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Governor

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Patsy A. Hardy
Secretary

Pharmaceutical and Therapeutics (P&T) Committee
Charleston Civic Center
Charleston, West Virginia
October 28, 2009

MINUTES

Members Present:

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

Members Not Present:

James D. Bartsch, R.Ph.

DHHR/BMS Staff Present:

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

GHS Staff Present:

Laureen Biczak, D.O.
Tim Clifford, M.D.
Chad Bissell, Pharm.D.
Shelagh Harvard

Other Contract Staff/State Staff Present:

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

I. Call to Order

Dr. David Avery, M.D., Chairperson, called the meeting to order at 9:05 a.m.

II. Welcome and Introductions

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

III. Housekeeping Items/Updates

Ms. Peggy King asked that attendees silence their pagers and cell phones for the duration of the meeting.

Mr. Scott Brown, Co-Chair, addressed the lobbying of Committee members by manufacturers or other health care providers. Mr. Brown received a call at his place of employment, during working hours, from a physician regarding a drug that is currently non-preferred. Mr. Brown stated that unsolicited calls and visits during the work day are inappropriate. He asked manufacturers to refrain from the practice and use the P&T meeting for that purpose. Dr. Avery agreed, citing similar experiences with fellow physicians.

A. Approval of the April 29, 2009 and August 19, 2009 Minutes

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

B. Explanation of Extraction Process

Dr. Avery reviewed the extraction process, explaining that first there would be a brief summary of recommended changes, after which first round extractions would be called for. Extractions could be requested for financial considerations, or for questions from a Committee member. Public comments follow the first round extractions. Each person is allowed three minutes to address the Committee. If a speaker signed up to speak on behalf of more than one drug, they would present for the second time after all other speakers had been heard. Once the public comment period is concluded, the Chairman calls for the second round of extractions; at that time, a motion to approve all non-extracted categories is made.

Ms. King asked that the speaker process be reviewed once more. She acknowledged that the instructions were not clearly stated and that this was the first meeting in which someone had asked to speak twice. Ms. King asked for comments from the Committee. Ms. Koster spoke in

favor of one person speaking on one drug at a time, then coming back and speaking again. Ms. King stated that the Committee was not cutting off time limit for each speaker and were allowing everyone to speak. Mr. Brown noted that the process may change and that this was a trial run. He asked that the Committee hear from everyone on the list once, and then allow second presentations. He stated that the Committee may have to limit the time in the future if speakers run over a reasonable amount of allotted time. Dr. Avery agreed, stating that the Committee could review the issue at a later date. Dr. Steven Matulis spoke in favor of allowing one speaker, one time only. He stated that speakers have little influence by the time the meeting is taking place, since members have done their homework. Dr. Avery stated that for this meeting, speakers could present as many times as they had signed up, but that they're second presentations would have to wait until the entire group had had one turn.

IV. GHS Presents Summary of Recommended PDL Changes

Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q2-2009 is 95.5%.

Dr. Biczak reviewed the Generic Utilization Report; generic utilization for Q2-2009 was 71.7%.

Dr. Biczak reviewed the Albuterol Inhaler Trend report

Dr. Clifford reviewed the Lidoderm User Analysis report; compared to a control period in the previous year, 4% fewer people are likely to stop using narcotics when they stopped using Lidoderm. There was not an increase in the percent of people using narcotics after stopping Lidoderm, either in the control periods or after Lidoderm was made non-preferred. Dr. Michael Grome asked how many people Dr. Clifford was referring to. Dr. Biczak explained that the DUR Board's concern was new narcotic users. Dr. Clifford stated that GHS had looked at those numbers and that they were of little consequence. Mr. Brown clarified that for those patients already taking the drug, nothing has changed. Dr. Matulis asked about 25% being on narcotics in relation to percentages in other states. Dr. Clifford replied that West Virginia is similar to Maine, and that both states are a little higher than Iowa. Dr. Grome asked for more clarification via a sidebar. Dr. Theresa Frazer requested Lidoderm use for pre-30/post-30 day and pregnant women. Ms. King stated that the DUR Board can handle that exercise. Dr. Frazer clarified that she would like to see this information in regard to general narcotic use, not just Lidoderm.

Dr. Biczak reviewed the changes made to the PDL since the clinical packet was sent to the Committee members.

V. Chairman Calls for 1st Round of Extractions

The following categories were called for extraction:

Acne Agents, Topical
Analgesics, Narcotic- Long Acting
Angiotensin Modulators
Anticonvulsants
Antidepressants, Other And SNRIs
Antidepressants, SSRIs
Antifungals, Topical
Antimigraine Agents, Triptans
Antivirals, Oral
Bladder Relaxant Preparations
Bone Resorption Suppression And Related Agents
Cough & Cold/1st Generation Antihistamines
Cytokine & Cam Antagonists
Growth Hormone
Hepatitis C Treatments
Hypoglycemics, Incretin Mimetics/Enhancers
Hypoglycemics, Insulins
Hypoglycemics, TZDs
Impetigo Agents, Topical
Intranasal Rhinitis Agents
Lipotropics, Other
Lipotropics, Statins
NSAIDs
Ophthalmic Antibiotics
Parathyroid Agents/Vitamin D
Phosphate Binders
Platelet Aggregation Inhibitors
Pulmonary Antihypertensives- ERAs
Stimulants And Related Agents
Ulcerative Colitis Agents
Miscellaneous Agents

VI. Public Comments

Ms. King explained the public comment process. She asked that those signed up to speak about a drug that is recommended as preferred and has not been extracted pass on their opportunity to speak in order to save time. She explained that this was an option, not a requirement.

Steve O' Brien, Novo-Nordisk, declined to speak.

Chuck DiPaula, Novo-Nordisk, recommended that Norditropin be added to the PDL.

Dr. Erin Drew, GSK, spoke in favor of Veramyst.

Mona Baron, spoke in favor of epilepsy drug generic substitution with patient/prescriber consent.

Tameka Lucas, GSK, recommended that Treximet be added to the PDL.

Vanessa Land, GSK, declined to speak.

Kerry Desai, GSK, spoke in favor of Avandia.

Melinda Wilson, GSK, declined to speak.

Allison Bendus, EMD Serono, recommended that Saizen be added to the PDL.

Jim Thomas, EMD Serono, declined to speak.

Amber Coleman, Lilly, spoke in favor of Effient.

Erika Szabo, Lilly, spoke in favor of Strattera.

Ahmed Nessar, Astra Zeneca, spoke in favor of Crestor.

Linda Lauer, Astra Zeneca, spoke in favor of Seroquel XR.

Robert Broersma, Astra Zeneca, spoke in favor of Symbicort.

Jonathan Weiner, Shire, recommended that Lialda be added to the PDL.

Julian Espiritu, Genzyme, spoke in favor of Renvela.

Marilyn Bartucci, Astellas, spoke in favor of Protopic.

A Representative from Schering Plough, spoke in favor of Vytorin.

Cassandra Choe-Julian, Schering Plough, spoke in favor of Peg-Intron.

Tim Sheffield, Astellas, spoke in favor of Vesicare.

Cristo Maffei, ISTA, recommended that Bepreve be added to the PDL.

Christine Arsever, Merck, spoke in favor of Januvia.

Ali Toumad, Gilead, recommended that Letairis be added to the PDL.

Arsalan Khan, Ortho Biotech, declined to speak.

Arsalan Khan, Ortho Biotech, recommended that Simponi be added to the PDL.

Jeffrey Bukovich, Novartis, recommended that Valturna be added to the PDL.

Vicki Williams, Roche, spoke in favor of Boniva.

Kenneth Jackson, Sciele, recommended that Ulesfia be added to the PDL.

David Humphreys, Forrest, recommended that Lexapro be added to the PDL.

Allison Widlitz, Actelion, spoke in favor of Tracleer.

Clinton Wright, UCB, recommended that Venlafaxine ER be added to the PDL.

Richard Arnotto, UCB, recommended that Vimpat be added to the PDL.

Vincent Perrot, Allergan, recommended that Acuvail be added to the PDL.

Laura Bollinger, Roche, spoke in favor of Pegasys.

Laura Forte, Nephron, declined to speak.

Laura Forte, Nephron, spoke in favor of generic Duoneb.

Dr. Faith Payne, CAMC, recommended that Toviaz be added to the PDL.

Gianna Rigoni, Pharm.D., Abbott, spoke in favor of Trilipix.

VII. Chairman Calls for 2nd Round of Extractions

The following categories were called for extraction:

Bronchodilators, Anticholinergic
Ophthalmics For Allergic Conjunctivitis

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. Ms. Koster asked that the list of non-extracted categories be read; Dr. Avery reviewed the list. A motion was made to accept all non-extracted categories as recommended by GHS. The motion was seconded and passed.

The following categories were approved:

A. Alzheimer' Agents

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

B. Analgesics, Narcotic-Short Acting

PREFERRED AGENTS	NON-PREFERRED AGENTS
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	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) Meperidine NUCYNTA (tapentadol) OPANA (oxymorphone) ONSOLIS (fentanyl) 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)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TYLENOL W/CODEINE (APAP/codeine) ULTRACET (tramadol/APAP) ULTRAM (tramadol) VICODIN (hydrocodone/APAP) VICOPROFEN (hydrocodone/ibuprofen) VOPAC (codeine/acetaminophen) XODOL (hydrocodone/acetaminophen) ZAMICET (hydrocodone/APAP) ZYDONE (hydrocodone/acetaminophen) XOLOX (oxycodone/APAP)

C. Analgesics, Topical

PREFERRED AGENTS	NON-PREFERRED AGENTS
capsaicin lidocaine lidocaine/prilocaine xylocaine	EMLA (lidocaine/prilocaine) FLECTOR PATCH (diclofenac) LIDODERM PATCH (lidocaine) LIDAMANTLE (lidocaine) LIDAMANTLE HC (lidocaine/hydrocortisone) LMX 4 (lidocaine) SYNERA (lidocaine/tetracaine) VOLTAREN GEL (diclofenac) ZOSTRIX (capsaicin)

D. Androgenic Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)

E. Anticoagulants, Injectable

PREFERRED AGENTS	NON-PREFERRED AGENTS
ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)	INNOHEP (tinzaparin)

F. Antiemetics

PREFERRED AGENTS	NON-PREFERRED AGENTS
5HT3 RECEPTOR BLOCKERS	
ondansetron ondansetron ODT	ANZEMET (dolasetron) KYTRIL (granisetron) granisetron SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron)
CANNABINOIDS	
	CESAMET (nabilone) MARINOL (dronabinol)

PREFERRED AGENTS	NON-PREFERRED AGENTS
SUBSTANCE P ANTAGONISTS	
EMEND (aprepitant)	

G. Antifungals, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
clotrimazole fluconazole* ketoconazole ^{CL} nystatin terbinafine ^{CL}	ANCOBON (flucytosine) DIFLUCAN (fluconazole) GRIFULVIN V TABLET (griseofulvin) griseofulvin GRIS-PEG (griseofulvin) itraconazole LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) SPORANOX (itraconazole) VFEND (voriconazole)

H. Antihistamines, Minimally Sedating

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-HISTAMINES	
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)
ANTI-HISTAMINE/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)

I. Antiparkinson's Agents, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
benztropine KEMADRIN (procyclidine) trihexphenidyl	COGENTIN (benztropine)
COMT INHIBITORS	
	COMTAN (entacapone) TASMAR (tolcapone)

PREFERRED AGENTS	NON-PREFERRED AGENTS
DOPAMINE AGONISTS	
ropinirole	MIRAPEX (pramipexole) REQUIP (ropinirole) REQUIP XL (ropinirole)
OTHER ANTIPARKINSON'S AGENTS	
amantadine bromocriptine carbidopa/levodopa selegiline STALEVO (levodopa/carbidopa/entacapone)	AZILECT (rasagiline) ELDEPRYL (selegiline) levodopa/carbidopa ODT PARCOPA (levodopa/carbidopa) SINEMET (levodopa/carbidopa) ZELAPAR (selegiline)

J. Antipsychotics, Atypical, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
clozapine GEODON (ziprasidone) INVEGA (paliperidone) RISPERDAL SOLUTION (risperidone) RISPERDAL ODT (risperidone) risperidone SEROQUEL (quetiapine) SEROQUEL XR (quetiapine)	ABILIFY (aripiprazole) CLOZARIL (clozapine) FAZACLO (clozapine) RISPERDAL (risperidone) risperidone solution risperidone ODT SAPHRIS (asenapine) ^{NR} ZYPREXA (olanzapine)
ATYPICAL ANTIPSYCHOTIC/SSRI COMBINATIONS	
	SYMBYAX (olanzapine/fluoxetine)

K. Atopic Dermatitis

PREFERRED AGENTS	NON-PREFERRED AGENTS
ELIDEL (pimecrolimus) PROTOPIC (tacrolimus)	

L. Beta Blockers And Misc. Anti-Anginals, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
BETA BLOCKERS	
acebutolol atenolol betaxolol bisoprolol metoprolol metoprolol ER nadolol pindolol propranolol propranolol ER sotalol timolol TOPROL XL (metoprolol)	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) ZEBETA (bisoprolol)

PREFERRED AGENTS	NON-PREFERRED AGENTS
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)
ANTIANGINALS	
RANEXA (ranolazine) ^{AP}	

M. BPH Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
5-ALPHA-REDUCTASE (5AR) INHIBITORS	
AVODART (dutasteride) finasteride	PROSCAR (finasteride)

N. Bronchodilators, Beta Agonist

PREFERRED AGENTS	NON-PREFERRED AGENTS
INHALATION SOLUTION	
albuterol	ACCUNEb (albuterol)** BROVANA (arformoterol) levalbuterol metaproterenol PERFORMIST (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)

O. Calcium Channel Blockers

PREFERRED AGENTS	NON-PREFERRED AGENTS
LONG-ACTING	

PREFERRED AGENTS	NON-PREFERRED AGENTS
amlodipine diltiazem XR, XT 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)

P. Cephalosporins And Related Antibiotics, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
BETA LACTAMS AND BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS	
amoxicillin/clavulanate	AUGMENTIN XR (amoxicillin/clavulanate) MOXATAG (amoxicillin)
CEPHALOSPORINS	
cefaclor cefadroxil cefdinir cefpodoxime cefprozil cefuroxime cephalixin SPECTRACEF (cefditoren)	CECLOR (cefaclor) CEDAX (ceftibuten) CEFTIN (cefuroxime) CEFZIL (cefprozil) DURICEF (cefadroxil) KEFLEX (cephalexin) OMNICEF (cefdinir) PANIXINE (cephalexin) RANICLOR (cefaclor) SUPRAX (cefixime) VANTIN (cefpodoxime)

Q. Erythropoiesis Stimulating Proteins

PREFERRED AGENTS	NON-PREFERRED AGENTS
PROCRT (rHuEPO)	ARANESP (darbepoetin) EPOGEN (rHuEPO)

R. Fluoroquinolones, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
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)

S. Genital Warts Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALDARA (imiquimod)	CONDYLOX (podofilox) podofilox VEREGEN (sinecatechins)

T. Glucocorticoids, Inhaled

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

U. Hepatitis B Treatments

PREFERRED AGENTS	NON-PREFERRED AGENTS
EPIVIR HBV (lamivudine) HEPSERA (adefovir) TYZEKA (telbivudine)	BARACLUDE (entecavir)

V. Hypoglycemics, Meglitinides

PREFERRED AGENTS	NON-PREFERRED AGENTS
STARLIX (nateglinide)	nateglinide PRANDIN (repaglinide) repaglinide

W. Leukotriene Modifiers

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO (zileuton)

X. Macrolides/ Ketolides

PREFERRED AGENTS	NON-PREFERRED AGENTS
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)

Y. Multiple Sclerosis Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	EXTAVIA (interferon beta-1b) ^{NR} TYSABRI (natalizumab)

Z. Muscle Relaxants, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACUTE MUSCULOSKELETAL RELAXANT AGENTS	
chlorzoxazone cyclobenzaprine methocarbamol	AMRIX (cyclobenzaprine) carisoprodol carisoprodol/ASA carisoprodol/ASA/codeine FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) methocarbamol/ASA orphenadrine orphenadrine/ASA/caffeine PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) SOMA COMPOUND (carisoprodol /ASA)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	SOMA COMP w/ COD (carisoprodol/ASA/codeine)
MUSCULOSKELETAL RELAXANT AGENTS USED FOR SPASTICITY	
baclofen dantrolene tizanidine	DANTRIUM (dantrolene) ZANAFLEX (tizanidine)

AA. Ophthalmics, Anti-inflammatories

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACULAR LS/PF (ketorolac) flurbiprofen NEVANAC (nepafenac) XIBROM (bromfenac)	ACUVAIL 0.45% (ketorolac tromethamine) ^{NR} diclofenac DUREZOL (difluprednate)

BB. Ophthalmics, Glaucoma Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
COMBINATION AGENTS	
COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/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	PROPINE (dipivefrin)

CC. Otic Fluoroquinolones

PREFERRED AGENTS	NON-PREFERRED AGENTS
CIPRODEX (ciprofloxacin/dexamethasone) ofloxacin	CIPRO HC (ciprofloxacin/hydrocortisone) CETRAXAL 0.2% SOLUTION (ciprofloxacin) FLOXIN (ofloxacin)

DD. Pancreatic Enzymes

PREFERRED AGENTS	NON-PREFERRED AGENTS
CREON ULTRASE ULTRASE MT VIOKASE	KUZYME LIPRAM PALCAPS PANCREASE PANCRECARB PANGESTYME PANOKASE PLARETASE ZENPEP^{NR}

EE. Pediculicides/Scabicides, Topical

PREFERRED AGENTS	NON-PREFERRED AGENTS
EURAX (crotamiton) OVIDE (malathion) permethrin (Rx and OTC) pyrethrins-piperonyl butoxide	lindane malathion 0.5% lotion ULESFIA 5% LOTION (benzyl alcohol)

FF. Prenatal Vitamins

PREFERRED AGENTS	NON-PREFERRED AGENTS
prenatal vitamin 27 w/calcium/ferrous fumarate/folic acid prenatal vitamins 28 w/calcium/iron ps complex/folic acid prenatal vitamins/ferrous fumarate/docusate/folic acid prenatal vitamins/ferrous fumarate/folic acid prenatal vitamins/ferrous fumarate/folic acid/selenium prenatal vitamins/iron, carbonyl/folic acid prenatal vitamin no. 15/iron, carbonyl/folic acid/docusate sod prenatal vitamin no. 16/iron, carbonyl/folic acid/docusate sod prenatal vitamin no. 17/iron, carbonyl/folic acid/docusate sod prenatal vitamin no. 18/iron, carbonyl/folic acid/docusate sod prenatal vitamin w-o calcium/ferrous fumarate/folic acid prenatal vitamin w-o vit a/fe carbonyl-fe fumarate/fa	CARENATAL DHA CITRANATAL DHA COMBI RX FOLBECAL DUET/DUET DHA FOLTABS PLUS DHA NATACHEW NATAFORT NATELLE PLUS W/DHA NEEVO NOVANATAL OB-NATAL ONE OPTINATE PRECARE/PRECARE PREMIER PREMESIS PRENATAL RX PRENATAL RX 1 PRENATAL U prenatal vitamins/ferrous bis-glycinate chelate/folic acid prenatal vitamins/iron, carbonyl/omega-3/FA/fat combo no. 1 prenatal vitamins comb no. 20/iron bisgly/folic acid/DHA prenatal vitamins no. 22/iron, carbonyl/FA/docusate/DHA prenatal vitamins w-CA, FE, FA (<1 mg) prenatal vitamins w-o calcium/iron ps complex/FA prenatal vitamins w-o CA no. 5/ferrous fumarate/folic acid prenatal vitamins CMB w-o CA no. 2 prenatal vitamins w-o calcium no. 9/iron/folic acid PRENATE DHA/PRENATE ELITE PRENAVITE PRENEXA

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PRIMACARE RENATE/RENATE DHA SELECT-OB TANDEM DHA/TANDEM OB

GG. Proton Pump Inhibitors

PREFERRED AGENTS	NON-PREFERRED AGENTS
KAPIDEX (dexlansoprazole) NEXIUM (esomeprazole)	ACIPHEX (rabeprazole) NEXIUM PACKETS (esomeprazole) omeprazole pantoprazole PREVACID Capsules (lansoprazole) PREVACID Solu-Tabs (lansoprazole) PREVACID Suspension (lansoprazole) PRILOSEC (omeprazole) PROTONIX (pantoprazole) ZANTAC-PPI (omeprazole) ZEGERID (omeprazole/sodium bicarbonate)

HH. Sedative Hypnotics

PREFERRED AGENTS	NON-PREFERRED AGENTS
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 EDLUAR SL (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SOMNOTE (chloral hydrate) SONATA (zaleplon) zaleplon

Ms. King clarified the handouts policy.

IX. Executive Session

The Committee adjourned to Executive Session and lunch at 11:37 a.m.

X. Lunch Break

The Committee returned from Executive Session and lunch at 2:19.

XI. Extracted Therapeutic Category Reviews/Committee Recommendations

Dr. Avery called for a review of the Therapeutic Classes. A motion was made to accept several of the classes as recommended, without further discussion. The motion was seconded, votes were taken and the motion carried. Dr. Matulis requested that the extracted category list be read; Dr. Avery reviewed the list.

The following categories were approved without further discussion:

A. Acne Agents, Topical

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-INFECTIVE	
AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) clindamycin erythromycin sodium sulfacetamide	ACZONE (dapson) 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) OSCION (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	ACANYA (clindamycin phosphate/benzoyl peroxide) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAMYCIN PAK (benzoyl peroxide/erythromycin) benzoyl peroxide/clindamycin gel CLENIA (sulfacetamide sodium/sulfur) DUAC CS (benzoyl peroxide/ clindamycin) EPIDUO (adapalene/benzoyl peroxide) INOVA 4/1 (benzoyl peroxide/salicylic acid) NUOX (benzoyl peroxide/sulfur) PLEXION (sulfacetamide sodium/sulfur) PRASCION (sulfacetamide sodium/sulfur) ROSAC (sulfacetamide sodium/avobenzene/sulfur) ROSADERM (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) ROSULA (sulfacetamide sodium/sulfur/urea)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	sulfacetamide sodium/sulfur lotion, gel, pad SULFOXYL (benzoyl peroxide/sulfur) SULFATOL (sulfacetamide sodium/sulfur/urea) ZIANA (clindamycin/tretinoin)

B. Angiotensin Modulators

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACE INHIBITORS	
benazepril captopril enalapril fosinopril lisinopril quinapril ramipril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) 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) 50mg, 100mg TEVETEN (eprosartan)
ARB COMBINATIONS	
AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ) TWYNSTA (telmisartan/amlodipine) ^{NR}
DIRECT RENIN INHIBITORS	
TEKTURNA (aliskiren) ^{AP} TEKTURNA HCT (aliskiren/HCTZ) ^{AP}	

C. Antifungals, Topical

PREFERRED AGENTS	NON-PREFERRED AGENTS
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/STEROID COMBINATIONS	
clotrimazole/betamethasone nystatin/triamcinolone	LOTRISONE (clotrimazole/betamethasone) MYCOLOG (nystatin/triamcinolone)

D. Antivirals, Oral

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI HERPES	
acyclovir VALTrex (valacyclovir)	famciclovir FAMVIR (famciclovir) ZOVIRAX (acyclovir)
ANTI INFLUENZA^{CL}	
RELENZA (zanamivir) TAMIFLU (oseltamivir)	FLUMADINE (rimantadine) rimantadine SYMMETREL (amantadine)

E. Bladder Relaxant Preparations

PREFERRED AGENTS	NON-PREFERRED AGENTS
DETROL LA (tolterodine) ENABLEX (darifenacin) oxybutynin oxybutynin ER SANCTURA (trospium) SANCTURA XR (trospium) VESICARE (solifenacin)	DETROL (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) OXYTROL (oxybutynin) TOVIAZ (fesoterodine)

F. Bone Resorption Suppression And Related Agents

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

G. Cough & Cold/1st Generation Antihistamines

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIHISTAMINES, 1ST GENERATION	
chlorpheniramine maleate clemastine cyproheptadine diphenhydramine promethazine	brompheniramine maleate brompheniramine tannate BROVEX (brompheniramine tannate) carbinoxamine maleate LODRANE (brompheniramine maleate and tannate) LOHIST (brompheniramine maleate) PALGIC (carbinoxamine maleate) TANACOF (brompheniramine tannate) TANAHIST-PD (chlorpheniramine tannate)
ANTITUSSIVE-ANTIHISTAMINE COMBINATIONS	
codeine/promethazine dextromethorphan HBR/promethazine	
ANTIHISTAMINE-ANTITUSSIVE-DECONGESTANT COMBINATIONS	
brompheniramine/dextromethorphan HBR/pseudoephedrine chlorpheniramine/dextromethorphan/ pseudoephedrine promethazine/codeine/phenylephrine	
ANTITUSSIVE-DECONGESTANT COMBINATIONS	
	MUCINEX-D (guaifenesin/pseudoephedrine)
DECONGESTANTS	
phenylephrine pseudoephedrine	NASOP (phenylephrine)
ANTITUSSIVES/EXPECTORANTS	
benzonatate guaifenesin guaifenesin/dextromethorphan	MUCINEX (guaifenesin) MUCINEX-DM (guaifenesin/dextromethorphan) TESSALON (benzonatate)

PREFERRED AGENTS	NON-PREFERRED AGENTS
DECONGESTANT-ANTIHISTAMINE-ANTICHOLINERGIC COMBINATIONS	
phenylephrine/chlorpheniramine/ scopolamine	DURAHIST (pseudoephedrine/chlorpheniramine/ methscopolamine) EXTENDRYL CHW /JR TAB (phenylephrine/chlorpheniramine/ scopolamine) EXTENDRYL SOL (phenylephrine/dexchlorpheniramine/ methscopolamine) NOHIST-PLUS (phenylephrine/ chlorpheniramine/methscopolamine) phenylephrine/chlorpheniramine/ methscopolamine pseudoephedrine/chlorpheniramine/ methscopolamine phenylephrine/dexchlorpheniramine/ methscopolamine RE-DRYLEX JR (phenylephrine/ chlorpheniramine/scopolamine) RE-DRYLEX SYRUP (phenylephrine/dexchlorpheniramine/ methscopolamine) SCOPOHIST (pseudoephedrine/ chlorpheniramine/methscopolamine)
DECONGESTANT-ANTIHISTAMINE COMBINATIONS	
phenylephrine HCL/chlorpheniramine maleate phenylephrine HCL/phenyltoloxamine/ chlorpheniramine phenylephrine HCL/promethazine phenylephrine HCL/pyrilamine maleate/chlorpheniramine phenylephrine tannate/diphenhydramine tannate phenylephrine tannate/pyrilamine tannate/chlorpheniramine suspension pseudoephedrine/brompheniramine pseudoephedrine/chlorpheniramine	BROVEX-D (phenylephrine/ brompheniramine) CHLOR-TAN SUSP (phenylephrine tannate/pyrilamine tannate/ chlorpheniramine) DURATUSS DA (pseudoephedrine/chlorpheniramine) DYTAN-D CHW/SUSP (phenylephrine tannate/diphenhydramine tannate) LODRANE 12D/24D//D (pseudoephedrine/brompheniramine) LOHIST 12D/PD (pseudoephedrine/brompheniramine) LOHIST-D (pseudoephedrine/chlorpheniramine) NALEX-A LIQUID/SUSPENSION (phenylephrine/phenyltoloxamine/ chlorpheniramine) phenylephrine/brompheniramine phenylephrine tannate/chlorpheniramine tannate POLY HIST FORTE/PD (phenylephrine/ pyrilamine/chlorpheniramine) RONDEC (phenylephrine/chlorpheniramine) RU-HIST FORTE (phenylephrine/pyrilamine/ chlorpheniramine) RYNATAN (phenylephrine/chlorpheniramine) SUDAL 12 (pseudoephedrine/chlorpheniramine) TANNATE PED SUSP (phenylephrine/chlorpheniramine)
NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	
guaifenesin/codeine	

H. Growth Hormones

PREFERRED AGENTS	NON-PREFERRED AGENTS
GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) INCRELEX (mecasermin) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin) ZORBTIVE (somatropin)

I. Hypoglycemics, Incretin Mimetics/Enhancers

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYETTA (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) SYMLIN (pramlintide)	ONGLYZA (saxagliptin) ^{NR}

J. Hypoglycemics, Insulins

PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG (insulin lispro) vials only HUMALOG MIX (insulin lispro/lispro protamine) vials only HUMULIN (insulin) vials only LANTUS (insulin glargine) all forms LEVEMIR (insulin detemir) all forms NOVOLIN (insulin) all forms NOVOLOG (insulin aspart) all forms NOVOLOG MIX all forms (insulin aspart/aspart protamine)	APIDRA (insulin glulisine) HUMALOG PEN/KWIKPEN (insulin lispro) HUMALOG MIX PENS (insulin lispro/lispro protamine) HUMULIN PEN (insulin)

K. Hypoglycemics, Meglitinides

PREFERRED AGENTS	NON-PREFERRED AGENTS
STARLIX (nateglinide)	nateglinide PRANDIN (repaglinide) repaglinide

L. Impetigo Agents, Topical

PREFERRED AGENTS	NON-PREFERRED AGENTS
bacitracin gentamicin sulfate mupirocin	ALTABAX (retapamulin) BACTROBAN (mupirocin) CORTISPORIN (bacitracin/neomycin/polymyxin/HC)

M. Lipotropics, Other

PREFERRED AGENTS	NON-PREFERRED AGENTS
BILE ACID SEQUESTRANTS	
cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FATTY ACIDS	
LOVAZA (omega-3-acid ethyl esters) ^{AP}	
FIBRIC ACID DERIVATIVES	
fenofibrate gemfibrozil TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate) FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) ^{AP} TRIGLIDE (fenofibrate)
NIACIN	
niacin NIASPAN (niacin)	NIACELS (niacin) NIACOR (niacin) NIADELAY (niacin) SLO-NIACIN (niacin)

N. Lipotropics, Statins

PREFERRED AGENTS	NON-PREFERRED AGENTS
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)

O. NSAIDs

PREFERRED AGENTS	NON-PREFERRED AGENTS
NONSELECTIVE	
diclofenac etodolac fenoprofen flurbiprofen ibuprofen (Rx and OTC) INDOCIN (indomethacin) (suspension only) indomethacin ketorolac naproxen (Rx only)	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) FELDENE (piroxicam) INDOCIN (indomethacin) ketoprofen

PREFERRED AGENTS	NON-PREFERRED AGENTS
oxaprozin piroxicam sulindac	ketoprofen ER LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen) PONSTEL (meclofenamate) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac potassium) ^{NR}
NSAID/GI PROTECTANT COMBINATIONS	
	ARTHROTEC (diclofenac/misoprostol) PREVACID/NAPRAPAC (naproxen/lansoprazole)
COX-II SELECTIVE	
CELEBREX (celecoxib) ^{CL} meloxicam	MOBIC (meloxicam)

P. Ophthalmic Antibiotics

PREFERRED AGENTS	NON-PREFERRED AGENTS
ciprofloxacin ofloxacin VIGAMOX (moxifloxacin) ZYMAR (gatifloxacin)	AZASITE (azithromycin) BESIVANCE (besifloxacin) CILOXAN (ciprofloxacin) OCUFLOX (ofloxacin) QUIXIN (levofloxacin)

Q. Parathyroid Agents/Vitamin D

PREFERRED AGENTS	NON-PREFERRED AGENTS
calcitriol HECTOROL (doxercalciferol) vitamin d 2 (ergocalciferol) (Rx and OTC)* vitamin d 3 (cholecalciferol) (Rx and OTC)* ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)

R. Phosphate Binders

PREFERRED AGENTS	NON-PREFERRED AGENTS
FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer)	calcium acetate ELIPHOS (calcium acetate) RENVELA (sevelamer carbonate)

S. Pulmonary Antihypertensives – ERAs

PREFERRED AGENTS	NON-PREFERRED AGENTS
LETAIRIS (ambrisentan) TRACLEER (bosentan)	

T. Stimulants And Related Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
AMPHETAMINES	
ADDERALL XR (amphetamine salt combination) amphetamine salt combination dextroamphetamine VYVANSE (lisdexamfetamine)	ADDERALL (amphetamine salt combination) amphetamine salt combination ER 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 INTUNIV ER (guanfacine)^{NR} METADATE ER (methylphenidate) NUVIGIL (armodafinil) pemoline PROVIGIL (modafinil) RITALIN (methylphenidate) RITALIN LA (methylphenidate) RITALIN-SR (methylphenidate)

U. Ulcerative Colitis Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
APRISO (mesalamine) ASACOL (mesalamine) 400mg COLAZAL (balsalazide) DIPENTUM (olsalazine) PENTASA (mesalamine) 250mg sulfasalazine	ASACOL HD (mesalamine) 800mg AZULFIDINE (sulfasalazine) balsalazide LIALDA (mesalamine) PENTASA (mesalamine) 500mg
RECTAL	
CANASA (mesalamine) mesalamine SF ROWASA (mesalamine)	

V. Miscellaneous Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
MEGACE ES (megestrol) megestrol SANDOSTATIN (octreotide) SANTYL (collagenase)	MEGACE (megestrol) octreotide

The following categories were discussed:

A. Analgesics, Narcotic – Long Acting

GHS recommended that the following list be approved. Mr. Brown stated that the Kadian criteria would be taken to the DUR Board. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DURAGESIC (fentanyl) KADIAN (morphine) 10mg, 20mg, 30mg, 50mg, 60mg, 100mg methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) DOLOPHINE (methadone) EMBEDA (morphine/naltrexone) ^{NR} fentanyl KADIAN (morphine) 80mg, 200mg MS CONTIN (morphine) ORAMORPH SR (morphine) oxycodone ER OXYCONTIN (oxycodone) RYZOLT ER (tramadol) ULTRAM ER (tramadol)

B. Anticonvulsants

GHS recommended that the following list be approved. Mr. Brown stated that the criteria for anticonvulsants was discussed by DUR; he reviewed the prior authorization process for seizure disorder and stated that prescribers should write ‘seizure disorder, brand medically necessary’ on scripts to ensure that the patient receives the brand drug. A motion was made to accept the recommendations of GHS. The motion was seconded, votes were taken and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE SPRINKLE (divalproex) divalproex EC divalproex ER divalproex DR EPITOL (carbamazepine) FELBATOL (felbamate) gabapentin GABITRIL (tiagabine) KEPPRA XR (levetiracetam) levetiracetam lamotrigine lamotrigine chewable LYRICA (pregabalin) oxcarbazepine tablets topiramate tablets TRILEPTAL SUSPENSION (oxcarbazepine) valproic acid zonisamide	BANZEL(rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) DEPAKOTE ER (divalproex) EQUETRO (carbamazepine) KEPPRA (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) NEURONTIN (gabapentin) SABRIL (vigabatrin) ^{NR} STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) TOPAMAX (topiramate) topiramate capsules TRILEPTAL TABLETS (oxcarbazepine) VIMPAT (lacosamide)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	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) PHENYTEK (phenytoin)
SUCCINIMIDES	
CELONTIN (methsuximide) ethosuximide ZARONTIN (ethosuximide)	

C. Antidepressants, Other (second generation, non-SSRI) and SNRIs

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. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
bupropion SR bupropion XL CYMBALTA (duloxetine) mirtazapine SAVELLA (milnacipran) trazodone VENLAFAXINE ER (venlafaxine)	APLENZIN (bupropion hbr) bupropion IR DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline) nefazodone PRISTIQ (desvenlafaxine) REMERON (mirtazapine) venlafaxine WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion)
SELECTED TCAs	
imipramine hcl	imipramine pam TOFRANIL (imipramine hcl) TOFRANIL PM (imipramine pam)

D. Antidepressants, SSRIs

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. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
citalopram fluoxetine fluvoxamine LEXAPRO (escitalopram) paroxetine sertraline	CELEXA (citalopram) LUVOX (fluvoxamine) LUVOX CR (fluvoxamine) PAXIL (paroxetine) PAXIL CR (paroxetine) paroxetine ER

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PEXEVA (paroxetine) PROZAC (fluoxetine) RAPIFLUX (fluoxetine) SARAFEM (fluoxetine) ZOLOFT (sertraline)

E. Antimigraine Agents, Triptans

GHS recommended that the following list be approved. A motion was made to accept the recommendations of GHS. Mr. Brown stated that he would ask that the DUR Board clarify the criteria for coverage of non-preferred drugs in this class. The motion was seconded, votes were taken and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
TRIPTANS	
IMITREX NASAL SPRAY(sumatriptan) IMITREX INJECTION (sumatriptan) ^{CL} MAXALT MLT (rizatriptan) sumatriptan	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX tablets (sumatriptan) MAXALT (rizatriptan) RELPAK (eletriptan) sumatriptan nasal spray/injection ZOMIG (zolmitriptan)
TRIPTAN COMBINATIONS	
	TREXIMET (sumatriptan/naproxen sodium)

F. Cytokine & Cam Antagonists

GHS recommended that the following list be approved. Dr. Matulis recommended keeping Cimzia preferred. An amendment was made to keep Cimzia preferred; 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.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CIMZIA (certolizumab/pegol) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra)	SIMPONI (golimumab) STELARA (ustekinumab) ^{NR}

G. Hepatitis C Treatments

GHS recommended that the following list be approved. An amendment was made to keep Peg-Intron preferred; 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.

PREFERRED AGENTS	NON-PREFERRED AGENTS
PEGASYS (pegylated interferon) PEG-INTRON (pegylated interferon) ribavirin	COPEGUS (ribavirin) INFERGEN (consensus interferon) REBETOL (ribavirin) RIBASPHERE (ribavirin)

H. Hypoglycemics, TZDs

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. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
THIAZOLIDINEDIONES	
ACTOS 15mg (pioglitazone)	ACTOS 30mg, 45mg (pioglitazone) AVANDIA (rosiglitazone)
TZD COMBINATIONS	
	ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glimepiride) DUETACT (pioglitazone/glimepiride)

I. Intranasal Rhinitis Agents

GHS recommended that the following list be approved. An amendment was made to move Veramyst to preferred for patients under twelve; 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.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
	ATROVENT(ipratropium) ipratropium
ANTI-HISTAMINES	
ASTELIN (azelastine)	ASTEPRO (azelastine) PATANASE (olopatadine)
CORTICOSTEROIDS	
fluticasone propionate NASACORT AQ (triamcinolone) NASONEX (mometasone)	BECONASE AQ (beclomethasone) flunisolide FLONASE (fluticasone propionate) NASALIDE (flunisolide) NASAREL (flunisolide) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) VERAMYST (fluticasone furoate)

J. Platelet Aggregation Inhibitors

GHS recommended that the following list be approved. An amendment was made to add Effient as preferred; it was seconded and the motion was not approved. An amendment was made to send a letter to the DUR Board regarding Effient criteria; it was seconded and approved. 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.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AGGRENOX (dipyridamole/ASA) cilostazol PLAVIX (clopidogrel)	dipyridamole EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) TICLID (ticlopidine) ticlopidine

XII. Next Meeting

The next meeting of the P&T Committee will be held on January 27, 2010 at 2:00 p.m. in the Diamond Building, Charleston, WV.

XIII. Other Business

A. Election of Officers

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

B. Smoking Cessation Program

Dr. Avery stated that a smoking cessation program should be further developed as money becomes available. Ms. King stated that Medicaid currently participates in the 'Why Not Quit?' program; members, both children and adults, are required to participate in order to receive certain smoking cessation medications. Nicotine replacement patches and Zyban are currently covered; Chantix is not currently covered due to financial considerations. Pregnant women are treated as necessary. Ms. King stated that Medicaid is seeking additional information that will help them to make decisions regarding the program, allowing the Agency to spend the available funds wisely. Presently, Medicaid is focusing its financial resources on antiviral medications. Mr. Brown requested that GHS supply the Committee with SSRI data for April meeting.

GHS was asked to add a public comment session after the second extraction round to the October 27, 2010 meeting agenda.

XIV. 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 2:54 p.m.