

South Carolina
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Pharmacy and Therapeutics (P&T) Committee Meeting
June 2, 2004
MINUTES

1. Call To Order

A meeting of the P & T Committee convened at 4:00 p.m. on Wednesday, June 2, 2004.

2. Committee Members Present:

Edward M. Behling, M.D.	Thomas Phillips, R.Ph.
Joseph A. Horvath, M.D.	Deborah J. Tapley, R.Ph.
Albert Humphrey, M.D.	George E. Vess, Pharm.D.
Robin K. LaCroix, M.D.	Wayne Weart, Pharm.D.
James M. Lindsey, M.D.	Harry H. Wright, M.D.
Mark A. O'Rourke, M.D.	Jerome E. Kurent, M.D.

Committee Members Absent:

Matthew K. Cline, M.D.	Jamee Lucas, M.D.
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DHHS Staff Present:

James Assey	Deirdra Singleton
Susan Bowling	Caroline Sojourner
Marion Burton	Linda Van Hoose
Robert Kerr	

Other Representation:

First Health Services Corporation – Mary Roberts, R.Ph.
Pharmaceutical Industry Representatives

3. Welcome

Dr. LaCroix, Chairperson welcomed all meeting attendees and Committee members introduced themselves.

Dr. LaCroix opened the meeting by stating that the P&T Committee Meetings are held in compliance with the Freedom of Information Act's (FOIA) mandate that the public is notified when the public's business is being done, and that furthermore, the public has been notified that this facility is accessible to individuals with disabilities, and special accommodations could have been provided if requested in advance.

4. Discussion Topics

A. Committee Meeting Minutes, Wednesday, April 7, 2004

Approved by the Committee without any changes.

B. General Issues

The discussion began with Dr. LaCroix explaining to Committee Members and others present that there would be a slight variation from the set of guidelines established by the Committee for public comment because of the number of presenters scheduled to speak and that Dr. Burton would again serve as the official timekeeper. Furthermore, Dr. LaCroix asked that speakers attempt to limit their presentations to two minutes in order to allow sufficient time for all speakers to be heard.

C. Public Comment

The following speakers discussed those drugs or issues listed below:

<u>Company</u>	<u>Speaker</u>	<u>Drug</u>
Abbott Laboratories	Andrea Hume	Tarka®
Novartis	Ray Lancaster	Lotrel®
GlaxoSmithKline	Dr. Ferrare	Coreg®
AstraZeneca	Tim Bristow	Toprol XL®
Reliant Pharmaceuticals	Penny Atwood	Innopran XL®, DynaCirc/CR®
Biovail	Arlene Chico	Cardizem LA®
Pfizer	Dr. Brent Egan	Norvasc®
Celltech	Ron Dunbar	Metadate CD®
Cephalon	Dr. Richard Bogan	Provigil®
Lilly	Dr. Calvin Sumner	Strattera®
McNeil	Dr. Robert Richards	Concerta®
Novartis	Scott Chappell	Focalin®, Ritalin LA®
Shire	Bradford Loo	Adderall XR®
Pfizer	Dr. Evan Eckman	Celebrex®
Boehringer Ingelheim	Dr. Ben Levinson	Mobic®
USC School of Medicine	Dr. Vladimir Maletic	Anti-hyperkinesis drugs

Following the period of public comment, Dr. LaCroix thanked each speaker for his or her individual presentation.

D. PDL Discussions And Selections For The Following Drug Classes

Mary Roberts, R.Ph., First Health Corporation led the discussion for the following drug classes:

1. Beta-Blockers
2. Calcium Channel Blockers
3. ACE Inhibitor, Calcium Channel Blocker Combinations
4. Non-Steroidal Anti-Inflammatory Drugs
5. COX-2 Inhibitors
6. Antihyperkinesis Agents

The P&T Committee agreed to submit the following recommendations to DHHS:

No PA Required "Preferred"	PA Required
<u>BETA-BLOCKERS</u>	
ACEBUTOLOL (generic for Sectral®) ATENOLOL (generic for Tenormin®) ATENOLOL/CHLORTHALIDONE (generic for Tenoretic®) BETAXOLOL (generic for Kerlone®) BISOPROLOL FUMARATE (generic for Zebeta®) BISOPROLOL/HCTZ (generic for Ziac®) LABETALOL (generic for Normodyne®, Trandate®) METOPROLOL TARTRATE (generic for Lopressor®) NADOLOL (generic for Corgard®) PINDOLOL (generic for Visken®) PROPRANOLOL (generic for Inderal®) PROPRANOLOL/HCTZ (generic for Inderide®) SOTALOL (generic for Betapace®) TIMOLOL (generic for Blocadren®) COREG® <i>*generic agents should be considered first-line when appropriate</i>	BETAPACE® BETAPACE AF® BLOCADREN® CARTROL® CORGARD® CORZIDE® INDERAL® INDERAL LA® INDERIDE® INDERIDE LA® INNOPRAN XL® KERLONE® LEVATOL® LOPRESSOR® LOPRESSOR HCT® NORMODYNE® SECTRAL® TENORETIC® TENORMIN® TIMOLIDE® TOPROL XL® TRANDATE® VISKEN® ZEBETA® ZIAC®
<p>The Committee would like to advise prescribers that Coreg® be reserved for hypertension in the presence of heart failure.</p>	
<u>CALCIUM CHANNEL BLOCKERS</u>	
*DIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS (DHPCCB)	
DYNACIRC® DYNACIRC CR® NICARDIPINE (generic for Cardene®) NIFEDICAL XL® NIFEDIPINE ER (generic for Procardia XL®) NIFEDIPINE SA (generic for Adalat CC®) NORVASC® PLENDIL®	ADALAT® ADALAT CC® CARDENE® CARDENE SR® NIFEDIPINE IMMEDIATE RELEASE NIMOTOP® PROCARDIA® PROCARDIA XL® SULAR®
<p>*Dr. Weart abstained from voting on this therapeutic class.</p>	

No PA Required “Preferred”	PA Required
NONDIHYDROPYRIDINE CALCIUM CHANNEL BLOCKERS (NDHPCCB)	
CARTIA XT® DILTIA XT® DILTIAZEM (generic for Cardizem®) DILTIAZEM ER (generic for Cardizem SR® q 12h) DILTIAZEM XR (generic for Cardizem CD®, Dilacor XR®) TAZTIA XT® (generic for Tiazac®) VERAPAMIL (generic for Calan®, Isoptin®) VERAPAMIL SR/ER (generic for Isoptin SR®), (generic for Calan SR®), (generic for Verelan®)	CALAN® CALAN SR® CARDIZEM® CARDIZEM® CD, LA, SR COVERA HS® DILACOR XR® ISOPTIN® ISOPTIN SR® TIAZAC® VERELAN® VERELAN PM®
ACE INHIBITOR PLUS CALCIUM CHANNEL BLOCKER COMBINATIONS	
LOTREL® (Norvasc® and Lotensin®) TARKA® (Verapamil and Trandolapril)	LEXXEL® (Plendil® and Enalapril)
P&T Committee members discussed the implications of adding a clinical edit to this class, however, the Committee’s final decision was to not include a clinical edit.	
NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	
DICLOFENAC POTASSIUM (generic for Cataflam®) DICLOFENAC SODIUM (generic for Voltaren®) ETODOLAC (generic for Lodine® and Lodine XL®) FENOPROFEN (generic for Nalfon®) FLURBIPROFEN (generic for Ansaïd®) IBUPROFEN (generic for Motrin®) INDOMETHACIN (generic for Indocin®) INDOMETHACIN SR (generic for Indocin SR) KETOPROFEN (generic for Orudis®) KETOPROFEN ER (generic for Oruvail) KETOROLAC (generic for Toradol®)* MECLOFENAMATE SODIUM (generic for Meclomen®) NABUMETONE (generic for Relafen®) NAPROXEN (generic for Naprosyn®) NAPROXEN SODIUM (generic for Anaprox®) OXAPROZIN (generic for Daypro®) PIROXICAM (generic for Feldene®) SULINDAC (generic for Clinoril®) TOLMETIN SODIUM (generic for Tolectin® and Tolectin DS®)	ANAPROX® ANAPROX DS® ANSAID® ARTHROTEC® CATAFLAM® CLINORIL® DAYPRO® DOLOBID® FELDENE® INDOCIN® LODINE® LODINE XL® MOBIC® MOTRIN® NALFON® NAPRELAN® NAPROSYN® ORUVAIL® PONSTEL® RELAFEN® TOLECTIN® TOLECTIN DS® TORADOL® VOLTAREN® VOLTAREN XR®

No PA Required "Preferred"	PA Required
*COX-2 INHIBITORS	
CELEBREX® (No PA required if patient 60 or over) VIOXX® (No PA required if patient 60 or over)	BEXTRA®
P&T Committee members discussed side effect profiles and contraindications of the various agents in this class. *Dr. Weart abstained from voting on this therapeutic class; Dr. Humphrey was absent for the vote.	
ANTIHYPERKINESIS	
DEXTROAMPHETAMINE AND DEXTROAMPHETAMINE AND AMPHETAMINE MIXTURES	
ADDERALL XR® AMPHETAMINE SALT COMBO (generic for Adderall®) DEXTROAMPHETAMINE (generic for Dexedrine® immediate release) DEXTROAMPHETAMINE SR (generic for Dexedrine Spansules®)	ADDERALL® DESOXYN® DEXEDRINE® DEXTROSTAT®
METHYLPHENIDATE PRODUCTS	
CONCERTA® METADATE CD® METADATE ER® (branded generic for Methylin ER) METHYLIN® (equivalent to Ritalin® IR) METHYLIN ER® (equivalent to Ritalin-SR®) METHYLPHENIDATE (generic for Ritalin®) METHYLPHENIDATE SR (generic for Ritalin-SR®) RITALIN LA®	RITALIN® FOCALIN® (D-isomer of methylphenidate)
MISCELLANEOUS	
	PROVIGIL® STRATTERA® PEMOLINE (generic for Cylert® - all brands and formulations)
P&T Committee members discussed options for step therapy for Strattera®. If the claims processing system will allow, the P&T Committee recommends the implementation of step edits to allow Strattera® claims to pay if a stimulant product is found in the patient's Medicaid drug history. DHHS will report back to the Committee at the next meeting regarding availability of step edit.	

5. Old Business

No old business.

6. New Business

A. Comments from the Director

Robert Kerr thanked the Committee for their participation and diligence. Mr. Kerr updated the Committee on legislation regarding carve-outs and the continuation of the P&T Committee and its activities.

B. Selection/Designation of Drug Classes for PDL Formulary

The Committee agreed to discuss the following classes at the August 4th meeting:

Intranasal Steroids
Second Generation Antihistamines and Decongestant Combinations
Leukotriene Modifiers
Short Acting Beta 2 Agonists, Oral Inhalation and Nebulized
Inhaled Long Acting Beta Agonists
Inhaled Corticosteroids and Beta Agonists Combinations
Serotonin Agonists
Sedative Hypnotics

C. General Discussion

Brief discussion took place regarding the publication of criteria for prior authorization approval.

Due to the lateness of the hour, the Committee agreed to postpone the discussion of pain management until the August 4th meeting.

Members were given a copy of the Medicaid Bulletin mailed out May 19, 2004 to providers highlighting the completion and implementation of Phase I of the PDL.

9. Resolved Items

Recommendations regarding PDL status for drugs in the following drug classes were approved for submission to DHHS:

Discussion on the following drug classes:

1. Beta-Blockers
2. Calcium Channel Blockers
3. ACE Inhibitor, Calcium Channel Blocker Combinations
4. Non-Steroidal Anti-Inflammatory Drugs
5. COX-2 Inhibitors
6. Antihyperkinesis Agents

10. Unresolved Items

- A.** Information is requested regarding step edit availability for non-stimulant antihyperkinesis therapy.
- B.** Draft guidelines are requested regarding acute pain management and chronic pain management treatments

12. Closing Comments

The Committee was appreciative of the new location for this meeting and requested that future meetings be held at the SCPhA building.

13. Adjournment

The meeting adjourned at 6:45 p.m.