



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
January 21, 2004 - 11:00 a.m.
The Diamond Building - 350 Capitol Street
Rooms B10 and B11
Charleston, West Virginia

MINUTES

Members Present:

David Avery, M.D.
James D. Bartsch, R.Ph.
John D. Justice, M.D.
Kristy H. Lucas, PharmD
Steven R. Matulis, M.D.
Kevin W. Yingling, R.Ph., M.D.
Harriet Nottingham, R.Ph.
Barbara Koster, MSN, RNC-ANP
Teresa Dunsworth, PharmD
Thomas L. Gilligan, R.Ph., D.O.
Tom Harward, PA-C

DHHR/BMS Staff Present:

Nancy Atkins, Commissioner
Nora Antlake, Counsel
Sandra J. Joseph, M.D., Medical Director
Peggy King, Pharmacy Director
Gail Goodnight, Rebate Coordinator
Randy Myers, Deputy Commissioner
Lynda Edwards, Secretary

Contract Staff/Provider Synergies

Present:

Steve Liles, PharmD
Jill Griffith, PharmD

Other Contract Staff Present:

Stephen Small, RDTP

Present:

Abbott Laboratories: Samuel Thomas

Amgen: Francine Galante

AstraZeneca: Mark A. DiMaio, Jenny M. Phillips, Janice Carpenter, Frank G. Salopek, JoAnn Shoup, Tammy Anderson

Athlon: Jennifer Howard, Shannon Cundiff

Aventis: Walter L. Gose

Boehringer Ingelheim: Kevin WeMett

Bristol Myers Squibb: Rich Damous, Steve Long, Walt Hunter

Eisai: Mike Wert

Forest Pharmaceuticals: Wayne A. Miller

Glaxo Smith Kline: Steve Mitchell, Robin Turnbull, Gary Browning

Hoffman-LaRoche: Archie Shew

Janssen: Mark Akers, Bert Wickey

Johnson & Johnson: Raymona Kinneberg

Lewis Glasser: Gloria Young

Lilly: Myrna Miller

MedPointe: Tracy L. Thorne, Jason Vanhooose

Mental Health Association: Ellen Ward

Merck: Allen Goldberg, Larry Swann, Michael Tu

Novartis: Cathi McGeehan

Organon USA Inc.: Mike Roth

Ortho McNeil: Jeff Bumgardner

Pfizer: Brian Adams, Michael J. Bolen, Chuck Dent, Gary Mueller, Kim Olsen, Kevin Kirk, Mark Ranson, Pamela Smith, Glenn Self

Powers: Dan Moore

Pretera: Dr. Stephen Durrenberger

Reliant: Paul Coon, Bill Gergely, Kevin Paul

Rheumatology Clinic: Dr. Wassim Saikali

Rheumatology Assoc.: Dr. Michael Istfan

Roering: Shawnee Lewis

Schering-Plough: Dr. Kyle Kilchrist, Feng Ho, Pete Kelley

Searle: Doug Woods

Steere: Doug Jenkins

Takeda: Donald A. Zowader, Charlie Kelly

TAP: Stacey W. Poole, Jim Knott

Watson Pharma: Trish McAdoo, Angel Perez, Tracy Watts

WVU: Dr. Richard Granese, Dr. Adriana Palade

Whelan Medical Clinic: Dr. F. Joseph Whelan

Wyeth: John Palya, Ben Haynes, Lori Kelly, Craig Jerman

Other Interested Parties: Zach Campbell, Joe Dupont, Clydonna Kopp, Dr. Irfan Admanz, Timothy Jankowiak, Elizabeth Jankowiak, Dr. J. P. Tierney, Debbie Smith

Unreadable names/companies: Trey Williams (company ?), Clay ? (Pfizer), Eddie ? (Pfizer), J. ? (Novartis), David ? (David ?), Doug ? (Abbott)

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. Mrs. King gave the audience exit instructions in case the fire alarm sounded.

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 from October 29, 2003 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:

Chairman Matulis 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 and print their name on the speaker list prior to the meeting. She informed them that a photo identification would be required before signing the sheet to speak. She also reiterated that there is a five minute limit per presentation and that the session is not interactive. She informed the audience that materials they wanted to be submitted to the Committee had to be submitted to Peggy King prior to the meeting, and that no one could sign in for another person. The following individuals took the floor:

- Angel J. Perez, PharmD, Watson Pharmaceuticals: Dr. Perez discussed Oxytrol. He stated that 33 million persons suffer from incontinence. He also explained that the patch minimizes side effects and also bypasses the liver, therefore, diminishing the possibility of drug-drug interactions.
- Kyle Kilchrist, M.D., Schering Plough: Dr. Kilchrist stated that Zetia can be used as monotherapy. He said that Zetia in combination with statins had a 21 percent approximate reduction in cholesterol. He wanted Zetia to be considered for patients who do not tolerate statins or for physicians looking for additional options in treating hyperlipidemia.
- Jenny Phillips, Astra Zeneca: Ms. Phillips said that every thirty-three seconds someone dies from heart disease, and in West Virginia 17 people die every day. She wanted to speak about the benefits of Crestor. She stated that statins have been proven the most effective agents to reduce LDL. The Stellar trial compared Crestor with Pravachol, Zocor and Lipitor for efficacy in reducing LDL and other lipid parameters. Crestor was significantly able to reduce LDL compared to Pravachol by 26 percent, Zocor by 12 to 18 percent and compared to Lipitor by 8.2 percent.
- Adriana Palade, MD, Assistant Professor of Neurology, WVU: Dr. Palade discussed the medical benefits of eletriptan. She stated that eletriptan is the only treatment that was proven to have superior efficacy compared to sumatriptan. Headaches are the second most common neurological complaint seen in the outpatient setting. What patients want most is quick relief from their headaches. Eletriptan has a rapid onset of action, works when taken after the headache progresses, and has a low incidence of side effects. In addition to improving patient functionality and symptoms, it has the lowest incidence of chest pain of all the triptans.
- Richard Granese, M.D., WVU School of Medicine: Dr. Granese stated that the prior authorization process does not work. He stated that he wanted open access to psychotropic medications and wanted Zoloft to remain on the formulary. He said that Zoloft is the only SSRI that is safe to use in children and safe for women to take while pregnant and breast feeding.
- Wassim Saikali, M.D., Rheumatology Clinic: Dr. Saikali stated that 15 percent of his patients are on Medicaid. He spoke about the COX II Inhibitors. He felt that the use of Vioxx increased

the risk of myocardial infarction and hypertension compared to Celebrex. He wanted Bextra, Vioxx and Celebrex on the Preferred Drug List (PDL).

- Irfan Admanz, M.D., Cardiology: Dr. Admanz requested that the Committee add Lipitor to the PDL. He stated that it helps stabilize plaque in coronary artery disease. He also likes Norvasc, because it doesn't cause bradycardia for his elderly patients with lower conduction disease, and he is reluctant to use other calcium channel blockers. He said that it is also beneficial during catheterization for patients with diabetes or pulmonary conditions.
- Joseph Whelan, M.D., Whelan Medical Clinic: Dr. Whelan expressed the need for Zoloft to be on the formulary. He also commented that sometimes a medicine will work for a whole family if it is found effective for one family member. He wants a carve-out of medicines for the psychiatrists and neurosciences. He stated that recently Zyprexa was approved by the FDA for bi-polar disorders.
- J. P. Tierney, M.D., Urology: Dr. Tierney recommended that Detrol LA be the preferred drug for treatment of overactive bladder. He stated that Detrol LA has a 70 percent efficacy rate and better side effect profile than other agents. He asked the Committee to keep the drug on the Preferred Drug List (PDL).
- Clydonna Kopp, Consumer Advocate: Ms. Kopp introduced her daughter and son-in-law. She stated that her son-in-law had to get samples from his doctor in order to get the medicine he needs. Her daughter and son-in-law have health and psychological problems, which require them to take multiple medications. She stated that the prior approval process does not work. She wanted an enactment of legislation so people can get the medication that they need that day.
- Walt Hunter, M.D., Bristol Myers Squibb: Dr. Hunter spoke about Pravachol. He stated the benefits of lowering LDL cholesterol with Pravachol were shown in many trials. He said that Pravachol has a proven safety record when used alone or in combination, has proven efficacy in patients with cardiovascular events, and a low side effect profile.

Commissioner Atkins advised the audience that persons who did not have the opportunity to speak would be at the top of the list for the next meeting.

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 12:00 p.m.

VII. Old Business

A. Bladder Relaxant Agents:

Steve Liles stated that the Committee asked Provider Synergies to go back to all the manufacturers and work with them for better rebates on the Bladder Relaxant Agents. The Committee expressed interest in having the product with the most utilization and Detrol LA in this class on the Preferred Drug List (PDL). Provider Synergies' earlier recommendation was to have Ditropan XL on the Preferred Drug List. Because there are only three main manufacturers in this class, Provider Synergies went to each of the manufacturers to give them all an opportunity to improve their offers.

As a result of those negotiations, Dr. Liles said they felt that they could recommend the inclusion of Oxytrol, Detrol LA, generic immediate release oxybutynin and Ditropan XL on the Preferred Drug List. Detrol, the immediate release acting Detrol, will be off the Preferred Drug List. A motion was made to accept the class as recommended by Provider Synergies, the motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BLADDER RELAXANT PREPARATIONS	flavoxate (Urispas) oxybutynin (Ditropan)# oxybutynin transdermal (Oxytrol) oxybutynin extended-release (Ditropan XL) tolterodine extended-release (Detrol LA)	tolterodine (Detrol)

B. Proton Pump Inhibitors (PPIs):

Steve Liles stated that at the last meeting the Committee expressed interest in consulting with the Drug Utilization Review (DUR) Board on revision of the State's prior authorization criteria for the PPIs. As a result of the release of Prilosec OTC, which is a much less expensive drug the prior authorization was removed from this product. Provider Synergies then contacted the prescription PPI manufacturers to request new rebate offers for preferred secondary status. This agent would be authorized for patients for whom Prilosec OTC was not appropriate. Based on the clinical equivalency and safety of the drugs, Provider Synergies recommended that Protonix be the preferred secondary agent, second to Prilosec OTC which would become available without a prior authorization. A Committee member expressed the opinion that most gastroenterologists would agree that there is no difference between these drugs. It was also stated by one of the Committee members that there is a need for an exception to be made for Prevacid suspension and Prev Pack. It was stated by a Committee member that a pediatric gastroenterologist had stated that Prevacid suspension was necessary to treat pediatric patients. Steve Liles stated that there is not a high volume of prescriptions for Prevacid suspension. A motion was made to accept the class as recommended by Provider Synergies, the motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS	Prilosec OTC pantoprazole (Protonix)**	esomeprazole (Nexium) omeprazole (Prilosec) brand and generic lansoprazole (Prevacid) rabeprazole (AcipHex)

C. Zoloft (SSRIs):

Steve Liles stated that the Committee asked Provider Synergies to go back to the manufacturer and renegotiate the offer for Zoloft. Dr. Liles stated that they were able to get the manufacturer to increase the supplemental rebate, but not significantly. Provider Synergies did not recommend the drug to be included in the Preferred Drug List. After some discussion, a motion was made to keep Zoloft on the PDL, the motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
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ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)	citalopram (Celexa) fluoxetine (Prozac)# fluvoxamine (Luvox)# paroxetine (Paxil)# paroxetine CR (Paxil CR) escitalopram (Lexapro) sertraline (Zoloft)	fluoxetine ER (Prozac Weekly) fluoxetine (Sarafem) paroxetine suspension (Paxil)
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D. Norvasc (Calcium Channel Blockers):

Steve Liles stated that the Committee had asked Provider Synergies to go back to the manufacturer to renegotiate the offer on Norvasc. The manufacturer did increase the supplemental rebate offer, but not significantly, Provider Synergies did not recommend that Norvasc be included on the PDL. A motion was made to accept the recommendations as provided by Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CALCIUM CHANNEL BLOCKERS	diltiazem (Cardizem)# diltiazem SR (Cardizem SR, Cardizem CD, Dilacor XR)# diltiazem ER (Cardizem LA) felodipine (Plendil) isradipine (Dynacirc) isradipine SR (Dynacirc CR) nifedipine SR (Adalat CC, Procardia XL)# nisoldipine (Sular) verapamil (Calan, Isoptin)# verapamil ER (Verelan PM) verapamil SR (Calan SR, Isoptin SR)#	amlodipine (Norvasc) bepridil (Vascor) nicardipine SR (Cardene SR) nifedipine IR (Adalat, Procardia) generic and brand verapamil ER (Covera-HS) verapamil SR (Verelan) diltiazem SR (Tiazac) nimodipine (Nimotop) nicardipine (IR) generic and brand

E. Advair (Corticosteroids, Inhaled):

Steve Liles stated that the Committee asked Provider Synergies to go back to the manufacturer to renegotiate the offer on Advair. Although, the manufacturer did provide a better offer to the State, Provider Synergies did not recommend including Advair on the Preferred Drug List. It was stated that Serevent had a black box warning. A motion was made to keep Advair on the Preferred Drug List. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CORTICOSTEROIDS, INHALED	beclomethasone CFC (Vanceril) fluticasone MDI (Flovent) triamcinolone MDI (Azmacort) fluticasone DPI (Flovent Diskhaler) fluticasone/salmeterol DPI (Advair Diskus)	beclomethasone HFA (QVAR) budesonide DPI (Pulmicort Turbuhaler) budesonide suspension (Pulmicort Respules)*** flunisolide MDI (Aerobid, Aerobid M)

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. Agents for Treatment of Benign Prostatic Hyperplasia:

Steve Liles recommended the following list for PDL inclusion. 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
BENIGN PROSTATIC HYPERPLASIA (BPH)/ MICTURITION AGENTS	doxazosin # tamsulosin (Flomax) terazosin # finasteride (Proscar)	alfuzosin (Uroxatral) dutasteride (Avodart)

B. Aminosalicylates for Ulcerative Colitis:

Steve Liles recommended that the following list be approved. 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
AMINOSALICYLATES/ ULCERATIVE COLITIS AGENTS	balsalazide (Colazal) mesalamine (Asacol) mesalamine (Canasa) suppositories mesalamine (Rowasa) enemas olsalazine (Dipentum) sulfasalazine#	mesalamine (Pentasa)

C. Antiemetics, Oral:

Steve Liles recommended that the following list be approved. All the antiemetic generics currently on the PDL as preferred will not be reviewed unless new information is available. Provider Synergies recommended that they maintain the current preferred status on the PDL until the next review. A short discussion ensued about Marinol being used for AIDS wasting with HIV. 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
ANTIEMETIC/ ANTIVERTIGO AGENTS	ondansetron (Zofran) generics	aprepitant (Emend) dolasetron (Anzemet) dronabinol (Marinol) granisetron (Kytril) trimethobenzamide

D. Estrogen Agents, Combination:

Steve Liles stated that there was no new clinical data that would necessitate any changes to this 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
ESTROGEN AGENTS, COMBINATION	17β-estradiol/norethindrone acetate (Activella) 17β-estradiol/norethindrone acetate (Combipatch) 17β-estradiol/norgestimate (Prefest) conjugated estrogens/ medroxyprogesterone acetate (Premphase)	conjugated estrogens/ medroxyprogesterone acetate (Prempro) ethinyl estradiol/ norethindrone acetate (Femhrt)

E. Immunosuppressive Agents, Topical:

Steve Liles stated that there was no new clinical data that would necessitate any changes to this 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
ATOPIC DERMATITIS IMMUNE MODULATORS	pimecrolimus (Elidel)	tacrolimus (Protopic)

F. Cephalosporins and Related Antibiotics:

Steve Liles stated that there was no new clinical data that would necessitate any changes to this class. Provider Synergies recommended the addition of Cefzil, Vantin and Cedax. A motion was made to accept the recommendations by Provider Synergies, the motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CEPHALOSPORINS AND RELATED ANTIBIOTICS	First Generation cefadroxil # cephalexin # Second Generation cefaclor # cefprozil (Cefzil) cefuroxime # Third Generation cefdinir (Omnicef) cefditoren (Spectracef) cefepodoxime (Vantin) ceftibuten (Cedax) Penicillin/Beta Lactamase Inhibitor amoxicillin/clavulanate (Augmentin) # amoxicillin/clavulanate (Augmentin ES-600) amoxicillin/clavulanate (Augmentin XR)	Second Generation loracarbef (Lorabid)

G. Macrolides:

Steve Liles recommended the following list be approved. 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
MACROLIDES	azithromycin (Zithromax) clarithromycin (Biaxin) clarithromycin (Biaxin XL) erythromycin #	dirithromycin (Dynabac)

H. Claudication Agents:

Steve Liles stated that there was no new clinical data that would necessitate any changes to this 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
INTERMITTENT CLAUDICATION MEDICATIONS	cilostazol (Pletal) pentoxifylline #	

I. Platelet Aggregation Inhibitors:

Steve Liles recommended the following list be approved. Because neutropenia has been associated with ticlopidine, it has been moved to non-preferred status. A motion was made to remove dipyridamole from the list. The motion was seconded. It was discussed that a patient allergic to aspirin would need dipyridamole. It was stated that the appropriate use of this drug is an educational issue. The motion was withdrawn. 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
PLATELET AGGREGATION INHIBITORS	aspirin/dipyridamole ER (Aggrenox) clopidogrel (Plavix) dipyridamole (Persantine)	ticlopidine (Ticlid)

J. Lipotropics, Other:

Steve Liles made the following recommendations for the Preferred Drug List. Some discussion ensued about monotherapy with Zetia. 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
LIPOTROPICS, OTHER	cholestyramine # colestipol (Colestid) fenofibrate (Tricor) gemfibrozil # niacin ER (Niaspan) niacin ER/lovastatin (Advicor) niacin ER #	colesevelam (WelChol) ezetimibe (Zetia) fenofibrate (Lofibra)

K. Lipotropics, Statins:

Steve Liles made the following recommendations for inclusion on the Preferred Drug List. A short discussion ensued about Pravachol and its low incidence of drug interactions, and Crestor and its relative efficacy. It was stated that Crestor is too new to the market for a full evaluation at this time. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken, and the motion failed. The Committee asked Provider Synergies to go back to all the manufacturers and speak with them about better rebates on the statins. A motion was made to table the recommendations of Provider Synergies and keep the class at its current status. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HMG-CoA REDUCTASE INHIBITORS	fluvastatin (Lescol) fluvastatin XL (Lescol XL) lovastatin# lovastatin ER (Altacor) simvastatin (Zocor)	atorvastatin (Lipitor) pravastatin (Pravachol) pravastatin/buffered aspirin (Pravigard PAC) rosuvastatin (Crestor)

L. Nonsteroidal Anti-inflammatory Drugs (NSAIDs):

Steve Liles recommended the following list for inclusion on the Preferred Drug List. Dr. Liles stated that Provider Synergies considers Mobic a COXII Inhibitor. It was recommended that Mobic be reviewed by the DUR Board for prior authorization status. A motion was made to accept the recommendations as provided by Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
NONSTEROIDAL ANTI- INFLAMMATORY DRUGS (NSAIDS)	celecoxib (Celebrex) diclofenac # etodolac # flurbiprofen # ibuprofen # indomethacin # ketoprofen # ketorolac # meloxicam (Mobic) naproxen # oxaprozin # piroxicam # rofecoxib (Vioxx) sulindac # valdecoxib (Bextra)	diclofenac/misoprostol (Arthrotec) meclofenamate # meclofenamic acid (Ponstel) nabumetone # tolmetin #

M. Antimigraine Agents, Triptans:

Steve Liles recommended the following drugs for the Preferred Drug List. The Committee asked Provider Synergies to go back to all the manufacturers and speak with them about better rebates on the Antimigraine Agents to increase the number of choices. A motion was made to table the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIMIGRAINE AGENTS (TRIPTANS)	sumatriptan (Imitrex) zolmitriptan (Zomig)	almotriptan (Axert) eletriptan (Relpax) frovatriptan (Frova) naratriptan (Amerge) rizatriptan (Maxalt)

N. Multiple Sclerosis Agents:

Steve Liles stated that there had been no significant changes in the products for this class since the last review. 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
IMMUNOMODULATORY AGENTS FOR MULTIPLE SCLEROSIS	interferon beta-1a (Rebif) interferon beta-1b (Betaseron)	glatiramer (Copaxone) interferon beta-1a (Avonex)

IV. Next Meeting:

The next meeting date of the P & T Committee will be April 21, 2004.

X. Other Business:

Peggy King stated that implementation of these classes reviewed today will be April 1, 2004.

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

* - status pending

** - prior authorization required

*** - no prior authorization required for children through 8 years of age