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Governor

STATE OF WEST VIRGINIA
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Martha Yeager Walker
Secretary

Pharmaceutical and Therapeutics (P&T) Committee
February 6, 2008
Charleston Civic Center
WV Room 105
Charleston, West Virginia

MINUTES

Members Present:

Steven R. Matulis, M.D.
David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Dunsworth, PharmD
Barbara Koster, N.P.
Harriet Nottingham, R.Ph.
Michael Grome, PA-C
Ahmed Faheem, M.D.
Rodney L. Fink, D.O.
Teresa Frazer, M.D., FAAP
Jeffrey V. Ashley, M.D.
Gretchen E. Oley, M.D.
Scott Brown, R.Ph.
Robert Stanton, PharmD

Members Not Present:

Gene Makela, PharmD

DHHR/BMS Staff Present:

Nora Antlake, Counsel
Peggy King, R.Ph., Pharmacy Director
Gail Goodnight, R.Ph. Rebate Coordinator
Vicki Cunningham, R.Ph., DUR Coordinator
William Hopkins, Pharmacy Operations
Manager
Lynda Edwards, Secretary

Contract Staff/GHS Staff Present:

Laureen Biczak, D.O.
Tim Clifford, M.D.
Eliza Mathias
Mike Oullette, R.Ph.
John Grotton, R.Ph.
Chad Bissell, R.Ph., PharmD

Other Contract Staff/State Staff Present:

Stephen Small, R.Ph., M.S., Rational Drug
Therapy Program
Eric Sears, R.Ph., Unisys

I. Call to Order

Dr. David Avery, M.D., Chairperson, called the meeting to order at 9:07 a.m.

II. Housekeeping

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

Peggy King was introduced and she advised the audience on how the meeting would be conducted.

She announced a change in the speaker sign up process. The Committee changed the format so that speakers would not have to wait for sign up for an extended period the morning of the meeting. Ms. King cautioned the speakers to keep to the allotted time or the Committee would revert to the previous format.

Ms. King expressed that the preference of the Committee was that they have any handouts in advance and be limited to two pages.

III. Approval of October 17, 2008 Meeting

Chairman Avery asked for approval of the minutes from the last meeting. A motion was made and seconded and the motion carried to approve the minutes as submitted.

IV. Public Comment Period

Isabel Couto, NovoNordisk, recommended that Nordotropin be added to the PDL.

Walter Byrd, M.D., West Virginia University, recommended that Rozerem be added to the PDL.

Kelly Hollenack, Takeda, spoke in favor of Actos.

Emile Jean-Baptiste, Schering-Plough, recommended that Peg-Intron be added to the PDL.

James Wertz, M.D., Glaxo Smith Kline, recommended that Coreg CR be added to the PDL.

Casey Sanner, PharmD, Glaxo Smith Kline, spoke in favor of Avandia.

Howard Rutman, M.D., Taro, recommended Ovide that be added to the PDL.

Donald Williams, Schering-Plough, recommended that Zetia and Vytorin be added to the PDL.

Robert Pannone, Amgen, spoke in favor of Aranesp.

Kristina Wenslovas, M.D., GSK, recommended that Veramyst be added to the PDL.

Larry Palmisano, M.D., Reliant, recommended that Lovaza be added to the PDL.

Julian Espiritu, M.D., Novartis, recommended that Tekturna be added to the PDL.

Monique Gingold, M.D., Shire, recommended that Vyvanse be added to the PDL.

Tony Preston, Sanofi Anventis, spoke in favor of Benzaclin.

Christina Sproles, Sepracor, recommended that Lunesta be added to the PDL.

Amy Phillips, Serono, recommended that Saizen be added to the PDL.

Theresa Ankamah, M.D., Boehringer, spoke in favor of Micardis and Flomax.

Matthew Marin, Astra-Zenaca, recommended that Symbicort be added to the PDL.

BoYoung Goh, PharmD, Daichi Sankyo, spoke in favor of Azor.

Jalpa Patel, PharmD, Diachi Sankyo, recommended that Welchol be added to the PDL.

Julie Kivior, Lilly, recommended that Humatrope be added to the PDL.

Danielle Loosbrock, Lilly, spoke in favor of Cymbalta.

Kristen Mack, M.D., Biogen Idec, spoke in favor of Avonex.

Peter Snyder, Pfizer, recommended that Detrol LA be added to the PDL.

Laura Bollinger, Roche, spoke in favor of Pegasys.

Harry Reall, M.D., Abbott, spoke in favor of Depakote.

Robert Touchen, M.D., Abbott, recommended that Tricor remain preferred.

V. Executive Session

The Committee adjourned to Executive Session.

VI. Old Business

The committee discussed the P&T Committee Mission Statement. A motion was made to accept the mission statement as amended (below). The motion was seconded, votes were taken and the motion carried to adopt the Mission Statement as amended.

P & T Committee Mission Statement:

The West Virginia Medicaid Pharmaceutical and Therapeutics Committee is committed to:

- Objectively recommend drugs for inclusion on the WV Preferred Drug List (PDL) that are effective and cost efficient, while providing maximum safety;
- Examine the scientific literature (found in labeling, drug compendia, and peer reviewed clinical literature) for sound clinical evidence that supports selecting specific drugs to be included on the PDL;
- Ensure that the PDL provides for medically appropriate drug therapies for use in the general Medicaid population, allowing healthcare providers to care for the majority of their patients without a prior authorization request.

VII. New Business

Dr. Avery called for review of the Therapeutic Classes

VIII. Therapeutic Class Reviews

A. Acne Agents

Dr. Laureen Biczak recommended the following list be approved. Dr. Fink recommended that the Committee forgo the clinical summaries and discuss only the recommendations.

A motion was made to accept the recommendations of GHS. The motion was, seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ACNE AGENTS, TOPICAL	ANTIBIOTICS	
	AKNE-MYCIN (erythromycin) clindamycin erythromycin	CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) CLINDAREACH (clindamycin) EVOCLIN (clindamycin)
	RETINOIDS	
	RETIN A (tretinoin) ^{CL} RETIN-A MICRO (tretinoin) ^{CL} TAZORAC (tazarotene) tretinoin ^{CL}	DIFFERIN (adapalene)
OTHERS		
AZELEX (azelaic acid) BENZAC WASH (benzoyl peroxide) BENZASHAVE (benzoyl peroxide) benzoyl peroxide benzoyl peroxide/urea DUAC (benzoyl peroxide/ clindamycin) erythromycin/benzoyl peroxide sodium sulfacetamide	BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZAGEL (benzoyl peroxide) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) BENZIQU (benzoyl peroxide) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) DESQUAM-X (benzoyl peroxide) INOVA (benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) KLARON (sodium sulfacetamide) LAVOCLEN (benzoyl peroxide) NEOBENZ MICRO (benzoyl peroxide) NUOX (benzoyl peroxide/sulfur) PLEXION (sulfacetamide sodium/sulfur) sulfacetamide sodium/sulfur in urea vehicle sulfacetamide sodium/sulfur w/sunscreens SULFOXYL (benzoyl peroxide/sulfur) TRIAZ (benzoyl peroxide) ZACLIR (benzoyl peroxide) ZIANA (clindamycin/tretinoin) ZODERM (benzoyl peroxide)	

B. Analgesics, Narcotics – Long-Acting

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANALGESICS, NARCOTIC - LONG ACTING (Non-parenteral)	fentanyl KADIAN (morphine) methadone morphine ER	AVINZA (morphine) DURAGESIC (fentanyl) MS CONTIN (morphine) OPANA ER (oxymorphone) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) ULTRAM ER (tramadol)

C. Analgesics, Narcotics – Short-Acting

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANALGESICS, NARCOTIC-SHORT ACTING (Non-parenteral)	APAP/codeine ASA/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone levorphanol morphine oxycodone oxycodone/APAP oxycodone/ASA pentazocine/APAP pentazocine/naloxone propoxyphene/APAP ROXICET (oxycodone/acetaminophen) tramadol tramadol/APAP VOPAC (codeine/acetaminophen)	ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol COMBUNOX (oxycodone/ibuprofen) DARVOCET (propoxyphene/APAP) DARVON (propoxyphene) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) LORCET, LORTAB (hydrocodone/APAP) LYNOX (oxycodone/APAP) meperidine OPANA (oxymorphone) OXYFAST, OXYIR (oxycodone) PANLOR (dihydrocodeine/ APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) propoxyphene ROXANOL (morphine) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocone/acetaminophen) ZYDONE (hydrocodone/acetaminophen)

D. Angiotensin Modulators

The PDL recommendations were based on the existing classes. In the Angiotensin Converting Enzyme Inhibitor (ACE) class, Dr. Biczak recommended that ramipril be moved to non-preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

In the Angiotensin II Receptor Blockers category, Dr. Biczak recommended that Exforge be preferred and Azor be non-preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

In the ACE Inhibitor/CCB drugs, Dr. Biczak recommended that Lotrel and Tarka be non-preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

Dr. Biczak recommended that the current class be restructured to combine all Angiotensin Modulators into one class with five subclasses classes. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANGIOTENSIN MODULATORS	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	
	AVAPRO (irbesartan) BENICAR (olmesartan) COZAAR (losartan) DIOVAN (valsartan) MICARDIS (telmisartan)	ATACAND (candesartan) TEVETEN (eprosartan)
	ARB COMBINATIONS	
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AZOR (olmesartan/amlodipine) TEVETEN-HCT (eprosartan/HCTZ)
	ACE INHIBITORS	
	ALTACE (ramipril) benazepril captopril enalapril fosinopril lisinopril quinapril	ACCUPRIL (quinapril) ACEON (perindopril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexepiril MONOPRIL (fosinopril) PRINIVIL (lisinopril) ramipril trandolapril UNIVASC (moexepiril) VASOTEC (enalapril) ZESTRIL (lisinopril)
	ACE INHIBITOR COMBINATION DRUGS	
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LEXXEL (enalapril/felodipine) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexepiril/HCTZ MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexepiril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)
	DIRECT RENIN INHIBITORS	
		TEKTURNA (aliskerin)

E. Anticoagulants, Injectable

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICOAGULANTS, INJECTABLE ^{CL}	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)	INNOHEP (tinzaparin)

F. Anticonvulsants

Dr. Biczak recommended that the following list be approved. A Committee member moved that the Committee send a letter to the DUR regarding recommended step therapy criteria for Lyrica. The motion was seconded, votes were taken and the motion carried. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICONVULSANTS	ADJUVANTS	
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) FELBATOL (felbamate) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LYRICA (pregabalin) ^{CL} TOPAMAX (topiramate) TRILEPTAL (oxcarbazepine) valproic acid zonisamide	DEPAKENE (valproic acid) EQUETRO (carbamazepine) lamotrigine NEURONTIN (gabapentin) oxcarbazepine TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) ZONEGRAN (zonisamide)
	BARBITURATES	
	mephobarbital phenobarbital primidone	MEBARAL (mephobarbital) MYSOLINE (primidone)
	BENZODIAZEPINES	
	clonazepam DIASTAT (diazepam rectal) diazepam	KLONOPIN (clonazepam)
	HYDANTOINS	
	DILANTIN INFATABS (phenytoin) PEGANONE (ethotoin) phenytoin	CEREBYX (fosphenytoin) DILANTIN (phenytoin) EPITOL (phenytoin) PHENYTEK (phenytoin)
	SUCCINIMIDES	
	CELONTIN (methsuximide) ethosuximide	ZARONTIN (ethosuximide)

G. Antihistamines, Minimally Sedating

Dr. Biczak recommended that the following list be approved with the newly released drug, cetirizine (OTC) be preferred and the Clarinex syrup be non-preferred. A motion was made to accept the recommendations of GHS with the addition of cetirizine and the removal of Clarinex. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIHISTAMINES, MINIMALLY SEDATING	ANTIHISTAMINES	
	ALAVERT (loratadine) cetirizine (OTC) loratadine TAVIST-ND (loratadine)	ALLEGRA (fexofenadine) CLARINEX Tablets (desloratadine) CLARINEX REDITABS (desloratadine) CLARINEX Syrup (desloratadine) CLARITIN (loratadine) fexofenadine XYZAL (levocetirizine) ZYRTEC (Rx and OTC) (cetirizine) ZYRTEC SYRUP (Rx and OTC) (cetirizine)
	ANTIHISTAMINE/DECONGESTANT COMBINATIONS	
	ALAVERT-D (loratadine/pseudoephedrine) cetirizine /pseudoephedrine (OTC) loratadine/pseudoephedrine SEMPREX-D (acrivastine/ pseudoephedrine)	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARINEX-D (desloratadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) ZYRTEC-D (Rx and OTC) (cetirizine/pseudoephedrine)

H. Antimigraine Agents, Triptans

Dr. Clifford clarified that AmERGE should remain preferred and that GHS recommended no changes to the PDL category. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIMIGRAINE AGENTS, TRIPTANS	AMERGE (naratriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) RELPAX (eletriptan)	AXERT (almotriptan) FROVA (frovatriptan) ZOMIG (zolmitriptan)

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

I. Antidepressants

Dr. Biczak presented GHS’s recommendations. Dr. Clifford explained the savings impact if Effexor XR remained preferred. A motion was made to reject the recommendation of GHS and to leave the PDL category as it was previously listed with Effexor XR as preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIDEPRESSANTS, OTHER (second generation, non-SSRI)	bupropion SR CYMBALTA (duloxetine) EFFEXOR XR (venlafaxine) mirtazapine trazodone	bupropion IR bupropion XL DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline) nefazodone REMERON (mirtazapine) venlafaxine WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)

J. Beta-Blockers

Dr. Biczak recommended that the following list be preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BETA BLOCKERS (Oral)	BETA BLOCKERS	
	acebutolol atenolol betaxolol bisoprolol metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol timolol	BETAPACE (sotalol) BLOCADREN (timolol) BYSTOLIC (nebivolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)
	BETA- AND ALPHA-BLOCKERS	
	carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)

K. Bladder Relaxant Preparations

Dr. Biczak recommended that the following list be preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BLADDER RELAXANT PREPARATIONS	ENABLEX (darifenacin) oxybutynin oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin)

L. BPH Treatments

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BPH AGENTS	5-ALPHA-REDUCTASE (5AR) INHIBITORS	
	AVODART (dutasteride)	finasteride PROSCAR (finasteride)
	ALPHA BLOCKERS	
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin)

M. Calcium Channel Blockers

Dr. Biczak presented GHS's recommendations. A motion was made to reject the recommendations and leave the category unchanged. The motion was seconded. Dr. Clifford discussed the financial impact of felodipine ER remaining preferred. Votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CALCIUM CHANNEL BLOCKERS (Oral)	LONG-ACTING	
	amlodipine CARDIZEM LA (diltiazem) diltiazem DYNACIRC CR (isradipine) felodipine ER nifedipine SULAR (nisoldipine) verapamil VERELAN PM (verapamil)	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM SR (diltiazem) COVERA-HS (verapamil) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) TIAZAC (diltiazem) VERELAN (verapamil)
	SHORT-ACTING	
	diltiazem verapamil	ADALAT (nifedipine) CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) isradipine nicardipine nimodipine nifedipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)

N. Erythropoiesis Stimulating Proteins

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ERYTHROPOIESIS STIMULATING PROTEINS^{CL}	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)

O. Genital Warts Agents

Dr. Biczak recommended that the following new PDL class be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion was carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
GENITAL WARTS AGENTS	ALDARA (imiquimod)	CONDYLOX (podofilox) podofilox VEREGEN (sinecatechins)

P. Growth Hormone

Dr. Biczak presented GHS's recommendations. A motion was made to accept the recommendations with the addition of Saizen as preferred. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
GROWTH HORMONE^{CL}	GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) TEV-TROPIN (somatropin)	HUMATROPE (somatropin) INCRELEX (mecasermin) NUTROPIN (somatropin) OMNITROPE (somatropin) SEROSTIM (somatropin) ZORBTIVE (somatropin)

Q. Hepatitis C Agents

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HEPATITIS C TREATMENTS^{CL}	PEGASYS (pegylated interferon) ribavirin	COPEGUS (ribavirin) INFERGEN (consensus interferon) PEG-INTRON (pegylated interferon) REBETOL (ribavirin)

R. Parathyroid Agents

Dr. Biczak recommended that the following new PDL class be approved. A suggestion was made that the class be renamed Parathyroid Agents. A motion was made to accept the recommendations of GHS with the class name modified to Parathyroid Agents. The motion was seconded, votes were taken and the motion was carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PARATHYROID AGENTS	ergocalciferol calcitriol HECTOROL (doxercalciferol) ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)

S. Hypoglycemics, Meglitinides

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, MEGLITINIDES	STARLIX (nateglinide)	PRANDIN (repaglinide)

T. Hypoglycemics, TZD

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, TZDS	THIAZOLIDINEDIONES	
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	TZD COMBINATIONS	
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glimepiride) DUETACT (pioglitazone/glimepiride)	

U. Impetigo Agents, Topical

Dr. Biczak recommended that the following new PDL class be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion was carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
IMPETIGO AGENTS, TOPICAL	ALTABAX (retapamulin) bacitracin gentamycin sulfate mupirocin	BACTROBAN (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC)

V. Lipotropics, Other

Dr. Biczak recommended the following list be approved. A motion was made to accept the recommendations of GHS with the addition of Welchol. There was no second to the motion. Another motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried to accept the class as recommended by GHS.

DRUG CLASS	PREFERRED	NON-PREFERRED
LIPOTROPICS, OTHER (non-statins)	BILE ACID SEQUESTRANTS	
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevalam)
	CHOLESTEROL ABSORPTION INHIBITORS	
		ZETIA (ezetimibe)
	FATTY ACIDS	
		OMACOR (omega-3-acid ethyl esters)
	FIBRIC ACID DERIVATIVES	
	fenofibrate gemfibrozil TRICOR (fenofibrate)	ANTARA (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
	NIACIN	
	niacin NIASPAN (niacin)	NIACELS (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)

W. Lipotropics, Statins

Dr. Biczak presented GHS's recommendations. There was a discussion regarding the new clinical information about Vytorin, and a motion was made to remove Vytorin from the preferred list. The motion was seconded, votes were taken and the motion was carried. A motion was made to accept the class recommendations of GHS with the removal of Vytorin. The motion was seconded, votes were taken and the motion carried. Further discussion

ensued regarding grandfathering of members already established on Vytorin therapy. It was recommended that the decision be deferred to the DUR Board.

DRUG CLASS	PREFERRED	NON-PREFERRED
LIPOTROPICS, STATINS	STATINS	
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)
	STATIN COMBINATIONS	
	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine)	VYTORIN (ezetimibe/simvastatin)

X. Multiple Sclerosis Agents

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
MULTIPLE SCLEROSIS AGENTS^{CL}	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	TYSABRI (natalizumab)

Y. Otic Fluoroquinolones

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
OTIC FLUOROQUINOLONES	CIPRODEX (ciprofloxacin/dexamethasone) FLOXIN (ofloxacin)	CIPRO HC (ciprofloxacin/hydrocortisone) ofloxacin

Z. Pancreatic Enzymes

Dr. Biczak presented GHS's recommendations for this new class. A motion was made to accept the recommendations of GHS with the addition of Pancrecarb. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PANCREATIC ENZYMES	PANCRECARB ULTRASE ULTRASE MT VIOKASE	CREON KUZYME LIPRAM PALCAPS PANCREASE PANGESTYME PANOKASE PLARETASE

AA. Pediculicides/Scabicides

Dr. Biczak presented GHS's recommendations for this new class. A motion was made to add Ovide to the preferred list. The motion was seconded, votes were taken and the motion carried. A motion was made to accept the recommendations of GHS with the addition of Ovide. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PEDICULICIDES/ SCABICIDES, TOPICAL	EURAX (crotamiton) OVIDE (malathion) permethrins pyrethrins-piperonyl butoxide	lindane

BB. Phosphate Binders

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PHOSPHATE BINDERS	FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer)	

CC. Proton Pump Inhibitors

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS (Oral)	NEXIUM (esomeprazole) PREVACID Capsules (lansoprazole)	ACIPHEX (rabeprazole) omeprazole pantoprazole PREVACID Solu-Tabs (lansoprazole) PREVACID Suspension (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)

DD. Sedative Hypnotics

Dr. Biczak recommended that the following list be approved. A motion was made to add Lunesta, Rozerem, and Ambien CR. The motion was seconded. A debate ensued regarding the financial impact of adding these drugs to the PDL. A motion was called to end the debate. The motion was seconded, votes were taken and the motion carried. Votes were taken on the motion to add the three drugs to the PDL. The motion failed. A motion was made to accept the initial recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
SEDATIVE HYPNOTICS	BENZODIAZEPINES	
	temazepam	DALMANE (flurazepam) DORAL (quazepam) estazolam flurazepam HALCION (triazolam) PROSOM (estazolam) RESTORIL (temazepam) triazolam
	OTHERS	
	zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) AQUA CHLORAL (chloral hydrate) chloral hydrate LUNESTA (eszopiclone) ROZEREM (ramelteon) SOMNOTE (chloral hydrate) SONATA (zaleplon)

EE. Ulcerative Colitis Agents

Dr. Biczak recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ULCERATIVE COLITIS AGENTS	ORAL	
	ASACOL (mesalamine) COLAZAL (balsalazide) DIPENTUM (olsalazine) PENTASA (mesalamine) sulfasalazine	AZULFIDINE (sulfasalazine) LIALDA (mesalamine)
	RECTAL	
	CANASA (mesalamine) mesalamine	ROWASA (mesalamine)

IX. Single Drug Recommendations

Veramyst

Dr. Biczak recommended that Veramyst be added as preferred to the Intranasal Rhinitis Agents category. A motion was made to reject the recommendations. The motion was seconded. Further discussion ensued regarding the financial impact and clinical efficacy of this drug. Votes were taken and the motion failed. Another motion was made to accept the GHS recommendation to add Veramist to the PDL. The motion was seconded, votes were taken and the motion carried.

Vyvanse

Dr. Biczak recommended that Vyvanse be added as preferred to the Stimulants and Related Agents category. A motion was made to add Vyvanse to the PDL. The motion was seconded, votes were taken and the motion carried.

X. Next Meeting Date

The next meeting of the P&T Committee will be held during the summer to discuss new drugs and review reports. The next meeting where classes will be reviewed will be held in September or October. More details will be forthcoming.

XI. Other Business

Ms King said that the implementation of the current recommendations would be effective April 1, 2008, pending approval of the Secretary of DHHR.

XII. Adjournment

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