



PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING
MINUTES

March 10, 2010, 9 am
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Claire Baker M.D.
Yvonne Davenport M.D.
Allison Dering-Anderson Pharm.D.
James Dube' Pharm.D.
Gary Elsasser Pharm.D.
Linda Farho Pharm.D.
Jeff Gotschall M.D.
Mark Hutchins M.D.
Joyce Juracek Pharm.D.
Michele Marsh M.D.
Kevin Reichmuth M.D.
Eileen Rock M.D.
Ken Saunders Pharm.D.
Christopher Sorensen Pharm.D.
Eric Thomsen M.D.
Angie Ward R.Ph.

Members Absent:

Kristi Bohac, Master of Divinity (excused)
Chris Caudill M.D. (excused)
Grace Mims Ph.D. (excused)
Thomas Tonniges M.D. (excused)

DHHS Staff

Jenny Minchow Pharm.D.
Barb Mart R.Ph.
Candace Hupp, PDL Coordinator
Roxie Cillessen, Manager Behavioral
Health, Pharmacy and Ancillary Services
Jenifer Roberts-Johnson, Acute Care
Program Administrator

Magellan Contract Staff

Barbara Dowd R.Ph,
NE Clinical Account Manager
Steve Liles R.Ph.

- I. Call to Order: The meeting was called to order at 9:00 am. The agenda was posted on the Nebraska Medicaid Pharmacy First Health web site on 1/07/10. The agenda was updated on 2/2/10 and 2/22/10. A copy of the Open Meetings Act and all non-confidential material was available in the meeting room for public inspection.
- II. Roll Call: see list above
- III. Conflict of Interest: No new conflicts of interest were reported.
- IV. Approval of minutes: The minutes of the February 10, 2010 meeting were unanimously approved as written.

V. Other information:

- A. Departmental changes in recommendations from 2/10/10 meeting: Dr. Minchow reported that all Committee recommendations were accepted except that propoxyphene/acetaminophen and acetaminophen/codeine were made preferred. Reasons for this decision included cost issues and the low number of other treatment options for less severe pain.
- B. Barbara Dowd described the process of how the Therapeutic Class Reviews are prepared and updated. Only FDA approved indications are addressed in the reviews.
- C. Steve Liles explained that Provider Synergies makes PDL recommendations to the State based on the clinical effects of medications, safety profiles and cost evaluations. He gave a review of pricing comparisons, pricing contracts and interpretation of the cost sheets.

VI. Public Testimony:

Speaker	Affiliation	Topic
Dana Meier	Novartis	Tekturna
Dana Meier	Novartis	Exforge
Dana Meier	Novartis	Valturna
Joseph Truong	Boehringer-Ingelheim	Twynsta
William Rowe	Forest Pharmaceuticals	Bystolic
Brian Miller	GSK	Lovaza
Patrick Jensen	Merck	Vytorin
Patrick Jensen	Merck	Zetia
Scott Shurmaur M.D.	UNMC	Lipotropics
Richard Lund	Genzyme	Renvela

VII. Closed Executive Session

A motion was made by Saunders and seconded by Dering-Anderson to go to closed session. Votes as follows:
Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-abstain, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

VIII. Closed Executive Session:

Cost issues for the morning classes were reviewed.
A motion was made by Baker and seconded by Sorensen to reconvene in open session. Voting was unanimous.

IX. THERAPEUTIC CLASS REVIEWS

A. Angiotensin Modulators:

A motion was made by Dering-Anderson and seconded by Dube' to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
ACE INHIBITORS		
benazepril (generic for Lotensin) captopril (generic for Capoten) enalapril (generic for Vasotec) fosinopril (generic for Monopril) lisinopril (gen for Prinivil/Zestril) quinapril generic for Accupril) ramipril (generic for Altace)	moexepiril (generic for Univasc) perindopril (generic for Aceon) trandolapril (generic for Mavik)	Non-preferred agents may be approved if the patient has a history of two preferred agents in the last 12 months.
ACE INHIBITOR/DIURETIC COMBINATIONS		
benazepril/HCTZ (generic for Lotensin HCT) captopril/HCTZ (generic for Capozide) enalapril/HCTZ (generic for Vaseretic) fosinopril/HCTZ (generic for Monopril HCT) lisinopril/HCTZ (generic for Prinizide/Zestoretic) quinapril/HCTZ (generic for Accuretic)	moexepiril/HCTZ (generic for Uniretic)	
ANGIOTENSIN RECEPTOR BLOCKERS		
COZAAR (losartan) DIOVAN (valsartan) MICARDIS (telmisartan)	ATACAND (candesartan) AVAPRO (irbesartan) BENICAR (olmesartan) TEVETEN (eprosartan)	Non-preferred agents may be approved if the patient has a history of two preferred agents in the last 12 months.
ANGIOTENSIN RECEPTOR BLOCKER/DIURETIC COMBINATIONS		
DIOVAN-HCT (valsartan/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) TEVETEN-HCT (eprosartan/HCTZ)	
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		
	AZOR (olmesartan/amlodipine)	Individual prescriptions for the components

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED
	benazepril/amlodipine EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/hydrochl orothiazide) LOTREL (benazepril/amlodipine) TARKA (trandolapril/verapamil) TWYNSTA (telmisartan/amlodipine)	of these products should be used for patients requiring these drug combinations. Documentation of medical necessity required for use of combination product.
DIRECT RENIN INHIBITORS		Non-preferred agents may be approved if the patient has a history of two preferred ACE inhibitors or angiotensin receptor blockers in the last 12 months.
	TEKTURNA (aliskiren)	
DIRECT RENIN INHIBITOR COMBINATIONS		Individual prescriptions for the components of these products should be used for patients requiring these drug combinations. Documentation of medical necessity required for use of combination product.
	TEKTURNA/HCT (aliskiren/HCTZ) VALTURNA (aliskiren/valsartan)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

B. Antihistamines, Minimally Sedating

A motion was made by Dering-Anderson and seconded by Dube' to approve the class as follows:

Preferred	Non-Preferred	Criteria
ANTI-HISTAMINES		Existing Clinical Criteria: https://nebraska.fhsc.com/Downloads/NEcriteria_LSA-20080812.pdf
cetirizine (generic for Zyrtec) loratadine (generic for Claritin, Alavert)	ALAVERT (loratadine) ALLEGRA ODT (fexofenadine) CLARINEX (desloratadine) CLARITIN (loratadine) CLARITIN REDITABS (loratadine) fexofenadine (generic for Allegra) XYZAL (levocetirizine)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

C. Beta-Blockers

There was discussion on whether sotolol should be non-preferred in order to help assure safe use of the drug, and if it should even be included with the other beta blockers. It was decided that the Committee would suggest that the Drug Utilization Review Board take a more in-depth look at the utilization of sotolol.

A motion was made by Dube' and seconded by Rock to approve the class as follows:

Preferred	Non-Preferred	Criteria
BETA BLOCKERS		Non-preferred agent will be approved only after documented failure of two preferred agent within the past 12 months. Bystolic: Non-preferred agent will be approved only after documented failure of one preferred agent within the past 12 months in patients with obstructive lung disease.
acebutolol (generic for Sectral) atenolol (generic for Tenormin) atenolol/chlorthalidone(generic for Tenoretic) bisoprolol (generic for Zebeta) bisoprolol/HCTZ (generic for Ziac) INNOPRAN XL (propranolol) LEVATOL (penbutolol) metoprolol (generic for Lopressor) metoprolol/HCTZ (generic for Lopressor HCT) metoprolol XL (generic for	betaxolol (generic for Kerlone) BYSTOLIC (nebivolol)	

Preferred	Non-Preferred	Criteria
Toprol XL) nadolol (generic for Corgard) nadolol/bendroflumethiazide (gen. Corzide) pindolol (generic for Viskin) propranolol (generic for Inderal) sotalol (generic for Betapace) timolol (generic for Blocadren) TOPROL XL (metoprolol)		
BETA- AND ALPHA- BLOCKERS		Coreg CR: Clinical reason the generic regular-release can not be used.
carvedilol (generic for Coreg) labetalol (generic for Trandate)	COREG CR (carvedilol)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

- X. Lunch – A motion was made by Dube' and seconded by Farho to dismiss to closed executive session for a working lunch. Votes as follows:
Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes
Concerns were expressed that the symbols used for price comparisons are difficult to interpret.
- XI. Therapeutic class reviews:
Open session was called to order at 1:30pm.

A. Anticoagulants, Injectable

It was clarified that therapeutic heparin doses are available without prior authorization through the Medicaid Pharmacy Program. However heparin flushes are billed as a medical supply, not through the outpatient pharmacy program. A motion was made by Hutchins and seconded by Elsasser to approve the class as follows:

Preferred	Non-Preferred	Criteria
ARIXTRA (fondaparinux) FRAGMIN (dalteparin) LOVENOX (enoxaparin)		Non-preferred agents will be approved only after documented failure of a preferred agent.

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-abstain, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

B. Bladder Relaxant Preparations

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

Preferred	Non-Preferred	Criteria
ENABLEX (darifenacin) oxybutynin IR (generic for Ditropan) TOVIAZ (fesoterodine ER) VESICARE (solifenacin)	DETROL (tolterodine) DETROL LA (tolterodine) GELNIQUE (oxybutynin) oxybutynin ER (generic for Ditropan XL) OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium)	The non-preferred agent will be approved only after documented failure of a preferred agent.

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-no, Thomsen-yes, Ward-yes

C. Calcium Channel Blockers

A motion was made by Hutchins and seconded by Baker to accept the class as follows:

Preferred	Non-Preferred	Criteria
SHORT-ACTING		Isradipine: The non-preferred agent will be approved only after documented failure of a preferred agent. Nimodipine requires the diagnosis of subarachnoid hemorrhage or cerebrovascular spasm.
diltiazem (generic for Cardizem) nicardipine (generic for Cardene) nifedipine (generic for Procardia) verapamil (generic for Calan, Isoptin)	isradipine (generic for Dynacirc) nimodipine (generic for Nimotop)	
LONG-ACTING		Non-preferred agents will be approved only after documented failure of a preferred agent.
amlodipine (generic for Norvasc) diltiazem ER (generic for	CARDENE SR (nicardipine) CARDIZEM LA (diltiazem)	

Preferred	Non-Preferred	Criteria
Cardizem CD) felodipine ER (generic for Plendil) nifedipine ER (generic for Procardia XL) verapamil ER verapamil ER PM (generic for Verelan PM)	COVERA-HS (verapamil) DYNACIRC CR (isradipine) nisoldipine (generic for Sular) SULAR (nisoldipine)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

D. Hypoglycemics, Meglitinides

A motion was made by Rock and seconded by Juracek to accept the class as follows:

Preferred	Non-Preferred	Criteria
PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)	Non-preferred agents may be approved if the patient has a history of one preferred agent in the last 6 months.

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

E. Hypoglycemics, Thiazolidinediones

A motion was made by Rock and seconded by Elsasser to accept the class as follows:

Preferred	Non-Preferred	Criteria
THIAZOLIDINEDIONES		
ACTOS (pioglitazone) AVANDIA (rosiglitazone)		
TZD COMBINATIONS		
ACTOPLUS MET (pioglitazone/metformin) AVANDAMET (rosiglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) DUETACT (pioglitazone/glimepiride)		

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

F. Lipotropics, Other

A motion was made by Gotschall and seconded by Rock to accept the class as follows:

Preferred	Non-Preferred	Criteria
BILE ACID SEQUESTRANTS		The non-preferred agent will be approved only after documented failure of the preferred agents.
cholestyramine (generic for Questran) colestipol (generic for Colestid)	WELCHOL (colesevalam)	
FIBRIC ACID DERIVATIVES		
ANTARA (fenofibrate) gemfibrozil (generic for Lipid) TRICOR (fenofibrate) TRILIPIX (fenofibric acid)	fenofibric acid fenofibrate FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) TRIGLIDE (fenofibrate)	
NIACIN		
NIACOR (niacin) NIASPAN (niacin)		
OMEGA-3 FATTY ACIDS		
	LOVAZA (omega-3 fatty acids)	May approve if TG \geq 500. (Verified by faxed copy of lab report). If TG < 500, OTC fish oils covered without prior authorization.
CHOLESTEROL ABSORPTION INHIBITORS		Zetia will be approved for patients who have a diagnosis of hypercholesterolemia and have either failed statin monotherapy or have a documented intolerance to statins. Zetia treatment is only approved as an adjunct to concurrent statin therapy unless there is a documented intolerance to the statins.
	ZETIA (ezetimibe)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-no, Rock-yes, Saunders-yes, Sorensen-no, Thomsen-yes, Ward-yes

G. Lipotropics, Statins

A motion was made by Dube' and seconded by Sorensen to accept the class as follows:

Preferred	Non-Preferred	Criteria
STATINS		Non-preferred agents may be approved if the patient has a history of two preferred agent in the last 12 months. ALTOPREV and LESCOL XL require documentation of medical necessity of long acting form.
CRESTOR (rosuvastatin) LIPITOR (atorvastatin) lovastatin (generic for Mevacor) pravastatin (generic for Pravachol) simvastatin (generic for Zocor)	ALTOPREV (lovastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin)	
STATIN COMBINATIONS		Vytorin will be approved for patients failing a minimum 3 month trial of standard dose statin
SIMCOR (simvastatin/niacin ER)	ADVICOR (lovastatin/niacin ER) CADUET (atorvastatin/amlodipine) VYTORIN (simvastatin/ezetimibe)	

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

H. Phosphate Binders

A motion was made by Saunders and seconded by Rock to accept the class as follows:

Preferred	Non-Preferred	Criteria
FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate ELIPHOS (calcium acetate) RENVELA (sevelamer carbonate)	Non-preferred agents may be approved if the patient has a history of one preferred agent in the last 6 months.

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

I. Pulmonary Arterial Hypertension Agents, Oral and Inhaled

A motion was made by Dering-Anderson and seconded by Saunders to accept the class as follows:

Preferred	Non-Preferred	Criteria
LETAIRIS (ambrisentan) REVATIO (sildenafil) TRACLEER (bosentan) VENTAVIS INHALATION (iloprost)	ADCIRCA (tadalafil) TYVASO INHALATION (treprostinil)	Revatio and Adcirca require diagnosis of PAH.

Votes as follows:

Baker-yes, Davenport-yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Hutchins-yes, Juracek-yes, Marsh-yes, Rock-yes, Saunders-yes, Sorensen-yes, Thomsen-yes, Ward-yes

XII. Next meeting:

The next scheduled meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee will be:

Wednesday, August 25, 2010, 9 am
Mahoney State Park, Ashland, NE

At this meeting, the classes reviewed in both August and September 2009 will be re-reviewed.

The TOP\$ multi-state purchasing pool will change the schedule after the August 2010 meetings. In 2011 the meetings will be in May and November.

XIII. Adjournment

A motion was made by Dube' and seconded by Rock to adjourn at 3:10 pm. Voting was unanimous in favor of adjournment.

Recorded by: Jenny Minchow R.P. Pharm.D., Pharmacy Consultant
Nebraska Medicaid and Long-Term Care

Approved August 25, 2010