



MESAC MEMO

Volume 1, Number 2

June 13, 2005

As mentioned in the first MESAC Memo, the 6 subcommittees of MESAC will be described in upcoming issues.

The MESAC Approval Subcommittee Revealed

What does this subcommittee do?

- Review formulary change requests, discuss evaluations, identify issues needing further review, and prepare information for submission to the MESAC membership prior to the monthly MESAC meeting
- Solicit opinions of key opinion leaders and users for insightful contributions regarding requests
- Submit quarterly reports to the MESAC membership on the committee's activity and on any outstanding issues
- Assist with formulary surveillance and therapeutic category review at the recommendation of the MESAC membership
- Communicate with other committees to assure coordination of formulary efforts

Who is on this subcommittee?

- Physicians, nurses, pharmacists

How are drugs approved?

- A MESAC pharmacist assigns a drug request to a pharmacist or physician at each subcommittee meeting (on the first Friday of each month)
- The reviewer consults the literature (including the citations included in the formulary request)
- A 1-2 page summary is written and reviewed by the entire subcommittee
- The group solicits input from opinion leaders and interested parties at the suggestion of members of the steering committee
- Discussion at the monthly subcommittee meeting (on the 2nd Wednesday of each month) results in consensus
- The formulary request (amended), summary document, and supporting citations are then supplied for inclusion in the packet in preparation for the MESAC meeting on the 4th Tuesday of each month.

MESAC Formulary Updates (see page 2 for more detail)

January – April 2005

- **Ropinirole (Requip®):** Approved for the treatment of Parkinson's Disease
- **Exemestane (Aromasin®):** Approved with Restrictions for advanced breast cancer
- **Letrozole (Femara®):** Approved with Restrictions for early breast cancer
- **Disopyramide controlled release (Norpace CR®):** Approved as a new dosage form
- **Treprostinil (Remodulin®):** Approved with Restrictions for the treatment of primary or secondary pulmonary hypertension
- **Atovaquone and proguanil (Malarone®):** Approved with Restrictions for prevention and treatment of malaria
- **Fluticasone propionate nasal spray (Flonase®):** Approved for management of allergic and nonallergic rhinitis
- **Beclomethasone nasal spray (Beconase®):** Removed from Formulary
- **Flunisolide nasal spray (Nasalide®):** Removed from Formulary
- **Paclitaxel protein-bound (Abraxane®):** Approved with Restrictions as a new dosage form

MESAC Formulary Updates

January 2005

Formulary additions:

- **Ropinirole (Requip®): Approved**

Ropinirole (Requip®) is a selective dopamine-2 (D2)-receptor agonist indicated for the treatment of Parkinson's Disease. The Committee approved the addition of ropinirole (Requip®) to the Formulary.

- **Exemestane (Aromasin®): Approved with Restrictions**

Exemestane (Aromasin®), an aromatase inhibitor, is used as second- or third-line treatment of advanced breast cancer in postmenopausal women. The Committee approved the addition of exemestane (Aromasin®) to the Formulary with the following restriction: Oncology approval is required for initiation of treatment.

- **Letrozole (Femara®): Approved with Restrictions**

Letrozole (Femara®), an aromatase inhibitor, is approved for the treatment of early breast cancer and as an alternative to tamoxifen. The Committee approved the addition of letrozole (Femara®) to the Formulary with the following restriction: Oncology approval is required for initiation of treatment.

February 2005

Formulary additions:

- **Disopyramide controlled release (Norpace CR®): Approved**

Disopyramide controlled-release (Norpace CR®) is a class IA antiarrhythmic. This formulary addition request was driven by the concern that patients who are maintained on the controlled-release formulation at home may be inadvertently switched to immediate-release once admitted. The Committee approved the removal of the immediate-release product from the Formulary.

- **Treprostinil (Remodulin®): Approved with Restrictions**

Treprostinil (Remodulin®) is a prostacyclin analog used in the treatment of primary or secondary pulmonary hypertension. Because of special nursing requirements, administration is limited to Ellison 10, Ellison 9 CCU, Blake 7 MICU, and Ellison 4. Insurance approval must be obtained prior to administration. The Committee recommends the development of dosing worksheet guidelines, and a procedure to support transitioning from intravenous epoprostenol to intravenous treprostinil. These documents will be submitted to Nursing Practice Committee for review. Treprostinil (Remodulin®) was approved for addition to the Formulary, restricted to members of the Pulmonary Vascular Disease Service only.

April 2005

Formulary additions:

- **Atovaquone and proguanil (Malarone®): Approved with Restrictions**

Atovaquone and proguanil (Malarone®) is a combination product used for the prevention and treatment of acute malaria. The Committee approved the addition of atovaquone and proguanil (Malarone®) to the Formulary with the following restriction: Infectious Disease approval is required.

- **Fluticasone propionate nasal spray (Flonase®): Approved**

Fluticasone propionate nasal spray (Flonase®) is indicated for the management of the nasal symptoms of seasonal and perennial allergic and nonallergic rhinitis in adults and pediatric patients 4 years of age and older. The Committee approved the addition of fluticasone propionate nasal spray to the Formulary and the removal of both beclomethasone (Beconase®) nasal spray and flunisolide (Nasalide®) nasal spray due to low utilization.

- **Paclitaxel protein-bound (Abraxane®): Approved with Restrictions**

Paclitaxel protein-bound (Abraxane®) is a cremophor-free, protein-stabilized, nanoparticle formulation of the antimicrotubule agent paclitaxel. Cremophor, the agent used to solubilize conventional paclitaxel, is known to play a significant role in hypersensitivity reactions seen with paclitaxel. Availability of cremophor-free paclitaxel would benefit patients unable to tolerate

corticosteroid pretreatment. There are reportedly fewer side effects with paclitaxel protein-bound. The Committee approved the addition of paclitaxel protein-bound (Abraxane®) to the Formulary with the following restrictions: for patients with metastatic breast cancer and patients who do not tolerate conventional paclitaxel.

Stay tuned for more updates about MESAC...