



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

**Bureau for Medical Services
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Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

Pharmaceutical and Therapeutics (P&T) Committee
Charleston Civic Center
Charleston, West Virginia
October 27, 2010

MINUTES

Members Present:

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

Members Not Present:

DHHR/BMS Staff Present:

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

Contract Staff/GHS Staff Present:

Lauren Biczak, D.O.
Tim Clifford, M.D.
Chad Bissell, Pharm.D.
Shelagh Harvard

Other Contract Staff/State Staff Present:

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

I. Call to Order

Dr. David Avery, M.D., Chairperson, called the meeting to order at 9:09 a.m.

II. Welcome and Introductions

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

III. Housekeeping Items/Updates

Ms. Peggy King asked that attendees silence their pagers and cell phones for the duration of the meeting.

A. Approval of the April 21, 2010 and August 25, 2010 Minutes

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

B. Explanation of Extraction Process

Dr. Avery reviewed the extraction process, explaining that first there would be a brief summary of recommended changes, after which the first round extractions would be called for. Extractions could be requested for financial considerations, or for questions from a Committee member. Public comments follow the first round of extractions. Each person is allowed three minutes to address the Committee. Once the public comment period is concluded, the Chairman calls for a second round of extractions; at that time, a motion to approve all non-extracted categories as proposed is made and voted upon.

C. PDL Compliance/Generic Percent Report Updates

Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q2 2010 was 97%.

Dr. Biczak reviewed the Generic Utilization Report; overall generic utilization for Q2 2010 was 73.8%.

Dr. Biczak reviewed changes to the posted Cough and Cold list, which can be found on the West Virginia Medicaid website. The report was last updated in August 2010. Dr. Frazer asked about substitutions. Ms. King clarified that the list is intended to assist pharmacists in filling prescriptions. Additionally, it was noted that the CMS rebate tape serves as a guide to the Bureau to determine what products are considered drugs by the

FDA and therefore, eligible to be covered by the Medicaid program for the Cough and Cold list, as well as other PDL categories.

IV. GHS Presents Summary of Recommended PDL Changes

Dr. Bissell reviewed the changes made to the draft PDL since the packet was sent to the members:

- A. Analgesics, Narcotic, Long Acting (Opana ER)
- B. Bladder Relaxant Preparations (Enablex)
- C. Hypoglycemics, Incretin Mimetics/Enhancers (Onglyza)
- D. Lipotropics, Statins (Simcor strengths)
- E. Ophthalmic Anti-inflammatories (Nevanac & Xibrom)
- F. Stimulants and Related Agents (IR guanfacine & Focalin XR 40mg)

V. Chairman Calls for First Round of Extractions

The following categories were called for extraction:

- A. Acne Agents (Topical)
- B. Analgesics, Narcotic - Long Acting (Non-Parenteral)
- C. Antipsychotics, Atypical (Oral)
- D. Bladder Relaxant Preparations
- E. BPH Agents
- F. Glucocorticoids (Inhaled)
- G. Hypoglycemics, Incretin Mimetics/Enhancers
- H. Hypoglycemics, Insulins
- I. Lipotropics, Other (Non-Statins)
- J. Lipotropics, Statins
- K. NSAIDs
- L. Ophthalmic Antibiotics (Fluoroquinolones & Select Macrolides)
- M. Ophthalmic Anti-Inflammatories
- N. Pancreatic Enzymes
- O. Stimulants And Related Agents

VI. Public Comments

Ms. King explained the public comment process, including the option to decline speaking on behalf of drugs that are recommended for preferred status that are in non-extracted categories, since those categories will remain as recommended.

C. Donovan Beckett, GSK, spoke in favor of Lovaza.

Dr. Erin Drew, GSK, spoke in favor of Advair.

Tameka Lucas, GSK, spoke in favor of Avodart.

Erika Szabo, Lilly, spoke in favor of Lilly brand Insulins.

Chwicke Okafor, Bristol Myers Squibb, spoke in favor of Abilify.

Dr. Christiane Arsever, Merck, spoke in favor of Saphris.

Linda Posta, Astellas, spoke in favor of Vesicare.

Marilyn Bartucci, Astellas, spoke in favor of Protopic.

Charles DiPaula, NovoNordisk, spoke in favor of Nordotropin.

Kristie Raker, NovoNordisk, spoke in favor of Victoza.

William Davis, AstraZeneca, spoke in favor of Seroquel XR.

Robert Brodersma, AstraZeneca, spoke in favor of Symbicort.

Tanner Odom, Novartis, spoke in favor of Fanapt.

Andrew Watson, Wockhardt USA, spoke in favor of Bromfed-DM.

Gianna Rigoni, Abbott, spoke in favor of Humira.

John Peterson, Gilead, spoke in favor of Letairis.

Mark Beacker, UCB, spoke in favor of Cimzia.

Aroon Datta, Forest, spoke in favor of Savella.

Aroon Datta, Forest, spoke in favor of Lexapro.

James Lewis, Shire, spoke in favor of Intuniv.

Rachel Bove, Shire, spoke in favor of Lialda.

Jeff Allen, Amgen, spoke in favor of Aranesp.

Dr. Mary Veloso, Merck, spoke in favor of Dulera.

Jamie Jolly, Daiichi Sankyo, spoke in favor of Welchol.

Ahmad Nessar, AstraZeneca, spoke in favor of Crestor.

Morgan Lyons spoke in favor of Simcor.

Morgan Lyons spoke in favor of Niaspan.

Pat Hunt, Shire, spoke in favor of Vyvanse.

Devrim Eren, Eurand, spoke in favor of Zenpep.

Robert Olson, Shionogi, spoke in favor of Ulesfia.

VII. Chairman Calls for Second Round of Extractions

The following categories were called for extraction:

- A. Cough & Cold/1st Generation Antihistamines
- B. Erythropoiesis Stimulating Proteins
- C. Intranasal Rhinitis Agents
- D. Pediculicides/Scabicides (Topical)
- E. Proton Pump Inhibitors

Dr. Avery asked if there were further public comments. No further public comments were presented to the Committee.

VIII. Motion for All Non-Extracted Categories to be Approved as Proposed

Dr. Avery called for a motion on those categories that were not extracted. A motion was made to accept all non-extracted categories as recommended by GHS. The motion was seconded and passed.

IX. Executive Session

The Committee adjourned to Executive Session at 10:35.

X. Lunch Break

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The Committee returned from Executive Session and lunch at 12:14.

XI. Extracted Therapeutic Category Reviews/Committee Recommendations

Dr. Avery called for a review of the Therapeutic Classes. The following extracted therapeutic categories were reviewed and some were also discussed by the Committee members:

A. Acne Agents (Topical)

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-INFECTIVE	
AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) clindamycin erythromycin sodium sulfacetamide	ACZONE (dapson) CLEOCIN-T (clindamycin) EVOCLIN (clindamycin) KLARON (sodium sulfacetamide)
RETINOIDS	
RETIN A liquid & Micro (tretinoin) TAZORAC (tazarotene) tretinoin cream, gel	adapalene AVITA (tretinoin) DIFFERIN (adapalene) RETIN-A cream, gel (tretinoin) TRETIN-X (tretinoin)
KERATOLYTICS (Benzoyl Peroxides)	
benzoyl peroxide ETHEXDERM (benzoyl peroxide) OSCION (benzoyl peroxide)	BENZAC WASH (benzoyl peroxide) BENZEFOAM (benzoyl peroxide) BREVOXYL (benzoyl peroxide) DESQUAM (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) TRIAZ (benzoyl peroxide)
COMBINATION AGENTS	
benzoyl peroxide/urea erythromycin/benzoyl peroxide sulfacetamide sodium/sulfur wash/cleanser	ACANYA (clindamycin phosphate/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin gel CLENIA (sulfacetamide sodium/sulfur) DUAC CS (benzoyl peroxide/ clindamycin) EPIDUO (adapalene/benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) NUOX (benzoyl peroxide/sulfur) PLEXION (sulfacetamide sodium/sulfur) PRASCION (sulfacetamide sodium/sulfur) ROSAC (sulfacetamide sodium/avobenzone/sulfur) ROSADERM (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) ROSULA (sulfacetamide sodium/sulfur/ urea) sulfacetamide sodium/sulfur lotion, gel, pad sulfacetamide sodium/sulfur/ urea SULFOXYL (benzoyl peroxide/sulfur) SULFATOL (sulfacetamide sodium/sulfur/urea) ZIANA (clindamycin/tretinoin)

B. Analgesics, Narcotic - Long Acting (Non-Parenteral)

GHS recommended that the following list be approved, but noted the recommended change in status of Opana ER be made retroactively to October 1, 2010. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
fentanyl transdermal KADIAN (morphine) 10mg, 20mg, 30mg, 50mg, 60mg, 100mg methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO ER (hydromorphone) EMBEDA (morphine/naltrexone) KADIAN (morphine) 80mg, 200mg MS CONTIN (morphine) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) RYZOLT ER (tramadol) tramadol ER ULTRAM ER (tramadol)

C. Antipsychotics, Atypical (Oral)

GHS recommended that the following list be approved. Additionally, GHS recommended removing the ‘Oral’ designation in the class name so that the intramuscular administered products are included in the PDL category. The category will now include Invega Sustenna as preferred, and Risperdal Consta and Zyprexa Intramuscular as non-preferred. Additionally, like all other injectable products on the PDL, a clinical prior authorization will be required prior to coverage. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SINGLE INGREDIENT	
clozapine GEODON (ziprasidone) INVEGA (paliperidone) risperidone risperidone ODT risperidone solution SEROQUEL (quetiapine) ^{AP (25mg Tablet Only)}	ABILIFY (aripiprazole) CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) RISPERDAL (risperidone) RISPERDAL ODT (risperidone) RISPERDAL SOLUTION (risperidone) SAPHRIS (asenapine) SEROQUEL XR (quetiapine) ZYPREXA (olanzapine)
ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
	SYMBYAX (olanzapine/fluoxetine)

D. Bladder Relaxant Preparations

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
oxybutynin oxybutynin ER SANCTURA (trospium) TOVIAZ (fesoterodine) VESICARE (solifenacin)	ENABLEX (darifenacin) DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) OXYTROL (oxybutynin) SANCTURA XR (trospium) trospium

E. BPH Agents

GHS recommended that the following list be approved. Dr. Avery stated that he would like to recommend that Avodart remain as a preferred product. A motion was made to accept GHS' recommendations, with the exception of Avodart, which would remain preferred. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
5-ALPHA-REDUCTASE (5AR) INHIBITORS	
AVODART (dutasteride) finasteride	PROSCAR (finasteride)
ALPHA BLOCKERS	
doxazosin tamsulosin terazosin	CARDURA (doxazosin) CARDURA XL (doxazosin) FLOMAX (tamsulosin) HYTRIN (terazosin) RAPAFLO (silodosin) UROXATRAL (alfuzosin)
5-ALPHA-REDUCTASE (5AR) INHIBITORS/ALPHA BLOCKER COMBINATION	
	JALYN (dutasteride/tamsulosin)

F. Cough & Cold

GHS recommended that the following list be approved. A motion was made to reject the recommendation of GHS: with the exception of the first generation antihistamines, which would remain preferred, all other drugs would be non-preferred. The motion was seconded. A discussion followed during which the clinical, fiscal, and regulatory aspects of the category were discussed. Questions were raised as to the use of these drugs for non-cough and cold indications. GHS offered to provide further information at the January meeting. Ms. King asked for clarification on the motion; asking if non-preferred meant not covered? Ms. King noted that the difference between the two is that if a drug is non-preferred, a prior authorization can be issued and Medicaid will pay for it. The motion was amended to mean that the class itself would not be covered, with the exception of the three items listed in the first generation

antihistamines category; the rest would not be covered. The amended motion was seconded. Ms. King stated that cough and cold coverage is specifically identified as a covered service in West Virginia’s State Plan. Per Medicaid rules, an amendment would have to be written to change the State Plan in the event the Committee votes to remove the class. Ms. King further stated that change to the State Plan entails a very lengthy process. Mr. Brown asked whether the SPA listed OTC or prescription drugs. Mr. Brown proposed an amendment to Dr. Fink’s motion, making the change to be that only prescription agents were covered, not OTC medications. The amendment to the motion was seconded.

Dr. Matulis asked for clarification on the State Plan Amendment (SPA) process. Ms. King responded with further detail regarding the process. Dr. Fink asked why not then just make the entire class non-preferred. Ms. King stated that a PA charge would then be added to each prescription, thereby increasing the cost to the state. Dr. Bissell proposed retaining coverage of the first generation antihistamines and the decongestants to have enough products to negate the need for an amendment to the State Plan.

The amended motion was seconded, votes were taken, and the motion did not carry. Discussion resumed on the original motion to remove the class altogether. The question was called. The motion was seconded. Dr. Fink requested a roll call vote. Votes were taken, and the motion was defeated 7-4.

Mr. Bartsch made a motion that GHS provide more information. The motion was passed and seconded. Mr. Brown made a motion that the class be tabled until the next meeting. The motion was passed and seconded. Votes were taken, and the motion to table the class until the January meeting was passed. The class will remain listed on the PDL as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIHISTAMINES, 1ST GENERATION	
chlorpheniramine clemastine diphenhydramine	
ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS	
codeine/promethazine dextromethorphan HBR/promethazine	
ANTIHISTAMINE-ANTITUSSIVE-DECONGESTANT COMBINATIONS	
brompheniramine/dextromethorphan HBR/pseudoephedrine chlorpheniramine/dextromethorphan/ pseudoephedrine promethazine/codeine/phenylephrine	
ANTITUSSIVE-DECONGESTANT COMBINATIONS	
DECONGESTANTS	
phenylephrine pseudoephedrine	
ANTITUSSIVES/EXPECTORANTS	
benzonatate	

PREFERRED AGENTS	NON-PREFERRED AGENTS
guaifenesin guaifenesin/dextromethorphan	
DECONGESTANT-ANTIHISTAMINE-ANTICHOLINERGIC COMBINATIONS	
phenylephrine/chlorpheniramine/ scopolamine syrup & chewable	
DECONGESTANT-ANTIHISTAMINE COMBINATIONS	
phenylephrine HCL/chlorpheniramine maleate syrup/drops phenylephrine HCL/phenyltoloxamine/ chlorpheniramine liquid phenylephrine HCL/promethazine syrup phenylephrine HCL/pyrilamine maleate/chlorpheniramine liquid	
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	
guaifenesin/codeine	

G. Erythropoiesis Stimulating Proteins

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PROCRT (rHuEPO)	ARANESP (darbepoetin) EPOGEN (rHuEPO)

H. Glucocorticoids (Inhaled)

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
GLUCOCORTICIDS	
AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) AZMACORT (triamcinolone) FLOVENT HFA (fluticasone) FLOVENT Diskus (fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) budesonide PULMICORT (budesonide)*
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT(budesonide/formoterol)	

I. Hypoglycemics, Incretin Mimetics/Enhancers

GHS recommended that the following list be approved. The motion was seconded. Dr. Avery stated that he would like the Drug Utilization Review (DUR) Committee to review the PA criteria since Januvia is now indicated for use with insulin; the current PA criteria disallows such. Dr. Frazer made an amendment to move Byetta and Victoza to preferred status because both drugs

promote weight loss in diabetic patients. She stated that all other hypoglycemics promote weight gain and that part of the treatment goal for diabetes is weight loss. The amendment was seconded. A discussion of the fiscal and clinical aspects of the class ensued. The question was called. The motion was seconded and votes were taken. A show of hands was requested. The amendment was defeated. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

GHS will provide financials for this class at the next meeting.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTABLE	
	BYETTA (exenatide) SYMLIN (pramlintide) VICTOZA (liraglutide)
ORAL	
JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) ONGLYZA (saxagliptin)	

J. Hypoglycemics, Insulins

GHS recommended that the following list be approved. A motion was made to add the plain Humalog Pen to the preferred list. The motion was seconded. Mr. Bartsch asked if the pen would replace vials. Mr. Brown replied that the pen would not replace vials. Ms. Koster asked whether the mix pen would be available, or just the plain pen. Mr. Brown replied that the plain pen would be preferred, not the mix. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG (insulin lispro) vials only HUMALOG PEN/KWIKPEN (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) vials only HUMULIN (insulin) vials only LANTUS (insulin glargine) all forms LEVEMIR (insulin detemir) all forms NOVOLIN (insulin) all forms NOVOLOG (insulin aspart) all forms NOVOLOG MIX all forms (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) ^{AP} HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMULIN PEN (insulin)

K. Intranasal Rhinitis Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
ipratropium	ATROVENT(ipratropium)
ANTI-HISTAMINES	
ASTELIN (azelastine)	ASTEPRO (azelastine) azelastine

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PATANASE (olopatadine)
CORTICOSTEROIDS	
fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide FLONASE (fluticasone propionate) NASALIDE (flunisolide) NASAREL (flunisolide) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) VERAMYST (fluticasone furoate)

L. Lipotropics, Other (Non-Statins)

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. Dr. Avery requested that the DUR Committee review the PA requirements for Welchol, which currently make it difficult to get to. Dr. Frazer made an amendment to move Welchol to preferred status. The amendment was not seconded. The original motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BILE ACID SEQUESTRANTS	
cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FATTY ACIDS	
LOVAZA (omega-3-acid ethyl esters)	
FIBRIC ACID DERIVATIVES	
fenofibrate gemfibrozil TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
NIACIN	
niacin NIASPAN (niacin)	NIACELS (niacin) NIACOR (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)

M. Lipotropics, Statins

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
STATINS	
CRESTOR (rosuvastatin) LESCOL (fluvastatin) LIPITOR (atorvastatin) lovastatin	ALTOPREV (lovastatin) LESCOL XL (fluvastatin) LIVALO (pitavastatin) MEVACOR (lovastatin)

PREFERRED AGENTS	NON-PREFERRED AGENTS
pravastatin simvastatin	PRAVACHOL (pravastatin) ZOCOR (simvastatin)
STATIN COMBINATIONS	
ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin ER)	VYTORIN (simvastatin/ ezetimibe)

N. NSAIDs

GHS recommended that the following list be approved. Dr. Avery stated that meloxicam is not a Cox II agent, and that the PA criteria regarding Celebrex needs to be reviewed by the DUR Committee. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
NON-SELECTIVE	
diclofenac etodolac fenoprofen flurbiprofen ibuprofen (Rx and OTC) INDOCIN (indomethacin) (suspension only) indomethacin ketorolac naproxen (Rx only) oxaprozin piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) FELDENE (piroxicam) INDOCIN (indomethacin) ketoprofen ketoprofen ER LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) PONSTEL (meclofenamate) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac potassium)
NSAID/GI PROTECTANT COMBINATIONS	
	ARTHROTEC (diclofenac/misoprostol) PREVACID/NAPRAPAC (naproxen/ lansoprazole) VIMOVO (naproxen/esomeprazole)
COX-II SELECTIVE	
	CELEBREX (celecoxib) ^{CL} MOBIC (meloxicam)

O. Ophthalmic Antibiotics (Fluoroquinolones & Select Macrolides)

GHS recommended that the following list be approved. Dr. Frazer recommended that the age limits in the PA criteria be clarified so that children who have tried other medications can have access to Vigamox. She stated that the PA forms are unclear and often take several tries to complete correctly. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ciprofloxacin ofloxacin VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) QUIXIN (levofloxacin) Zymaxid (gatifloxacin)

P. Ophthalmic Anti-Inflammatories

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
flurbiprofen ketorolac 0.4% NEVANAC (nepafenac)	ACULAR LS (ketorolac) ACUVAIL 0.45% (ketorolac tromethamine) ^{AP} diclofenac ^{AP} DUREZOL (difluprednate) ^{AP} XIBROM (bromfenac)

Q. Pancreatic Enzymes

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CREON ZENPEP	PANCREAZE PANCRELIPASE 5000

R. Pediculicides/Scabicides (Topical)

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
OVIDE (malathion) permethrin (Rx and OTC) pyrethrins-piperonyl butoxide	EURAX (crotamiton) lindane malathion 0.5% lotion ULESFIA 5% LOTION (benzyl alcohol)

S. Proton Pump Inhibitors

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DEXILANT (dexlansoprazole)* NEXIUM (esomeprazole)	ACIPHEX (rabeprazole) lansoprazole NEXIUM PACKETS (esomeprazole) omeprazole omeprazole/sodium bicarbonate pantoprazole PREVACID capsules (lansoprazole) (Rx and OTC) PREVACID Solu-Tabs (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID OTC (omeprazole)

T. Stimulants & Related Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendation of GHS. Dr. Frazer passed out literature regarding ADHD and explained the contents of the documentation. She recommended educational efforts for ADHD. She asked Rational Drug to create a special PA form for children with ADHD. Ms. King asked Dr. Frazer to clarify which program she was referring to regarding PA forms, since Medicaid only requires a PA for adults, not children. Dr. Frazer stated that having an ADHD-specific form for children would be helpful to physicians. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AMPHETAMINES	
ADDERALL XR (amphetamine salt combination) amphetamine salt combination dextroamphetamine VYVANSE (lisdexamfetamine)	ADDERALL (amphetamine salt combination) amphetamine salt combination ER DESOXYN (methamphetamine) DEXEDRINE (dextroamphetamine) DEXTROSTAT (dextroamphetamine) methamphetamine PROCENTRA (dextroamphetamine) ^{NR}
NON-AMPHETAMINE	
CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) guanfacine METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate INTUNIV (guanfacine) METADATE ER (methylphenidate) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

XII. Next Meeting Date

The next meeting of the P&T Committee will be held on January 26, 2011 at 2:00 p.m. in the Diamond Building, Charleston, WV.

XIII. Other Business

There was no other business.

XIV. Adjournment

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