



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 16, 2006 – 9:00 a.m.
Charleston Civic Center
WV Room 105
Charleston, West Virginia

MINUTES

Members Present:

David Avery, M.D.
John D. Justice, M.D.
Steven R. Matulis, M.D.
Barbara Koster, MSN, RNC-ANP
Harriet Nottingham, R. Ph.
Michael Grome, PA-C
James Bartsch, R.Ph.
Scott Brown, R.Ph.
Rodney Fink, D.O.
Teresa Frazer, M.D., FAAP
Ahmed Faheem, M.D.
Jeffrey Ashley, M.D.
Gretchen Oley, M.D.

Contract Staff/Provider Synergies Present:

Steve Liles, PharmD

Other Contract Staff/State Staff Present:

Stephen Small, RDTP
Rob Gesk, RDTP

Members Not Present

Teresa Dunsworth, PharmD

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
Vicki Cunningham, DUR Coordinator
Lynda Edwards, Secretary

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 9:30 a.m.

II. Housekeeping

Peggy King, R.Ph., Pharmacy Director, was recognized, and she advised the audience on how the meeting would be conducted.

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

New members were recognized: Scott Brown, R.Ph., Rodney Fink, D.O., Teresa Frazer, M.D., FAAP, Ahmed Faheem, M.D., Jeffrey Ashley, M.D., Gretchen Oley, M.D.

III. Approval of Minutes of June 21, 2006 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.

IV. Public Comment Period

Ms. King explained that the public comment period would be a 60-minute session. She explained the speaker sign-up. The sign-up is at 8:00 a.m. and there will be three minutes to speak to allow for more speakers.

She also stated 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:

Marjan Massoudi, Amylin: She spoke about Byetta and Symlin. She said that in clinical studies that glycemic control was maintained with Byetta and patients had rapid weight loss of 5% on average. She stated that glycemic control with Byetta is durable and lasting. She asked that the Committee support the appropriate utilization of Byetta and Symlin in line with the packet insert and include them on the Preferred Drug List.

Gregory P Faff, Sanofi-Aventis: He stated that he was a diabetic patient. He said that his diabetes was out of control and then he was prescribed Lantus. He said that in order for him to control his blood sugar, Lantus was paramount. He asked that the Committee make Lantus and Apidra available so people can manage their blood sugar.

Joe Ogden, Sanofi-Aventis: He wanted to present Apidra for addition to the formulary. He also stated that Lantus should continue to be on the formulary. He said that patients receiving Apidra had better glycemic control. He stated that Apidra is a safe and effective option for patients with Type I and II diabetes and allows flexibility for patients to dose post-meals or use with an insulin pump or pen. He said that Lantus has a unique mechanism of action that results in an action profile without a pronounced peak in comparison to other insulins and effective 24 hour duration of action allowing for once daily dosing. The efficacy and ease of initiation and reduced hypoglycemia rates of Lantus when utilized in combination with other oral antidiabetics and insulin agents has been supported in clinical trials. Lantus has demonstrated a true unique quality of life value.

Philip Ryan, Sanofi-Aventis: He spoke about Lantus. He said that Lantus has allowed for fewer incidences of hypoglycemia. He stated that with Lantus there is an advantage of a single daily insulin and more control, stability and savings to the patient. He said that with Apidra most of his patients have fewer late hypoglycemic events before the next meal and three or four hours later compared to the other insulins.

Marie Sanchirico, Sanofi-Aventis: She discussed the advantages of Ketek. She said it is indicated for the treatment of mild to moderate respiratory tract infections in patients 18 or older including acute exacerbations of chronic bronchitis, bacterial sinusitis, as well as community acquire pneumonia. She stated it is the first of a new FDA recognized class of antibiotics called the ketolides. She said it has activity against macrolide resistant pneumococcus. She said there have been rare cases of liver failure. She stated that the FDA issued a public statement indicating that Ketek's benefits for the patients for the approved indications outweigh the risks.

Mark D. Povroznik, PharmD, United Hospital Center: Dr. Povroznik stated that he was concerned about macrolide resistance. He said that he would like to see additional options other than the macrolides and that telithromycin could meet some of the current needs of physicians if it is made available.

Gregg Morrow, Sanofi-Aventis: He spoke about Plavix. He said that it was preventive in thrombotic events in a broad range of patients and wanted the drug to be made available.

Charles Crigger, M.D., MedPointe: He said that Optivar is for allergic conjunctivitis and can be used in children as young as three years of age. Astelin is for allergic rhinitis and environmental irritants and it is the only second generation antihistamine indicated for 5 year olds. He said that patients who cannot take decongestants may benefit from this drug. He asked the members to keep this drug on the formulary.

Michael Noto, D.P.N., Kanawha Valley Foot and Ankle: He spoke about Penlac. He said that it is an antifungal that kills fungus at its root and that it is not a cosmetic problem. He said that diabetics need something to fight this infection of nail fungus and disorders or the lower extremity. He said that skin breakdown is important especially with West

Virginia's large number of diabetics. He said that amputation rates are going up. He stated with the prevention of these infections some of the cost to the state can be prevented.

Jeff Hurd, Ph.D., Glaxo-Smith Kline: He discussed Requip. He said that it has two indications - restless leg syndrome and Parkinson's Disease. He said that Requip gave Parkinson's patients decreased motor fluctuations by about 23 percent.

Mark Veerman, Johnson and Johnson: He spoke about Levaquin. He said that Levaquin has two short-course antibiotic treatment regimens that are for community acquired pneumonia and also for acute bacteria sinusitis. He stated that one of the advantages of short-course high dose antibiotic therapy includes improved opportunity to complete the antibiotic course in five days. He said that this resulted in better medication adherence and well as lower potential for development of bacterial resistance.

Michael Tindal, Sepracor: He discussed the advantages of levalbuterol. He said that levalbuterol has been demonstrated to lower hospital admission rates in children and adults in both blind and retrospective studies.

Michael Delucia, Forest: He spoke about Lexapro. He said Lexapro demonstrated tolerability and adverse events were much lower than other dual-acting agents.

Stephen Edwards, M.D., New Hope Christian Council: He requested that Straterra remain on the formulary. He said it is a first line approved agent from the American Academy of Child and Adolescent Psychiatry and it is the only FDA approved non-stimulant that psychiatrists can use.

Calvin Sumner, M.D., Lilly: Mr. Sumner, a psychiatrist, spoke about Zyprexa and how patients stayed compliant with this medication more so than other medications.

Shilpa Ekbote, PharmD, Lilly: She spoke about the availability of Straterra in West Virginia. She said that medications must be chosen according to individual patient profiles. She stated that Straterra is the only non-stimulant ADHD medication available and fills an important therapeutic need in the treatment of this disorder.

Clyde Cooper, PharmD, Schering-Plough: He spoke about Nasonex and Asmanex. He said Asmanex is the only FDA approved inhaled Corticosteroid indicated for once-daily administration at initiation. He stated that it provides effective 24-hour therapeutic benefit when given once a day for mild to moderate asthma. He said that Nasonex has established efficacy and safety profile with multiple indications. It is indicated for children as young as two years of age, which is the lowest age for any nasal inhaled steroids.

Dean Drosnes, M.D., Schering-Plough: Dr. Drosnes wanted to update the Committee on recent developments on moxifloxacin and Avelox. He explained that in 2005 moxifloxacin was approved for treatment of complicated skin and skin structure

infections, and in November 2005, Avelox was approved as monotherapy for treatment of complicated intra-abdominal infections including E. coli.

Ken Murphy, Roche Labs: He spoke about osteoporosis. He said that in a recent study of Boniva once monthly versus Fosamax once weekly patients preferred once monthly treatment. He asked that the Committee add Boniva to the Preferred Drug List.

Renee Juhl, Pfizer: She spoke about Celebrex. She said it has a proven efficacy across a range of indications including osteoarthritis, rheumatoid arthritis, acute pain, and primary dysmenorrhea. She stated that Celebrex has GI safety and tolerability in one of the most extensive cardiovascular profiles and can be used with low dose aspirin.

George Kitchens, Allergan: He spoke about Zymar and fluoroquinolones. He asked that the Committee reverse their decision from last year when they removed Vigamox. He stated that using a fourth generation fluoroquinolone for the treatment of bacterial conjunctivitis is inappropriate. He encouraged the Committee to approve Zymar noting that Louisiana approved it as their only fluoroquinolone.

Nathan Howard, Procter and Gamble: He spoke about Actonel and the treatment of osteoporosis. He said that Actonel is indicated for prevention and treatment of menopausal osteoporosis, steroid osteoporosis and to increase bone marrow density in men with osteoporosis. He stated that it prevents fractures up to a five-year period. It also reduced the risk of hip fractures by forty percent in osteoporotic women.

Robin Weber, Genetech: She spoke about Raptiva. She said that patients have minimal side effects with no additional side effects showing up over three years. She asked the Committee to use Raptiva and a continuous treatment because psoriasis is a chronic disease and treating it can continue the improved outcomes of patients with psoriasis.

Edgar Gonzalez, M.D., King Pharmaceuticals: He spoke about Altace. He stated that diabetics have a significantly higher cardiovascular mortality rate compared to non-diabetics. He said that with Altace there was a 37% cardiovascular reduction and a 33% reduction in strokes and 61% reduction in fatal strokes.

Commissioner Atkins, advised the audience that the public comment section had ended. She introduced Mayor Danny Jones and he welcomed the public attendees to Charleston.

V. 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 10:30 p.m. Dr. Matulis stated that another Executive Session/Lunch will be from 1:00 p.m. to 2:00 p.m.

VI. Old Business

No old business was discussed.

VII. New Business

Dr. Matulis stated that Kristy Lucas has resigned for personal reasons.

VIII. Therapeutic Category Reviews

There were 28 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. Alzheimer's Agents

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the exception of grandfathering Razadyne and Razadyne ER. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ALZHEIMER'S AGENTS	CHOLINESTERASE INHIBITORS	
	ARICEPT (donepezil) EXELON (rivastigmine)	COGNEX (tacrine) RAZADYNE (galantamine) RAZADYNE ER (galantamine)
	NMDA RECEPTOR ANTAGONIST	
	NAMENDA (memantine)	

B. Antiparkinson's Agents

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
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	
carbidopa/ levodopa selegiline STALEVO (levodopa/carbidopa/entacapone)	AZILECT (rasagiline) ^{NR} ELDEPRYL (selegiline) EMSAM (selegiline) ^{NR} PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa)

C. Androgenic Agents

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
ANDROGENIC AGENTS	ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)

D. Bone Resorption Suppression and Related Agents

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
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	BISPHOSPHONATES	
	FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) BONIVA (ibandronate) DIDRONEL (etidronate)
	OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
	EVISTA (raloxifene) MIACALCIN (calcitonin)	FORTEO (teriparatide) FORTICAL (calcitonin)

E. Cytokine and CAM Antagonists

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
CYTOKINE AND CAM ANTAGONISTS ^{CL}	ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) RAPTIVA (efalizumab)	

F. NSAIDS

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
NSAIDS	NONSELECTIVE	
	diclofenac	ADVIL (ibuprofen)
	etodolac	ANAPROX (naproxen)
	fenoprofen	ANSAID (flurbiprofen)
	flurbiprofen	CATAFLAM (diclofenac)
	ibuprofen (Rx and OTC)	CLINORIL (sulindac)
indomethacin	DAYPRO (oxaprozin)	
ketoprofen	FELDENE (piroxicam)	
ketorolac	INDOCIN (indomethacin)	
naproxen (Rx only)	LODINE (etodolac)	
oxaprozin	meclofenamate	
piroxicam	MOTRIN (ibuprofen)	
PONSTEL (meclofenamate)	nabumetone	
sulindac	NALFON (fenoprofen)	
tolmetin	NAPRELAN (naproxen)	
	NAPROSYN (naproxen)	
	NUPRIN (ibuprofen)	
	ORUDIS (ketoprofen)	
	ORUVAIL (ketoprofen)	
	RELAFEN (nabumetone)	
	TOLECTIN (tolmetin)	
	TORADOL (ketorolac)	
	VOLTAREN (diclofenac)	
	NSAID/GI PROTECTANT COMBINATIONS	
		ARTHROTEC (diclofenac/misoprostol)
		PREVACID NAPRAPAC (naproxen/lansoprazole)
	COX-II SELECTIVE^{CL}	
		CELEBREX (celecoxib)
		meloxicam
		MOBIC (meloxicam)

G. Atopic Dermatitis

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
ATOPIC DERMATITIS	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	

H. Antifungals, Topical

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
ANTIFUNGALS, TOPICAL	ANTIFUNGALS	
	econazole EXELDERM (sulconazole) ketoconazole NAFTIN (naftifine) nystatin	ciclopirox ERTACZO (sertaconazole) LOPROX (ciclopirox) MENTAX (butenafine) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PENLAC (ciclopirox) SPECTAZOLE (econazole) VUSION (miconazole/petrolatum/zinc oxide)
	ANTIFUNGAL/STEROID COMBINATIONS	
	clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

I. Antifungals, Oral

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
ANTIFUNGALS, ORAL	clotrimazole fluconazole ketoconazole ^{CL} LAMISIL (terbinafine) ^{CL} MYCOSTATIN Pastilles (nystatin) nystatin	ANCOBON (flucytosine) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin) griseofulvin GRIS-PEG (griseofulvin) itraconazole MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) SPORANOX (itraconazole) VFEND (voriconazole)

J. Antivirals

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of amantadine. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIVIRALS (Oral)	acyclovir amantadine ganciclovir VALCYTE (valganciclovir)	CYTOVENE (ganciclovir) FAMVIR (famciclovir) FLUMADINE (rimantadine) rimantadine

DRUG CLASS	PREFERRED	NON-PREFERRED
	VALTREX (valacyclovir)	RELENZA (zanamivir) SYMMETREL (amantadine) TAMIFLU (oseltamivir) ZOVIRAX (acyclovir)

K. Cephalosporins and Related Antibiotics

Dr. Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies with the addition of Omnicef and Augmentin XR and remove generic Augmentin. A motion was made to put this on the table for financial reasons and discuss during the Executive session. The motion was seconded, votes were taken and the motion passed. After the Executive Session, a motion was made to accept the recommendations of Provider Synergies with the addition of Omnicef and Augmentin XR and remove generic Augmentin. The motion was seconded, votes were taken and the motion failed. A motion was then made to accept the recommendations of Provider Synergies with the addition of Omnicef. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS	
	amoxicillin/clavulanate AUGMENTIN XR (amoxicillin/clavulanate)	AUGMENTIN (amoxicillin/clavulanate) AUGMENTIN ES-600 (amoxicillin/clavulanate)
	CEPHALOSPORINS	
	CEDAX (ceftibuten) cefaclor cefadroxil cefprozil cefuroxime cephalexin OMNICEF (cefdinir) SPECTRACEF (cefditoren) SUPRAX (cefixime)	CECLOR (cefaclor) cefpodoxime CEFTIN (cefuroxime) CEFZIL (cefprozil) DURICEF (cefadroxil) KEFLEX (cephalexin) LORABID (loracarbef) PANIXINE (cephalexin) RANICLOR (cefaclor) VANTIN (cefpodoxime)

L. Fluoroquinolones, Oral

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
FLUROQUINOLONES, ORAL	AVELOX (moxifloxacin) ciprofloxacin CIPRO (ciprofloxacin suspension) FACTIVE (gemifloxacin)	CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin extended-release) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) ofloxacin PROQUIN XR (ciprofloxacin extended-release)

M. Macrolides/Ketolides

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with Zmax being moved to non-preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
MACROLIDES/KETOLIDES (Oral)	MACROLIDES	
	azithromycin BIAXIN XL (clarithromycin) erythromycin (base, ethylsuccinate, stearate)	BIAXIN (clarithromycin) clarithromycin DYNABAC (dirithromycin) E.E.S. (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED (erythromycin ethylsuccinate) ERY-TAB (erythromycin) ERYTHROCIN (erythromycin stearate) erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX Suspension (azithromycin)
	KETOLIDES	
		KETEK (telithromycin)

N. Ophthalmics, Antibiotics

Steve Liles made recommendations for the list. Some discussion ensued about Vigamox and Zymar. A motion was made to accept the recommendations of Provider Synergies with the addition of Vigamox and move Zymar to non-preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMIC ANTIBIOTICS	FLUROQUINOLONES	
	VIGAMOX (moxifloxacin)	ciprofloxacin CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) ofloxacin QUIXIN (levofloxacin) ZYMAR (gatifloxacin)

OTHER SINGLE AGENTS	
bacitracin erythromycin gentamicin polymyxin B sulfacetamide tobramycin	BLEPH-10 (sulfacetamide) GENOPTIC (gentamicin) TOBEX (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)

O. Ophthalmics, Glaucoma Agents

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
OPHTHALMICS, GLAUCOMA AGENTS	PARASYMPATHOMIMETICS	
	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) PHOSPHOLINE IODIDE (echothiophate iodide) pilocarpine	ISOPTO CARPINE (pilocarpine) PILOPINE HS (pilocarpine)
	SYMPATHOMIMETICS	
	ALPHAGAN P (brimonidine) brimonidine dipivefrin	ALPHAGAN (brimonidine) PROPINE (dipivefrin)
	BETA BLOCKERS	
	BETIMOL (timolol) BETOPTIC S (betaxolol) betaxolol carteolol levobunolol metipranolol timolol	BETAGAN (levobunolol) ISTALOL (timolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
	CARBONIC ANHYDRASE INHIBITORS	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	PROSTAGLANDIN ANALOGS	
	LUMIGAN (bimatoprost) TRAVATAN (travoprost)	XALATAN (latanoprost)
COMBINATION AGENTS		
COSOPT (dorzolamide/timolol)		

P. Ophthalmics, Allergic Conjunctivitis

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Optivar to preferred status. The motion was seconded, votes were taken and the motion carried.

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

Q. Intranasal Rhinitis Agents

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
INTRANASAL RHINITIS AGENTS	ANTICHOLINERGICS	
		ATROVENT (ipratropium) ipratropium
	ANTIHISTAMINES	
	ASTELIN (azelastine)	
	CORTICOSTEROIDS	
FLONASE (fluticasone) NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide fluticasone NASALIDE (flunisolide) NASAREL (flunisolide) RHINOCORT AQUA (budesonide)	

R. Leukotriene Receptor Antagonists

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
LEUKOTRIENE RECEPTOR ANTAGONISTS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO (zileuton)

The Committee reconvened after a break for lunch and resumed review of the Pharmaceutical and Therapeutic Classes.

S. Glucocorticoids, Inhaled

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Advair to preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
GLUCOCORTICIDS, INHALED	GLUCOCORTICIDS	
	AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) AZMACORT (triamcinolone) QVAR (beclomethasone)	FLOVENT HFA (fluticasone) PULMICORT (budesonide)
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
	ADVAIR (fluticasone/salmeterol)	

T. Bronchodilators, Beta Agonist

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with Xopenex HFA and Foradil moved to preferred and Proventil HFA to non-preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BRONCHODILATORS, BETA AGONIST	INHALERS, SHORT-ACTING	
	albuterol CFA MAXAIR (pirbuterol) XOPENEX HFA (levalbuterol)	albuterol HFA ALUPENT (metaproterenol) PROVENTIL (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)
	INHALERS, LONG-ACTING	
	FORADIL (formoterol)	SEREVENT (salmeterol)
	INHALATION SOLUTION	
	albuterol	ACCUNEB (albuterol)** metaproterenol PROVENTIL (albuterol) XOPENEX (levalbuterol)
ORAL		
albuterol terbutaline	BRETHINE (terbutaline) metaproterenol VOSPIRE ER (albuterol)	

U. Bronchodilators, Anticholinergic

Steve Liles recommended the following drugs for the Preferred Drug List. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BRONCHODILATORS, ANTICHOLINERGIC	ANTICHOLINERGIC	
	ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	ATROVENT Inhalation Solution (ipratropium)

ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
COMBIVENT (albuterol/ipratropium)	DUONEB (albuterol/ipratropium)

V. ACE Inhibitors

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Aceon and Mavik to preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ACE INHIBITORS	ACE INHIBITORS	
	ACEON (perindopril) ALTACE (ramipril) benazepril captopril enalapril lisinopril MAVIK (trandolapril)	ACCUPRIL (quinapril) CAPOTEN (captopril) fosinopril LOTENSIN (benazepril) MONOPRIL (fosinopril) PRINIVIL (lisinopril) quinapril UNIVASC (moexepiril) VASOTEC (enalapril) ZESTRIL (lisinopril)
	ACE INHIBITOR/DIURETIC COMBINATIONS	
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) fosinopril/HCTZ LOTENSIN HCT (benazepril/HCTZ) MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) quinapril/HCTZ UNIRETIC (moexepiril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)

W. Platelet Aggregation Inhibitors

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the removal of Persantine to non-preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PLATELET AGGREGATION INHIBITORS (Oral)	AGGRENOX (dipyridamole/ASA) PLAVIX (clopidogrel)	dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine

X. Antiemetics

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
ANTIEMETICS (Oral)	ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) EMEND (aprepitant)	ANZEMET (dolasetron) KYTRIL (granisetron)

Y. Hypoglycemics, Insulins and Related Agents

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Novolog products. Motion was seconded, votes were taken and the motion carried. A second motion was made to add Apidra to preferred status. It was discussed that more information was needed from the Drug Utilization Review Committee on Apidra. Motion was seconded, votes were taken and motion failed.

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	INSULIN	
	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) EXUBERA (insulin) ^{NR}
	RELATED AGENTS	
	BYETTA (exenatide) SYMLIN (amylin)	

^{CL} - Requires Clinical PA

^{NR} - New drug has not been reviewed by P & T Committee

Z. Stimulants and Related Agents

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Strattera to preferred status. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
STIMULANTS AND RELATED AGENTS	AMPHETAMINES	
	ADDERALL XR (amphetamine salt combination) amphetamine salt combination dextroamphetamine	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) DEXTROSTAT(dextroamphetamine)

NON-AMPHETAMINE	
CONCERTA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	DAYTRANA (methylphenidate) ^{NR} METADATE ER (methylphenidate) pemoline PROVIGIL (modafanil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

AA. Antidepressants, SSRIs

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
ANTIDEPRESSANTS, SSRIs	citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine PAXIL CR (paroxetine) PEXEVA (paroxetine) ZOLOFT (sertraline)	CELEXA (citalopram) PAXIL (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) sertraline

BB. Antipsychotics, Atypical

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Abilify and Zyprexa. The motion was seconded, votes were taken and the motion carried.

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

IX. Next Meeting Date

The next meeting date of the P & T Committee will be **February 7, 2007**. The other dates would be August 15, 2007* and October 17, 2007. Ms. King stated that the

October meeting would not have a review of the drug classes and the Committee would not discuss single drugs at any meetings.

X. Other Business

Ms. King said that implementation of the current recommendations would be effective October 2, 2006, pending the approval of the Secretary of DHHR.

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.

*Changed to August 22, 2007