

Pharmacy and Therapeutics Committee
14 September 2004 Meeting
Minutes

The chair, Richard Slaughter, M.Sc., called the meeting to order at 6:05PM
Members Present: Coffey, Eggleston, Feichtner, Henry, Perri, Robins, Slaughter, VanLoo
Members Absent: Ernst
Other Staff Present: Annette Paul, RPh, Luenetta Jackson, PharmD, Mary Sandusky,
RPh, George Baker, MD, Susan Moran, RN

Public Comment:

Todd Lacksonen, Theophilus Glover, Prevacid (TAP)
Edwards, PharmD Advair; B Facca, Imitrex; S Blak, Avandamet (GSK)
Rick Detloff, Caduet (Pfizer)
Pinalcin Attawala, MD, Vytarin, Nasonex, Foradil (Schering Plough)
P. Stoyanoff, MD, Xopenex (Sepracor)
Steve Moody, Crestor; George Anderson, Nexium (AstraZeneca)
Paul Tomondy, Actonel (Proctor and Gamble)

New Drugs

The committee approved by voice vote the following:

Plenaxis: this is physician administered service in a facility
Amevive: approved for inclusion on Michigan Pharmaceutical Product ListMPPL
Apokyn: approved for inclusion of MPPL
Avastin: this is physician administered service in facility setting
Caduet: approved for PDL with prior authorization
Erbix: this is physician administered service in facility setting
Myfortic: approved for inclusion on MPPL
Vidaza: approved for inclusion on MPPL

Review of PDL Classes

The Committee discussed the recommendations of the workgroups and made the following decisions by voice vote to the existing classes of drugs on the PDL:

Narcotics-Long acting: Preferred: Avinza®, Duragesic®, Kadian®, morphine sulfate, long acting preparations
Narcotics-short and Intermediate acting: no change
NSAIDs: Traditional NSAIDs have generics as preferred; this category removed from PDL. Brand name equivalents will require PA per other Department Pharmacy policy
Cox-II Inhibitors: no change; keep age at 60+ for no prior authorization(PA)
Anti-fungals, onychomycosis: no change
Anti-fungals, topical: no change
Anti-fungals, oral: generic fluconazole moved to preferred; Vfend® to require PA
Antiviral, herpes: no change

Antiviral, influenza: Move Relenza® and Tamiflu® to require PA
Antiviral, protease inhibitors: omit from list as all are preferred
Cephalosporins, first generation: no change
Cephalosporins, second generation: cefaclor to require PA; cefuroxime axetil, preferred; Ceftin® suspension, preferred; Cefzil® suspension, preferred
Cephalosporins, third generation: Rocephin® off PDL list because it is an injection
Change name of categories to “oral” cephalosporins
Hepatitis C : no change
Macrolides: no change
Quinolones: Change format to show classes effective against Gram+, Gram- organisms; Avelox®, Avelox ABC®, Cipro®, Cipro XR® ciprofloxacin to be added to preferred; Levaquin® to require PA
Antihistamines, second generation: no change
Beta adrenergics, short acting inhalers: no change
Beta adrenergics, long acting: no change
Beta adrenergics for nebulizers: no change
Beta adrenergic/ corticosteroid inhaler combinations: no change
Inhaled corticosteroids: no change **Remove word “systemic” from PDL listing**
Leukotriene inhibitors: no change
Nasal steroids: Nasarel® moves to require PA; Nasalide® moves to preferred;
Insulins: no change
Oral hypoglycemics, alpha glucosidase inhibitors: Glyset® to preferred
Oral hypoglycemics, biguanides: no change
Oral hypoglycemics, biguanide combinations: no change; when generic metformin+glyburide becomes available, would become preferred
Oral hypoglycemics, meglitinides: Starlix® moves to preferred; Prandin® requires PA
Oral hypoglycemics, second generation sulfonylureas: no change
Oral hypoglycemics, thiazolidinones: no change
Nausea agents, oral: Kytril® added to preferred; Anzemet® to require PA
Proton Pump Inhibitors: Nexium®, Prevacid® preferred: Protonix® to require PA
Glaucoma, alpha2 adrenergics: iopidine, Alphagan P®, Alphagan® preferred
Glaucoma, beta blockers : Betagan® added to preferred; Betoptic S® added to preferred
Glaucoma, prostaglandin inhibitors : no change
Glaucoma, carbonic anhydrase inhibitors: Trusopt® moved to preferred
Immunosuppressives: remove category from PDL as all are preferred
Osteoporosis agents, Bisphosphonates: new sub category, no change
Osteoporosis agents, other: Miacalcin® becomes preferred agent in this category
Osteoporosis agents, SERMs: no change
Serotonin receptor agonists: no change

Four new categories created:

5HT4 Agonists: Zelnorm® preferred for women with IBS with constipation per licensing; use in males requires PA; chronic constipation use requires PA

Urinary Tract Antispasmodics: preferred: Detrol®, Detrol, LA®, oxybutynin hydrochloride, Oxytrol®; require PA: Ditropan®, DitropanXL®, flavoxate HCl, Urispas®

Oral Sexual Dysfunction Drugs: Will continue to require clinical PA, but Levitra®, Viagra® would be preferred if clinical PA approved; Cialis® would require separate PA after clinical PA approved

Topical Immunomodulators: Clinical PA required; Elidel®, Protopic® available with clinical PA

Next, the Committee reviewed drugs in the Cardiac and Central Nervous System categories, based on the National Multi-State Pooling Initiative results.

The following classes had changes, approved by the committee:

Angiotensin Receptor Antagonists: Cozaar®, Hyzaar® moved to preferred; Atacand®, Atacand HCT®, Benicar®, Benicar HCT®, Tevetin®, Tevetin HCT® moved to require PA

Calcium Channel Blockers, dihydropyridines: Afeditab CR®, Nifedical XL®, Plendil® moved to preferred

Calcium channel blockers, non-dihydropyridine: Taztia XT® moved to preferred; Cardizem®, Verelan PM® moved to require PA

Antidepressants, SSRIs: remove PA requirement for beneficiaries <18, contingent on changes being contemplated by the FDA on these products

Drugs for ADHD: AdderallXR® moved to preferred; Strattera® moved to require PA; Concerta® status to continue to be reviewed by workgroup with discussion at December meeting

Senate Bills 831, 832

The committee was supplied copies of these two new laws. A brief description of the provisions followed. The committee was asked to review a draft certification form as called for in SB831 and to give comments back to G. Perri within the next two weeks.

Committee Procedures

The chair discussed his ideas to make the review of drug classes more methodical and efficient. He cited the model used by the Oregon Medicaid program. He suggested increasing the number of meetings to five per year. He will summarize his ideas in a document which will be distributed to the Committee under separate cover.

Meeting ended approximately 9:20 PM

NEXT MEETING: Tuesday, December 7, 2004, Kellogg Center, 6PM