Division of Health Care, Quality, Financing and Purchasing
Center for Operations and Pharmacy Management
Pharmacy and Therapeutics Committee Meeting Minutes
Tuesday June 2, 2009
8:00 AM
EDS
171 Service Avenue Building 1 Suite 100
Warwick, Rhode Island

P&T Members Present:	Tara Higgins, RPh, CGP, CDOE Kristina Ward, Pharm D David Feeney, RPh, Chairperson Gregory Allen, MD Richard Wagner, MD Charles Gross L. McTyeire Johnston, MD Mathew Salisbury, MD
Others Present:	Paula Avarista, RPh, MBA (RI Medical Assistance Program) Ray Maxim, MD (RI Medical Assistance Program) Karen Mariano, RPh (Electronic Data Systems) Raquel Holmes, RPh (First Health/Coventry Health Systems) Ann Bennett (Electronic Data Systems)

The meeting was called to order by Chairperson Feeney at 8:05 AM. After welcoming and introductory remarks, the meeting minutes of the April 7, 2009 meeting were reviewed. All members voted in favor to accept the minutes as presented.

The public comment portion of the meeting began. Representatives from the following Pharmaceuticals Manufacturing Companies gave presentations: Shire, GlaxoSmithKline Kline, Schering-Plough, Sanofi-Aventis, Pfizer, and Merck & Co

Raquel Holmes from First Health gave the presentations of the drug classes to be reviewed. A discussion among the committee members followed each class review. Voting took place at the end of each review. A re-review of the following drug classes was done: Antihistamines-oral, Intranasal Steroids, Bronchodilators-oral, Glucocorticoids-inhaled, Leukotriene Modifiers, Narcotic Analgesics-long-acting, Antimigraine agents-Triptans, Sedative Hypnotics, Fluoroquinolones-oral, Cephalosporins-oral, Macrolides/Ketolides-oral, Onychomycosis Antifungals-oral and Ulcerative Colitis-oral and rectal. The new classes that were reviewed were NSAIDS/Anesthetics-topical and Skeletal Muscle Relaxants. The committee agreed with the recommendations of First Health. Changes that were made to existing drug classes include removing the automatic grandfathering of clients currently taking OxyContin as of 10 -1-09. Compliance in this class is very low because of this. Also, there was a concern about the high use of generic Fentanyl when the brand is preferred. It was

explained that there was a problem with the manufacturing of brand Duragesic so the restriction on the generic was lifted. Manufacturing for the brand is now okay so there should be a switch back to the brand.

There was also a change in the preferred agent for Albuterol HFA. Ventolin was the preferred agent and now ProAir and Proventil HFA are preferred. There was concern that switching patients from Ventolin to one for the other ones would cause increase phone calls to physicians. It was decided that all current patients on Ventolin will be grandfathered in until October 7, 2009. All prescribers who currently have a patient on Ventolin will be sent a letter explaining the new policy and steps to take to switch their patients.

In the Triptan class of Antimigraine medication, it was decided that there would only be one product now preferred, Imitrex. The committee felt that this one medication had all the dosage forms needed. There were several discussions after the meeting with Paula Avarista expressing concern because Imitrex did not have all the dosage forms available as stated, specifically oral disintegrating tablets which some prescribers feel is necessary for some clients who are unable to swallow tablets during an attack. It was decided by DHS that this drug class would not be changed at this time and a new modified review and vote would take place at the September 15 meeting.

In the new review for skeletal muscle relaxants, it was decided to list Soma/Carisoprodol as a non-preferred agent. The committee felt that this drug has a high abuse potential and addictive properties.

The meeting adjourned at 10:30 AM. Next meeting is scheduled for Tuesday, September 15, 2009.