



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**  
February 8, 2006 – 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.  
Michael Grome, PA-C  
Teresa Dunsworth, PharmD  
James Bartsch, R.Ph.  
Kristy H. Lucas, PharmD

**Contract Staff/Provider Synergies Present:**

Steve Liles, PharmD

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

Stephen Small, RDTP  
Shana Phares, State Pharmaceutical Advocate  
Eric Sears, Unisys

**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

**Present:**

**Abbott:** Lute Hicks, Heather Brownfield, Samuel Thomas  
**Alcon:** G. Edward Brockway, Matthew Murphy  
**Alpharma:** Phillip Eshenaur, Scott French  
**Amgen:** Jacqueline Walker, Barry Tucker, John Cushard  
**Amylin:** Diana Reed  
**Astellas Pharma US, Inc.:** David Chesterfield, Linda Eason, Karen Martinez,  
Christopher Sparks, Eric Tucker, Jeffrey Andrews, Jonas Springston  
**AstraZeneca:** Debbi Casto, Erwin Jackson, Keith Hare

**Boehringer Ingelheim:** David Large, Chip Evans, Susan Wood

**Bristol-Myers Squibb:** Cindy Kraus, Funmi Oduolowu

**First Horizon:** Fran Reinhardt, Tim Hazelett

**Forrest:** Wayne Miller

**Genentech:** Steven Quarin

**Genzyme:** Chris Nichols, Julian Espiritu, Ron Wilkes

**GlaxoSmithKline:** Leonard Bennett, Jr., Chad Duncan, Gary Browning, Cindy Snyder, Carol May, Jeff Hurd, Jill Redinger, James Porter, Donald Robbins, Angela Snyder, Stephanie Henrich, Marc Canterbury, Sandra May, Scott Erickson, Anita Watson, Jeremy Casebolt

**Ligand:** Stephen Carden

**Lilly:** Steven M. Babineaux, Steven Wolfarth, Robert Baldrige, Curtis McManus, Megan Leigh Jones, Terry Hotsinpiiler, Nick Alvaro, Ronald H. Hart, Todd Bledsoe

**McNeil:** Jeff Evans, Amy Elliott, James Lewis

**Mental Health Association:** Susan Ward

**Merck:** Robert Kelly, Allan Goldberg, Geff Bergh

**Nabi:** Andrew Otoo

**Novartis:** Reginald Hart, Jason Gruse, Cathy McGeehan

**Novo Nordisk:** James Curcio

**Ortho McNeil:** Mark Veerman, Terri Cunningham, Bob Fronius, Douglas Howell

**P & G Pharmaceuticals:** Eric Zwick

**Penn:** Alan Reed, Jr.

**Pfizer:** Glen Self, Allen Rowing, Kent Hunter, Todd Dawson, David Hess, John Collins, Uzay Yasar, Amber Willis, Jeff Borman, Melissa Sutphin, Diane Borst, Daniel Moore, Kevin Kirk

**Reliant:** Kevin Paul, Benjamin Everett, Kevin Lee

**Roche:** Archie Shew

**Sankyo:** Christine Melani, Patrick Wearer, Nana Wiafe-Ababio

**Sanofi Aventis:** Timothy Birner, Noor Loynab, Darren Tillman, Glen Neel, Yama Khursand, Diane Lett, George Aiello, Gerry Crowley, Mary Donovan, Walter Gose

**Santarus:** Richard Peterson, William Hickman, Angela Clay

**Schering-Plough:** Herbert Hanna, Brian Hudson, Feng Ho, Gokul Gopalan, Paul Cernek, Pinakin Attawala, Robert Marsh, Norman Craig

**Schwarz Pharma:** Pete Bohn, Jimmy Cunningham, David Szorady, Michele Bentley

**Sepracor:** William Caldwell, Larry Green, Melissa Kay, Phil Ra, Sidney Lefeld, Keith Pearson

**Serono:** Isabel Couto, Natalia Kujdych, Robert Bindner

**Takeda:** Jay Horn, Jeffrey Kotas, Michelle Duez, Michael Montgomery, Loren Driscoll, Cathy Matheney, Michele Reeling, John Bumgarner, Jeff Sheetz, Jubil VanHorn, Bill Hollyfield

**TAP:** Judith Ricci

**Teva:** David Wallen

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

**UCB Pharma:** Tony Esposito, Paul Seesman

**United Hospital Center:** Mark Povroznik

**Wyeth:** Tim Atchison, Emily Bright, Benjamin Marsh, Mark Reed, Emily Dooley, Vincent Sanfilippo

**WVU:** John Young

**Other:** Sasidharan Taravath

## **I. Call to Order**

Dr. Steven Matulis, Chairperson, called the meeting to order at 9:20 a.m.

## **II. Housekeeping**

Peggy King, R.Ph., Pharmacy Director, was recognized, and she advised the audience on how the meeting would be conducted. Mrs. King stated that the Bylaws from the last meeting have been amended. She said that speakers that did not get to speak because time had run out would not be carried over to the next speaker list for the next meeting. She explained that if someone did not get an opportunity to speak, they could provide a written statement, limited to two pages, to Lynda Edwards who would distribute it during the Executive Session. She said that the Bylaws have been posted on the website and the one change that affects the audience is that the presentation time has been extended from 45 minutes to 60 minutes. She mentioned that the speaker signup process has not changed. The Bureau has not been able to get the process changed legally and the process must comply with the Open Meetings Law. She said that the Bureau would like to change the process but it is not possible at this time.

Mrs. King stated that the Committee members are being inundated with representatives at their offices and the Bylaws state once the packets have been mailed out two weeks before the meeting, the member cannot see representatives. She asked that out of respect for the members, representatives should not visit Committee members during the two-week period prior to the meetings. She said if they wanted to visit the members at other times, it would be at the discretion of the member.

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

## **III. Approval of Minutes of January 11, 2006 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 explained that the public comment period would be a 60-minute session. She explained the speaker sign-up. The sign-up process begins at 8:00 a.m. Each speaker is allowed three minutes for their presentation.

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

Sasidharan Taravath, M.D.: Dr. Taravath, Neurologist and sleep specialist at Thomas Hospital, spoke about insomnia. He stated that insomnia affects a large amount of people. He said that Ambien is 17 times better than melatonin and there is no abuse potential. He also talked about Topamax for use in epilepsy. He said that it could be used in children and adults and can be used for other conditions such as migraine headaches.

Jubil VanHorn, PharmD, Takeda: Dr. VanHorn discussed Actos, Actoplus Met and Rozerem. He talked about the benefits of Actos to prevent secondary events in patients with Type II diabetes. He mentioned that Actoplus Met is now available in two strengths in combination with Metformin. He stated that Rozerem is the only non-steroidal hypnotic for the treatment of insomnia.

Noor LoyNab, Internest, Sanofi Aventis: Dr. LoyNab said that he has treated patients who have taken many medications for insomnia. He said that he would like to see Ambien CR on the formulary because it induces and maintains sleep. He said that the patient can work the next day without drowsiness. He asked that the Committee consider keeping Ambien CR on the formulary because it maintains quality of life.

Timothy Birner, M.D., Sanofi Aventis: Dr. Birner spoke about Ambien. He said that it has demonstrated efficacy. He said that the patent was supposed to run out this October, but the FDA requested a pediatric study of Ambien used in children with ADHD. He said that the company would be getting a patent extension and there would not be a generic Ambien in 2006. He said that Ambien CR was approved in September. It is a new controlled release formulation which releases some of the drug content immediately and the second layer allows another release of additional drug content. He stated that both versions of Ambein were not benzodiazepines.

Richard Peterson, M.D., Santaras: Dr. Peterson, Chief of Medicine at St. Francis Hospital, spoke about Zegerid. He stated that it has a long duration of action of about 18 hours, and it blocks actively secreting pumps. He said that it can also be given at bedtime.

Pinskin Attawala, M.D., Schering-Plough: Dr. Attawala spoke about Zetia and Vytorin. He said that Zetia does not have the side effects of statins, and chances of side effects are very low. He stated that Vytorin, a combination of Zetia and Zocor, is effective in lowering LDL cholesterol and the absorption of cholesterol.

Paul Kevin Cernek, PharmD, Schering-Plough: Dr. Cernek spoke about Peg-Intron. He said the unapproved uses of co-infection and Hepatitis B, even though Peg-Intron does not have FDA approval for those indications, there is literature to support those indications. He stated that the Peg-Intron Redipen is easy to use and easy to train patients.

Gokul H. Gopalan, M.D., Schering-Plough: Dr. Gopalan spoke about Clarinex. He said Clarinex is for the treatment of seasonal allergies. He stated that Clarinex Reditabs are approved for use to six years of age and that Clarinex Syrup is the only non-sedating antihistamine syrup approved for use to six months of age. He wanted the Committee to recommend Clarinex and particularly Clarinex Syrup on the formulary for pediatric allergies.

Hussein El-Khatib, M.D., Thomas Hospital: Dr. Khatib, psychiatrist, spoke about mental illness. He said that 80 to 90 percent of mental illnesses are treatable. He stated that duloxetine holds special interest for pain specialists because it has FDA approval for use in diabetic neuropathic pain.

John Young, M.D., WVU University and Lilly: Dr. Young, neurologist, discussed duloxetine. He wanted flexibility in treating his patients. He explained that neuropathic pain is a neglected aspect of diabetes. He said that it is a real problem that interferes with quality of life.

Megan Leigh Jones, Lilly: Ms. Jones spoke about Cymbalta or duloxetine. She said that it is for the treatment of major depressive disorder and is the first FDA approved agent for the treatment of diabetic neuropathic pain. She said Cymbalta is safe and tolerable and has a positive sexual side-effect profile.

Funmi, Oduolowu, PharmD, Bristol-Myers: Dr. Oduolowu discussed Avapro and Avalide. She said that Avapro is used in patients with hypertension including those with Type II diabetes and neuropathy. She stated that in patients with mild to moderate hypertension uncontrolled on monotherapy were brought to goal on Avalide.

Allan Goldberg, M.D., Merck: Dr. Goldberg discussed Cozaar and Hyzaar. He said that Cozaar is indicated in the treatment of hypertension and was approved for pediatric use. He stated that there was a 37% risk reduction for cardiovascular mortality and a 25% risk reduction for stroke.

Darren Eugene Tillman, Sanofi: Mr. Tillman spoke about benzamycin/erythromycin combination. He stated that acne is a psychological problem for teenagers. He recommended that the Committee keep it on the formulary.

Mark D. Povroznik, PharmD, United Hospital Center: Dr. Povroznik spoke about antibiotic resistance in the community. He stated he was concerned about macrolide resistance. He discussed two other available drug classes for community acquired respiratory tract infection that deal with pneumococcus resistance and these include the

enhanced fluoroquinolones and the ketolides. He asked the Committee to stay focused on macrolide resistance and the cost issues associated with it, especially those that require retreatment.

James Marvin Lewis, M.D., Marshall University, McNeil: Dr. Lewis, pediatrician, spoke about Concerta. He said that it is easier to use than other dosage forms that require giving the medication three times a day, there are less problems and side effects. He stated that it is a 12-hour medication and improves compliance with school children.

David Hess, M.D. Pfizer: Dr. Hess, pediatrician, commented on Lipitor. He discussed the effectiveness of Lipitor in three trials. He stated that cardiovascular disease, obesity and diabetes are a huge problem in West Virginia and asked the Committee to give physicians more ammunition to fight these diseases and their complications.

Kent Hunter, R.Ph., Pfizer: Mr. Hunter spoke about Lipitor and discussed updated information. He said Lipitor is indicated for treatment of hypercholesterolemia. He also spoke about Lyrica. He said it had three indications: (1) therapy for adult patients with partial onset seizures, (2) management of neuropathic pain associated with neuralgia, and (3) diabetic neuropathy. He said that some patients experience a reduction in pain after one week of the start of treatment.

Sidney Lurfald, Sepracor & Glaxo: Mr. Lurfald spoke about sedative hypnotics. He stated that Rozerem, Ambien Cr and Lunesta are useful for patients with insomnia. He said that Ambien CR is tolerable and effective. Lunesta has been proven to be safe in long term maintenance trials for six months and has very good tolerability. He stated that the SSRIs are very useful, but Effexor IR is no substitute for Effexor XR because of poor tolerability and lack of compliance. He said that Lamictal is useful for treating patients with bi-polar disorder which is difficult to treat.

Carol Ann May, PharmD, GSK: Dr. May spoke about Lamictal. She said that it is also approved and indicated for maintenance treatment in adult patients with bi-polar disorder to delay the occurrence of episodes of depression, mania, hypermania or mixed episodes. She stated that the challenge of treating bi-polar disorder is maintaining long-term stability. She said that patients treated with Lamictal had better compliance, decreased hospitalizations, better outcomes and decreased costs.

Jeff Hurd, GSK: Mr. Hurd spoke on Lamictal. He said that it was very effective in epilepsy. He stated that it has the indication for use in children age two and older. He said that Lamictal is weight neutral, does not cause weight gain in patients, cause sedation, affect bone health in female patients or cause polycystic ovarian syndrome. He stated that it does have a positive outcome in bi-polar treatment.

Leonard Bennett, Jr., PharmD, GSK: Dr. Bennett discussed diabetes. He stated that Avandia targets the four defects of diabetes resulting in decreases in insulin resistance. He said that Avandia can halt the progression or even prevent the development of Type II diabetes.

Barry Tucker, PharmD, Amgen: Dr. Tucker spoke on Enbrel and Aranesp. He stated that Enbrel is safe and effective, making it a leader. He said that Aranesp has been very effective in the treatment of anemia.

Dr. Matulis advised the audience that the public comment section had ended. 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 a.m. Dr. Matulis stated that another Executive Session/Lunch will be from 1:00 p.m. to 2:00 p.m.

## V. Old Business

Stimulants and Related Agents: Steve Liles, PharmD, Provider Synergies, stated that the Drug Utilization Review (DUR) Board recommended that the non-preferred drugs in the Stimulant class be grandfathered. This recommendation would result in most Concerta prescriptions not requiring prior authorization, and would result in a negative financial impact for the Bureau. A motion was made to put Concerta and Straterra on the Preferred Drug List (PDL). Motion was seconded, votes were taken and the motion carried.

## VI. New Business

Retirement of Estrogen Agent Class: Steve Liles, PharmD, Provider Synergies, stated that the Estrogen Agent Class is comprised of mostly generic agents and recommended that it no longer be included in the classes as part of the PDL review process. A motion was made to retire the class. Motion was seconded, votes were taken and the motion carried.

## VII. Therapeutic Category Reviews

There were 26 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:

### 1. ACE Inhibitor/CCB Combinations

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
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS	LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil)	LEXXEL (enalapril/felodipine)

## 2. Acne Agents, 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
ACNE AGENTS, TOPICAL	<b>ANTIBIOTICS</b>	
	AKNE-MYCIN (erythromycin) erythromycin clindamycin	CLINDAGEL (clindamycin) EVOCLIN (clindamycin)
	<b>RETINOIDS</b>	
	RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin	DIFFERIN (adapalene)
	<b>OTHERS</b>	
AZELEX (azelaic acid) benzoyl peroxide erythromycin/benzoyl peroxide NUOX (benzoyl peroxide/sulfur)	BENZAMYCIN PAK (benzoyl peroxide/erythromycin) BREVOXYL (benzoyl peroxide) CLINAC BPO (benzoyl peroxide) KLARON (sodium sulfacetamide) ZACLIR (benzoyl peroxide) TRIAZ (benzoyl peroxide) SULFOXYL (benzoyl peroxide/sulfur) ZODERM (benzoyl peroxide)	

## 3. Analgesics, Narcotic

Steve Liles recommended the following list be approved. Some discussion ensued about Darvocet and Tylenol abuse. 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
ANALGESICS, NARCOTIC (Non-parenteral)	<b>SHORT ACTING</b>	
	acetaminophen/codeine	ACTIQ (fentanyl)
	aspirin/codeine	butalbital/APAP/caffeine/codeine
	codeine	butalbital/ASA/caffeine/codeine
	hydrocodone/APAP	COMBUNOX (oxycodone/ibuprofen)
	hydrocodone/ibuprofen	DARVOCET (propoxyphene/APAP)
	hydromorphone	DARVON (propoxyphene)
	levorphanol	DEMEROL (meperidine)
	methadone	DILAUDID (hydromorphone)
	morphine	FIORICET W/ CODEINE
	oxycodone	(butalbital/APAP/caffeine/codeine)
	oxycodone/APAP	FIORINAL W/ CODEINE



	oxycodone/aspirin pentazocine/APAP pentazocine/naloxone propoxyphene/APAP tramadol tramadol/APAP	(butalbital/ASA/caffeine/codeine) LORCET, LORTAB (hydrocodone/APAP) meperidine MSIR (morphine) OXYFAST, OXYIR (oxycodone) PANLOR (dihydrocodeine/APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/aspirin) propoxyphene propoxyphene/ASA/caffeine TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen)
<b>LONG-ACTING</b>		
	DURAGESIC (fentanyl) KADIAN (morphine) morphine SR	AVINZA (morphine) fentanyl MS CONTIN (morphine) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone)

#### 4. Angiotensin II Receptor Blockers

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

DRUG CLASS	PREFERRED	NON-PREFERRED
	MICARDIS-HCT (telmisartan/HCTZ)	

### 5. Anticoagulants, Injectable

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
ANTICOAGULANTS, INJECTABLE	ARIXTRA (fondaparinux) LOVENOX (enoxaparin)	FRAGMIN (dalteparin) INNOHEP (tinzaparin)

### 6. Anticonvulsants

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICONVULSANTS	<b>BARBITURATES</b>	
	phenobarbital primidone MEBARAL (mephobarbital)	MYSOLINE (primidone)
	<b>HYDANTOINS</b>	
	PEGANONE (ethotoin) phenytoin	DILANTIN (phenytoin) PHENYTEK (phenytoin)
	<b>SUCCINIMIDES</b>	
	CELONTIN (methsuximide) ethosuximide	ZARONTIN (ethosuximide)
	<b>BENZODIAZEPINES</b>	
	clonazepam DIASTAT (diazepam rectal) diazepam	KLONOPIN (clonazepam)

<b>ADJUVANTS</b>	
carbamazepine DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) EQUETRO (carbamazepine) FELBATOL (felbamate) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LYRICA (pregabalin) TOPAMAX (topiramate) TRILEPTAL (oxcarbazepine) valproic acid zonisamide	CARBATROL (carbamazepine) DEPAKENE (valproic acid) NEURONTIN (gabapentin) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) ZONEGRAN (zonisamide)

### 7. Antidepressants, Other

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

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

### 8. Antihistamines, Minimally Sedating

Steve Liles recommended the following list be approved. Dr. Liles said that Clarinex Syrup remains preferred. He also stated that all forms of loratadine are preferred. 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
<b>ANTIHISTAMINES, MINIMALLY SEDATING</b>	<b>ANTIHISTAMINES</b>	
	loratadine CLARINEX Syrup (desloratadine)	ALLEGRA (fexofenadine) CLARINEX Tablets (desloratadine) CLARITIN (loratadine) fexofenadine ZYRTEC (cetirizine)
	<b>ANTIHISTAMINE/DECONGESTANT COMBINATIONS</b>	
	loratadine/pseudoephedrine	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARINEX-D (desloratadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) ZYRTEC-D (cetirizine/pseudoephedrine)

Before the Committee recessed for their lunch break, Ms. King explained that the West Virginia P & T Committee meetings are coordinated with the other TOP\$ state's meetings and the week of August 14 was chosen for the next meeting date. The next meeting for West Virginia will be August 16, 2006. She stated that some of the other states review single agent drugs, but it was agreed by the Committee that West Virginia will not review single agent drugs. The Committee will only review drug classes and only if a major change or withdrawal in a drug class would constitute single drug review. She advised the audience to go to Provider Synergies' website to see classes being reviewed and if there should be a single drug know that it is not being reviewed in West Virginia. She informed them to call Provider Synergies or the Bureau if they had questions about the agenda.

Dr. Matulis reminded the audience that the Committee does not carve out drugs including psychiatric or neurological drug classes.

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

Ms. King stated that she had been asked several questions about the speaker sign up process. She again went over the bylaws in regard to this matter. She said that there were three carry-overs from the last meeting to speak at this meeting, as this was the process that was in place at the previous class review meeting. The Bylaws had changed in the interim and effective August 2006, there would be no carry-over of names for speakers from one meeting to the next meeting. She stated that the last speaker today was a carry-over from the last meeting and she held it over a few minutes for him because he thought that he would not get to speak due to the change of policy. She said that speakers that do not get to speak today can provide the Committee with a two-page summary of their talking points. She explained that speakers have the option to send

their comments in three weeks before the August meeting and the summaries will be put in the packets that are mailed out to the Committee. Speakers would then have a chance for the Committee to see their materials if they do not get a chance to speak at the meeting.

The remaining class reviews were then discussed.

### 9. Antimigraine Agents, Triptans

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

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

### 10. Beta-Blockers

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
<b>BETA BLOCKERS</b> (Oral)	<b>BETA BLOCKERS</b>	
	acebutolol atenolol INDERAL LA (propranolol) metoprolol nadolol pindolol propranolol sotalol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol bisoprolol BLOCADREN (timolol) CARTROL (carteolol) CORGARD (nadolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)
	<b>BETA- AND ALPHA- BLOCKERS</b>	
	COREG (carvedilol) labetalol	NORMODYNE (labetalol) TRANDATE (labetalol)

### 11. Bladder Relaxant Preparations

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.

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>BLADDER RELAXANT PREPARATIONS</b>	DITROPAN XL (oxybutynin) ENABLEX (darifenacin) oxybutynin OXYTROL (oxybutynin) SANCTURA (trospium) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN (oxybutynin)

## 12. BPH Treatments

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>BPH AGENTS</b>	<b>ALPHA BLOCKERS</b>	
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	CARDURA (doxazosin) HYTRIN (terazosin)
	<b>5-ALPHA-REDUCTASE (5AR) INHIBITORS</b>	
	AVODART (dutasteride)	PROSCAR (finasteride)

## 13. Calcium Channel Blockers

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>CALCIUM CHANNEL BLOCKERS</b> (Oral)	<b>SHORT-ACTING</b>	
	diltiazem verapamil	ADALAT (nifedipine) CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) nicardipine nifedipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)

<b>LONG-ACTING</b>	
CARDIZEM LA (diltiazem) diltiazem DYNACIRC CR (isradipine) felodipine nifedipine SULAR (nisoldipine) verapamil VERELAN PM (verapamil)	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM SR (diltiazem) COVERA-HS (verapamil) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) TIAZAC (diltiazem) VERELAN (verapamil)

#### 14. Erythropoiesis Stimulating Proteins

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>ERYTHROPOIESIS STIMULATING PROTEINS<sup>CL</sup></b>	ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)

CL-Clinical PA

#### 15. Growth Hormone

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>GROWTH HORMONE<sup>CL</sup></b>	NORDITROPIN (somatropin) NUTROPIN AQ (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) NUTROPIN (somatropin)

CL-Clinical PA

### 16. Hepatitis C 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
HEPATITIS C TREATMENTS <sup>CL</sup>	COPEGUS (ribavirin) PEG-INTRON (pegylated interferon) PEGASYS (pegylated interferon) REBETOL (ribavirin)	INFERGEN (consensus interferon) REBETRON (interferon alpha/ribavirin) ribavirin

CL-Clinical PA

### 17. Hypoglycemics, Meglitinides

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
HYPOGLYCEMICS, MEGLITINIDES	STARLIX (nateglinide)	PRANDIN (repaglinide)

### 18. Hypoglycemics, TZD

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
HYPOGLYCEMICS, TZDS	<b>THIAZOLIDINEDIONES</b>	
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	<b>TZD COMBINATIONS</b>	
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin)	

### 19. Lipotropics, Other

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

## 20. Lipotropics, Statins

Steve Liles recommended the following list be approved. Dr. Matulis stated that the financial impact of this class is equal to ten times the other classes. It was stated that Pravachol may go generic in April 2006. 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>LIPOTROPICS, STATINS</b>	<b>STATINS</b>	
	ALTOPREV (lovastatin) CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) lovastatin ZOCOR (simvastatin)	LIPITOR (atorvastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin)
	<b>STATIN COMBINATIONS</b>	
	ADVICOR (lovastatin/niacin) VYTORIN (ezetimibe/simvastatin)	CADUET (atorvastatin/amlodipine)

## 21. Multiple Sclerosis Agents

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

DRUG CLASS	PREFERRED	NON-PREFERRED
<b>MULTIPLE SCLEROSIS AGENTS<sup>CL</sup></b>	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	

CL-Clinical PA

## 22. Otic Antibiotic Preparations

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
<b>OTIC ANTIBIOTIC PREPARATIONS</b>	CIPRODEX (ciprofloxacin/dexamethasone) COLY-MYCIN S (neomycin/hydrocortisone) FLOXIN (ofloxacin) neomycin/polymyxin/hydrocortisone	CIPRO HC (ciprofloxacin/hydrocortisone) CORTISPORIN (neomycin/polymyxin/hydrocortisone) CORTISPORIN TC (neomycin/hydrocortisone) PEDIOTIC (neomycin/polymyxin/hydrocortisone)

## 23. Phosphate Binders

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
<b>PHOSPHATE BINDERS</b>	FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer)	MAGNEBIND 400 (magnesium/calcium carbonate)

## 24. Proton Pump 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.

DRUG CLASS	PREFERRED	NON-PREFERRED
<b>PROTON PUMP INHIBITORS</b> (Oral)	NEXIUM (esomeprazole) PREVACID (lansoprazole)	ACIPHEX (rabeprazole) omeprazole PROTONIX (pantoprazole) ZEGERID (omeprazole)

## 25. Sedative Hypnotics

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

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

## 26. Ulcerative Colitis 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
ULCERATIVE COLITIS AGENTS	<b>ORAL</b>	
	ASACOL (mesalamine) DIPENTUM (olsalazine) PENTASA (mesalamine) sulfasalazine	AZULFIDINE (sulfasalazine) COLAZAL (balsalazide)
	<b>RECTAL</b>	
	CANASA (mesalamine) mesalamine	ROWASA (mesalamine)

## VIII. Next Meeting Date

The next meeting date of the P & T Committee will be **August 16, 2006**.

**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 April 1, 2006.

**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.