



PHARMACEUTICAL AND THERAPEUTICS COMMITTEE MEETING
MINUTES

August 25, 2010, 8:30 am
Mahoney State Park, Peter Kiewit Lodge
Ashland, NE

Members Present

Claire Baker M.D.
Kristi Bohac, Master of Divinity
Chris Caudill M.D.
Allison Dering-Anderson Pharm.D.
James Dube' Pharm.D.
Gary Elsasser Pharm.D.
Linda Farho Pharm.D.
Jeff Gotschall M.D.
Joyce Juracek Pharm.D.
Michele Marsh M.D.
Grace Mims Ph.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.

Members Absent:

Yvonne Davenport M.D. (excused)
Kevin Reichmuth M.D. (excused)
Mark Hutchins M.D. (excused)

DHHS Staff

Jenny Minchow Pharm.D.
Barb Mart R.Ph.
Candace Hupp, PDL Coordinator

Magellan Contract Staff

Barbara Dowd R.Ph,
NE Clinical Account Manager
Glenn Sharp, NE Account Manager

- I. Call to Order: The meeting was called to order at 8:30 am by Ken Saunders, Vice-Chairman. The agenda was posted on the Magellan Medicaid Administration Nebraska Medicaid Pharmacy web site on 7/21/10. 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: Allison Dering-Anderson advised that she is no longer part of the profit sharing program with her previous employer.
- IV. Approval of minutes: The minutes of the March 10, 2010 meeting were unanimously approved as written.
- V. Other information:
 - A. Candace Hupp updated the committee with the current rebate collections. For fourth quarter 2009 (2009-4), 98% of the supplemental rebates have been collected. For 2010-1 there were no dollar amounts invoiced due to pending CMS changes due to Health Care Reform. However, units of

utilization were sent to the manufacturers, and less than 50% of the rebates have been collected for 2010-1.

- B. Jenny Minchow reported that there was a 94% PDL compliance rate in 2009-4. In other words, 94% of the prescriptions filled for medications in PDL therapeutic classes were filled with “preferred” products.

VI. Closed Executive Session

A motion was made by Sorensen and seconded by Rock to go to closed session.

Votes as follows:

Baker-yes, Caudill – yes, Dering-Anderson-yes, Dube’-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Bohac - yes, Juracek-yes, Marsh-yes, Mims – yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges – yes, Ward-yes

VII. 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.

VIII. Public Testimony:

Speaker	Affiliation	Topic
Theodore W. Young	Eisai	Aricept 23
Ann Corbin	Boehringer Ingelheim	Mirapex ER
James Osborne	GSK	Ventolin & Veramyst
Roxanne Meyer	Johnson & Johnson	Simponi
Todd Paulsen	Novo	Victoza & Levimer
Melissa Kozak	Merck	Januvia/Janumet
Shalley Gupta	Bristol-Myers Squibb	Onglyza
S. Ravipati.	Shire	Vyvanse
Paul Sammut	UNMC	Pancreatic Enzymes

IX. THERAPEUTIC CLASS REVIEWS

A. Alzheimer’s Agents

A motion was made by Tonniges and seconded by Dube’ to approve the class as follows:

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED DRUG
CHOLINESTERASE INHIBITORS		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug
ARICEPT (donepezil) ARICEPT ODT (donepezil) EXELON Transdermal (rivastigmine) galantamine galantamine ER	COGNEX (tacrine) termination date 9/30/10 EXELON Oral Solution (rivastigmine) rivastigmine (generic for Exelon Oral)	

PREFERRED DRUGS	NON-PREFERRED DRUGS	CRITERIA FOR USE OF NON-PREFERRED DRUG
NMDA RECEPTOR ANTAGONIST		when given more than 120 days in the previous six mo.
NAMENDA (memantine)		

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

B. Androgenic Drugs

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

Preferred	Non-Preferred	Criteria
Androgenic Drugs (Topical)		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
ANDRODERM (testosterone) ANDROGEL (testosterone)	TESTIM (testosterone)	

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

C. Antibiotics, Inhaled

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

Preferred	Non-Preferred	Criteria
ANTIBIOTICS, INHALED		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Previous therapy with tobramycin via nebulizer. 3. Demonstration of TOBI compliance. 4. Diagnosis of cystic fibrosis, 5. Quantity limits of 84ml per 28 days supply.
TOBI (tobramycin)	CAYSTON (aztreonam lysine) ^{QL, *}	

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

D. Antibiotics, Vaginal

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

Preferred	Non-Preferred	Criteria
clindamycin (vaginal) (generic for Cleocin) METROGEL (metronidazole, vaginal)	CLEOCIN OVULES (clindamycin, vaginal suppositories) CLINDESSE (clindamycin, vaginal) metronidazole (vaginal) VANDAZOLE (metronidazole)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

E. Antiemetics

Sorensen proposed an amendment to add the traditional antiemetics to the PDL document and Farho seconded the motion.

A motion was made by Dube and seconded by Juracek to approve the class as is with the above amendment to add agents such as promethazine and prochlorperazine to the class:

Preferred	Non-Preferred	Criteria
CANNABINOIDS		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
Marinol (dronabinol)	CESAMET (nabilone) dronabinol (generic for Marinol)	
5HT3 RECEPTOR BLOCKERS		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. *SANCUSO: Unable to tolerate oral.
ondansetron (generic for Zofran) ondansetron ODT (generic for Zofran)	ANZEMET (dolasetron) granisetron (generic for Kytril) SANCUSO (granisetron)	
NK-1 RECEPTOR ANTAGONIST		EMEND does NOT require treatment failure with preferred drugs when used for moderately or highly emetogenic chemotherapy.
	EMEND (aprepitant) ^{QL}	

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

F. Antifungals, Oral

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

Preferred	Non-Preferred	Criteria
fluconazole (generic for Diflucan) GRIS-PEG (griseofulvin) griseofulvin suspension ketoconazole (generic for Nizoral) nystatin terbinafine (generic for Lamisil, Terbinex)	clotrimazole (mucous membrane, troche) GRIFULVIN V (griseofulvin) LAMISIL GRANULES (terbinafine) ORAVIG (miconazole) buccal ----- ANCOBON (flucytosine)* itraconazole (SPORANOX)* NOXAFIL (posaconazole)* VFEND (voriconazole)*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs. ----- *These meds do not necessarily require trial and failure on a preferred medication, if clinical criteria are met. All: allow if immunocompromised *ANCOBON: diagnosis of: <ul style="list-style-type: none"> • CANDIDA: septicemia, endocarditis, UTI • CRYPTOOCOCCUS: meningitis, pulmonary infections. *ITRACONAZOLE, diagnosis of: <ul style="list-style-type: none"> • Aspergillosis • Blastomycoses • Histoplasmosis • Onychomycosis resistant to terbinafine • Oropharyngeal/esophageal candidiasis refractory to fluconazole. *NOXAFIL, minimum age of 13. Prevention of infection with diagnosis of: <ul style="list-style-type: none"> • Neutropenic Myelodysplastic Syndrome • Neutropenic hematologic malignancies • Graft vs. Host disease Immunosuppression following <ul style="list-style-type: none"> • hematopoietic stem cell transplant Oropharyngeal/esophageal candidiasis refractory to itraconazole and/or fluconazole *VFEND <ul style="list-style-type: none"> • Myelodysplastic Syndrome (MDS), • Neutropenic Acute Myeloid Leukemia (AML) • Graft versus Host Disease (GVHD) • Candidemia (candida krusei), Esophageal Candidiasis • Pulmonary or invasive aspergillosis • Blastomycosis • Serious fungal infections caused by <i>Scedosporium apiospermum</i> (asexual form of <i>Pseudallescheria boydii</i>) and <i>Fusarium</i> spp., including <i>Fusarium solani</i>, in patients intolerant of, or refractory to other therapy. • Oropharyngeal/esophageal candidiasis refractory to fluconazole.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

G. Antifungals, Topical

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

Preferred	Non-Preferred	Criteria
ANTIFUNGAL		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.
clotrimazole (generic for Lotrimin) Rx, OTC econazole (generic for Spectazole) ketoconazole (generic for Nizoral) ketoconazole shampoo (generic for Nizoral) miconazole OTC NAFTIN (naftifine) nystatin selenium sulfide 1% selenium sulfide 2.5% terbinafine OTC (generic for Lamisil AT) tolnaftate OTC (generic for Tinactin)	BENSAL HP (benzoic acid/salicylic acid) ciclopirox cream/gel/suspension (generic for Loprox) ciclopirox nail lacquer (solution) (generic for Penlac) ciclopirox shampoo (generic for Loprox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) MENTAX (butenafine) OXISTAT (oxiconazole) selenium sulfide 2.25% VUSION (miconazole/ zinc oxide) XOLEGEL (ketoconazole)	
ANTIFUNGAL/STEROID COMBINATIONS		
clotrimazole/betamethasone (generic for Lotrisone) nystatin/triamcinolone (generic for Mycolog)		

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

H. Antihyperuricemics

Dering Anderson recommended updating the criteria to remove "allergy to generic colchicine" as an acceptable reason to approve Colcris.

A motion was made by Dube' and seconded by Rock to accept the class with amended criteria as follows:

Preferred	Non-Preferred	Criteria
allopurinol (generic for Zyloprim) colchicine probenecid probenecid/colchicine (generic for Col-Probenecid)	COLCRYS (colchicine) ULORIC (febuxostat)	Colcris: Treatment failure with or contraindication to generic colchicine. May be approved for Familial Mediterranean Fever (FMF), WITHOUT trial on generic. Uloric: Allergy to, treatment failure with, or contraindication to allopurinol.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

I. Antiparasitics, Topical

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

Preferred	Non-Preferred	Criteria
EURAX (crotamiton) permethrin 1% OTC (generic for Nix) permethrin 5% RX (generic for Elimate) pyrethrin /piperonyl butoxide (generic for RID, A-200) OVIDE (malathion)	lindane malathion (generic for Ovide) ULESFIA (benzyl alcohol)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs. Note: Ulesfia and Lindane will process in claims system automatically without prior authorization if 2 preferred products have been filled within the previous 60 days.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

J. Antiparkinson's Agents

A motion was made by Thomsen and seconded by Caudill to accept the class as follows:

Preferred	Non-Preferred	Criteria
ANTICHOLINERGICS		
benztropine (generic for Cogentin) trihexyphenidyl (generic for Artane)		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
COMT INHIBITORS		
	COMTAN (entacapone) TASMAR (tolcapone)	AND MIRAPEX ER will only be approved for Parkinson's Disease. ----- AND REQUIP XL will only be approved for Parkinson's Disease.
DOPAMINE AGONISTS		
bromocriptine (generic for Parlodel) ropinirole (generic for Requip)	MIRAPEX ER (pramipexole) pramipexole (generic for Mirapex) REQUIP (ropinirole) REQUIP XL (ropinirole)	
MAO-B INHIBITORS		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
selegiline (generic for Eldepryl)	AZILECT (rasagiline) ZELAPAR (selegiline)	

OTHER ANTIPARKINSON'S DRUGS	
carbidopa/levodopa STALEVO(levodopa/carbidopa /entacapone)	carbidopa/levodopa ODT

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

K. Antivirals, Oral

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

Preferred	Non-Preferred	Criteria
ANTI-HERPETIC DRUGS		
acyclovir (generic for Zovirax) VALTRESX (valacyclovir)	famciclovir (generic for Famvir) valacyclovir generic	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with a preferred drug.
ANTI-INFLUENZA DRUGS		
amantadine (generic for Symmetrel) RELENZA (zanamivir) inhalation ^{QL} Rimantadine (generic for Flumadine) TAMIFLU (oseltamivir) ^{QL}		

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

L. Antivirals, Topical

Rock proposed to leave Abreva (docosanol) on the OTC Covered List, but not to include on the PDL document, with a motion to accept class as amended and Ward seconded the motion:

Preferred	Non-Preferred	Criteria
	DENAVIR (penciclovir) ZOVIRAX Cream (acyclovir) ZOVIRAX Ointment (acyclovir) XERESE (acyclovir/hydrocortisone) ^{NR}	1. Adverse reaction to, allergy or contraindication to preferred oral antiherpetic agent or 2. Documentation of treatment failure with a preferred oral antiherpetic agent.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-no, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

M. Atopic Dermatitis

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

Preferred	Non-Preferred	Criteria
PROTOPIC (tacrolimus) ELIDEL (pimecrolimus)		

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

N. Bile Salts

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

Preferred	Non-Preferred	Criteria
ursodiol (generic for Actigall, Urso)	CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

O. Bone Resorption Suppression & Related Drugs

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

Preferred	Non-Preferred	Criteria
BISPHOSPHONATES		
alendronate (generic for Fosamax) (daily and weekly)	ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/ calcium) BONIVA (ibandronate) DIDRONEL (etidronate) etidronate disodium FOSAMAX Oral Solution (alendronate) FOSAMAX PLUS D	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug. Note: products with calcium or vitamin D will be prescribed separately.
OTHER BONE RESORPTION SUPPRESSION AND RELATED DRUGS		
EVISTA (raloxifene) MIACALCIN (calcitonin) nasal	calcitonin-salmon nasal (generic for Miacalcin) FORTEO (teriparatide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or

	<p>subcutaneous^{QL} FORTICAL (calcitonin) nasal</p>	<p>2 .Documentation of treatment failure with preferred drug. <u>Forteo® (teriparatide):</u> May approve if the client is unable to use preferred products (i.e. intolerance, contraindication, allergy, and previous trial/failure) OR the client is at high risk of fracture as defined below. Patients at high risk of fracture include:</p> <ul style="list-style-type: none"> • Bone mineral density of -3 or worse • Postmenopausal women with history of non-traumatic fracture(s) • Postmenopausal women with <u>two or more</u> of the following clinical risk factors: <ol style="list-style-type: none"> 1. Family history of non-traumatic fracture(s) 2. Patient history of non-traumatic fracture(s) 3. DXA BMD T-score \leq-2.5 at any site 4. Glucocorticoid use* (\geq6 months of use at 7.5 mg dose of prednisolone equivalent) 5. Rheumatoid Arthritis • Postmenopausal women with BMD T-score \leq-2.5 at any site with any of the following clinical risk factors: <ol style="list-style-type: none"> 1. More than 2 units of alcohol per day 2. Current smoker • Men w/primary or hypogonadal osteoporosis • Osteoporosis associated w/sustained systemic glucocorticoid therapy* <p>Initial approval will be for 1 year with ONE renewal if demonstrated compliance. Maximum duration of therapy is 24 months during a patient's lifetime. Approval <u>does not</u> require trial and failure on Miacalcin®. <u>Quantity limit</u> of 2.4ml per claim for a 30 day supply. <u>Combination therapy</u> with bisphosphonates (Actonel®, Boniva®, Didronel®, Fosamax®, alendronate) is not recommended and will NOT be approved. Not approved for pediatric patients or young adults with open epiphyses. Injection <u>must</u> be administered by patient or caregivers.</p>
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Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-n/a, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

P. Bronchodilators, Anticholinergic

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

Preferred	Non-Preferred	Criteria
INHALERS		
ATROVENT HFA (ipratropium) COMBIVENT (albuterol/ipratropium) SPIRIVA (tiotropium)		
INHALATION SOLUTION		
ipratropium solution (generic for Atrovent)	albuterol/ipratropium (generic for Duoneb)	Combination agent covered as separate prescriptions.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-n/a, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

Q. Bronchodilators, Beta Agonist

Baker asked for clarification that a diagnosis of COPD would allow non-preferred long acting beta agonist inhalers to be prescribed.

The group discussed the low dose albuterol being non-preferred and concerns with diluting albuterol. Criteria were reviewed. Committee asked if data is available to see if any children who were not given the low dose albuterol had been hospitalized. The state advised they would look into this.

A motion was made by Tonniges and seconded by Gotschall to amend the class and make low dose albuterol preferred: Motion passed

A motion was made by Dr. Caudill and seconded by Dube' to call the amendment to the table and vote on the class with the amendment: votes were tied so Acting Chair, Saunders, was asked to vote, and the motion failed.

A motion was made by Dering-Anderson and seconded by Rock to approve the class as originally noted: Motion passes 9 to 7

A motion was made by Dr. Tonniges and seconded by Caudill to review the class again in 6 months: motion passes with a unanimous vote

Preferred	Non-Preferred	Criteria
INHALERS-Short Acting		
PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) PROVENTIL HFA (albuterol) XOPENEX HFA (levalbuterol)	1. Adverse reaction to, allergy or contraindication to preferred drugs, 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)	Prior authorization not required if diagnosis of COPD in claims history or co-administered with inhaled steroid.
INHALATION SOLUTION		
albuterol (2.5mg/3ml premix or 2.5mg/0.5ml)	albuterol low dose (0.63mg/3ml & 1.25mg/3ml) albuterol/ipratropium (generic for Duoneb) BROVANA (arformoterol) levalbuterol (generic for Xopenex) PERFOROMIST (formoterol)	If the patient weighs less than 15kg (33 lbs) the call center may approve the lower dose. OR May approve lower dose if it is felt that the parent is not able to reliably measure drug. Combination agent covered as separate prescriptions. 1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
ORAL		
albuterol terbutaline (generic for Brethine)	metaproterenol (formerly generic for Alupent)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Vote to amend the class and add low dose albuterol to preferred: Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-no, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

1st Vote to approve class with the amendment:
Baker-no, Caudill - yes, Dering-Anderson-no, Dube'-no, Elsasser-no, Farho-yes, Gotschall-yes, Johnson-Bohac-no, Juracek-no, Marsh-yes, Mimms-yes, Rock-no, Sorensen-no, Thomsen-yes, Tonniges-yes, Ward-yes
Tie breaker goes to the chair – Saunders – no
Motion fails

2nd Vote for motion to approve class as originally noted: Baker-yes, Caudill - no, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-no, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-no, Mimms-no, Rock-yes, Sorensen-yes, Thomsen-no, Tonniges-no Ward-no

Vote to review class again in 6 months:
Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-no, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

R. Cephalosporins & Related Antibiotics

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

Preferred	Non-Preferred	Criteria
BETA-LACTAM / BETA-LACTAMASE INHIBITOR COMBINATIONS		
amoxicillin/clavulanate tablets and suspension AUGMENTIN 125mg/5ml Suspension AUGMENTIN 250mg/5ml Suspension	AUGMENTIN XR (amoxicillin/clavulanate) (all forms of brand name AUGMENTIN are non-preferred, <i>except</i> 125 and 250mg/5ml) amoxicillin/clavulanate XR (generic for Augmentin XR)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – First Generation		
cephalexin (oral) (generic for Keflex) cefadroxil (oral) (generic for Duricef)		1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Second Generation		
cefuroxime (oral) (generic for Ceftin) cefprozil (oral) (generic for Cefzil)	cefaclor (oral) (generic for Ceclor) CEFTIN (cefuroxime) tablets, suspension	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
CEPHALOSPORINS – Third Generation		
cefdinir (oral) (generic for Omnicef) SUPRAX (cefixime)	CEDAX (ceftibuten) cefpodoxime (oral) (generic for Vantin) cefditoren (generic for Spectracef)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

S. Cytokine & CAM Antagonists

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

Preferred	Non-Preferred	Criteria
CIMZIA (certolizumab pegol) ENBREL (etanercept) HUMIRA (adalimumab)	KINERET (anakinra) SIMPONI (golimumab)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

T. Fluoroquinolones, Oral

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

Preferred	Non-Preferred	Criteria
AVELOX (moxifloxacin) ciprofloxacin (generic for Cipro)	CIPRO Suspension (ciprofloxacin) ciprofloxacin ER (generic for Cipro XR) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) NOROXIN (norfloxacin) ofloxacin (generic for Floxin) PROQUIN XR (ciprofloxacin)	1. Adverse reaction to, contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. Ofloxacin and levofloxacin may be approved without trial on preferred with diagnosis of: Pelvic Inflammatory Disease or Acute Epididymitis not caused by gonorrhea. Non-preferred quinolone may be approved upon inpatient hospital discharge to complete a course of antibiotic therapy initiated during inpatient care.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

U. Glucocorticoids, Inhaled

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

Preferred	Non-Preferred	Criteria
GLUCOCORTICIDS		
AEROBID (flunisolide) AEROBID-M (flunisolide) FLOVENT DISKUS (fluticasone) FLOVENT HFA (fluticasone) QVAR (beclomethasone)	ALVESCO (ciclesonide) ASMANEX (mometasone) PULMICORT FLEXHALER (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		GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS
ADVAIR (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol)	<i>DULERA (mometasone/formoterol)^{NR}</i>	

SYMBICORT (budesonide/ formoterol)		
INHALATION SOLUTION		INHALATION SOLUTION
	PULMICORT RESPULES (budesonide) budesonide respules	No prior authorization required for use in children ages 1-8. For age 9 and up, will require documentation of inability to use inhaler.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

V. A motion was made by Sorensen and seconded by Dube to move back into closed session and lunch.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

W. Open Session was re-convened at 1:30pm.

X. Hypoglycemics, Incretin Mimetics/Enhancers

Baker noted that criteria should indicate that Januvia is now approved for use with insulin. She also commented that the DUR approved criteria for Symlin indicates that insulin should be decreased by 50% when Symlin is initiated. This may be too large of a decrease in dose.

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

Preferred	Non-Preferred	Criteria
	BYETTA (exenatide) subcutaneous* SYMLIN (pramlintide) subcutaneous* VICTOZA (liraglutide) subcutaneous* JANUVIA (sitagliptin)* JANUMET (sitagliptin/metformin)* ONGLYZA (saxagliptin)*	(See clinical criteria) VICTOZA may be approved after trial on BYETTA or with compromised renal function. JANUVIA, ONGLYZA: <ul style="list-style-type: none"> • Type 2 diabetics who have not achieved adequate glycemic control and have demonstrated compliance with a regimen of metformin, a sulfonylurea or a thiazolidinedione. • HbA1C \geq 7 JANUMET: Must document

		that medical necessity exists prohibiting the administration of the individual products: Januvia (prior auth criteria as above) and metformin.
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Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

Y. Hypoglycemics, Insulins

Discussion confirmed criteria that low dosing with the pens is allowed if it is more cost effective.

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

Preferred	Non-Preferred	Criteria
HUMALOG (insulin lispro) HUMALOG MIX (insulin lispro/lispro protamine) HUMULIN (insulin) LANTUS (insulin glargine)	APIDRA (insulin glulisine) LEVEMIR (insulin detemir) NOVOLIN (insulin) NOVOLOG (insulin aspart) NOVOLOG MIX (insulin aspart/aspart protamine) Insulin pens /cartridges	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. 1. Physical reasons, such as dexterity problems, vision impairment. 2. Must be Self- Administered. 3. Low dose, ≤ 40 units per day. 4. NOT just for convenience.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

Z. Intranasal Rhinitis Drugs

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

Preferred	Non-Preferred	Criteria
ANTICHOLINERGICS		
ipratropium (generic for Atrovent)		
ANTIHISTAMINES		
ASTELIN (azelastine)	ASTEPRO (azelastine) azelastine (generic for Astelin)	1. Adverse reaction to, allergy or contraindication to preferred drug, or

	PATANASE (olopatadine)	2. Documentation of treatment failure with preferred drug.
CORTICOSTEROIDS		
fluticasone (generic for Flonase)	BECONASE AQ (beclomethasone) flunisolide (generic for product formerly known as Nasalide) NASACORT AQ (triamcinolone) NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide) VERAMYST (fluticasone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. Veramyst: prior authorization NOT required for children 12 and younger.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

AA. Leukotriene Modifiers

A motion was made by Thomsen and seconded by Caudill to accept the class as follows:

Preferred	Non-Preferred	Criteria
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, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

BB. Macrolides & Ketolides

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

Preferred	Non-Preferred	Criteria
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 (generic for Zithromax) erythromycin	clarithromycin ER (generic for Biaxin XL) clarithromycin IR (generic for Biaxin) PCE (brand name erythromycin) ZMAX (brand name azithromycin ER) ZITHROMAX (brand name azithromycin)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. Clarithromycin: May be approved for diagnosis of helicobacter pylori when there is concurrent administration of a proton pump inhibitor. (allow 28 days of treatment per 365 days)

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

CC. NSAIDS

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

Preferred	Non-Preferred	Criteria
COX-I SELECTIVE		
diclofenac (generic for Cataflam, Voltaren) fenoprofen (generic for Nalfon) flurbiprofen (generic for Ansaid) ibuprofen OTC, Rx (generic for Advil, Motrin) ketoprofen (generic for Orudis, Oruvail) ketorolac (generic for Toradol) meloxicam (generic for Mobic) nabumetone (generic for Relafen) naproxen Rx, OTC (generic for Naprosyn) oxaprozin (generic for Daypro) sulindac (generic for Clinoril)	etodolac (generic for Lodine) indomethacin (generic for Indocin) meclofenamate (generic for Meclomen) mefenamic acid (generic for Ponstel) piroxicam (generic for Feldene) tolmetin (generic for Tolectin) ALL BRAND NAME NSAIDs ARE NON-PREFERRED. CAMBIA (diclofenac oral solution) VIMOVO (naprosyn/esomeprazole) ZIPSOR (diclofenac)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure of no less than a 30 day trial with two preferred drugs.
NSAID/GI PROTECTANT COMBINATIONS		
	ARTHROTEC (diclofenac/misoprostol)	Diclofenac and misoprostol both available individually without prior authorization.
COX-II SELECTIVE		
	CELEBREX (celecoxib)*	See Clinical Criteria

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

DD. Ophthalmics, Antibiotics

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

Preferred	Non-Preferred	Criteria
FLUOROQUINOLONES		
ciprofloxacin (generic for Ciloxan) ofloxacin (generic for Floxin) VIGAMOX (moxifloxacin)	BESIVANCE (besifloxacin) CILOXAN oint. (ciprofloxacin) IQUIX (levofloxacin 1.5%) QUIXIN (levofloxacin 0.5%) ZYMAR (gatifloxacin 0.3%) ZYMAXID (gatifloxacin 0.5%) ^{Not Reviewed}	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 (generic for Tobrex drops) TOBREX ointment (tobramycin)		1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug.
OTHER ANTIBIOTICS		
neomycin/polymyxinB/gramicidin polymyxin B/trimethoprim (generic for Polytrim) sulfacetamide (generic for Bleph-10) triple antibiotic (neomycin/bacitracin/polymyxin B)	bacitracin bacitracin/polymyxin B (formerly generic for Polysporin) NATACYN (natamycin)*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with preferred drug. *NATACYN: Documented fungal infection.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

EE. Ophthalmics for Allergic Conjunctivitis

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

Preferred	Non-Preferred	Criteria
ALREX (loteprednol 0.2%) cromolyn (generic for Opticrom) ketotifen OTC (generic for Zaditor) PATADAY (olopatadine 0.2%) PATANOL (olopatadine 0.1%)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (lodoxamide) azelastine (generic for Optivar) BEPREVE (bepotastine besilate) ELESTAT (epinastine) EMADINE (emedastine) ketorolac 0.5% (generic for Acular)	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, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farhoyes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

FF. Ophthalmics, Anti-Inflammatories

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

Preferred	Non-Preferred	Criteria
CORTICOSTEROIDS		
dexamethasone (generic for Maxidex) FLAREX (fluorometholone) fluorometholone 0.1% (generic for FML) FML FORTE (fluorometholone 0.25%) FML S.O.P. (fluorometholone 0.1%) LOTEMAX (loteprednol 0.5%) MAXIDEX (dexamethasone) PRED MILD (prednisolone 0.12%) prednisolone acetate 1% (generic for Omnipred, Pred Forte) prednisolone sodium phosphate 1% (formerly generic for Inflammase)	DUREZOL (difluprednate) VEXOL (rimexolone)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2. Documentation of treatment failure with two preferred drugs.
NSAIDs		
diclofenac (generic for Voltaren) flurbiprofen (generic for Ocufen)	ACUVAIL (ketorolac 0.45%) ketorolac LS 0.4% (generic for Acular LS) NEVANAC (nepafenac) XIBROM (bromfenac)	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, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-n/a, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

GG. Ophthalmics, Glaucoma Drugs

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

Preferred	Non-Preferred	Criteria
MIOTICS		
pilocarpine		
SYMPATHOMIMETICS		
ALPHAGAN P (brimonidine) brimonidine 0.2% (formerly generic for Alphagan) PROPINE (dipivefrin)	brimonidine P 0.1%(generic for Alphagan P) brimonidine P 0.15%(gen. for Alphagan P)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
BETA BLOCKERS		
betaxolol (generic for Betoptic) BETIMOL (timolol) BETOPTIC S (betaxolol) carteolol (generic for Ocupress) ISTALOL (timolol) levobunolol (generic for Betagan) metipranolol (generic for Optipranolol) timolol (generic for Timoptic)		
CARBONIC ANHYDRASE INHIBITORS		
AZOPT (brinzolamide) TRUSOPT (dorzolamide)	dorzolamide (generic for Trusopt)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
PROSTAGLANDIN ANALOGS		
TRAVATAN (travoprost) TRAVATAN Z (travoprost) XALATAN (latanoprost)	LUMIGAN (bimatoprost)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.
COMBINATION DRUGS		
COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol)	dorzolamide/timolol (generic for Cosopt)	1.Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with preferred drug.

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

HH. Pancreatic Enzymes

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

Preferred	Non-Preferred	Criteria
<p>CREON 6000, 12,000, 24,000 units</p> <p>PANCREAZE (pancrelipase)</p> <p>PANCRELIPASE™ (pancrelipase) (authorized generic)</p> <p>ZENPEP (pancrelipase)</p>		<p>1. Adverse reaction to, allergy or contraindication to preferred drugs, or</p> <p>2. Documentation of treatment failure with preferred drug.</p>

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

II. Platelet Aggregation Inhibitors

A motion was made by Thomsen and seconded by Caudill to accept the class as follows:

Preferred	Non-Preferred	Criteria
<p>AGGRENOX (dipyridamole/aspirin)</p> <p>aspirin</p> <p>dipyridamole (generic for Persantine)</p> <p>PLAVIX (clopidogrel)</p>	<p>EFFIENT (prasugrel)*</p> <p>ticlopidine (generic for Ticlid)</p>	<p>1. Adverse reaction to, allergy or contraindication to preferred drugs, or</p> <p>2. Documentation of treatment failure with preferred drug.</p> <p>3. OR Documentation of clopidogrel resistance.</p> <p>EFFIENT: Additional criteria</p> <ul style="list-style-type: none"> • Patient has Acute Coronary Syndrome (ACS) and are going to be managed with Percutaneous Coronary Intervention (PCI) as follows: <ol style="list-style-type: none"> 1. Patients with unstable angina or NSTEMI or 2. Patients with STEMI when managed with primary or delayed PCI • Must be <75 years of age unless they are high risk patients (diabetes or prior MI)

		<ul style="list-style-type: none"> • Must not have active pathological bleeding or history of TIA or stroke.
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Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

JJ. Steroids, Topical

A motion was made by Dering-Anderson to vote class all as one and seconded by Rock to accept the class as follows:

Preferred	Non-Preferred	Criteria
LOW POTENCY		
alclometasone dipropionate (generic for Aclovate) CAPEX Shampoo (fluocinolone) DERMA-SMOOTHIE-FS (fluocinolone) desonide (generic for Desonate, Verdeso) hydrocortisone (generic for Cortaid)	DESONATE (desonide) PEDIADERM HC (hydrocortisone 2%) VERDESO (desonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
MEDIUM POTENCY		
fluocinolone acetonide (generic for Synalar) fluticasone propionate (generic for Cutivate) hydrocortisone valerate (generic for Westcort) mometasone furoate (generic for Elocon)	CLODERM (clocortolone) CORDRAN TAPE (flurandrenolide) CUTIVATE (fluticasone) hydrocortisone butyrate (generic for Locoid) LUXIQ (betamethasone valerate) MOMEXIN (mometasone) PANDEL (hydrocortisone probutate 0.1%) prednicarbate (generic for Dermatop)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.
HIGH POTENCY		
betamethasone dipropionate (generic for Diprolene) betamethasone valerate (generic for Beta-Val) fluocinonide (generic for Vanos) fluocinonide E fluocinonide emollient triamcinolone acetonide (generic for Kenalog)	amcinonide desoximetasone diflorasone diacetate HALOG (halcinonide) KENALOG AEROSOL (triamcinolone) VANOS (fluocinonide)	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

VERY HIGH POTENCY		
clobetasol emollient (generic for Temovate-E) clobetasol propionate (generic for Temovate) halobetasol propionate (generic for Ultravate)	CLOBEX (clobetasol) HALONATE (halobetasol propionate) OLUX-E (clobetasol) OLUX/OLUX-E CP (clobetasol)	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, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

KK. Stimulants and Related Agents

The committee discussed the differences between Concerta and methylphenidate ER – duration of effect, the need for a second supplemental ADHD drug, cost, and first line therapy information was discussed.

CNS Stimulants - Rock made a motion to amend and vote to make Concerta and Daytrana non-preferred and the motion was seconded by Ward.

Misc. ADHD – A motion was made by Dering-Anderson to vote class as noted and seconded by Ward to accept the class as follows:

Analeptics – The committee discussed the recent review of Provigil and Nuvigil completed by the Drug Utilization Review Board. A motion was made by Gotschall to vote class as noted and seconded by Rock to accept the class as follows:

Preferred	Non-Preferred	Criteria
CNS STIMULANTS		
amphetamine salt comb. ER (generic for Adderall XR) amphetamine salt comb IR (generic for Adderall) dexmethylphenidate (generic for Focalin) dextroamphetamine (gen. for Dexedrine) FOCALIN (dexmethylphenidate) FOCALIN XR (dexmethylphenidate XR) METHYLIN CHEWABLE AND SOLUTION (methylphenidate) METHYLIN ER (methylphenidate ER) methylphenidate (generic for Ritalin) methylphenidate ER (generic)	ADDERALL XR (amphetamine salt combo ER) CONCERTA(methylphenidate) DAYTRANA (methylphenidate) methamphetamine (generic for Desoxyn) METADATE CD (methylphenidate) PROCENTRA (dextroamphetamine) RITALIN LA (methylphenidate) VYVANSE (lisdexamfetamine)*	1. Adverse reaction to, allergy or contraindication to preferred drugs, or 2 .Documentation of treatment failure with two preferred drugs.

MISCELLANEOUS ADHD		
<p>Note: generic guanfacine and clonidine are available without prior authorization.</p>	<p>INTUNIV (guanfacine extended-release)* STRATTERA (atomoxetine)*</p>	<p>*INTUNIV: 1. Only approved in children, minimum age 6. 2. Diagnosis of ADHD. 3. Patient shows some therapeutic benefit from the immediate release guanfacine taken at least twice daily and there is a therapeutic need to administer the guanfacine once daily. STRATTERA: 1. Documented trial and failure of at least one stimulant within two months OR 2. Diagnosis of tics or anxiety disorder or a history of substance abuse. 3. Family or parent refusal to use controlled substance.</p>
ANALEPTICS		
	<p>NUVIGIL (armodafinil)* PROVIGIL (modafanil)*</p>	<p>*NUVIGIL: Minimum age 18. Require trial of Provigil. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Treatment failure with amphetamine and documentation of diagnosis in sleep study. Shift Work Sleep disorder: Only approve for six months to verify work schedule.</p> <p>*PROVIGIL: Minimum age 18. For Sleep apnea: Documentation of sleep apnea with sleep study. For Narcolepsy: Treatment failure with amphetamine and documentation of diagnosis in sleep study. Shift Work Sleep disorder: Only approve for six months to verify work schedule.</p>

Votes as follows:

Baker-yes, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

LL. Tetracyclines

A motion was made by Thomsen and seconded by Caudill to accept the class as follows:

Preferred	Non-Preferred	Criteria
doxycycline hyclate IR (generic for Vibramycin) minocycline HCl capsules (generic for Minocin, Dynacin) tetracycline HCl (generic for Sumycin)	ADOXA (doxycycline monohydrate) ADOXA CK demeclocycline DORYX (doxycycline pelletized) doxycycline hyclate DR (generic for Vibratabs) doxycycline monohydrate (generic for Monodox) minocycline HCl tablets (generic for Dynacin, Murac) minocycline HCl extended release (generic for Solodyn) NUTRIDOX (doxycycline) ORACEA (doxycycline monohydrate) SOLODYN (minocycline HCl) VIBRAMYCIN SUSPENSION (doxycycline suspension)	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, Caudill - yes, Dering-Anderson-yes, Dube'-yes, Elsasser-yes, Farho-yes, Gotschall-yes, Johnson-Bohac-yes, Juracek-yes, Marsh-yes, Mimms-yes, Rock-yes, Sorensen-yes, Thomsen-yes, Tonniges-yes, Ward-yes

MM. Next meeting:

The next scheduled meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee is tentatively scheduled for:

Wednesday, May 11, 2011, 9 am
 Mahoney State Park, Ashland, NE

NN. Adjournment

OO. A motion was made by Dube' and seconded by Rock to adjourn at 3:40 pm. Voting was unanimous in favor of adjournment.

Recorded by: Candace Hupp, Project Coordinator
 Nebraska Medicaid & Long-Term Care

Approved May 11, 2011

BRAND PRODUCTS IN UPPER CASE, generic names in lower case. If only the generic name is listed as preferred, then the BRAND name of that product is non-preferred; unless the brand name product is ALSO listed as preferred.

*Indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred.
QL indicated quantity limits.
NR indicates product was not reviewed. New Drug criteria will apply.