

**MEDICAID PHARMACY PRIOR AUTHORIZATION
ADVISORY COMMITTEE
Meeting Summary
February 8, 2006**

Opening Remarks/Introductions

The Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met on February 8, 2006, to review 29 drug classes for the Wisconsin Medicaid preferred drug list (PDL).

Mr. Moody, Administrator of the Division of Health Care Financing (DHCF), opened the meeting by reviewing the agenda and the following items:

- Mr. Moody introduced Nancy Phythyon and Dr. Michael Witkovsky as new PA Advisory Committee members.
- Mr. Moody presented the Nondisclosure and Conflict of Interest form to the Committee. Members of the Committee will be asked to complete the form and disclose any possible conflicts of interest for future meetings. Committee members asked DHCF to modify the form to include specific items that should be disclosed – similar to the list provided on the Presenter/Witness Disclosure form.
- Mr. Moody presented the Presenter/Witness Disclosure form. He indicated that anyone speaking or testifying during public comment had to complete the form and provide to DHCF staff at the registration table.
- Mr. Moody stated the Atypical Antipsychotic class would not be reviewed at the meeting. The class, however, will be reviewed prior to the August 2006 meeting. A date will be decided on prior to the close of today's meeting.
- Dr. Mergener summarized the recommendations and the Secretary's decisions from the August 17, 2005, PA Advisory Committee meeting.

Review/Approval of August 17, 2005 Meeting Minutes

Mr. Moody announced that meeting minutes were distributed to the Committee members, confirmed that the members had the opportunity to review, and requested modifications or motion to approve. Motion was made to approve the minutes by Dr. Fedderly and seconded by Dr. Hirsch

Vote on motion

- | | |
|----------------------------|---------------------------|
| ▪ Tom Frazier – aye | ▪ Bradley Fedderly – aye |
| ▪ Christine Sorkness – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |
| ▪ Nancy Phythyon – aye | ▪ Michael Witkovsky – aye |

There were no votes opposed and no abstentions.

Public Testimony

Mr. Moody reviewed the testimony guidelines for the meeting.

Mr. Moody also announced that speakers are welcome to remain for the ‘open’ Committee deliberation in the afternoon as committee members may question speakers who gave testimony earlier.

Mr. Moody reviewed the order of speakers and drug classes within the public testimony.

The table below lists each speaker and the topic of their testimony:

SUMMARY OF PUBLIC TESTIMONY

Scheduled Time	Name	Company	Product/Class	Notes
8:45	Dr. Nancy Martin	Abbott Laboratories	Tarka (trandolapril/verapamil) / ACE Inhibitors/Calcium Channel Blocker Combinations Tricor (fenofibrate) / Lipotropics, Other	Testified to include Tarka and Tricor on the PDL. Presented dosage, effectiveness, and other advantages for Tricor.
8:50	Randy Heidel, MD	Sankyo Pharma Inc.	Benicar / Benicar HCT (olmesartan) / Angiotensin Receptor Blockers	Testified to include Benicar, HCT on the PDL. Presented dosage, effectiveness, and side effect advantages for Benicar, HCT.
8:55	Andrew Shim, PharmD	Novartis Pharmaceuticals	Diovan / HCT (valsartan) / Angiotensin Receptor Blockers Enablex (darifenacin) / Bladder Relaxant Preparations Lescol (fluvastatin) / Lipotropics, Statins Lotrel (amlodipine/benazepril) / ACE Inhibitors/Calcium Channel Blocker Combinations Starlix (nateglinide) / Hypoglycemics, Meglitinides Tegretol (carbamazepine) / Anticonvulsants Trileptal (oxcarbazepine) / Anticonvulsants	Testified to include Diovan, HCT, Enablex, Lescol, Lotrel, Starlix, Tegretol, and Trileptal on the PDL. Presented unique indications and efficacy for Diovan. Presented effectiveness and patient tolerability advantages for Enablex. Presented efficacy and combination therapy for Lotrel. Presented dosage and duration advantages of Starlix.
9:00	Alan Rosenthal	Bristol-Myers Squibb	Avapro/Avalide (irbesartan) / Angiotensin Receptor Blockers	Testified to include Avapro/Avalide on the PDL. Presented unique indication and efficacy for Avapro and Avalide.

Scheduled Time	Name	Company	Product/Class	Notes
9:05	Dr. Bob Calder	Merck & Co., Inc	Cozaar (losartan) / Angiotensin Receptor Blockers Maxalt (rizatriptan) / Antimigraine, Triptans Vytorin (ezetimibe/simvastatin) / Lipotropics, Statins Zetia (ezetimibe) / Lipotropics, Other	Testified to include Cozaar, Maxalt, Vytorin, and Zetia on the PDL. Presented indications for Cozaar. Presented efficacy and summary of Oregon report for Maxalt. Presented effectiveness and combination therapy for Vytorin and Zetia.
9:10	Dr. Marshall Marviss	None	Benicar / Benicar HCT (olmesartan) / Angiotensin Receptor Blockers	Testified to include Benicar, HCT on the PDL. Presented indications, patient tolerability, and compliance advantages for Benicar, HCT.
9:20	Dr. Subra Kugathasan	Children's Hospital of WI	Soluble form of Proton Pump Inhibitors	Spoke in favor of including a soluble drug form on the PDL for the Proton Pump Inhibitors class because of child difficulty in swallowing pills.
9:25	Rachel Plymessenger	Santarus, Inc.	Zegerid (omeprazole) / Proton Pump Inhibitors	Testified to include Zegerid on the PDL. Presented unique immediate release form, unique mechanism of action, and compliance advantages for Zegerid.
9:30	Ndidi Yaucher	AstraZeneca	Crestor (rosuvastatin) / Lipotropics, Statins Nexium (esomeprazole) / Proton Pump Inhibitors Toprol XL (metoprolol extended release) / Beta Blockers Atacand (candesartan) / Angiotensin Receptor Blockers	Testified to include Crestor, Nexium, Toprol XL, and Atacand on the PDL. Presented efficacy and indications advantages for Crestor. Presented efficacy advantages for Nexium. Presented unique indications, dosage, and combination therapy advantages for Atacand. Presented efficacy and unique indication for Toprol XL.
9:35	Samir Mody, PharmD	Ortho-McNeil Pharmaceutical, Inc.	Procrit (epoetin) / Erythropoiesis Stimulating Proteins	Testified to include Procrit on the PDL. Presented efficacy and indication advantages, including HIV, for Procrit.
9:40	Dr. Mike Frucht	UCB Pharma	Keppra (levetiracetam) / Anticonvulsants	Testified to include Keppra on the PDL. Presented side effect, compliance advantages of newer medications versus older medications. Spoke in favor of newer medications because of unique mechanisms of action and potential cost savings by keeping patients out of the hospital.
9:45	Mark MacCubbin Joseph Jares, MD	Epilepsy Foundation of South Central Wisconsin	Anticonvulsants (Seizure disorders)	Spoke in support of not restricting physician prescribing options for Anticonvulsant class because of differing side effects and efficacy of drugs in the class.
9:50	George Morris, MD	GlaxoSmithKline	Lamictal (lamotrigine) / Anticonvulsants	Spoke in support of not restricting physician prescribing options for Anticonvulsant class. If restrictions are placed on the class, encouraged Committee to take advice from a panel of experts on epilepsy.
9:55	Shilpa Ekbote, PharmD	Eli Lilly	Cymbalta (duloxetine) / Antidepressants, Other	Testified to include Cymbalta on the PDL. Presented unique efficacy for pain and indications for Cymbalta.
10:00	Pamela Young, PharmD	Wyeth Pharmaceuticals	Effexor (venlafaxine) / Antidepressants, Other	Testified to include Effexor on the PDL. Presented efficacy, indications, safety, and dosage advantages for Effexor.

Scheduled Time	Name	Company	Product/Class	Notes
10:05	Kenneth Herrmann, MD	None	Antidepressants, Other	Testified to include Wellbutrin XL on the PDL. Presented side effect, dosage, and patient compliance advantage for Wellbutrin XL.
10:10	Dean Goldberg, PharmD	GlaxoSmithKline	Wellbutrin XL (bupropion extended release) / Antidepressants, Other Avandia (rosiglitazone) / Hypoglycemics, Thiazolidinediones Avodart (dutasteride) / Agents for BPH Coreg (carvedilol) / Beta Blockers Lamictal (lamotrigine) / Anticonvulsants Imitrex (sumatriptan) / Antimigraine, Triptans VesiCare (solifenacin) / Bladder Relaxant Preparations	Testified to include Wellbutrin XL, Avandia, Avodart, Coreg, Lamictal, Imitrex, and VesiCare on the PDL. Presented combination therapy advantage for Avandia. Presented dosage and patient compliance advantage for Wellbutrin XL. Presented current market share, onset, duration, and side effect advantages for Imitrex. Presented unique indication for Coreg. Presented dosage, age indication, and form advantages for Lamictal. Presented duration and efficacy advantages for VesiCare.
10:25	Sherri Hansen, MD	Sepracor Inc.	Lunesta (eszopiclone) / Sedative Hypnotics	Testified to include Lunesta on the PDL. Presented efficacy for Lunesta.
10:30	Rick Melbye, PharmD	Takeda Pharmaceuticals	Actos (pioglitazone) / Hypoglycemics, Thiazolidinediones Actoplus Met (pioglitazone/metformin) / Hypoglycemics, Thiazolidinediones Rozerem (ramelteon) / Sedative Hypnotics	Testified to include Rozerem, Actos, and Actoplus Met on the PDL. Presented unique indication, method of action and side effect advantages for Rozerem. Presented efficacy, method of action, and dosage advantage for Actoplus Met.
10:35	Jay Gandhi	Sanofi-aventis	Ambien CR (zolpidem extended release) / Sedative Hypnotics	Testified to include Ambien CR on the PDL. Presented efficacy and method of action for Ambien CR.
10:40	Tonita O'Dell, PharmD	King Pharmaceuticals	Sonata(r) (zaleplon) / Sedative Hypnotics	Testified to include Sonata on the PDL. Presented mechanism of action, efficacy, dosage, duration, and patient tolerability advantages for Sonata.
10:45	James Boblin, MD	None	Relpax (eletriptan) / Antimigraine, Triptans	Testified to include Relpax on the PDL. Spoke in support of not restricting physician prescribing options for Antimigraine class. If restricted, encouraged Committee to grandfather all non-preferred products.
10:50	Greeta Cherayl, PharmD	Pfizer	Relpax (eletriptan) / Antimigraine, Triptans Lipitor (atorvastatin) / Lipotropics, Statins Caduet (atorvastatin/amlodipine) / Lipotropics, Statins Detrol (tolteridine) / Bladder Relaxant Preparations	Testified to include Relpax, Lipitor, Caduet, Detrol, and Lyrica on the PDL. Presented unique indication for stroke, efficacy, and drug-drug interaction advantages for Lipitor. Presented indications and chemical composition for Lyrica. Presented cost, and duration advantages for Relpax. Presented market share and side effect advantages for Detrol.

Scheduled Time	Name	Company	Product/Class	Notes
			Lyrica (pregabalin) / Anticonvulsants	
10:55	Allan Rifkin	None	Imitrex (sumatriptan) / Antimigraine, Triptans	Testified to include Imitrex and Topamax on the PDL. Presented dosage forms, efficacy, and indications for Imitrex. Presented efficacy and preventative indication for Topamax.
11:00	Jennifer Heerhold	American Diabetes Association (ADA)	Hypoglycemic Class	Testified in support of making careful decisions of limiting drugs in the hypoglycemic classes. Provided the following suggestions for making decisions regarding drugs in the insulin class: <ul style="list-style-type: none"> - efficient process for approving non-preferred drugs - process to approve drugs for individuals taking a good therapy (grandfathering) - process that includes experts in making the final recommendation - collection and analysis of outcomes after the recommendation is implemented
11:05	William Nolten, MD	None	Avandia (rosiglitazone) / Hypoglycemics, Thiazolidinediones	Spoke in support of not restricting physician prescribing options for Hypoglycemics, Thiazolidinediones class. However, if restrictions are going to occur testified to include Avandia on the PDL.
11:10	Dr. Karen Shimshak	Procter & Gamble	Actonel, with calcium (risedronate) / Bone Resorption Suppression and Related Agents Asacol (mesalamine) / Ulcerative Colitis	Testified to include Actonel with calcium and Asacol on the PDL. Presented efficacy, indications, and regimen for Actonel with calcium. Presented market share, dose, and pill size advantage for Asacol.
11:15	Julie Wenschlag Eric Henderson	Multiple Sclerosis Society	Rebif (interferon, beta 1-a) / Multiple Sclerosis Agents	Spoke in support of not restricting physician prescribing options for Multiple Sclerosis class.
11:25	James Pugely, MD	None	Allegra (fexofenadine) D-12, Allegra D-24 / Antihistamines, Nonsedating	Testified to include Allegra products on the PDL. Presented efficacy and mechanism of action advantages for Allegra.
11:30	Derek Terada, PharmD	Boehringer Ingelheim Pharmaceuticals	Micardis (telmisartan) / Angiotensin Receptor Blockers Flomax (tamsulosin) / Agents for BPH	Testified to include Micardis on the PDL. Presented efficacy and mechanism of action for Micardis.
11:35	Elliot Silbar, MD	None	Bladder Relaxants (Incontinence)	Testified to include VesiCare on the PDL. Presented efficacy and side effect advantages for VesiCare.
11:40	Dr. Douglas Dewire	Reproductive Specialty Center	Detrol LA (tolterodine sustained release) / Bladder Relaxants Preparations	Testified to include Detrol LA on the PDL. Presented Medicaid market share, efficacy, dosage, and side effect advantages for Detrol LA.
11:45	Hoa Pham	Amgen	Aranesp (darnapoetin) / Erythropoiesis Stimulating Proteins	Testified to include Aranesp on the PDL. Presented indications and efficacy for Detrol LA.
11:50	Heidi Montijo	Hoffmann LaRoche Inc.	Pegasys (peginterferon) / Hepatitis C Agents	Testified to include Pegasys on the PDL. Presented mechanism of action, unique

Scheduled Time	Name	Company	Product/Class	Notes
				indications, including HIV, and efficacy for Pegasys.
11:55	Krishna Patel	Schering-Plough	Asmanex (mometasone furoate) / Glucocorticoids, Inhaled Peg-Intron (interferon alfa-2b, recombinant) / Hepatitis C Agents	Testified to include Asmanex and Peg-Intron on the PDL. Presented dose, duration, and side effect advantages for Asmanex. Presented mechanism of action, efficacy, and dosage advantages for Peg-Intron.
12:00	Bryan Becker, MD	Genzyme Corporation	Renagel (sevelamer) / Phosphate Binders and Related Agents	Testified to include Renagel on the PDL. Presented unique indication for patients with kidney failure, efficacy and other indications for Renagel.
12:05	Gene DeCamp	Nabi Biopharmaceuticals	PhosLo (calcium acetate) / Phosphate Binders and Related Agents	Testified to include PhosLo on the PDL. Presented unique indication for patients with kidney failure, efficacy and cost advantages for PhosLo.

Discussion of Manufacturer-Specific Supplemental Rebate Amounts (Closed Session)

Mr. Moody indicated that the next agenda item, a discussion of manufacturer-specific supplemental rebate amounts, was intended for consideration in closed session pursuant to s.19.85(1)(e), Wis. Stats. He further indicated that, under federal and state law, the rebate amounts must remain confidential due to the competitive nature of the rebate agreements and federal drug price confidentiality requirements.

Mr. Moody called for a motion to adjourn into closed session. Motion made by Dr. Hirsch and seconded by Ms. Sorkness. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Michael Witkovsky – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Kevin Izard – aye
- Alecia Walker – aye

There were no votes opposed and no abstentions.

Therapeutic Class Reviews, Committee Discussion, and Response to Proposal (Open Session)

Mr. Moody announced that Dr. Valerie Taylor from Provider Synergies would present the therapeutic class reviews and recommendations and Dr. Mergener from APS Healthcare would present summary conclusions from the Drug Effectiveness Review Project (DERP) reports.

1) Ace Inhibitors/CCB Combinations (High blood pressure)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
TARKA (ORAL)	ON	Yes
LOTREL (ORAL)	ON	Yes
LEXXEL (ORAL)	ON	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin IZard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed and no abstentions.

2) Angiotensin Receptor Blockers (High blood pressure)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
BENICAR / BENICAR HCT (ORAL)	OFF	Yes
MICARDIS / MICARDIS HCT (ORAL)	ON	Yes
DIOVAN / DIOVAN HCT (ORAL)	ON	Yes
COZAAR / HYZAAR (ORAL)	ON	Yes
AVAPRO / AVALIDE (ORAL)	OFF	Yes
TEVETEN / TEVETEN HCT (ORAL)	OFF	No
ATACAND / ATACAND HCT (ORAL)	OFF	No

c) Discussion – The Committee discussed removing Avapro based on its relative cost. However, because of the supplemental rebate offer and the expectation for Avapro to not gain significant market share, the Committee decided to not remove Avapro from the recommendation.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin IZard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed and no abstentions.

3) Beta Blockers (High blood pressure and heart failure)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
METOPROLOL (ORAL)	ON	Generic
ATENOLOL (ORAL)	ON	Generic
PROPRANOLOL (ORAL)	ON	Generic
NADOLOL (ORAL)	ON	Generic
PINDOLOL (ORAL)	ON	Generic
TIMOLOL (ORAL)	ON	Generic
ACEBUTOLOL (ORAL)	ON	Generic
SOTALOL (ORAL)	ON	Generic
LABETALOL (ORAL)	ON	Generic
BETAXOLOL (ORAL)	ON	Generic
BISOPROLOL (ORAL)	ON	Generic
TOPROL XL (ORAL)	ON	Yes
LEVATOL (ORAL)	OFF	No
INDERAL LA (ORAL)	OFF	No
INNOPRAN XL (ORAL)	OFF	No
COREG (ORAL)	ON	Yes

c) Discussion –

- Dr. Fedderly asked if propranolol LA is available and Dr. Taylor indicated that Inderal LA is the long acting drug in the class and that it is available with prior authorization.

d) Motion made to accept recommendation. Voting results were:

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|----------------------------|---------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – aye |
| ▪ Christine Sorkness – aye | ▪ Bradley Fedderly – aye |
| ▪ Kevin Iazard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |
| ▪ Nancy Phythyon – aye | ▪ Michael Witkovsky – aye |

4) Calcium Channel Blockers (High blood pressure)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
VERAPAMIL IR (ORAL)	ON	Generic
NICARDIPINE (ORAL)	ON	Generic
NIFEDIPINE IR (ORAL)	ON	Generic
VERAPAMIL ER (ORAL)	ON	Generic
DILTIAZEM SA (ORAL)	ON	Generic
DILTIAZEM IR (ORAL)	ON	Generic
DILTIAZEM ER (ORAL)	ON	Generic

Brand Name	Current PDL Status	PDL Recommendation
NIFEDIPINE ER (ORAL)	ON	Generic
FELODIPINE ER (ORAL)	ON	Generic
DYNACIRC CR (ORAL)	ON	No
SULAR (ORAL)	ON	Yes
DYNACIRC IR (ORAL)	ON	No
CARDIZEM LA (ORAL)	ON	Yes
VERELAN PM (ORAL)	OFF	Yes
NORVASC (ORAL)	ON	No
COVERA-HS (ORAL)	OFF	No
CARDENE SR (ORAL)	OFF	No
NIMOTOP (ORAL)	OFF	No

c) Discussion –

- Dr. Izard suggested and Dr Hirsch concurred keeping Norvac on the PDL because of its large market share. There would be a large number of recipients required to switch drugs and no clear alternative to Norvasc.
- Dr. Witkovsky asked if it would be better to grandfather those currently taking Norvasc rather than make it a preferred drug. The Committee decided it would be best to recommend Norvasc as preferred.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- | | |
|----------------------------|---------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – aye |
| ▪ Christine Sorkness – aye | ▪ Bradley Fedderly – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |
| ▪ Nancy Phythyon – aye | ▪ Michael Witkovsky – aye |

5) Proton Pump Inhibitors (Ulcers and reflux)

- a) Review – Clinical literature was presented for the class.
b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
OMEPRAZOLE (ORAL)	OFF	No - Generic
ZEGERID (ORAL)	OFF	No
NEXIUM (ORAL)	OFF	Yes
PREVACID CAPSULE (ORAL)	OFF	Yes
PRILOSEC OTC (ORAL)	ON	No
PREVACID SOLUTAB (ORAL)	OFF	Yes
ACIPHEX (ORAL)	OFF	No
PROTONIX (ORAL)	OFF	No
PREVACID SUSPENSION (ORAL)	OFF	Yes

c) Discussion –

- Dr. Hirsch asked if Medicaid is losing anything by not including Zegerid in the recommendation and Dr. Taylor stated that because Zegerid has no current market share, Medicaid is not losing anything by keeping it non-preferred.
- Ms. Plymesser, the speaker for Zegerid, was asked about the drug’s advantages. Ms. Plymesser said Zegerid has dosing, fast acting, and duration advantages.
- Dr. Izard asked about the impacts of removing Prilosec OTC as a covered Medicaid drug.
- Mr. Moody stated that this recommendation will significantly impact SeniorCare because SeniorCare does not pay for over-the-counter drugs, there currently is not a preferred drug available for the SeniorCare program. By accepting this recommendation, the SeniorCare population will have a preferred drug. Medicaid’s will not longer cover Prilosec OTC for those individuals on Medicare Part D.
- Dr. Mergener summarized findings in the DERP study that compared omeprazole and Nexium. The study did not find significant differences.
- Ms. Walker stated a concern about the number of patients required to switch medications and Ms. Sorkness stated that the alternative medications are comparable clinically and switching will not require patients to revisit their doctors.

d) Motion made to accept recommendation. Voting results were:

- | | |
|----------------------------|---------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – ABSTAIN |
| ▪ Christine Sorkness – aye | ▪ Bradley Fedderly – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |
| ▪ Nancy Phythyon – aye | ▪ Michael Witkovsky – aye |

Motion passed. There was one abstention.

6) Lipotropics, Statins (Blood pressure and cholesterol)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
LOVASTATIN (ORAL)	ON	Generic
LESCOL / LESCOL XL (ORAL)	ON	Yes
CRESTOR (ORAL)	ON	Yes
ZOCOR (ORAL)	ON	Yes
ALTOPREV (ORAL)	ON	Yes
ADVICOR (ORAL)	ON	Yes
LIPITOR (ORAL)	ON	No
VYTORIN (ORAL)	ON	Yes
PRAVACHOL (ORAL)	OFF	No
CADUET (ORAL)	ON	No

- c) Discussion – Because of the large Lipitor market share, the Committee suggested sending notification to the recipients currently taking Lipitor of the upcoming change.
- d) Motion made to accept recommendation. Voting results were:
- Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Nancy Phythyon – aye
 - Alecia Walker – aye
 - Bradley Fedderly – aye
 - Tom Hirsch – aye
 - Steve Maike – aye
 - Michael Witkovsky – aye

There were no votes opposed and no abstentions.

7) Lipotropics, Other (Cholesterol lowering)

- a) Review – The class was previously reviewed. There were two new drugs since the last review – Omacor and Triglide. Triglide is another fenofibrate and is similar to Antara, Lofibra, and Tricor. Both of the new drugs are indicated for hypertriglyceridemia and Triglide is indicated for hypercholesterolemia.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
NIACIN RX (ORAL)	ON	Generic
GEMFIBROZIL (ORAL)	ON	Generic
CHOLESTYRAMINE (ORAL)	ON	Generic
NIASPAN (ORAL)	ON	Yes
COLESTID (ORAL)	ON	Yes
LOFIBRA (ORAL)	ON	Yes
TRICOR (ORAL)	OFF	Yes
ZETIA (ORAL)	ON	No
TRIGLIDE (ORAL)	NR	No
ANTARA (ORAL)	OFF	No
WELCHOL (ORAL)	OFF	No
OMACOR (ORAL)	NR	No

- c) Discussion –
- Dr. Walker said doctors often increase the strength of statins if patients are not responding to the medication. It would be good to try a different approach and allow doctors to prescribe Zetia without prior authorization as an alternative.
 - Dr. Izard concurred that adding Zetia to the recommendation would be a good idea.
 - Dr. Mergener pointed out that Vytorin is a preferred drug in the other Lipotropics class and it contains Zetia as one of its components. Because that is available, doctors could prescribe Vytorin rather than Zetia. Dr. Fedderly agreed and stated that patients would then have one copy versus two.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed and no abstentions.

8) Anticoagulants, Injectables (Clot prevention)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
LOVENOX (SUBCUTANE.)	ON	Yes
ARIXTRA (SUBCUTANE.)	OFF	Yes
FRAGMIN (SUBCUTANE.)	OFF	No
INNOHEP (SUBCUTANE.)	OFF	No

c) Discussion –

- Ms. Sorkness asked for a summary regarding the current availability of a preferred product in SeniorCare. Dr. Mergener explained that current legislation for SeniorCare does not allow a product to be covered if the manufacturer does not sign a drug rebate agreement. The manufacturer of Lovenox has declined to sign such an agreement. Currently, there is no preferred drug for SeniorCare. For that reason, Arixtra is being recommended as preferred.
- Ms. Sorkness stated that clinically Arixtra is not a substitute for Lovenox. She recommends adding Fragmin as a preferred drug. A motion was made to include Fragmin as a preferred drug.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed and no abstentions.

9) Anticonvulsants (Seizure disorders)

a) Review – This is a new category. Agents in this category are classified as first and second generation. All products in the class are indicated for the treatment of seizure

disorders. Other indications for the class include: treatment of bipolar disorder, prophylaxis of migraine, and neuropathic pain. Comparative trials for the treatment of epilepsy are limited. Products were selected for the recommendation based on indications, monotherapy versus adjuvant therapy, and the side effect profiles of the drugs.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
PHENOBARBITAL (ORAL)	NR	Generic
CLONAZEPAM (ORAL)	NR	Generic
CARBAMAZEPINE (ORAL)	NR	Generic
VALPROIC ACID (ORAL)	NR	Generic
PHENYTOIN (ORAL)	NR	Generic
PRIMIDONE (ORAL)	NR	Generic
GABAPENTIN (ORAL)	NR	Generic
ETHOSUXIMIDE (ORAL)	NR	Generic
ZONISAMIDE (ORAL)	NR	Generic
MEBARAL (ORAL)	NR	Yes
CELONTIN (ORAL)	NR	Yes
PEGANONE (ORAL)	NR	Yes
FELBATOL (ORAL)	NR	Yes
CARBATROL (ORAL)	NR	Yes
PHENYTEK (ORAL)	NR	No
TEGRETOL XR (ORAL)	NR	No
DEPAKOTE SPRINKLE (ORAL)	NR	Yes
DEPAKOTE (ORAL)	NR	Yes
EQUETRO (ORAL)	NR	Yes
LAMICTAL (ORAL)	NR	Yes
DEPAKOTE ER (ORAL)	NR	Yes
GABITRIL (ORAL)	NR	Yes
LYRICA (ORAL)	NR	No
TRILEPTAL (ORAL)	NR	Yes
TOPAMAX (ORAL)	NR	Yes
KEPPRA (ORAL)	NR	Yes
DIASTAT (RECTAL)	NR	Yes

c) Discussion –

- The Committee asked to review Lyrica in six months because it is a relatively new drug. After more experience is gained and additional studies have been completed the Committee will have better information to decide if Lyrica should be included as a preferred drug.
- Dr. Hirsch stated that Topamax is often used for weight loss and for that reason should require prior authorization. Dr. Mergener confirmed that it is Medicaid policy to prior authorize all weight loss medications. Dr. Hirsch asked if Medicaid patients are currently using Topamax for weight loss.
- Dr. Mergener summarized a recent DUR intervention on the antiepileptic drugs that found few doctors were prescribing Topamax for weight loss. Rather, they were prescribing it mostly for migraine prophylaxis.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – NAY
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

Motion passed--9 ayes to 1 nay. There were no abstentions.

10) Antidepressants, Other (Depression)

a) Review – This is a new category. There are four sub-classes in the category:

- Norepinephrine-dopamine reuptake inhibitors, bupropion
- Serotonin-norepinephrine reuptake inhibitors, duloxetine and venlafaxine
- Serotonin modulators, trazodone and nefazodone
- Norepinephrine-Serotonin modulators, mirtazapine

All drugs in this category are indicated for depression. There are few clinical trials that directly compare agents in the class. Agents in the class generally show same effectiveness as the SSRIs, but differ in side effect profiles. There is a black box warning for nefazodone for life-threatening liver failure.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
TRAZODONE (ORAL)	NR	Generic
MIRTAZAPINE (ORAL)	NR	Generic
BUPROPION IR (ORAL)	NR	Generic
BUPROPION SR (ORAL)	NR	Generic
NEFAZODONE (ORAL)	NR	Generic
EFFEXOR IR (ORAL)	NR	Yes
WELLBUTRIN XL (ORAL)	NR	No
EFFEXOR XR (ORAL)	NR	Yes
CYMBALTA (ORAL)	NR	No

c) Discussion –

- Ms. Sorkness suggested making nefazadone non-preferred because of safety warnings published by the FDA. In addition, nefazadone is relatively expensive compared to alternative medications and has low market share in the class. Ms. Sorkness recommended grandfathering recipients currently taking nefazodone.
- Dr. Hirsch suggested also grandfathering individuals currently taking Wellbutrin XL and Cymbalta.
- Dr. Witkovsky stated that Wellbutrin XL is indicated for use with children and would like to not have prior authorization for individuals under the age of 19.
- Mr. Moody summarized the motion to change the recommendation as follows: nefazodone will be non-preferred, all patients currently taking a non-preferred product will be grandfathered, and the PA requirement for patients under 19 taking Wellbutrin XL will be removed.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Nancy Phythyon – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Michael Witkovsky – aye

There were no votes opposed and no abstentions.

11) Sedative Hypnotics (Insomnia and sleep disorders)

a) Review – This class was previously reviewed. There are two new drugs – Ambien CR and Rozerem. All drugs are indicated for insomnia treatment. There are few comparative trials between the non-benzodiazepine agents. Compared to placebo, these agents increase total sleep time and decrease sleep onset latency. The most common side effects are CNS related. All drugs in the class should be given prior to bedtime.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
FLURAZEPAM (ORAL)	ON	Generic
TEMAZEPAM (ORAL)	ON	Generic
TRIAZOLAM (ORAL)	ON	Generic
CHLORAL HYDRATE (ORAL/RECTAL)	ON	Generic
ESTAZOLAM (ORAL)	ON	Generic
RESTORIL 7.5 MG (ORAL)	OFF	No
DORAL (ORAL)	OFF	No
LUNESTA (ORAL)	OFF	Yes
AMBIEN (ORAL)	ON	Yes
AMBIEN CR (ORAL)	NR	No
SONATA (ORAL)	OFF	No
ROZEREM (ORAL)	NR	Yes

c) Discussion –

- Ms. Sorkness suggested removing Rozerem since it is a relatively new drug on the market. The Committee should make sure no safety issues are discovered after its market introduction before making it a preferred drug.
- The Committee discussed not including Rozerem and Lunesta as a way to preserve the market share of Ambien in anticipation for the release of low cost generic Ambien.
- Dr. Izard asked if Ambien CR has long-term indication for use. Dr. Mergener summarized the dual mechanism of action for Ambien CR. He stated the drug does help patients sleep longer and the manufacturer has completed studies that show it can be used for longer periods of time – similar to Lunesta.
- Dr. Izard suggested the Committee keep Rozerem and Lunesta as preferred drugs if there is no difference in savings.

- Ms. Taylor stated that savings impacts are difficult to determine because current utilization is low with Rozerem and Lunesta. If utilization increases drastically, there may be a loss in savings.
- Dr. Walker suggested keeping Rozerem on the preferred list as a non-habit forming alternative to other drugs in the class.
- Dr. Fedderly said Ambien was not thought to be addictive when first released, however, once more patients starting using it, it was found to have addiction as a side-effect. The Committee may find that the same is true about Rozerem.
- Mr. Frazier reminded the Committee that this seems to go against the idea that if clinical effectiveness and relative costs are equal, the Committee would provide more preferred drug options for patients.
- Dr. Izard and Dr. Walker stated that removing Rozerem from the recommendation seems to be penalizing drugs for being new to the market. Dr. Hirsch responded that there is not enough experience with Rozerem to determine its effectiveness and usefulness in the class compared to the alternatives. Rozerem would still be available with prior authorization.
- Mr. Moody summarized the motion made by the Committee to not include Lunesta and Rozerem as preferred drugs.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – NAY
- Christine Sorkness – aye
- Kevin Izard – NAY
- Larry Fleming – aye
- Michael Witkovsky – NAY
- Alecia Walker – NAY
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

Motion passed--5 ayes to 4 nays. There were no abstentions.

12) Analgesics, Narcotics (Pain control)

- a) Review – Clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
APAP/CODEINE (ORAL)	ON	Generic
TRAMADOL (ORAL)	ON	Generic
PROPOXYPHENE/APAP (ORAL)	ON	Generic
HYDROCODONE/APAP (ORAL)	ON	Generic
ASA/CODEINE (ORAL)	ON	Generic
METHADONE (ORAL)	ON	Generic
OXYCODONE IR (ORAL)	ON	Generic
MORPHINE IR (ORAL)	ON	Generic
PROPOXYPHENE (ORAL)	ON	Generic
OXYCODONE/APAP (ORAL)	ON	Generic
PENTAZOCINE/NALOXONE (ORAL)	ON	Generic
MEPERIDINE (ORAL)	OFF	No-Generic

Brand Name	Current PDL Status	PDL Recommendation
CODEINE (ORAL)	ON	Generic
HYDROMORPHONE (ORAL)	ON	Generic
OXYCODONE/ASA (ORAL)	ON	Generic
TRAMADOL/APAP (ORAL)	ON	Generic
PENTAZOCINE/APAP (ORAL)	ON	Generic
HYDROCODONE/IBUPROFEN (ORAL)	ON	Generic
BUTALBITAL COMPOUND W/CODEINE (ORAL)	ON	Generic
MORPHINE ER (ORAL)	ON	Generic
LEVORPHANOL (ORAL)	ON	Generic
FENTANYL (TRANSDERM.)	ON	Generic
OXYCODONE ER (ORAL)	ON	Generic
PANLOR DC / SS (ORAL)	OFF	No
DARVON-N (ORAL)	OFF	No
COMBUNOX (ORAL)	NR	No
KADIAN (ORAL)	ON	Yes
AVINZA (ORAL)	OFF	No
ACTIQ (BUCCAL)	OFF	No

c) Discussion

- Dr. Witkovsky made a motion to make oxycodone ER non-preferred.
- Dr. Izard stated that it is a difficult to switch patients once they are established on it and recommends retaining its preferred status.
- The Committee discussed the street value of the generic versus brand Oxycontin. The Committee agreed there is less street value and abuse of the generic as compared to the brand.
- Mr. Moody suggested amending the current motion to grandfathering patients currently taking oxycodone ER.
- Ms. Sorkness suggested the removal of pentazocine products from the recommendation.

d) Motion (1) made to accept the recommendation with the removal of oxycodone ER and pentazocine products as preferred drugs. Voting results were:

- | | |
|----------------------------|--------------------------|
| ▪ Tom Frazier – NAY | ▪ Alecia Walker – NAY |
| ▪ Christine Sorkness – aye | ▪ Bradley Fedderly – NAY |
| ▪ Kevin Izard – NAY | ▪ Tom Hirsch – NAY |
| ▪ Larry Fleming – aye | ▪ Steve Maike – NAY |
| ▪ Michael Witkovsky – aye | |

Motion (1) defeated--3 ayes to 6 nays. There were no abstentions.

Motion (2) made to accept the recommendation with the removal of pentazocine products. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michael Witkovsky – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

Motion passed. There were no votes opposed and no abstentions.

13) Antimigraine Agents, Triptans (Migraine headaches)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
IMITREX (NASAL)	ON	Yes
IMITREX (ORAL)	ON	Yes
AMERGE (ORAL)	ON	No
MAXALT / MAXALT MLT (ORAL)	OFF	Yes
AXERT (ORAL)	ON	Yes
ZOMIG / ZOMIG ZMT (ORAL)	OFF	No
IMITREX (SUBCUTANE.)	ON	Yes
RELPAX (ORAL)	OFF	No
ZOMIG (NASAL)	OFF	No
FROVA (ORAL)	OFF	No

c) Discussion –

- Dr. Hirsch suggested DHCF staff look into the benefits of placing quantity limits on drugs in the class.
- Dr. Walker expressed concerns of removing too many drugs from the preferred list. The recommendation limits the amount of choices a doctor has when treating patients.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michael Witkovsky – aye
- Alecia Walker – NAY
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

Motion passed--7 ayes to 1 nay. There were no abstentions.

14) Hypoglycemics, Meglitinides (Type II diabetes)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
STARLIX (ORAL)	NR	Yes
PRANDIN (ORAL)	NR	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michael Witkovsky – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

15) Hypoglycemics, Thiazolidinediones (Diabetes, oral meds)

a) Review –The combination products of Avandamet and Actoplus Met have been added to this category. Combination products should be used in patients who are not controlled on a single agent alone. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ACTOS (ORAL)	ON	Yes
AVANDIA (ORAL)	ON	Yes
AVANDAMET (ORAL)	ON	Yes
ACTOPLUS MET (ORAL)	NR	Yes

c) Discussion –

- Dr. Fedderly made a motion to remove Actoplus MET from the recommendation because of the components in the medication and its relative cost. Dr. Izard suggested leaving Actoplus MET on the recommendation because doctors may want the option of a combination drug.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – aye
- Kevin Izard – NAY
- Larry Fleming – aye
- Michael Witkovsky – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

Motion passed--7 ayes to 1 nay. There were no abstentions.

16) Bone Resorp. Suppress./Related Agents – Actonel w/ CA and Fortical (Osteoporosis)

- a) Review – Fortical is a nasally inhaled calcitonin-salmon product like Miacalcin. Both products are indicated for the treatment of osteoporosis. Actonel with Calcium is also indicated for the prevention of osteoporosis.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ACTONEL (ORAL)	ON	Yes
FOSAMAX / FOSAMAX PLUS D (ORAL)	ON	Yes
FORTICAL (NASAL)	NR	No
MIACALCIN (NASAL)	ON	Yes
BONIVA (ORAL)	NR	No
EVISTA (ORAL)	OFF	No
DIDRONEL (ORAL)	OFF	No
ACTONEL W/CALCIUM (ORAL)	OFF	No

- c) Discussion –
 - Dr. Fedderly asked if the Committee should consider including Fortical on the PDL because of its relative low cost. Dr. Taylor stated that the low number of prescriptions may skew the relative costs. In other states, the relative cost for Fortical is higher. This may occur in Wisconsin if utilization increases.
- d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Michael Witkovsky – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

17) Multiple Sclerosis Agents (Multiple Sclerosis)

- a) Review – This is a new category. There are three interferons in the class: Avonex, Betaseron, and Rebif. There is one synthetic molecule that inhibits protein-reactive T-cells: Copaxone. All agents are indicated for multiple sclerosis. Patients who do not tolerate the interferons can be tried on Copaxone. Comparative clinical trials between the agents suggest that higher dosages given more frequently with the interferons may delay the progression of the disease. Consensus guidelines do not recommend any one product be tried first. Different administration methods are a factor when choosing a product for a patient. Betaseron and Rebif are given three times weekly by subcutaneous injection. Avonex is given once weekly by IM injection. Copaxone is given once daily by subcutaneous injection.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
BETASERON (SUBCUTANE.)	NR	Yes
AVONEX (INTRAMUSC.)	NR	Yes
REBIF (SUBCUTANE.)	NR	Yes

COPAXONE (SUBCUTANE.)	NR	No
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c) Discussion –

- The Committee discussed adding Copaxone to the recommendation because it can be used safely with pregnant women.

d) Motion made to accept recommendation. Voting results were:

- | | |
|---------------------------|--------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – aye |
| ▪ Kevin Izard – aye | ▪ Bradley Fedderly – aye |
| ▪ Larry Fleming – ABSENT | ▪ Tom Hirsch – aye |
| ▪ Michael Witkovsky – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

18) Antihistamines, Minimally Sedating (Allergies)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
LORATADINE / LORATADINE-D (ORAL)	ON	Generic
FEXOFENADINE (ORAL)	OFF	No-Generic
CLARINEX SYRUP (ORAL)	OFF	No
ZYRTEC SYRUP (ORAL)	OFF	No
CLARINEX REDITABS (ORAL)	OFF	No
ZYRTEC / ZYRTEC-D (ORAL)	OFF	No
ALLEGRA-D (ORAL)	OFF	No
CLARINEX / CLARINEX-D (ORAL)	OFF	No

c) Discussion –

- Dr. Walker stated there is a high amount of variability in how patients react to medications in the class. She suggested adding more medications to the preferred list. Dr. Izard stated that this recommendation is not changing from the current PDL and if loratadine is tried first, the other medications are available to recipients through prior authorization.

d) Motion made to accept recommendation. Voting results were:

- | | |
|-----------------------|-----------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – NAY |
| ▪ Kevin Izard – aye | ▪ Bradley Fedderly – ABSENT |
| ▪ Larry Fleming – aye | ▪ Tom Hirsch – aye |
| ▪ Steve Maike – aye | |

Motion passed--5 ayes to 1 nay. There was one abstention.

19) Glucocorticoids, Inhaled - Asmanex - (Asthma)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
AZMACORT (INHALATION)	ON	Yes
AEROBID / AEROBID-M (INHALATION)	ON	Yes
QVAR (INHALATION)	ON	Yes
FLOVENT / FLOVENT HFA (INHALATION)	ON	Yes
ASMANEX (INHALATION)	NR	Yes
PULMICORT TURBUHALER (INHALATION)	OFF	No
ADVAIR DISKUS (INHALATION)	ON	Yes
PULMICORT RESPULES (INHALATION)	ON	Yes

c) Discussion –

- Dr. Izard asked why Asmanex should be included on the PDL. Dr. Taylor stated it is recommended for inclusion because of its once per day dosing.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

20) Bladder Relaxants (Incontinence)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
OXYBUTYNIN (ORAL)	ON	Generic
OXYTROL (TRANSDERM.)	ON	Yes
SANCTURA (ORAL)	ON	Yes
VESICARE (ORAL)	OFF	Yes
ENABLEX (ORAL)	ON	Yes
DETROL (ORAL)	ON	No
DITROPAN XL (ORAL)	OFF	Yes
DETROL LA (ORAL)	ON	No

c) Discussion –

- Dr. Hirsch stated Detrol has a better side effect profile than the other products. In addition there is high market share in Detrol. Dr. Izard stated VesiCare has the same effectiveness as Detrol and has a better relative cost.
- Dr. Mergener pointed to a head-to-head study between VesiCare and Detrol that showed VesiCare has better efficacy and side effect profile than Detrol.

- The Committee considered grandfathering recipients currently taking Detrol from the prior authorization requirements.
 - Dr. Taylor stated that if the Committee grandfathers recipients they should just make Detrol preferred. Dr. Hirsch stated that recipients should be able to switch to another drug easily without visiting their doctor.
 - Because of the large Detrol and Detrol LA market share, the Committee suggested sending notification to the recipients currently taking the drugs of the upcoming change.
- d) Motion made to accept recommendation. Voting results were:
- Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Nancy Phythyon – aye
 - Alecia Walker – aye
 - Bradley Fedderly – aye
 - Tom Hirsch – aye
 - Steve Maike – aye

There were no votes opposed and no abstentions.

21) Drugs for BPH (Enlargement of the prostate)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
DOXAZOSIN (ORAL)	ON	Generic
TERAZOSIN (ORAL)	ON	Generic
FLOMAX (ORAL)	ON	Yes
UROXATRAL (ORAL)	ON	Yes
AVODART (ORAL)	ON	Yes
PROSCAR (ORAL)	OFF	No

- c) Discussion – None.
- d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

22) Erythropoiesis Stimulating Proteins (Treatment of low blood levels)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ARANESP (INJECTION)	OFF	Yes
PROCRIT (INJECTION)	ON	Yes
EPOGEN (INJECTION)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

23) Growth Hormone (Growth deficiencies in children)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
TEV-TROPIN (INJECTION)	OFF	Yes
SAIZEN (INJECTION)	ON	Yes
NORDITROPIN (INJECTION)	OFF	Yes
SEROSTIM (INJECTION)	OFF	No
NUTROPIN AQ (INJECTION)	ON	Yes
GENOTROPIN (INJECTION)	OFF	No
NUTROPIN (INJECTION)	ON	No
HUMATROPE (INJECTION)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

24) Hepatitis C Agents (Viral infection of the liver)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
RIBAVIRIN (ORAL)	ON	Generic
REBETOL (ORAL)	ON	Yes
COPEGUS (ORAL)	ON	Yes
PEG-INTRON (SUBCUTANE.)	ON	Yes
PEGASYS (SUBCUTANE.)	ON	Yes
PEG-INTRON REDIPEN (SUBCUTANE.)	ON	Yes
INFERGEN (SUBCUTANE.)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

25) Otics, Antibiotics (Topical antibiotics for ear infection)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
NEOMYCIN/POLYMYXIN/HC (OTIC)	ON	Generic
COLY-MYCIN S (OTIC)	ON	Yes
CIPRODEX (OTIC)	ON	Yes
FLOXIN (OTIC)	ON	Yes
CIPRO HC (OTIC)	OFF	No
CORTISPORIN-TC (OTIC)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

26) Fluoroquinolones, Oral – Proquin XR (Antibiotics)

a) Review – Clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
CIPROFLOXACIN TABLETS (ORAL)	ON	Generic
OFLOXACIN (ORAL)	ON	Generic
NOROXIN (ORAL)	OFF	No
AVELOX (ORAL)	ON	Yes
CIPRO XR (ORAL)	OFF	No
TEQUIN (ORAL)	OFF	No
MAXAQUIN (ORAL)	OFF	No
LEVAQUIN (ORAL)	ON	Yes
PROQUIN XR (ORAL)	NR	No
CIPRO SUSPENSION (ORAL)	OFF	No
FACTIVE (ORAL)	OFF	No

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

27) Acne Agents, Topical (Acne)

a) Review – This is a new category. There are several subclasses:

- Antibiotics
- Retinoids
- Azelaic acid
- Benzoyl peroxide
- Adapalene

All products are indicated for the treatment of acne vulgaris. Clinical trials have been conducted comparing many of the products in the class. All products appear to be similar in treatment efficacy. Differences are seen in the side effect profiles. Products are applied anywhere from one to four times daily.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
ERYTHROMYCIN (TOPICAL)	NR	Generic
BENZOYL PEROXIDE (TOPICAL)	NR	Generic
CLINDAMYCIN PHOSPHATE (TOPICAL)	NR	Generic
TRETINOIN (TOPICAL)	NR	Generic

Brand Name	Current PDL Status	PDL Recommendation
ERYTHROMYCIN-BENZOYL PEROXIDE (TOPICAL)	NR	Generic
AKNE-MYCIN (TOPICAL)	NR	Yes
AZELEX (TOPICAL)	NR	Yes
NUOX (TOPICAL)	NR	Yes
TAZORAC (TOPICAL)	NR	Yes
RETIN-A MICRO (TOPICAL)	NR	Yes
CLINAC BPO (TOPICAL)	NR	No
CLINDAGEL (TOPICAL)	NR	No
BREVOXYL CREAMY WASH (TOPICAL)	NR	No
DIFFERIN (TOPICAL)	NR	No
BENZAMYCINPAK (TOPICAL)	NR	No
TRIAZ (TOPICAL)	NR	No
ZACLIR (TOPICAL)	NR	No
BREVOXYL GEL (TOPICAL)	NR	No
SULFOXYL (TOPICAL)	NR	No
KLARON (TOPICAL)	NR	No
ZODERM 4.5% CREAM (TOPICAL)	NR	No
ZODERM (TOPICAL)	NR	No
EVOCLIN (TOPICAL)	NR	No

c) Discussion –

- Mr. Moody stated that some of the generics appear to have a high relative cost. Dr. Taylor clarified the cost information. Because the erythromycin products are inexpensive, it makes some of the other generic products appear expensive in comparison
- Dr. Walker asked why Differin was not included in the recommendation. Dr. Taylor stated that Differin has a unique indication compared to the preferred products.
- Dr. Maike stated that patients can get Differin if they first try a less expensive generic product.

d) Motion made to accept recommendation. Voting results were:

- | | |
|-----------------------|--------------------------|
| ▪ Tom Frazier – aye | ▪ Alecia Walker – aye |
| ▪ Kevin Izard – aye | ▪ Bradley Fedderly – aye |
| ▪ Larry Fleming – aye | ▪ Tom Hirsch – aye |
| ▪ Steve Maike – aye | |

There were no votes opposed and no abstentions.

28) Phosphate Binders (Removal of phosphate in kidney disease)

- a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
PHOSLO (ORAL)	ON	Yes
MAGNEBIND 400 RX (ORAL)	OFF	No
RENAGEL (ORAL)	ON	Yes
FOSRENOL (ORAL)	OFF	Yes

c) Discussion –

- Dr. Hirsh made a motion to exclude Fosrenol because of concerns with long-term toxicity.
- Dr. Izard asked why the recommendation included Fosrenol. Dr. Taylor said Fosrenol was included because the relative costs for other states in the multi-state pool were lower than Wisconsin’s relative cost.

d) Motion made to accept recommendation as amended in the discussion. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

29) Ulcerative Colitis (Inflammation and sores of the intestine)

a) Review – The class was previously reviewed. No new clinical literature was presented for the class.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
SULFASALAZINE (ORAL)	ON	Generic
MESALAMINE (RECTAL)	ON	Generic
DIPENTUM (ORAL)	ON	Yes
PENTASA (ORAL)	ON	Yes
ASACOL (ORAL)	ON	Yes
COLAZAL (ORAL)	OFF	No
CANASA (RECTAL)	ON	Yes

c) Discussion – None.

d) Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Steve Maike – aye
- Alecia Walker – aye
- Bradley Fedderly – aye
- Tom Hirsch – aye

There were no votes opposed and no abstentions.

Closing

The next meeting is March 29, 2006, Madison, 1:30 pm – 5:00 pm.

Mr. Moody thanked the Committee for its service, participation and attentiveness throughout the day. Mr. Moody adjourned the meeting.