

**Michigan Pharmacy and Therapeutics Committee
Meeting of March 7, 2006
Minutes**

I. Introductions, Welcome to new members, Approval of Minutes, December mtg.

Dr. Nedd and the Committee welcomed its two new members, Rockelle Rogers, M.D. and James Dillon, M.D. The only Committee member absent was Jon Arend, PharmD. State staff present included Don Quillan, Pharmacy Analyst, Don Tatum, RPh., First Health Services Corporation (FHSC), Karen Parker, RPh., FHSC, George Baker, M.D., Children's Special Health Care Services, Debera Eggleston, M.D., Max Robins, D.O.

II. Public Comment (limited to 30 minutes)

The following persons presented comments to the Committee:

Thomas Roth, MD, **Takeda**, Rozarem®
Tom Turcan, Kevin Kyle, MD, **Nitromed**, Bidil®
Tonita O'Dell, PharmD, **King**, Altace®
Jennifer Meredith, PharmD., **BMS**, Avapro®/ Avalide®
Don Iacobellis, PharmD, Barbara Kaplan-Machlis, PharmD, **Pfizer**, Lipitor®, Sutent®
William Gibson, MD, **Forest**, **Sankyo**, **Abbott**, Benicar®
Allan Goldberg, MD, **Merck**, Cozaar®, Hyzaar®
Steve Moody, PharmD., **AstraZeneca**, Crestor®
John Flack, MD, **Boehringer-Ingelheim**, Micardis®
Paul Miner, PharmD, **Novartis**, Diovan®
Larry Palmisano, **Reliant**, Omacor®
Pinaka Attawalla, MD, **Schering-Plough**, Vytorin®, Zetia®
Tom DiMovski, MD, **Kos**, Advicor®

III. New Drug Reviews

The Committee was presented with clinical summaries and discussed the new drugs listed on the Agenda. Following discussion, the following recommendations to the Department were made:

Rozerem®, Add to MPPL and the PDL class Sedative Hypnotics-non Barbiturate with prior authorization.
Sutent®, Add to the MPPL.
Nevanac®, Add to the MPPL
Arranon®, Add to the MPPL
Nexavar®, Add to the MPPL
Omacor®, Add to the MPPL and to the PDL class, Lipotropics-Other, with prior authorization
Revlimid®, Add to the MPPL

IV. Line Extensions

Following Committee discussion, the following recommendations to the Department were made concerning the drugs in this category:

Avandaryl®, Add to the MPPL and to the PDL in a category of Oral hypoglycemics combinations, without prior authorization

Bidil®, Add to the MPPL

Fortical®, Add to the MPPL and to the PDL class, Osteoporosis Agents-Other without prior authorization

V. Review of Cardiac Medications on PDL

ACEI, AII RA, Beta Blockers, CCMs

Lipotropic classes: Combination; Fibrates; Non Statins; Statins; Niacin; Other

The Committee reviewed the workgroup recommendations summary and Dr. Nedd led the discussion on the drugs in these classes. Following discussion and a series of motions, the Committee recommended to the Department the following:

ACE Inhibitors

Remove the prior authorization requirement from ramipril (Altace®)

Remove the prior authorization requirement from Tarka®, and create a new class, *Antihypertensive Combinations-ACEI-CCB* to include Lotrel® and Tarka®

Angiotensin Receptor Antagonists

Remove the prior authorization requirement from the drugs currently listed as requiring prior authorization. These motions passed but were not unanimous with two “nay” votes. The Committee asked the Department to supply utilization data six months after this change is implemented to review the impact of such a change.

Beta Blockers

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Calcium Channel Blockers-Dihydropyridine

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Calcium Channel Blockers-Non-Dihydropyridine

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Lipotropic-Antihypertensive Combination

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Lipotropics-Non-Statins: Fibric Acid Derivatives

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Lipotropics-Non-Statins

Remove the requirement for prior authorization on Welchol®

Lipotropics-Statins

Remove the requirement for prior authorization on Crestor®, Vytorin®, Pravachol®

This is based on the general recommendation from the literature review that “for patients who require LDL-c reductions of up to 35% to meet their goal, any of the statins are effective. In patients requiring an LDL-c reduction of 35% to 50% to meet the NCEP goal, atorvastatin 20mg or more, lovastatin 80mg, rosuvastatin 10mg or more, and simvastatin 20mg or more daily are likely to meet the goal.”

Lipotropics-Niacin Derivatives

No change to the current requirements as listed on the Preferred Drug List, (02/01/06)

Lipotropics-Other

No change to the current status of Zetia®; per new drug reviews, Omacor® will be added to this category with prior authorization required

VI. Discussion of Format for Public Comment

The Committee reviewed and discussed a draft document giving clearer direction to what would be of benefit to the Committee from public comment. The draft was approved as a guideline to be published on the website:

“In order to make the available time for public comment most useful to the members of the Committee, please use this suggested format when the purpose of the public comment is to supply information about a drug product:

Briefly describe the intended clinical use(s) of the drug.

Describe why the drug is more efficacious than other drug products used to treat the same condition(s).

Describe how the side effects profile of the drug compares to other drugs used to treat the same conditions.

Describe clinical usefulness for particular patients, based on demographic characteristics of the patients, favorable drug interaction profile with other medications, or other variables supported by the medical literature.

Details of the drug’s pharmacokinetics, adverse reactions and other information present in the FDA approved licensure of the drug **do not** need to be presented.

Clinical details of the disease(s) for which the drug is used are not necessary.

The presentation should be clinical, **not** based on economic data, cost of the drug, or comparison in cost to other drugs. If the speaker shifts to economics, s/he will be instructed to cease.

Supporting literature for the drug product, copies of presentation materials and any other hand outs intended for the Committee should be submitted **at least one week before the meeting**, to Donna Hammel, by e-mail at hammeld@Michigan.gov, by fax at (517) 241-8135, or by mail to Medical Services Administration, 400 S. Pine St., P.O. Box 30479, Lansing MI 48909-7979

No handouts are permitted at the time of public comment.”

VII. Public Comment for Drugs to be Reviewed at June 6, 2006 P and T

The following persons made comment to the Committee:

Allan Goldberg, MD, **Merck**, Singulair®

Peter Gulick, DO, **Roche**, Hepatitis –C Rx, focusing on Pegasys®

Todd Edwards, PharmD, **GSK**, Advair®, Flovent®, Flonase®

Don Iacobellis, PharmD, Gary Stein, PharmD, **Pfizer**, Vfend

Gary Stein, PharmD, Levaquin®

VIII. Next Meeting: June 6, 2006; PDL Classes Antibiotics, Asthma-Allergy

Please note, beginning with the June meeting, Public Comment will only be at the end of the Agenda, not as the first order of business as in the past.

