



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise  
Governor

Paul L. Nusbaum  
Secretary

West Virginia Department of Health and Human Resources  
Bureau for Medical Services  
**Pharmaceutical and Therapeutics (P & T) Committee**  
August 17, 2005 – 9:00 a.m.  
Charleston Civic Center  
WV Room 105  
Charleston, West Virginia

## MINUTES

### **Members Present:**

David Avery, M.D.  
John D. Justice, M.D.  
Steven R. Matulis, M.D.  
Barbara Koster, MSN, RNC-ANP  
Harriet Nottingham, R. Ph.  
Kevin W. Yingling, R.Ph., M.D.  
Michael Grome, PA-C  
Teresa Dunsworth, PharmD  
James Bartsch, R.Ph.

### **Members Not Present**

Thomas L. Gilligan, R.Ph., D.O.  
Kristy H. Lucas, PharmD

### **DHHR/BMS Staff Present**

Nora Antlake, Counsel  
Sandra J. Joseph, M.D., Medical Director  
Peggy King, Pharmacy Director  
Gail Goodnight, Rebate Coordinator  
Vicki Cunningham, DUR Coordinator  
Lynda Edwards, Secretary

### **Contract Staff/Provider Synergies Present:**

Steve Liles, PharmD

### **Other Contract Staff/State Staff Present:**

Stephen Small, RDTP  
Scott Brown, R.Ph., State Pharmaceutical  
Advocate  
KayLynn Wight, Unisys

**Present:**

**Abbott:** Douglas Duty, Lute Hicks, Heather Brownfield, Samuel Thomas  
**Advanced Diabetes & Endocrine Center:** Syed Haq  
**Alcon:** Matthew Murphy  
**Allergan:** Joseph Harrigan  
**Amgen:** Barry Tucker, Bob Johnson, Francine Dumhart  
**AstraZeneca:** Walter Nixon, Joann Shoup  
**Beecham Laboratories:** Douglas Palmer  
**Boehringer Ingelheim:** Bradly Bowman  
**Bristol-Myers Squibb:** Steven Long, Glenn Astley, Christopher Voyiatt, Cindy Kraus,  
**CV Therapeutics, Inc.:** David Jordan  
**Cephalon:** Deborah Bearer  
**Dey:** Adam Kopp, Sandra Franklin, Paul Jacobson  
**Eye Care:** Dina Blom  
**Ferndale:** Diana Klein  
**Forrest:** Wayne Miller  
**Genzyme:** Rob Lanham, Ronnie Wilkes, Karen Passante  
**Gilead Sciences:** Monica Davis  
**GlaxoSmithKline:** Jack Canfield, Cynthia Snyder, Robin Tunrull, Scott Erickson, Anita  
Watson, Douglas Palmer  
**Government Relations Specialist:** Thomas Stevens  
**Janssen:** Dean Najarian, Nicholas Rebholz  
**Johnson & Johnson:** Jeff Bumgardner, Joel Chaffins, Bobbi Summers  
**King Pharmaceuticals:** J. Steve Byrd  
**Lilly:** Steven M. Babineaux, Calvin Sumner, Darrell Evans, Shonda Foster, Ronald H.  
Hart, Todd Bledsoe  
**McNeil:** Jeff Evans, Amy Elliott  
**MedPointe:** Jason Vanhooose, Matthew Vanhooose, Larry Wyzkowski, Todd Nichols  
**Mental Health Association:** Susan Ward  
**Merck:** Robert Kelly, Allan Goldberg, Geff Bergh, Larry Swann  
**Novartis:** John Hebb, Richard Teachout, William Rhodes, Fred Lott, Cathy McGeehan  
**Novo Nordisk:** Clint Houck, Patrick Baird, Scott Coleman, Robert Fulford  
**Organon:** Tim Stanley  
**Ortho McNeil:** William Branch  
**Oscont:** Kendra Schilling  
**P & G Pharmaceuticals:** Paul Tomondy  
**Penn:** Steven Sky  
**Pfizer:** Daniel Moore, Shawnee Lewis, Richard Brown, Kevin Kirk, Kimberly Olson  
**Roche:** Jeff Yourish, Archie Shew  
**Sanofi Aventis:** Timothy Birner, Paige Akers, George Aiello, Chadwick Howell, David  
Witt, Adam Myers, Jeffrey Howerbush, Gerry Crowley, Walter Gose  
**Santarus:** Doug Shilling  
**Schering-Plough:** Dean Drosnes, Gokul Gopalan, Robert Marsh  
**Sepracor:** William Caldwell, Larry Green, Melissa Kay, Keith Pearson

**Synthon:** Chris Miller

**Takeda:** Jeffrey Sheetz, Bill Hollyfield, Charles Fussenegger

**TAP:** Stacey Poole

**Thomas Memorial Hospital:** Hussein El-Khatib

**3M Pharmaceutical:** Meg McPherson

**United Hospital Center:** Mark Povroznik

**Wyeth:** Tim Atchison

**Other:** Lawrence Kelly, Raeann Kirchoffner, Toni GoodyKoontz, Julian Espiritu

## **I. Call to Order**

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

## **II. Housekeeping**

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

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

## **III. Approval of Minutes of March 9, 2005 Meeting**

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

## **IV. Public Comment Period**

Ms. King stated that this meeting was the second meeting of the multi-state purchasing pool made up of Louisiana, Maryland, and West Virginia.

Ms. King explained that the public comment period would be a 45-minute session. She explained the speaker sign-up. The sign-up begins at 8:00 a.m. and each person will be allowed a maximum of three minutes to speak.

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 be delivered to the Committee could be submitted to Lynda Edwards after the comment period and she would distribute them to the Committee. The following individuals took the floor:

Julian Espiritu, M.D., Genzyme: Dr. Espiritu said he was the Medical Director for Charleston Dialysis and spoke about phosphate binders. He stated that Renagel was a

first-line option for non-calcium based phosphate binders. He said that it lowers LDL cholesterol effectively in as much as 25-30% of patients.

Calvin Sumner, Lilly: Dr. Sumner, a psychiatrist, discussed Strattera. He spoke about the benefits of Strattera for ADHD in children, adolescents and adults.

Hussein Khatib, M.D., Thomas Hospital: Dr. Khatib, psychiatrist, spoke about Strattera. He said that Strattera was suitable for patients that have contraindications for other agents and for those patients for which other agents may not be well suited. He asked that the Committee consider letting psychiatrists use all the tools that are available to them without restriction.

Mark D. Povroznik, PharmD, United Hospital Center: Dr. Povroznik spoke about antibiotic resistance in the community and that he was concerned about macrolide resistance in particular. He said that he would like to see additional options other than the macrolides and that telithromycin could meet some of the current needs of physicians.

Steven Babineaux, Lilly: Mr. Babineaux spoke about Zyprexa. He said that polypharmacy adds substantially to the daily cost of treatment of schizophrenia and some agents are associated with more polypharmacy than others. He stated that Zyprexa's effectiveness is shown by patients' compliance on this medication compared to patients on other antipsychotics.

Todd Nichols, M.D., MedPointe: Dr. Nichols spoke about the benefits of Astelin. He stressed the importance in covering these types of medications. He said that it is indicated in the treatment of allergic and non-allergic nasal symptoms of rhinitis, which makes it unique in the treatment of these disorders.

Syed Haq, M.D., Advanced Diabetes & Endocrine Center: Dr. Haq spoke about Avandamet. He said that patients taking Avandamet were more compliant, had improved clinical outcomes and was important for West Virginia because of the large diabetic population with co-morbidities.

Gokul H. Gopalan, M.D., Schering-Plough: Dr. Gopalan spoke about Asmanex and Nasonex. He said continued use of Asmanex, which was approved in March 2005, creates superior asthma control and decreased exacerbations of the disease. He said that Nasonex is the most potent among the nasal steroids and has very few contraindications.

Dean Drosnes, M.D., Schering-Plough: Dr. Drosnes updated the Committee on the fluoroquinolones. He explained the efficacy of moxifloxacin when used to treat bronchitis, community acquired pneumonia, and sinusitis.

Timothy Birner, PharmD, Sanofi: Dr. Birner spoke about Ketek and its approval for oral treatment of mild to moderate community acquired pneumonia, acute exacerbations of

chronic bronchitis and acute bacteria sinusitis. He said that Ketek is also a reasonable alternative to fluoroquinilones for treatment of these infections. He also spoke briefly about Lantus and its efficacy. He stated that the economic advantage of Lantus is in its ability to help patients reach goal without experiencing nocturnal hypoglycemia compared to patients using other types of insulin.

Allan Goldberg, M.D., Merck: Dr. Goldberg discussed the benefits of Fosamax and Fosamax Plus D. He stated that the addition of vitamin D to Fosamax is appropriate because vitamin D suppresses the increase in parathyroid hormone and reduction in calcium seen in vitamin D deficiency.

Dean Najarian, PharmD, Janssen: Dr. Najarian spoke about Risperdal. He said that it is a proven treatment for schizophrenia and bipolar mania and that it was the first product available in this category that did not require blood monitoring. He stated that Risperdal has a lower propensity for increased risk of diabetes, liver abnormalities, or significant weight gain when compared to Zyprexa or clozapine.

Paige Akers, PharmD, Sanofi: Dr. Akers commented on Plavix. She stated that Plavix demonstrated that it was more effective than aspirin in long-term administration up to three years to reduce thrombotic events in patients.

Lawrency Kelly, M.D.: Dr. Kelly spoke about Zoloft, Geodon and Aricept. He said that Zoloft had more FDA approved uses than the other SSRIs, it is different than the other antidepressants, and it is safe and effective. He said that Geodon is safe, effective and the intramuscular form is also effective. He stated that Geodon and Abilify are the only ones recommended by the American Psychiatric Association, American Diabetic Association, and the American Endocrinology Association in regards to its low propensity for insulin resistance, diabetes and weight gain. He said that Aricept is effective, easiest to achieve a therapeutic dose for most patients and is well tolerated. He asked the Committee to not limit these options.

Keith Pearson, Sepracor: Mr. Pearson spoke about Xopenex. He stated that Xopenex and albuterol are essentially the only fast-acting beta agonists on the market. Patients have improved outcomes with the use of Xopenex.

Toni GoodyKoontz, M.D.: Dr. GoodyKoontz addressed the Committee about medications for treatment of ADHD. She said that one methylphenidate preparation is not completely effective for all patients. She stated that it was important for her and her colleagues to have the opportunity to use a variety of medications. She said that treatment with Concerta is very successful. She urged the Committee to consider XR preparations and other long-acting preparations of methylphenidate.

Paul Tomondy, PharmD, P & G Pharmaceuticals: Dr. Tomondy spoke on Actonel. He said that it was very effective in prevention and reduction of fractures in women and men with osteoporosis.

Dina Blom, M.D., Eye Care: Dr. Blom, an ophthalmologist, asked the Committee to continue to have Vigamox available on the formulary. She said that Vigamox is needed for treatment of conjunctivitis and preventing complications from surgery.

Ms. King advised the audience that the public comment section had ended.

## **V. Executive Session**

A motion was made to move to the Executive Session. The motion was seconded and carried. The Committee adjourned to Executive Session at 10:30 p.m. Dr. Matulis stated that another Executive Session/Lunch will be from 1:00 p.m. to 2:00 p.m.

## **VI. Old Business**

Phosphate Binders and Antidepressant, Others: Steve Liles, PharmD, Provider Synergies, reminded the Committee that they had requested to review the utilization of drugs in the two classes after six months. However, because of the delay in implementing the changes from the last meeting, there was little data to report and stated that there were no significant changes since the last meeting. A motion was made to maintain the drugs in these two classes on the Preferred Drug List (PDL) until the next meeting. Motion was seconded, votes were taken and the motion carried.

## **VII. Therapeutic Category Reviews**

Dr. Liles discussed that CMS gave their approval of TOP\$ and subsequently another state, Wisconsin, has joined the program. TOP\$ consists of West Virginia, Louisiana, Maryland and now Wisconsin. He also stated that there were several classes that were being retired because the majority of the drugs in these classes are generic agents. Those classes were: Anxiolytics, Sulfonyleureas, Alpha-Glucosidase Inhibitors, Intermittent Claudications, and Nicotine Replacement.

There were 28 categories of drugs scheduled for review. Steve Liles gave an overview at the beginning of each category. The Committee reviewed and discussed each category and made the following recommendations:

### **A. Ophthalmics, Glaucoma Agents**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>OPHTHALMICS, GLAUCOMA AGENTS</b>	<b>PARASYMPATHOMIMETICS</b>	
	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) MIOSTAT (carbachol) PHOSPHOLINE IODIDE (echothiophate iodide) Pilocarpine	ISOPTO CARPINE (pilocarpine) PILOCAR (pilocarpine) PILOPINE HS (pilocarpine)
	<b>SYMPATHOMIMETICS</b>	
	ALPHAGAN P (brimonidine) brimonidine dipivefrin	ALPHAGAN (brimonidine) EPIFRIN (epinephrine) PROPINE (dipivefrin)
	<b>BETA BLOCKERS</b>	
	BETIMOL (timolol) BETOPTIC S (betaxolol) betaxolol carteolol levobunolol metipranolol timolol	BETAGAN (levobunolol) BETOPTIC (betaxolol) ISTALOL (timolol) OCUPRESS (carteolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
	<b>CARBONIC ANHYDRASE INHIBITORS</b>	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	<b>PROSTAGLANDIN ANALOGS</b>	
	LUMIGAN (bimatoprost) TRAVATAN (travoprost)	RESCULA (unoprostone) XALATAN (latanoprost)
	<b>COMBINATION AGENTS</b>	
COSOPT (dorzolamide/timolol)	E-PILO-1 (pilocarpine/epinephrine)	

**B. Ophthalmics, Allergic Conjunctivitis**

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

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

**C. Ophthalmics, Antibiotics**

Steve Liles made recommendations for the list. Some discussion ensued about Vigamox and Zymar. A motion was made to accept the recommendations of Provider Synergies

with the addition of Vigamox and remove Zymar from preferred status. The motion was seconded, votes were taken and the motion carried.

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>OPHTHALMIC ANTIBIOTICS</b>	<b>FLUROQUINOLONES</b>	
	ciprofloxacin VIGAMOX (moxifloxacin)	CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) ofloxacin QUIXIN (levofloxacin) ZYMAR (gatifloxacin)
	<b>OTHER SINGLE AGENTS</b>	
	bacitracin erythromycin gentamicin polymyxin B sulfacetamide tobramycin	BLEPH-10 (sulfacetamide) CETAMIDE (sulfacetamide) CHLOROMYCETIN (chloramphenicol) CHLOROPTIC (chloramphenicol) GARAMYCIN (gentamicin) GENOPTIC (gentamicin) ILOTYCIN (erythromycin) TOBEX (tobramycin)
<b>COMBINATION AGENTS</b>		
neomycin/polymyxin/bacitracin neomycin/polymyxin/gramicidin polymyxin/bacitracin polymyxin/trimethoprim	NEOSPORIN (neomycin/polymyxin/bacitracin) NEOSPORIN (neomycin/polymyxin/gramicidin) POLYSPORIN (polymyxin/bacitracin) POLYTRIM (polymyxin/trimethoprim) TERAK W/ POLYMYXIN (oxytetracycline/polymyxin) TERRAMYCIN W/ POLYMYXIN (oxytetracycline/polymyxin)	

**D. Fluoroquinolones, Oral**

Steve Liles recommended the following drugs for the Preferred Drug List. Some discussion ensued about Levaquin and Avelox and the over utilization of fluoroquinolones. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried.

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>FLUROQUINOLONES, ORAL</b>	AVELOX (moxifloxacin) ciprofloxacin	CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin extended-release) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) LEVAQUIN (levofloxacin) MAXAQUIN (lomefloxacin) NOROXIN (norfloxacin) ofloxacin TEQUIN (gatifloxacin)

**E. Macrolides/Ketolides**

Steve Liles recommended the following list be approved. Some discussion ensued about Ketek. A motion was made to accept the recommendations of Provider Synergies. The



motion was seconded, votes were taken and the motion carried. Dr. Liles stated that Ketek is also not recommended for pediatric use.

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

#### F. Cephalosporins and Related Antibiotics

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

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

#### G. Antivirals

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIVIRALS (Oral)	acyclovir amantadine rimantadine VALCYTE (valganciclovir) VALTREX (valacyclovir)	CYTOVENE (ganciclovir) FAMVIR (famciclovir) FLUMADINE (rimantadine) ganciclovir RELENZA (zanamivir) SYMMETREL (amantadine) TAMIFLU (oseltamivir) ZOVIRAX (acyclovir)

The Committee reconvened after a break for lunch and resumed review of the agenda items.

### H. Antifungals, Oral

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, ORAL	clotrimazole fluconazole ketoconazole <sup>CL</sup> LAMISIL (terbinafine) <sup>CL</sup> MYCOSTATIN Pastilles (nystatin) nystatin	ANCOBON (flucytosine) DIFLUCAN (fluconazole) GRIFULVIN V (griseofulvin) griseofulvin GRIS-PEG (griseofulvin) itraconazole MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) SPORANOX (itraconazole) VFEND (voriconazole)

CL-Clinical PA

### I. Antifungals, Topical

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, TOPICAL	<b>ANTIFUNGALS</b>	
	ciclopirox (cream, suspension) econazole EXELDERM (sulconazole) ketoconazole LOPROX Gel, Shampoo (ciclopirox) nystatin	ERTACZO (sertaconazole) LOPROX Cream, TS (ciclopirox) MENTAX (butenafine) MYCOSTATIN (nystatin) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PENLAC (ciclopirox) SPECTAZOLE (econazole)

ANTIFUNGAL/STEROID COMBINATIONS	
clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

**J. Atopic Dermatitis**

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ATOPIC DERMATITIS	ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	

**K. NSAIDS**

Steve Liles recommended the following drugs for the Preferred Drug List. Some discussion ensued about the GI Risk Scale with this 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
NSAIDS	<b>NONSELECTIVE</b>	
	diclofenac etodolac fenoprofen flurbiprofen ibuprofen (Rx and OTC) indomethacin ketoprofen ketorolac naproxen (Rx only) oxaprozin piroxicam sulindac tolmetin	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) TORADOL (ketorolac) VOLTAREN (diclofenac)
	<b>NSAID/GI PROTECTANT COMBINATIONS</b>	
		ARTHROTEC (diclofenac/misoprostol) PREVACID NAPRAPAC (naproxen/lansoprazole)

	<b>COX-II SELECTIVE<sup>CL</sup></b>
	CELEBREX (celecoxib) MOBIC (meloxicam)

CL-Clinical PA

**L. Cytokine and CAM Antagonists**

Steve Liles recommended the following list be approved. Some discussion ensued about Enbrel and Kineret and the prior authorization process with the class. New starts would be directed to begin with Enbrel and Kineret. A motion was made to accept the recommendations of Provider Synergies with Humira and Raptiva as non-preferred. The motion was seconded, votes were taken and the motion carried.

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>CYTOKINE AND CAM ANTAGONISTS<sup>CL</sup></b>	ENBREL (etanercept) KINERET (anakinra)	HUMIRA (adalimumab) RAPTIVA (efalizumab)

**M. Antiemetics**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>ANTIEMETICS (Oral)</b>	EMEND (aprepitant) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron)	ANZEMET (dolasetron) KYTRIL (granisetron)

**N. Platelet Aggregation Inhibitors**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>PLATELET AGGREGATION INHIBITORS (Oral)</b>	AGGRENOX (dipyridamole/aspirin) PLAVIX (clopidogrel)	dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine

**O. ACE Inhibitors**

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

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

**P. Bronchodilators, Anticholinergic**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>BRONCHODILATORS, ANTICHOLINERGIC</b>	<b>ANTICHOLINERGIC</b>	
	ATROVENT Inhaler (ipratropium) ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	ATROVENT Inhalation Solution (ipratropium)
	<b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>	
	COMBIVENT (albuterol/ipratropium)	DUONEB (albuterol/ipratropium)

**Q. Bronchodilators, Beta Agonist**

Steve Liles recommended the following list be approved. A short discussion ensued about Xopenex. A motion was made to accept the recommendations of Provider

Synergies with Xopenex moved to non-preferred. The motion was seconded, votes were taken and the motion carried.

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

**R. Glucocorticoids, Inhaled**

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

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

**S. Leukotriene Receptor Antagonists**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	

**T. Intranasal Rhinitis Agents**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>INTRANASAL RHINITIS AGENTS</b>	<b>ANTICHOLINERGICS</b>	
		ATROVENT (ipratropium) Ipratropium
	<b>ANTIHISTAMINES</b>	
	ASTELIN (azelastine)	
	<b>CORTICOSTEROIDS</b>	
FLONASE (fluticasone) NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide NASALIDE (flunisolide) NASAREL (flunisolide) RHINOCORT AQUA (budesonide)	

**U. Hypoglycemics, Insulins and Related Agents**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS</b>	<b>INSULIN</b>	
	LANTUS (insulin glargine) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin)
	<b>RELATED AGENTS</b>	
	BYETTA (exenatide) SYMLIN (amylin)	

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**V. Hypoglycemics, Metformins**

Steve Liles recommended the following list be approved. A short discussion ensued about Avandamet and switching patients. It was noted that the numbers did not reflect that Avandamet was not available for part of the year. 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
HYPOGLYCEMICS, METFORMINS	<b>METFORMIN</b>	
	FORTAMET metformin RIOMET	GLUCOPHAGE
	<b>METFORMIN COMBINATIONS</b>	
	metformin/glyburide	AVANDAMET (metformin/rosiglitazone) GLUCOVANCE (metformin/glyburide) METAGLIP (metformin/glipizide)

**W. Bone Resorption Suppression and Related Agents**

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

DRUG CLASS	PREFERRED	NON-PREFERRED
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	<b>BISPHOSPHONATES</b>	
	ACTONEL (risedronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D)	BONIVA (ibandronate) DIDRONEL (etidronate)
	<b>OTHER BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b>	
	EVISTA (raloxifene) MIACALCIN (calcitonin)	FORTEO (teriparatide)

**X. Antiparkinson's Agents**

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPARKINSON'S AGENTS (Oral)	<b>ANTICHOLINERGICS</b>	
	benztropine KEMADRIN (procyclidine) trihexyphenidyl	COGENTIN (benztropine)
	<b>COMT INHIBITORS</b>	
	COMTAN (entacapone)	TASMAR (tolcapone)
	<b>DOPAMINE AGONISTS</b>	
	MIRAPEX (pramipexole) REQUIP (ropinirole)	pergolide PERMAX (pergolide)
	<b>OTHER ANTIPARKINSON'S AGENTS</b>	
	carbidopa/ levodopa selegiline STALEVO (levodopa/carbidopa/entacapone)	ELDEPRYL (selegiline) PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa)



**Y. Alzheimer's Agents**

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

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

**Z. Antidepressants, SSRIs**

Steve Liles recommended the following list be approved. A short discussion ensued about Paxil CR utilization, and the drug being taken off the market. Zoloft was also discussed and it's near future generic conversion. A motion was made to accept the recommendations of Provider Synergies with the addition of Zoloft to preferred status. The motion was seconded, votes were taken and the motion carried.

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

**AA. Stimulants and Related Agents**

Steve Liles recommended the following list be approved. A discussion ensued about Focalin XR, Concerta and Strattera. A motion was made to accept the recommendations of Provider Synergies with the addition of Strattera to preferred status and move Concerta to non-preferred. The motion was seconded, votes were taken and the motion carried.

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

NON-AMPHETAMINE	
FOCALIN (dexamethylphenidate)	CONCERTA (methylphenidate)
FOCALIN XR (dexamethylphenidate)	METADATE ER (methylphenidate)
METADATE CD (methylphenidate)	pemoline
methylphenidate	PROVIGIL (modafanil)
RITALIN LA (methylphenidate)	RITALIN (methylphenidate)
STRATTERA (atomoxetine)	RITALIN-SR (methylphenidate)

**BB. Antipsychotics, Atypical**

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

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

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**VIII. Next Meeting Date**

The next meeting date of the P & T Committee will be **February 8, 2005**.

**IX. Other Business**

Ms. King said that sign up for speakers will be at 8:00 a.m. Implementation of the current recommendations would be effective October 1, 2005.

**X. Adjournment**

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