

**ALASKA MEDICAID
PHARMACY AND THERAPEUTICS COMMITTEE**

**Location of Meeting
Frontier Building, 3601 C Street, Room 890/896**

FINAL MINUTES OF MEETING

April 16, 2010

8:00 a.m.

Committee Members Present:

Dharma V. Begich, Pharm.D.
Marvin Bergeson, MD
Amber L. Briggs, Pharm.D.
Richard E. Brodsky, MD
Robert H. Carlson, MD
Jeffrey G. Demain, MD
Vincent Greear, R.Ph.
Diane Liljegren, MD (telephonic)
Claudia Phillips, MD
Janice Stables, MS, ANP
Trish White, R.Ph. (telephonic)

Committee Members Absent:

Daniel P. Kiley, DDS MPH
Andrzej Maciejewski, MD
Paul Michaud, Pharm.D.
Jill Reid R.Ph.
Sherrie D. Richey, MD

Others Present:

David Campana, R.Ph.
Melinda Sater, Pharm.D., First Health
Chad Hope, Pharm.D.

1. Call to Order – Chair

The meeting was called to order at 8:00 a.m.

2. Roll Call

A quorum was present.

3. Public Comment – Local Public / Health Practitioners

There was no public testimony.

4. Review of Intranasal Antihistamines (Red Category)

There was no public testimony.

Dr. Sater gave the First Health presentation on Intranasal Antihistamines. There are two available chemical entities, Olopatadine and Azelastine. Azelastine is available as two distinct products, Astelin and Astepro. All the products are indicated for the relief of seasonal allergic rhinitis in adults. Astelin is indicated for children over 5 years of age, symptoms of vasomotor rhinitis in adults and children over 12 years of age. Patanase is indicated for children over 6 years

of age. Astepro is indicated for seasonal allergic rhinitis in children over 12 years of age and for relief symptoms of perennial allergic rhinitis in adults and children over the age of 12. Dosing, adverse drug reactions, and efficacy are similar across all agents. In March, there were 10 claims: 7% for Patanase, 20% for Astelin, and 10% for Astepro. This is a new class that has not been previously reviewed.

Dr. Demain felt both products were effective. Azelastine is very sedating, whereas Patanase does not seem to have the same level of sedation. Both are well tolerated. Patanase is a superior product, because of its side effect profile.

DR. BRIGGS MOVED A CLASS EFFECT. SECONDED BY MS. STABLES. THE MOTION PASSED UNANIMOUSLY.

5. Review of Topical Antibiotics (Red Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Topical Antibiotics. The antibiotics being reviewed are Mupirocin and Altabax. Mupirocin is available as a cream and an ointment. The mechanisms of action differ between the agents. Altabax is the first in a new class of topical antibiotics. Mupirocin is approved for use in patients over 2 months of age. Altabax is approved for use in patients over 9 months of age. Adverse drug reactions and efficacy is similar between the agents. In March, there were 360 claims: 79% for generic Mupirocin ointment, 17.2% for Bactroban cream, 3.3% for Altabax, and less than .3% for Bactroban ointment. This is a new class so it has not been reviewed.

Dr. Demain said Mupirocin, despite the fact that it has been around for a while and is now generic, remains a very effective product against staphylococcus, including MRSA. It is also very resistant to the development of resistance. From an off-label standpoint, it also works well for nasal infections.

DR. DEMAIN MOVED A CLASS EFFECT. SECONDED BY BERGESON. THE MOTION PASSED UNANIMOUSLY.

6. Review of Hepatitis B (Red Category)

DR. ROBERT CHANG, SR.: A representative of Bristol-Myers Squibb discussed Baraclude. Baraclude is a nucleoside analog with selective activity against hepatitis B virus. It is indicated for the treatment of chronic hepatitis B virus infections in adults, age 16 years or older, with any evidence of active viral replication and evidence of ALT or AST elevation for histologically active disease. Baraclude was granted accelerated approval by the FDA in 2005 and is currently updated to reflect long-term data through five years, which includes efficacy, safety, and resistance data. Several trials and their outcomes were reviewed. Baraclude is generally safe and well tolerated, as evidenced in clinical trials, with a discontinuation rate of only 1 percent due to adverse reactions. The most common adverse events are headaches, fatigue, nausea, and dizziness. We request the committee include Baraclude as a preferred agent for hepatitis B.

Dr. Sater gave the First Health presentation on Hepatitis B. There are five available chemical entities. Two of the agents, Lamivudine and Tenofovir, are also indicated for the treatment of HIV-1 infection. Entecavir, peginterferon alfa-2a, which we are not considering here, or Tenofovir are indicated as first line therapy according to the 2008 U.S. treatment algorithm and the 2009 AASLD treatment guidelines. Entecavir, Tenofovir and Telbivudine are the most potent agents and have shown superiority in clinical trials. Entecavir, Lamivudine and Telbivudine are also associated with the development of drug resistance. All agents are nucleotide analogs and carry box warnings regarding exacerbation of liver disease following discontinuation, lactic acidosis, and severe hepatomegaly. Adefovir and Entecavir have significant interactions with (indiscernible) medications. Adverse drug reaction profiles and efficacy vary in all the agents. In March, there were 5 claims: 60% for Epivir HBV (Lamivudine), and 40% for Baraclude (Entecavir). This is a new class and has not been previously reviewed.

The committee discussed the limited number of patients and the possibility of preferring all the agents or making them all available under the medically necessary clause.

DR. BERGESON MOVED THAT THE DRUGS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. CARLSON. THE MOTION PASSED UNANIMOUSLY.

7. Re-Review of Low Sedating Antihistamines (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Low Sedating Antihistamines. There is no new information available. The currently preferred agents are all Clarinex products. In March, there were 558 claims: 514 for the single entity agents and 44 for the antihistamines with pseudoephedrine combinations; 39% for generic Fexofenadine, 22.5% for Xyzal, 20.6% for Clarinex, 8% for Allegra suspension, 3.7% for Clarinex syrup, and 2.5% for Clarinex rapid dissolving tablets. In the combination products, 50% for Allegra D, 39% for generic Allegra D 12-Hour. This was a green class last year. At the last review and without discussion, the motion for a class effect, including at least one single entity, passed unanimously. Recently, the department has adopted a regulation allowing us to include the OTC Loratadine this year.

Dr. Demain felt all the antihistamines were effective and equivalent in their benefit. Each of the antihistamines has unique properties that make them more effective for certain conditions. However, those types of adjustments can be done utilizing the medically necessary clause.

Dr. Liljegren noted that a preparation that can be used for children under 12 years of age should be included on the PDL. Dr. Demain said most of the agents could be used for children under 12 years of age and Xyzal syrup is indicated for children 2 years of age or older.

DR. DEMAIN MOVED A CLASS EFFECT, TO INCLUDE A PEDIATRIC SUSPENSION, AN ADULT SUSPENSION, AND A SUDAFED COMBINATION. SECONDED BY MS. STABLES. THE MOTION PASSED UNANIMOUSLY.

8. Re-review of Ophthalmic Anti-Allergy (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Ophthalmic Anti-Allergy. Last year, this was a green class. The motion for class effect passed unanimously. In March, there were 92 claims: 52% for Patanol, 47% for Pataday, and 1% for Azelastine.

Dr. Demain felt all the drugs in this class were effective. Pataday is a preferable agent, because it is well tolerated, effective, and does not burn or sting.

DR. DEMAINE MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

9. Re-review of Otic Quinolones (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Otic Quinolones. This was a green class last year. An amended motion declaring a class effect and preferentially including one agent with a steroid and one without passed unanimously. In March, there were 236 claims: 47% for Ciprodex, 46% for Ofloxacin Otic drops, 7.2% for Cipro HC, and 1 claim for Floxin drops.

DR. DEMAINE MOVED A CLASS EFFECT. SECONDED BY DR. CARLSON. THE MOTION PASSED WITH ONE OPPOSED.

10. Re-Review of Anti-Emetics (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Anti-Emetics. Last year and without discussion, the motion for a class effect passed unanimously. In March, there were 277 claims: 98% for Ondansetron in some form. The currently preferred agent is Ondansetron.

MR. GREAR MOVED A CLASS EFFECT. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

11. Re-review of Leukotriene Modifiers (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Leukotriene Modifiers. This was a green class last year. There was a brief discussion of the differences between the products. Montelukast has granules available for the treatment of small children. The suicide risk in children related to Montelukast was briefly discussed. At the last review, the motion for class effect, to include

Singulair, passed unanimously. In March, there were 1,014 claims: 1,004 for Singulair in some form. The currently preferred agent is Singulair.

Dr. Demain said this class was not created equal and each of these drugs are different. Montelukast is one tablet a day dosing. It is very effective, has a low side effect potential, and can be taken without food. Zafirlukast is dosed twice a day, 30 minutes before meals and two hours after meals, which makes it more difficult for the patients to take. Zileuton is used in very few patients and more for severe asthma, because of liver toxicity. We should continue to prefer Montelukast in all of its forms as the preferred agent.

DR. DEMAINE MOVED THE DRUGS IN THIS CLASS WERE THERAPEUTIC ALTERNATIVES, WITH A PREFERENCE FOR MONTELUKAST IN ALL OF ITS FORMS. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

12. Re-review Long Acting Beta Agonists (Blue Category)

RANDY LEGG: A representative of AstraZeneca said he was present to answer any questions on Symbicort. In response to Dr. Demain, Mr. Legg discussed the new FDA release of February 18. AstraZeneca is working with the FDA. At this time, there are no proposed changes to our label.

MEREDITH ZARLING: A representative of GlaxoSmithKline discussed Advair Diskus HFA. On February 18, 2010, the FDA notified all makers of asthma medications containing long-acting beta agonists of proposed changes to the prescribing information, which was reviewed. For Advair, there is no evidence that the drugs associated with an increased risk of asthma related death, hospitalization, or other serious respiratory related outcomes for any age group exist. There are no asthma related deaths in clinical trials involving nearly 18,000 patients taking Advair. Three FDA advisory committees met jointly in December of 2008 and voted unanimously that Advair has positive benefit/risk profiles currently labeled for adults. Advair is currently on the PDL, and the four reasons why it should remain on the PDL were reviewed. Based on the data and recommendations of the guidelines, Medicaid patients are best served if Advair Diskus and HFA remain on the PDL without restriction.

In response to Dr. Demain, Ms. Zarling discussed several clinical trials and their outcomes in relation to increased risk of death. The information on post marketing deaths is not provided and is very difficult to ascertain what the true incidence would be. It is my understanding that death rates due to asthma in the U.S. has gone down by 30 percent since 1996.

Dr. Sater gave the First Health presentation on Long Acting Beta Agonists. There are three available entities in this class. Salmeterol is available in combination with Fluticasone. Formoterol is available in combination with Budesconide and the solution for nebulization. Arformoterol is only available as a nebulized solution. Tolerability and efficacy are similar between the agents. In March, there were 9 claims: 8 for the inhaled single agents: 62.5% for Serevent Diskus, 37.5 % for Foradil, and 1 claim for Brovana. At the last review, the committee discussed whether prescribing habits had changed due to the requirement for prior authorization.

At the last review, a motion for class effect passed unanimously. The new information is the recent FDA announcement requiring label changes for drugs in this class.

Dr. Demain clarified the FDA guideline changes. The indication for reversible bronchospasm and for the prevention of exercise-induced broncho-constriction has been removed. The only utilization of these drugs as monotherapy is in COPD for patients over the age of 18.

In response to Dr. Carlson, Dr. Sater said the use of the drugs in this class have gone down significantly for various reasons, and in the last couple of years there has been very little usage.

The committee discussed how their decision on this class would affect the combined agents. Mr. Campana said if the single agent were preferred, the combination agent would also be preferred if it was cost effective.

Dr. Demain said Formoterol has a more rapid onset of action, which is a real advantage in some patients. It also has a lower risk for hoarseness, sore throat, and thrush, and it is better tolerated in a subset of patients. Advair and Salmeterol are both very effective and have nice delivery devices that the public likes. It is not only a matter of the provider's choice, but also sometimes a matter of patient tolerance.

DR. DEMAIN MOVED THE DRUGS IN THIS CLASS WERE THERAPEUTIC ALTERNATIVES, PREFERENTIALLY INCLUDING SALMETEROL AND FORMOTEROL. SECONDED BY MS. STABLES. THE MOTION PASSED WITH FOUR OPPOSED.

13. Re-review of COPD Inhalants (Blue Category)

There were no public testimonies.

DIANE (Indiscernible): A representative of Boehringer-Ingelheim discussed Spiriva. Spiriva is an anticholinergic indicated for the long-term, once-daily maintenance treatment of bronchospasm associated with COPD. It is now also indicated for reducing COPD exacerbations. The effect of Spiriva on exacerbations was evaluated in two clinical trials, which were reviewed. Spiriva has an established safety profile. As far as the precautions, the most major change was an additional statement to use with caution in patients with severe hypersensitivity to milk proteins due to the lactose carrier. More information is available on Spiriva.com.

Dr. Sater gave the First Health presentation on COPD Inhalants. There are two available entities in this class, Tiotropium and Ipratropium. Ipratropium is available as Atrovent, Atrovent HFA, and in combination with Albuterol in Combivent and Duoneb. They have similar adverse event profiles, however, the duration of action differs between the agents. In March, there were 382 claims: 44.2% for Combivent, 32.7% for Spiriva, 12.8% for generic Duoneb inhalation solution, 5% for generic Ipratropium inhalation solution, 3.9% for Atrovent HFA, and 1.3% for Duoneb. This was a green class last year. There was a discussion of the FDA evaluation on increased risk of stroke in patients using Tiotropium. At the last review, a motion for class effect, to include one long-acting agent and one combination agent, passed unanimously. In January, the FDA

announced that the available data did not support an association between Tiotropium and an increased risk for stroke, myocardial infarction, or death from a cardiovascular event. Healthcare professionals are recommended to continue to prescribe Spiriva as directed by the drug label. The FDA also announced plans to remove all CFC-containing products from the market. Combivent, in its current CFC formulation, will be discontinued at the end of December in 2015.

Dr. Demain explained why he felt Spiriva was a superior drug for COPD, including an increased sense of wellness, quality of life, and activity levels.

DR. DEMAIN MOVED A CLASS EFFECT, TO INCLUDE ONE LONG-ACTING AGENT AND ONE COMBINATION. SECONDED BY MR. GREER. THE MOTION PASSED UNANIMOUSLY.

14. Re-review of Ophthalmic Quinolones (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Ophthalmic Quinolones. This was a green class last year. At the last review and without discussion, the motion for a class effect passed unanimously. In March, there were 156 claims: 47% for Vigamox, 32% for Ciprofloxacin ophthalmic drops, and 17% for Ocuflor ophthalmic drops.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

15. Re-review of Oral Anti-Herpes (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Oral Anti-Herpes. This was a green class last year. There was a brief discussion of including a formulation for pediatric use on the PDL. At the last review, a motion for class effect passed with one opposed. In March, there were 283 claims: 51% for Valtrex, 17% for Acyclovir, 14.8% for Valacyclovir, 6.4% for Acyclovir suspension, 6.4% for Famvir, and 4.6% for Famciclovir. The preferred agents are Valtrex, Famvir, and Acyclovir.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

16. Re-review of Ophthalmic NSAIDS (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Ophthalmic NSAIDS. At the last review and without discussion, a motion for class effect passed unanimously. In March, there were 12

claims: 33% for Ketorolac, 33% for Nevanac, 25% for Acular, and 8.3% for Diclofenac. The currently preferred agents are Acular and Diclofenac drops.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. DEMAINE. THE MOTION PASSED UNANIMOUSLY.

17. Re-review Topical Anti-Fungal Agents (Blue Category)

There were no public testimonies.

Dr. Sater gave the First Health presentation on Topical Anti-Fungal Agents. This was as green class last year. In March, there were 3 claims for Ciclopirox. After a brief discussion of the need for a prior authorization on this class, the motion for a class effect passed unanimously.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

18. Re-review of Oral Quinolones 2/3 Generation (Blue Category)

LAURA LITZENBERGER: A representative of Ortho-McNeil discussed Levaquin. A study tracking resistance utilizing U.S. data on resistance patterns of streptococcus pneumonia was reviewed. This is the thirteenth year this study has been done in Alaska, yet sensitivity remains extremely high. Published in March of this year, a new study was done comparing Moxifloxacin and Levofloxacin, which was reviewed. Levaquin continues to be the preferred drug on the formularies of all the major hospital systems in Alaska, except for the VA. Levaquin is also available on all major health plans and is the preferred agent in the majority of those. We request that Levaquin continue to be a preferred agent on the PDL.

Dr. Sater gave the First Health presentation on Quinolones 2/3 Generation. In the systemic Quinolones, there are six available agents. Three are considered second generation and three are considered third generation. Of the third generation, only Levofloxacin and Moxifloxacin are widely used. Indications vary by agent. Ciprofloxacin and Levaquin are available as a suspension. Adverse events, drug reactions, warnings, and contraindications are similar. All of the third generation Quinolones are dosed once daily. In March, there were 373 claims: 49% for generic Ciprofloxacin, 44% for Levaquin, 2% for Levaquin solution, 1.8% for Avelox, 1.6% for Noroxin, 1% for Ofloxacin tablets, and less than 1% for Cirpo suspension and Ciprofloxacin ER. At the last review and without discussion, a motion for class effect, preferentially including Levaquin, passed with three opposed. Since the last review, generic Levofloxacin has been approved by the FDA, however it is not commercially available yet.

Dr. Brodsky said the literature and doctors' experience has shown more problems with tendon rupture. Dr. Carlson noted that tendon rupture with Ciprofloxacin went back 10 years.

Dr. Demaine said that after reading the letters provided, there seems to be a global position preference for Levaquin.

DR. BRIGGS MOVED A CLASS EFFECT. SECONDED BY DR. CARLSON. THE MOTION PASSED WITH TWO OPPOSED.

Break from 9:10 a.m. to 9:25 a.m.

Dr. Sater noted that when the committee decides to declare a class effect, the process is that we go out to bid and whatever is cost effective comes back as the preferred agents.

19. Re-review of Ophthalmic Immunomodulators (Green Category)

Dr. Sater gave the First Health presentation on Ophthalmic Immunomodulators. Restasis, the only drug in the class, was a green class last year. At the last review and without discussion, a motion for class effect passed unanimously. Restasis is the preferred agent. In March, there were 19 claims.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

20. Re-review of Anti-Migraine Agents (Green Category)

Dr. Sater gave the First Health presentation on Anti-Migraine Agents. At the last review, this was a red class. There was a brief discussion of the necessity of all three dosage forms – injectable, oral, and nasal being included on the PDL. At the last review, a motion for class effect passed with one opposed. Imitrex, Maxalt, and Relpax are the currently preferred agents. In March, there were 195 claims: 35% for Maxalt MLT, 24% for generic Imitrex tablets, 18% for Maxalt tablets, 6% for Relpax, 6% for branded Imitrex tablets, and 5.1% for Treximet (the combination product with Naproxen and Sumatriptan), 2.6% for Sumatriptan nasal, 1.5% for Frova, 1.5% for Zomig, and 1% for Amerge and Zomig ZMT.

DR. BRIGGS MOVED A CLASS EFFECT. SECONDED BY MR. GREEAR. THE MOTION PASSED UNANIMOUSLY.

21. Re-review of Inhaled Steroids (Green Category)

Dr. Sater gave the First Health presentation on Inhaled Steroids. This was a red class last year. There was a brief discussion of possible advantages with the new agent Alvesco. At the last review, a motion to include at least one low- to medium-potency agent, at least one high-potency agent, and Pulmicort for nebulization, passed unanimously. In March, there were 997 claims, including the combination products. There were 386 claims for the single-agent inhaled corticosteroids: 65% for Flovent HFA, 22% for QVAR, 7.3% for Pulmicort Flexhaler, 2.6% for Asmanex, 2.6% for Flovent Diskus, and there was one claim for Aerobid-M. Flovent, QVAR, Pulmicort, and Asmanex are preferred agents. In the combination products, there were 483 claims: 78% for Advair Diskus, 17% for Symbicort, and 5.2% for Advair HFA. Advair and Symbicort are preferred agents. For the nebulized Budesonide, there were 128 claims: 57% for generic Pulmicort nebulization, and 43% for Pulmicort. Pulmicort Nebs are preferred. Aerobid and Asmanex will cease production on December 31, 2010, due to their CFC formulations.

DR. DEMAIN MOVED TO INCLUDE AT LEAST ONE LOW- TO MEDIUM-POTENCY AGENT, AT LEAST ONE HIGH-POTENCY AGENT, AND BUDESONIDE. SECONDED BY MS. STABLES. THE MOTION PASSED UNANIMOUSLY.

22. Re-review of Cephalosporins 2/3 Generation (Green Category)

Dr. Sater gave the First Health presentation on Cephalosporins 2/3 Generation. The second and third generation drugs are listed separately, but can be combined next year. Utilization of the drugs in this class has gone up by about 30 percent this year. This was a green class last year. In the second generation Cephalosporins, a motion for class effect, excluding Cefaclor and including one pleasant tasting oral preparation, passed unanimously. In March, there were 97 claims for drugs in the second generation Cephalosporins: 37% for Cefprozil suspension, 27% for Cefuroxime, 15.5% for Cefzil suspension, 11.3% for Cefprozil tablets, 8.2% for Ceftin suspension, and 1 claim for Ceftin tablets.

In response to Dr. Demain, Dr. Sater said the medically necessary clause was utilized for the one prescription of Ceftin tablets.

Dr. Carlson noted that if a physician wrote Ceftin, medically necessary, on the prescription then the pharmacy would give the patient the brand named tablet, not the generic form.

The committee discussed their dismay at why pediatricians were prescribing more of these drugs.

DR. BERGESON MOVED A CLASS EFFECT, INCLUDING ONE GOOD TASTING FORMULATION, AND EXCLUDING CECLOR. SECONDED BY DR. DEMAIN. THE MOTION PASSED WITH ONE OPPOSED.

The third generation Cephalosporins were also a green class last year. At the last review, a motion for class effect passed unanimously. Again, utilization of these drugs increased about 30 percent this year. In March, there were 506 claims: 73% for Cefdinir suspension, 11.7% for Cefdinir capsules, 11.7% for Omnicef suspension, and less than 6% for the rest. The currently preferred agents are Cefdinir suspension and capsules, and Suprax suspension.

Dr. Brodsky noted that Suprax was off the market for a while, but was now back. Suprax is a very important drug for the treatment of STDs.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

23. Re-review of Short Acting Beta Agonists (Green Category)

Dr. Sater gave the First Health presentation on Short-Acting Beta Agonists. This was a green class last year. After a brief discussion of CFC product removal, a motion for class effect, including at least one Albuterol HFA product, passed unanimously. In March, there were 2,273 claims. For the MDIs, there were 1,662 claims: 41.5% for ProAir HFA, 26.8% for Proventil HFA, 20.9% for Ventolin HFA, and 10.9% for Xopenex HFA. The currently preferred agents are

ProAir and Proventil HFA. In the nebulized solutions, there were 611 claims: 85% for generic Albuterol, 7.2% for generic Accuneb, 7.2% for Xopenex, and 1 claim for branded Accuneb. At the last review, a motion for class effect, including at least one Albuterol HFA product, passed unanimously.

DR. DEMAIN MOVED A CLASS EFFECT, INCLUDING AT LEAST ONE ALBUTEROL HFA PRODUCT. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

24. Re-review of Macrolides (Green Category)

Dr. Sater gave the First Health presentation on Macrolides. This was a green class last year. At the last review and without discussion, a motion for class effect, to include Azithromycin, passed unanimously. In March, there were 1,407 claims. For the oral tablets, there were 746 claims: 91% for Azithromycin, 7.2% for Clarithromycin, and less than 3% for the rest. For the suspensions, there were 661 claims: 80% for Azithromycin suspension, 17% for Zithromax branded suspension, and less than 3% for the rest.

DR. BERGESON MOVED THAT THE DRUGS IN THIS CLASS WERE THERAPEUTIC ALTERNATIVES, PREFERENTIALLY INCLUDING AZITHROMYCIN. SECONDED BY DR. DEMAIN. THE MOTION PASSED WITH ONE OPPOSED.

25. Re-review of Hepatitis C Agents (Green Category)

Dr. Sater gave the First Health presentation on Hepatitis C Agents. There are two separate categories within the Hepatitis C agents. First, we will discuss the pegylated alpha interferons, which was a blue class last year. At the last review and without discussion, a motion for class effect passed unanimously. The currently preferred agents are PEGASYS and PEGIntron. In March, there were 11 claims: 6 for PEGASYS and 5 for PEGIntron. In the Ribavirins, there is only one available entity, Ribavirin. All of the brands and generics are preferred. In March, there were 15 claims: 14 for generic Ribavirin and 1 for branded Ribasphere. At the last review, a motion for class effect passed unanimously.

DR. CARLSON MOVED A CLASS EFFECT FOR BOTH CATEGORIES OF HEPATITIS C AGENTS. SECONDED BY MR. GREAR. THE MOTION PASSED UNANIMOUSLY.

26. Re-review of Topical Anti-Viral Agents (Green Category)

Dr. Sater gave the First Health presentation on Anti-Viral Agents. At the last review and without discussion, a motion for class effect passed unanimously. The currently preferred agents are Zovirax ointment and Denavir. In March, there were 30 claims: 50% for Zovirax ointment, 40% for Zovirax cream, and 10% for Denavir.

DR. BERGESON MOVED A CLASS EFFECT. SECONDED BY MS. STABLES. THE MOTION PASSED UNANIMOUSLY.

27. Re-review of Oral Onychomycosis Agents (Green Category)

Dr. Sater gave the First Health presentation on Oral Onychomycosis Agents. This was a green class last year. After a brief discussion on the need for prior authorization for Onychomycosis agents, a motion for class effect, to include at least one agent in addition to Griseofulvin, passed unanimously. The currently preferred agents are Terbinafine, Grifulvin V, Griseofulvin suspension, and Gris-PEG. In March, there were 53 claims: 74% for Terbinafine, 9.4% for Grifulvin V, 7.6% for Griseofulvin suspension, 5.7% for Itraconazole, and 3.8% for Gris-PEG.

Dr. Brodsky noted that the Clotrimazole and Fluconazole orals were not being discussed.

DR. DEMAIN MOVED A CLASS EFFECT, TO INCLUDE AT LEAST ONE AGENT IN ADDITION TO GRISEOFULVIN. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

28. Re-review of Nasal Steroids (Green Category)

Dr. Sater gave the First Health presentation on Nasal Steroids. This was a red class last year. After a brief discussion of the necessity of having one product for children under the ages of 5 or 6, an amended motion for class effect, including one aqueous preparation and a product approved for patients age 2 and older, passed with one opposed. In March, there were 562 claims: 60.3% for Nasonex, 17.3% for generic Flonase, 8.5% for Veramyst, 5.3% for Nasacort AQ, 2.7% for Rhinocort Aqua, 2.1% for Omnaris, 1.4% for generic Nasarel, 1.3% for generic Nasalide, and 1% for Beconase AQ.

DR. DEMAIN MOVED A CLASS EFFECT, INCLUDING ONE AQUEOUS PREPARATION AND A PRODUCT APPROVED FOR PATIENTS AGE 2 AND OLDER. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

29. Re-review of Ophthalmic Mast Cell Stabilizer (Green Category)

Dr. Sater gave the First Health presentation on Ophthalmic Mast Cell Stabilizers. This was a green class last year. At the last review, a motion for class effect passed unanimously. Unlike last year when there were no claims, in March, there was 1 claim for Cromolyn Sodium Ophthalmic.

Dr. Demain noted that there were two other Ophthalmic Mast Cell Stabilizers, but they were included in different drug categories.

DR. DEMAIN MOVED A CLASS EFFECT. SECONDED BY DR. BERGESON. THE MOTION PASSED UNANIMOUSLY.

30. Review Minutes from January 2010 Meeting

Mr. Campana reviewed the corrections to be made to the January 2010 meeting minutes.

DR. BERGESON MOVED TO APPROVE THE JANUARY 2010 MEETING MINUTES AS CORRECTED. SECONDED BY DR. BRIGGS. THE MOTION PASSED UNANIMOUSLY.

31. Comments from Committee Members or Chair

Mr. Campana reviewed the committee members returning for a third term: Dr. Demain, Dr. Kiley, and Dr. Richey. Dr. John Papenheim, a psychiatrist from Juneau, has been appointed to the P&T Committee and the DUR Committee. Under the Medicaid regulations, we can now cover Loratadine in OTC form, as well as OTC Omeprazole. We received a comment on the letters sent out to the returning committee members about keeping the meetings on the third Friday of the month. To facilitate that, we suggest having a vice-chair available to preside over the meeting in case Dr. Brodsky is not available.

Dr. Demain volunteered to serve as the vice-chair of the P&T Committee.

THE P&T COMMITTEE VOTED ON THE SELECTION OF DR. DEMAINE AS THE VICE-CHAIR, WHICH PASSED UNANIMOUSLY.

Mr. Campana said that with the selection of a vice-chair, all meetings would be scheduled on the third Friday of the month. Starting next year, we would like all members to provide conflict of interest statements at the beginning of the year. If a committee member speaks for any drug manufacturer, they will abstain from voting on any issues concerning that manufacturer. All inhalers containing CFCs will be discontinued in the next two years per the FDA. The committee members were thanked for their participation, which has saved the Medicaid Drug Program a great deal of money.

Dr. Brodsky noted that proposed future meeting dates would be sent to all committee members.

Dr. Demain said it was a privilege to serve on the P&T Committee and he looks forward to his continued service.

32. Adjourn

The meeting adjourned at 10:05 a.m.