**West Virginia Department of Health and Human Resources**
Bureau for Medical Services
***Pharmaceutical and Therapeutics (P & T) Committee***
November 19, 2002 - 11:00 a.m.
DHHR Building - 350 Capitol Street
Lower Level Conference Rooms B10/11
Charleston, West Virginia

# M I N U T E S

**Members Present**:
David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Dunsworth, PharmD
Tom Harward, PA-C
John D. Justice, M.D.
Barbara Koster, MSN, RNC-ANP
Kristy H. Lucas, PharmD
Steven R. Matulis, M.D.
Harriet Nottingham, R.Ph.

**Members Absent**:
Kevin W. Yingling, R.Ph., M.D.
Thomas L. Gilligan, R.Ph., D.O.

**DHHR/BMS Staff Present**:
Nancy V. Atkins, Commissioner
Nora Antlake, Attorney
Sandra J. Joseph, M.D., Medical Director
Peggy King, Pharmacy Director
Gail Goodnight, Rebate Coordinator
Vicki Cunningham, DUR Coordinator
Randy Myers, Deputy Commissioner
Susan Dolly, Administrative Secretary
Lynda Edwards, Secretary
Carol Jackson, Office Assistant

**Contract Staff/Provider Synergies Present**:
Steve Liles, PharmD
Todd Wandstrat, PharmD

**Other Contract Staff Present**:
Jennifer Carpenter, ACS
Rob Earnest, ACS
Stephen Small, RDTP

**Other State Government Agency Staff Present**:
Felice Joseph, PEIA

**Also Present**:

**Abbott Laboratories**: Mario B. Gonzalez, Rob Fitzgerald, Laura Stinson
**Alcon Laboratories**: Matthew E. Murphy, Fred Novasak
**American Psychiatric Assoc.**: Sam Muszynski
**AstraZeneca**: Mark A. DiMaio, MarLon Gutierrez, Tisha Tenney, Lesley Withers, Jim McMahon, JoAnn Shoup
**Aventis**: Walter Gose
**Bayer**: Catharine McGeehan, Ted Salyer, Ralph, Williams, Randy D. Pryka
**Biovail**: Maureen Stasi
**Boehringer Ingelheim**: Matt Sheffield
**Bristol-Myers Squibb**: Karen Brett Long, John Hymen
**Brown Communications**: John Brown
**Charleston Gazette**: Joy Daria
**Consumers**: Donna Farley, Chris Hazlett
**Elan Pharmaceuticals**: Greg Wyatt, Ryan Riley, Bret Anderson
**Forest Laboratories**: Wayne A. Miller
**Fujisawa Healthcare, Inc.**: Jim Turner, Bruce Mazer
**GSK**: Steve Mitchell, Gary Browning
**Government Relation Specialist**: Thom Stevens
**Hoffmann-LaRoche**: Archie Shew
**Janssen Pharmaceuticals**: Mark Akers, Bert G. Wickey
**Johnson & Johnson**: Jim Cannon
**KOS**: Kim Anderson
**Eli Lilly & Company**: Wayne "Jabo" Covert, H.K. Lee, Myrna Miller, Chris Johnson
**Lewis Glasser**: Gloria Thomas
**Mental Health Advocate**: Carolyn J. Nelson, Christina Bishop
**Merck**: Larry Swann, Bob Kelley, Michael Tu
**Minard Eye Center**: Charles D. Francis, MD
**NAMI WV**: Michael Ross
**New River Health Association**: Scott Brown
**Novartis**: Steve Mitchell
**Novo Nordisk Pharmaceuticals**: Clint Houck

**OMP**: Jeff Bumgardner
**Otsuka**: Rob Leonard, Jeff George
**Pfizer**: Chuck Dent, Joseph B. McCoy, Kent Hunter, Pamela Smith, Dan Moore, Glenn Self, Kit Francis
**Pharmacia Corp.**: Steven M. Babineaux, Kevin Wemett
**Physicians**: Stephen Grubb, MD; F. Joseph Whelan, MD; Dan Cowell, MD; Mark Casdorph, DO; Dr. Patrick Bonasso, Dr. George Schell
**PhRMA**: Bryan Brown
**Sanofi**: Robert Kirkpatrick, Dana Godfrey, Mike Bower, Andy McGinnis, Nick Thornburg
**Schering-Plough External Affairs Inc.**: Gordon H. Rosenberry
**Schwarz Pharma**: Todd W. Michael
**Sepracor**: Sue Ellen Shrout, Joe Fry
**Solvay Pharmaceuticals**: Robert Jarrell, Richard Stump, Kari Peyatte, Lou Ann Fare, Tim Lovas
**Thera-Rx**: Mark Poore, Mark R. LaFave
**WV Psychiatric Services**: Jay McClanahan
**WVU**: Walt Byrd, M.D.
**Wyeth**: Tom Trabold, Philip Reale, John Payla
**Other Interested Parties**: Joe Bankovich, Jen Brumfield, Shawnee Lewis

## I. Call to Order:

Dr. Steven Matulis, Chairperson, called the meeting to order at 11:00 a.m. Commissioner Nancy Atkins was recognized and advised the audience on how the meeting would be conducted.

## II. Introductions:

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

## III. Approval of Minutes from Previous Meeting:

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

## IV. Implementation Schedule:

Peggy King, Pharmacy Director, addressed the matter of the Preferred Drug List (PDL) implementation schedule. The programming changes have been ordered through Affiliated Computer Services (ACS) for the first group of drugs (Phase I). If the first implementation proceeds smoothly, then subsequent phases could be implemented more frequently than monthly. The website will be updated as the implementation proceeds. A letter is being sent to recipients with a list of the Phase I drugs, explaining that we need their assistance in compliance with the PDL. The letter also states that a 3-day emergency supply for any drug

that is covered by Medicaid is available to them. It informs them that all drugs covered by the Medicaid Program are available to them through prior authorization, if a drug on the PDL is not deemed appropriate by their physician. Providers will receive a Program Instruction. These documents will be posted on the website. A newsletter will also be sent to pharmacists and other providers through our contract with Heritage Information Systems.

Ms. King asked manufacturers with products on the PDL to allow the Pharmacy Services staff to review their marketing materials in advance and to e-mail the materials to pking@wvdhhr.org. The Bureau for Medical Services will not be responsible for technical or content accuracy of the material.

## V. **Public Comment Period:**

Chairman Matulis explained that the public comment period would be a 45-minute session. Commissioner Atkins read a motion introduced by Dr. Yingling at the October 23rd meeting. The motion was approved unanimously by the committee at the October meeting and reads as follows:

1 - It is the individual members' preference to see, hear, or read information, or meet with individuals regarding a class of drugs or a particular drug.
2 - If the information is sent to an individual member, it is not sent to the Committee. The member has no responsibility to disseminate that information.
3 - Materials for the Committee's purpose should be sent to Peggy King.
4 - Materials that are sent to Ms. King will be directed to Provider Synergies.
5 - Provider Synergies will use the materials in their analysis process.
6 - Input to all members will be insured through the analysis process.
7 - Charge - to review, discuss, and recommend the drugs that will be placed on the preferred drug list (PDL). That does not include implementation of the decisions of the P & T Committee.
8 - This motion will be read at the next public meeting of the P & T Committee.

Commissioner Atkins explained that the attendee planning to speak needs to personally sign and print their name on the speaker list prior to the meeting. A photo identification of those signing the list will be required at future meetings. Those who do not get to speak at the present session will be given first priority at the next meeting. She also reiterated that there is a five minute limit per presentation and that the session is not interactive. No slide presentations or distribution of written material to Committee members will be allowed. The following individuals took the floor:

- Michael Ross, NAMI: Mr. Ross stated that services for mental health patients are presently at a critical state, due to the loss of community-based services and a reduction in the number of mental health beds. State hospitals are presently filled to capacity.

Although open access to mental health medications doesn't necessarily take the place of community-based services, it does help in the process of recovery and normalcy. Mental health medications are expensive, but the loss of productivity, homelessness, emergency room and hospital visits, and extended hospital stays would exceed any costs of medications. Limiting access to mental health medications to West Virginians, who already have other economics barriers, would be ill-advised. He quoted Dr. Stephen Hyman, Director of the National Institute of Mental Health, who said, "In some parts of the country, we understand that health care systems will not routinely allow new patients to be started on atypical anti-psychotic medications until they have failed a course of generic, less expensive anti-psychotic medications. We see no scientific justification for such a practice and consider it ill-advised since, for many people with schizophrenia, the first exposure to anti-psychotic medication may have life-long implications for compliance with treatment." Mr. Ross concluded by saying that limiting anti-psychotics would cause major barriers in the lives of those who need them and that all mental health medications, not just anti-psychotics, should be carved out of the PDL process.

- Stephen Grubb, MD: Dr. Grubb stated that he was not being paid by any pharmaceutical company and that he was speaking to represent the patients that he treated. He commented that there are distinct differences between Humalog and Novolog insulin, which means that they cannot be treated as interchangeable entities. He pointed out that Novolog is approved for use in insulin pumps and that it is only approved for use in patients over the age of six. Humalog is approved for use in pregnancy, for younger children, but not for use in insulin pumps. He also pointed out that there are differences in Ultralente insulin and glargine insulin (Lantus).

- Charles Francis, MD, Minardi Eye Center: Dr. Francis spoke about therapeutic choices for glaucoma. He explained that glaucoma is a potentially blinding disorder if not controlled. Ophthalmologists can only modify the disease process by lowering intraocular pressure, either by surgery or with the use of medications. It is best to have as many therapeutic options available as possible. The prostaglandin analog group is the most effective treatment and includes Rescula, Travatan, Xalatan, and Lumigan. Lumigan is the most potent member of the class and it is important for it to be included in the PDL. If only two of the four can be included, Xalatan should be the other choice and probably has a more desirable side effect profile. He also mentioned a study done by an ophthalmologist and a pharmacologist who determined that Lumigan 2.5 milliliter bottles were filled with 3.3 milliliters of medication and would be the most cost effective size of this agent. Dr. Francis concluded by saying that less glaucoma surgery is being done because of the effectiveness of medications that are available now and that, although expensive, they are much more cost-effective than surgery.

- F. Joseph Whelan, MD: Dr. Whelan thanked the Committee members for helping the Governor solve the difficult problem that we face today with medical costs. He also stated that mental health patients have difficulty in admitting their need for treatment and

whenever effective regimens are discovered that it is unwise to alter them. He spoke about the effectiveness of Zoloft and stated that it is the only SSRI authorized for use in children and the elderly by the FDA. He mentioned that Attention Deficit Disorders (ADD) cause depression in children and many may need to be treated with an antidepressant, such as Zoloft. Dr. Whelan also stated that Effexor XR was a much safer and better tolerated drug that Effexor in the immediate-release form.

- Walter Byrd, MD, WVU: Dr. Byrd stated that his job was to make sure that the next generation of mental health professionals is well trained. He also said the receptors in each person's brain are unique. Therefore, classes of medications sometimes have to be combined for treatment and often medications have to be used for non-approved indications. It is necessary to be able to treat patients in the mainstream and patients that are refractory to standard treatments. He stated that sertraline (Zoloft) is the only SSRI approved for children, and many children with ADD are depressed. He strongly emphasized the need for flexibility in the PDL.

- Mark Casdorph, D.O.: Dr. Casdorph stated that over half of his patient population is pediatric and that their psychiatric treatment is tricky, at best. He said that Zoloft was the agent that he preferred to use for treatment because of its low incidence of sedation, availability in liquid form, and safety during pregnancy. He also said that he did not want to experiment with his patients. He concluded by saying that Medicaid children should not be excluded from the most effective medications and asked that he be given the tools that he needed to treat them.

- Dan Cowell, MD, President of the WV State Psychiatric Association: Dr. Cowell stated that, by the time that many patients are referred to psychiatrists, they are either over or under medicated. He explained that consultants, psychiatrists, and specialists need to have a full range of treatment options available for their patients. He emphasized that it would make no sense to refer to a specialist whose hands were tied by the lack of medications available. He urged that the choices of mental health medications not be limited.

- Sam Muszynski, American Psychiatric Association: Mr. Muszynski stated that patient advocacy was the number one priority of his organization. He also said that the more time that is required by physicians to secure medications for their patients, the less likely it is that providers will choose to participate in the Medicaid Program. Psychotropic drugs are absolutely essential for maintaining mental health patients in their communities. He pointed out that this is consistent with other policies and objectives that the State of West Virginia has defined and also with the Americans with Disabilities Act.

- Dr. Patrick Bonasso, Obstetrician and Gynecologist: Dr. Bonasso told the Committee that more and more cases of osteoporosis are anticipated each year. He said that most of his patients don't want to be on hormone replacement therapy (HRT) because of the

fear of breast cancer. He stated that scientific evidence supports the use of raloxifene (Evista) when HRT is not appropriate and that it should be available without restrictions.

- Lou Ann Fare, Solvay Pharmaceuticals Inc.: Ms. Fare thanked the committee for the opportunity to speak about perindopril erbumine (Aceon), which is indicated for use in hypertension. She mentioned the outcomes of the PROGRESS Trial and presented a clinical benefits summary, including the suggestion that controlling blood pressure throughout the entire day would lead to less heart and organ damage. She stated that since perindopril is a true once-daily ACE inhibitor, it should be included in the PDL.

- George Schell, KOS: Dr. Schell spoke about the disease process of atherosclerosis. He pointed out that the combination of niacin and the "statins" is the most effective treatment for this condition. He stated that since Avacor is the only drug available that is a combination of the two, it should be included on the PDL.

## VI. **Executive Session:**

A motion was made to adjourn to Executive Session. The motion was seconded and carried. The Committee adjourned to Executive Session at 12:30 p.m. Commissioner Atkins reminded the audience that speakers would be asked to personally sign the SIGN IN SHEET and have a Photo ID at the next meeting. She stated that the Committee would reconvene at 2:00 p.m.

## VII. **Old Business**:

Chairman Matulis called the meeting back to order at 2:00 p.m. and asked Dr. Wandstrat to begin discussions concerning the drugs under old business. These drugs had been referred to Provider Synergies for further evaluation.

### A. **Xopenex:**

Dr. Wandstrat advised the Committee that Provider Synergies worked with the makers of Xopenex to find a method to make the drug more cost effective. He stated that they currently had an offer that would not negatively impact the financial savings for the drug class. A motion was made to include Xopenex on the Preferred Drug List and seconded, vote taken and motion carried.

### B. **Ditropan XL**:

Dr. Wandstrat advised the Committee that Provider Synergies was directed, during the last meeting, to discuss the possibility of making Ditropan XL more cost effective with its manufacturers. He informed the Committee there had been no changes since the last

discussion. He said that the financials that were provided had not changed and there would be a negative impact on cost savings if Ditropan XL was added to the preferred list. Barbara Koster made a motion to leave the drug off of the PDL. Motion was seconded, vote taken and motion carried.

C. **Evista**:

Dr. Wandstrat advised the Committee at the last meeting that Provider Synergies was directed to discuss with the makers of Evista the possibility of making the drug more cost effective. Provider Synergies is currently in discussion with the manufacturers. Dr. Wandstrat asked that the Committee allow for Provider Synergies to have until the next P & T Committee meeting to look at the financials for Evista. Barbara Koster made a motion to postpone the discussion and place the inclusion of Evista on the agenda for the next meeting. The motion was seconded, voted upon and motion carried.

D. **NSAIDS**:

Chairman Matulis asked Dr. Wandstrat to elaborate on the financial impact of adding all three COX-II Inhibitor drugs to the PDL. Dr. Wandstrat stated that Provider Synergies was directed by the Committee to look at the class and divulge the financial impact if all three were included. He reported that a significant negative impact on the financial savings would be the result. Barbara Koster made a motion to have Bextra and Vioxx included on the list and to remove Celebrex from the list. Chairman Matulis asked for a discussion. James D. Bartsch stated that the doctors he talked with felt that the Committee really only needed to have two drugs on the list and the option for prior approval for obtaining the third one. The motion was made and seconded to have the list modified to include Bextra and Vioxx and to exclude Celebrex. The motion was seconded, vote taken, and motion carried.

VIII. **Therapeutic Category Reviews:**

There were 16 categories of drugs scheduled for review. Dr. Wandstrat gave an overview at the beginning of each category. The Committee reviewed and discussed each category and made the following decisions:

A. **Skeletal Muscle Relaxants:**

Dr. Wandstrat stated that it was difficult to compare the effectiveness of the skeletal muscle relaxants. He said that there were many generic agents available and that the monographs included pharmacology, differences, similarities and indications of the available agents. He explained that controlled comparative trials were limited, except in the area of spasticity. Dr. Wandstrat recommended the list for PDL inclusion. A motion was made, seconded and the motion carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Skeletal Muscle Relaxants*** | ***baclofen**** <br> ***carisoprodol**** <br> ***carisoprodol compound**** <br> ***carisoprodol compound with codeine**** <br> ***chlorzoxazone**** <br> ***cyclobenzaprine**** <br> ***methocarbamol**** <br> ***methocarbamol with ASA**** <br> ***orphenadrine**** <br> ***orphenadrine/ASA/caffeine**** <br> ***tizanidine**** | ***dantrolene (Dantrium)*** <br> ***metaxolone (Skelaxin)*** |

**Generic forms only*

## B. **Quinolones:**

Dr. Wandstrat stated that the monographs of these agents included dosage regimens, drug interactions, and adverse reactions of all of the agents in this class. He pointed out that there were good comparative trials and that these agents could be used in a variety of bacterial infections. He presented the suggested list of drugs. The Committee shared comments from colleagues about these drugs. A motion was made, seconded and the motion was approved to accept the recommended list.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Fluoroquinolones*** | ***ciprofloxacin (Cipro)*** <br> ***moxifloxacin (Avelox)*** | ***gatifloxacin (Tequin)*** <br> ***levofloxacin (Levaquin)*** <br> ***lomefloxacin (Maxaquin)*** <br> ***norfloxacin (Noroxin)*** <br> ***ofloxacin (Floxin)*** |

## C. **Miotics/Other Intraocular Pressure Reducers:**

Dr. Wandstrat informed the Committee that this class of drugs was an all-inclusive list of every known agent that affected intraocular pressure. The focus in this area was some of the newer compounds. Clinical trials do provide comparisons of the new agents and adverse effects are similar. He said that strengths of the medication and dosing frequency, which are both important in the visually impaired, were taken into consideration. Dr. Matulis asked if anything was to be left off the list of recommendations and Dr. Wandstrat recommended that all of the agents be included. A motion was made to accept the list as recommended, seconded, vote taken, and motion carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Selected Intraocular Pressure Reducers*** | ***brimonidine (Alphagan P)***<br>***brinzolamide (Azopt)***<br>***dipivefrin****<br>***dorzolamide (Trusopt)***<br>***dorzolamide/timolol (Cosopt)***<br>***epinephrine****<br>***epinephryl borate****<br>***pilocarpine****<br>***pilocarpine/epinephrine**** | |

*Generic forms only

## D. Prostaglandin Inhibitors, Ophthalmic:

Dr. Wandstrat stated that there were only four agents to consider and good comparative trials were available. The differences in the reduction of intraocular pressure they produced were noted in the monographs. He said that cultural differences in pressure reduction, adverse effects, limitations, availability, and storage requirements were also listed. Package size and cost efficiency were also taken into consideration. Dr. Wandstrat read the list of recommendations for the PDL. There was a discussion about the cost difference in the two package sizes of Lumigan. A motion was made to accept the recommendations, the motion was seconded, vote taken and the motion carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Prostaglandin Inhibitors, Ophthalmic*** | ***bimatoprost (Lumigan) 2.5 ml***<br>***latanoprost (Xalatan)***<br>***travoprost (Travatan)*** | ***bimatoprost (Lumigan) 5 ml***<br>***unoprostone (Rescula)*** |

## E. Benign Prostatic Hypertrophy/Micturition Agents:

Dr. Wandstrat noted that some agents that were initially being used to treat hypertension are now being utilized in the treatment of benign prostatic hypertrophy. He said that all drugs in the class were being recommended. A motion was made to accept the list as recommended, seconded, vote taken and motion carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Benign Prostatic Hyperplasia (BPH)/Micturition Agents*** | ***doxazosin (Cardura) (generic)***<br>***finasteride (Proscar)***<br>***tamsulosin (Flomax)***<br>***terazosin (Hytrin) (generic)*** | |

## F. Immunosuppressive Agents, Topical:

Dr. Wandstrat stated that atopic dermatitis typically appears in childhood and is a triad of allergic conditions. Patients usually have mild to moderate conditions. Pediatric and adult studies were included in the monographs. Provider Synergies suggested the addition of Elide for treating atopic dermatitis. Dr. Matulis shared comments from dermatologists about this recommendation. A motion was made to accept the list as recommended, seconded, vote taken, and motion carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Atopic Dermatitis Immune Modulators*** | ***pimecrolimus (Elidel)*** | ***tacrolimus (Protopic)*** |

## G. **Ulcerative Colitis Agents:**

Dr. Wandstrat stated that the monographs provided by Provider Synergies for this class gave a comparison of doses, routes of administration, and indications. He also stated that generics were available for some of the newer branded compounds. Clinical trials were well controlled and extensive for this class. The recommendations for the Committee and the Bureau for inclusion were made by Dr. Wandstrat. A motion was made to accept the list as recommended, seconded, vote taken, and motion carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Aminosalicylates*** | ***balsalazide (Colazal)***<br>***mesalamine (Asacol)***<br>***mesalamine (Rowasa)***<br>***olsalazine (Dipentum)***<br>***sulfasalazine (generic)*** | ***mesalamine (Pentasa)*** |

## H. **Antiemetic/Antivertigo Agents:**

Dr. Wandstrat presented the recommendations for this class. He stated that the clinical trials for these agents suffered because of the age differences of these agents. He also said that Provider Synergies had standardized these trials in order to point out the differences in the methodologies. The differences in pediatrics responses were also reported. A motion was made to accept the list as recommended, seconded, vote taken, and motion carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|

| | | |
|---|---|---|
| ***Antiemetic/ Antivertigo Agents*** | ***ANTIEMETIC***<br>***hydroxyzine (generic)***<br>***metoclopramide (generic)***<br>***ondansetron (Zofran)***<br>***ondansetron ODT (Zofran)***<br>***prochlorperazine (generic)***<br>***promethazine (generic)***<br>***trimethobenzamide (generic)***<br><br>***ANTIVERTIGO***<br>***meclizine***<br>***scopolamine, oral (Scopace)***<br>***scopolamine, transdermal (Transderm Scop)*** | ***ANTIEMETIC***<br>***dolasetron (Anzemet)***<br>***dronabinol (Marinol)***<br>***granisetron (Kytril)***<br><br><br><br><br>***ANTIVERTIGO***<br>***thiethylperazine maleate (Torecan)*** |

## I. ACE Inhibitors:

Dr. Wandstrat stated that many of these agents are available as generics. He explained that Provider Synergies staff had shown both the similarities and differences in the ACE inhibitors and looked at overall treatment of hypertension. Dosages for hypertension and heart failure and indications for these conditions were listed in the monographs. Most are indicated for hypertension and have very similar adverse effects. A question was asked about the financial impact of placing Altace on the preferred list. Dr. Matulis stated that he was concerned that cardiologists would worry about not having Altace on the PDL. Dr. Wandstrat stated that the Hope Trial had found similar effects from other ACE inhibitors that had been studied prior to the trial. A discussion followed about reasons for the significant higher cost for Aceon and Altace. Dr. Wandstrat read the recommendations for the PDL. A motion was made to ask Provider Synergies to further investigate the possibility of adding these two drugs to the list and to accept the remainder of the list as recommended. That motion was seconded, vote was taken and carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***ACE Inhibitors*** | ***benazepril (Lotensin)***<br>***benazepril/HCTZ (Lotensin HCT)***<br>***captopril (Capoten) (generic)***<br>***captopril/HCTZ (Captozide) (generic)***<br>***enalapril (Vasotec) (generic)***<br>***enalapril/HCTZ (Vasoretic) (generic)***<br>***fosinopril (Monopril)***<br>***fosinopril/HCTZ (Monopril HCT)***<br>***lisinopril (Prinivil/Zestril) (generic)***<br>***lisinopril/HCTZ (Prinzide/Zestoretic)***<br>***moexipril (Univasc)***<br>***moexipril/HCTZ (Uniretic)***<br>***quinapril (Accupril)***<br>***quinapril/HCTZ (Accuretic)***<br>***trandolapril (Mavik)*** | ***perindopril (Aceon)*****<br>***ramipril (Altace)***** |

***Pending*

J. **Cephalosporins and Related Antibiotics:**

Dr. Wandstrat stated that the monographs of the cephalosporins were broken into generations. This family of antibiotics is used to treat a variety of infections and illnesses. All available trials were reviewed and the biggest and best comparative trials were included in the monographs. After some discussion, a motion was made to accept the list as recommended, seconded, vote taken, and motion carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Cephalosporin and Related Antibiotics*** | ***FIRST GENERATION***<br>***cefadroxil (Duricef) (generic)***<br>***cephalexin (Keflex) (generic)***<br>***cephradine (Velosef) (generic)***<br><br>***SECOND GENERATION***<br>***cefaclor (Ceclor) (generic)***<br>***cefuroxime axetil (Ceftin) (generic)***<br><br>***THIRD GENERATION***<br>***cefdinir (Omnicef)***<br>***cefditoren pivoxil (Spectracef)***<br>***cefixime (Suprax)***<br>***cefpodoxime proxetil (Vantin)***<br>***ceftibuten (Cedax)***<br><br>***PENICILLIN/BETA LACTAMASE INHIBITOR***<br>***amoxicillin/clavulanate (Augmentin) (generic)***<br>***amoxicillin/clavulanate (Augmentin ES-600)***<br>***amoxicillin/clavulanate (Augmentin XR)*** | ***SECOND GENERATION***<br>***cefprozil (Cefzil)***<br>***loracarbef (Lorabid)*** |

## K. **Platelet Aggregation Inhibitors:**

Dr. Wandstrat stated that the pharmacology and clinical trials reviewed for this class included over-the-counter drugs and he gave recommendations for the PDL. A motion was made to accept the list as recommended, seconded, vote taken and motion was carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Platelet Aggregation Inhibitors*** | ***aspirin (generics) (OTC)***<br>***aspirin/dipyridamole ER (Aggrenox)***<br>***clopidogrel (Plavix)***<br>***dipyridamole (Persantine) (generic)***<br>***ticlopidine (Ticlid) (generic)*** | |

## L. **Intermittent Claudication Medications:**

All clinical trials that were available were reviewed. Dr. Wandstrat made the recommendations for the PDL. Dr. Avery recommended that Pletal be included on the PDL

because it was more effective than pentoxifylline. Commissioner Atkins reminded the Committee that Pletal would be available through prior authorization. Dr. Avery made a motion to include Pletal on the PDL. The motion was seconded, vote taken and motion was carried. The list was accepted as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Intermittent Claudication Medications*** | ***pentoxifylline (Trental) (generic)***<br>***cilostazol (Pletal)*** | |

M. **Sedatives, Hypnotics:**

After a brief overview of information in the monographs, Dr. Wandstrat recommended to the Committee and the Bureau that all branded drugs, Restoril 7.5 mg, and Ambien be included on the PDL. A discussion regarding Dalmane, chloral hydrate, and Halcion was held. A motion was made to exclude these three agents and accept the remainder of the recommendations. The motion was seconded, vote taken, and motion carried as follows:

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|
| ***Sedatives/Hypnotics*** | ***estazolam (ProSom) (generic)***<br>***temazepam (Restoril) (generic)***<br>***temazepam (Restoril 7.5mg)***<br>***zolpidem (Ambien)*** | ***quazepam (Doral)***<br>***zaleplon (Sonata)***<br>***chloral hydrate (generic)***<br>***flurazepam (Dalmane) (generic)***<br>***triazolam (Halcion) (generic)*** |

N. **Antidepressants, Selective Serotonin Reuptake Inhibitors:**

Dr. Wandstrat presented the recommended list to the Committee and the Bureau. A member of the Committee suggested that sertraline (Zoloft) be added to the list, because of its indication for use in pediatric patients. Dr. Matulis, Commissioner Atkins, and Dr. Avery concurred that adding sertraline to the preferred list would be beneficial to the pediatric population and that some patients might not do well with switching these types of drugs. The Committee also asked Provider Synergies to pursue information on the newest agent in this class, Lexipro. The motion was made to accept the preferred list, as recommended, with the addition of sertraline, and to ask Provider Synergies to pursue information on Lexipro. The motion was seconded, vote taken and motion carried.

| *DRUG CLASS* | *PREFERRED* | *NON-PREFERRED* |
|---|---|---|

| | | |
|---|---|---|
| ***Selective Serotonin Reuptake Inhibitors (SSRIs)*** | ***citalopram (Celexa)***<br>***fluoxetine (Prozac)(generic)***<br>***fluvoxamine (Luvox)(generic)***<br>***paroxetine (Paxil)***<br>***paroxetine CR (Paxil CR)***<br>***sertraline (Zoloft)*** | ***fluoxetine ER (Prozac Weekly)***<br>***fluoxetine (Sarafem)*** |

O. **Antidepressants, Other:**

Dr. Wandstrat presented the recommendations in this category to the Committee and the Bureau. Commissioner Atkins asked why Effexor XR was not recommended for the preferred list. Dr. Wandstrat stated that there would be a great negative financial impact if Effexor XR was included. He also stated that the immediate release form, although requiring more frequent dosing, had the same therapeutic effect. The motion was made to accept the list as recommended, with Provider Synergies reevaluating Effexor XR. The motion was seconded, vote taken and motion was carried.

| ***DRUG CLASS*** | ***PREFERRED*** | ***NON-PREFERRED*** |
|---|---|---|
| ***Antidepressants, Other*** | ***bupropion (Wellbutrin) (generic)***<br>***bupropion XR (Wellbutrin SR)***<br>***mirtazapine (Remeron)***<br>***mirtazapine (Remeron SolTab)***<br>***trazodone (Desyrel) (generic)***<br>***venlafaxine (Effexor)*** | ***venlafaxine (Effexor XR)*****<br>***nefazodone (Serzone)*** |

***Pending*

P. **Stimulants:**

Dr. Wandstrat presented the recommended list of stimulants to the Committee and the Bureau. A motion was made to accept the list as recommended, seconded, voted upon and carried as follows:

| ***DRUG CLASS*** | ***PREFERRED*** | ***NON-PREFERRED*** |
|---|---|---|

| | | |
|---|---|---|
| ***Stimulants*** | ***desmethylphenidate (Focalin)***<br>***dextroamphetamine (generic)***<br>***methylphenidate (generic)***<br>***methylphenidate ER (generic)***<br>***methylphenidate ER (Concerta)***<br>***methylphenidate ER (Metadate CD)***<br>***methylphenidate ER (Methylin ER)***<br>***mixed salt amphetamines (generic)***<br>***mixed salt amphetamines (Adderall XR)***<br>***pemoline (Cylert)(generic)*** | ***methamphetamine (Desoxyn)***<br>***modafinil (Provigil)*** |

## IX. **Next Meeting:**

A motion was made, seconded, voted upon and carried to hold the next meeting of the P & T Committee on Wednesday, January 22, 2003, at 11:00 a.m. in the Diamond Building, Lower Level Conference Rooms B10/11.

## X. **Adjournment:**

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