

**TDMHMR EXECUTIVE FORMULARY COMMITTEE MINUTES
February 4, 2005**

The Executive Formulary Committee convened on Friday, February 4, 2005 in Room 107D - CO Building 1. The meeting was called to order by Dr. Morgan, Chair at 9:30 a.m.

| | | | |
|-------------------------------|--------|------------------------------|--------|
| Janet Adams, MSN, RN, CNS | √ | Robert L. Ward, D.O. | √ |
| Rosha Chadwick, R.Ph. | √ | Robert Kifowit | Absent |
| Emilio Dominguez, M.D. | Absent | Kenny Dudley | Absent |
| Jeanna Heidel, Pharm.D. | √ | Mike Maples | Absent |
| Robin Mallett, M.D. | Absent | Michael Woolsey | Absent |
| Jack McCoy, M.D. | √ | Barbara Otting, RN | √ |
| Connie Millhollon, RN, | √ | Camille Hemlock, M.D. | √ |
| Victoria B. Morgan, M.D. | √ | Nina Muse, M.D. | Absent |
| Ann L. Richards, Pharm.D. | √ | Steven P. Shon, M.D. | √ |
| Dan Still, Pharm.D. | √ | Vacant Center Position | |
| Bernardo C. Tarin-Godoy, M.D. | √ | Vacant State School Position | |

Guest Present: Sharon Tramonte, Pharm.D., San Antonio State School; Lynn Crismon, Pharm.D.; Sam Shore, Center for Policy and Innovation, DSHS; Barbara Dean, R.Ph., Vendor Drug Program; Scott Schalchlin, JD, DADS

Roll Call, Introductions and Announcements

Ms. Connie Millhollon, Terrell State Hospital, was introduced as the new nursing member.

Medicare Part D

Mr. Shore presented information on the Federal Medicare Prescription Drug Coverage. The first phase of the Medicare Prescription Drug Program is the Discount Cards. This is a temporary program that was started in June 2004 and will end on December 31, 2005. The second phase is the "New Medicare Part D" program. This phase has been referred to as the "HMO's for drugs" and will go into effect January 1, 2006. Each plan will have its own drug formulary and the drug formulary can change every 60 days. Dual eligible patients will be auto-enrolled into a Medicare Part D plan. The enrollment period will be November 15, 2005 through May 15, 2006. Once a plan is selected, the patient will remain in that plan for 12 months. Since each plan can select their own Formulary, patients will need to choose wisely, when selecting a plan. The plan selected by the patient will influence the choice of medication prescribed by the physician.

Dr. Schalchlin noted that the Health and Human Services Commission has a large work group reviewing issues with the Medicare Modernization Act. A subgroup of this large group, is a group of individuals that are specific to DADS. A subgroup of the DADS Work Group is a group that is specific to State Schools. DSHS has a similar structure.

Approval of Minutes of October 29, 2004

On a motion of Dr. Tarin-Godoy, seconded by Dr. McCoy, the minutes of the October 29th meeting were approved as previously distributed.

Adverse Drug Reaction Reports

The Executive Formulary Committee received many adverse drug reaction reports from several facilities. In the first case, a 55-year-old developmentally disabled female was receiving stable doses of carbamazepine (Tegretol®), aripiprazole (Abilify®) and olanzapine (Zyprexa®). The patient had dyslipidemia and was placed on gemfibrozil (Lopid®). The patient did not respond so the gemfibrozil was discontinued and rosuvastatin (Crestor®) was started. Two weeks later, the patient was falling down. A carbamazepine level was obtained and it was 10 mcg/ml. Previously, the patient had levels around 8 mcg/ml. The rosuvastatin was discontinued. A carbamazepine level obtained 12 days later was 8.2 mcg/ml.

A 23-year-old male was prescribed paroxetine (Paxil®) CR and quetiapine (Seroquel®), which the patient was receiving prior to admission. On admission, simvastatin (Zocor®) was started. A day after admission, the patient received two doses of haloperidol (Haldol®). The patient developed possible neuroleptic malignant syndrome with hypertension, tachycardia, increase CK (troponins were within normal limits), leukocytosis, QTc prolongation, and chest pain. The patient's lumbar puncture was normal.

A 10-year-old male was prescribed divalproex (Depakote®), quetiapine (Seroquel®), azithromycin (Zithromax®) and atomoxetine (Strattera®). The patient developed a neutropenia with a WBC of 2.7 and an ANC of 0.7. The divalproex was discontinued and the neutropenia was resolved.

A 50-year-old female was refusing oral medications and received injections of olanzapine (Zyprexa®) and lorazepam (Ativan®). The patient developed hypotension.

A 35-year-old male received injections of olanzapine (Zyprexa®) and lorazepam (Ativan®). The patient had to be escorted due to instability and sedation.

Proposed changes to TDMHMR Standard Formulary Memo

The reports from the Work Groups were reviewed. In reviewing the report on the use of generics, it was recommended that in the comparison of the top 50 drugs, that the list of drugs included in the report be removed from the body of the report and placed in an addendum. It was suggested that the agency's policy on generic substitution be included in the report. It was noted, that in some cases, the cost of the brand name product is less expensive than the generic and sometimes, the brand name product isn't significantly more expensive than the generic product. It was also suggested that the data for cost avoidance be further broken down for a couple of the drugs. It was also recommended that a process for monitoring the use of brand name products and generics be implemented for those items that have recently become available in a generic form.

For the monitoring atypical antipsychotic guidelines, it was recommended that the monitoring parameters listed in the American Journal of Psychiatry, "Health Monitoring in Schizophrenia" be implemented. The Committee discussed whether or not the outpatient sector could abide by some of these recommendations, such as, fasting plasma glucose level, as patient compliance becomes an issue. It was recommended that the outpatient sector abide by these recommendations but if there is a reason, either patient specific or a system issue that causes non-

compliance, then the reason should be documented.

For the control systems (automated clinical pathways) report, it was suggested that the functions of the Executive Formulary Committee, including the formulary reviews, audit criteria and dissemination of drug warnings be included. In addition, it was recommended that the JCAHO requirements regarding Formulary maintenance be added to the report.

The reports will be revised and resubmitted to Dr. Shon.

Filgrastim (Neupogen®)

Dr. Hemlock presented information on a recent finding at a State School. At one facility, seven patients on filgrastim were reviewed. Of these seven cases, five had been placed improperly on this medication over a year ago for a non-approved indication. The cost of filgrastim for these seven patients was \$6,998.75 per month. In one case, a patient was started on filgrastim for prophylaxis prior to initiating antiviral therapy. This was an appropriate use of the medication, however, the antiviral medication was discontinued several months previously and the filgrastim was continued due to an oversight.

The use of filgrastim in many of these patients was not only inappropriate but placed that patient at risk of having potentially serious adverse effects. In addition, the cost was approximately \$80,000 for one year. As a result, the Executive Formulary Committee recommended that filgrastim not be used unless a consultation with a hematologist or oncologist is obtained. On a motion of Dr. Ward, seconded by Dr. Tarin-Godoy, this recommendation will be distributed to the field.

JCAHO MM.2.10 Formulary

Element of Performance #5 states “Formulary is reviewed at least annually based on emerging safety and efficacy information.” The Committee does review and approve the Formulary on an annual basis at the October meeting. The Committee does take into consideration new safety and efficacy information when the Formulary is reviewed and takes appropriate action at that time. However, this isn’t specifically documented in the minutes. The Committee will incorporate this information in the minutes.

New Drug Applications

(Please refer to Attachment A for the monograph and application that was considered when determining action by the committee.)

clozapine orally disintegrating tablets (Fazacllo™) - discussed by Dr. Still

Clozapine is currently on Formulary. A request has been submitted to review the addition of an orally disintegrating tablet of clozapine to the Formulary. Fazacllo™ is similar to the oral disintegrating tablets of olanzapine (Zyprexa® Zydis™) and risperidone (Risperdal M-Tabs). Fazacllo™ tablets disintegrate in the mouth within 15 to 30 seconds. Fazacllo™ is available in 25 mg and 100 mg tablets and requires a separate registration. The following is a comparative cost for this product:

| <u>Drug</u> | <u>25 mg (\$/tab)</u> | <u>100 mg (\$/tab)</u> |
|---------------------|-----------------------|------------------------|
| Fazacllo™ | 1.06 | 2.91 |
| Clozaril® | 1.33 | 3.44 |
| Clozapine (generic) | 0.45 | 1.04 |

The cost of Fazaclo™ is less than the trade name product but not as cheap as the generic. There are some patients who would benefit from this product.

Following discussion, on motion of Dr. Ward, seconded by Dr. Tarin-Godoy, the request to add clozapine orally disintegrating tablets (Fazaclo™) to the formulary was approved. The Formulary CheckList was completed.

Quarterly Non-Formulary Drug Justification Report

The summary of the non-formulary drug report was reviewed. The top ten by volume for the first quarter of FY05 was reviewed. The top ten included the following:

- Celecoxib (Celebrex®)
- Lovastatin (Mevacor®)
- Rofecoxib (Vioxx®) – withdrawn from market on 9/30/04
- Tegaserod (Zelnorm®)
- Modafinil (Provigil®)
- Propoxyphene products
- Montelukast (Singular®)
- Cyclobenzaprine (Flexeril®)
- Pioglitazone (Actos®)
- Piperacillin (Zosyn®)

The specific drug listing was not available for review.

Top Ten Non-Formulary Drug Justification Review for FY04

Dr. Tramonte presented the top ten non-formulary drugs requested for FY04. The Committee identified six of the items as potential additions to the Drug Formulary. However, due to time constraints, the Committee identified three of the drugs for possible review at the next meeting. These include tegaserod (Zelnorm®), pioglitazone (Actos®) and montelukast (Singular®).

Polypharmacy with Atypical Antipsychotics

Previously, it was recommended that a report be obtained from BHIS to determine the number of patients on more than one atypical antipsychotic for both the MH and MR side. This has not been completed. At the last meeting, it was recommended that facilities be surveyed to determine what individual facilities are doing to monitor for polypharmacy. This has not been completed.

Proposed Drug Deletion List -

- Antidiabetic Agents**
- Antidotes/Deterrents/Poison Control Agents**
- Antihistamine Agents**
- Antineoplastic Agents**
- Blood Modifying Agents**

The Committee did not receive any comments from the field about the proposed deletions for the antidiabetic, antidotes/deterrents/poison control, antihistamine, antineoplastic or blood modifying agents. On a motion of Dr. Ward, seconded by Dr. McCoy, the motion to delete these agents was approved.

TDMHMR Drug Formulary Sectional Review-

Analgesic Agents
Antiemetic/Antivertigo Agents
Sedative/Hypnotic Agents
Anticonvulsant Agents

Dr. Tramonte provided the review of the analgesic agents with her recommendation. **Attachment B.** The comparative cost index and dosage availability of these agents was reviewed (included in Attachment B).

Dr. Tramonte recommended the addition of the following dosage strengths to the Drug Formulary:

- Acetaminophen/hydrocodone tablet: 750 mg/7.5 mg
- Morphine suppository: 20 mg, 30 mg
- Oxycodone (OxyContin®) tablet: 5 mg

On a motion by Dr. Ward, seconded by Dr. Heidel, the recommendation to add these products to the Drug Formulary was approved.

Dr. Tramonte recommended the deletion of the following dosage strengths/formulations.

| Generic Name | Brand Name | Dosage forms to be deleted | Dosage forms still available |
|---------------|------------|---|---|
| Acetaminophen | Tylenol® | Liquid: 500 mg/15 ml Tablet: 650 mg | Liquid: 160 mg/5 ml Suppository, rectal: 120 mg, 125 mg, 325 mg, 650 mg Tablet: 325 mg, 500 mg Tablet, chewable: 80 mg |
| Aspirin | | Tablet: 81 mg, 500 mg Tablet, enteric coated: 975 mg | Suppository, rectal: 300 mg, 600 mg Tablet: 325 mg Tablet, buffered: 325 mg with buffering agents Tablet, chewable: 81 mg Tablet, enteric coated: 81 mg, 325 mg, 500 mg, 650 mg |
| Ibuprofen | Motrin® | Tablet, chewable: 50 mg, 100 mg | Suspension, oral: 40 mg/ml, 100 mg/5 ml Tablet: 200 mg, 400 mg, 600 mg, 800 mg |

On a motion of Dr. Ward, seconded by Dr. Heidel, the motion to delete these products was approved. Feedback will be obtained from the field.

Dr. Tramonte made the recommendation to change acetaminophen/codeine suspension to “oral liquid” to allow either the suspension or the elixir. The Committee agreed with the recommendation.

Dr. Tramonte provided the review of the antiemetic/antivertigo agents. **Attachment C.** The comparative cost index and dosage availability of these agents was reviewed (included in Attachment C).

Dr. Tramonte recommended the addition of the following dosage strengths to the Drug Formulary:

- Hydroxyzine (Vistaril®) capsule: 25 mg, 50 mg, 100 mg
- Trimethobenzamide (Tigan®) capsule: 250 mg, 300 mg

On a motion by Dr. Ward, seconded by Dr. Tarin-Godoy, the recommendation to add these products to the Drug Formulary was approved.

Dr. Tramonte recommended the deletion of the following dosage strengths/formulations.

| Generic Name | Brand Name | Dosage forms to be deleted | Dosage forms still available |
|---------------------|-----------------------|---|--|
| Meclizine | Antivert®, Bonine® | Tablet, chewable: 25 mg | Tablet: 12.5 mg, 25 mg, 50 mg |
| Prochlorperazine | Compazine® | Suppository, rectal: 2.5 mg, 5 mg Syrup: 5 mg/5 ml | Injection: 5 mg/ml Suppository, rectal: 25 mg Tablet: 5 mg, 10 mg, 25 mg |
| Promethazine | Phenergan® | Syrup: 25 mg/5 ml | Injection: 25 mg/ml, 50 mg/ml Suppository, rectal: 12.5 mg, 25 mg, 50 mg Syrup: 6.25 mg/5 ml Tablet: 12.5 mg, 25 mg, 50 mg |
| Trimethobenzamide | Tigan® | Suppository, rectal: 100 mg | Capsule: 250 mg, 300 mg Injection: 100 mg/ml Suppository, rectal: 200 mg |

On a motion of Dr. Ward, seconded by Dr. Tarin-Godoy, the motion to delete these products was approved. Feedback will be obtained from the field.

Dr. Tramonte made the following recommendations:

- Add perphenazine (Trilafon®) to this section
- Change diphenhydramine (Benadryl®) syrup to “oral liquid” to encompass elixir
- Change metoclopramide (Reglan®) syrup to “oral liquid” to encompass oral solution and syrup

The Committee agreed with the recommendations.

Dr. Tramonte provided the review of the sedative and hypnotic agents with her recommendation. **Attachment D.** The comparative cost index and dosage availability of these agents was reviewed (included in Attachment D).

Dr. Tramonte recommended the addition of the following dosage strengths to the Drug Formulary:

- Alprazolam (Xanax XR®) tablets, sustained release: 0.5 mg, 1 mg, 2 mg

On a motion by Dr. Tarin-Godoy, seconded by Ms. Chadwick, the recommendation to add these products to the Drug Formulary was approved.

Dr. Tramonte recommended the deletion of the following dosage strengths/formulations.

| Generic Name | Brand Name | Dosage forms to be deleted | Dosage forms still available |
|---------------------|-------------------|--|---------------------------------------|
| Chloral hydrate | Noctec® | Suppository, rectal: 324 mg, 500 mg Syrup: 250 mg/5 ml | Capsule: 500 mg Syrup: 500 mg/5 ml |

On a motion of Dr. Tarin-Godoy, seconded by Ms. Chadwick, the motion to delete these products was approved. Feedback will be obtained from the field.

Dr. Tramonte made the recommendation to remove midazolam (Versed®) from the Miscellaneous Sedative and Hypnotics section since it is a benzodiazepine and is listed in that section. The Committee agreed with the recommendation.

Dr. Tramonte provided the review of the anticonvulsant agents with her recommendation. **Attachment E.** The comparative cost index and dosage availability of these agents was reviewed (included in Attachment E).

Dr. Tramonte recommended the addition of the following dosage strengths to the Drug Formulary:

- Carbamazepine (Carbatrol®) capsule, extended release: 100 mg
- Gabapentin (Neurontin®) tablet: 400 mg
- Gabapentin (Neurontin®) oral solution: 250 mg/5 ml
- Levetiracetam (Keppra®) oral solution: 100 mg/ml
- Oxcarbazepine (Trileptal®) oral suspension: 300 mg/5 ml
- Phenytoin (Phenytek®) capsule: 200 mg, 300 mg
- Topiramate (Topamax®) sprinkle capsule: 15 mg, 25 mg
- Topiramate (Topamax®) tablet: 50 mg
- Zonisamide (Zonegran®) capsule: 25 mg, 50 mg

On a motion by Dr. Heidel, seconded by Dr. Tarin-Godoy, the recommendation to add these products to the Drug Formulary was approved.

Dr. Tramonte recommended the deletion of the following dosage strengths/formulations.

| Generic Name | Brand Name | Dosage forms to be deleted | Dosage forms still available |
|---------------|----------------------------|---|---|
| Clorazepate | Tranxene®, Tranxene SD® | Capsule: 3.75 mg, 7.5 mg, 15 mg | Tablet: 3.75 mg, 7.5 mg, 15 mg Tablet, sustained release: 11.25 mg, 22.5 mg |
| Phenobarbital | Luminal® | Capsule: 16 mg Injection: 30 mg/ml, 60 mg/ml | Elixir: 20 mg/5 ml Injection: 65 mg/ml, 130 mg/ml Tablet: 8 mg, 15 mg, 16 mg, 30 mg, 32 mg, 60 mg, 65 mg, 100 mg |

On a motion of Dr. Heidel, seconded by Dr. Tarin-Godoy, the motion to delete these products was approved. Feedback will be obtained from the field.

Sectional Review for April 2005

The muscle relaxants, antiparkinsons, migraine, miscellaneous CNS and endocrine agents will be reviewed at the next meeting.

Other Issues

Dr. Crismon distributed the new suicidality labeling language for antidepressants and the medication guide “About Using Antidepressants in Children and Teenagers.” The Committee recommended that this information be distributed to those facilities that have children and adolescent programs.

The Committee discussed therapeutic substitution. In most medical hospitals, a few drugs in certain drug categories are considered the drug of choice for that institution. If a physician prescribes another drug, the pharmacy changes the order to the preferred drug and dispenses it. The selection of the preferred agent is approved by the institution’s pharmacy and therapeutics committee. In addition, a protocol is developed to allow this substitution is developed. It was recommended that the Committee develop a protocol for the therapeutic substitution of the proton pump

inhibitors. On a motion of Dr. Tarin-Godoy, seconded by Ms. Adams, this recommendation was approved.

Ms. Hemlock suggested that the Committee investigate the cost effectiveness of adding amoxicillin (Amoxil®) to the combination of amoxicillin/clavulenic acid (Augmentin®) for the higher doses. The Committee will review this at the next meeting.

Dr Morgan informed the Committee of her plan to step down as Chairperson of the Executive Formulary Committee prior to the next meeting.

Next Meeting Date

The next meeting was scheduled for April 29, 2005.

Adjourn

There being no further business, the meeting was adjourned at 1:59 p.m.



Approved: _____
Victoria B. Morgan, M.D., Chairman

Attachments

- Attachment A: New Drug Monographs
- Attachment B: Analgesic Agents Class Review & Cost Review and Alphabetical Listing
- Attachment C: Antiemetic/Antivertigo Agents Class Review & Cost Review and Alphabetical Listing
- Attachment D: Sedative/Hypnotic Agents Class Review & Cost Review and Alphabetical Listing
- Attachment E: Anticonvulsant Agents Class Review & Cost Review and Alphabetical Listing

Minutes Prepared by:
Ann L. Richards, Pharm.D.
Rosha Chadwick

Attachment A:

**CLOZAPINE ORALLY DISINTEGRATING TABLETS
(FAZACLO™ (Alamo Pharmaceuticals, LLC))**

CLASSIFICATION: Atypical Antipsychotic

INDICATIONS: Same as Fazaclo tablets.

PHARMACOLOGY: Same as Clozaril (clozapine) tablets.

PHARMACOKINETICS: Pharmacokinetic studies have shown Fazaclo™ to be bioequivalent to Clozaril™ (clozapine) tablets. Absorption, distribution, metabolism and excretion of the Fazaclo™ is equivalent to Clozaril™ tablets.

DISINTEGRATION: During the development of this tablet the *in vivo* disintegration time was tested with administration of four tablets at once and found to be the same as the *in vivo* disintegration of one tablet in the same subjects. Fazaclo™ tablets disintegrate in the mouth within 15-30 seconds.

DOSING: Same as Clozaril™ tablets.

WARNINGS AND PRECAUTIONS: Same as Clozaril™ tablets.

ADVERSE REACTIONS: Same as Clozaril™ tablets.

INTERACTIONS: Same as Clozaril™ tablets.

COSTS (per SASH purchasing):

| | <u>25mg(\$/Tablet)</u> | <u>100mg(\$/Tablet)</u> |
|--------------------------|-------------------------------|--------------------------------|
| Fazaclo™ | 1.06 | 2.91 |
| Clozaril™ | 1.33 | 3.44 |
| Clozapine Generic (Ivax) | 0.45 | 1.04 |

PRODUCT AVAILABILITY: Fazaclo™ is available in 25mg, and 100mg orally disintegrating tablets.

PATIENT REGISTRATION: Patients are registered with the Fazaclo (clozapine, USP) Patient Registry. Like IVAX, this registry is separate from the Clozaril™ registry. Available by telephone (1-877-Fazaclo (329-2256)), Fax (1-877-329-2257) or internet (www.fazaclo.com)

CONCLUSION: Fazaclo™ provides an alternative to oral clozapine for patients who either cannot or will not reliably take oral tablets of clozapine. Fazaclo is bioequivalent to Clozaril™ brand clozapine. It is priced slightly more than generic oral clozapine tablets and slightly less than Clozaril™.

RECOMMENDATION: Add to formulary

REFERENCES:

1. *Fazaclo* [package literature]. Alamo Pharmaceuticals, LLC; July 2004.
2. San Antonio State Hospital drug acquisition cost data.

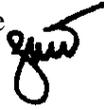
Prepared by:

Daniel J. Still, Pharm.D.
Clinical Pharmacologist
San Antonio State Hospital
February 2005

Attachment B:

Memorandum

To: Executive Formulary Committee

From: Sharon M. Tramonte, Pharm.D. 

Through: Ann L. Richards, Pharm.D.

Subject: Class Review - Analgesics

Date: 28 January 2005

The following is a synopsis of recommended changes to the DADS/DSHS Formulary.

Recommended for addition:

- ♦ Dosage forms/strengths of agents already on the formulary
 - Acetaminophen/Hydrocodone tablet: 750 mg/75 mg
 - Morphine suppository: 20 mg, 30 mg
 - Oxycodone (OxyContin) tablet: 5 mg

Recommended for deletion:

- ♦ Dosage forms/strengths no longer available or no longer utilized (see underlined)

Other Recommendations:

- ♦ Change Acetaminophen/Codeine suspension to “oral liquid” to allow either the suspension or elixir.

ANALGESICS

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

| | |
|---|-------------------------|
| Aspirin | \$ - \$ |
| Ibuprofen (Motrin) | \$ - \$\$ |
| Ketorolac (Toradol) | \$\$\$\$ - \$\$\$\$\$\$ |
| Nabumetone (Relafen) - RESERVE USE | \$\$ |
| Naproxen (Naprosyn) | \$\$ |
| Sulindac (Clinoril) | \$ - \$\$ |

OPIATE AGONISTS

| | |
|----------------------------|-------------------|
| Fentanyl (Duragesic) | \$\$\$-\$\$\$\$\$ |
| Methadone (Dolophine) C-II | \$ - \$\$\$\$ |
| Morphine C-II | \$ - \$\$\$ |
| Oxycodone (OxyContin) | \$\$ - \$\$\$\$\$ |

MISCELLANEOUS ANALGESICS & ANTIPYRETICS

| | |
|---|---------------|
| Acetaminophen (Tylenol) | \$ - \$\$ |
| Acetaminophen/Codeine C-III | \$ - \$ |
| Acetaminophen/Hydrocodone (Lortab, Vicodin) | \$\$ - \$\$ |
| Tramadol (Ultram) | \$ - \$\$\$\$ |

Acetaminophen (Tylenol)

Liquid: 160 mg/5 mL, 500 mg/15 mL

Suppository, rectal: 120 mg, 125 mg, 325 mg, 650 mg

Tablet: 325 mg, 500 mg, 650 mg

Tablet, chewable: 80 mg

Acetaminophen/Codeine C-III

Suspension, oral: Acetaminophen 120 mg/Codeine 12 mg per 5 mL (C-V)

Tablet:

#2: Acetaminophen 300 mg/Codeine 15 mg

#3: Acetaminophen 300 mg/Codeine 30 mg

Acetaminophen/Hydrocodone (Lortab, Vicodin)

Elixir: Acetaminophen 167 mg/Hydrocodone 2.5 mg per 5 mL with 7% alcohol

Tablet: Acetaminophen 325 mg/Hydrocodone 5 mg, Acetaminophen 325 mg/Hydrocodone 10 mg, Acetaminophen 500 mg/Hydrocodone 2.5 mg, Acetaminophen 500

mg/Hydrocodone 5 mg, Acetaminophen 500 mg/Hydrocodone 7.5 mg, Acetaminophen 500 mg/Hydrocodone 10 mg

Aspirin

Suppository, rectal: 300 mg, 600 mg

Tablet: 81 mg, 325 mg, 500 mg

Tablet, buffered: 325 mg with buffering agents

Tablet, chewable: 81 mg

Tablet, enteric coated: 81 mg, 325 mg, 500 mg, 650 mg, 975 mg

Fentanyl (Duragesic) C-II

Patch, transdermal: 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr

Ibuprofen (Motrin)

Suspension, oral: 40 mg/mL, 100 mg/5 mL

Tablet: 200 mg, 400 mg, 600 mg, 800 mg

Tablet, chewable: 50 mg, 100 mg

Ketorolac (Toradol)

Injection: 15 mg/mL, 30 mg/mL

Methadone (Dolophine) C-II

Solution, oral: 1 mg/mL

Tablet: 5 mg, 10 mg, 40 mg

Morphine C-II

Injection: 1 mg/mL, 2 mg/mL, 4 mg/mL, 10 mg/mL

Solution, oral: 20 mg/mL

Tablet, controlled release: 15 mg, 30 mg, 60 mg

Tablet, sublingual: 10 mg

Nabumetone (Relafen) - RESERVE USE

Tablet: 500 mg, 750 mg

Naproxen (Naprosyn)

Tablet: 220 mg, 250 mg, 275 mg, 375 mg, 500 mg, 550 mg

Tablet, controlled release: 500 mg

Oxycodone (OxyContin) C-II

Tablet, controlled release: 10 mg, 20 mg, 40 mg, 80 mg, 160 mg

Sulindac (Clinoril)

Tablet: 150 mg, 200 mg

Tramadol (Ultram)

Tablet: 50 mg

Attachment C:

Memorandum

To: Executive Formulary Committee 
From: Sharon M. Tramonte, Pharm.D.
Through: Ann L. Richards, Pharm.D.
Subject: Class Review – Antiemetic/Antivertigo Agents
Date: 28 January 2005

The following is a synopsis of recommended changes to the DADS/DSHS Formulary.

Recommended for addition:

- ♦ Dosage forms/strengths of agents already on formulary:
 - Hydroxyzine capsule: 25 mg, 50 mg, 100 mg
 - Trimethobenzamide (Tigan) capsule: 250 mg, 300 mg

Recommended for deletion:

- ♦ Dosage forms/strengths no longer available or no longer utilized. (see underlined)

Other Recommendations:

- ♦ Add Perphenazine to this section
- ♦ Change Diphenhydramine (Benadryl) syrup to “oral liquid” to encompass elixir.
- ♦ Change Metoclopramide (Reglan) syrup to “oral liquid” to encompass oral solution and syrup.

ANTIEMETIC/ANTIVERTIGO AGENTS

| | |
|--------------------------------|-------------|
| diphenhydrAMINE (Benadryl) | \$ |
| hydrOXYzine (Atarax, Vistaril) | \$ - \$\$ |
| Meclizine (Antivert, Bonine) | \$ |
| Metoclopramide (Reglan) | \$ - \$\$\$ |
| Prochlorperazine (Compazine) | \$ - \$\$\$ |

Promethazine (Phenergan)
Trimethobenzamide (Tigan)

\$ - \$\$\$\$\$
\$\$

diphenhydrAMINE (Benadryl)

Capsule: 25 mg, 50 mg
Cream, topical: 2%
Injection: 50 mg/mL
Lotion: 1%
Syrup: 12.5 mg/5 mL
Tablet: 25 mg, 50 mg

hydrOXYzine (Atarax, Vistaril)

Injection, as hydrochloride: 25 mg/mL, 50 mg/mL
Suspension: 25 mg/5 mL
Syrup, as hydrochloride: 10 mg/5 mL
Tablet: 10 mg, 25 mg, 50 mg, 100 mg

Meclizine (Antivert, Bonine)

Tablet: 12.5 mg, 25 mg, 50 mg
Tablet, chewable: 25 mg

Metoclopramide (Reglan)

Injection: 5 mg/mL
Syrup, sugar free: 5 mg/5 mL
Tablet: 5 mg, 10 mg

Perphenazine (Trilafon)

Tablet: 2 mg, 4 mg, 8 mg, 16 mg

Prochlorperazine (Compazine)

Injection: 5 mg/mL
Suppository, rectal: 2.5 mg, 5 mg, 25 mg
Syrup: 5 mg/5 mL
Tablet: 5 mg, 10 mg, 25 mg

Promethazine (Phenergan)

Injection: 25 mg/mL, 50 mg/mL
Suppository, rectal: 12.5 mg, 25 mg, 50 mg
Syrup: 6.25 mg/5 mL, 25 mg/5 mL

Tablet: 12.5 mg, 25 mg, 50 mg

Trimethobenzamide (Tigan)

Injection: 100 mg/mL

Suppository, rectal: 100 mg, 200 mg

Attachment D:

Memorandum

To: Executive Formulary Committee 
From: Sharon M. Tramonte, Pharm.D.
Through: Ann L. Richards, Pharm.D.
Subject: Class Review – Sedative and Hypnotics
Date: 28 January 2005

The following is a synopsis of recommended changes to the DADS/DHSH Formulary.

Recommended for addition:

- ♦ Dosage forms/strengths of agents already on the formulary
 - Alprazolam (Xanax XR) tablets, sustained released: 0.5 mg, 1 mg, 2 mg

Recommended for addition:

- ♦ Dosage forms/strengths no longer available or no longer utilized (see underlined)

Other Recommendations:

- ♦ Remove Midazolam (Versed) from Miscellaneous Sedative and Hypnotics section (it is a Benzodiazepine and is listed in that section).

SEDATIVES AND HYPNOTICS

BARBITURATES

Amobarbital (Amytal)C-II - **RESERVE USE** \$\$\$\$

BENZODIAZEPINES

| | |
|-----------------------|-----------------------|
| Alprazolam (Xanax) | \$ - \$ |
| Clonazepam (Klonopin) | \$\$ - \$\$\$\$ |
| Diazepam (Valium) | \$ |
| Lorazepam (Ativan) | \$ - \$\$\$ |
| Midazolam (Versed) | \$\$\$ - \$\$\$\$\$\$ |
| Oxazepam (Serax) | \$ |
| Temazepam (Restoril) | \$ |
| Triazolam (Halcion) | \$ - \$ |

MISCELLANEOUS SEDATIVE AND HYPNOTICS

| | |
|-------------------------------|-----------------------|
| Chloral Hydrate (Noctec) C-IV | \$ - \$\$ |
| diphenhydrAMINE (Benadryl) | \$ |
| Midazolam (Versed) | \$\$\$ - \$\$\$\$\$\$ |
| Trazodone (Desyrel) | \$ - \$ |
| Zaleplon (Sonata) | \$\$ |
| Zolpidem (Ambien) C-IV | \$\$ |

Alprazolam (Xanax) C-IV

Tablet: 0.25 mg, 0.5 mg, 1 mg, 2 mg

Amobarbital (Amytal) C-II - RESERVE USE

Capsule: 65 mg, 200 mg 100 mg

Injection: 250 mg, 500 mg

Tablet: 30 mg, 50 mg, 100 mg, 500 mg

Chloral Hydrate (Noctec) C-IV

Capsule: 500 mg

Suppository, rectal: 324 mg, 500 mg

Syrup: 250 mg/5 mL, 500 mg/5 mL

Clonazepam (Klonopin) C-IV

Tablet: 0.5 mg, 1 mg, 2 mg

Diazepam (Valium, Diastat) C-IV

Gel, rectal: 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg

Injection: 5 mg/mL

Solution, oral: 1 mg/mL, 5 mg/mL

Tablet: 2 mg, 5 mg, 10 mg

diphenhydrAMINE (Benadryl)

Capsule: 25 mg, 50 mg

Cream, topical: 2%

Injection: 50 mg/mL

Lotion: 1%

Syrup: 12.5 mg/5 mL

Tablet: 25 mg, 50 mg

Lorazepam (Ativan) C-IV

Injection: 2 mg/mL, 4 mg/mL

Solution, oral: 2 mg/mL

Tablet: 0.5 mg, 1 mg, 2 mg

Midazolam (Versed) C-IV

Injection: 1 mg/mL, 5 mg/mL

Oxazepam (Serax) C-IV

Capsule: 10 mg, 15 mg, 30 mg

Tablet: 15 mg

Temazepam (Restoril) C-IV

Capsule: 7.5 mg, 15 mg, 30 mg

Trazodone (Desyrel)

Tablet: 50 mg, 100 mg, 150 mg, 300 mg

Triazolam (Halcion) C-IV

Tablet: 0.125 mg, 0.25 mg

Zaleplon (Sonata)

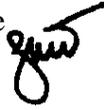
Capsule: 5 mg, 10 mg

Zolpidem (Ambien) C-IV

Tablet: 5 mg, 10 mg

Attachment E:

Memorandum

To: Executive Formulary Committee 
From: Sharon M. Tramonte, Pharm.D.
Through: Ann L. Richards, Pharm.D.
Subject: Class Review - Anticonvulsants
Date: 28 January 2005

The following is a synopsis of recommended changes to the DADS/DSHS Formulary.

Recommended for addition:

- ♦ Dosage forms/strengths of agents already on the formulary
 - Carbamazepine capsule, extended release (Carbatrol): 100 mg
 - Gabapentin (Neurontin) tablet: 400 mg
 - Gabapentin (Neurontin) oral solution: 250 mg/5 mL
 - Levetiracetam (Keppra) oral solution: 100 mg/mL
 - Oxcarbazepine (Trileptal) oral suspension: 300 mg/5 mL
 - Phenytoin (Dilantin) capsule: 200 mg, 300 mg
 - Topiramate (Topamax) sprinkle cap: 15 mg, 25 mg
 - Topiramate (Topamax) tablet: 50 mg
 - Zonisamide (Zonegran) capsule: 25 mg, 50 mg

Recommended for deletion:

- ♦ Dosage forms/strengths no longer available or no longer used (see underlined)

ANTICONVULSANTS

BARBITURATES

| | |
|------------------------------|-------------|
| Mephobarbital (Mebaral) C-IV | \$ - \$\$ |
| Phenobarbital (Luminal) C-IV | \$ - \$\$ |
| Primidone (Mysoline) | \$\$ - \$\$ |

BENZODIAZEPINES

| | |
|--|-------------------|
| Clonazepam (Klonopin) C-IV | \$\$ - \$\$ |
| Clorazepate (Tranxene, Tranxene SD) C-IV | \$ - \$\$ |
| Diazepam (Valium, Diastat) C-IV | \$ - \$\$\$\$\$\$ |
| Lorazepam (Ativan) C-IV | \$ - \$\$\$ |

HYDANTOINS

| | |
|------------------------|--------------|
| Fosphenytoin (Cerebyx) | \$\$\$\$\$\$ |
| Phenytoin (Dilantin) | \$\$ - \$\$ |

SUCCINIMIDES

| | |
|-------------------------|-------------|
| Ethosuximide (Zarontin) | \$ - \$\$\$ |
|-------------------------|-------------|

MISCELLANEOUS ANTICONVULSANTS

| | |
|---|-------------------|
| Carbamazepine (Tegretol) | \$\$ - \$\$\$\$ |
| Divalproex (Depakote) | \$\$ - \$\$\$\$ |
| Felbamate (Felbatol) - RESERVE USE | \$\$ - \$\$\$\$ |
| Gabapentin (Neurontin) | \$\$ - \$\$\$ |
| Lamotrigine (Lamictal) | \$\$ - \$\$\$ |
| Levetiracetam (Keppra) | \$\$\$-\$\$\$\$ |
| Oxcarbazepine (Trileptal) | \$\$-\$\$\$\$ |
| Tiagabine (Gabatril) | \$\$\$ - \$\$\$\$ |
| Topiramate (Topamax) | \$\$\$ - \$\$\$\$ |
| Valproate (Depakene) | \$ - \$\$\$\$ |
| Zonisamide (Zonegran) | \$\$ - \$\$\$\$ |

Carbamazepine (Tegretol, Tegretol XR, Carbatrol)

Capsule, extended release: 200 mg, 300 mg

Suspension, oral: 100 mg/5 mL

Tablet: 200 mg

Tablet, chewable: 100 mg

Tablet, extended release: 100 mg, 200 mg, 400 mg

Clonazepam (Klonopin) C-IV

Tablet: 0.5 mg, 1 mg, 2 mg

Clorazepate (Tranxene, Tranxene SD) C-IV

Capsule: 3.75 mg, 7.5 mg, 15 mg

Tablet: 3.75 mg, 7.5 mg, 15 mg

Tablet, sustained release: 11.25 mg, 22.5 mg

Diazepam (Valium, Diastat) C-IV

Gel, rectal: 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg

Injection: 5 mg/mL

Solution, oral: 1 mg/mL, 5 mg/mL

Tablet: 2 mg, 5 mg, 10 mg

Divalproex (Depakote, Depakote ER, Divalproex ER)

Capsule, sprinkles: 125 mg

Tablet, delayed release: 125 mg, 250 mg, 500 mg

Tablet, extended release: 250 mg, 500 mg - **RESERVE USE**

Ethosuximide (Zarontin)

Capsule: 250 mg

Syrup: 250 mg/5 mL

Felbamate (Felbatol) - RESERVE USE

Suspension, oral: 600 mg/5 mL

Tablet: 400 mg, 600 mg

Fosphenytoin (Cerebyx)

Injection: 100 Phenytoin Equivalents [PE]/2 mL, 500 PE/10 mL

Gabapentin (Neurontin)

Capsule: 100 mg, 300 mg, 400 mg

Tablet: 600 mg, 800 mg

Lamotrigine (Lamictal)

Tablet: 25 mg, 100 mg, 150 mg, 200 mg

Levetiracetam (Keppra)

Tablets: 250 mg, 500 mg, 750 mg

Lorazepam (Ativan) C-IV

Injection: 2 mg/mL, 4 mg/mL

Solution, oral: 2 mg/mL

Tablet: 0.5 mg, 1 mg, 2 mg

Mephobarbital (Mebaral) C-IV

Tablet: 32 mg, 50 mg, 100 mg

Oxcarbazepine (Trileptal)

Tablet: 150 mg, 300 mg, 600 mg

Phenobarbital (Luminal) C-IV

Capsule: 16 mg

Elixir: 20 mg/5 mL

Injection: ~~30 mg/mL, 60 mg/mL~~, 65 mg/mL, 130 mg/mL

Tablet: 8 mg, 15 mg, 16 mg, 30 mg, 32 mg, 60 mg, 65 mg, 100 mg

Phenytoin (Dilantin)

Capsule, extended release: 30 mg, 100 mg

Capsule, immediate release: 100 mg

Injection: 50 mg/mL

Suspension, oral: 125 mg/5 mL

Tablet, chewable: 50 mg

Primidone (Mysoline)

Suspension, oral: 250 mg/5 mL

Tablet: 50 mg, 250 mg

Tiagabine (Gabatril)

Tablet: 2 mg, 4 mg, 12 mg, 16 mg, 20 mg

Topiramate (Topamax)

Tablet: 25 mg, 100 mg, 200 mg

Valproic Acid/Valproate (Depakene)

Capsule: 250 mg

Syrup: 250 mg/5 mL

Zonisamide (Zonegran)

Capsule: 100 mg