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
November 10, 2004 – 11:00 a.m.
The Diamond Building – 350 Capitol Street
Rooms B10 and B11
Charleston, West Virginia

M I N U T E S

Members Present:
David Avery, M.D.
John D. Justice, M.D.
Steven R. Matulis, M.D.
Barbara Koster, MSN, RNC-ANP
Thomas L. Gilligan, R.Ph., D.O.
Kristy H. Lucas, PharmD
Harriet Nottingham, R. Ph.
Kevin W. Yingling, R.Ph., M.D.
Michael Grome, PA-C

Members Not Present
James Bartsch, R.Ph.
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
Randy Myers, Deputy Commissioner
Lynda Edwards, Secretary

Contract Staff/Provider Synergies Present:
Steve Liles, PharmD

Other Contract Staff Present:
Stephen Small, RDTP
Jennifer Fullen, RDTP
Tom Robinette, Unisys

Present:

Aventis: Walter L. Gose, Justin O'Reilly, Ed Bitler
AstraZeneca: Frank Salopek, Russ Nixon, Joann Shoup
Bill Crouch & Assoc.: Raymona Kinneberg
Biovial: Gary Starr
Boehringer Ingelheim: Kevin WeMett, Sarit Rotman
Bristol-Myers Squibb: Michael Kennedy, Kimberly Olsen, Pamela Smith, Ryan Bartemeyer, Geoffrey Gage, Steven E. Long, Nancy Smith
Dey: Keith Lockwood, Adam Kopp
Forest Pharmaceuticals: Bruce Rutledge
Ivax Labs: Michael O'Leary, James M. Daddio
Janssen: Bert Wickey
Johnson & Johnson: James Cannon
King Pharmaceuticals: Thom Martin, Kim Lewis
Lilly: Steven M. Babineaux, Calvin Sumner, Ronald H. Hart, Todd Bledsoe
McNeil: Jeff Evans, Toni GoodyKoontz
Merck: Allan Goldberg, Michael Tu, Russell Clayton, Larry Swann
Mental Health Association: Susan Ward
NAMI: Michael Ross
National Health Operations:
New Hope: Steve Edwards
Novartis: Chris Zacker, Reg Hart, Mohammad Imani, Jason Gruse, John Hebb, Cathy McGeehan, David Gill, Ralph Cruz, Jeff Goins, Fred Lott, Jr., William Rhodes
Organon: Tim Stanley
Pfizer: Rick Bowman, Kevin Kirk, Melissa Sutphin, Joseph Dupont, John Townson, Gary Mueller
Reliant: Clyde Cooper, William Gergely, Paul Coon, Rick Jackson
Sanofi: Kathryn Lavriha, Timothy Birner, Mike Bowen, Kristi Pendlebury, George Aiello
Sankyo: Elizabeth Brewer, Joe Greer, Pat Weaver
Schering-Plough: Robert Fonte, Jason Kirk, Margaret Savage, Janice Riga, Ronnie Coleman, Robert Marsh, Thomas Buonanno, Feng Ho
Sepracor: Larry Green, Melissa Kay, Keith Caldwell, Sue Shrout
Shire: Jonell Lanta
WV Psychological Association: Jimelle Rumberg
WVU: T. Dickey
Wyeth: Dennis Majeskie, Tim Atchison, Philip Reale

I. Call to Order

Dr. Steven Matulis, Chairperson, called the meeting to order at 11:15 a.m.

II. Housekeeping

Commissioner Nancy Atkins was recognized, and she advised the audience on how the meeting would be conducted. Commissioner Atkins introduced Lynda Edwards, who would be serving as fire marshal and gave the audience exit instructions in case the fire alarm sounded. She told the audience that when they needed to leave the meeting they were required to be escorted by one of the Bureau's staff for the security of the building.

III. Introductions

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

IV. Approval of Minutes of August 10, 2004 Meeting

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

V. Public Comment Period

Commissioner Atkins welcomed Michael Grome, PA-C to the Pharmaceutical and Therapeutics Committee. She stated Mr. Grome would be replacing Tom Harward who resigned from the Committee for medical reasons, and she wanted to thank Mr. Harward for his time and commitment to the Committee.

Commissioner Atkins explained that the public comment period would be a 45-minute session. She explained that the speaker sign-up was changed to begin at 8:00 a.m. and speakers would be limited to three minutes rather than five minutes, to allow for more speakers.

She also stated that the session is not interactive and that no slide presentations or handouts would be distributed during the meeting. She informed the audience that materials they wanted to submit to the Committee could be given to Lynda Edwards after the comment period and she would distribute them. The following individuals took the floor:

Calvin Sumner, M.D., Eli Lilly: Dr. Sumner, representing Eli Lilly, spoke about Strattera. He stated that there were three groups of medications proven efficacious to treat ADHD: amphetamines, methylphenidates and non-stimulants of which Strattera is the only drug representing that class. He explained that Strattera is a non-controlled substance, has no addictive potential, potential for abuse or dependence, which are issues with the other treatments.

Steve Edwards, M.D., New Hope: Dr. Edwards discussed the SSRIs and the black box warning. He talked about Prozac, Zoloft, Paxil and Zyprexa. He stated that he needed open access to medications to prescribe for his patients.

Janice Riga, PharmD, Schering-Plough: Dr. Riga, representing Schering-Plough, spoke about Nasonex. She said that Nasonex was the only nasal steroid demonstrated to treat and prevent nasal symptoms including congestion associated with allergic rhinitis. She stated that Nasonex is a potent, highly effective corticosteroid. She mentioned that Nasonex unscented will soon be on the market and recommended that Nasonex be available to the Medicaid population without restriction.

Margaret Savage, M.D., MPH, Merck/Schering-Plough: Dr. Savage spoke about Zetia. She stated that adding Zetia to statin therapy resulted in a 25% reduction in LDL levels from statin treatment baseline. Dr. Savage said that it had an excellent safety profile, both as monotherapy and in combination with statins. She also mentioned Vytorin, a combination that is superior in reduction of LDL levels and has an excellent safety profile.

Chris Zacker, Ph.D., Novartis: Dr. Zacker spoke about the benefits of Lotrel. He said that the more drugs a patient must take, the less compliant they tend to be. He stated that Lotrel had 87% efficacy and that it has been on the PDL since Novartis put it on the market. If the drug is not available, he also wanted the Committee to consider the cost of getting patients titrated again and back to goal.

Rick Bowman, Pfizer: Mr. Bowman spoke about Bextra and Celebrex and the importance of keeping both of the agents on the PDL. He stated that the reason to utilize these two medications is to reduce GI side effects. He said that there were less indirect costs later on with a reduction in hospitalization due to GI effects.

Mohammad Imani, Podiatrist, Novartis: Dr. Imani stated that he has prescribed Lamisil as an antifungal agent for the past eight or nine years. He said that Lamisil is preferred, but restricted to diabetics and immunocompromised patients. He explained that other patients could benefit from the drug including patients who have repeated toenail removal and pain with ambulation. He said that Sporonox has drug interactions, especially with cardiac drugs, and Penlac is only effective 30-35 percent of the time. He asked the Committee to reduce the restrictions and make it available to other patients when cultures are taken.

Toni GoodyKoontz, M.D., McNeil: Dr. GoodyKoontz spoke about ADHD. She said that it affects 5 to 7 percent of all school-age children and that stimulant medications in addition to Strattera have proven to be effective for this disorder. She said she has been asked to represent McNeil Pharmaceuticals for Concerta. She explained that Concerta is effective for twelve hours and, therefore, children do not have to take the medication while at school. She said that taking medication to school has many disadvantages and there is minimal abuse potential with Concerta.

Clyde Cooper, PharmD, Reliant: Dr. Cooper, a pharmacist for Reliant Pharmaceuticals, spoke about isradipine, Dynacirc CR. He stated that it provides effective, consistent 24-hour

control of hypertension. He explained that Dynacirc CR may be an important benefit for harder to control patients and those who take many medications for co-morbid conditions. He also spoke about the benefits of Innopran XL.

Sarit Rotman, R.Ph., Boehringer Ingelheim: Ms. Rotman spoke about Spiriva. She said that chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in the United States. She stated that there is a new study with 6,000 patients being evaluated to obtain further efficacy of Spiriva. She said the most common side effect was dry mouth and that once-daily dosing led to improved compliance.

Allan Goldberg, Medical Director, Merck: Mr. Goldberg discussed the benefits of Cozaar. He stated that Cozaar is the only agent that has a first line FDA approved indication for severe hypertensive patients as initial therapy. He asked that the Committee continue to make Cozaar available to the Medicaid population.

Tim Birner, PharmD, Sanofi/Aventis: Dr. Birner spoke about Avapro. He said that Avapro is approved for hypertension and Type II diabetic neuropathy. He compared Avapro's half-life of 15 hours to other agents. He said that Avapro's data in diabetic neuropathy sets it apart from other agents. He stated that Avapro has the best data and that the FDA has recognized this with the expanded indication.

T. O. Dickey, M.D., WVU/CAMC: Dr. Dickey said he was a child psychiatrist. He agreed with the other speakers on medications for children. He thought that in a wealthy country like the United States children should have open access to medications. He said that psychotropic drugs are not easily interchangeable among individuals. He stated that in child psychiatry drugs are used off-label all of the time, because only a few are indicated for children. He agreed with his colleagues on the benefits of Strattera for anxiety and its lack of abuse. He wanted open access to all of the agents in this class for children.

Ed Bitler, Respiratory Representative, Aventis: Mr. Bitler reiterated the benefits of keeping Nasacort AQ on the formulary. He said that it was a fragrance free, alcohol-free medication that is safe, efficacious, and has the most favorable side-effect profile. He said he would like to see the Committee keep it on the PDL based on its attributes, i.e. the only inhaled nasal steroid preparation that is also alcohol-free.

Kim Lewis, King Pharmaceuticals: Ms. Lewis spoke about the benefits of Altace being included on the Preferred Drug List. She stated that Altace reduced the risk of stroke from cardiovascular (CV) disease in patients with a history of CV disease, diabetes, plus one other CV risk factor.

Thom Martin, Director, King Pharmaceuticals: Mr. Martin stated his support of Altace on the PDL. He said that Altace was used in the Hope study, which gave it the indication for risk reduction of stroke and CV death. He said it remains the only ACE inhibitor today to have that indication even though the Hope study has been out for five years. He stated that in terms of evidence-based medicine, the indication and the medical legal comfort that it would give the physicians in the State, we should add it to the PDL.

Commissioner Atkins advised the audience that the public comment section had ended.

VI. Executive Session

A motion was made to move to the Executive Session. The motion was seconded and carried. The Committee adjourned to Executive Session at 12:30 p.m.

VII. Old Business

No old business was discussed.

VIII. Therapeutic Category Reviews

There were sixteen categories of drugs scheduled for review. Dr. Steve Liles gave an overview at the beginning of each category. The Committee reviewed and discussed each category and made the following recommendations:

A. ACE Inhibitors

Dr. 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
ACE INHIBITORS	**ACE INHIBITORS**	
	ACEON (perindopril) ALTACE (ramipril) benazepril captopril enalapril lisinopril MAVIK (trandolapril) moexepril	ACCUPRIL (quinapril) CAPOTEN (captopril) fosinopril LOTENSIN (benazepril) MONOPRIL (fosinopril) PRINIVIL (lisinopril) UNIVASC (moexepril) VASOTEC (enalapril) ZESTRIL (lisinopril)
	ACE INHIBITOR/DIURETIC COMBINATIONS	
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ lisinopril/HCTZ UNIRETIC (moexepril/HCTZ)	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) quinapril/HCTZ VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)

B. Calcium Channel Blockers

Dr. Liles recommended the following list for PDL inclusion. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded. A Committee member stated that he was pleased to see Dynacirc CR is recommended, but he did not see the benefit of leaving Dynacirc oral on the formulary. He said he would characterize Dynacirc as a first generation dihydropyridine. He said that he would put it in the same classification as immediate release nifedipine. He asked that the Committee consider the recommendations with the exclusion of immediate release Dynacirc. A motion was made. Dr. Matulis said the motion that stands is to accept the recommendations by Provider Synergies with the amendment that Dynacirc oral, immediate release, be removed from the list. Votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CALCIUM CHANNEL BLOCKERS (Oral)	**SHORT-ACTING**	
	diltiazem verapamil	ADALAT (nifedipine) CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) nicardipine nifedipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)
	LONG-ACTING	
	CARDIZEM LA (diltiazem) diltiazem DYNACIRC CR (isradipine) felodipine nifedipine NORVASC (amlodipine) 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) PLENDIL (felodipine) PROCARDIA XL (nifedipine) TIAZAC (diltiazem) VERELAN (verapamil) SULAR (nisoldipine)

C. ACE Inhibitor/CCB Combination

Dr. Liles made recommendations for the list in regard to the ACE Inhibitor/CCB Combination class. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS	LEXXEL (enalapril/felodipine) LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil)	

D. Angiotensin II Receptor Blockers

Dr. 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
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	**ANGIOTENSIN RECEPTOR BLOCKERS**	
	AVAPRO (irbesartan) BENICAR (olmesartan) COZAAR (losartan) DIOVAN (valsartan) MICARDIS (telmisartan) TEVETEN (eprosartan)	ATACAND (candesartan)
	ARB/DIURETIC COMBINATIONS	
	AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ)

E. Beta Blockers

Dr. Liles recommended the following drugs for the Preferred Drug List. He pointed out that there was a change by the FDA to the labeling of Inderal LA to one of hypersensitivity in cutaneous reactions. 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
BETA BLOCKERS (Oral)	**BETA BLOCKERS**	
	atenolol INDERAL LA (propranolol) metoprolol nadolol propranolol sotalol timolol TOPROL XL (metoprolol)	acebutolol BETAPACE (sotalol) betaxolol bisoprolol BLOCADREN (timolol) CARTROL (carteolol) CORGARD (nadolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) pindolol SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)
	BETA- AND ALPHA- BLOCKERS	
	COREG (carvedilol) labetalol	NORMODYNE (labetalol) TRANDATE (labetalol)

F. Lipotropics, Other

Dr. Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations of Provider Synergies with the inclusion of Vytorin. The motion was seconded. Another member agreed it was also a good choice for Zetia to be used with other statins. A discussion ensued regarding the addition of Zetia to the PDL. Dr. Matulis said with the number of people that are currently taking Zetia shows that the prior authorization process is working. After some continued discussion, Dr. Matulis clarified that the motion standing was to accept the recommendations with the addition of Vytorin and, because of economic reasons, retain the prior authorization status of Zetia. The motion was seconded, votes were taken and the motion carried. A Committee member moved to recommend to the DUR Board to consider the use of Zetia in combination with the use other available statins. The motion was seconded, votes were taken, and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
LIPOTROPICS, OTHER (non-statins)	**BILE ACID SEQUESTRANTS**	
	cholestyramine COLESTID (colestipol)	QUESTRAN (cholestyramine) WELCHOL (colesevalam)
	CHOLESTEROL ABSORPTION INHIBITORS	
		ZETIA (ezetimibe)
	FIBRIC ACID DERIVATIVES	
	gemfibrozil TRICOR (fenofibrate)	LOFIBRA (fenofibrate) LOPID (gemfibrozil)
	NIACIN	
	NIASPAN (niacin) niacin NIACELS (niacin)	NIADELAY (niacin) SLO-NIACIN (niacin)
	STATIN COMBINATIONS	
	VYTORIN (ezetimibe/simvastatin)	

G. Corticosteroids, Nasal

Dr. Liles recommended Nasarel, Flonase, and Nasonex for the Preferred Drug List. A motion was made to add Nasacort AQ and to remove Nasarel. A discussion ensued regarding the importance of having a fragrance-free, alcohol-free, less irritating nasal preparation, and because Nasacort AQ was previously on the PDL, it should be included. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
CORTICOSTEROIDS, NASAL	FLONASE (fluticasone) NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide NASALIDE (flunisolide) NASAREL (flunisolide) RHINOCORT AQUA (budesonide)

H. Leukotriene Receptor Blockers

Dr. Liles recommended the following drugs for inclusion on 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
LEUKOTRIENE RECEPTOR BLOCKERS	SINGULAIR (montelukast)	ACCOLATE (zafirlukast)

I. Glucocorticoids, Inhaled

Dr. 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
GLUCOCORTICOIDS, INHALED	**GLUCOCORTICOIDS**	
	AEROBID (flunisolide) AEROBID-M (flunisolide) AZMACORT (triamcinolone) FLOVENT (fluticasone) QVAR (beclomethasone)	PULMICORT (budesonide)
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
	ADVAIR (fluticasone/salmeterol)	

J. Bronchodilators, Beta Agonist

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

K. Bronchodilators, Anticholinergic

Dr. 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
BRONCHODILATORS, ANTICHOLINERGIC	**ANTICHOLINERGIC**	
	ATROVENT (ipratropium) ipratropium SPIRIVA (tiotropium)	
	ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
	COMBIVENT (albuterol/ipratropium) DUONEB (albuterol/ipratropium)	

L. Antifungals, Oral

Dr. 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. A discussion followed regarding the prior authorization criteria for Lamisil and how coverage is determined through the Rational Drug Therapy Program. The Committee recommended that the Drug Utilization Review Board re-review the current coverage criteria for the oral antifungal drugs.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, ORAL	clotrimazole fluconazole ketoconazole LAMISIL (terbinafine) MYCOSTATIN (nystatin) mucous membrane nystatin	ANCOBON (flucytosine) DIFLUCAN (fluconazole) FULVICIN (griseofulvin) GRIFULIN V (griseofulvin) GRIS-PEG (griseofulvin) MYCELEX (clotrimazole) NIZORAL (ketoconazole) SPORANOX (itraconazole) VFEND (voriconazole)

M. Antifungals, Topical

Dr. Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept the recommendations. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, TOPICAL	**ANTIFUNGALS**	
	EXELDERM (sulconazole) ketoconazole LOPROX Cream, Gel, Shampoo, Lotion (ciclopirox) MENTAX (butenafine) NAFTIN (naftifine) nystatin	ciclopirox econazole ERTACZO (sertaconazole) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) PENLAC (ciclopirox) SPECTAZOLE (econazole)

DRUG CLASS	PREFERRED	NON-PREFERRED
	OXISTAT (oxiconazole)	
	ANTIFUNGAL/STEROID COMBINATIONS	
	nystatin/triamcinolone	clotrimazole/betamethasone LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

N. NSAIDS

Dr. 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. After some discussion, the motion was amended to exclude Ponstel from the PDL. Further discussion ensued regarding the safety of the COX II products and when the Committee would review the class again. The Committee was told that if new information developed before the annual review, the class would be reopened for consideration. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
NSAIDS	**NONSELECTIVE**	
	diclofenac etodolac flurbiprofen ibuprofen indomethacin ketoprofen ketorolac naproxen oxaprozin piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) FELDENE (piroxicam) INDOCIN (indomethacin) LODINE (etodolac) meclofenamate MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) ORUVAIL (ketoprofen) PONSTEL (meclofenamate) RELAFEN (nabumetone) TOLECTIN (tolmetin) tolmetin TORADOL (ketorolac) VOLTAREN (diclofenac)
	NSAID/GI PROTECTANT COMBINATIONS	
	PREVACID NAPRAPAC (naproxen/lansoprazole)	ARTHROTEC (diclofenac/misoprostol)
	COX-II SELECTIVE	
	BEXTRA (valdecoxib) CELEBREX (celecoxib) MOBIC (meloxicam)	

O. Stimulants & Related Agents

Dr. Liles recommended the following drugs for the Preferred Drug List. A Committee member moved to accept the recommendations with the addition of Concerta and Strattera. A lengthy discussion ensued regarding the benefits of having these two agents available to patients. The financial impact to the Bureau for Medical Services was also discussed. It was asked if Provider Synergies could go back to the drug manufacturers and see if they would consider additional rebates. It was stated that it would not be beneficial. The motion was amended to add the immediate-release amphetamine salt combination to the PDL. The amended motion was seconded. The benefits of adding Provigil and its potential misuse were also discussed. Votes were taken on the amended motion 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) methamphetamine
	NON-AMPHETAMINE	
	CONCERTA (methylphenidate) FOCALIN (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate RITALIN LA (methylphenidate) STRATTERA (atomoxetine)	CYLERT (pemoline) METADATE ER (methylphenidate) pemoline PROVIGIL (modafanil) RITALIN (methylphenidate) RITALIN-SR (methylphenidate)

P. Antidepressants, SSRIs

Dr. Liles recommended the following drugs for the Preferred Drug List. A motion was made to accept Provider Synergies' recommendations with the addition of fluvoxamine and the deletion of Pexeva. The motion was seconded. Votes were taken and the motion carried.

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

IX. Next Meeting Date

The next meeting date of the P & T Committee will be February 9, 2005. **(This has been changed to March 9, 2005.)**

X. Other Business

Dr. Matulis stated that some classes would no longer be reviewed, because there were no savings in these categories. These classes are: Skeletal Muscle Relaxants, H2 Recepter Agonists, Estrogen Oral and Transdermal agents, and the Antivertigo Class. The motion was made to retire these classes, the motion was seconded. Votes were taken and motion carried.

A discussion ensued regarding the Bureau's policy of grandfathering mental health medications that patients would have received in the hospital setting. Ms. King responded that this policy only applies to atypical antipsychotic agents. A request to the Rational Drug Therapy Program was necessary because the medications used by patients in the hospital setting are unknown to the processing system.

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.