

**Michigan Department of Community Health
Pharmacy and Therapeutics Committee
Meeting of April 5, 2005
Minutes**

Members Present: R. Slaughter, MSc., J. Fiechtner, MD, R. Coffey, PharmD, D. VanLoo, PharmD, K. Nedd, MD, P. Dake, MD, J. Arend, PharmD, M. Robins, DO, G. Perri, MD

Members Absent: R. Bradley, DO

Staff Present: A. Paul, RPh, M. Sandusky, RPh, E. McRae, pharmacy student, U of Michigan, G. Baker, MD, J. Coleman, Pharmacy Policy Specialist, MDCH, D. Quillan, Pharmacy Analyst

Introduction and Welcome

The chair welcomed Drs. Nedd, Dake and Arend to the committee, pursuant to their recent appointments by the Governor.

The chair expressed "thanks" and appreciation to Drs. Henry, Ernst and Eggleston, whose appointments expired.

Public Comment

Larry Palmisano, RPh, Reliant Pharmaceuticals, Antara® (instead of Leschol®)

Brett Hughes, MD, Ophthalmic prostaglandins, Travatan®, glaucoma

Kelly Olson, PharmD, JNJ, Ditropan XL®

Rick Detloff, PharmD, Barbara Kaplan-Machlis, PharmD, Pfizer, Lipitor®

Allan Goldberg, MD, Merck, Fosamax®

Paul Miner, PharmD, Leslie Stickley, PharmD, Novartis, Lotrel®

Pinakin Attawala, MD, Neil Hyuck, MD, Schering Plough, Vytarin®, Levitra®

Laura Kososki, MD, Odyssey, Sanctura®

Brian Facca, PharmD, GSK, Imitrex®, Coreg®

Jennifer Meredith, PhD, BMS, Pravachol®

R. Khan, MD, Steve Moody, PharmD, AstraZeneca, Crestor®, Toprol XL®

Approval of Minutes of February 1 2005 Meeting

The minutes were reviewed and approved..

Line Extensions

The committee reviewed and approved the disposition of the following:

Halflytely®	lower concentration evacuation	cover
Parcopa®	carbidopa/levodopa	Prior authorization required
Selsorb .2.25%®	selenium shampoo	cover
Rebif ®titration pack	new package	cover
Abilify® solution	new dosage form	cover

PDL Reviews

Statins:

Chairman Slaughter presented the workgroup recommendations on this class:

“There is fair-to-good-quality evidence that, when statins are provided in doses that are approximately equivalent, a similar reduction in LDL-c and percent of patients meeting LDL-c goals can be achieved. For patients who require LDL-c reductions of up to 40% to meet their goal, any of the statins are effective. There is also fair-to-good-quality evidence that, in patients requiring an LDL-c reduction of 40% or greater to meet their NCEP goal, atorvastatin 20 mg or more, lovastatin 80 mg, rosuvastatin 10 mg or more, and simvastatin 20mg or more daily are likely to meet the goal. There is fair evidence that in patients requiring greater than a 50% reduction in LDL-c, atorvastatin 80 mg daily and rosuvastatin 20mg or more daily are likely to meet the goal.”

This statement on goal attainment can be used to provide a rational division in the statin class as follows:

Goal Attainment of LDL-c Reduction of 40% or less:

All statins are equivalent and the preferred agents would be dependent on the outcome of the bidding process.

Goal Attainment of LDL-c Reduction of 40% or more:

The following statins can achieve this goal and would be considered in this category:

- atorvastatin
- lovastatin
- simvastatin
- simvastatin/ezetimide (vytorin)
- rosuvastatin

This recommendation was discussed, and the committee voted to recommend the Department again categorize the statin products according to the needed reduction in LDL-C, with products suitable for <40%, and others for >40% LDL-C lowering. For LDL-C lowering <40%, pravastatin and lovastatin would be recommended along with the products in the next sub class.

For LDL-C lowering >40%, atorvastatin, simvastatin, simvastatin/ezetimide, and rosuvastatin would be recommended.

The committee further discussed the role of using the multi-state bids received to determine the preferred products in these two sub classes. However, there was not consensus to go solely on those results. The group recommended the Department review utilization patterns in six months to refine the current recommendations.

Non Statin Lipid Lowering Agents

Discussion occurred around a recommendation by the workgroup to remove prior authorization from Tricor®. The committee then modified the recommendation to add fenofibrate as a drug not requiring prior authorization.

Beta Blockers

The committee reviewed and discussed the workgroup recommendations, and voted to recommend prior authorization be removed from Toprol XL®

Miscellaneous Drug Classes on PDL

Dr. Perri presented the workgroup findings for the various drug classes in this grouping on page 5 of the current PDL.

Following discussion, the Committee recommended to the Department:

Glaucoma-Alpha 2 Adrenergics:

No changes to current listing

Glaucoma-Beta Blockers:

No changes to current listing

Glaucoma-Prostaglandin Inhibitors:

Make Travatan® and Xalatan® preferred (i.e, no prior authorization required).

Glaucoma-Carbonic Anhydrase Inhibitors:

No changes to current listing All products preferred

Osteoporosis Agents:Bisphosphonates:

No changes to current listing Actonel® and Fosamax® both efficacious; multi-state bid results could determine preferred agent

Osteoporosis Agents: Other:

No changes to current listing

Osteoporosis Agents: SERMs

No changes to current listing

Serotonin Receptor Agonists:

Consider using the multi-state bid results to remove prior authorization from one of the following: eletriptan, rizatriptan, or almotriptan; maintain the current availability of sumatriptan and zolmatriptan without prior authorization.

Urinary Tract Antispasmodics:

No changes to current listing

Oral Sexual Dysfunction Drugs:

No changes to current listing

Topical Immunomodulators:

No changes to current listing

Therapeutic Controversies

Discussion continued from the February meeting on the role of fixed dose combination drugs. Following this, the Committee voted to recommend that Lotrel® and Caduet® be available without prior authorization.

Key Questions

The members assigned to the workgroups to review the Antibiotics/anti-infectives, and the asthma/ allergy PDL classes were asked to meet and be prepared to recommend at the June 7, 2005 meeting. The workgroups were referred to the Oregon Drug Effectiveness Review Project for reference materials to be found related to some of the classes of drugs in these categories.

Dr Perri announced the Department would consider additional drugs to be added to the PDL in the near future:

Ophthalmic mast cell stabilizers, Ophthalmic quinolones, Ophthalmic antihistamines, Alpha blockers for BPH, Electrolyte depleters