



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

West Virginia Department of Health and Human Resources
Bureau for Medical Services
Pharmaceutical and Therapeutics (P & T) Committee
January 22, 2003 - 11:00 a.m.
DHHR Building - 350 Capitol Street
Lower Level Conference Rooms B10/11
Charleston, West Virginia

MINUTES

Members Present:

David Avery, M.D.
James D. Bartsch, R.Ph.
Teresa Dunsworth, PharmD
Tom Harward, PA-C
John D. Justice, M.D.
Barbara Koster, MSN, RNC-ANP
Kristy H. Lucas, PharmD
Steven R. Matulis, M.D.
Harriet Nottingham, R.Ph.
Kevin W. Yingling, R.Ph., M.D.

Members Absent:

Thomas L. Gilligan, R.Ph., D.O.

DHHR/BMS Staff Present:

Nancy V. Atkins, Commissioner
Nora Antlake, Counsel
Sandra J. Joseph, M.D., Medical Director
Peggy King, Pharmacy Director
Gail Goodnight, Rebate Coordinator
Vicki Cunningham, DUR Coordinator
Randy Myers, Deputy Commissioner
Lynda Edwards, Secretary

Contract Staff/Provider Synergies

Present:

Steve Liles, PharmD
Todd Wandstrat, PharmD

Other Contract Staff Present:

Jennifer Carpenter, ACS
Stephen Small, RDTP
Christina Edwards, RDTP

Other State Government Agency Staff

Present:

Felice Joseph, PEIA

Also Present:

Abbott Laboratories: Mario B. Gonzalez, Laura Stinson, Samuel Thomas

Alcon Laboratories: Matthew E. Murphy

Alzheimer's Association: Angela Vance, Nancy Cipoletti

American Psychiatric Assoc.: Irvin Muszynski

Amgen: Jeff Perdue

AstraZeneca: Mark A. DiMaio, MarLon Gutierrez, Lesley Withers, Russ Nixon, Stephen Richmond, Dorie Anania

Aventis: Justin O'Reilley, Jeff Hartness, Ed Hilts, Scott Vincent

Bayer: Randy D. Pryka

Boehringer Ingelheim: Matt Sheffield

Bristol-Myers Squibb: Karen Brett Long, John Hymen, Stephanie Wilson, JMZ

Charleston Psychiatric Group: Ralph Smith, Jr., M.D.

Collaborative Geriatrics: Charles McCormick, M.D.

Elan Pharmaceuticals: Greg Wyatt, Bret Anderson

Forest Laboratories: Wayne A. Miller, Scott Stinson

Fujisawa Healthcare, Inc.: Bruce Mazer

Glaxo Smith Kline: Steve Mitchell, Gary Browning, Steve Cheely, Ben Staples, Nathan Quiller

Government Relation Specialist: Thom Stevens

Home Care Pharmacy: Wayne Atkinson

Janssen Pharmaceuticals: Bert G. Wickey, Jennifer Kern Slivia

Johnson & Johnson: Jim Cannon, Raymona Kinneberg

King Pharmaceuticals: Al Sieradzki

Eli Lilly & Company: Wayne "Jabo" Covert, Myrna Miller, Laura Myers, Jay Frye, Joe Sellmayer

Lewis Glasser: Gloria Thomas

Mental Health Advocate: Carolyn J. Nelson, Christina Bishop, Ellen Ward

Merck: Michael Tu

NAMI WV: Michael Ross

Novartis: Steve Mitchell, Marshall Jackson

Novo Nordisk Pharmaceuticals: Kipper Linville

Ortho Biotech: Terry Henderson

PFE: Joe McCoy

Pfizer: Chuck Dent, Kent Hunter, Pamela Smith, Dan Moore, Glenn Self, Kit Francis, Amy Ball, Gary Thurnauer, Shawnee Lewis, Kevin Kirk, Mark Murphy, Mike Bolen, Jeff Pack

Pharmacia Corp.: Bob Simon, Natalie Egnor-Walker, Nichole Custer, John Snyder

Physicians: C. O. Edwards, M.D., Lawrence Kelly, M.D., F. Joseph Whelan, M.D.

PhRMA: Bryan Brown

PPG: Darrell Tallman

PsyCare: Dan Thistlewaite, M.D.

Purdue Pharma: Sean Sorrell

Sankyo Pharma: Joe Greer, Mary McClurkin, Ted Duty

Schwarz Pharma: Todd W. Michael

Solvay Pharmaceuticals: Richard Stump

TAP: Stacey Poole

Wallace: Alex Peschl

WVPA: Sally Sowell

WV Psychiatric Services: Jay McClanahan, Martin Kommor, M.D.

WVU: Richard Granese, Judy Thompson, Betsy Meredith, R. J. Schmidt, D.O.

Wyeth: Tom Trabold, Mandy Ison, Kathy Ballard

I. Call to Order:

Dr. Steven Matulis, Chairperson, called the meeting to order at 11:00 a.m.

II. Housekeeping:

Commissioner Nancy Atkins was recognized, and she advised the audience on how the meeting would be conducted. Commissioner Atkins introduced Peggy King, who would be serving as fire marshal. Mrs. King gave the audience exit instructions in case the fire alarm sounded.

III. Introductions:

All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

IV. Approval of Minutes from 11/19/02 Meeting:

Chairman Matulis asked for approval of the minutes from the last meeting. A motion was made and seconded, votes were taken and the motion carried to approve the minutes as submitted.

V. Implementation Schedule:

Peggy King, Pharmacy Director, addressed the implementation schedule of the Preferred Drug List (PDL). The first group of drugs (Phase I) was implemented on January 7, 2003. Phase I had originally been planned for implementation on January 2, 2003, but due to comments from the pharmacy providers, implementation was delayed by one week. The date of implementation for Phase II will be February 5, 2003. She said the Program Instruction and recipient letters concerning Phase II had been mailed. She called upon Steve Small of the Rational Drug Therapy Program (RDTP) for an update regarding the prior authorization process.

Steve Small reported a denial rate of 3% for preferred PPIs, and 32% for the nonpreferred PPIs. There was an approval rate for the nonpreferred PPIs of 6%. He stated that there were many failed therapies in the antihistamine class being reported. There was an approval rate of about 22% and a denial rate of 27% for the nonsedating antihistamines. Mr. Small reported that the implementation was proceeding smoothly.

VI. Public Comment Period:

Chairman Matulis explained that the public comment period would be a 45-minute session. He then recognized Commissioner Atkins to speak to the Committee. Ms. Atkins informed everyone that the Bureau had received approval from CMS for the State Plan Amendment for the Preferred Drug List on January 6, 2003. She also stated that the Bureau has adopted a policy plan for grandfathering the Atypical Antipsychotics and drugs used to treat Alzheimer's disease. She explained that patients currently taking drugs from these categories may continue that therapy. Drug naive patients will be required to start therapy with the preferred agents.

In regard to the public comment period, Commissioner Atkins explained that attendees planning

to speak need to personally sign and print their name on the speaker list prior to the meeting. A photo identification of those signing the list will be required. Those who do not get to speak at the present session will be given first priority at the next meeting. She also reiterated that there is a five minute limit per presentation and that the session is not interactive. No slide presentations or distribution of written materials to Committee members will be allowed. The following individuals took the floor:

- ▼ Greg Wyatt, Elan Pharmaceuticals: Mr. Wyatt spoke about Skelaxin and he stated that it is the only muscle relaxant to have its efficacy documented by clinical studies. He also reported that it has no documented evidence of abuse and fewer drug interactions and lower sedation rates than the other muscle relaxants. He also spoke about the hypnotic, Sonata. Mr. Wyatt stated that it was the most versatile agent in this class and allowed patients to fall asleep within thirty minutes. He said that it was less impairing than other hypnotics.
- ▼ Christina Bishop, Mental Health Advocate: Ms. Bishop stated that she and thousands of other patients depend on Medicaid for their mental health drugs. She felt that if all of the mental health drugs were not covered, there would be more hospitalizations of patients. She stated that the prior approval process for medications was very difficult. She also said that the grandfathering process may not work for patients when changes in their therapies were required. She appealed to the Committee to keep all psychiatric drugs available without prior approval.
- ▼ Charles McCormick, MD, Collaborative Geriatrics: Dr. McCormick commended the Committee on grandfathering two classes of drugs. He stated that his experience with Cognex, Aricept and Exelon has shown that these drugs are very effective. Up to 90% of patients reach an effective dose with Aricept. Data shows almost a two-year delay in nursing home placement with Aricept as opposed to a placebo. Patients with dementia who are treated with Aricept are more likely to let their care takers know when they are not feeling well and to be compliant with their medication regimen and doctor appointments. Dr. McCormick asked the Committee to consider the efficacy and side effect profile of these drugs and keep all of them available without prior authorization.
- ▼ Lawrence B. Kelly, MD: Dr. Kelly stated that an open formulary is required because treatment of mental illness must be individualized. He said that his preferences were Risperdal, Geodon, and Seroquel. Risperdal and Geodon have the most options for drug administration, and they are all safe and very effective. These medications allow cognitive reawakening, and, therefore, more chance for reintegration. Geodon is the superlative treatment for acute agitation, mania or acute psychosis. Atypical antipsychotic medications, although expensive, are safe, reduce hospitalizations, and improve productivity of these individuals.
- ▼ Wayne Atkinson, Home Care Pharmacy: Mr. Atkinson stated that currently 80% of Alzheimer's patients are treated with Aricept. The ability to achieve the optimum dose is almost always successful with Aricept. Other drugs in this class cause nausea, and reduce the chances of treatment success. To use less than optimal dosing in this very frail population would reduce the quality of care. He requested that the Committee consider having an open formulary.
- ▼ Steve Edwards, MD, Psychiatrist: Dr. Edwards thanked the Committee for approving an SSRI that can be prescribed for an anxiety disorder in children. He stated that Effexor IR is useless

and Effexor XR is effective for children with anxiety disorders and ADHD. He made a plea to keep an open formulary for atypical antipsychotics, due to the conditions of people for whom these drugs are indicated. He commented that Zyprexa, in his experience, is the most effective medication in this class. He again stated that he felt that the best thing would be to have an open formulary for these agents.

- ▼ R. J. Schmidt, DO, WVU: Dr. Schmidt stated that she has prescribed both Procrit and Epogen, and found these drugs to be safe and effective. She stated that the newest drug in this class, darbepoetin (Aranesp), is dosed less often than the others. However, Procrit can be dosed less frequently than the literature suggests. She asked that the Committee consider the ten years of evidence for the use of Procrit when reviewing this drug class.
- ▼ F. Joseph Whelan, MD: Dr. Whelan stated that the older drugs (Thorazine, Stelazine, Mellaril, and Phenergan) were effective in helping patients, however, these drugs have severe side effects, including “flycatchers tongue” (tardive dyskinesia). Because the new atypicals are virtually free of these side effects and they are invaluable in treating mentally ill patients. Dr. Whelan recommended that all physicians have open access to the atypical neuroleptics. He requested that the Committee institute a carve out for psychiatrists, allowing them to prescribe all of these agents without the prior authorization process. He asked that the Committee note that the cost of hospitalization of these patients would outweigh any savings received from restricting medications. He spoke about the effectiveness of Aricept, Exelon, Reminyl and Cognex, and since therapy is individualized, he requested that the Committee consider having an open formulary in the class used to treat Alzheimer’s disease also.
- ▼ Dan Thistlewaite, MD, PsyCare: Dr. Thistlewaite agreed with the other speakers. He stated that the downsizing of our state facilities had resulted in an increased crime rate. He said that without access to an open formulary, it would be more difficult for him to treat his patients. He stated that these factors would result in a higher risk to all citizens and law enforcement in terms of violent crimes. He also said that reintegration of these patients is more difficult when choices of medications are limited. He strongly urged that psychiatrists not be restricted in terms of the medications that they prescribe. He encouraged the Committee to consider Lexipro because of its low rate of drug interactions, and high tolerability. He recommended that Effexor XR be reconsidered and commented that there are intolerable side effects and compliance issues with Effexor IR. He concluded by saying that putting a restrictive formulary in place for psychiatric medicines may backfire and cost more money than it actually saves.
- ▼ Martin Kommor, MD, WV Psychiatric Association: Dr. Comer stated that he didn’t want a restrictive formulary. He reiterated the comments shared by his fellow physicians. He asked the Committee to consider the differences in the practice of psychiatric medicine and other specialities and the importance of maintaining these drugs on the formulary.
- ▼ Ralph Smith, Jr. MD, Charleston Psychiatric Group: Dr. Smith emphasized the need for specialists in his field to have access to mental health medications, especially when treating children. It is important to have access to medications in order to treat ADHD and prevent juvenile delinquency. He stated that all the stimulants should be available. In addition, he sees many chronic pain patients, and he feels that Effexor XR is helpful for their treatment. He also stated that he prescribed Zoloft for the treatment of depression in a large number of children in his practice. In addition, he pointed out that weight gain is a problem with some antipsychotics. He stated that physicians will no longer see Medicaid patients if the hassle of

getting the necessary medications becomes too great.

VII. Executive Session:

A motion was made to adjourn to Executive Session. The motion was seconded and carried. The Committee adjourned to Executive Session at 11:45 a.m.

VIII. Old Business:

Chairman Matulis called the meeting back to order at 1:45 p.m. and asked Dr. Wandstrat to begin discussions concerning the drugs under Old Business. These drugs had been referred to Provider Synergies for further evaluation.

A. Evista:

Dr. Wandstrat advised the Committee that Provider Synergies was directed at the last meeting to discuss with the maker of Evista the possibility of making the drug more cost effective. Dr. Wandstrat stated that there was no new additional data to share. Dr. Avery moved to include Evista on the Preferred Drug List. Dr. Avery stated that Evista is not like the other drugs in this category. The motion was seconded, voted upon and the motion carried.

B. Effexor XR:

Dr. Wandstrat advised the Committee that Provider Synergies was directed during the last meeting to discuss the possibility of making Effexor XR more cost effective with its manufacturer. He informed the Committee there had been no changes since the last discussion. Ms. Nottingham made a motion to remove Effexor IR from the list and put Effexor XR on the list. The motion was seconded. A discussion ensued indicating that both Effexor IR and Effexor XR could be considered non-preferred. The original motion by Ms. Nottingham was voted on and the motion failed. A motion was then made to remove Effexor IR from the preferred list based on the information forwarded by multiple individuals. The motion was seconded. A discussion followed and the motion carried. Dr. Justice then moved to have Provider Synergies go back to the manufacturer in an effort to make Effexor XR more cost effective. The motion was seconded. A discussion followed and Barbara Koster pointed out that this had been done once. Votes were taken and the motion failed. The result was that both Effexor IR and Effexor XR were designated as non-preferred agents.

C. Altace:

Dr. Wandstrat advised the Committee that Provider Synergies was directed during the last meeting to discuss the possibility of making Altace more cost effective with its manufacturer. He informed the Committee there had been no changes since the last discussion. James Bartsch made a motion that Altace not be included and kept nonpreferred. The motion was seconded, votes were taken and the motion passed.

D. Aceon:

Dr. Wandstrat stated that Provider Synergies was directed by the Committee to discuss with the manufacturer of Aceon the possibility of making it more cost effective. He informed the Committee that there was no new financial data to share with the Committee. Barbara Koster moved that Aceon be on the nonpreferred list and require prior authorization. The motion was seconded, votes were taken, and the motion carried.

IX. Therapeutic Category Reviews:

There were 14 categories of drugs scheduled for review. Dr. Wandstrat gave an overview at the beginning of each category. The Committee reviewed and discussed each category and made the following recommendations:

A. Avandamet/Metaglip:

Dr. Wandstrat stated that the Bureau had directed Provider Synergies to evaluate the new drugs entering into classes that had previously been reviewed. In the hypoglycemic biguanide class, he presented the combination products listed below. Dr. Wandstrat said that these combination products work just as well as the individual agents for a variety of diabetic situations. Side effects of the combination products are similar to those found with the individual agents. Dr. Wandstrat recommended the list for PDL inclusion. A motion was made, seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NONPREFERRED
HYPOGLYCEMICS, BIGUANIDES	glipizide/metformin (Metaglip) rosiglitazone/metformin (Avandamet)	

B. Ritalin LA:

Dr. Wandstrat stated that Ritalin LA, in comparative trials, was not significantly different from the drugs currently on the preferred list. The adverse side effects of this agent are similar to those of the drugs already on the PDL. He recommended that Ritalin LA be designated as non-preferred. A motion was made, seconded and the motion was approved to accept the recommendation.

DRUG CLASS	PREFERRED	NONPREFERRED
STIMULANTS		methylphenidate ER (Ritalin LA)

C. Zetia:

Dr. Wandstrat informed the Committee that Zetia is an addition to the "Other Lipotropic" class. It is essentially an add-on to HMG-CoA therapy. Some data shows that this drug might be used in a small number of patients as an addition when the dose of statins could not be maximized. Dr. Wandstrat recommended to the Committee that Zetia not be included on the PDL. A short discussion ensued and it was stated that this drug was discussed with some cardiologists and endocrinologists. These physicians had no problem with Zetia requiring prior authorization, because they felt that this drug was not for first-line use. A motion was made to accept the list as recommended. The motion was seconded, votes were taken, and the motion carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
LIPOTROPICS, OTHER		ezetimibe (Zetia)

D. Ophthalmics, Allergic Conjunctivitis:

Dr. Wandstrat stated that this was a large class and some of the agents had been available for a number of years, with generics being available. The newer agents were compared to the older drugs, but head-to-head comparison trials were somewhat lacking. He said adverse effects were similar. Dr. Yingling stated that Optivar, Zaditor and Patanol were very much the same in efficacy, etc., and wondered why all three were suggested for the PDL. Dr. Wandstrat commented that with the rebates it would be financially beneficial and minimize disruption to include all of these. He suggested that the Committee could reduce the class by those that share a common pharmacologic activity, but Provider Synergies intent was to provide as many options as possible and increased savings were secondary to clinical considerations. He stated that Dr. Yingling was correct with his therapeutic assessment of the similarity of the drugs' efficacy. A discussion ensued and comment was made that ophthalmologists were pleased with the diverse choices on this list. A motion was made to accept the recommendations by Provider Synergies, the motion was seconded, votes were taken and the motion carried.

DRUG CLASS	PREFERRED	NONPREFERRED
OPHTHALMICS, ALLERGIC CONJUNCTIVITIS	azelastine hydrochloride (Optivar) cromolyn sodium (Opticrom) [Ⓢ] emedastine difumarate (Emadine) ketorolac tromethamine (Acular) ketotifen fumarate (Zaditor) levocabastine (Livostin) loteprednol (Alrex) olopatadine hydrochloride (Patanol)	lodoxamide tromethamine (Alomide) nedocromil sodium (Alocril) pemirolast potassium (Alamast)

[Ⓢ] Generic forms only

E. Antivirals, General:

Dr. Wandstrat stated that this class contained three different antiviral types. Zovirax, Famvir and Valtrex are used to treat herpes, and other similar types of disorders. Tamiflu and Releza are used for influenza. Cytovene and Valcyte are used to treat CMV disease, especially CMV retinitis. Dr. Avery suggested that Famvir be included on the PDL list, because it is the only different compound for herpes zoster other than acyclovir. Dr. Wandstrat stated that adding Famvir would have a significant impact on savings. Dr. Matulis questioned not having Tamiflu on the preferred list and that treatment for influenza B was being excluded. Peggy King stated that Tamiflu and Relenza had required prior authorization since their introduction to the market. This designation was made to encourage the use of the more cost-effective generic drugs for the treatment of influenza A. Ms. King added that, in the event of an outbreak of influenza B, the prior authorization requirement would be removed from these drugs. A motion was made to accept the list as recommended and to have Provider Synergies discuss with the manufacturer of Famvir the possibility of making the drug more cost effective. The motion was seconded, votes were taken and the motion carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
ANTIVIRALS, GENERAL	acyclovir (Zovirax) [☞] amantadine (Symmetrel) [☞] ganciclovir (Cytovene) rimantadine (Flumadine) [☞] valacyclovir (Valtrex)	famciclovir (Famvir)* valganciclovir (Valcyte) zanamivir (Relenza) oseltamivir (Tamiflu)

☞ Generic forms only

* Status pending

F. Nasal Preparations, Other:

Dr. Wandstrat stated that Provider Synergies would not recommend either of these medications for the preferred drug list. Some discussion ensued and a motion was made to accept the list as recommended. The motion was seconded, votes were taken, and the motion carried.

DRUG CLASS	PREFERRED	NONPREFERRED
NASAL PREPARATIONS, OTHER		ipratropium nasal 0.03% (Atrovent Nasal Spray) ipratropium nasal 0.06% (Atrovent Nasal Spray) azelastine (Astelin)

G. Erythropoietins:

Dr. Wandstrat stated that these drugs are commonly used for treatment of anemia associated with chronic kidney disease, cancer, and HIV. The Committee indicated that the literature supports varying dosage regimens for these medications. The recommendations for inclusion were made by Dr. Wandstrat. A short discussion ensued and a motion was made to accept the list as recommended. The motion was seconded, votes were taken, and the motion carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
ERYTHROPOIESIS STIMULATING PROTEINS	rHuEPO (Epogen) rHuEPO (Procrit)	darbepoetin (Aranesp)

H. Phosphate Binders:

Dr. Wandstrat stated that these drugs are very similar and presented the recommendations for this class. A short discussion followed. A motion was made to accept the list as recommended, with the addition of asking Provider Synergies to discuss with the manufacturer of RenaGel the possibility of making the drug more cost effective. The motion was seconded, votes were taken, and the motion carried.

DRUG CLASS	PREFERRED	NONPREFERRED
PHOSPHATE BINDERS	calcium acetate (PhosLo) magnesium carbonate, calcium carbonate, folic acid (Magnebind 400 Rx)	sevelamer (RenaGel)*

* Status pending

I. Hypoglycemics, Alpha-Glucosidase Inhibitors:

Dr. Wandstrat stated that there are similar efficacy and adverse effect profiles between these two agents. He recommended adding Glyset to the PDL list. A motion was made to accept the list as recommended. That motion was seconded, votes were taken, and the motion carried.

DRUG CLASS	PREFERRED	NONPREFERRED
HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS	miglitol (Glyset)	acarbose (Precose)

J. MS Agents:

Dr. Wandstrat stated that the clinical trials for the drugs to treat MS were very well controlled. Rebif and Betaseron were recommended for the list. A motion was made to accept the list as recommended, the motion was seconded, votes were taken, and the motion carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
IMMUNOMODULATORY AGENTS FOR MULTIPLE SCLEROSIS	interferon beta-1a (Rebif) interferon beta-1b (Betaseron)	glatiramer (Copaxone) interferon beta-1a (Avonex)

K. Anticoagulants, Injectables:

Dr. Wandstrat stated that an extensive overview and pharmacology description of these agents was provided. Adverse effects were similar. He recommended to the Committee that Fragmin and Arixtra be included on the PDL. A discussion followed regarding the differences in FDA approved indications and dosing for these drugs. The Committee felt that Lovenox was used most widely in West Virginia and there were safety issues relating to dosing and educating providers to use Fragmin correctly. A motion was made to add Lovenox to the preferred list. A motion was made to accept the list as revised, the motion was seconded, votes were taken, and the motion was carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
ANTICOAGULANTS, INJECTABLES	dalteparin (Fragmin) fondaparinux (Arixtra) enoxaparin (Lovenox)	tinzaparin (Innohep)

L. SSRIs:

Dr. Wandstrat stated that the Bureau wanted to reopen the SSRI class, since there was significant new data, new indications for one agent, and a new drug, Lexapro, added to the class. New indications were given for Prozac for the treatment of OCD and major depressive episodes in children down to the age of seven. There are new trials that compare these agents head-to-head, and new dosage recommendations. The recommendations for the PDL, in addition to the generics, are Celexa, Paxil, and Paxil CR. Dr. Justice recommended that sertraline (Zoloft) be

included on the PDL. Dr. Avery moved to add Zoloft on the PDL, because of its frequent use in children and the nursing home population. Dr. Wandstrat indicated that savings would be significantly impacted with the addition of Zoloft. The motion was seconded to include Zoloft, votes were taken, and the motion was carried. The list was accepted as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
ANTIDEPRESSANTS, SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)	citalopram (Celexa) fluoxetine (Prozac) [☞] fluvoxamine (Luvox) [☞] paroxetine (Paxil) paroxetine CR (Paxil CR) sertraline (Zoloft)	escitalopram (Lexapro) fluoxetine ER (Prozac Weekly) fluoxetine (Sarafem)

☞ Generic forms only

M. Atypical Antipsychotics:

After an overview of information in the monographs, Dr. Wandstrat recommended that Seroquel, Risperdal, and Geodon be included on the PDL. Dr. Avery stated that this drug class was used to treat the sickest patients and although the drugs are expensive, they are all unique. He recommended that this class not have prior authorization requirements. He said that some states, including Ohio, exclude these drugs from prior authorization. Dr. Justice stated that he was pleased with the number of choices on the list and that these drugs would be grandfathered. He also stated that he felt that this group of drugs should not get special treatment at the expense of reducing the availability of agents to treat other conditions. A motion was made to include Zyprexa and revisit this class in six months, after monitoring the PA process. This motion was not seconded. A discussion ensued about the indications for each of these drugs. Several Committee members felt it was not unreasonable to ask that drug naive patients try the suggested preferred agents before trying the non-preferred ones. A second motion was made to include Zyprexa to the recommendations and drop the six month review of the PA process. This motion was not seconded. A third motion was made to accept the recommended list by Provider Synergies. The motion was seconded. Votes were taken, and the motion carried as follows:

DRUG CLASS	PREFERRED	NONPREFERRED
ANTIPSYCHOTICS, ATYPICAL	clozapine (Clozaril) [☞] quetiapine (Seroquel) risperidone (Risperdal) ziprasidone (Geodon)	aripiprazole (Abilify) olanzapine (Zyprexa) olanzapine (Zyprexa Zydis)

☞ Generic forms only

N. Alzheimer's Agents:

Dr. Wandstrat presented the recommended list to the Committee and the Bureau. He pointed out that Cognex was reported to have significant adverse effects. The recommendations for addition to the PDL are Reminyl and Exelon. Kristy Lucas stated that Aricept should be added because of easy titration and once daily dosing. Dr. Matulis added that the lower incidence of side effects make this a more desirable drug. The motion was made to accept the preferred list as recommended, with the addition of Aricept. The motion was seconded, votes were taken, and the motion carried.

<i>DRUG CLASS</i>	<i>PREFERRED</i>	<i>NONPREFERRED</i>
ALZHEIMER'S AGENTS	donepezil (Aricept) galantamine (Reminyl) rivastigmine (Exelon)	tacrine (Cognex)

X. Next Meeting:

A motion was made, seconded, voted upon and accepted to hold the next meeting of the P & T Committee on Wednesday, April 30, 2003, at 11:00 a.m. in the Diamond Building, Lower Level Conference Rooms B10/11.

XI. Other Business:

No other business was discussed.

XII. Adjournment:

A motion was made, was seconded, votes were taken and the motion carried to adjourn the meeting of the Pharmaceutical and Therapeutics Committee.