

NOTE: Amended version (section 4B) approved by the DoD P&T Executive Council at their regularly scheduled meeting, 5 August 2003.

Department of Defense Pharmacoeconomic Center

2421 Dickman Rd., Bldg. 1001, Rm. 310
Fort Sam Houston, TX 78234-5081

MCCS-GPE

14 July 2003

MEMORANDUM FOR: Executive Director, TRICARE Management Activity (TMA)

SUBJECT: Minutes of the Department of Defense (DoD) Pharmacy and Therapeutics (P&T)
"Email" Interim Executive Council Meeting

1. The DoD P&T Executive Council held an interim meeting by email on 9 July 2003 in order to make some decisions that the co-chairs felt should not be delayed until the August meeting. All voting members posted email responses by close of business 14 July 2003.

2. VOTING MEMBERS RESPONDING

CDR Terrance Eglund, MC	DoD P& T Committee Co-chair
COL Daniel D. Remund, MS	DoD P& T Committee Co-chair
COL Joel Schmidt, MC	Army
COL Doreen Lounsbery, MC	Army
MAJ Travis Watson, MS	Army
COL John R. Downs, MC	Air Force
COL Bill Sykora, MC	Air Force
LtCol George Jones, BSC	Air Force
CAPT Matt Nutaitis, MC	Navy
CDR Mark Richerson, MSC	Navy
CAPT Robert Rist	Coast Guard

VOTING MEMBERS ABSTAINING

Mike Valentino	Department of Veterans Affairs
----------------	--------------------------------

3. NATIONAL PHARMACEUTICAL CONTRACT AWARD

The VA National Acquisition Center (NAC) recently awarded a joint VA/DoD triptan contract to Astra Zeneca for zolmitriptan. Per the terms of the contract, zolmitriptan replaces sumatriptan as the only oral triptan on the BCF effective 11 Jul 03. MTFs may have one oral triptan in addition to zolmitriptan on their local formularies. The contract does not affect the formulary status of non-oral triptan dosage forms. The PEC provided guidance to MTFs for implementing the zolmitriptan contract (see the National Contracts page on the PEC website). Sumatriptan injection will remain on the BCF.

4. PROCUREMENT INITIATIVES

- A. *Ophthalmic Prostaglandins* – At the May DoD P&T Executive Council meeting the Council was informed that the VA and DoD would each pursue their own procurement strategies for ophthalmic prostaglandins. Pfizer has proposed a blanket purchase agreement (BPA) that reduces the price of latanoprost by 25% (price decreases from \$28.89 to \$21.67 per bottle) if latanoprost is added to the BCF and no other ophthalmic prostaglandins are included on the BCF. Latanoprost would be the sole ophthalmic prostaglandin on the BCF, but MTFs could have additional ophthalmic prostaglandins on their local MTF formularies. The Council voted unanimously to add latanoprost to the BCF and advise DSCP to approve the latanoprost BPA.
- B. *Thiazolidinediones (TZDs, “Glitazones”)* – The Council had previously authorized the addition of a single thiazolidinedione to the BCF using a procurement strategy that could include up to a joint DoD/VA closed class contracting strategy competing rosiglitazone and pioglitazone. Glaxo Smith Kline (GSK) has proposed a joint VA/DoD BPA that offers tiered pricing for rosiglitazone (Avandia) and the combination of rosiglitazone and metformin (Avandamet) based on their aggregate market share at MTFs if Avandia and Avandamet are the only thiazolidinediones on the BCF. The Avandamet BPA price equals the rosiglitazone BPA price plus the contract price for generic metformin. The BPA pricing will provide a 20% discount to DoD based on the 68% market share that rosiglitazone currently has at MTFs. Based on historical dose distributions, the 20% discount will reduce the average daily cost for rosiglitazone from \$2.16 to \$1.73. The average daily cost for pioglitazone is \$2.41, which is 39% more per day than rosiglitazone.

Although the Council had not previously discussed the inclusion of Avandamet in the TZD procurement strategy, the Council determined that the addition of Avandamet was consistent with previous BCF decisions and would be a rational complement to Avandia on the BCF because:

- Metformin is appropriately and frequently used in combination with rosiglitazone (50% of current rosiglitazone users are also taking metformin).
- The Council has previously concluded that combination products may be more convenient for patients to take and may improve compliance compared to giving the same products separately.
- The Avandamet pricing is cost-neutral compared to the pricing for the separate products. Although DoD currently has a contract for metformin, there have been

supply problems that cause MTFs to make off-contract purchases of metformin at higher prices. To the extent that the use of Avandamet will reduce the use of off-contract metformin, DoD will realize a cost-benefit for those patients needing combination therapy.

The Council voted unanimously to add rosiglitazone (Avandia) and the combination of rosiglitazone and metformin (Avandamet) to the BCF and advise DSCP to approve the rosiglitazone BPA.

5. BCF AND TRICARE MAIL ORDER PHARMACY (TMOP) FORMULARY ISSUES

- A. Gefitinib (Iressa) 250 mg tablets* – Iressa is a new oral agent approved, 5 May 03, as monotherapy for locally advanced or metastatic non-small cell lung cancer (NSCLC) after failure of both platinum-based and docetaxel (Taxotere) chemotherapies (i.e. third-line treatment).

The Council unanimously voted to not add Iressa to the BCF, but to add Iressa to the TMOP Formulary with a quantity limit of 45 tablets per 45 days, to reduce wastage. Gefitinib is costly (\$1168/month based on FSS pricing) and patients are likely to discontinue therapy (2/3 of the patients receiving therapy will be treated for no longer than 3 months), either due to death or lack of response. In addition, since the symptomatic benefit of gefitinib appears to correlate with tumor response rate and occurs early in treatment, it is rational to evaluate the patient within 6 weeks (clinical investigators maintain that four to six weeks of therapy is sufficient to test for response). It also appears reasonable to discontinue therapy in patients who are not benefiting.

- B. Statins* – At the May 03 DoD P&T Executive Council meeting the Council voted to add Altacor to the TMOP Formulary. The PEC has subsequently been advised that the addition of Altacor to the TMOP formulary may violate the provisions of the Zocor contract.

The solicitation for the new stated in part, "The BCF and Mail Order Pharmacy Formulary will also contain a generic form of lovastatin and may contain one of the HMG-CoA agents not extensively metabolized by the cytochrome P450 (CYP) metabolic pathway (i.e. pravastatin or fluvastatin), but not both."

Although the solicitation did not specifically prohibit the inclusion of a brand name version of lovastatin on the TMOP formulary, the specific reference to inclusion of a generic form of lovastatin on the TMOP formulary could reasonably be construed to imply that a brand name version of lovastatin would not be included on the TMOP formulary.

The Council voted unanimously to remove Altacor from the TMOP formulary.

6. NEXT MEETING

The next meeting will be held at TRICARE Management Activity (TMA), conference room 815, Skyline Building 6, 5111 Leesburg Pike, Falls Church, VA at 0800 on Tuesday, 5 August 2003. All agenda items should be submitted to the co-chairs no later than 18 July 2003.

<signed>

DANIEL D. REMUND

COL, MS, USA

Co-chair

<signed>

TERRANCE EGLAND

CDR, MC, USN

Co-chair