

**MEDICAID PHARMACY PRIOR AUTHORIZATION
ADVISORY COMMITTEE
Draft Meeting Summary
August 17, 2005**

Opening Remarks/Introductions

The Medicaid Pharmacy Prior Authorization (PA) Advisory Committee met on August 17, 2005 to review 27 drug classes to be implemented on the Wisconsin Medicaid preferred drug list (PDL). The Standing and Expanded Committee members reviewed four mental health classes and the Standing Committee reviewed the remaining 23 classes.

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

- Mr. Moody summarized the recommendations and the Secretary's decisions from the June 8, 2005 PA Advisory Committee meeting.
 - The PA Advisory Committee's recommendations were implemented (as recommended) for the following classes: Alzheimer's Agents, Antiparkinson's Agents, Sedative Hypnotics, Anticoagulants, Hepatitis C Agents, Growth Hormones, and Erythropoiesis Stimulating Proteins.
 - The Stimulants and Related Agents class was not implemented. The Secretary met with members of the Expanded PA Committee and other mental health advocates to present modified recommendations for the class. Based on the recommendations of the mental health group and those made at today's meeting, the Secretary will make a final decision.
 - The Cytokine and CAM Antagonists class will be implemented on October 1, 2005.
 - The Antiparkinson's Agents class was implemented on August 12, 2005. Grandfathering, which allows recipients already taking non-preferred agents to continue on those agents without PA, was included. All recipients that filled a prescription between April 1, 2005 and the implementation date were grandfathered.
- Dr. Mergener summarized the unfinished business items from the June 8, 2005, PA Advisory Committee meeting:
 - Dr. Izard stated that Americhoice (United Healthcare) has no PPI agent on its formulary and would not approve a PA he had requested. DHCF verified that Americhoice does cover Prilosec OTC without PA.
 - DHCF was asked to investigate the use of quantity limits for Sedative Hypnotics. Secretary Nelson requested the Drug Utilization Review (DUR) Board conduct an investigation and provide a recommendation. Preliminary results indicate the average days supply per prescription is 30 days and the average number of prescriptions per patient is between four and five. This indicates chronic use for sleep disorders. The DUR staff will complete additional analysis before making a recommendation.

- DHCF was asked to investigate the use of quantity limits on the Antiemetics. Secretary Nelson requested the DUR Board conduct an investigation and provide a recommendation.
- DHCF was asked to perform a viral titre load DUR intervention for the Hepatitis C Agents and provide a recommendation. To conduct an intervention, staff would need to conduct chart reviews to acquire lab values. The DUR Board is considering the intervention. Following additional analysis a recommendation will be provided.
- The PA Advisory Committee recommended a failure of more than one COX-1 drug prior to allowing a COX-2 drug. This recommendation is part of the recommendations being presented at today's meeting.
- Dr. Hirsch requested DHCF to consider the following items:
 - How do the drug classes not being covered by Medicare Part D impact the Medicaid PDL?
 - Could Medicaid consider the use a specialty pharmacy for Hepatitis C Agents to achieve better discounts at the pharmacy?

Mr. Moody thanked Dr. Hirsch for the suggestions.

Review/Approval of June 8, 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 made to approve the minutes by Dr. Fleming and seconded by Dr. Sorkness.

Vote on motion – Voting were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Iazard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

Public Testimony

Mr. Moody reviewed the testimony guidelines for the meeting as follows:

1. Speakers will be required to state their name, address, organization, drug class and drug name.
2. Speakers will be limited to a period of five (5) minutes.
3. One (1) speaker per company or organization will be permitted.
4. Prior Authorization Committee members will not ask questions or respond to speakers during the testimony.
5. Speakers must submit written material to DHCF, either in hard copy at the meeting or electronically via email following the meeting.

6. Speakers will not be permitted to use audio/visual equipment during their presentation.

Mr. Moody also announced that speakers are welcome to remain for the ‘open’ Committee deliberation in the afternoon. 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

Time	Name	Company	Product/Class	Notes
8:53	Bill Smith	Wyeth	Altace (ramipril) / ACE Inhibitor	Testified to include Altace on the PDL. Unique indication presented for Altace.
8:59	Merlene Vanughese	Bristol-Myers Squibb	Plavix (clopidogrel bisulfate) / Platelet Aggregation Inhibitor	Testified to include Plavix on the PDL. Presented therapeutic and cost effectiveness studies.
9:02	Dr. Bannasch AVA	Neurologist, Green Bay	Aggrenox (aspirin/dipyridamole) / Platelet Aggregation Inhibitor	Testified to include Aggrenox on the PDL. Presented cost effectiveness, unique indication, and dosage advantages.
9:05	Dr. Habel	Ortho-McNeil Pharmaceutical, Inc.	Levaquin (levofloxacin) / Fluoroquinolone Spiriva (tiotropium bromide) / Anticholinergic Bronchodilator	Testified to include Levaquin and Spiriva on the PDL. Presented dosage, effectiveness, and unique indications for Levaquin and Spiriva.
9:07	Mr. Steve Ebert	None	Cephalosporins and Fluoroquinolones	Spoke in support of not restricting physician prescribing options for antibiotic classes.
9:13	Greg Aronin	Vistakon Pharmaceuticals	Quixin (levofloxacin) / Ophthalmics, Antibiotics Betimol (timolol) / Ophthalmics, Glaucoma Agents	Testified to include of Quixin and Betimol on the PDL. Presented cost effectiveness and efficacy for Betimol. Presented dual mechanism of action, efficacy and cost effectiveness for Quixin.
9:16	Dr. Cockram	Alcon Laboratories	Vigamox (moxifloxacin hcl) / Ophthalmics, Antibiotics Zymar (gatifloxacin) / Ophthalmics, Antibiotics	Testified to include Vigamox and Zymar on the PDL. Presented market share, mechanism of action, and efficacy for Vigamox.
9:22	Rick Fiscella	Allergan	Zymar (gatifloxacin) / Ophthalmics, Antibiotics Alphagan P (brimonidine tartrate) / Ophthalmics, Glaucoma Agents Acular (ketorolac	Spoke in support of not restricting physician prescribing options for antibiotic classes. Testified to include Zymar, Alphagan P, Acular, and Elestat on the PDL.

Time	Name	Company	Product/Class	Notes
			tromethamine) / Ophthalmics, Allergic Conjunctivitis Elestat (epinastine hcl) / Ophthalmics, Allergic Conjunctivitis	
9:27	Greeta Cherayl	Pfizer	Xalatan (latanoprost) / Ophthalmics, Glaucoma Agents Celebrex (celecoxib) / NSAIDs	Testified to include Xalatan and Celebrex on the PDL. Spoke about lesser GI problems using COX2 products versus COX1 and risk of using two medications rather than one. Supports not making recipients change glaucoma products prior to Medicare Part D changes.
9:32	Dr. Castillo	Beaver Dam Eye Clinic	Ophthalmics, Glaucoma Agents	Spoke in support of not restricting physician prescribing options for glaucoma agents. Supports not making recipients change glaucoma products prior to Medicare Part D changes.
9:36	Dr. Sterken	University of Wisconsin – Madison	Zymar (gatifloxacin) / Ophthalmics, Antibiotics Elestat (epinastine hcl) / Ophthalmics, Allergic Conjunctivitis	Testified to include Zymar and Elestat on the PDL. Presented advantages of using Zymar. Presented dosage advantages for Elestat.
9:39	Dr. Cook	None	Spiriva (tiotropium bromide) / Bronchodilators, Anticholinergic	Testified to include Spiriva on the PDL. Presented efficacy, cost effectiveness, indications, and health outcomes advantages.
9:42	Dean Goldberg	GlaxoSmithKline	Advair (fluticasone/salmeterol / Glucocorticoids, Inhaled Avandamet (rosiglitazone/metformin in hcl) / Hypoglycemics, Metformins Valtrex (valacyclovir hcl) / Antivirals, Others Requip (ropinirole hcl) / Antiparkinson's Agents Zofran (ondansetron hcl) / Antiemetics, Oral Flonase (fluticasone propionate) / Intranasal Rhinitis Agents	Testified to include Advair, Avandamet, Valtrex, Requip, Zofran, and Flonase on the PDL. Presented efficacy and cost effectiveness advantages for Advair. Presented indications advantage of Avandamet. Presented indications and efficacy of Valtrex. Presented indications for Requip. Presented indications and dosage advantages for Zofran. Spoke about the current market share of Flonase.
9:46	Dr. Michael Ganz	Ganz Allergy & Asthma	Respiratory medications	Testified to include Singulair on the PDL. Presented indications, efficacy in children, and safety advantages for Singulair.
9:50	Dr. Sterling	None	Asthma medications	Spoke in support of not restricting physician prescribing options for asthma

Time	Name	Company	Product/Class	Notes
				medication. Testified to include Xopenex on the PDL. Presented efficacy and cost effectiveness advantages.
10:55	Dr. Calder	Merck & Co., Inc.	Singulair (montelukast sodium) / Leukotriene Modifiers Fosamax (alendronate sodium) / Bone Resorption Suppression and Related Agents	Testified to include Singulair and Fosamax on the PDL. Presented unique hip fracture indication for Fosamax. Presented efficacy and adherence and dosage levels for Singulair.
10:00	Jim Walker	Schering-Plough	Asmanex (mometasone furoate) / Glucocorticoids, Inhaled Nasonex (mometasone furoate) / Intranasal Rhinitis Agents Foradil (formoterol fumarate) / Bronchodilators, Beta Agonists	Testified to include Asmanex, Nasonex, and Foradil on the PDL. Presented indications and safety for Asmanex. Presented children indications for Nasonex. Presented superior efficacy for Foradil.
10:24	Diane Anderson	American Diabetes Association (ADA)	Diabetic medications	Testified in support of making careful decisions of limiting drugs in the insulin class. 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
10:29	Mary Holzum	Diabetes program, Children's Hospital of WI	Novo Nordisk (insulin) / Hypoglycemics, Insulins	Testified to include Novo Nordisk on the PDL. Provided pediatric efficacy and dosage advantages for Novo Nordisk products.
10:36	Dr. Sonnenberg	Novo Nordisk	Novo Nordisk (insulin) / Hypoglycemics, Insulins	Spoke in support of not restricting physician prescribing options for insulin medications. Testified to include Novo Nordisk products on the PDL. Presented indications, ease of use, and dosage advantages of Novo Nordisk products.
10:41	Joe Martinez	Amylin Pharmaceuticals	Byetta (exenatide) / Hypoglycemics, Insulins Symlin (pramlintide acetate) / Hypoglycemics, Insulins	Testified to include Byetta and Symlin on the PDL. Provided ease of use and weight loss advantage for Byetta. Provided indications and efficacy for Symlin.
10:46	Dr. Nolton	University of Wisconsin - Madison	Type II Diabetes drugs	Testified to include Avandamet on the PDL. Provided dosage and adherence advantages for Avandamet.
10:50	Lisa Goetz	Proctor & Gamble	Actonel (risedronate sodium) / Bone Resorption	Testified to include Actonel on the PDL. Presented unique indication for hip fractures, efficacy, and GI tolerability

Time	Name	Company	Product/Class	Notes
			Suppression and Related Agents	advantages over Fosamax for Actonel.
10:55	Bryan Yager	Hoffmann LaRoche Inc.	Boniva (ibandronate sodium) / Bone Resorption Suppression and Related Agents	Testified to include Boniva on the PDL. Presented dosage, adherence, and efficacy for Boniva.
11:00	Dr. Malone	WI Rheumatoid Arthritis Association	Enbrel (etanercept) / Cytokine and CAM Antagonists Humira (adalimumab) / Cytokine and CAM Antagonists	Spoke in support of not restricting physician prescribing options for rheumatoid arthritis medications. Testified to include Celebrex, Enbrel and Humira on the PDL. Presented safety advantages Celebrex. Presented efficacy and indications for drugs in the Cytokine and CAM Antagonists drug class.
11:05	Michelle Eden	Amgen	Enbrel (etanercept) / Cytokine and CAM Antagonists	Testified to include Enbrel on the PDL. Presented dosage, adherence, unique indication for dual treatment, and efficacy for Enbrel.
11:10	Dr. Jacoby	University of Wisconsin – Madison	Celebrex (celecoxib) / NSAIDs	Testified to include Celebrex on the PDL. Presented GI bleeding problems in small intestines and colon for non-COX2 drugs. Presented advantages of COX2 drugs over COX1 drugs and specific indications for Celebrex.
11:14	Lynette Horwath	Arthritis Foundation	NSAIDs	Spoke in support of not restricting physician prescribing options for arthritis treatment. Testified to include Celebrex on the PDL. Also presented potential recipient impact with Medicare Part D.
11:18	Theodore Young	Eisai Pharmaceuticals	Aricept (donepezil) / Alzheimer's Agents	Testified to include Aricept on the PDL. Presented efficacy, cost effectiveness, and indications for Aricept.
11:25	Robert Gundermann	Alzheimer's Association	Alzheimer medications	Spoke in support of not restricting physician prescribing options for Alzheimer medications.
11:26	Dr. Petersen	None	Alzheimer medications	Spoke in support of not restricting physician prescribing options for Alzheimer medications.
11:31	Bill Desmarais	Boehringer Ingelheim	Spiriva (tiotropium bromide) Bronchodilators, Anticholinergic Mirapex (pramipexole di-hcl) / Antiparkinson's Agents Aggrenox (aspirin/dipyridamole) / Platelet Aggregation Inhibitor	Testified to include Spiriva, Mirapex, and Aggrenox on the PDL. Presented indications and dosage advantage for Spiriva. Presented Mirapex's advantages over Levadopa. Presented indications for Aggrenox.
11:36	Stanley Rane	Novartis Pharmaceuticals	Focalin XR (dexamethylphenidate hcl) / Stimulants and Related Agents	Testified to include Focalin XR on the PDL. Presented safety, efficacy, and dosage advantages over generic products for Focalin XR.
11:39	Jagdish Shastri	Eli Lilly	Strattera (atomoxetine hcl) / Stimulants and Related Agents.	Spoke in support of not restricting physician prescribing options for treatment of ADHD. Testified in support of Strattera in the treatment of ADHD as the only non-addictive agent in the class.
11:43	Jay Ghandi	Sanofi-aventis	Ambien (zolpidem tartrate)/ Sedative Hypnotics	Testified to include Ambien, Ketek, and Lantus on the PDL. Presented indications, utilization, resistance and

Time	Name	Company	Product/Class	Notes
			Ketek (telithromycin) / Macrolides / Ketolides Lantus (insulin, glargine) / Hypoglycemics, Insulins	safety advantages for Ketek. Presented efficacy and safety advantages for Lantus.
11:47	Greg Novarro	Sepracor Inc	Lunesta (eszopiclone) / Sedative Hypnotics	Testified to include Lunesta on the PDL. Presented indications, cost, and long-term use advantage.

Mr. Moody presented all Committee members with commendations from Governor Doyle for their accomplishments and dedication while serving on the Medicaid PA Advisory Committee.

Mr. Moody announced Dr. Heersma’s resignation from the Medicaid PA Advisory Committee. Mr. Moody thanked Dr. Heersma for his dedication and years of service to the Committee.

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. Heersma. Motion seconded by Dr. Izard. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Allen Liegel – aye
- Virginia Bryan – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Barry Blackwell – aye

There were no votes opposed and no abstentions.

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

Mr. Moody made the following announcements at the start of the open session:

- During the open session, Committee members may question an individual that previously testified.

- As Medicare Part D approaches there is a question regarding the status of the SeniorCare program. The Department of Health and Family Services has submitted the required information to the federal government to demonstrate the program's budget neutrality. The Department has not received a response from the federal government.
- During the testimony, the Committee heard concerns that Medicare Part D in combination with the implementation of the Medicaid PDL could impact dually eligible recipients. Mr. Moody encouraged Committee members to determine if their recommendations for each class should be effective in October or at another time due to the Medicare Part D implementation.

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.

Alzheimer's Agents (Alzheimer's Disease)

- a) Review – Since the previous review of the class, Reminyl's name has been changed to Razadyne and Razadyne ER was released.
- b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
RAZADYNE / REMINYL (ORAL)	ON	Yes
ARICEPT / ARICEPT ODT (ORAL)	ON	Yes
EXELON (ORAL)	ON	Yes
NAMENDA (ORAL)	ON	Yes
RAZADYNE ER (ORAL)	ON	Yes
COGNEX (ORAL)	OFF	No

- c) Discussion – Dr. Mergener reviewed the DERP report. Most studies in the class are short-term. Some studies show that Aricept is more effective at reducing caregiver burden.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:
 - Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Allen Liegel – aye
 - Virginia Bryan – aye
 - Peg Smelser – aye
 - James Heersma – aye
 - Tom Hirsch – aye
 - Steve Maike – aye
 - Barry Blackwell – aye

There were no votes opposed and no abstentions.

2) Antiparkinson's Agents (Parkinson's Disease)

- a) Review – This class was reviewed in June 2005. The only changes to the current PDL are the addition of Requip and Kemadrin.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
BENZTROPINE (ORAL)	ON	Generic
TRIHEXYPHENIDYL (ORAL)	ON	Generic
SELEGILINE (ORAL)	ON	Generic
CARBIDOPA/LEVODOPA (ORAL)	ON	Generic
PERGOLIDE (ORAL)	ON	Generic
KEMADRIN (ORAL)	OFF	Yes
PARCOPA (ORAL)	OFF	No
MIRAPEX (ORAL)	ON	Yes
REQUIP (ORAL)	OFF	Yes
COMTAN (ORAL)	ON	Yes
STALEVO (ORAL)	ON	Yes
STALEVO (ORAL) (Comtan + Carbidopa/Levodopa)	NR	COMBO
TASMAR (ORAL)	OFF	No

c) Discussion – None.

d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Iazard – aye
- Larry Fleming – aye
- Allen Liegel – aye
- Virginia Bryan – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Barry Blackwell – aye

There were no votes opposed and no abstentions.

3) Stimulants and Related Agents (Attention deficit disorder and attention deficit hyperactivity disorder)

a) Review – This class was reviewed in June, but not implemented. The recommendations are the same as the June recommendations.

b) Recommendation:

Brand Name	Current PDL Status	PDL Recommendation
METHYLPHENIDATE IR (ORAL)	NR	Generic
METHYLPHENIDATE ER (ORAL)	NR	Generic
DEXTROAMPHETAMINE (ORAL)	NR	Generic
PEMOLINE (ORAL)	NR	No-Generic
AMPHETAMINE SALT COMBO (ORAL)	NR	Generic
ADDERALL XR (ORAL)	NR	Yes
FOCALIN (ORAL)	NR	Yes
METADATE CD (ORAL)	NR	Yes
CONCERTA (ORAL)	NR	Yes
RITALIN LA (ORAL)	NR	Yes
FOCALIN XR (ORAL)	NR	Yes
DESOXYN (ORAL)	NR	No

STRATTERA (ORAL)	NR	No
PROVIGIL (ORAL)	NR	No

c) Discussion –

- Dr. Blackwell was concerned that Strattera is not recommended as preferred. All of the drugs recommended for preferred status are addictive. He also stated that in other states these addictive drugs are being taken off PDLs. Dr. Blackwell made a motion (1) to accept the recommendation with the addition of Strattera as a preferred drug. Ms. Smelser expressed support for the motion.
- Dr. Hirsch stated that Strattera has not clinically performed as expected. He also stated that people take Strattera as a first line agent, but because of its cost and effectiveness concerns, its role is not that of a first line agent.
- Dr. Blackwell stated that the studies did not show Strattera’s effectiveness because of the way the studies were performed. Mr. Liegel added concerns regarding the relative high price of Strattera. Dr. Hirsch stated that Navitus has reduced its use of the drug because of its lack of effectiveness.
- Dr. Heersma stated that based on the definition of addiction, individuals taking the drugs are not addicted to them if taken according to the prescribed guidelines. Dr. Blackwell agreed that only those who misuse the drugs would become addicted. Dr. Sorkness stated that many drug classes contain drugs that could be addictive, but that does not necessarily mean they are excluded from preferred status on the PDL.
- Dr. Frazier asked if the Committee would recommend grandfathering patients already taking Strattera.
- Mr. Moody summarized DHCF’s draft recommendations for the class including grandfathering and specific PA requirements. Any recommendation made by the Committee would include these criteria.
- Dr. Hirsch asked about the current Medicaid early refill policy. Dr. Mergener explained the current Pro-DUR early refill alert.
- Dr. Blackwell stated that if Strattera is used as a second line agent, it would show less effectiveness. All second line agents show less effectiveness. The public deserves access to a preferred drug that does not have addiction qualities. Dr. Sorkness asked if there are any trials that show this with Strattera. Dr. Blackwell stated there aren’t an adequate number of trials.
- Dr. Fleming understands Dr. Blackwell’s concerns and would be enthusiastic of including Strattera if the manufacturer had priced the drug more competitively.
- Dr. Taylor added that some studies show an increase in liver problems with Strattera.

Vote on Recommendation – Motion (1) made to accept recommendation with the addition of Strattera as a preferred drug. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – nay
- Kevin IZard – nay
- Larry Fleming – nay
- Allen Liegel – aye
- Virginia Bryan – aye
- Peg Smelser – aye
- James Heersma – nay
- Tom Hirsch – nay
- Steve Maike – nay
- Barry Blackwell – aye

Motion (1) defeated. Voting results were 5 ayes to 6 nays. There were no abstentions.

Motion (2) made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin IZard – aye
- Larry Fleming – aye
- Allen Liegel – aye
- Virginia Bryan – nay
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye
- Barry Blackwell – nay

Motion (2) passed. Voting results were 9 ayes to 2 nays. There were no abstentions.

4) Sedative Hypnotics (Insomnia and sleep disorders)

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

Option 1

Brand Name	Current PDL Status	PDL Recommendation
FLURAZEPAM (ORAL)	NR	Yes
TEMAZEPAM (ORAL)	NR	Generic
TRIAZOLAM (ORAL)	NR	Generic
CHLORAL HYDRATE (ORAL/RECT)	NR	Generic
ESTAZOLAM (ORAL)	NR	Generic
DORAL (ORAL)	NR	No
RESTORIL 7.5 MG (ORAL)	NR	No
SONATA (ORAL)	NR	No
AMBIEN (ORAL)	NR	Yes
LUNESTA (ORAL) NO RESTRICTIONS	NR	No

Option 2

Brand Name	Current PDL Status	PDL Recommendation
FLURAZEPAM (ORAL)	NR	Generic
TEMAZEPAM (ORAL)	NR	Generic
TRIAZOLAM (ORAL)	NR	Generic
CHLORAL HYDRATE (ORAL/RECT)	NR	Generic
ESTAZOLAM (ORAL)	NR	Generic
DORAL (ORAL)	NR	No

RESTORIL 7.5 MG (ORAL)	NR	No
SONATA (ORAL)	NR	Yes
AMBIEN (ORAL)	NR	Yes
LUNESTA (ORAL) NO RESTRICTIONS	NR	Yes

c) Discussion

- Dr. Blackwell stated that Ambien should not be the only preferred brand drug on the PDL and proposed including Lunesta, as it is the only drug approved for extended use. Lunesta’s manufacturer completed research that indicates its effectiveness for long term use, while Ambien’s manufacturer has not.
- Dr. Izard was concerned about the research indicating Lunesta’s superiority to the other drugs in the class. It is not clear this drug should be preferred, even though it is a new drug.
- Dr. Mergener summarized that in general; individuals receive a 30 day supply with each prescription and an average of 4-5 prescriptions per year.
- The Committee discussed quantity limits for these drugs and referred this to the Drug Utilization Review Board for review. Dr. Hirsch stated that Navitus has no quantity limits for this class. Ms. Smelser agreed it would be disruptive to recipients to impose quantity limits.
- Dr. Frazier asked if the impact of Medicare Part D should be considered. Currently, Ambien is the preferred drug. If the Committee chooses to change the preferred drugs, a large number of recipients may have to switch. In January, when Medicare Part D takes effect, those same recipients may have to switch drugs again. By using the same recommendations as the last review the Committee prevents this scenario from occurring.

Motion made to accept the recommendation (Option 1) was made.

d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

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|----------------------------|-------------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |
| ▪ Allen Liegel – nay | ▪ Barry Blackwell – nay |
| ▪ Virginia Bryan – aye | |

Motion passed. Voting results were 9 ayes to 2 nays. There were no abstentions.

Because the mental health classes were completed, the expanded Committee members were excused from the remainder of the meeting.

5) ACE Inhibitors (High blood pressure)

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

Brand Name	Current PDL Status	PDL Recommendation
ENALAPRIL / HCTZ (ORAL)	NR	Generic
CAPTOPRIL / HCTZ (ORAL)	NR	Generic
BENAZEPRIL / HCTZ (ORAL)	NR	Generic
LISINOPRIL / HCTZ (ORAL)	NR	Generic
FOSINOPRIL / HCTZ (ORAL)	NR	Generic
QUINAPRIL / HCTZ (ORAL)	NR	Generic
MAVIK (ORAL)	NR	No
ALTACE (ORAL)	NR	No
UNIRETIC / UNIVASC (ORAL)	NR	No
ACEON (ORAL)	NR	No

c) Discussion –

- Dr. Mergener summarized the DERP report. All drugs were shown to be equally effective. Ramipril (Altace) showed the strongest evidence in the prevention of diabetic nephropathy. Initial studies did not show a decrease in all cause mortality. However, the studies showed improved mortality in specific diseases.
- Dr. Hirsch recommended fosinopril and quinapril, the two highest cost generics, be non-preferred. He also recommended grandfathering recipients taking all non-preferred drugs until after the implementation of Medicare Part D. Dr. Izard did not support the proposal because of the inconvenience to prescribers. Dr. Sorkness pointed out that the Committee has favored generics in the past. Removing fosinopril and quinapril from the preferred list would not follow that philosophy.
- Dr. Maike suggested the Committee discontinue grandfathering recipients that do not take their medications. If a recipient misses two refills, they should be removed from the grandfathering exception. Dr. Izard added that in a year the cost of the generic products would likely be down. At that time the Committee could reconsider its decision.

Vote on Recommendation – Motion (1) made to accept recommendation with the removal of fosinopril and quinapril as preferred drugs. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – nay |
| ▪ Christine Sorkness – nay | ▪ James Heersma – nay |
| ▪ Kevin Izard – nay | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

Motion (1) defeated. Voting results were 4 ayes to 4 nays. There were no abstentions.

Motion (2) made to accept recommendation and grandfather all non-preferred products. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – nay
- Steve Maike – aye

Motion (2) passed. Voting results were 7 ayes to 1 nay. There were no abstentions.

6) Platelet Aggregation Inhibitors (Prevention of blood clots)

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

Brand Name	Current PDL Status	PDL Recommendation
DIPYRIDAMOLE (ORAL)	NR	Generic
TICLOPIDINE (ORAL)	NR	Generic
AGGRENOX (ORAL)	NR	Yes
PLAVIX (ORAL)	NR	Yes

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

7) Atopic Dermatitis (Eczema)

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

Brand Name	Current PDL Status	PDL Recommendation
ELIDEL (TOPICAL)	ON	Yes
PROTOPIC (TOPICAL)	ON	Yes

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

8) Antifungals, Topical (Skin fungal infections)

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

Brand Name	Current PDL Status	PDL Recommendation
NYSTATIN/TRIAMCINOLONE (TOPICAL)	ON	Generic
CLOTRIMAZOLE-BETAMETHASONE (TOPICAL)	ON	Generic
NYSTATIN (TOPICAL)	ON	Generic
KETOCONAZOLE SHAMPOO (TOPICAL)	ON	Generic
KETOCONAZOLE CREAM (TOPICAL)	ON	Generic
ECONAZOLE (TOPICAL)	ON	Generic
CICLOPIROX CREAM/SUSPENSION (TOPICAL)	ON	Generic
EXELDERM (TOPICAL)	ON	Yes
LOPROX GEL (TOPICAL)	ON	Yes
NAFTIN (TOPICAL)	ON	No
LOPROX SHAMPOO (TOPICAL)	ON	Yes
MENTAX (TOPICAL)	OFF	No
OXISTAT (TOPICAL)	OFF	No
ERTACZO (TOPICAL)	OFF	No
PENLAC (TOPICAL)	OFF	No

- c) Discussion – None.

Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin IZard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

9) Antifungals, Oral (Nail fungus and other fungal infections)

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

Brand Name	Current PDL Status	PDL Recommendation
GRISEOFULVIN SUSPENSION (ORAL)	NR	Generic
FLUCONAZOLE (ORAL)	ON	Generic
KETOCONAZOLE (ORAL)	ON	Generic
NYSTATIN (ORAL)	ON	Generic
CLOTRIMAZOLE (MUCOUS MEM)	ON	Generic
ITRACONAZOLE (ORAL)	ON	Generic
MYCOSTATIN (MUCOUS MEM)	OFF	Yes
GRIFULVIN V TABLETS (ORAL)	NR	No
GRIS-PEG (ORAL)	NR	Yes
LAMISIL (ORAL)	ON	Yes

ANCOBON (ORAL)	OFF	No
VFEND (ORAL)	OFF	No

c) Discussion –

- Dr. Hirsch suggested Vfend be added as a preferred drug because of its unique indications, use by specialists, including oncologists, and low utilization. Dr. Izard agreed that Vfend should be preferred.
- Dr. Hirsch proposed to remove Lamisil as a preferred drug. He also suggested a diagnosis restriction because Lamisil should only be used for the treatment of onychomycosis.
- Mr. Moody summarized the amended recommendation. The Committee recommends making Vfend a preferred drug and making Lamisil a non-preferred drug. Further, the Committee recommends adding a diagnosis restriction to the PA approval criteria for Lamisil so that it is only used for the treatment of onychomycosis.

Vote on Recommendation – Motion made to accept recommendation as amended in the discussion. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

10) Antivirals (Flu/Herpes)

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

b) Recommendation:

Option 1

Brand Name	Current PDL Status	PDL Recommendation
AMANTADINE (ORAL)	ON	Generic
ACYCLOVIR (ORAL)	ON	Generic
RIMANTADINE (ORAL)	ON	Generic
GANCICLOVIR (ORAL)	OFF	Generic
VALTREX (ORAL)	ON	Yes
RELENZA (INHALATION)	OFF	No
FAMVIR (ORAL)	OFF	No
TAMIFLU (ORAL)	ON	No
VALCYTE (ORAL)	ON	Yes

Option 2

Brand Name	Current PDL Status	PDL Recommendation
AMANTADINE (ORAL)	ON	Generic
ACYCLOVIR (ORAL)	ON	Generic
RIMANTADINE (ORAL)	ON	Generic
GANCICLOVIR (ORAL)	OFF	Generic
VALTREX (ORAL)	ON	Yes
RELENZA (INHALATION)	OFF	No
FAMVIR (ORAL)	OFF	No
TAMIFLU (ORAL)	ON	Yes
VALCYTE (ORAL)	ON	Yes

- c) Discussion – Mr. Moody summarized the two options presented to the Committee with the only difference being the inclusion of Tamiflu. Mr. Moody stated that DHCF will watch progression of the avian flu and the availability of the flu vaccine. If needed the recommendation could be changed to include Tamiflu as preferred.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:
- Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Peg Smelser – aye
 - James Heersma – aye
 - Tom Hirsch – aye
 - Steve Maike – aye

There were no votes opposed and no abstentions.

11) Cephalosporins/Related Antibiotics (Antibiotics for infection)

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

Brand Name	Current PDL Status	PDL Recommendation
CEPHALEXIN (ORAL)	ON	Generic
CEFACTOR (ORAL)	ON	Generic
CEFUROXIME (ORAL)	ON	Generic
CEFADROXIL (ORAL)	ON	Generic
AMOXICILLIN/CLAV TABLET (ORAL)	ON	Generic
AMOXICILLIN/CLAV SUSPENSION (ORAL)	ON	Generic
CEFPODOXIME (ORAL)	ON	Generic
PANIXINE (ORAL)	OFF	No
LORABID (ORAL)	OFF	No
SUPRAX (ORAL)	OFF	Yes
CEDAX (ORAL)	OFF	Yes
CEFZIL (ORAL)	OFF	Yes
SPECTRACEF (ORAL)	ON	Yes
RANICLOR (ORAL)	OFF	No
AUGMENTIN XR (ORAL)	ON	No

OMNICEF (ORAL)	ON	Yes
----------------	----	-----

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

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin IZard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

12) Fluoroquinolones (Antibiotics for infection)

- 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)	OFF	Generic
NOROXIN (ORAL)	ON	No
AVELOX (ORAL)	ON	Yes
CIPRO XR (ORAL)	ON	No
TEQUIN (ORAL)	ON	No
MAXAQUIN (ORAL)	OFF	No
LEVAQUIN (ORAL)	ON	No
CIPRO SUSPENSION (ORAL)	OFF	No
FACTIVE (ORAL)	OFF	No

- c) Discussion
- Dr. IZard expressed concern about removing Levaquin as a preferred drug since it currently has 51% of the market-share.
 - Committee members asked Mr. Ebert, speaker on fluoroquinolones and cephalosporin antibiotics, for his opinion. Mr. Ebert stated that Avelox had a comparable treatment spectrum to Levaquin. He also stated that ciprofloxacin could be used for gram negative infections, but not for upper respiratory infections. Avelox could be used for gram positive infections. Mr. Ebert stated his concern about recipients leaving hospitals and going to outpatient settings without the ability to get Levaquin.
 - Dr. Sorkness agreed there must be a mechanism for individuals to continue their treatment going from an inpatient to outpatient setting. Dr. Fleming asked if patients leaving the hospital are given enough medication to complete their course of treatment without filling a prescription. Dr. Mergener stated that patients typically do not leave the hospital with enough medication to complete their course of therapy. In most cases they do need to fill a prescription.
 - Dr. Hirsch asked if DHCF can monitor this and revisit the question in six months to analyze resistance patterns across the state.

- The Committee amended recommendation to make Levaquin a preferred drug.
- d) Vote on Recommendation – 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
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

13) Macrolides/Ketolides (Antibiotics for infection)

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

Brand Name	Current PDL Status	PDL Recommendation
ERYTHROMYCIN (ORAL)	ON	Generic
CLARITHROMYCIN (ORAL)	NR	Generic
ZITHROMAX (ORAL)	ON	Yes
BIAXIN XL (ORAL)	OFF	Yes
KETEK (ORAL)	OFF	No

- c) Discussion –
 - Dr. Hirsch proposed accepting the recommendation, but changing Biaxin XL to a non-preferred status. The generic products in the class should be favored.
 - Dr. IZard asked if making this change will add savings.
 - Dr. Taylor stated that there will not be little in additional savings by removing Biaxin XL from the preferred list.
 - Dr. IZard felt the Committee should err on the side of including products on the PDL if there is not an advantage for removing them.
 - Dr. Hirsch stated he agreed with Dr. IZard, but the generic should be preferred over the brand product.
- d) Vote on Recommendation – Motion (1) made to accept recommendation and make Biaxin XL a non-preferred drug. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – nay
- Kevin IZard – nay
- Larry Fleming – nay
- Peg Smelser – aye
- James Heersma – nay
- Tom Hirsch – aye
- Steve Maike – aye

Motion (1) defeated. Voting results were 4 ayes to 4 nays. There were no abstentions.

Motion (2) made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – nay
- Steve Maike – nay

Motion (2) passed. Voting results were 6 ayes to 2 nays. There were no abstentions.

14) Ophthalmics, Antibiotics (Infection of the eyes)

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

Brand Name	Current PDL Status	PDL Recommendation
CIPROFLOXACIN SOLUTION (OPHTHALMIC)	ON	Generic
SULFACETAMIDE (OPHTHALMIC)	NR	Generic
BACITRACIN (OPHTHALMIC)	ON	Generic
TOBRAMYCIN (OPHTHALMIC)	ON	Generic
ERYTHROMYCIN (OPHTHALMIC)	ON	Generic
GENTAMICIN (OPHTHALMIC)	ON	Generic
POLYMYXIN/TRIMETHOPRIM (OPHTHALMIC)	NR	Generic
BACITRACIN/POLYMYXIN (OPHTHALMIC)	ON	Generic
TRIPLE ANTIBIOTIC (OPHTHALMIC)	ON	Generic
OFLOXACIN (OPHTHALMIC)	ON	Generic
ZYMAR (OPHTHALMIC)	ON	Yes
VIGAMOX (OPHTHALMIC)	ON	No
CILOXAN OINTMENT (OPHTHALMIC)	OFF	No
QUIXIN (OPHTHALMIC)	OFF	No

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

15) Ophthalmics, Allergic Conjunctivitis (Allergy of the eyes)

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

Brand Name	Current PDL Status	PDL Recommendation
CROMOLYN SODIUM (OPHTHALMIC)	ON	Generic
ALREX (OPHTHALMIC)	ON	Yes
ELESTAT (OPHTHALMIC)	ON	Yes
ACULAR (OPHTHALMIC)	ON	Yes

PATANOL (OPHTHALMIC)	ON	Yes
ZADITOR (OPHTHALMIC)	ON	No
EMADINE (OPHTHALMIC)	OFF	No
OPTIVAR (OPHTHALMIC)	OFF	No
ALOMIDE (OPHTHALMIC)	OFF	No
ALAMAST (OPHTHALMIC)	OFF	No
ALOCRIAL (OPHTHALMIC)	OFF	No

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

16) Ophthalmics, Glaucoma Agents (Treatment of eye condition that can cause sight loss)

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

Brand Name	Current PDL Status	PDL Recommendation
LEVOBUNOLOL (OPHTHALMIC)	ON	Generic
DIPIVEFRIN (OPHTHALMIC)	ON	Generic
PILOCARPINE (OPHTHALMIC)	ON	Generic
CARTEOLOL (OPHTHALMIC)	ON	Generic
TIMOLOL (OPHTHALMIC)	ON	Generic
METIPRANOLOL (OPHTHALMIC)	ON	Generic
BETAXOLOL (OPHTHALMIC)	ON	Generic
BRIMONIDINE (OPHTHALMIC)	ON	Generic
BETIMOL (OPHTHALMIC)	ON	Yes
AZOPT (OPHTHALMIC)	ON	Yes
TRAVATAN 2.5ML (OPHTHALMIC)	ON	Yes
BETOPTIC S (OPHTHALMIC)	ON	Yes
LUMIGAN 2.5ML (OPHTHALMIC)	ON	Yes
TRUSOPT (OPHTHALMIC)	ON	Yes
ISTALOL (OPHTHALMIC)	OFF	No
XALATAN 2.5ML (OPHTHALMIC)	ON	No
ALPHAGAN P (OPHTHALMIC)	ON	Yes
COSOPT (OPHTHALMIC)	ON	Yes
COSOPT (OPHTHALMIC) (Trusopt + timolol)	NR	COMBO

- c) Discussion
- Dr. Sorkness mentioned grandfathering for these drugs for at least 3 months due to the implementation of Medicare Part D. Ms. Smelser agreed. Any individuals currently taking non-preferred products should be grandfathered until the end of

2005. Dr. Fleming asked if the Committee should consider grandfathering individuals currently taking the non-preferred products for an indefinite time period.

- Dr. Hirsch asked if there were other offers were impacted by grandfathering. Dr. Taylor stated that other offers were not impacted by this decision.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – nay
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – nay
- Steve Maike – aye

Motion passed. Voting results were 6 ayes to 2 nays. There were no abstentions.

17) Leukotriene Modifiers (Asthma)

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

Brand Name	Current PDL Status	PDL Recommendation
ACCOLATE (ORAL)	ON	Yes
SINGULAIR (ORAL)	ON	Yes

- c) Discussion – The Committee discussed the use of leukotriene modifiers for allergies, agreeing that prescribers should use allergy medications first unless patients are diagnosed with asthma. Dr. Sorkness asked DHCF consider additional restrictions for drugs in this class unless patients have a diagnosis of asthma. It was agreed that this item will be given to the Drug Utilization Review board for consideration.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

18) Bronchodilators, Beta Agonists (Asthma)

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

Brand Name	Current PDL Status	PDL Recommendation
ALBUTEROL (ORAL)	ON	Generic
ALBUTEROL INHALER (INHALATION)	ON	Generic
ALBUTEROL NEBULIZER (INHALATION)	ON	Generic

METAPROTERENOL (ORAL)	ON	Generic
TERBUTALINE (ORAL)	ON	Generic
METAPROTERENOL (INHALATION)	ON	Generic
ALUPENT INHALER (INHALATION)	OFF	No
MAXAIR (INHALATION)	OFF	Yes
ACCUNEB (INHALATION)	OFF	No
SEREVENT (INHALATION)	ON	Yes
VOSPIRE ER (ORAL)	OFF	No
FORADIL (INHALATION)	OFF	No
XOPENEX (INHALATION)	OFF	No

- c) Discussion – Dr Izard asked if making Xopenex non-preferred would impact its use in the ER. If so, Dr. Izard asked the Committee to consider adding Xopenex as a preferred agent.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:
- Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Peg Smelser – aye
 - James Heersma – aye
 - Tom Hirsch – aye
 - Steve Maike – aye

There were no votes opposed and no abstentions.

19) Bronchodilators, Anticholinergic (Emphysema)

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

Brand Name	Current PDL Status	PDL Recommendation
IPRATROPIUM NEBULIZER (INHALATION)	ON	Generic
COMBIVENT (INHALATION)	ON	Yes
COMBIVENT (INHALATION) (Atrovent + Albuterol Inhaler)	GEN	COMBO
ATROVENT HFA (INHALATION)	ON	Yes
DUONEB (INHALATION)	OFF	No
DUONEB (INHALATION) (IPRATROPIUM+ALBUTEROL)	GEN	COMBO
SPIRIVA (INHALATION)	ON	Yes

- c) Discussion – None.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:
- Tom Frazier – aye
 - Christine Sorkness – aye
 - Kevin Izard – aye
 - Larry Fleming – aye
 - Peg Smelser – aye
 - James Heersma – aye
 - Tom Hirsch – aye
 - Steve Maike – aye

There were no votes opposed and no abstentions.

20) Glucocorticoids, Inhaled (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
PULMICORT TURBUHALER (INHALATION)	OFF	No
ADVAIR DISKUS (INHALATION)	ON	Yes
PULMICORT RESPULES (INHALATION)	ON	Yes

- c) Discussion – Dr. Izard asked why Asmanex was not included in this review. Dr. Taylor stated that Asmanex is a new drug that came on the market too late to be included in this review. It will be reviewed in February 2006.
- d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

21) Intranasal Rhinitis (Allergies)

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

Brand Name	Current PDL Status	PDL Recommendation
IPRATROPIUM (NASAL)	ON	Generic
FLUNISOLIDE (NASAL)	ON	Generic
FLONASE (NASAL)	ON	Yes
NASAREL (NASAL)	ON	No
NASONEX (NASAL)	ON	Yes
ASTELIN (NASAL)	OFF	No
BECONASE AQ (NASAL)	OFF	No
NASACORT AQ (NASAL)	OFF	Yes
RHINOCORT AQUA (NASAL)	OFF	No

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

22) Antiemetics (Prevention of nausea and vomiting)

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

Brand Name	Current PDL Status	PDL Recommendation
KYTRIL (ORAL)	OFF	No
EMEND (ORAL)	ON	Yes
ZOFRAN / ZOFRAN ODT (ORAL)	ON	Yes
ANZEMET (ORAL)	ON	No

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – aye
- Steve Maike – aye

There were no votes opposed and no abstentions.

23) Hypoglycemics, Insulins (Diabetes)

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

Brand Name	Current PDL Status	PDL Recommendation
NOVOLIN (SUBCUTANE.)	OFF	No
HUMULIN (SUBCUTANE.)	ON	Yes
HUMALOG (SUBCUTANE.)	ON	Yes
NOVOLOG (SUBCUTANE.)	OFF	No
LANTUS (SUBCUTANE.)	ON	Yes
SYMLIN (SUBCUTANE.)	NR	Yes
NOVOLOG MIX 70/30 (SUBCUTANE.)	OFF	No
HUMALOG MIX 75/25 (SUBCUTANE.)	ON	Yes
BYETTA (SUBCUTANE.)	NR	Yes

- c) Discussion –
- Dr. Hirsch stated concern adding Symlin and Byetta as preferred drugs because of the weight loss effects of the drug. Due to the potential for abuse, he suggested the Committee wait until additional studies are completed.
 - Dr. Izard suggested the Committee be as inclusive as possible with the recommendations. Because there is not a difference in safety or savings, the Committee should include Symlin and Byetta as preferred drugs. Dr. Heersma agreed that the Committee should not discourage the use of Symlin or Byetta.
 - Dr. Fleming stated that doctors want to use these drugs. He asked if it is possible to restrict the use of them to endocrinologists. Ms. Carrie Gray (DHCF) stated that providers self-declare their specialty, so restricting to endocrinologists may not be feasible.
 - Dr. Hirsch agreed there is a niche for Byetta and Symlin, however, there is not much known about that niche yet. He proposed not putting Symlin and Byetta on as preferred drugs until more information is available (Motion 1).
- d) Vote on Recommendation – Motion (1) made to accept recommendation with Byetta and Symlin as non-preferred drugs. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – nay | ▪ Peg Smelser – nay |
| ▪ Christine Sorkness – aye | ▪ James Heersma – nay |
| ▪ Kevin Izard – nay | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – nay | ▪ Steve Maike – aye |

Motion (1) defeated. Voting results were 4 ayes to 4 nays. There were no abstentions.

Motion (2) made to accept recommendation. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – nay |
| ▪ Larry Fleming – aye | ▪ Steve Maike – nay |

Motion (2) passed. Voting results were 6 ayes to 2 nays. There were no abstentions.

24) Hypoglycemics, Metformins (Diabetes)

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

Brand Name	Current PDL Status	PDL Recommendation
METFORMIN IR (ORAL)	NR	Generic
METFORMIN ER (ORAL)	NR	Generic
GLYBURIDE-METFORMIN (ORAL)	NR	Generic
FORTAMET (ORAL)	NR	No
RIOMET (ORAL)	NR	No

METAGLIP (ORAL)	NR	No
METAGLIP (ORAL) (Glipizide + Metformin IR)	NR	COMBO
AVANDAMET (ORAL)	NR	No
AVANDAMET (ORAL) (Avandia + Metformin IR)	NR	COMBO

c) Discussion

- Dr. Izard suggested the Committee include Avandamet as a preferred drug. Diabetes is difficult to control and once a patient is stabilized, you do not want to switch their medications.
- Dr. Taylor stated that putting Avandamet on the PDL as preferred would not affect other offers or savings significantly.

d) Vote on Recommendation – Motion made to accept recommendation with Avandamet as preferred. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

25) Bone Resorption Suppression and Related Agents (Osteoporosis)

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

b) Recommendation:

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

c) Discussion – Dr. Hirsch stated that Miacalcin is used for acute fractures.

Dr. Izard stated that Miacalcin is the only drug used for stomach ulcers and therefore should remain as preferred on the PDL.

d) Vote on Recommendation – Motion made to accept recommendation. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – aye | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – aye | ▪ Steve Maike – aye |

There were no votes opposed and no abstentions.

26) Cytokine and CAM Antagonists (Rheumatoid arthritis and psoriasis)

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

Brand Name	Current PDL Status	PDL Recommendation
KINERET (INJECTION)	ON	Yes
ENBREL (INJECTION)	ON	Yes
HUMIRA (INJECTION)	ON	Yes
RAPTIVA (INJECTION)	OFF	Yes
AMEVIVE (INJECTION)	OFF	No

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

- Tom Frazier – aye
- Christine Sorkness – aye
- Kevin Izard – aye
- Larry Fleming – aye
- Peg Smelser – aye
- James Heersma – aye
- Tom Hirsch – nay
- Steve Maike – nay

There were no votes opposed and no abstentions.

27) NSAIDs (Pain Control)

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

Brand Name	Current PDL Status	PDL Recommendation
PIROXICAM (ORAL)	ON	Generic
IBUPROFEN RX (ORAL)	ON	Generic
INDOMETHACIN (ORAL)	ON	Generic
KETOROLAC (ORAL)	ON	Generic
NAPROXEN RX (ORAL)	ON	Generic
FLURBIPROFEN (ORAL)	ON	Generic
DICLOFENAC (ORAL)	ON	Generic
KETOPROFEN (ORAL)	ON	Generic
OXAPROZIN (ORAL)	ON	Generic
SULINDAC (ORAL)	ON	Generic
MECLOFENAMATE (ORAL)	ON	Generic
FENOPROFEN (ORAL)	ON	Generic
ETODOLAC (ORAL)	ON	Generic
NABUMETONE (ORAL)	ON	Generic
TOLMETIN (ORAL)	ON	Generic
PONSTEL (ORAL)	ON	No
PREVACID NAPRAPAC (ORAL)	OFF	No
PREVACID NAPRAPAC (ORAL) (Prevacid + Naproxen)	NR	COMBO
MOBIC (ORAL)	ON	No

ARTHROTEC (ORAL)	OFF	No
ARTHROTEC (ORAL) (Diclofenac + Misoprostol)	NR	COMBO
CELEBREX (ORAL)	ON	No

c) Discussion

- Mr. Moody summarized the recommendation and stated the current step-therapy policy would be ended. Instead DHCF recommends the trial and failure of two generic products before allowing a brand product.
 - Dr. Hirsch proposed to make etodolac, nabumetone, and tolmetin non-preferred due to their high cost. Dr. Izard suggested the Committee be as inclusive as possible on the PDL and not remove the generic products. In general, the Committee has always tried to favor generic products.
 - Ms. Smelser recommended that in addition to removing the high cost generic products, the Committee grandfather individuals taking non-preferred agents until the end of the year.
 - Mr. Maike stated that limiting the number of preferred generic products might result in additional use of Celebrex and other brand products. It may be best to not limit the number of generic products.
 - Motion made to amend recommendation to make etodolac, nabumetone, and tolmetin non-preferred.
- d) Vote on Recommendation – Motion made to accept recommendation as amended in the discussion. Voting results were:

- | | |
|----------------------------|-----------------------|
| ▪ Tom Frazier – aye | ▪ Peg Smelser – aye |
| ▪ Christine Sorkness – aye | ▪ James Heersma – aye |
| ▪ Kevin Izard – nay | ▪ Tom Hirsch – aye |
| ▪ Larry Fleming – nay | ▪ Steve Maike – nay |

Motion passed. Voting results were 5 ayes to 3 nays. There were no abstentions.

Closing

The next meeting is February 8, 2006, Madison, 8:30 am – 4:30 pm.

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