STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

West Virginia Department of Health and Human Resources
Bureau for Medical Services
Pharmaceutical and Therapeutics (P & T) Committee
August 10, 2004 – 11:00 a.m.
The Diamond Building – 350 Capitol Street
Rooms B10 and B11
Charleston, West Virginia

M I N U T E S

Members Present:
David Avery, M.D.
James Bartsch, R.Ph.
John D. Justice, M.D.
Steven R. Matulis, M.D.
Barbara Koster, MSN, RNC-ANP
Teresa Dunsworth, PharmD

Members Not Present
Thomas L. Gilligan, R.Ph., D.O.
Kevin W. Yingling, R.Ph., M.D.
Harriet Nottingham, R. Ph.
Kristy H. Lucas, PharmD

DHHR/BMS Staff Present
Nancy Atkins, Commissioner
Nora Antlake, Cousel
Sandra J. Joseph, M.D., Medical Director
Peggy King, Pharmacy Director
Gail Goodnight, Rebate Coordinator
Vicki Cunningham, DUR Coordinator
Randy Myers, Deputy Commissioner
Lynda Edwards, Secretary

Contract Staff/Provider Synergies Present:
Steve Liles, PharmD
Chris Andrews, PharmD

Other Contract Staff Present:
Stephen Small, RDTP

Present:

Alcon: Al Handon
Allergan: Joseph Harrigan
Amgen: Francine Galante, Barry Tucker
Aventis: Walter L. Gose
AstraZeneca: Tammy Anderson, Melissa Gordon, Keith Hare, Rob Gurkin, Joann Shoup, Mark Dimaio
Bayer: James L. Willis, Randy D. Pryka, Ted Salyer, Ralph Williams
Boehringer Ingelheim: Brad Bowman,
Bristol-Myers Squibb: John M. Hymen, Steven E. Long, Deidra Montague, Robert Beatty, Nancy Smith
Cephalon: Deborah Bearer
Forest Pharmaceuticals: Wayne Miller
G. B. Elion Pharmaceuticals: M. Scott Casto, Bill Salmons
Genentech: Tony La Mantia
Genzyme: Ruthel Goss
Glaxo Smith Kline: Clyde Salmons, Steven Mitchell
Government Relations Specialist: Thomas Stevens
King Pharmaceuticals: Christy Scott
Lilly: Steven M. Babineaux, Darrell E. Evans, Ronald H. Hart, Gary Zdawczyk, Nick Alvaro, Todd Bledsoe
MedPointe: Scott Strauss
Merck: Michael Tu
Mental Health Association: Susan Ward
Nabi Biopharmaceuticals: Andrew Otoo, Karyn Korotka
Nami: Michael Ross
Novartis: Catherine McGeehan
Organon: Rob Houck
Ortho Biotech: Terry Henderson, Janice M. Lopez
Ortho-McNeil: Thomas P. Knox, Patricia Cosler
Pfizer: Glenda Hanstein, Pamela S. Smith, Kent C. Hunter, Gary Meuller, Glenna Blanchin
Roche: Donna E. Goldman, Archie Shew, Brian Caldwell
Sanofi: Kathryn Lavriha
Schering-Plough: Robert Cortes, Jr., Thomas Lander
Serono: David Shirkey
TAP: Stacey Poole
Unisys: Thomas Robinette
WVU: Walter Byrd
Wyeth: Tim Atchison

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 11:15 a.m.

II. Housekeeping

Commissioner Nancy Atkins was recognized, and she advised the audience on how the meeting would be conducted. Commissioner Atkins introduced Peggy King, who would be serving as fire marshal and gave the audience exit instructions in case the fire alarm sounded. She recognized Tom Harward, PA who resigned from the Committee for medical reasons and wanted to thank him for his time and commitment to the Committee and wish him the best.

Commissioner Atkins stated that there were still issues with the speaker sign-up. She said that it has become a security issue with people arriving in the building at 5:30 a.m. She stated that the building will not open until 8:00 a.m. and that security has asked that people not congregate in the lobby and block the security window. It was asked that meeting participants not move the furniture and not bring food into the lobby. The sign-up will be changed to 8:00 a.m. and there will be a change to the timeframe for people to speak. It will no longer be five minutes, but will be three minutes at the next meeting to allow for more speakers.

III. Introductions

All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

IV. Approval of Minutes of April 21, 2004 Meeting

Chairman Matulis asked for approval of the minutes from the last meeting. A motion was made and seconded, votes were taken and the motion carried to approve the minutes as submitted.

V. Public Comment Period

Commissioner Atkins explained that the public comment period would be a 45-minute session.

In regard to the public comment period, Commissioner Atkins explained that attendees planning to speak need to personally sign the speaker list prior to the meeting. She informed them that photo identification would be required before signing the sheet to speak and that no one could sign in for another person. She also reiterated that there is a five minute limit per presentation and that the session is not interactive and that no slide presentation or handouts would be distributed during the meeting. She informed the audience that materials they wanted to be submitted to the Committee had to be submitted to Lynda Edwards after the

comment period and she would distribute them to the Committee. The following individuals took the floor:

Walter Redding Byrd, Associate Professor of Psychiatry, WVU: Dr. Byrd explained that for patients with psychosis it is like a black abyss. He said that each of the atypicals are different and each patient needs a different medical approach. He stated that Zyprexa probably has the broadest spectrum of activity second to clozapine. Abilify is a unique drug and when used in the right patients, it is very effective. He said that he uses Zyprexa first line 30% to 40% of the time because he deals with very difficult patients.

Steven Babineaux, Eli Lilly: Mr. Babineaux discussed new information on atypicals. He talked about the association between these agents and the risk of hyperglycemia and diabetes. He stated that it is both clinically and fiscally appropriate to make Zyprexa available as a first line therapeutic option.

Gary E. Zdawczyk, Pharmacist, Eli Lilly: Mr. Zdawczyk said that Evista (raloxifene) is the first selective estrogen receptor modulator that is approved for the treatment and prevention of osteoporosis. He said that Evista's unique mechanism of action helps treat the needs of post-menopausal women. He stated that the goal of osteoporosis therapy is to prevent the first fracture. He said that Evista is not a hormone or progestin. He requested that Evista be on the Preferred Drug List.

Barry Delone Tucker, PharmD, Amgen: Dr. Tucker said that he would like to talk about Aranesp. He stated that many of the chemotherapy regimens have advanced over the last three years. Dr. Tucker said that Aranesp actually represents a new generation due to the substantial increase in half-life. This product allows a much longer dosing than the first generation of products. Aranesp may promote better utilization and possibly decrease utilization of other healthcare resources, therefore, decreasing costs, while adding the opportunity for increased quality of life.

Deidra Montague, Medical Science Liaison, Bristol-Myers Squibb: Ms. Montague provided the Committee with information regarding Abilify. She mentioned the consensus statement that looked at all of the atypical antipsychotics and assessed them with regard to their risk of increasing the incidence of diabetes, obesity and hyperglycemia. She said that Abilify was actually mentioned in a relatively positive note. Abilify was relatively new to the market when the consensus statement was done and there was limited data available at that time. Ms. Montague stated that the FDA mentioned class labeling for all atypicals noting that they can increase the risk of hyperglycemia. Bristol-Myers Squibb entered into talks with the FDA and were able to modify their package insert to say, "hyperglycemia including ketoacidosis has been reported in patients treated with atypical antipsychotics. Abilify was not included in the studies suggesting this risk. Therefore, the risk of hyperglycemia with Abilify is not known, however, there have been few reports of hyperglycemia in patients treated with Abilify." She suggested that patients should be appropriately monitored.

Janice Montene Lopez, PharmD, Ortho Biotech: Dr. Lopez talked about two erythropoietin agents, darbepoetin and Procrit and highlighted the clinical efficacy of Procrit. She stated

that Procrit is the only product in its class indicated for HIV related anemia and for patients undergoing elective non-cardiac non-vascular surgery. Additionally, during July of this year, the FDA sent an approval letter for Procrit to be indicated for once-weekly dosing in chemotherapy induced anemia. She requested that Procrit be on the Preferred Drug List.

Patricia Cosler, PharmD, Ortho McNeil: Ms. Cosler requested that Levaquin be considered for the Preferred Drug List. She stated that Levaquin has eleven FDA approved indications as compared to Tequin and Avelox. The incidence of side effects with Levaquin is much less compared to the other agents, Tequin and Avelox.

Robert Contreras Cortes, M.D., Schering-Plough: Dr. Cortes spoke about the treatment for Hepatitis C. He stated that PegIntron and Ribiviron were approved for Hepatitis C in patients who have not been previously treated. He said that PegIntron was approved for weight-based dosing, and that the Ribiviron dose is approved for 800 mg per day. However, many physicians are using the weight-based dosing schedule for Ribiviron, which is off-label. He spoke about the different studies that included PegIntron and Ribiviron. In addition, he stated that the national task force on allergic disorders and its most recent published guidelines strongly recommend the use of non-sedating antihistamines as a first line approach to manage the disease. He said that Clarinex is a long-acting non-sedating antihistamine that is widely recognized and a safe and effective drug in its own right. In his summary he stated that Clarinex is a potent, highly selective, long-acting antihistamine. He said that it is clinically effective in the treatment of both seasonal, perennial allergic rhinitis, chronic idiopathic urticaria, and is the only treatment approved by the FDA for daily treatment of all three conditions.

Andrew Kojo Otoo, PharmD, Nabi Biopharmeceuticals: Dr. Otoo spoke about PhosLo. He stated that PhosLo demonstrated superior efficacy when compared to other treatment options in controlled hyperphosphatemia, a serious side effect that is seen in end-stage renal disease, especially patients who require dialysis.

Randy D. Pryka, PharmD, Bayer: Dr. Pryka spoke about Avelox. He said the disease states of chronic obstructive pulmonary disease is the leading infectious cause of death in the United States. He said that sinusitis was the fifth most common reason that antimicrobials are prescribed. He stated that new data was recently completed regarding the healthy and elderly population for the treatment of moderate to severe community acquired pneumonia evaluating the relative risk of cardiovascular toxicity with Avelox versus levofloxacin. In that data there were no statistical difference in risk for the younger patients or for the frail elderly in terms of overall cardiovascular risk that was seen in that study. He wanted the Committee to keep Avelox in its preferred position.

Donna Goldman, M.D., Roche: Dr. Goldman said she has extensive personal experience in treating patients with chronic Hepatitis C with Pegasus and CoPegas. These are the two drugs used in combination are the most frequently used in the United States to cure patients of chronic Hepatitis C. Dr. Goldman said that today a patient on Pegasus and CoPegas treated for chronic Hepatitis C can be told, according to a recent Annals of Internal Medicine article that there is a 61-to-63 percent overall sustained viral response cure rate. She said

Pegasus and CoPegas in combination have become a leader in the treatment of Hepatitis C today because of better efficacy, better tolerability and better ease of use. She stated that the prefilled syringe on the Pegasus program was an example of their goal of helping patients deal with this disease.

Commissioner Atkins advised the audience that the public comment section had ended.

VI. Executive Session

A motion was made to move to the Executive Session. The motion was seconded and carried. The Committee adjourned to Executive Session at 12:30 p.m.

VII. Old Business

A. Proton Pump Inhibitors

Steve Liles recommended the following drugs for the Preferred Drug List based on the unavailability of the preferred agent (Prilosec OTC) in this class. Provider Synergies was asked to go back to all the manufacturers and speak with them about better rebates on the Proton Pump Inhibitors to replace Prilosec OTC on the Preferred Drug List. The recommendation at this time, due to the shortage of Prilosec OTC, would be to make Prevacid (all dosage forms) the preferred agent on the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, a discussion ensued. Dr. Matulis said that the drug would be available without prior authorization. One of the Committee members asked if the class would be reviewed again when availability and issues changed. Dr. Liles stated that Provider Synergies always recommends that the State review a class again (when shifts in the market, or significant shifts in cost or data are available). Dr. Matulis clarified that the class was being reviewed because of availability, which would not follow the usual guidelines for bringing a class back up for a meeting. Votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS (Oral)	PREVACID (lansoprazole)	ACIPHEX (rabeprazole) NEXIUM (esomeprazole) omeprazole PRILOSEC OTC (omeprazole) PROTONIX (pantoprazole)

B. Antipsychotics, Atypical

Steve Liles said Provider Synergies presented to the Bureau an updated financial report of the impact of various P & T decisions to the State. The Bureau determined that the addition of Zyprexa is significantly cost prohibitive and asked Provider Synergies to request that the Committee members reconsider the decision made at the April P & T meeting. It was stated

by a member that olanzapine was more clinically therapeutic than the other agents. Prior authorization (PA) would be available for those patients that need it.

Dr. Matulis asked to go over the prior authorization process for this drug. Peggy King, stated that the prior authorization criteria is generous with this class considering the nature of the drugs. She stated that if a recipient is in the hospital and they are started on a non-preferred atypical, they would be allowed to continue that therapy as an outpatient. The PA request would have to be made, because we would not know which drugs that recipients were taking, but once that information is given to Rational Drug their request would be approved. However, Medicaid will also look at the indication for the drug. Dr. Joseph addressed the issue that Medicaid receives a significant number requests for atypicals for off-label use and that there is very little clinical data to support this practice. Medicaid always looks for the FDA-approved indication or a use that has been peer reviewed and established in the literature. Then the usual criteria is used. If a drug naïve patient requires medication, Medicaid asks that a preferred agent be used, but they only have to try one preferred agent. If that information is sent to Rational Drug, then the non-preferred drug will be approved. As with all other non-preferred drugs, if there is a drug interaction, an allergy to the preferred drugs, or some other disease state that would make the preferred drugs unacceptable for use, then the non-preferred drugs would be approved.

The appeal process is always available if there is a unique situation that may need Dr. Joseph's review. Dr. Joseph talked about off-label use. She said that the requests she has received for Zyprexa and Symbyax have both been for indications that are not FDA approved or considered as an accepted off-label indication. It is mandated in the Social Security Act that state Medicaid programs cover medications only for their FDA approved indications, or for those indications that are listed in the compendia as accepted use, or for a use that is accepted in peer-reviewed literature with controlled trials. Dr. Joseph said it would be interesting to know what amount of the utilization prior to the implementation of the PDL was for non-approved use. She thought we needed to focus on provider education for the atypicals in the future. It was asked by a Committee member if we would grandfather recipients already on Zyprexa. Mrs. King stated that they have already been grandfathered. A Committee member stated that today's decision was made on financial data which is part of their duty as the Committee. Dr. Liles recommended that Symbyax, Abilify, Zyprexa and Clozaril not be included on the PDL. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPSYCHOTICS, ATYPICAL (Oral)	**ATYPICAL ANTIPSYCHOTICS**	
	clozapine GEODON (ziprasidone) RISPERDAL (risperidone) SEROQUEL (quetiapine)	ABILIFY (aripiprazole) CLOZARIL (clozapine) ZYPREXA (olanzapine)
	ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
		SYMBYAX (olanzapine/fluoxetine)

VIII. Therapeutic Category Reviews

There were fourteen categories of drugs scheduled for review. Steve Liles gave an overview at the beginning of each category. The Committee reviewed and discussed each category and made the following recommendations:

A. Antihistamines, Minimally Sedating

Steve Liles recommended the following list be approved. Dr. Liles said that it is Provider Synergies' recommendation to have generic loratadine and loratadine D included. These would be the sole preferred minimally sedating antihistamine agents on the Preferred Drug List. A Committee member asked if all the other agents would be prior authorized. Dr. Liles confirmed this information. Dr. Matulis said that some allergists felt that Clarinex should be added because of its long duration of action and that they felt that it was needed. A Committee member stated that if someone is not controlled on the generic, they have the option to use one of the other drugs through the prior authorization procedure. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIHISTAMINES, MINIMALLY SEDATING	**ANTIHISTAMINES**	
	loratadine loratadine D	ALAVERT (loratadine) ALLEGRA (fexofenadine) CLARINEX (desloratadine) CLARITIN (loratadine) TAVIST-ND (loratadine) ZYRTEC (cetirizine)

B. Fluoroquinolones, Oral

Steve Liles recommended the following list for PDL inclusion. Dr. Matulis stated that the non-preferred fluroquinolones offered no additional benefit or antibiotic spectrum of coverage for infectious diseases. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
FLUROQUINOLONES, ORAL	ciprofloxacin LEVAQUIN (levofloxacin) TEQUIN (gatifloxacin)	AVELOX (moxifloxacin) CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin extended-release) FLOXIN (ofloxacin) MAXAQUIN (lomefloxacin) NOROXIN (norfloxacin) ofloxacin

C. Bone Resorption Suppression & Related Agents

Steve Liles made recommendations for the list. He said that all agents in this class reduce the risk of fractures of women with osteoporosis but data is still unclear on post-menopausal

women who do not have osteoporosis. Provider Synergies recommends Forteo for refractory patients because of a black box warning resulting from osteosarcoma in rats. He also recommended removing Evista and Forteo off the Preferred Drug List. A Committee member said that removing Evista from the treatment regimen for osteoporosis would be detrimental to both men and women patients; it is a valuable drug. Dr. Matulis asked if it would be beneficial to go back to the company and see if the State could get a better offer. Dr. Liles indicated that it would not be beneficial. A motion was made to accept the recommendations of Provider Synergies with the addition of Evista. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	**BISPHOSPHONATES**	
	ACTONEL (risedronate) FOSAMAX (alendronate) DIDRONEL (etidronate)	
	OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
	EVISTA (raloxifene) MIACALCIN (calcitonin)	FORTEO (teriparatide)

D. Hepatitis C. Agents

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HEPATITIS C TREATMENTS*	COPEGUS (ribavirin) PEGASYS (pegylated IFN)	INFERGEN (consensus IFN) PEG-INTRON (pegylated IFN) REBETOL (ribavirin) REBETRON (IFNα/ribavirin) ribavirin

E. Ophthalmics, Allergic Conjunctivitis

Steve Liles recommended the following drugs for the Preferred Drug List. He pointed out that there was a new drug in this class, Elestat. He discussed the studies and efficacy of the Ophthalmics drug class. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	ALOCRIL (nedocromil) ALREX (loteprednol) ELESTAT (epinastine) EMADINE (emedastine) OPTIVAR (azelastine) PATANOL (olopatadine) ZADITOR (ketotifen)	ACULAR (ketorolac) ALAMAST (pemirolast) ALOMIDE (lodoxamide) CROLOM (cromolyn) cromolyn LIVOSTIN (levocabastine) OPTICROM (cromolyn)

F. Ophthalmic Antibiotics

Dr. Liles recommended the following drugs for the Preferred Drug List. Dr. Liles said that Vigamox and Zymar were two new drugs added to the class. He recommended removing ofloxacin generic from the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMIC ANTIBIOTICS	**FLUOROQUINOLONES**	
	ciprofloxacin VIGAMOX (moxifloxacin)	CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) ofloxacin QUIXIN (levofloxacin) ZYMAR (gatifloxacin)
	OTHER SINGLE AGENTS	
	bacitracin erythromycin gentamicin polymyxin B sulfacetamide tobramycin	BLEPH-10 (sulfacetamide) CETAMIDE (sulfacetamide) CHLOROMYCETIN (chloramphenicol) CHLOROPTIC (chloramphenicol) GARAMYCIN (gentamicin) GENOPTIC (gentamicin) ILOTYCIN (erythromycin) TOBREX (tobramycin)
	COMBINATION AGENTS	
	neomycin/polymyxin/bacitracin neomycin/polymyxin/gramicidin polymyxin/bacitracin polymyxin/trimethoprim	NEOSPORIN (neomycin/polymyxin/bacitracin) NEOSPORIN (neomycin/polymyxin/gramicidin) POLYSPORIN (polymyxin/bacitracin) POLYTRIM (polymyxin/trimethoprim) TERAK W/ POLYMYXIN (oxytetracycline/polymyxin) TERRAMYCIN W/ POLYMYXIN (oxytetracycline/polymyxin)

G. Ophthalmic Glaucoma Agents

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMICS, GLAUCOMA AGENTS	**PARASYMPATHOMIMETICS**	
	ISOPTO CARBACHOL (carbachol) MIOSTAT (carbachol) PHOSPHOLINE IODIDE (echothiophate iodide) pilocarpine	ISOPTO CARPINE (pilocarpine) PILOCAR (pilocarpine) PILOPINE HS (pilocarpine)
	SYMPATHOMIMETICS	
	ALPHAGAN P (brimonidine) brimonidine dipivefrin	ALPHAGAN (brimonidine) EPIFRIN (epinephrine) PROPINE (dipivefrin)

DRUG CLASS	PREFERRED	NON-PREFERRED
	BETA BLOCKERS	
	BETIMOL (timolol) BETOPTIC S (betaxolol) betaxolol carteolol levobunolol metipranolol timolol	BETAGAN (levobunolol) BETOPTIC (betaxolol) OCUPRESS (carteolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
	CARBONIC ANHYDRASE INHIBITORS	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	PROSTAGLANDIN ANALOGS	
	LUMIGAN (bimatoprost) TRAVATAN (travoprost)	RESCULA (unoprostone) XALATAN (latanoprost)
	COMBINATION AGENTS	
	COSOPT (dorzolamide/timolol)	E-PILO-1 (pilocarpine/epinephrine)

H. Antivirals

Steve Liles recommended drugs for inclusion in the Antiviral Class for the Preferred Drug List. Dr. Liles recommended to maintain PDL as it is currently except for replacing generic ganciclovir with Valcyte. The Preferred Drug List would include acyclovir, amantadine, rimantadine, Famvir, Valcyte and Valtrex. A motion was made to accept the recommendations of Provider Synergies with the exception of Valcyte in its current situation, which is off the list but available by prior authorization. The motion was seconded. Dr. Matulis asked that Tamiflu not have prior authorization when Influenza B is reported as an epidemic. Peggy King said that when influenza was reported and documented as an epidemic the prior authorization was removed. She stated that the pharmacist can give the three-day emergency supply and make the PA request. Dr. Matulis said the motion that was seconded was to accept the recommendations of Provider Synergies with the exception of Valcyte being moved to non-preferred with prior authorization. Votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIVIRALS (Oral)	acyclovir amantadine FAMVIR (famciclovir) rimantadine VALTREX (valacyclovir)	CYTOVENE (ganciclovir) FLUMADINE (rimantadine) ganciclovir RELENZA (zanamivir) SYMMETREL (amantadine) TAMIFLU (oseltamivir) VALCYTE (valganciclovir) ZOVIRAX (acyclovir)

I. Phosphate Binders

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PHOSPHATE BINDERS	MAGNEBIND 400 (magnesium/calcium carbonate) PHOSLO (calcium acetate) RENAGEL (sevelamer)	

J. Nicotine Replacement

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
NICOTINE REPLACEMENT	COMMIT NICODERM CQ NICORETTE NICOTROL NS NICOTROL PATCH	nicotine gum nicotine patch NICOTROL Inhaler

K. AntiParkinson's Agents

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPARKINSON'S AGENTS (Oral)	**ANTICHOLINERGICS**	
	benztropine KEMADRIN (procyclidine) trihexyphenidyl	COGENTIN (benztropine)
	COMT INHIBITORS	
	COMTAN (entacapone)	TASMAR (tolcapone)
	DOPAMINE AGONISTS	
	MIRAPEX (pramipexole) REQUIP (ropinirole)	pergolide PERMAX (pergolide)
	OTHER ANTIPARKINSON'S AGENTS	
	LARODOPA (levodopa) levodopa/carbidopa selegiline STALEVO (levodopa/carbidopa/entacapone)	ELDEPRYL (selegiline) SINEMET (levodopa/carbidopa)

L. Growth Hormone

Steve Liles recommended the following drugs for the Preferred Drug List. Dr. Liles wanted to note that Nutropin Depot was being moved off the market, and he wanted to leave it on the Preferred Drug List for now. Peggy King stated that this class requires prior authorization. If it is for a child documentation must be provided showing that the child needs it. If it is for an adult, criteria has to be met as well. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
GROWTH HORMONE*	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) NUTROPIN DEPOT (somatropin) GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin)	NUTROPIN (somatropin) PROTROPIN (somatrem)

M. Erythropoiesis Stimulating Proteins

Steve Liles recommended the following drugs for the Preferred Drug List. Some discussion ensued about Procrit and Epogen. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ERYTHROPOIESIS STIMULATING PROTEINS*	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)

N. Anticoagulants, Injectable

Steve Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICOAGULANTS, INJECTABLE*	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) INNOHEP (tinzaparin) LOVENOX (enoxaparin)	

IX. Next Meeting Date

The next meeting date of the P & T Committee will be **November 10, 2004**.

X. Other Business

Dr. Matulis said that some of the decisions that were made while not knowing the cost structure of Avinza. Dr. Liles said that the cost information that was presented to the Committee at the last meeting was incorrect. The true cost data was reviewed in the Executive Committee session. Provider Synergies' recommendation would be to add Avinza on the Preferred Drug List. At the last meeting, it was recommended that Avinza be taken off the list. A motion was made to accept the recommendation of adding Avinza. The motion was seconded, and the motion carried. Dr. Liles stated that in the Executive Session Welbutrin XL cost information was presented, and Provider Synergies recommends adding Welbutrin XL to the Preferred Drug List. The motion was seconded, and the motion carried.

Peggy King said that the implementation of the April decisions have not been made due to the new system that is being put in place. There were major difficulties and BMS had to retreat back to the current system. The changes made in April and the changes reviewed today will be implemented on October 1, 2004.

Dr. Matulis stated that it was time for the election of officers. A motion was made to accept the same officers for the next term. The motion was seconded and the motion carried.

XI. Adjournment

A motion was made, was seconded, votes were taken and the motion carried to adjourn the meeting of the Pharmaceutical and Therapeutics Committee.

\# - generic
* - prior authorization required