



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 22, 2007 – 9:00 a.m.  
Charleston Civic Center  
WV Room 105  
Charleston, West Virginia

## MINUTES

**Members Present:**

David Avery, M.D.  
Steven R. Matulis, M.D.  
Barbara Koster, MSN, RNC-ANP  
Harriet Nottingham, R. Ph.  
Michael Grome, PA-C  
Scott Brown, R.Ph.  
Rodney Fink, D.O.  
Teresa Frazer, M.D., FAAP  
Ahmed Faheem, M.D.  
Jeffrey Ashley, M.D.  
Gretchen Oley, M.D.  
Robert Stanton, PharmD  
Teresa Dunsworth, PharmD

**Members Not Present**

John D. Justice, M.D.  
James Bartsch, R.Ph.

**DHHR/BMS Staff Present**

Nora Antlake, Counsel  
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

## **I. Call to Order**

Dr. Steven Matulis, Chairperson, called the meeting to order at 9:00 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.

New member was recognized: Robert Stanton, PharmD.

## **III. Approval of Minutes of February 7, 2007 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 that speaker sign-up begins at 8:00 a.m. and each individual will be allowed 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 submit to the Committee should be given to Lynda Edwards after the comment period and she would distribute them to the Committee. In addition, Ms. King informed the audience that materials would be accepted by the Bureau and would be forwarded to the Committee if received three weeks prior to the meeting. There is a limit of two pages on the handout. Twenty-five copies should be provided.

The following individuals took the floor:

Sasidharan Taravath, MD, recommended that Rozerem be added to the PDL.

Charles Schuster, Takeda, recommended that Rozerem be added to the PDL.

Gary Dietrich, MD, Merck, recommended that Januvia be added to the PDL.

Julian Espiritu, MD, Novartis, recommended that Tekturna be added to the PDL.

Tom Takubo, Abbott, recommended that Asmanex be added to the PDL.

Paul Prince, Astra Zeneca, recommended that Symbicort be added to the PDL.

Joseph Ogden, Sanofi-Aventis, recommended that Apidra be added to the PDL.

Scott Drab, PharmD, Sanofi-Aventis, recommended that Apidra be added to the PDL.

Gregory Pfaff, Patient Mentor Inst., recommended that Lantus be added to the PDL.

Michael Krasnow, D.O., Ph.D., Pfizer, recommended that Xylatan be added to the PDL.

Deidra Couch, Ph.D., Bristol Meyers Squibb, recommended that Abilify be added to the PDL.

Rachel Preston, P & G Pharmaceuticals, recommended that Actonel be added to the PDL.

Edgar Gonzalez, PharmD, Medicorp, recommended that Altace be added to the PDL.

Marjan Massoudi, Amylin, recommended that Byetta be added to the PDL.

Calvin Sumner, M.D., Lilly, recommended that Strattera be added to the PDL.

Stephen Edwards, M.D., recommended that Straterra and Vyvanse be added to the PDL.

Robert Pannone, Amgen, recommended that Enbrel be added to the PDL.

James Lewis, MD, Marshall Pediatrics, recommended that Daytrana be added to the PDL.

Robert Conte, ISTA, recommended that Xibrom and Istalol be added to the PDL.

Ryan Bleeks, ISTA, recommended that Istalol be added to the PDL.

Joseph Jurand, Forrest, recommended that Lexapro be added to the PDL.

Janet Surovcik, Sepracor, recommended that Xopenex be added to the PDL.

Hussein Elkhatib, MD, recommended to the Committee to keep access unrestricted to all antipsychotics including Invega and Abilify.

Mrs. 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**

Steve Liles discuss the sedative hypnotic class. He stated that generic Ambien, zolpidem, is now available and the State requested that it be moved to preferred status.

**VII. New Business**

Dr. Matulis called for review of the Therapeutic Categories.

**VIII. Therapeutic Category Reviews**

There were 32 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. Angiotensin Modulators**

Steve Liles stated that the Angiotensin Modulators class was a new class title that was previously entitled “ACE Inhibitors” and would be combined for the February meeting with the Angiotensin II Receptor Blocker” class. He then 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. A Committee member stated that given the fact that this class would be reviewed again in February, he recommended that the Committee send a letter to the DUR Board to change the criteria for the nonpreferred drugs in this class. He said that members are currently required to fail two ACE Inhibitors in order to be approved for Tekturna. He stated that generic ACE Inhibitors are inexpensive, but prescribers should be able to choose from the other drugs in the category. He moved that the Committee send a letter to the DUR Board to recommend only one trial of an ACE Inhibitor be required before a nonpreferred drug is approved. Motion was seconded, votes were taken and the motion carried. Dr. Avery agreed to write the letter.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANGIOTENSIN MODULATORS	<b>ACE INHIBITORS</b>	
	ALTACE (ramipril) benazepril captopril enalapril fosinopril lisinopril quinapril	ACEON (perindopril) ACCUPRIL (quinapril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexepiril MONOPRIL (fosinopril) PRINIVIL (lisinopril) trandolapril UNIVASC (moexepiril) VASOTEC (enalapril)

DRUG CLASS	PREFERRED	NON-PREFERRED
		ZESTRIL (lisinopril)
	<b>ACE INHIBITOR/DIURETIC COMBINATIONS</b>	
	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) moexepil/HCTZ MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) UNIRETIC (moexepil/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)
	<b>DIRECT RENIN INHIBITORS</b>	
		TEKTURNA (aliskerin)

### B. Platelet Aggregation 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
PLATELET AGGREGATION INHIBITORS	AGGRENOX (dipyridamole/ASA) PLAVIX (clopidogrel)	dipyridamole PERSANTINE (dipyridamole) TICLID (ticlopidine) ticlopidine

### C. Bronchodilators, Anticholinergic

Steve Liles recommended the following drugs for the Preferred Drug List. The motion was seconded, votes were taken and the motion carried.

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

### D. Bronchodilators, Beta Agonist

Steve Liles recommended the following list be approved. A motion was made to reject the recommendations of Provider Synergies with the addition of Foradil and to remove Serevent. Because of confusion in the intent of the motion, it was withdrawn. A second motion was made to accept the recommendations of Provider Synergies with the addition of Foradil and to remove Serevent. The motion was seconded. Some discussion ensued on Serevent and albuterol. A motion was made to divide the motion and vote separately

on Serevent and Foradil. A discussion ensued whether it was best to vote on the motion on the floor or to amend the motion. The decision was to vote the motion on the floor. The motion made to accept the recommendations of Provider Synergies, with the addition of Foradil and to remove Serevent, had been seconded. Votes were taken, and the motion carried. A motion was made to add Serevent to the Preferred Drug List. Motion was seconded, votes were taken and motion failed.

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

### E. Glucocorticoids, Inhaled

Steve Liles recommended the following list be approved. Some discussion ensued about Symbicort. Dr. Liles stated that Symbicort was not included in the review because the drug was approved by the FDA too late for the clinical and financial reviews to be completed prior to the scheduled meeting. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried. It was asked if a single drug could be reviewed. Ms. King stated that the Committee had decided during a previous meeting that single drugs would not be reviewed until the class was scheduled for review unless a particular drug was given FDA priority review. Some discussion ensued about Symbicort.

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

	ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol)	SYMBICORT (budesonide/formoterol) <sup>NR</sup>
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### F. Leukotriene Modifiers

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
LEUKOTRIENE MODIFIERS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO (zileuton)

### G. 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 Nasonex. The motion was seconded, votes were taken and the motion carried.

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

### H. 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.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS	ACULAR (ketorolac) ALAWAY (ketotifen) ALREX (loteprednol) cromolyn ELESTAT (epinastine) OPTIVAR (azelastine) PATADAY (olopatadine) PATANOL (olopatadine) ZADITOR OTC (ketotifen)	ALOCRIIL (nedocromil) ALAMAST (pemirolast) ALOMIDE (iodoxamide) CROLOM (cromolyn) EMADINE (emedastine) ketotifen OPTICROM (cromolyn)

**I. Ophthalmics, Fluoroquinolones**

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>OPHTHALMIC FLUOROQUINOLONES</b>	ciprofloxacin ofloxacin VIGAMOX (moxifloxacin)	CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) QUIXIN (levofloxacin) ZYMAR (gatifloxacin)

**J. 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) PHOSPHOLINE IODIDE (echothiophate iodide) pilocarpine	ISOPTO CARPINE (pilocarpine) PILOPINE HS (pilocarpine)
	<b>SYMPATHOMIMETICS</b>	
	ALPHAGAN P (brimonidine) brimonidine dipivefrin	ALPHAGAN (brimonidine) PROPINE (dipivefrin)
	<b>BETA BLOCKERS</b>	
	BETIMOL (timolol) BETOPTIC S (betaxolol) betaxolol carteolol ISTALOL (timolol) levobunolol metipranolol timolol	BETAGAN (levobunolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
	<b>CARBONIC ANHYDRASE INHIBITORS</b>	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	
	<b>PROSTAGLANDIN ANALOGS</b>	
	LUMIGAN (bimatoprost) TRAVATAN (travoprost) TRAVATAN-Z (travaprost)	XALATAN (latanoprost)
	<b>COMBINATION AGENTS</b>	
	COSOPT (dorzolamide/timolol)	

**K. Ophthalmics, NSAIDS**



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>OPHTHALMIC NSAIDS</b>	flurbiprofen ACULAR LS (ketorolac) ACULAR PF (ketorolac) XIBROM (bromfenac) NEVANAC (nepafenac)	diclofenac

**L. NSAIDS**

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>NSAIDS</b>	<b>NONSELECTIVE</b>	
	diclofenac	ADVIL (ibuprofen)
	etodolac	ANAPROX (naproxen)
	fenoprofen	ANSAID (flurbiprofen)
	flurbiprofen	CATAFLAM (diclofenac)
	ibuprofen (Rx and OTC)	CLINORIL (sulindac)
	indomethacin	DAYPRO (oxaprozin)
	ketorolac	FELDENE (piroxicam)
	naproxen (Rx only)	INDOCIN (indomethacin)
	oxaprozin	ketoprofen
piroxicam	LODINE (etodolac)	
sulindac	meclofenamate	
	mefenamic acid	
	MOTRIN (ibuprofen)	
	nabumetone	
	NALFON (fenoprofen)	
	NAPRELAN (naproxen)	
	NAPROSYN (naproxen)	
	NUPRIN (ibuprofen)	
	ORUDIS (ketoprofen)	
	PONSTEL (meclofenamate)	
	tolmetin	
	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)
		meloxicam
		MOBIC (meloxicam)

**M. Cytokine and CAM 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.

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

**N. 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)	

**O. 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. Some discussion ensued about Mentax and ketoconazole and econazole for children. The motion was amended to include ketoconazole and econazole. The amended motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, TOPICAL	<b>ANTIFUNGALS</b>	
	econazole ketoconazole MENTAX (butenafine) NAFTIN (naftifine) nystatin	ciclopirox ERTACZO (sertaconazole) EXELDERM (sulconazole) LOPROX (ciclopirox) MYCOSTATIN (nystatin) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PENLAC (ciclopirox) SPECTAZOLE (econazole) VUSION (miconazole/petrolatum/zinc oxide) XOLEGEL (ketoconazole)
	<b>ANTIFUNGAL/STEROID COMBINATIONS</b>	
	clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

**P. 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.

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

**Q. 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 passed.

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>CEPHALOSPORINS AND RELATED ANTIBIOTICS</b> (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>	
	cefaclor cefadroxil cefepodoxime cefprozil cefuroxime cephalexin OMNICEF (cefdinir) SPECTRACEF (cefditoren)	CECLOR (cefaclor) CEDAX (ceftibuten) cefdinir CEFTIN (cefuroxime) CEFZIL (cefprozil) DURICEF (cefadroxil) KEFLEX (cephalexin) PANIXINE (cephalexin) RANICLOR (cefaclor) SUPRAX (cefixime) VANTIN (cefepodoxime)

**R. Fluoroquinolones, Oral**

Steve 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 Levaquin. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
FLUROQUINOLONES, ORAL	AVELOX (moxifloxacin) CIPRO (ciprofloxacin) Suspension Ciprofloxacin Ciprofloxacin ER LEVAQUIN (levofloxacin)	CIPRO (ciprofloxacin) Tablets CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) FLOXIN (ofloxacin) ofloxacin Noroxin (norfloxacin) PROQUIN XR (ciprofloxacin)

**S. Macrolides/Ketolides**

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

DRUG CLASS	PREFERRED	NON-PREFERRED
MACROLIDES/KETOLIDES (Oral)	<b>MACROLIDES</b>	
	azithromycin clarithromycin erythromycin (base, ethylsuccinate, stearate)	BIAXIN (clarithromycin) BIAXIN XL (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) ZITHROMAX (azithromycin) ZMAX Suspension (azithromycin)
	<b>KETOLIDES</b>	
		KETEK (telithromycin)

**T. Antivirals- HSV and Influenza**

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)	<b>ANTI-HERPES</b>	
	acyclovir VALTREX (valacyclovir)	FAMVIR (famciclovir) ZOVIRAX (acyclovir)
	<b>ANTI INFLUENZA</b>	

DRUG CLASS	PREFERRED	NON-PREFERRED
	amantadine	FLUMADINE (rimantadine) rimantadine RELENZA (zanamivir) SYMMETREL (amantadine) TAMIFLU (oseltamivir)

#### U. Hepatitis B Agents

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

DRUG CLASS	PREFERRED	NON-PREFERRED
HEPATITIS B TREATMENTS	EPIVIR HBV (lamivudine) TYZEKA (telbivudine) HEPSERA (adefovir)	BARACLUDE

#### V. 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.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIEMETICS, ORAL	<b>CANNABINOIDS</b>	
		CESAMET (nabilone) MARINOL (dronabino)
	<b>5HT3 RECEPTOR BLOCKERS</b>	
	ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron)	ANZEMET (dolasetron) KYTRIL (granisetron) ondansetron ondansetron ODT
	<b>SUBSTANCE P ANTAGONISTS</b>	
	EMEND (aprepitant)	

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

#### W. Hypoglycemics, Incretin Mimetics/Enhancers

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

DRUG CLASS	PREFERRED	NON-PREFERRED
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<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b>	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) SYMLIN (amylin)	
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**X. Hypoglycemics, Insulins and Related Agents**

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

<b>DRUG CLASS</b>	<b>PREFERRED</b>	<b>NON-PREFERRED</b>
<b>HYPOGLYCEMICS, INSULINS</b>	HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) EXUBERA (insulin)

**Y. Bone Resorption Suppression 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 Evista. The motion was seconded, votes were taken and the motion failed. A motion was made to accept the recommendations of Provider Synergies. Motion was seconded, votes were taken and the motion carried.

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

**Z. Androgenic 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
ANDROGENIC AGENTS	ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)

### AA. 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.

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

### BB. 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>	
	REQUIP (ropinirole)	MIRAPEX (pramipexole)
<b>OTHER ANTIPARKINSON'S AGENTS</b>		
carbidopa/levodopa selegiline STALEVO (levodopa/ carbidopa/entacapone)	AZILECT (rasagiline) ELDEPRYL (selegiline) PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa) ZELAPAR (selegiline)	

### CC. Stimulants 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 Strattera to preferred status. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
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STIMULANTS AND RELATED AGENTS	AMPHETAMINES	
	ADDERALL XR (amphetamine salt combination) amphetamine salt combination dextroamphetamine	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) DEXTROSTAT (dextroamphetamine)
NON-AMPHETAMINE		
CONCERTA (methylphenidate) DAYTRANA (methylphenidate) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate methylphenidate ER STRATTERA (atomoxetine)	dexmethylphenidate METADATE ER (methylphenidate) PROVIGIL (modafanil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)	

### DD. Antidepressants, SSRIs

Steve Liles recommended the following list be approved. A motion was made to accept the recommendations of Provider Synergies with the addition of Lexapro. The motion was seconded, votes were taken and the motion failed. A motion was made to accept the recommendations of Provider Synergies. The motion was seconded, votes were taken and the motion carried. The Committee recommended that members taking Lexapro be grandfathered and allowed to continue therapy without switching to another product.

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

### EE. Antipsychotics, Atypical

Steve Liles recommended the following list be approved. A motion was made to table this discussion since the class was pended by the Secretary after the last review. The motion was seconded, votes were taken and the motion carried. Ms. King pointed out that there was a new drug in the class and a supplemental rebate offer to consider. She added that the State would review this class internally.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPSYCHOTICS, ATYPICAL (Oral)	ORAL	
	clozapine GEODON (ziprasidone) INVEGA (paliperidone) RISPERDAL (risperidone) SEROQUEL (quetiapine)	ABILIFY (aripiprazole) CLOZARIL (clozapine) FAZACLO (clozapine) ZYPREXA (olanzapine)



	<b>ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS</b>
	SYMBYAX (olanzapine/fluoxetine)

**X. Next Meeting Date**

The next meeting date of the P & T Committee will be **October 17, 2007**. Ms. King stated that the October meeting would not include a review of the drug classes.

**XI. Other Business**

Ms. King said that implementation of the current recommendations would be effective October 1, 2007, pending the approval of the Secretary of DHHR.

**XII. Adjournment**

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