

**Pharmacy and Therapeutics Committee  
Meeting of September 13, 2005  
Kellogg Center, Michigan State University  
6 PM**

**MEETING MINUTES**

DRAFT

**I. Welcome and Introductions, and Approval of June 7, 2005 Meeting Minutes**

The meeting was called to order at 6:00PM by Richard Slaughter, Chair. In attendance were Richard Slaughter, MSc., D.VanLoo, PharmD., M. Robins DO, G. Perri, MD, Jonathan Arend, PharmD, Khan J. Nedd MD, Paul Dake MD., Ronald Bradley DO, and J. Fiechtner, MD from the Committee .The chair welcomed Neil B.Dorfman Pharm.D. and Erin E. Inman, Pharm.D. to the Committee, pursuant to their recent appointments by the Governor. Also attending were A. Paul, RPH.,D.Tatum RPH, J. Coleman, Medicaid Policy, M. Sandusky, RPh.,G.Baker, MD, D. Quillan, Pharmacy Analyst, and Trish O’Keefe, R.N. Pharmacy Manager.

The Minutes of the June 7, 2005 Meeting as posted were approved.

**II. Public Comment:**

Sheila Sprague, Dr.Ifkatar Amid, AstraZeneca, Nexium®  
Tim Clark, PharmD, Amgen, Enbrel®  
Richard Fiscella, PharmD Allergan, , Univ Illinois,Zymar®, Elestat®  
Dr. Gary Ziegler, Family Physician, Kalkaska MI, Avandamet®  
Todd Lacksonen,Dr.Theofilus Glover, TAP, Prevacid®  
Melissa Longstreet Kay, Sepracor, Dr. Goetting, Kalamazoo, Lunesta®  
Susan Owens, RN, MSN, Amylin, Symmlin®  
Laura Macione, RPh, Lilly, Humalog® and Humalog 75/25®  
Jay Gandhi, PharmD Sanofi-Aventis, Lantus®, Anzemet®  
Angela Asom, MD, NovoNordisk, Novolog®  
Greg Aronin, JnJ, Alamast®, Quixin®  
Greg Katz, MD, Patanol®, Jayne Weiss, MD, WSU, Vigamox®  
R. Detloff,PharmD,Dr.Howard Bockrader, Pfizer, Lyrica®  
Claire Dybala, PharmD, Takeda, Actos®  
Frederick Lewernz,DO, Abbott, Humira®  
Catherine Freiman, PhD, Novartis, Focalin XR®  
Suzanne Rivkin, PharmD, Santarus, Zegerid®

**III. New Drugs**

Following discussion, the Committee made the following recommendations:  
**Symmlin®** will be added to the Michigan Pharmaceutical Product List (MPPL), and will be added as a new class, “Amylin analogs”, to the Preferred Drug List (PDL)

**Zylet®** will be added to the MPPL

**Lyrica®** will be added to the MPPL, with a quantity limit of 600mg per day

**Lunesta®** will be added to the MPPL and to the PDL class of “Sedative Hypnotics Non Barbiturates” with prior authorization required.

**Revatio®** will be added to the MPPL with prior authorization required. In addition, editing will be constructed to eliminate any concomitant prescriptions for **Viagra®**, **Levitra®** or **Cialis®** with **Revatio®**.

**Aptivus®** will be added to the MPPL.

#### IV. Line Extensions

Following discussion, the Committee made the following recommendations:

**Vopac®** will be added to the PDL in “Narcotics-Short and Intermediate Acting” class requiring prior authorization.

**Combunox®** will be added to the PDL in “Narcotics-Short and Intermediate Acting” class, requiring prior authorization.

**Zegerid®** will be added to the PDL category of “Proton Pump Inhibitors” with prior authorization.

**Xopenex HFA®** will be added to the PDL category of “Beta Adrenergics-Short Acting” with prior authorization

**Focalin XR®** will be added to the PDL category of “Drugs For ADHD” without prior authorization.

#### V. Review of PDL Classes

The classes of drugs on the PDL under the headings of “**Gastrointestinal**” and “**Diabetes**” were discussed, following summaries of the workgroups’ analyses by the respective chairs, Jonathon Arend, PharmD, for the GI group, and Paul Dake, MD for the diabetes group. The committee voted to make the following changes to these existing PDL drug classes:

“Insulins”: **Humalog®** will no longer require prior authorization

“Biguanides-combination”: **Avandamet®** will no longer require prior authorization

“Proton Pump Inhibitors”: **Prilosec OTC®** will no longer require prior authorization

The other drugs in these classes will remain unchanged. The clinical edit for high dose PPIs prescribed for more than 102 days was recommended to remain in place.

#### VI. Review of Candidates for PDL Listing

J. Fiechtner, MD presented information on the category of drugs termed biological immunomodulators, used to treat arthritic conditions. He discussed **Humira®**, **Enbrel®**, and **Kineret®**.

Following this, the Committee voted to create a new PDL class, “**Biological Immunomodulators**”, and to have **Enbrel®** and **Humira®** available without prior authorization, and to require prior authorization for **Kineret®**.

G. Perri, MD discussed three classes of ophthalmic drugs, antihistamines, mast cell stabilizers and fluoroquinolone antibiotics.

Following this, the Committee voted to add the following to the PDL:

A new class of “**Ophthalmic Antihistamines**” will be added: **Elestat®** and **Zaditor®** will be available without prior authorization, and **Emadine®**, **Livostin®**, **Optivar®**, and **Patanol®** will require prior authorization.

A new class of “**Ophthalmic Mast Cell Stabilizers**” will be added; **Alocril®** and **Cromolyn sodium ophthalmic** will be available without prior authorization, and

**Alamast®**, **Alomide®**, **Crolom®** and **Opticrom®** will require prior authorization.

A new class of “**Ophthalmic Fluoroquinolones**” will be added: **Ciprofloxacin** and **Vigamox®** will be available without prior authorization, and **Ciloxin®**, **Ocuflox® ofloxacin**, **Quixin®** and **Zymar®** will require prior authorization.

All the ophthalmic drug classes of the PDL will be combined under a new heading.

**VII. Workgroups for December Meeting** ( Scheduled for Tuesday, December 6, 2005 at 6PM at the Kellogg Center)

R. Bradley, DO will be chair of the group reviewing the “**Central Nervous System**” drug classes in the PDL, and J. Fiechtner, MD will chair the workgroup on the “**Analgesics**” drug classes.

VIII. Public Comment Format.

The Committee discussed making changes to the way public comment is presented to the group at the meetings. Several ideas were reviewed, and the committee reached consensus on the following plan:

30 minutes at the beginning of the meeting will be allowed for persons wishing to speak on the new drugs identified for review at that evening’s meeting. That means six speakers (or multiple speakers from a pharmaceutical company) would have five minutes each maximum; if more speakers sign up according to the committee rules, the maximum speaking time will be reduced to maintain a 30 minute maximum. At the end of the meeting, 30 minutes will be allowed for comment on the PDL classes to be reviewed at the next scheduled meeting. Again, the time per speaker would be adjusted as described above. In addition, the workgroup recommendations will be posted on the web site approximately one week before the meeting.