

Michigan Pharmacy and Therapeutics Committee
Meeting Minutes
March 6, 2007 Kellogg Center 6PM

Introductions:

Committee Members Present: Drs. Nedd, Arend, Dorfman, Dake, Van Loo, Inman, Fiechtner, Rogers, Perri, Dillon; Member absent: Dr. Bradley
DUR Board present: Drs. Kirking, Bernstein, Parsons, Jonas, Swidan
State Staff present: Sue Moran, RN, Deb Eggleston, MD, George Baker, MD, Tom Welch, pharm analyst
First Health staff present: Annette. Paul, RPh

Approval of Minutes of December 5, 2006 Meeting:

The minutes were approved as presented

Presentation of Hypnotic Drug Review by CNS Workgroup:

Following review of the CNS workgroup recommendations, and discussion of alternatives, the Committee recommended:

Change the PDL classification to reflect three classes—Benzodiazepine Hypnotics, Non-benzodiazepine Benzodiazepine Receptor Agonists, Melatonin Receptor Agonists Hypnotics

Make available Ambien CR, Lunesta, Rozerem, Sonata for a one month prescription without prior authorization

Require prior authorization for continued prescriptions of these hypnotics for the same patient beyond 30 days

Leave the Benzodiazepine drugs as currently classified; continue clinical PA

New Drug Reviews

Cesamet: Add to the MPPL with prior authorization; there must be documented trial and failure on the nausea agents-oral and substance P receptor agonists from the PDL before approving the PA,

Azilect: Add to the MPPL without prior authorization but with age edit per licensing,

Opana/Opana ER: Add to the MPPL and PDL with prior authorization,

Fentora: Add to the MPPL and PDL with prior authorization only for licensed indications,

Vectibix: This is a physician service and would have an injection code

Line Extensions

Synera (lidocaine/tetracaine patch): this is part of the procedure and not a formulary item

Zelapar (selegiline odt): add with prior authorization

Oracea (doxycycline ER): add with prior authorization

Glumetza (Metformin ER) add with prior authorization

Moviprep (laxative prep): add to the MPPL without PA

Verdeso (desonide foam): add to the MPPL with prior authorization

Symbicort : defer for review by the workgroup and presentation in June

Introduction by DUR Board

Duane Kirking, PhD, PharmD, Chair of the Drug Utilization review presented a plan to better coordinate the DUR work with the reviews by this committee. The details of this coordination will be worked out by an ad hoc group composed of some DUR and P and T members. The Committee voted to adopt this strategy.

Review of Preferred Drug List Classes

Following presentation of workgroup recommendations the Committee voted:

ACE Inhibitors The workgroup recommendation was adopted

Antihypertensive Combinations: ACEI-CCB: Discussion revolved around the why the multi-State supplemental rebates could not be used to choose the most cost effective product for the Department. The Committee voted to recommend keeping the current status of the drugs; one member respectfully disagreed

Angiotensin Receptor Antagonists: Discussion revisited why prior authorization had been removed last year from two more entities to give four products available without PA; what is the purpose of access without prior authorization if the drugs are seen as equally efficacious?; the multi-State supplemental rebates could be used to choose the most cost effective products for the Department. The Committee voted to recommend keeping the current status of the drugs; one member respectfully disagreed

Beta Blockers: keep the current classification and add Coreg CR for treatment of heart failure without PA

Calcium Channel Blockers: remove immediate release Nifedipine and keep the remaining drugs classified according to their current status

Lipotropic-Antihypertensive Combinations: no change to current status of this drug; one member respectfully disagreed

Lipotropics-Non Statins: Fibrin Acid Derivatives: no change to current status of these drugs

Lipotropics: Non Statins: no change to current status of these drugs

Lipotropics: Statins: extensive discussion occurred on the workgroup recommendation to remove PA from several products, again with the question of letting the multi State supplemental rebates determine which would be the most cost effective drugs to be available without prior authorization; the Committee voted to recommend the workgroup's statement for this class: one member respectfully disagreed

Lipotropics: Niacin Derivatives: discussion occurred on role of combination of ingredients products where a statin is paired with a niacin to elevate HDL; the committee voted to keep this class with its current classification, and defer creating another class of combination of ingredients products

Lipotropics: Other: no change to current classification

Public Comment

S. Moody, PhD, AstraZeneca, Symbicort

T. Edwards, PharmD, GSK, Advair, Flovent, Serevent

B. Mathews, PharmD, Sanofi-Aventis, Allegra oral suspension

G. Stein, PharmD, Ortho-McNeil, Levaquin

P. Harvey, PharmD, Sepracor, Xopenex

S. Gordon, MD, HFH, Schering Plough, Hepatitis C and Peg Intron

R. Calder, MD, Merck, Singulair

J. Zieger, L. Mathis, PhD Novartis, Tyzeka

G. Stein, PharmD, Pfizer, Zyvox, Vfend

J. Moroney, PharmD, Roche, Pegasys