



**Nebraska Department of Health
and Human Services
DIVISION OF MEDICAID AND LONG-TERM CARE**

**PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING
MINUTES**

August 26, 2009, 9am
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Claire Baker M.D.
Kristi Bohac, Master of Divinity
Chris Caudill M.D.
Yvonne Davenport M.D.
Allison Dering-Anderson Pharm.D.
James Dube' Pharm.D.
Gary Elsasser Pharm.D.
Jeff Gotschall M.D.
Mark Hutchins M.D.
Joyce Juracek Pharm.D.
Michele Marsh M.D.
Grace Mims Ph.D.
Kevin Reichmuth M.D.
Eileen Rock M.D.
Ken Saunders Pharm.D.
Christopher Sorensen Pharm.D.
Eric Thomsen M.D.
Thomas Tonniges M.D.
Angie Ward R.Ph.

DHHS Staff

Jenny Minchow Pharm.D.
Barb Mart R.Ph.
Roxie Cillessen, Manager Behavioral Health,
Pharmacy, and Ancillary Services

First Health and Provider Synergies

Contract Staff

Barbara Dowd R. Ph. NE Clinical
Account Manager, First Health
Glenn Sharp R. Ph. Manager, Account
Relations, First Health
Chris Andrews Pharm.D., Provider Synergies

I. Opening Remarks

The first meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee was called to order at 9:00am. Copies of the agenda were mailed to Committee Members prior to the meeting. The agenda for the meeting was posted on the Nebraska Medicaid Pharmacy First Health web site on July 27, 2009. The Committee and public in attendance were notified that a copy of the Open Meetings Act was on the display table.

Dr. Minchow explained that the purpose of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee is to develop a Preferred Drug List (PDL). The formation of a PDL was mandated by a bill passed by the Nebraska Legislature (LB830) in 2008. The Committee will decide which drugs will be classified as "Preferred" or "Non-preferred". Each drug is reviewed on its clinical contributions relative to other medications in the same therapeutic category. Extensive reviews of the medical literature have been conducted. If more than one drug in a category is found to be very similar in safety and efficacy, then the net cost will be included in the decision. It is projected that the net costs to the State of medications will be reduced by market shifts to less expensive products and the collection of supplemental rebates.

Nebraska has contracted with First Health Services Corporation to develop and implement the PDL. First Health Services Corporation is also the current pharmacy claims processor. A sister company of First Health, Provider Synergies will also assist.

II. **Overview of Preferred Drug List and Supplemental Rebates**

Chris Andrews of Provider Synergies gave an overview of the Preferred Drug List process and Supplemental Rebates. A PDL is not the same as a formulary. All medications are still available for use with a PDL. Use of Preferred products will be encouraged as first line choices. If a preferred product is not appropriate for a specific patient, a non-preferred product may be requested through the prior approval process. Cost savings to the State will be generated by supplemental rebates from manufactures and through switch savings. Cost savings to the State will help ensure the viability of the Medicaid program and continuation of current services.

Nebraska has joined a multi-state purchasing pool, The Optimal PDL Solution (TOP\$). Other member states are Delaware, Idaho, Louisiana, Maryland, Pennsylvania and Wisconsin. The multi-state pool increases the bargaining power for negotiating contracts for supplemental rebates with manufacturers. However, each state retains the power of final approval of preferred or non-preferred status for each drug.

Therapeutic Class Reviews have been developed for the drug classes being reviewed. They contain comparisons of clinical effectiveness and safety of different products within each class. Decisions on whether to recommend a product be preferred or non-preferred were based on the clinical attributes first and then financial analysis.

Cost sheets were explained. Relative costs reflect the final net cost; original price minus the federal rebate and minus the supplemental rebates. One \$ indicates the lowest net cost product within a class. Product costs increase as you move from the top to the bottom of each sheet, which are represented by corresponding symbols. One \$ is not an equivalent dollar amount across therapeutic classes.

III. **Approval of Bylaws**

Proposed bylaws were reviewed. It was suggested that the following items be changed:

- Article III Section VIII Removal a); Change to: two (2) consecutive *unexcused* absences.
- Article V – Meetings , Change from meetings shall be held “biannually” to “*twice a year*”
- Article V – Meetings, Change to: In the event of inclement weather, the meeting will be cancelled if Lincoln *or Omaha* Public schools are cancelled.

A motion was made and seconded to accept the bylaws as amended.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Reichmuth-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes. Motion carried.

IV. **Election of Officers**

Chairperson- Mark Hutchins M.D. nominated Kevin Reichmuth M.D. for the position of Chairperson. This nomination was seconded by Claire Baker M.D.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes. Motion carried.

Vice Chairperson- Allison Dering-Anderson Pharm.D. nominated Ken Saunders Pharm.D. for the position of Vice-Chairperson. The nomination was seconded by Joyce Juracek Pharm.D.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Reichmuth-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes. Motion carried.

V. Review of Confidentiality Agreement and Conflict of Interest

Members were reminded that specific pricing information is confidential information and is necessary to get the best possible prices for the State. There were questions about the Conflict of Interest document. Requests were made to clarify the definition of conflict of interest.

VI. Public Testimony

The following speakers testified to support products as listed.

Speaker	Affiliation	Topic
Ann Edmunds MD, PharmD	Alcon Laboratories	Pataday, Patanase
John Howard Pharm.D.	Schering-Plough Corporation	Asmanex
Janie Brownell M.D.	Midwest Allergy and Asthma	Xopenex
Doug Ethel Pharm.D.	Glaxo Smith-Klein	Veramyst
Laura Litzenberger Pharm.D.	Ortho-McNeil-Janssen	Levaquin
Helen Ha Pharm.D. MBA	Schering-Plough Corporation	Avelox, Noxafil

VII. Therapeutic Class Reviews:

A. OPHTHALMIC ANTIBIOTICS

A motion was made and seconded to approve the ophthalmic antibiotics as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
FLUOROQUINOLONES		
ciprofloxacin CILOXAN oint. (ciprofloxacin) ofloxacin VIGAMOX (moxifloxacin)	IQUIX (levofloxacin) QUIXIN (levofloxacin) ZYMAR (gatifloxacin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.
MACROLIDES		
erythromycin	AZASITE (azithromycin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
AMINOGLYCOSIDES		
gentamicin tobramycin TOBREX ointment		
OTHER ANTIBIOTICS		
bacitracin bacitracin/polymyxin neomycin/polymyxinB/ gramicidin polymyxin B/trimethoprim sulfacetamide Triple Antibiotic	NATACYN(natamycin).....	NATACYN: Documented fungal infection.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-abstain, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-abstain, Ward-yes. Motion carried.

B. OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS:

A question came up as to whether or not ketorolac (Acular® 0.5%) should be in this class,

or if it should be in the ophthalmic anti-inflammatory class. A motion was made and seconded to table the entire class until the September 2009 meeting when the ophthalmic anti-inflammatory class will be reviewed.

Votes as follows: Baker-no, Bohac-no, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-no, Saunders-yes, Sorensen-no, Thomsen-no, Tonniges-yes, Ward-no.
Motion carried.

C. VAGINAL ANTIBIOTICS:

Dr. Davenport reported that in her experience, the shorter treatments with Clindesse® and Cleocin Ovules® sometimes require a second treatment. Because of this and because of the higher net prices of these two products she would recommend that they be designated non-preferred.

A motion was made and seconded to approve the vaginal antibiotics as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
clindamycin METROGEL-VAGINAL metronidazole gel	CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin)	

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes.
Motion carried.

VIII. A motion was made and seconded to dismiss to closed session for the discussion of confidential contractual prices. The committee dismissed to a working lunch at 12:15pm.

IX. **THERAPEUTIC CLASS REVIEWS** The meeting was re-convened in open session at 1:15pm.

A. ANTIHYPERURICEMICS

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
allopurinol colchicine probenecid probenecid/colchicine	ULORIC (febuxostat).....	ULORIC: Allergy to, treatment failure with, or contraindication to allopurinol.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

B. ANTIPARASITICS, TOPICAL

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
permethrin 1%OTC permethrin 5% Rx EURAX (cromtamiton) OVIDE (malathion)	lindane lotion and shampoo malathion generic	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

C. LEUKOTRIENE MODIFIERS:

There was discussion about the possible over use of leukotriene modifiers and the need for periodic evaluation of the necessity for continuation of treatment in some patients.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

D. BRONCHODILATORS – ANTICHOLINERGIC:

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
INHALERS		
ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) SPIRIVA DPI (tiotropium)		
INHALATION SOLUTION		
ipratropium solution	albuterol/ipratropium.....	...Combination agent covered as separate prescriptions.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

E. BRONCHODILATORS – BETA AGONIST

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
INHALERS-Short Acting		
PROAIR HFA (albuterol) VENTOLIN ^{HFA} (albuterol)	PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol) MAXAIR(pirbuterol).....	1. Adverse reaction to, allergy or contraindication to preferred drug, or 2. Documentation of treatment failure with a preferred drug. 3. Maxair – Documentation of treatment failure of preferred agent with use of a spacer .
INHALERS – Long Acting		
FORADIL (formoterol) SEREVENT (salmeterol)		
INHALATION SOLUTION		
albuterol	albuterol low dose (0.63mg/3ml) albuterol/ipratropium BROVANA (arformoterol)	1. Adverse reaction to, allergy or contraindication to preferred drug, or 2. Documentation of treatment failure with

	PERFOROMIST (formoterol) XOPENEX (levalbuterol)	preferred drug.
ORAL		
albuterol terbutaline	metaproterenol	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

F. GLUCOCORTICOID – INHALED

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
GLUCOCORTICOIDS		
AEROBID (flunisolide) AEROBID-M (flunisolide) AZMACORT (triamcinolone) FLOVENT DISKUS(fluticasone) FLOVENT HFA(fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) ASMANEX (mometasone) PULMICORT (budesonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs within last 6 months.
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
SYMBICORT (budesonide/formoterol) ADVAIR (fluticasone/salmeterol) ADVAIR HFA		
INHALATION SOLUTION		
PULMICORT RESPULES (budesonide) budesonide respules		

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

G. INTRANASAL RHINITIS AGENTS:

Dr. Thomsen and Dr. Reichmuth felt that Veramyst® should be preferred. They reported that it is sometimes better tolerated, has an ophthalmic indication, and that having Veramyst® available as preferred may prevent a return visit to the clinic. Dr. Davenport suggested that only one azelastine product was necessary.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
ANTICHOLINERGICS		
	ipratropium	1. Adverse reaction to, allergy or contraindication to other preferred intranasal inhalers, or 2. Documentation of treatment

		failure with preferred intranasal antihistamine or corticosteroid.
ANTIHISTAMINES		
ASTELIN (azelastine)	PATANASE (olopatadine) ASTEPRO (azelastine)	1. Adverse reaction to, allergy or contraindication to preferred drug, or 2. Documentation of treatment failure with preferred drug.
CORTICOSTEROIDS		
fluticasone NASONEX (mometasone) VERAMYST (fluticasone)	BECONASE AQ (beclomethasone) flunisolide NASACORT AQ (triamcinolone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-no, Saunders-yes, Sorensen-no, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

H. ANTI-VIRALS, ORAL

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
ANTIHERPETIC DRUGS		
acyclovir VALTREX (valacyclovir)	famciclovir	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with a preferred drug.
ANTIINFLUENZA DRUGS		
amantadine RELENZA (zanamivir) inhalation ^{QL} rimantadine TAMIFLU (oseltamivir) ^{QL}		

QL = quantity limits

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

I. ANTIVIRALS, TOPICAL

The consensus of the group was that the topical antivirals have limited effectiveness. For that reason the committee recommended that the topical antivirals be non-preferred.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
	DENAVIR (penciclovir) ZOVIRAX Cream (acyclovir) ZOVIRAX Ointment (acyclovir)	1. Adverse reaction to, allergy or contraindication to preferred oral antiherpetic agent.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

J. CEPHALOSPORINS AND RELATED ANTIBIOTICS

It was recommended that "allergy" be removed from the criteria for use of non-preferred products in the cephalosporin and related antibiotics class. If a patient has an allergy to the preferred antibiotic, the patient should be switched to another class of antibiotics instead.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin/clavulanate tablets and suspension AUGMENTIN 125 susp. AUGMENTIN 250 susp.	AUGMENTIN XR (amoxicillin/clavulanate) (all forms of brand name AUGMENTIN are non-preferred, <i>except</i> 125 and 250mg/5ml)	1. Adverse reaction to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – First Generation		
cephalexin cefadroxil		1. Adverse reaction to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Second Generation		
cefuroxime cefprozil	CEFTIN (cefuroxime axetil) cefaclor	1. Adverse reaction to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Third Generation		
cefdinir SUPRAX (cefixime)	CEDAX (ceftibuten) cefepodoxime SPECTRACEF (cefditoren)	1. Adverse reaction to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-abstain, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

K. FLUROQUINOLONES, ORAL

Dr. Saunders commented that Levaquin® is the most common quinolone on hospital formularies, and as such is then prescribed upon dismissal. Most felt that the PDL decision should not be based on convenience. It was recommended that there be a focus on extra education to providers for this class.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
AVELOX (moxifloxacin) ciprofloxacin	CIPRO Suspension (ciprofloxacin) ciprofloxacin ER FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin)	1. Adverse reaction to, allergy to or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

	NOROXIN (norfloxacin) ofloxacin PROQUIN XR (ciprofloxacin)	
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Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-no, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

L. MACROLIDES/KETOLIDES

Barb Mart R.Ph. clarified that Prevpac® (which contains clarithromycin) is currently available without prior authorization and would not be affected by this PDL decision.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
KETOLIDES		
	KETEK (telithromycin)	1. Documentation of any antibiotic use within the last 28 days and 2. Diagnosis is Community Acquired Pneumonia. 3. 18 years of age or older
MACROLIDES		
azithromycin erythromycin	clarithromycin ER clarithromycin IR ZMAX (azithromycin) ZITHROMAX (azithromycin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

M. TETRACYCLINES

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
doxycycline minocycline tetracycline	demeclocycline..... ----- ORACEA (doxycycline) SOLODYN (minocycline)	demeclocycline: Treatment of Syndrome of Inappropriate Antidiuretic Hormone (SIADH) ----- 1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

N. ANTIFUNGAL, ORAL

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
fluconazole GRIS-PEG (griseofulvin) griseofulvin suspension	clotrimazole (mucous membrane) GRIFULVIN V (griseofulvin) LAMISILGRANULES	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with

ketoconazole nystatin terbinafine	(terbinafine) ----- ANCOBON (flucytosine)* itraconazole* NOXAFIL (posaconazole)* VFEND (voriconazole)*	two preferred drugs. -----
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* Indicates clinical criteria will also apply.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

O. ANTIFUNGAL, TOPICAL

Dr. Dering-Anderson suggested that selenium sulfide be included on the PDL for completeness sake.

A motion was made and seconded to approve the class as follows:

Preferred Drugs	Non-Preferred Drugs	Criteria for use of Non-preferred products
clotrimazole OTC and RX econazole ketoconazole ketoconazole shampoo miconazole OTC NAFTIN (naftifine) nystatin selenium sulfide▲ terbinafine OTC tolnaftate OTC	BENSAL HP ciclopirox cream/gel/suspension EXELDERM (sulconazole)◆ ERTACZO (sertaconazole) EXTINA (ketoconazole) LOPROX (ciclopirox) MENTAX (butenafine) OXISTAT (oxiconazole) VUSION (miconazole/petrolatum/ zinc oxide) XOLEGEL (ketoconazole) ----- ciclopirox nail lacquer*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure of two preferred drugs within the last 6 months.

*Clinical criteria will also apply.

Votes as follows: Baker-yes, Bohac-yes, Caudill-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-absent, Mims-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Tonniges-absent, Ward-yes.
Motion carried.

◆NOTE: Since the meeting, it was determined that EXELDERM (sulconazole) is no longer available and will not be included on the PDL.

▲NOTE: Since the meeting, it was determined that selenium sulfide 1% and 2.5% are the most cost-effective and will be preferred. The selenium sulfide 2.25% is more expensive and will be non-preferred.

X. ADJOURNMENT

A motion was made and seconded to adjourn the meeting at 3:45pm. The next meeting will be on Thursday September 24, 2009 at 9:00am, with registration at 8:00am at Mahoney State Park.

Recorded by:

Approved as written: 9/24/09



Jenny Minchow R.P., Pharm.D. , Pharmacy Consultant, Nebraska Medicaid

