summary\*  
Non-DepMed Use \*Details\*  
Non-DepMed Use \*Summary\*  
Psychotropics \*Details\*  
Psychotropics \*Summary\*  
Surgeon's Recall Roster  
Total Utilization By Unit and Name

## Select Report Options for Drug Combination Report

Select up to three medications from the list below to query the database for patients who have had prescriptions to all the selected medications.

Drug List Search

ACETAMINOPHEN  
ACYCLOVIR  
ALBUTEROL SULFATE  
AMANTADINE HCL  
AMLODIPINE BESYLATE  
AMOXICILLIN TRIHYDRATE  
AZITHROMYCIN  
BENZONATATE

Change Reporting Dates

Suppress Drugs from Reports

Reset Selection

☒ Preview  
☐ Print



Report show information on all the service members who were prescribed the selected drugs during the given report time frame.

[Close This Form](#)

# User Defined Combination Report

## ***Drug Combination Report***

*Data current as of 6/3/2009*

*Date Range: 12/5/2009 - 6/1/2009*

*Service Members with Prescriptions for ALPRAZOLAM, OXYCODONE HCL, and SIMVASTATIN*

**SAILOR, NAVY**

**222222222**

Drug Name:	ALPRAZOLAM 1MG	TABLET	Date Filled:	06 Jan 2009
Qty:	60	Days Supplied:	30	Pharmacy: RITE AID PHARMACY 07231 #07231 MCCOMB M Retail
Drug Name:	ALPRAZOLAM 0.5MG	TABLET	Date Filled:	06 May 2009
Qty:	10	Days Supplied:	10	Pharmacy: WALGREENS DRUG STORE #10835 MCCOMB M Retail
Drug Name:	OXYCODONE HCL 20MG	TAB.SR 12H	Date Filled:	14 May 2009
Qty:	15	Days Supplied:	8	Pharmacy: RUCKER MAIN PHCY FT RUCKER AL MTF

# Narcotic "By Drug" Detail Report

<b><i>Narcotic Medication Report</i></b>				<i>Data current as of 6/8/2009</i>	
<i>Personal Data - Privacy Act of 1974 (PL 93-579)</i>					
<b><i>HYDROCODONE BIT/ACETAMINOPHEN</i></b>	CENTCOM	<input checked="" type="checkbox"/>	<b><i>HYDROCODONE-ACETAMINOPH</i></b>	<b><i>Qty</i></b>	<b><i>DS</i></b>
SAILOR, NAVY	222-22-2222	GUIDEPOINT PHARMACY #102 ROCHESTER MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABL	03 Apr 2009	120	30		
SHIP, GUNNER	666-66-6666	WALGREEN DRUG STORE #10501 VIRGINIA MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABL	28 Oct 2008	30	5		
SOLDIER, ARMY	111-11-1111	DULUTH CLINIC-PHARMACY DULUTH MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 10MG-500MG TABL	20 Aug 2008	18	3		
SOLDIER, ARMY	111-11-1111	WALGREEN DRUG STORE #3064 SUPERIOR WI	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 10MG-500MG TABL	23 Oct 2008	30	8		
SOLDIER, ARMY	111-11-1111	DULUTH CLINIC-PHARMACY DULUTH MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABL	07 Nov 2008	40	5		
SOLDIER, ARMY	111-11-1111	DULUTH CLINIC-PHARMACY DULUTH MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABL	12 Nov 2008	40	5		
SOLDIER, ARMY	111-11-1111	DULUTH CLINIC-PHARMACY DULUTH MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABL	26 Nov 2008	28	4		
WOUNDED, WARRIOR	555-55-5555	WALGREENS DRUG STORE #11125 HIBBING MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 7.5-500MG TABLET	15 Aug 2008	16	2		
WOUNDED, WARRIOR	555-55-5555	WALGREENS DRUG STORE #11125 HIBBING MN	Retail		
HYDROCODONE BIT/ACETAMINOPHEN 7.5-500MG TABLET	20 Aug 2008	16	2		
<b><i>MORPHINE SULFATE</i></b>	CENTCOM	<input checked="" type="checkbox"/>	<b><i>MORPHINE SULFATE</i></b>	<b><i>Qty</i></b>	<b><i>DS</i></b>
SAILOR, NAVY	222-22-2222	GUIDEPOINT PHARMACY #102 ROCHESTER MN	Retail		
MORPHINE SULFATE 30MG TABLET SA	13 Apr 2009	20	10		
<b><i>OXYCODONE HCL</i></b>	CENTCOM	<input type="checkbox"/>	<b><i>OXYCODONE HCL</i></b>	<b><i>Qty</i></b>	<b><i>DS</i></b>
SAILOR, NAVY	222-22-2222	KASSON DRUG STORE KASSON MN	Retail		
OXYCODONE HCL 5MG TABLET	03 Jun 2008	40	20		
SAILOR, NAVY	222-22-2222	KASSON DRUG STORE KASSON MN	Retail		
OXYCODONE HCL 5MG TABLET	23 Jun 2008	40	20		

# Narcotic “By Drug” Summary Report

## *Narcotic Utilization Summary*

*Data current as of 6/8/2009*

### ***HYDROCODONE BIT/ACETAMINOPHEN***

HYDROCODONE BIT/ACETAMINOPHEN 10MG-500MG TABLET	# of Rxs: 2	Unique Pts: 1	CENTCOM <input type="checkbox"/>
HYDROCODONE BIT/ACETAMINOPHEN 5MG-500MG TABLET	# of Rxs: 5	Unique Pts: 3	CENTCOM <input checked="" type="checkbox"/>
HYDROCODONE BIT/ACETAMINOPHEN 7.5-500MG TABLET	# of Rxs: 2	Unique Pts: 1	CENTCOM <input type="checkbox"/>

### ***MORPHINE SULFATE***

MORPHINE SULFATE 30MG TABLET SA	# of Rxs: 1	Unique Pts: 1	CENTCOM <input checked="" type="checkbox"/>
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### ***OXYCODONE HCL***

OXYCODONE HCL 5MG TABLET	# of Rxs: 6	Unique Pts: 1	CENTCOM <input type="checkbox"/>
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### ***OXYCODONE HCL/ACETAMINOPHEN***

OXYCODONE HCL/ACETAMINOPHEN 5MG-325MG TABLET	# of Rxs: 2	Unique Pts: 2	CENTCOM <input checked="" type="checkbox"/>
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### ***TRAMADOL HCL***

TRAMADOL HCL 50MG TABLET	# of Rxs: 7	Unique Pts: 3	CENTCOM <input checked="" type="checkbox"/>
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# Psychotropic "By Drug" Detail Report

## Psychotropic Medication Report by Drug

Data current as of 6/3/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

Date Range: 12/5/2009 - 6/1/2009

### ALPRAZOLAM

ALPRAZOLAM

POS

Qty

DS

SAILOR, NAVY 222-22-2222

Retail

60

30

ALPRAZOLAM 1MG TABLET

06 Jan 2009

RITE AID PHARMACY 07231 #07231 MCCOMB M

Provider ID: MA1149574 ALDRIDGE, MARCE NIA P NP

SAILOR, NAVY 222-22-2222

Retail

10

10

ALPRAZOLAM 0.5MG TABLET

06 May 2009

WALGREENS DRUG STORE #10835 MCCOMB M

Provider ID: BS4069161 STONNINGTON, MICHAEL JAMES MD

SHIP, GUNNER 666-66-6666

MTF

60

30

ALPRAZOLAM 0.5MG TABLET

31 Mar 2009

RUCKER MAIN PHCY FT RUCKER AL

Provider ID: BD8160157 DIEL, KEVIN RAY MD

SHIP, GUNNER 666-66-6666

MTF

60

30

ALPRAZOLAM 0.5MG TABLET

01 Jun 2009

RUCKER MAIN PHCY FT RUCKER AL

Provider ID: FD0656883 DIEL, KEVIN RAY MD

### ARIPIPIRAZOLE

ABILIFY

POS

Qty

DS

SOLDIER, ARMY 111-11-1111

Retail

30

30

ARIPIPIRAZOLE 15MG TABLET

10 Dec 2009

# Psychotropic "By SM" Detail Report

## Psychotropic Medication Dispensing Report

Data current as of 6/8/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

<u>DOE, JOHN</u>		<u>777777777</u>	<u>Qty</u>	<u>DS</u>
BUDEPRION SR		3/2/2009 Retail	60	30
BUPROPION HCL 150MG	TABLET SA	WALGREENS DRUG STORE #11125 HIBBING MN		
BUDEPRION SR		1/28/2009 Retail	60	30
BUPROPION HCL 150MG	TABLET SA	WALGREEN DRUG STORE #9094 AUSTIN MN		
BUDEPRION XL		9/21/2008 Retail	30	30
BUPROPION HCL 300MG	TAB.SR 24H	CVS/PHARMACY #05998 #05998 SAINT PAUL MN		
BUDEPRION SR		3/29/2009 Retail	60	30
BUPROPION HCL 150MG	TABLET SA	WALGREEN DRUG STORE #9094 AUSTIN MN		
BUDEPRION XL		6/24/2008 Retail	60	30
BUPROPION HCL 150MG	TAB.SR 24H	RITE AID PHARMACY 11860 #11860 MIDLAND GA		
BUDEPRION XL		8/20/2008 Retail	60	30
BUPROPION HCL 150MG	TAB.SR 24H	WAL-MART PHARMACY #100913 DECORAH IA		
BUDEPRION XL		7/14/2008 Retail	30	30
BUPROPION HCL 300MG	TAB.SR 24H	WALGREEN DRUG STORE #9094 AUSTIN MN		
BUDEPRION XL		10/20/2008 Retail	30	30
BUPROPION HCL 300MG	TAB.SR 24H	WALGREEN DRUG STORE #4882 INVER GROVE HE		
BUDEPRION XL		11/21/2008 Retail	30	30
BUPROPION HCL 300MG	TAB.SR 24H	WALGREEN DRUG STORE #9094 AUSTIN MN		
BUDEPRION SR		4/18/2009 Mail Order	180	90
BUPROPION HCL 150MG	TABLET SA	EXPRESS SCRIPTS TEMPE AZ		
<u>PILOT, COMBAT</u>		<u>444444444</u>	<u>Qty</u>	<u>DS</u>
CLONAZEPAM		5/11/2009 Retail	90	30



# Psychotropic “By SM” Dispensing Summary Report

## *Psychotropic Patient Dispensing Summary*

*Data current as of 6/8/2009*

*Personal Data - Privacy Act of 1974 (PL 93-579)*

***DOE, JOHN***

*77777777*

BUDEPRION SR	BUPROPION HCL 150MG	TABLET SA	# of Rx's	4
BUDEPRION XL	BUPROPION HCL 150MG	TAB.SR 24H	# of Rx's	2
BUDEPRION XL	BUPROPION HCL 300MG	TAB.SR 24H	# of Rx's	4

***PILOT, COMBAT***

*44444444*

CLONAZEPAM	CLONAZEPAM 1MG	TABLET	# of Rx's	2
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***SAILOR, NAVY***

*22222222*

LORAZEPAM	LORAZEPAM 1MG	TABLET	# of Rx's	5
SERTRALINE HCL	SERTRALINE HCL 100MG	TABLET	# of Rx's	1

# Psychotropic "By Drug" Summary Report

## *Psychotropic Medication Utilization Summary*

*Data current as of 6/3/2009*

*Personal Data - Privacy Act of 1974 (PL 93-579)*

*Date Range: 12/5/2009 - 6/1/2009*

### ***ALPRAZOLAM***

ALPRAZOLAM 0.5MG	TABLET	# of Rxs: 3	Unique Pts: 2
ALPRAZOLAM 1MG	TABLET	# of Rxs: 1	Unique Pts: 1

### ***ARIPIRAZOLE***

ARIPIRAZOLE 15MG	TABLET	# of Rxs: 5	Unique Pts: 1
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### ***BUPROPION HCL***

BUPROPION HCL 150MG	TABLET SA	# of Rxs: 2	Unique Pts: 1
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### ***CITALOPRAM HYDROBROMIDE***

CITALOPRAM HYDROBROMIDE 20MG	TABLET	# of Rxs: 5	Unique Pts: 1
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### ***CLONAZEPAM***

CLONAZEPAM 0.5MG	TABLET	# of Rxs: 3	Unique Pts: 1
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### ***DIVALPROEX SODIUM***

DIVALPROEX SODIUM 250MG	TAB. SR 24H	# of Rxs: 6	Unique Pts: 1
DIVALPROEX SODIUM 500MG	TAB. SR 24H	# of Rxs: 6	Unique Pts: 1

### ***ESCITALOPRAM OXALATE***

ESCITALOPRAM OXALATE 10MG	TABLET	# of Rxs: 1	Unique Pts: 1
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# Chronic Medication "By SM" Report

## Chronic Medication Report by Patient

Data current as of 6/4/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

Date Range: 12/5/2008 - 6/1/2009

<i>CADET, MARINE</i>		<i>333333333</i>	<i>POS</i>	<i>Qty</i>	<i>DS</i>
CAPECITABINE 500MG	TABLET		Retail	105	15
XELODA		11 Dec 2008			
MARTINS PHARMACY OXFORD AL					
Provider ID: BP5706304	POSEY, JAMES ARTHUR III MD				
CAPECITABINE 500MG	TABLET		Retail	105	15
XELODA		28 Apr 2009			
MARTINS PHARMACY OXFORD AL					
Provider ID: BP5706304	POSEY, JAMES ARTHUR III MD				
CAPECITABINE 500MG	TABLET		Retail	105	15
XELODA		27 May 2009			
MARTINS PHARMACY OXFORD AL					
Provider ID: BP5706304	POSEY, JAMES ARTHUR III MD				
<i>DOE, JOHN</i>		<i>777777777</i>	<i>POS</i>	<i>Qty</i>	<i>DS</i>
ALENDRONATE SODIUM 70MG	TABLET		Retail	12	83
ALENDRONATE SODIUM		17 Dec 2008			
WAL-MART PHARMACY #100329 ANNISTON AL					
Provider ID: AT2486466	THOMAS, CARLA NEWBERN MD				
ERGO CALCIUM 50000 UNIT CAPSULE			Retail	90	87

# “Unavailable at Mail Order” Report

## *Service Members with Medications Unavailable at Mail Order*

*Data current as of 6/8/2009*

**Service Member:** DOE, JANE

**SSN:** 888888888

Unavailable Med:	OTC	OXYMETAZOLINE HCL 0.05%	SPRAY
Unavailable Med:	OTC	BENZOYL PEROXIDE 5%	GEL
Unavailable Med:	OTC	EUCALYPTUS OIL/MENTHOL 7.6MG	LOZENGE
Unavailable Med:	OTC	GUAIFENE SIN 100MG/5ML	LIQUID
Unavailable Med:	OTC	GUAIFENE SIN/P-E PHE D HCL 1200-120MG TAB	SR 12H
Unavailable Med:	OTC	IBUPROFEN 200MG	TABLET
Unavailable Med:	OTC	LANOLIN/MINERAL OIL	LOTION
Unavailable Med:	OTC	ACETAMINOPHEN 325MG	TABLET
Unavailable Med:	OTC	METHYL SALICYLATE/MENTHOL 15%-10%	CREAM(GM)
Unavailable Med:	OTC	PADIMATE O	STICK (EA)
Unavailable Med:	OTC	PHENOL/SODIUM PHENOLATE	SPRAY
Unavailable Med:	OTC	PHENYLEPHRINE HCL 10MG	TABLET
Unavailable Med:	OTC	POLYVINYL ALCOHOL/POVIDONE 1.4-0.6%	DROPERETTE
Unavailable Med:	OTC	PSEUDOEPHEDRINE HCL 30MG	TABLET
Unavailable Med:	OTC	MEDICAL SUPPLIES	BANDAGE

**Service Member:** SAILOR, NAVY

**SSN:** 222222222


Unavailable Med:	TEMP SENSITIVE	PROMETHAZINE HCL 25MG	SUPP.RECT
Unavailable Med:	OTC	DOCUSATE SODIUM 100MG	CAPSULE

# "Your PMART Statistics Report"



## Medication Use Statistics

Date Range: 5/28/2008 - 5/29/2009

Personal Data - Privacy Act of 1974 (PL 93-579)

Current Number of Service Members : 8  
Current Number of Prescriptions: 129  
Current Number of Service Members with Prescriptions:  8 100.0%

The below statistics are all subject to available filtering. If you have deselected units or changed the reporting date range on the previous window (Details/Admin window), the counts below will report within these restrictions. The percentages below use Current Number of Service Members/Prescriptions as the denominator.

	Number of Rxs			Number of SMs on at least one:	
High Risk Medications:	25	19.4%		4	50.0%
Non-Deployment Medications:	60	46.5%		8	100.0%
Chronic Medications:	59	45.7%		8	100.0%
Controlled Medications:	25	19.4%		6	75.0%
Narcotic Medications:	25	19.4%		5	62.5%

# PMART Facts and Findings

- 700 PMART/WTU reports completed resulting in 8.4 million reviewable prescriptions for 1.8 million service members
- Completed 479 Army, 154 Navy, 37 Air Force, 29 Marine, & 1 Coast Guard PMART/WTU reports
- Identified 408,658 (23%) service members who were taking high-risk medications

# How To Order PMART Report?

- ▶ Contact PEC at DSN 471-8274 COMM 210-221-8274 or email [p-mart@amedd.army.mil](mailto:p-mart@amedd.army.mil)
- ▶ Provide Unit Alpha Roster via PEC Secure Server
- ▶ Complete Sensitive Data Request Form
- ▶ Located at:

[www.pec.ha.osd.mil/pmart](http://www.pec.ha.osd.mil/pmart)

# Sensitive Data Request Form

<b>DOCUMENT INFORMATION</b>	<b>Original Author:</b>	Hector Morales, Director TMA Pharmacy Operations Center
	<b>Date:</b>	August 2011
<b>P-MART TYPE</b>	<input type="checkbox"/> P-MART	
	<input type="checkbox"/> WTU P-MART	
<b>Date of Request</b>		
<b>Date Required</b>		(3-5 Business Day Turn-Around)
<b>Requestor</b>	Name:	
	Phone Number:	
	MTF Installation:	
	Title:	
	Email:	
<b>Signature</b>	<div>Signature</div>	



# PMART Summary

- ▶ PMART is a tool to assist in the pre-deployment medical screening process
- ▶ Fast and efficient tool for screening medication use
- ▶ Easy to navigate and no additional cost to use
- ▶ Specialized to a particular audience, for a specific purpose

# Review of February 2012 P&T Committee Meeting

Dave Meade, PharmD, BCPS  
Clinical Pharmacist

# February 2012

## DoD P&T Committee Meeting

### ▶ **Uniform Formulary Class Reviews**

- ADHD/Wakefulness Promoting Agents
- Antiplatelet Agent
- DPP-4 Subclass – Non Insulin Antidiabetic Agents

### ▶ **New Drugs in Previously Reviewed Classes**

- Alcaftadine (Lastacast) – Ophthalmic
- Nucynta ER (Tapentadol ER) – Narcotic Analgesics

# February 2012

## DoD P&T Committee Meeting

### ► Utilization Management

- Crizotinib (Xalkori)
- Vermurafenib (Zelboraf)
- Ivacaftor (Kalydeco)

# **Uniform Formulary Class Reviews: ADHD/Wakefulness Promoting Agents**

# Class Definition

## ADHD – Wakefulness Promoting

- ▶ 3 Subclasses
  - ADHD Stimulants
  - ADHD Non-stimulants
  - Wakefulness Promoting Agents

# ADHD Stimulants

# ADHD Stimulants

## Drugs in the Class

Generic Name	Brand Name	Frequency	Duration, Hrs	FDA Approval	Generic Availability
Mixed amphetamine salts XR	Adderall XR	QD	10	10/11/2001	Authorized generic
Methylphenidate OROS	Concerta	QD	12	12/8/2000	Authorized generic
Lisdexamphetamine	Vyvanse	QD	10-12	12/10/2007	N
Dexmethylphenidate ER	Focalin XR	QD	8-12	8/1/2006	N
Methylphendiate CD	Metadate CD	QD	6-8	2/19/2006	N
Methylphenidate LA	Ritalin LA	QD	6-8	generic	Y
Methylphenidate ER	Metadate ER	QD	8	6/1/1988	N
Methylphenidate ER	Methylin ER	QD	8	5/9/2000	N
Methylphenidate IR	Ritalin	BID-TID	3-5	generic	Y
Dextroamphetamine sulfate	Dexedrine Procentra	BID-TID	4-6	Generic 1/29/2008	Y
		BID-TID	3-5		N
Methylphenidate chewable	Methylin	BID-TID	3-5	12/9/2002	N
Dexmethylphenidate IR	Focalin	BID	3-5	generic	Y
Methylphenidate SR	Ritalin SR	BID	2-6	generic	Y
Methamphetamine HCl	Desoxyn	BID	4-5	generic	Y
Mixed amphetamine salts	Adderall	BID	6	generic	Y
Methylphenidate transdermal	Daytrana	Apply for 9 hrs	11-12	4/6/2006	N



# ADHD Non-stimulants

# ADHD Non-Stimulants

## Drugs in the Class

Generic Name	Brand Name	Frequency	Duration, Hours	FDA Approval	Generic Availability
Atomoxetine HCL	Strattera	QD-BID	10-12	11/26/2002	N
Clonidine HCL XR	Kapvay	QD-BID	10-12	9/28/2010	N
Guanfacine HCL XR	Intuniv	QD	10-12	9/2/2009	N
Clonidine IR	generic	BID-QID	3-5	generic	Y
Guanfacine IR	generic	BID-TID	4-8	generic	Y

# Overall Clinical Effectiveness Conclusion

## ADHD Stimulants and Non-stimulants

### ► Efficacy

- Preschool-aged children (4 –5 years of age):
  - The Preschool ADHD Treatment Study (PATs) showed MPH IR was more effective than placebo in improving ADHD symptoms in preschoolers who still had moderate to severe ADHD symptoms after 10 sessions of Parental Behavioral Training (PBT)
- Children and Adolescents (6–17 years of age):
  - No clinically relevant difference between IR stimulants
  - No clinically relevant differences between IR vs. SR stimulants
  - No clinically relevant differences between SR vs. SR stimulants, however some SR stimulants showed benefit over comparators at specific times of day depending on the pharmacokinetics of the specific formulation, but overall differences were not found

# Overall Clinical Effectiveness Conclusion

## ADHD Stimulants and Non-stimulants

### ▶ Efficacy

- Children and Adolescents (6–17 years of age):
  - Atomoxetine was not superior to some ER stimulants – MPH OROS (Concerta) and MAS XR (Adderall XR)
  - ER clonidine and ER guanfacine have no comparative efficacy evidence to date. Both are superior to placebo for monotherapy and as adjuncts to stimulants
- Adults (18 years and older)
  - No clinically relevant differences between switching to MPH OROS vs. continuing with MPH IR

# Overall Clinical Effectiveness Conclusion

## ADHD Stimulants and Non-stimulants

### ▶ Safety

- Black box warnings for stimulants (abuse and dependency) and atomoxetine (suicidal ideation)
- Atomoxetine has increased risk of suicidal behavior compared with placebo (DERP)
- Atomoxetine resulted in higher rates of vomiting and somnolence, similar rates of nausea and anorexia, and lower rates of insomnia than stimulants (DERP)
- Stimulants showed no significant increased risk for serious cardiovascular events in children, adolescents, and adults (up to age 64) based on large retrospective, population based cohort study (JAMA and NEJM)
- The Multimodal Therapy Study of ADHD (MTA) showed a decrease in growth velocity with stimulants at 36 months
- An uncommon but significant adverse effect of stimulants is the occurrence of hallucinations and other psychotic symptoms in children
- ER clonidine and ER guanfacine have no comparative safety evidence, however their most common adverse events include somnolence and fatigue

# Overall Clinical Effectiveness Conclusion

## ADHD Stimulants and Non-Stimulants

### ► Other Factors:

- Evidence on abuse, misuse, and diversion was limited, but indicated that stimulant use during childhood is not associated with increased risk of substance abuse later
- Misuse and diversion rates varied by age and were highest among college students, and rates of diversion were highest with amphetamine-based products but similar among methylphenidate products
- AAP ADHD Guidelines recommend prescribing non-stimulants or stimulants with less abuse potential (lisdexamfetamine [Vyvanse], methylphenidate transdermal system [Daytrana], methylphenidate OROS [Concerta] for adolescents due to abuse/diversion concerns (AAP 2011 ADHD Guidelines)
- One stimulant (lisdexamfetamine) can be dissolved in water, and several other stimulants can be sprinkled on food

# ADHD Stimulants – Final Decision

BCF	UF	NF
<p><b>Long-acting stimulants</b></p> <ul style="list-style-type: none"> <li>▪ Mixed amphetamine salts ER (Adderall XR generics)</li> <li>▪ Methylphenidate LA (Ritalin LA, generic)</li> <li>▪ Methylphenidate OROS (Concerta)</li> </ul> <p><b>Short-acting stimulants</b></p> <ul style="list-style-type: none"> <li>▪ Methylphenidate IR (Ritalin, generic)</li> </ul>	<p><b>Short-acting stimulants</b></p> <ul style="list-style-type: none"> <li>▪ Mixed amphetamine salts IR (Adderall, generic)</li> <li>▪ Dexmethylphenidate IR (Focalin, generic)</li> <li>▪ Dextroamphetamine (Dexedrine, Dextrostat, Procentra solution)</li> <li>▪ Methylphenidate CD (Metadate CD)</li> <li>▪ Methylphenidate ER (Metadate ER, Methylin ER, generic)</li> <li>▪ Methylphenidate chewable tablets, solution (Methylin, generic)</li> <li>▪ Methylphenidate SR (Ritalin SR, generic)</li> <li>▪ Methamphetamine HCl (Desoxyn)</li> </ul>	<p><b>Long-acting stimulants</b></p> <ul style="list-style-type: none"> <li>▪ Dexmethylphenidate ER (Focalin XR)</li> <li>▪ Lisdexamphetamine (Vyvanse)</li> <li>▪ Methylphenidate transdermal system (Daytrana)</li> </ul>

# ADHD Non-Stimulants – Final Decision

BCF	UF	NF	Comments
<ul style="list-style-type: none"><li>Not applicable</li></ul>	<ul style="list-style-type: none"><li>Atomoxetine (Strattera)</li><li>Clonidine ER (Kapvay)</li><li>Guanfacine ER (Intuniv)</li></ul>	<ul style="list-style-type: none"><li>Not applicable (no nonformulary drugs)</li></ul>	<p>Clonidine IR tabs are BCF</p> <p>Clonidine Patches and guanfacine IR (Tenex, generic are UF) in Misc Anti-hypertensive Drug Class</p>



# Wakefulness Promoting Agents

# Wakefulness Promoting Agents

## Drugs in the Class

Generic Name	Brand Name	FDA Approval	Patent Expiration	Generic Availability
Armodafinil	Nuvigil	6/15/2007	2024	No
Modafinil	Provigil	12/24/1998	4/6/2012	April 2012
Sodium Oxybate	Xyrem	7/17/2002	2019-2024	No

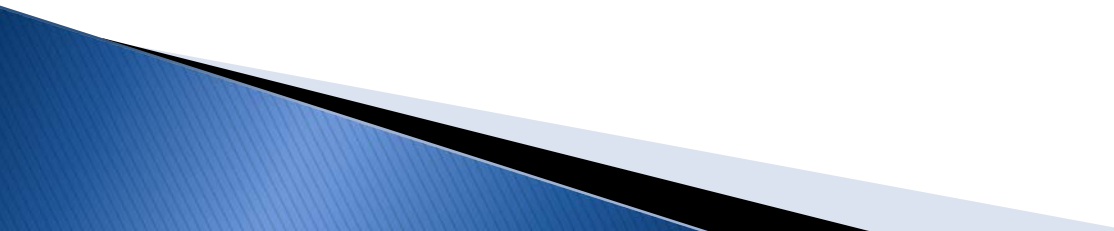
# Overall Clinical Effectiveness Conclusion

## Wakefulness–Promoting Agents

- ▶ No direct comparison of modafinil and armodafinil for the indications of narcolepsy and OSA
- ▶ One head to head trial, comparing modafinil 200mg/day to armodafinil 150mg/day, showed that both drugs have similar efficacy for shift work sleep disorder
- ▶ Armodafinil did not receive FDA approval for the indication of jet lag disorder
- ▶ No significant differences in safety/tolerability between armodafinil and modafinil

# Overall Clinical Effectiveness Conclusion

## Wakefulness–Promoting Agents

- ▶ Sodium oxybate (Xyrem) fills a unique niche in therapy for cataplexy associated with narcolepsy
  - ▶ Sodium oxybate did not receive FDA approval for fibromyalgia due to abuse and safety concerns
  - ▶ Sodium oxybate (Xyrem) has a black box warning for abuse/misuse/diversion potential and has a restricted distribution system which uses one centralized pharmacy
  - ▶ Most common adverse events leading to discontinuation of sodium oxybate were headache, nausea, vomiting, and anxiety
- 

# Wakefulness Promoting Subclass

## Prior Authorization

### Recommendation

- ▶ Provigil
  - No change to current PA
- ▶ Nuvigil
  - Add Jet Lag disorder to “not covered” off-label use part of PA
  - Trial of Provigil first will be added to PA (“Has the patient tried Provigil – if no, then coverage denied”)
  - Patients would not be grandfathered
- ▶ Xyrem
  - Covered for FDA– approved indication of cataplexy associated with narcolepsy diagnosed by polysomnogram and MSLT
  - Should try Provigil prior to using for excessive sleepiness associated with narcolepsy without cataplexy
  - Not covered for any off label uses including fibromyalgia, insomnia, or excessive sleepiness not associated with narcolepsy

# Wakefulness Promoting Agents– Final Decision

BCF	UF	NF	Comments
<ul style="list-style-type: none"><li>▪ Not applicable</li></ul>	<ul style="list-style-type: none"><li>▪ Modafinil (Provigil)</li><li>▪ Sodium oxybate (Xyrem) – restricted distribution</li></ul>	<ul style="list-style-type: none"><li>▪ Armodafinil (Nuvigil)</li></ul>	<ul style="list-style-type: none"><li>▪ All current and new users of Nuvigil must go through PA process</li></ul>

# Uniform Formulary Class Reviews: Antiplatelet Agent

# Drugs in the Class

Generic name	Brand name	Approval date	Generic availability?
<b>Thienopyridines</b>			
Ticlopidine	Ticlid	October 31, 1991	Yes
Clopidogrel	Plavix	November 17, 1997	No
Prasugrel	Effient	July 10, 2009	No
<b>Cyclopentyltriazolopyrimidines</b>			
Ticagrelor	Brilinta	July 20, 2011	No
<b>Phosphodiesterase inhibitors</b>			
Dipyridamole	Persantine	December 6, 1961	Yes
Aspirin/ER dipyridamole	Aggrenox	November 22, 1999	No
Cilostazol	Pletal	January 15, 1999	Yes
<b>Hemorrhologic Agent - Blood Viscosity Reducer Agent</b>			
Pentoxifylline	Trental, Pentopak, Pentoxil	August 30, 1984	Yes



# Overall Clinical Effectiveness Conclusion

## ► Efficacy

### • ACS

- Prasugrel and ticagrelor are less susceptible to genetic variation and drug–drug interactions with PPI, have faster onset of action and exhibit more complete platelet inhibition compared to clopidogrel
- Prasugrel decreases major coronary events including non-fatal MI and stent thrombosis in ACS patients undergoing PCI, when compared with clopidogrel therapy
- Prasugrel only approved for ACS patients suitable for PCI
- Ticagrelor decreases major coronary events including non-fatal MI and stent thrombosis, when compared with clopidogrel therapy
  - US patients; no significant difference in the rate of primary outcome between the two groups (10.1% vs 12.6%,  $p=0.1459$ ) (attributed to high aspirin dose)

# Overall Clinical Effectiveness Conclusion

## ► Efficacy

- Stroke/TIA
  - No significant difference between Aggrenox and clopidogrel for all-cause mortality, CV mortality, and recurrent stroke
  - No significant difference between clopidogrel and ticlopidine in reduction of all-cause mortality, CV death, or cerebral infarction
- Peripheral artery disease (PAD)
  - Cilostazol is the first-line agent to improve walking distance while pentoxifylline is the second-line alternative
  - Clopidogrel and aspirin are recommended to reduce the risk of MI, stroke or vascular death in patients with symptomatic PAD

# Overall Clinical Effectiveness Conclusion

## ► Safety and Tolerability

- Prasugrel is associated with significant increase in bleeding vs. clopidogrel
  - Increased risk in low-weight, elderly patients
  - Avoid use around CABG or other surgical or invasive procedures
- Ticagrelor: rate of major bleeding, life-threatening or CABG-related major bleeding was similar to clopidogrel
  - Ticagrelor had a higher rate of non-CABG major bleeding
  - More episodes of dyspnea in the ticagrelor group and more d/c due to this adverse effect
- Unlike clopidogrel and ticagrelor, prasugrel is contraindicated in patients with previous stroke or TIA
- Ticlopidine's therapeutic use limited by neutropenia/agranulocytosis, TTP and aplastic anemia
- Clopidogrel had lower rate of major bleeding and withdrawal due to AEs compared with ER dipyridamole/aspirin

# Antiplatelet Agent– Final Decision

BCF	UF	NF
<ul style="list-style-type: none"> <li>• Clopidogrel (Plavix)</li> </ul>	<ul style="list-style-type: none"> <li>• Prasugrel (Effient)</li> <li>• Ticagrelor (Brilinta)</li> <li>• Aspirin/dipyridamole ER (Aggrenox)</li> <li>• Ticlopidine (Ticlid, generics)</li> <li>• Cilostazol (Pletal), generics)</li> <li>• Dipyridamole (Persantine, generics)</li> <li>• Pentoxifylline (Trental, generics)</li> </ul>	<ul style="list-style-type: none"> <li>• No drug designated nonformulary</li> </ul>

- Clopidogrel generics are now available (May 2012)

# Uniform Formulary Class Reviews: DPP-4 Subclass – Non Insulin Antidiabetic Agents

# Drugs in the Class

Active Ingredient	Brand (Manufacturer)	Strengths
Sitagliptin	Januvia (Merck)	25mg, 50mg, 100mg
Sitagliptin/ Metformin	Janumet (Merck)	50mg/500mg, 50mg/1000mg
Sitagliptin/ Metformin ER	Janumet XR (Merck)	50mg/500mg, 50mg/1000mg, 100mg/1000mg
Sitagliptin/ Simvastatin	Juvisync (Merck)	100mg/10mg, 100mg/20mg, 100mg/40mg
Saxagliptin	Onglyza (BMS)	2.5mg, 5mg
Saxagliptin/ Metformin ER	Kombiglyze XR (BMS)	2.5mg/1000mg, 5mg/500mg, 5mg/1000 mg
Linagliptin	Tradjenta (Boehringer Ingelheim)	5mg
Linagliptin/ Metformin	Jentadueto (Boehringer Ingelheim)	2.5/500mg, 2.5mg/850mg, 2.5mg/1000mg

# Overall Clinical Effectiveness Conclusion

## ► Efficacy

- All 3 agents have similar A1c lowering effect when used as monotherapy ~0.4–0.9%
- Combined with metformin, mean ↓ A1c is 0.4–2.5%
- Combined with TZD mean ↓ A1c is 0.7–1.06%
- Combined with SU the mean ↓ A1c is 0.5–0.6%
- SIT fixed dose combination with metformin provides a ↓ A1c of 1.9% from baseline
- One head-to-head trial did not show clinically significant differences in efficacy or safety between SIT and SAX
- DPP-4 inhibitors are weight neutral, lipid neutral, and have minimal impact on blood pressure
- Juvisync is a combination drug that may benefit patients requiring both sitagliptin and a statin

# Overall Clinical Effectiveness Conclusion

## ▶ Safety and Tolerability

- DPP-4 inhibitors are generally well-tolerated with few side effects and few drug interactions
- Pancreatitis has been reported with sitagliptin and saxagliptin
- Acute renal failure has been reported with sitagliptin
- Linagliptin is the only DPP-4 inhibitor that does not require dose adjustments



# DPP-4 Subclass– Final Decision

BCF	UF	NF	Comments
<ul style="list-style-type: none"><li>▪ Sitagliptin (Januvia)</li><li>▪ Sitagliptin/Metformin (Janumet)</li></ul>	<ul style="list-style-type: none"><li>▪ Sitagliptin/Simvastatin (Juvisync)</li><li>▪ Linagliptin (Tradjenta)</li></ul>	<ul style="list-style-type: none"><li>▪ Saxagliptin (Onglyza)</li><li>▪ Saxagliptin/Metformin ER (Kombiglyze XR)</li></ul>	<p>Must try metformin and sulfonylurea 1st before any DPP-4 drug</p> <p>Must try sitagliptin-containing product 1st before Onglyza, Kombiglyze XR, and Tradjenta</p>

# DM Drugs Step Therapy Defined

- ▶ Metformin/Sulfonylurea step
  - Applies to DPP-4s, GLP-1s, TZDs
  - Initially implemented in Nov 2010
- ▶ DPP-4s
  - Step therapy for the class
    - Januvia, Janumet step-preferred
    - Tradjenta – behind step, but UF
    - Onglyza, Kombiglyze XR – behind step and NF
- ▶ New User: A patient who has been prescribed a Non-Preferred agent but has not tried the Non-Preferred agent
- ▶ Metformin/SU trial required when switching between classes, but not within subclasses

# DM Step Therapy Set Up

Subclasses	Prescribed Medication	Step 1 Look Back (180 days)	Message to Pharmacy
DPP-4	Januvia Janumet Janumet XR Juvisync	Metformin or Sulfonylurea	Must try Metformin or a Sulfonylurea first
	Onglyza Kombiglyze XR Tradjenta Jentadueto	Metformin or Sulfonylureas or DPP-4	Must try Januvia/Janumet /Juvisync first and have a history of metformin or a sulfonylurea
TZD	Actos	Metformin or Sulfonylureas	Must try Metformin or a Sulfonylurea first
GLP-1	Byetta	Metformin or Sulfonylureas or GLP-1	Must try Metformin or a Sulfonylurea first
	Victoza		Must try Metformin or a Sulfonylurea and a trial of Byetta

# New Drugs in Previously Reviewed Classes

# Alcaftadine ophthalmic solution (Lastacast)

# Ophthalmic 1 – Drugs in the Class

Generic Name	Brand	Strength	Generic	FDA Approval
Antihistamines				
Emedastine	Emadine	0.05%	No	1997
Mast Cell Stabilizers				
Pemirolast	Alamast	0.01%	No	1999
Nedocromil	Alocril	2%	No	1999
Cromolyn	Crolom/ Opticrom	4%	Yes	1995/1984
Lodoxamide	Alomide	0.1%	No	1993
Dual Action Antihistamines/Mast Cell Stabilizers				
Alcaftadine	Lastacraft	0.25%	No	2010
Ketotifen	Zaditor	0.025%	Yes OTC	1999
Bepotastine	Bepreve	1.5%	No	2009
Olopatadine	Patanol	0.1%	No	1996
	Pataday	0.2%	No	2004
Azelastine	Optivar	0.05%	Yes	2000
Epinastine	Elestat	0.05%	No	2003

# Alcaftadine ophthalmic solution

## ▶ Background

- H1 histamine receptor antagonist
- Inhibits release of histamine from mast cells
- 0.25% solution

## ▶ Indication

- Prevention of itching associated with allergic conjunctivitis (AC)

## ▶ Potential Off Label Uses

- Non-ocular symptom relief
  - Rhinorrhea
  - Nasal pruritus
  - Nasal congestion
  - Ear and/or palate pruritus

# Overall Clinical Effectiveness Conclusion

## ▶ Efficacy

- Alcaftadine provides a once daily option for the prevention of symptoms associated with AC
- Superiority over placebo was demonstrated in 3 clinical trials
- Alcaftadine was effective in the prevention of ocular itching 3, 5, and 7 minutes after allergen challenge, and conjunctival redness, 7, 15, and 20 minutes after allergen challenge at Visits 3 and 4 based on statistically significant differences compared with vehicle
- A clinically relevant difference (at least 1-unit difference in mean score) was also seen in ocular itching at all post-challenge evaluations at Visit 3 and Visit 4. The difference in conjunctival redness between the treatment groups, however, did not reach the criteria for clinical relevance

## ▶ Safety

- Most common adverse events included eye irritation, pruritis, and redness, and instillation site burning and stinging
- In the absence of direct comparative trials between alcaftadine and other dual action AH/MCSs, there is insufficient evidence to suggest clinically relevant differences in efficacy or safety between the agents



# Tapentadol Extended Release (Nucynta ER)

# Nucynta ER

## ▶ Background

- Tapentadol (Nucynta ER) is a twice daily mu-agonist and norepinephrine reuptake inhibitor analgesic
- Scheduled II narcotic

## ▶ Indications

- Relief of moderate to severe chronic pain in adults when a continuous, around-the-clock opioid analgesic is needed for an extended period of time

## ▶ Dosage and Administration

- Available in 50, 100, 150, 200, and 250mg tablets
- Opioid naïve and experienced: Initial dose of 50mg twice daily (approx. 12 hours apart) with titration in 50mg increments every 3 days as needed to reach effective dose of 100–250mg twice daily (max daily dose 500mg)

# Overall Clinical Effectiveness Conclusion

- ▶ Two indirect comparisons in CLBP and OA show no clinically relevant differences b/w tapentadol ER and oxycodone CR in terms of pain control, but there was a high drop-out rate in the Oxy CR group
- ▶ Overall, clinical evidence is limited
  - No head-to-head comparisons with other opioids
- ▶ Nucynta ER in one-52 week trial showed a lower rate of GI effects, but higher incidence of CNS effects compared with oxycodone CR
- ▶ It is unknown whether NE reuptake inhibition is an advantage or disadvantage

# New Drugs in a Previously Reviewed Class

## Final Decisions

Drug	BCF	UF	NF
<ul style="list-style-type: none"><li>Ophthalmic-1</li></ul>		<ul style="list-style-type: none"><li>Alcafatinde 0.25% (Lastacraft)</li></ul>	
<ul style="list-style-type: none"><li>Narcotic Analgesics</li></ul>		<ul style="list-style-type: none"><li>Tapentadol ER (Nucynta ER)</li></ul>	

# Utilization Management

# Drugs with genetic testing

## ▶ Type of Drug:

- Crizotinib (Xalkori) is an anaplastic lymphoma kinase (ALK) inhibitor
  - Treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) that is ALK-positive as detected by an FDA-approved test
- Vermurafenib (Zelboraf) is an oral Kinase inhibitor
  - Treatment of patients with unresectable or metastatic melanoma with BRAF<sup>v600E</sup> mutation as detected by an FDA-approved test
  - Not recommended for use in patients with wild-type BRAF melanoma
- Ivacaftor (Kalydeco)
  - Treatment of CF in patients 6 yrs and older who have a G551D mutation in the CFTR gene (4% of CF patients)
  - Not effective in patients with CF who are homozygous for the F508del mutation in the CFTR gene (~90% of CF patients)

# Review of May 2012 P&T Committee Meeting

Dave Meade, PharmD, BCPS  
Clinical Pharmacist

# May 2012

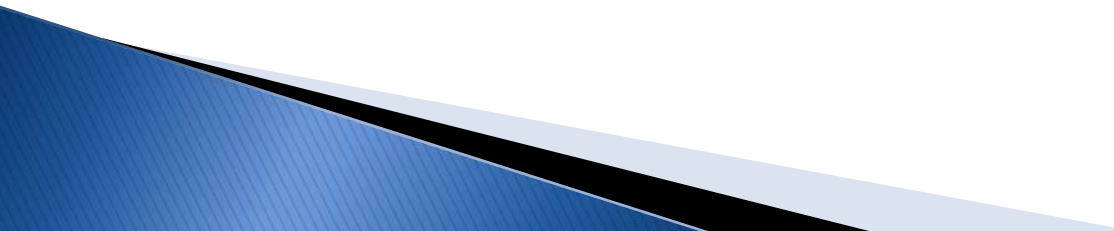
## DoD P&T Committee Meeting

- ▶ **Uniform Formulary Class Reviews**
  - Smoking Cessation Program
  - Newer Sedative/Hypnotics Drug Class
  
- ▶ **New Drugs in Previously Reviewed Classes**
  - Gabapentin enacarbil (Horizant)
  - Gabapentin ER (Gralise)



**Questions?**

# Webcast Evaluations

- ▶ Please assist us in improving the webcast presentations by completing an anonymous, 5-question survey
  - ▶ Link: <http://www.zoomerang.com/Survey/WEB22CTVSNWFRP>
  - ▶ Thank you!
- 

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