



Joe Manchin III
Governor

STATE OF WEST VIRGINIA
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Martha Yeager Walker
Secretary

Pharmaceutical and Therapeutics (P&T) Committee
October 29, 2008
Charleston Civic Center
WV Room 105
Charleston, West Virginia

MINUTES

Members Present:

Steven R. Matulis, M.D.
David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Dunsworth, PharmD
Barbara Koster, N.P.
Harriet Nottingham, R.Ph.
Michael Grome, PA-C
Ahmed Faheem, M.D.
Rodney L. Fink, D.O.
Teresa Frazer, M.D., FAAP
Jeffrey V. Ashley, M.D.
Gene Makela, PharmD
Scott Brown, R.Ph.
Robert Stanton, PharmD

Contract Staff/GHS Staff Present:

Laureen Biczak, D.O.
Tim Clifford, M.D.
Laurie Roscoe, R.Ph.
Eliza Mathias, CAPM

Other Contract Staff/State Staff Present:

Stephen Small, R.Ph., M.S., Rational Drug
Therapy Program
Eric Sears, R.Ph., Unisys

Members Not Present:

DHHR/BMS Staff Present:

Nora Antlake, Counsel
Peggy King, R.Ph., Pharmacy Director
Gail Goodnight, R.Ph. Rebate Coordinator
Vicki Cunningham, R.Ph., DUR Coordinator
William Hopkins, Pharmacy Operations
Manager
Lynda Edwards, Secretary

I. Call to Order

Dr. David Avery, M.D., Chairperson, called the meeting to order at 9:04 a.m.

a. Welcome and Introductions

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

II. Housekeeping Items/Updates

Peggy King requested that participants silence cell phones and pagers. She explained the process for speakers and said that arrangements had been made for everyone to speak, time permitting. Participants were asked to decline speaking if their drug was recommended for preferred status and not “extracted” for discussion.

a. Approval of May 21, 2008 Meeting

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

b. Explanation of Extraction Process

Dr. Avery explained the consent calendar. There were sixty classes to be reviewed. The Chair is to ask for extractions. Public comments will then be heard. The Chair will then ask if there are any further extractions requested. If the category is not extracted, the Committee will vote on the recommendations prior to the executive session . If the category is extracted, the Committee will discuss the category after the closed session and will vote after the discussion. Dr. Avery advised those companies who were scheduled to speak on behalf of drugs whose recommended status is preferred in classes that were not extracted to consider declining public comment in the interest of time. A vote will be then be taken on non-extracted categories. The Committee will then go into Executive Session to discuss the fiscal implications of the extracted categories. There will then be a public discussion of the extracted categories. A category must be extracted in order to be discussed. Finally, there will be a vote on each extracted category after its discussion.

III. Chairman Calls for 1st Round of Extractions

The following categories were called for extraction:

- Acne Agents, Topical
- Analgesics, Narcotic – Long Acting
- Androgenic Agents
- Angiotensin Modulators

Anticoagulants, Injectable
Anticonvulsants
Antidepressants, Other, SNRIs
Antifungals, Topical
Antimigraine Agents, Triptans
Antiparkinson' s Agents, Oral
Antipsychotics, Atypical, Oral
Antivirals, Oral
Beta-Blockers
Bladder Relaxant Preparations
Bone Resorption Suppression and Related Agents
BPH Treatments
Bronchodilators, Beta Agonist
Calcium Channel Blockers, Oral
Cytokine & CAM Antagonists
Erythropoiesis Stimulating Proteins
Fluoroquinolones, Oral
Glucocorticoids, Inhaled
Growth Hormone
Hepatitis C Agents
Hypoglycemics, Insulins
Lipotropics, Other
Lipotropics, Statins
NSAIDS
Ophthalmics, Glaucoma Agents
Proton Pump Inhibitors, Oral
Stimulants and Related Agents

IV. Public Comment Period

Ms. King explained that BMS starts taking signups at 8:00 AM. For future meetings, the signups will commence one hour prior to the meeting. Speakers were asked to limit presentations to one drug, be limited to three minutes and must have completed a disclosure form. No questions/answers, or slide presentations were allowed. Handouts for the committee were allowed and would be distributed during the executive session.

Kristin Crouch, Forest, spoke about Bystolic.

Donald Lilly, MD, Charleston cardiologist recommended that Lovaza be added to the preferred drug list.

Isabel Couto, Novo Nordisk, spoke about Norditropin.

Soralay Servera, Novo Nordisk, spoke about Levemir and Novalog.

Robert Pannone, Amgen, spoke about Aranesp and Enbrel.

Pinakin Attawala, MD, Schering-Plough, spoke about Vytorin and PegIntron.

Dean Drosnes, MD, Schering-Plough, spoke about Noxafil and Avelox.

Kristina Wenslovas, GlaxoSmithKline, spoke about Advair.

Jeff Hurd, GlaxoSmithKline, spoke about Requip XL and Treximet.

Marjan Massoudi, Amylin, declined public comment on Byetta and Symlin.

Laurie Mohler, AstraZeneca, spoke about Nexium and Symbicort.

Jamie Street, MD, AstraZeneca, spoke on about Seroquel XR.

Hussein Elkhatib, MD, requested that the Committee allow all psychiatrists open access to all psychotropics in the marketplace.

Ahmad Nessar, Astra Zeneca, spoke about Crestor.

Sriv Ganeshan, MD, Astella, spoke about Vesicare.

Chad Patel, Lilly, spoke on about Humulin, Evista.

Susan Abraham, MD, Boehringer-Ingelheim, spoke about Mirapex.

Christiane Arsever, MD, Merck, spoke about Maxalt.

Jonell Ferguson, Shire, spoke about Vyvanse.

Kimberly Dornbrook-Lavender, Shire, spoke about Lialda.

Donald Williams, Roche, spoke about Boniva.

V. Ethics Commission Presentation

C. Joan Parker, Deputy Legal Counsel, WV Ethics Commission presented information about the West Virginia Ethics Act.

Ms. Parker stated that the Act applies to members of the P&T committee members. However, it does not apply to contractors, or private organizations that receive government funds.

If committee members disqualify themselves from the vote, they must disclose the disqualifying information. The P&T Committee record must detail disqualifying information. During the vote, the Committee member must leave the room.

Committee members may not vote on the employment of a relative or on a contract with a company where the member or the member's family has an affiliation.

The Ethics Act imposes limits on the acceptance and solicitation of gifts. Any honorarium over \$25 will prohibit a member from voting on any issue related to the entity paying the honorarium.

Ms. Parker recommended that the Committee detail ethics scenarios and make a written request for clarifications from the Ethics Commission.

Additional information can be found on the West Virginia Ethics Commission website, <http://www.wvethicscommission.org/overview.htm>.

VI. Public Comment Period resumed

Kimberly Krivacic, UCB, spoke about Cimzia.

Richard Arnoto, UCB, spoke about Keppra XR.

Jim Hinchberger, Auxilium, spoke about Testim.

John Adams, Roche, spoke about Pegasys.

Radha Krishna Bellam, Oscient, spoke about Factive.

Sergio Fonseca, EMD Serono, Inc., spoke about Saizen.

Monique Gingold, pediatric neurologist, private practice in Morgantown, advocated for the ability to grandfather epilepsy patients.

Sherwana Clarke, MD, Abbott, spoke about Humira.

Ahmad Ali, EMD Serono, Inc., declined public comment on behalf of Rebif.

Stephen Whiten, TARD Pharmacy, declined public comment on behalf of Ovide.

VII. Chairman Calls for 2nd Round of Extractions

Dr. Avery asked for further extractions. No further extractions were requested.

VIII. Motion for all Non-Extracted Categories to be Approved as Proposed

Dr. Avery called for a motion on those categories that were not extracted. A motion was made to accept the non-extracted categories. The motion was seconded and passed.

The following categories were approved:

A. Alzheimer's Agents

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

B. Analgesics, Narcotics – Short-Acting

DRUG CLASS	PREFERRED	NON-PREFERRED
ANALGESICS, NARCOTIC-SHORT ACTING (Non-parenteral)	APAP/codeine ASA/codeine codeine dihydrocodeine/ APAP/caffeine hydrocodone/APAP hydrocodone/ibuprofen hydromorphone levorphanol morphine oxycodone oxycodone/APAP oxycodone/ASA pentazocine/APAP pentazocine/naloxone propoxyphene/APAP ROXICET (oxycodone/acetaminophen) tramadol tramadol/APAP VOPAC (codeine/acetaminophen)	ACTIQ (fentanyl) butalbital/APAP/caffeine/codeine butalbital/ASA/caffeine/codeine butorphanol COMBUNOX (oxycodone/ibuprofen) DARVOCET (propoxyphene/APAP) DARVON (propoxyphene) DEMEROL (meperidine) DILAUDID (hydromorphone) fentanyl FENTORA (fentanyl) FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine) FIORINAL W/ CODEINE (butalbital/ASA/caffeine/codeine) LORCET (hydrocodone/APAP) LORTAB (hydrocodone/APAP) LYNOX (oxycodone/APAP) meperidine OPANA (oxymorphone) oxycodone/ibuprofen OXYFAST (oxycodone) OXYIR (oxycodone) PANLOR (dihydrocodeine/ APAP/caffeine) PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) propoxyphene ROXANOL (morphine) TALACEN (pentazocine/APAP) TALWIN NX (pentazocine/naloxone) TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) XODOL (hydrocone/acetaminophen) ZAMICET (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen)

C. Antiemetics

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIEMETICS	5HT3 RECEPTOR BLOCKERS	
	ondansetron ondansetron ODT	ANZEMET (dolasetron) KYTRIL (granisetron) granisetron SANCUSO (granisetron) ^{NR} ZOFTRAN (ondansetron) ZOFTRAN ODT (ondansetron)
	CANNABINOIDS	
		CESAMET (nabilone) MARINOL (dronabinol)
	SUBSTANCE P ANTAGONISTS	
EMEND (aprepitant)		

D. Antifungals, Oral

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, ORAL	clotrimazole fluconazole* ketoconazole ^{CL} nystatin terbinafine ^{CL}	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) VFEND (voriconazole)

E. Antihistamines, Minimally Sedating

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIHISTAMINES, MINIMALLY SEDATING	ANTIHISTAMINES	
	ALAVERT (loratadine) cetirizine (OTC) loratadine TAVIST-ND (loratadine)	ALLEGRA (fexofenadine) CLARINEX Tablets (desloratadine) CLARINEX REDITABS (desloratadine) CLARINEX Syrup (desloratadine) CLARITIN (loratadine) fexofenadine XYZAL (levocetirizine) ZYRTEC (Rx and OTC) (cetirizine) ZYRTEC SYRUP (Rx and OTC) (cetirizine)
	ANTIHISTAMINE/DECONGESTANT COMBINATIONS	
	ALAVERT-D (loratadine/pseudoephedrine) cetirizine /pseudoephedrine (OTC) loratadine/pseudoephedrine SEMPREX-D (acrivastine/ pseudoephedrine)	ALLEGRA-D (fexofenadine/pseudoephedrine) CLARINEX-D (desloratadine/pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) ZYRTEC-D (Rx and OTC) (cetirizine/pseudoephedrine)

F. Atopic Dermatitis

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

G. Bronchodilators, Anticholinergic

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

H. Cephalosporins and Related Antibiotics, Oral

DRUG CLASS	PREFERRED	NON-PREFERRED
CEPHALOSPORINS AND RELATED ANTIBIOTICS (Oral)	BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS	
	amoxicillin/clavulanate AUGMENTIN XR (amoxicillin/clavulanate)	
	CEPHALOSPORINS	
	cefaclor cefadroxil cefdinir cefepodoxime cefprozil cefuroxime cephalexin SPECTRACEF (cefditoren)	CECLOR (cefaclor) CEDAX (ceftibuten) CEFTIN (cefuroxime) CEFZIL (cefprozil) DURICEF (cefadroxil) KEFLEX (cephalexin) OMNICEF (cefdinir) PANIXINE (cephalexin) RANICLOR (cefaclor) SUPRAX (cefixime) VANTIN (cefepodoxime)

I. Genital Warts Agents

DRUG CLASS	PREFERRED	NON-PREFERRED
GENITAL WARTS AGENTS	ALDARA (imiquimod)	CONDYLOX (podofilox) podofilox VEREGEN (sinecatechins)

J. Hepatitis B Agents

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

K. Hypoglycemics, Incretin Mimetics/Enhancers

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS	BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) SYMLIN (amylin)	

L. Hypoglycemics, Meglitinides

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, MEGLITINIDES	STARLIX (nateglinide)	PRANDIN (repaglinide)

M. Hypoglycemics, TZDS

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, TZDS	THIAZOLIDINEDIONES	
	ACTOS (pioglitazone) AVANDIA (rosiglitazone)	
	TZD COMBINATIONS	
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glimepiride) DUETACT (pioglitazone/glimepiride)	

N. Impetigo Agents, Topical

DRUG CLASS	PREFERRED	NON-PREFERRED
IMPETIGO AGENTS, TOPICAL	ALTABAX (retapamulin) mupirocin bacitracin gentamycin sulfate	BACTROBAN (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC)

O. Intranasal Rhinitis Agents

DRUG CLASS	PREFERRED	NON-PREFERRED
INTRANASAL RHINITIS AGENTS	ANTICHOLINERGICS	
		ATROVENT (ipratropium) ipratropium
	ANTIHISTAMINES	
	ASTELIN (azelastine) PATANASE (olopatadine)	ASTEPRO (azelastine)
	CORTICOSTEROIDS	
	fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone) VERAMYST (fluticasone furoate)	BECONASE AQ (beclomethasone) flunisolide FLONASE (fluticasone propionate) NASALIDE (flunisolide) NASAREL (flunisolide) RHINOCORT AQUA (budesonide)

P. Leukotriene Modifiers

DRUG CLASS	PREFERRED	NON-PREFERRED
LEUKOTRIENE MODIFIERS	ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO (zileuton)

Q. Macrolides/Ketolides, Oral

DRUG CLASS	PREFERRED	NON-PREFERRED
MACROLIDES/KETOLIDES (Oral)	KETOLIDES	
		KETEK (telithromycin)
	MACROLIDES	
	azithromycin clarithromycin erythromycin	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) clarithromycin ER 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 (azithromycin)

R. Multiple Sclerosis Agents

DRUG CLASS	PREFERRED	NON-PREFERRED
MULTIPLE SCLEROSIS AGENTS^{CL}	AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	TYSABRI (natalizumab)

S. Ophthalmic Antibiotics

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMIC ANTIBIOTICS	ciprofloxacin ofloxacin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) QUIXIN (levofloxacin) ZYMAR (gatifloxacin)

T. Ophthalmic NSAIDS

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMIC NSAIDS	ACULAR/LS/PF (ketorolac) flurbiprofen NEVANAC (nepafenac) XIBROM (bromfenac)	diclofenac DUREZOL (difluprednate) ^{NR}

U. Ophthalmics for Allergic Conjunctivitis

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

V. Otic Fluoroquinolones

DRUG CLASS	PREFERRED	NON-PREFERRED
OTIC FLUOROQUINOLONES	CIPRODEX (ciprofloxacin/dexamethasone) ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) FLOXIN (ofloxacin)

W. Pancreatic Enzymes

DRUG CLASS	PREFERRED	NON-PREFERRED
PANCREATIC ENZYMES	CREON PANCRECARB ULTRASE ULTRASE MT VIOKASE	KUZYME LIPRAM PALCAPS PANCREASE PANGESTYME PANOKASE PLARETASE

X. Parathyroid Agents

DRUG CLASS	PREFERRED	NON-PREFERRED
PARATHYROID AGENTS	ergocalciferol calcitriol HECTOROL (doxercalciferol) ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)

Y. Pediculicides/Scabicides

DRUG CLASS	PREFERRED	NON-PREFERRED
PEDICULICIDES/ SCABICIDES, TOPICAL	EURAX (crotamiton) OVIDE (malathion) permethrins (Rx and OTC) pyrethrins-piperonyl butoxide	lindane

Z. Phosphate Binders

DRUG CLASS	PREFERRED	NON-PREFERRED
PHOSPHATE BINDERS	FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer)	RENVELA (sevelamer carbonate) calcium acetate

AA. Platelet Aggregation Inhibitors

DRUG CLASS	PREFERRED	NON-PREFERRED
PLATELET AGGREGATION INHIBITORS	AGGRENEX (dipyridamole/ASA) cilostazol PLAVIX (clopidogrel)	dipyridamole PERSANTINE (dipyridamole) PLETAL (cilostazol) TICLID (ticlopidine) ticlopidine

BB. Sedative Hypnotics

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

CC. Ulcerative Colitis Agents

DRUG CLASS	PREFERRED	NON-PREFERRED
ULCERATIVE COLITIS AGENTS	ORAL	
	ASACOL (mesalamine) COLAZAL (balsalazide) DIPENTUM (olsalazine) LIALDA (mesalamine) PENTASA (mesalamine) sulfasalazine	AZULFIDINE (sulfasalazine) balsalazide
	RECTAL	
	CANASA (mesalamine) mesalamine	ROWASA (mesalamine)

DD. Miscellaneous Brand/Generic

DRUG CLASS	PREFERRED	NON-PREFERRED
MISCELLANEOUS BRAND/GENERIC	SANDOSTATIN (octreotide)	octreotide

IX. Executive Session

The Committee adjourned to Executive Session.

X. Extracted Therapeutic Category Reviews/Committee Recommendations

A. Acne Agents

GHS recommended that the following list be approved. Dr. Frazer spoke on behalf of leaving Duac preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ACNE AGENTS, TOPICAL	ANTI-INFECTIVE	
	AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) clindamycin erythromycin sodium sulfacetamide	CLEOCIN-T (clindamycin) EVOCLIN (clindamycin) KLARON (sodium sulfacetamide)
	RETINOIDS	
	RETIN A liquid & Micro (tretinoin) TAZORAC (tazarotene) tretinoin cream, gel	AVITA DIFFERIN (adapalene) RETIN-A cream, gel (tretinoin)
	KERATOLYTICS (Benzoyl Peroxides)	
	benzoyl peroxide ETHEXDERM (benzoyl peroxide) OSCIION (benzoyl peroxide)	BENZAC WASH (benzoyl peroxide) BREVOXYL (benzoyl peroxide) DESQUAM (benzoyl peroxide) LAVOCLEN (benzoyl peroxide) TRIAZ (benzoyl peroxide)
COMBINATION AGENTS		
benzoyl peroxide/urea erythromycin/benzoyl peroxide sulfacetamide sodium/sulfur wash/cleanser	BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) CLENIA (sulfacetamide sodium/sulfur) DUAC CS (benzoyl peroxide/ clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) NUOX (benzoyl peroxide/sulfur) PLEXION (sulfacetamide sodium/sulfur) PRASCIION (sulfacetamide sodium/sulfur) ROSAC (sulfacetamide sodium/avobenzzone/sulfur) ROSADEEM (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) ROSULA (sulfacetamide sodium/sulfur/urea) sulfacetamide sodium/sulfur lotion, gel SULFOXYL (benzoyl peroxide/sulfur) SULFATOL (sulfacetamide sodium/sulfur/urea) ZIANA (clindamycin/tretinoin)	

B. Analgesics, Narcotics – Long-Acting

GHS recommended that the only change in this category would be moving Duragesic to preferred and fentanyl generic to non-preferred. Dr. Avery recommended adding Opana ER to preferred. An amendment was made to add Opana ER to preferred status. It was seconded and the motion carried. A motion was made to accept the recommendations of GHS as amended. The motion was seconded, votes were taken and the motion carried. The approved category is below.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANALGESICS, NARCOTIC - LONG ACTING (Non-parenteral)	DURAGESIC (fentanyl) KADIAN (morphine) methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) fentanyl MS CONTIN (morphine) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) ULTRAM ER (tramadol)

C. Androgenic Agents

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANDROGENIC AGENTS	ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)

D. Angiotensin Modulators

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANGIOTENSIN MODULATORS	ACE INHIBITORS	
	benazepril captopril enalapril fosinopril lisinopril quinapril ramipril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) PRINIVIL (lisinopril) trandolapril UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)
	ACE INHIBITOR COMBINATION DRUGS	
	benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LEXXEL (enalapril/felodipine) LOTENSIN HCT (benazepril/HCTZ) LOTREL (benazepril/amlodipine) moexipril/HCTZ MONOPRIL HCT (fosinopril/HCTZ) PRINZIDE (lisinopril/HCTZ) TARKA (trandolapril/verapamil) UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)
	ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	
	AVAPRO (irbesartan) BENICAR (olmesartan) COZAAR (losartan) 25mg DIOVAN (valsartan) MICARDIS (telmisartan)	ATACAND (candesartan) COZAAR (losartan) 50, 100mg TEVETEN (eprosartan)
	ARB COMBINATIONS	
	AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)
DIRECT RENIN INHIBITORS		
TEKTURNA (aliskiren) with step edit TEKTURNA HCT (aliskiren/HCTZ) with step edit		

E. Anticoagulants, Injectable

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICOAGULANTS, INJECTABLE ^{CL}	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)	INNOHEP (tinzaparin)

F. Anticonvulsants

GHS recommended that the following list be approved. A motion was made to send a recommendation to the DUR Committee that an Auto PA be placed on all non-preferred anticonvulsants, if the diagnosis is for seizure. The motion was seconded. Votes were taken and the motion did not pass. An ammendment was made to put Keppra XR on Auto PA for seizure disorder. The ammendment was seconded, votes were taken and the ammendment passed. A motion was made to accept the recommendations of GHS as amended. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTICONVULSANTS	ADJUVANTS	
	carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex EC FELBATOL (felbamate) gabapentin GABITRIL (tiagabine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LYRICA (pregabalin) oxcarbazepine TOPAMAX (topiramate) TRILEPTAL (oxcarbazepine) valproic acid zonisamide	DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) KEPPRA XR (levetiracetam) lamotrigine NEURONTIN (gabapentin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) ZONEGRAN (zonisamide)
	BARBITURATES	
	mephobarbital phenobarbital primidone	MEBARAL (mephobarbital) MYSOLINE (primidone)
	BENZODIAZEPINES	
	clonazepam DIASTAT (diazepam rectal) diazepam	KLONOPIN (clonazepam)
	HYDANTOINS	
	DILANTIN INFATABS (phenytoin) PEGANONE (ethotoin) phenytoin	CEREBYX (fosphenytoin) DILANTIN (phenytoin) EPITOL (phenytoin) PHENYTEK (phenytoin)
	SUCCINIMIDES	
	CELONTIN (methsuximide) ethosuximide	ZARONTIN (ethosuximide)

G. Antidepressants, Other, SNRIs

Dr. Faheem abstained from discussions on Antidepressants.

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. A discussion was had regarding the clinical significance of bupropion XL. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIDEPRESSANTS, OTHER (second generation, non-SSRI)	bupropion SR bupropion XL CYMBALTA (duloxetine) EFFEXOR XR (venlafaxine) mirtazapine trazodone	bupropion IR DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline) nefazodone PRISTIQ (desvenlafaxine) REMERON (mirtazapine) venlafaxine venlafaxine ER WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)

H. Antifungals, Topical

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. A motion was made to make a recommendation to the DUR Board to move Oxystat for children under the age of 12 to an Auto PA. The motion was seconded and carried. The amended motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIFUNGALS, TOPICAL	ANTIFUNGALS	
	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)
	ANTIFUNGAL/STEROIDCOMBINATIONS	
	clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

I. Antimigraine Agents, Triptans

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIMIGRAINE AGENTS, TRIPTANS	TRIPTAN COMBINATIONS	
	IMITREX (sumatriptan) MAXALT MLT (rizatriptan) RELPAX (eletriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) MAXALT (rizatriptan) ZOMIG (zolmitriptan)
	TRIPTAN COMBINATIONS	
	TREXIMET (sumatriptan/naproxen sodium)	

J. Antiparkinson's Agents, Oral

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. A motion was made that Mirapex and Requip XL be available for Parkinson's diagnosis with an Auto-PA. The amendment was seconded, votes were taken, and the amendment passed. The amended motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPARKINSON'S AGENTS (Oral)	ANTICHOLINERGICS	
	benztropine KEMADRIN (procyclidine) trihexyphenidyl	COGENTIN (benztropine)
	COMT INHIBITORS	
		COMTAN (entacapone) TASMAR (tolcapone)
	DOPAMINE AGONISTS	
	ropinirole	MIRAPEX (pramipexole) REQUIP (ropinirole) REQUIP XL (ropinirole)
	OTHER ANTIPARKINSON'S AGENTS	
bromocriptine carbidopa/levodopa selegiline STALEVO (levodopa/carbidopa/entacapone)	AZILECT (rasagiline) ELDEPRYL (selegiline) levodopa/carbidopa ODT PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa) ZELAPAR (selegiline)	

K. Antipsychotics, Atypical, Oral

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIPSYCHOTICS, ATYPICAL (Oral)	ORAL	
	clozapine GEODON (ziprasidone) INVEGA (paliperidone) RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine)	ABILIFY (aripiprazole) CLOZARIL (clozapine) FAZACLO (clozapine) risperidone ZYPREXA (olanzapine)
	ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
		SYMBYAX (olanzapine/fluoxetine)

L. Antiviral, Oral

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ANTIVIRALS (Oral)	ANTI HERPES	
	acyclovir VALTREX (valacyclovir)	famciclovir FAMVIR (famciclovir) ZOVIRAX (acyclovir)
	ANTI INFLUENZA	
	amantadine	FLUMADINE (rimantadine) RELENZA (zanamivir) rimantadine SYMMETREL (amantadine) TAMIFLU (oseltamivir)

M. Beta-Blockers

GHS recommended that the following list be preferred. A motion was made to move Bystolic to preferred. GHS noted that moving Bystolic to preferred would cause a substantial financial loss for the State. There was a discussion regarding the medical advantages. GHS pointed out to the Committee that there was a complete lack of outcomes data for Bystolic, making it hard to argue the clinical reason for the additional cost. A vote was taken on the ammendment to move Bystolic to preferred. The motion did not carry. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BETA BLOCKERS (Oral)	BETA BLOCKERS	
	acebutolol atenolol betaxolol bisoprolol metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol timolol	BETAPACE (sotalol) BLOCADREN (timolol) BYSTOLIC (nebivolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)
	BETA BLOCKER/DIURETIC COMBINATION DRUGS	
	atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)
	BETA- AND ALPHA-BLOCKERS	
carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)	

N. Bladder Relaxant Preparations

Dr. Ashley abstained from discussions for the bladder relaxant preparations..

GHS recommended that the following list be preferred. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
BLADDER RELAXANT PREPARATIONS	DETROL LA (tolterodine) ENABLEX (darifenacin) oxybutynin oxybutynin ER SANCTURA (trospium) SANCTURA XR (trospium) VESICARE (solifenacin)	DETROL (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) OXYTROL (oxybutynin)

O. Bone Resorption Suppression and Related Agents

GHS recommended that the following list be approved. A motion was made and seconded. An amendment was made to add Evista to preferred. GHS discussed the financial impact of adding Evista. A vote was taken on the amendment and it did not carry. Votes were taken on the motion to accept the recommendations of GHS. The motion carried.

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

P. BPH Treatments

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

DRUG CLASS	PREFERRED	NON-PREFERRED
BPH AGENTS	5-ALPHA-REDUCTASE (5AR) INHIBITORS	
	AVODART (dutasteride) finasteride	PROSCAR (finasteride)
	ALPHA BLOCKERS	
	doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin)

Q. Bronchodilators, Beta Agonist

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded. An amendment was made to remove albuterol CFC from the list as it will not be available as of 1/1/09. The amendment was seconded, votes were taken and the amendment passed. Votes were taken on the amended motion and the motion carried.

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

R. Calcium Channel Blockers (Oral)

GHS recommended that Cardizem brand formulations be moved to non-preferred with their generics being preferred. A motion was made accept the recommendations of GHS as well as to move to nonpreferred DynaCirc CR and Verelan PM in an effort to move the PDL to a generic direction. GHS discussed the financial implications. The motion was seconded, votes were taken and the motion carried. The following is the category as approved.

DRUG CLASS	PREFERRED	NON-PREFERRED
CALCIUM CHANNEL BLOCKERS (Oral)	LONG-ACTING	
	amlodipine diltiazem felodipine ER nifedipine ER nisoldipine verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD, LA, SR (diltiazem) COVERA-HS (verapamil) DILACOR XR (diltiazem) DYNACIRC CR (isradipine) ISOPTIN SR (verapamil) NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) VERELAN/ VERELAN PM (verapamil)
	SHORT-ACTING	
	diltiazem verapamil	ADALAT (nifedipine) CALAN (verapamil) CARDENE (nicardipine) CARDIZEM (diltiazem) DYNACIRC (isradipine) isradipine nicardipine nimodipine nifedipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)

S. Cytokine & Cam Antagonists

GHS recommended that this category remain unchanged. A motion was made to accept the recommendations. The motion was seconded. GHS discussed the financial impact of moving Cimzia to preferred. An amendment was made to add Cimzia to preferred. The amendment was seconded, and the amendment carried. Votes were taken and the motion carried. The category as approved is below.

DRUG CLASS	PREFERRED	NON-PREFERRED
CYTOKINE & CAM ANTAGONISTS^{CL}	CIMZIA (certolizumab/pegol) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) RAPTIVA (efalizumab)	

T. Erythropoiesis Stimulating Proteins

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

DRUG CLASS	PREFERRED	NON-PREFERRED
ERYTHROPOIESIS STIMULATING PROTEINS ^{CL}	PROCRIT (rHuEPO)	ARANESP (darbepoetin) EPOGEN (rHuEPO)

U. Fluoroquinolones, Oral

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

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

V. Glucocorticoids, Inhaled

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

DRUG CLASS	PREFERRED	NON-PREFERRED
GLUCOCORTICIDS, INHALED	GLUCOCORTICIDS	
	AEROBID (flunisolide) AEROBID-M (flunisolide) ASMANEX (mometasone) AZMACORT (triamcinolone) FLOVENT HFA (fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) PULMICORT (budesonide)
	GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
	ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) SYMBICORT(budesonide/formoterol)	

W. Growth Hormone

GHS presented GHS's recommendations. A motion was made to accept the recommendations. The motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
GROWTH HORMONE ^{CL}	GENOTROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) INCRELEX (mecasermin) NORDITROPIN (somatropin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)

X. Hepatitis C Agents

GHS recommended that the category remain unchanged. The financial impact of moving Peg-Intron to preferred was discussed. An amendment was made to add Peg-Intron to preferred. The amendment was seconded, votes were taken and the amendment carried. A motion was made to accept the recommendations as amended. The motion was seconded, votes were taken and the motion carried. The class as approved is as follows.

DRUG CLASS	PREFERRED	NON-PREFERRED
HEPATITIS C TREATMENTS ^{CL}	PEGASYS (pegylated interferon) PEG-INTRON (pegylated interferon) ribavirin	COPEGUS (ribavirin) INFERGEN (consensus interferon) REBETOL (ribavirin)

Y. Hypoglycemics, Insulins

GHS recommended that the following list be approved. A motion was made and seconded to accept the recommendations of GHS. There was a discussion about the market share of this category. Votes were taken and the motion did not carry. An amendment was made to allow grandfathering for the current users of the pen products. The amendment was seconded. Votes were taken on the amendment and the amendment carried. An amendment was proposed to add Apidra to the preferred list. The amendment was seconded. GHS noted that Apidra was prohibitively expensive. Votes were taken and the amendment failed. Votes were taken on the primary amended motion which was carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
HYPOGLYCEMICS, INSULINS	HUMALOG (insulin lispro) vials only HUMALOG MIX (insulin lispro/lispro protamine) vials only HUMULIN (insulin) vials only LANTUS (insulin glargine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) HUMALOG PEN/KWIKPEN (insulin lispro) HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMULIN PEN (insulin)

Z. Lipotropics, Other (non-statins)

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded. An amendment was proposed to add Lovaza to preferred. GHS discussed the financial impacts of moving Lovaza to preferred. There was a discussion about treatment options. Votes were taken and the amendment did not carry. Votes were taken on the original recommendation and the motion carried.

DRUG CLASS	PREFERRED	NON-PREFERRED
LIPOTROPICS, OTHER (non-statins)	BILE ACID SEQUESTRANTS	
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
	CHOLESTEROL ABSORPTION INHIBITORS	
		ZETIA (ezetimibe)
	FATTY ACIDS	
		LOVAZA (omega-3-acid ethyl esters)
	FIBRIC ACID DERIVATIVES	
	fenofibrate gemfibrozil TRICOR (fenofibrate)	ANTARA (fenofibrate) fenofibrate, micronized FENOGLIDE (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
	NIACIN	
	niacin NIASPAN (niacin)	NIACELS (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)

AA. Lipotropics, Statins

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

DRUG CLASS	PREFERRED	NON-PREFERRED
LIPOTROPICS, STATINS	STATINS	
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	ALTOPREV (lovastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)
	STATIN COMBINATIONS	
	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin ER)	VYTORIN (simvastatin/ ezetimibe)

BB. NSAIDS

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

DRUG CLASS	PREFERRED	NON-PREFERRED
NSAIDS	NONSELECTIVE	
	diclofenac etodolac fenoprofen flurbiprofen ibuprofen (Rx and OTC) INDOCIN (indomethacin) (suspension only) indomethacin ketorolac naproxen (Rx only) oxaprozin piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) FELDENE (piroxicam) FLECTOR PATCH (diclofenac) INDOCIN (indomethacin) ketoprofen LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) PONSTEL (meclofenamate) tolmetin VOLTAREN (diclofenac) VOLTAREN GEL (diclofenac)
	NSAID/GI PROTECTANT COMBINATIONS	
		ARTHROTEC (diclofenac/misoprostol) PREVACID/NAPRAPAC (naproxen/lansoprazole)
	COX-II SELECTIVE^{GL}	
	CELEBREX (celecoxib) meloxicam	MOBIC (meloxicam)

CC. Ophthalmics, Glaucoma Agents

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried. A new separate motion was made to reconsider moving Xalatan to preferred. A vote was taken to reconsider the original motion and the motion did not carry.

DRUG CLASS	PREFERRED	NON-PREFERRED
OPHTHALMICS, GLAUCOMA AGENTS	COMBINATION AGENTS	
	COSOPT (dorzolamide/timolol)	COMBIGAN (brimonidine/timolol) dorzolamide/timolol
	BETA BLOCKERS	
	Betaxolol BETOPTIC S (betaxolol) carteolol levobunolol metipranolol timolol	BETAGAN (levobunolol) BETIMOL (timolol) ISTALOL (timolol) OPTIPRANOLOL (metipranolol) TIMOPTIC (timolol)
	CARBONIC ANHYDRASE INHIBITORS	
	AZOPT (brinzolamide) TRUSOPT (dorzolamide)	dorzolamide
	PARASYMPATHOMIMETICS	
	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) PHOSPHOLINE IODIDE (echothiophate iodide) pilocarpine	ISOPTO CARPINE (pilocarpine) PILOPINE HS (pilocarpine)
	PROSTAGLANDIN ANALOGS	
	LUMIGAN (bimatoprost) TRAVATAN (travoprost) TRAVATAN-Z (travoprost)	XALATAN (latanoprost)
	SYMPATHOMIMETICS	
	ALPHAGAN P (brimonidine) brimonidine dipivefrin	ALPHAGAN (brimonidine) PROPINE (dipivefrin)

DD. Proton Pump Inhibitors

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

DRUG CLASS	PREFERRED	NON-PREFERRED
PROTON PUMP INHIBITORS	NEXIUM (esomeprazole) PREVACID Capsules (lansoprazole)	ACIPHEX (rabeprazole) NEXIUM PACKETS (esomeprazole) omeprazole pantoprazole PREVACID Solu-Tabs (lansoprazole) PREVACID Suspension (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZEGERID (omeprazole/sodium bicarbonate)

EE. Stimulants and Related Agents

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

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

XI. Election Officers

All officers were up for re-election. A motion was made to continue the current officers. The motion was seconded, votes were taken and the motion carried.

XII. Next Meeting Date

The next meeting of the P&T Committee will be held Wednesday, February 25, 2009, 2:00 PM in the Diamond Building.

XIII. Other Business

GHS presented the 80% generic PDL. Dr. Clifford explained the State's generic utilization rate. It was recommended that a PDL in vitamin categories and cough and cold would help move the state towards a stronger generic PDL.

XIV. New Business

A recommendation was made to invite the Ethics Committee to the next P&T meeting.

XV. Adjournment

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

The meeting adjourned at 4:00 p.m.