MINUTES OF THE April 12, 2011
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE MEETING

MEMBERS ATTENDING: Deborah Minor, Pharm.D. (Chair); Hosan Azomani, M.D.; Joyce Brewer, Ph.D.; Billy Brown, Pharm.D.; Sharon Dickey, Pharm.D.; Ryan Harper, Pharm.D.; Lonnie Hicks, R.Ph.; John Mitchell M.D.; Carol Tingle, M.D.; Geri Lee Weiland M.D.; Wilma Wilbanks, R.Ph.

Also present: Judith Clark, R.Ph., Pharmacy Director, DOM; Terri Kirby, R.Ph., DOM; Shannon Hardwick, R.Ph. DOM; Rick Pope, Pharm.D., Clinical Account Manager, Provider Synergies.

MEMBERS ABSENT: Lee Voulters M.D.

CALL TO ORDER: Dr. Minor called the meeting to order.

INTRODUCTIONS: Ms. Clark welcomed attendees to the meeting. She introduced new DOM Pharmacist Shannon Hardwick, Stacy Turner of the DOM staff as well as the new Provider Synergies Clinical Account Manager for Mississippi, Dr. Rick Pope. She requested that everyone at the table introduce themselves. She thanked her staff and the Committee members for their work and introduced the other members of the DOM pharmacy staff along with Dr. Leslie Leon of ACS. Ms. Clark announced that DOM has contracted the University of Mississippi School Of Pharmacy as the new DUR vendor. She stated that Dr. Kyle Null is heading up this program for the University and introduced Dr. Null.

ADMINISTRATIVE MATTERS: Ms. Clark outlined procedural and safety guidelines for the meeting. She noted that the P&T Committee is an advisory committee and that the DOM has the final say regarding the PDL. She stated that the minutes from this and each P&T Committee meeting would be posted to the DOM website within 30 days of the meeting. The final approved PDL decisions for classes reviewed at this and each meeting will be posted to the website no later than 60 days before implementation; implementation of the classes reviewed at this meeting will be on July 1, 2011.

Ms. Clark again reviewed the recent FDA announcement that many cough and cold medications are to be removed from the market. She stated that DOM has been holding any PDL changes to the cough and cold drugs in anticipation of this FDA action. DOM will be working with Provider Synergies over the next several weeks to determine the implications of this announcement on the PDL.

Ms. Clark announced that DOM's PA program has been brought in house and that the SmartPA program has been enhanced. She noted that DOM has determined that 25-30% of PAs are for brands with generics. She encouraged providers to use the web portal for PA submissions, stating that training sessions will be held in the near future. Ms. Clark stated that it is not likely that the legislature will be addressing the current limit on brand medications during this session. She said that DOM is reviewing the 90 day maintenance list. Ms. Clark again introduced Dr. Leon who gave a brief overview of improvements to the PA system as well as a look at future enhancements.

Ms. Clark also introduced Dr. Null of the University of Mississippi again and Dr. Null

gave an overview of where DUR activity was projected to fit into the Departments activities along with coordinating information and insight between the P&T Committee, the State's other vendors and, of course, the DUR Board.

Ms. Clark said that, due to the current DOM workload, she is not accepting appointments with pharmaceutical manufacturers at this time. She stated that she may begin doing so when the department's workload decreases.

Finally, Ms. Clark once again thanked the Committee members for their service and diligence. She reminded the audience that members are appointed for three year terms and that four members were in the final year of their current term. She expressed additional gratitude to these members and indicated it had been the State's privilege to have their service on the Committee.

APPROVAL OF MARCH 8, 2011 MEETING MINUTES: Dr. Minor asked for changes or a motion to approve the minutes from the March 8, 2011 P&T Committee meeting. One change was noted on page 5, that Susan Woods was representing Boehringer-Ingelheim and not Eli Lilly as indicated. The correction was accepted as well as the remainder of the minutes.

THERAPEUTIC CLASS REVIEWS: Ms. Clark first announced that the review of the Prenatal vitamins therapeutic class would be rescheduled for the fall 2011 P&T Meetings. Ms. Clark reminded the Committee that in 2007 the OTC prenatal vitamins were closed from adjudication and asked the Committee for authority to review the class and return with approximately ten selections that were clinically and financially sound which would serve Medicaid clients. Ms. Clark then turned the meeting over to Dr. Pope.

Dr. Pope thanked Ms. Clark for her cooperation and the Committee for the opportunity to review the selected therapeutic classes.

ANDROGENIC AGENTS

Dr. Pope noted that there was one new product in this class, Fortesta, but no significant new clinical information for the class. Dr. Pope then presented the PDL recommendations for the class:

Brand Name	Current PDL Status	PDL Recommendation
ANDRODERM (TRANSDERM.)	PDL	**PDL**
ANDROGEL (TRANSDERM.)	PDL	**PDL**
FORTESTA (TRANSDERM)	NPD	**NPD**
TESTIM (TRANSDERM.)	NPD	**NPD**

John Ohman of Abbott Labs was to speak on behalf of Androgel but stated he would yield his time back to the Committee.

There was no discussion among the Committee members and Ms. Wilbanks made a motion to accept Provider Synergies' recommendations as presented. The motion was seconded by Dr. Harper. The motion passed unanimously.

ANTIBIOTICS, G.I.
Dr. Pope noted that there is no significant new clinical information for this class and that the guidelines for treatment had not changed with recent revisions.

He then presented the PDL recommendations for the class:

Brand Name	Current PDL Status	PDL Recommendation
ALINIA (ORAL)	PDL	**PDL**
FLAGYL ER (ORAL)	NPD	**NPD**
METRONIDAZOLE (ORAL)	PDL	**PDL**
NEOMYCIN (ORAL)	PDL	**PDL**
TINDAMAX (ORAL)	PDL	**PDL**
VANCOCIN HCL (ORAL)	NPD	**NPD**
XIFAXAN (ORAL)	NPD	**NPD**

Dr. Eric Kim of Salix Pharmaceuticals was listed to speak on behalf of Xifaxan but stated he would yield his time back to the Committee and be available for any questions.

There was no discussion among Committee members. Dr. Brewer made a motion to accept Provider Synergies' recommendations as presented. The motion was seconded by Ms. Wilbanks. The motion passed unanimously.

ANTIEMETIC-ANTIVERTIGO AGENTS
Dr. Pope noted that this class had been expanded to include Antivertigo agents. It was also noted that there was one new product, Zuplenz – for emotogenic chemotherapy treatment, in this class, otherwise there was no new clinical information for this class.

Dr. Pope presented the following PDL recommendations for consideration:

Brand Name	Current PDL Status	PDL Recommendation
ANZEMET (ORAL)	NPD	**NPD**
CESAMET (ORAL)	NPD	**NPD**
DRONABINOL (ORAL)	NPD	**NPD**
EMEND (ORAL)	NPD	**NPD**
GRANISETRON (ORAL)	NPD	**NPD**
ONDANSETRON ODT (ORAL)	NPD	**NPD**
ONDANSETRON SOLUTION (ORAL)	PDL	**PDL**
ONDANSETRON TABLETS (ORAL)	PDL	**PDL**
SANCUSO (TRANSDERMAL)	NPD	**NPD**
ZUPLENZ (ORAL)	NPD	**NPD**

No public testimony on this class was provided for this class and there was no discussion among the Committee members..

Dr. Brown made a motion to accept the recommendations as presented. Dr. Weiland seconded the motion, which passed unanimously.

ANTIHISTAMINES, MINIMALLY SEDATING

Dr. Pope presented two PDL scenario recommendations for the class. Ms Clark noted that in each scenario, there was a legend cetirizine liquid available for children and those who warranted the need for syrup.

Brand Name	Current PDL Status	PDL Recommendation	PDL Recommendation 2nd Scenario
ALLEGRA ODT (ORAL)	NPD	**NPD**	**NPD**
ALLEGRA SUSPENSION (ORAL)	NPD	**NPD**	**NPD**
ALLEGRA-D 24-HOUR (ORAL)	NPD	**NPD**	**NPD**
CETIRIZINE CHEWABLE OTC (ORAL)	PDL	**NPD**	**NPD**
CETIRIZINE SYRUP (ORAL)	PDL	**NPD**	**NPD**
CETIRIZINE SYRUP OTC (ORAL)	PDL	**PDL**	**PDL**
CETIRIZINE TABLETS OTC (ORAL)	PDL	**PDL**	**PDL**
CETIRIZINE-D OTC (ORAL)	PDL	**PDL**	**NPD**
CLARINEX (ORAL)	NPD	**NPD**	**NPD**
CLARINEX SYRUP (ORAL)	NPD	**NPD**	**NPD**
CLARINEX-D (ORAL)	NPD	**NPD**	**NPD**
CLARITIN CHEW OTC (ORAL)	NPD	**NPD**	**NPD**
CLARITIN LIQUI-GEL OTC (ORAL)	NPD	**NPD**	**NPD**
FEXOFENADINE (ORAL)	NPD	**NPD**	**NPD**
FEXOFENADINE-D 12-HOUR (ORAL)	NPD	**NPD**	**NPD**
FEXOFENADINE-D 24-HOUR (ORAL)	NPD	**NPD**	**NPD**
LEVOCETIRIZINE (ORAL)	NPD	**NPD**	**NPD**
LORATADINE ODT OTC (ORAL)	PDL	**PDL**	**PDL**
LORATADINE SYRUP OTC (ORAL)	PDL	**PDL**	**PDL**
LORATADINE TABLETS OTC (ORAL)	PDL	**PDL**	**PDL**
LORATADINE-D OTC (ORAL)	PDL	**PDL**	**NPD**
SEMPREX-D (ORAL)	PDL	**PDL**	**NPD**
XYZAL (ORAL)	NPD	**NPD**	**NPD**
XYZAL SYRUP (ORAL)	NPD	**NPD**	**NPD**

There was no public testimony for this class.

The Committee discussed the need for a decongestant product for those with severe allergies and that scenario two would not provide such coverage. Ms. Wilbanks made a

motion to accept Provider Synergies' recommendations on scenario one. The motion was seconded by Dr. Weiland. The motion passed unanimously.

BILE SALTS

Dr. Pope noted that there is no significant new clinical information for this class..

Dr. Pope then presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ACTIGALL (ORAL)	PDL	**NPD**
CHENODAL (ORAL)	NPD	**NPD**
URSO (ORAL)	PDL	**NPD**
URSO FORTE (ORAL)	PDL	**NPD**
URSODIOL (ORAL)	PDL	**PDL**

No public testimony on this class was provided nor was there Committee discussion.

Ms. Wilbanks made a motion to approve the recommendations as presented by Provider Synergies. The motion was seconded by Dr. Weiland and passed unanimously.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

Brand Name	Current PDL Status	PDL Recommendation
ACTONEL (ORAL)	PDL	**PDL**
ACTONEL W/CALCIUM (ORAL)	PDL	**PDL**
ALENDRONATE TABLETS (ORAL)	PDL	**PDL**
ATELVIA (ORAL)	NPD	**NPD**
BONIVA (ORAL)	NPD	**NPD**
CALCITONIN SALMON (NASAL)	PDL	**PDL**
DIDRONEL (ORAL)	NPD	**NPD**
ETIDRONATE DISODIUM (ORAL)	NPD	**NPD**
EVISTA (ORAL)	NPD	**NPD**
FORTEO (SUBCUTANE.)	NPD	**NPD**
FORTICAL (NASAL)	PDL	**PDL**
FOSAMAX PLUS D (ORAL)	PDL	**PDL**
FOSAMAX SOLUTION (ORAL)	PDL	**PDL**
MIACALCIN (NASAL)	PDL	**PDL**
PROLIA (SUBCUTANE.)	NPD	**NPD**

Dr. Pope noted there were two new agents in this class, Atelvia and Prolia, however, there was also no significant new clinical information to be discussed for this class.

Dr. Pope presented the PDL recommendations for this class:

There was no public testimony for this class nor was there Committee discussion.

Ms. Wilbanks made the motion to accept the recommendations, which was seconded by Dr. Tingle. The motion passed unanimously.

BRONCHDILATORS, BETA-AGONIST

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ALBUTEROL (ORAL)	PDL	**PDL**
ALBUTEROL NEBULIZER (INHALATION)	PDL	**PDL**
ALBUTEROL NEBULIZER LOW-DOSE (INHALATION)	PDL	**PDL**
BROVANA (INHALATION)	NPD	**NPD**
FORADIL (INHALATION)	PDL	**PDL**
LEVALBUTEROL (INHALATION)	NPD	**NPD**
MAXAIR (INHALATION)	NPD	**NPD**
METAPROTERENOL (ORAL)	PDL	**PDL**
PERFOROMIST (INHALATION)	NPD	**NPD**
PROAIR HFA (INHALATION)	NPD	**NPD**
PROVENTIL HFA (INHALATION)	NPD	**PDL**
SEREVENT (INHALATION)	NPD	**NPD**
TERBUTALINE (ORAL)	PDL	**PDL**
VENTOLIN HFA (INHALATION)	PDL	**PDL**
XOPENEX (INHALATION)	NPD	**NPD**
XOPENEX HFA (INHALATION)	NPD	**NPD**

Mr. Anthony Spallito of Teva Pharmaceuticals spoke on behalf of ProAir and advocated for access and availability. There was no significant discussion among the Committee members.

Dr. Azomani made a motion to accept the PDL recommendations as presented. The motion was seconded by Mr. Hicks and passed unanimously.

BRONCHODILATORS, COPD

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations:

Brand Name	Current PDL Status	PDL Recommendation
ATROVENT HFA (INHALATION)	PDL	**PDL**
COMBIVENT (INHALATION)	PDL	**PDL**
IPRATROPIUM / ALBUTEROL (INHALATION)	NPD	**NPD**
IPRATROPIUM NEBULIZER (INHALATION)	PDL	**PDL**
SPIRIVA (INHALATION)	PDL	**PDL**

There was no public testimony for this therapeutic class.

Dr. Weiland noted that she was not in favor of the new class name and preferred Anticholinergics to COPD agents.

Dr. Azomani made a motion to accept the recommendations as presented. The motion was seconded by Dr. Weiland. The motion passed without dissent.

GLUCOCORTICOIDS, INHALED

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ADVAIR / ADVAIR HFA (INHALATION)	PDL	**PDL**
AEROBID / AEROBID-M (INHALATION)	PDL	**PDL**
ALVESCO (INHALATION)	NPD	**NPD**
ASMANEX (INHALATION)	PDL	**PDL**
BUDESONIDE RESPULES (INHALATION)	PDL	**PDL**
DULERA (INHALATION)	PDL	**PDL**
FLOVENT / FLOVENT HFA (INHALATION)	PDL	**PDL**
PULMICORT FLEXHALER (INHALATION)	PDL	**PDL**
PULMICORT RESPULES (INHALATION)	PDL	**PDL**
QVAR (INHALATION)	PDL	**PDL**
SYMBICORT (INHALATION)	PDL	**PDL**

Sara Caffery of AstraZeneca; Todd Adams of GlaxoSmithKline; and Dr. Jack Putnam of Merck & Co. were listed to speak on behalf of Symbicort, Advair and Dulera, respectively, but decided to yield his time back to the Committee.

There was no significant discussion among Committee members.

Dr. Azomani made a motion to accept the recommendations as presented. The motion was seconded by Ms. Wilbanks and passed unanimously.

Growth Hormones

Dr. Pope stated that there was no significant new clinical information for this class. Dr. Pope also reminded the Committee that for the primary indication for this group of medications, essential growth hormone deficiency and short stature, the only difference among the products was in the delivery systems. .

Dr. Pope presented the PDL class recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
GENOTROPIN PENS (INJECTION)	NPD	**PDL**
HUMATROPE PENS (INJECTION)	NPD	**NPD**
HUMATROPE VIALS (INJECTION)	NPD	**NPD**
NORDITROPIN PENS (INJECTION)	NPD	**NPD**
NUTROPIN AQ PENS (INJECTION)	PDL	**PDL**
NUTROPIN VIALS (INJECTION)	PDL	**PDL**
OMNITROPE PENS (INJECTION)	NPD	**NPD**
OMNITROPE VIALS (INJECTION)	NPD	**NPD**
SAIZEN PENS (INJECTION)	NPD	**NPD**
SAIZEN VIALS (INJECTION)	NPD	**NPD**
SEROSTIM VIALS (INJECTION)	NPD	**NPD**
TEV-TROPIN VIALS (INJECTION)	NPD	**NPD**
ZORBTIVE VIALS (INJECTION)	NPD	**NPD**

Dr. Moll, a pediatric endocrinologist of the University of Mississippi Medical Center spoke as an advocate on behalf of open access for the class. Dr. Moll particularly noted the fact that Norditropin was the only product indicated for use in Neonatal Hypopituitary Syndrome and Noonan's Syndrome. Dr. Moll stated that a PA would be required to access this medications, but also admitted that the extremely low numbers of patients that may be diagnosed with these disease states would be manageable if prior authorization was required. Cheryl Pryor, Ph.D. of Novo Nordisk also spoke on behalf of Norditropin.

The Committee discussed whether the current recommendations were appropriate and agreed that an edit allowing Norditropin for any patients with a confirmed diagnosis for Noonan's Syndrome and/or Neonatal Hypopituitary Syndrome would be preferable.

Dr. Weiland made a motion to accept the recommendations as listed with the new edits discussed. The motion was seconded by Dr. Harper. The motion passed with all members voting in favor.

The Committee recessed for lunch.

HYPOGLYCEMICS, INCRETIN MIMETIC/ENHANCERS

Dr. Pope stated that there was one new product in this class, Kombiglyze XR – a combination product of saxagliptin and metformin. Otherwise, stated Dr. Pope, there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
BYETTA PENS (SUBCUTANE.)	PDL	**PDL**
JANUMET (ORAL)	PDL	**PDL**
JANUVIA (ORAL)	PDL	**PDL**
KOMBIGLYZE XR (ORAL)	NPD	**PDL**
ONGLYZA (ORAL)	PDL	**PDL**
SYMLIN (SUBCUTANE.)	NPD	**NPD**
SYMLIN PENS (SUBCUTANE.)	NPD	**NPD**
VICTOZA (SUBCUTANE.)	NPD	**NPD**

Amy Blickensderfer of Amlyn of was scheduled to speak on behalf of Byetta but decided to yield her time back to the Committee. Adam Johnson of Bristol-Myers Squibb rose to speak on behalf of Onglyza/Kombiglyxe XR but also decided to yield his time back to the Committee. Dr. Jack Putnam of Merck & Co. were listed to speak on behalf of Januvia/Janumet but decided to yield his time back to the Committee as well. Steve O'Brien of Novo Nordisk appeared and spoke on Victoza.

Dr. Azomani made a motion to approve the PDL as recommended. The motion was seconded by Dr. Brewer and was passed unanimously.

HYPOGLYCEMICS, INSULIN AND RELATED AGENTS

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented two PDL scenario recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation	PDL Recommendation 2nd Scenario
APIDRA (SUBCUTANE.)	NPD	**NPD**	**NPD**
APIDRA PENS (SUBCUTANE.)	NPD	**NPD**	**NPD**
HUMALOG (SUBCUTANE.)	NPD	**NPD**	**NPD**
HUMALOG MIX (SUBCUTANE.)	NPD	**NPD**	**NPD**
HUMALOG MIX PENS (SUBCUTANE.)	NPD	**NPD**	**NPD**

HUMALOG PENS (SUBCUTANE.)	NPD	**NPD**	**NPD**
HUMULIN (SUBCUTANE.)	NPD	**NPD**	**NPD**
HUMULIN PENS (SUBCUTANE.)	NPD	**NPD**	**NPD**
LANTUS (SUBCUTANE.)	PDL	**PDL**	**PDL**
LANTUS PENS (SUBCUTANE.)	PDL	**PDL**	**PDL**
LEVEMIR (SUBCUTANE.)	PDL	**NPD**	**PDL**
LEVEMIR PENS (SUBCUTANE.)	PDL	**NPD**	**PDL**
NOVOLIN (SUBCUTANE.)	PDL	**PDL**	**PDL**
NOVOLIN PENS (SUBCUTANE.)	PDL	**PDL**	**PDL**
NOVOLOG (SUBCUTANE.)	PDL	**PDL**	**PDL**
NOVOLOG MIX 70/30 (SUBCUTANE.)	PDL	**PDL**	**PDL**
NOVOLOG MIX 70/30 PENS (SUBCUTANE.)	PDL	**PDL**	**PDL**
NOVOLOG PENS (SUBCUTANE.)	PDL	**PDL**	**PDL**

Dr. Moll, of the University of Mississippi Medical Center spoke on behalf of Levemir. Steve O'Brien of Novo Nordisk also appeared to speak on behalf of Levemir. Dr. Shawn Boykin of Eli Lilly rose to speak on behalf of Humalog and its inclusion on the PDL while Deborah Epps of Sanofi-Aventis stood to speak on behalf of Lantus and Apidra.

The Committee asked how long Humalog had been off as a preferred product and Ms. Clark stated it had been approximately five years. The Committee then continued discussion ahd agreed that considering the increase in diabetes, keeping Levemir preferred was in order.

Dr. Azomani made a motion to accept recommendation number two with the addition of Humalog. Dr. Brewer seconded the motion, which passed unanimously.

HYPOGLYCEMICS, MEGLITINIDES

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
NATEGLINIDE (ORAL)	PDL	**NPD**
PRANDIMET (ORAL)	NPD	**NPD**
PRANDIN (ORAL)	PDL	**PDL**
STARLIX (ORAL)	PDL	**NPD**

There were no presenters for this category and no Committee discussion within the Committee for this class.

Ms. Wilbanks made a motion to accept recommendation number two as presented. Dr. Weiland seconded the motion, which passed unanimously.

HYPOGLYCEMICS, TZDs

Dr. Pope stated that there was no significant new clinical information for this class and no new products.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ACTOPLUS MET (ORAL)	PDL	**PDL**
ACTOPLUS MET XR (ORAL)	PDL	**NPD**
ACTOS (ORAL)	PDL	**PDL**
AVANDAMET (ORAL)	NPD	**NPD**
AVANDARYL (ORAL)	NPD	**NPD**
AVANDIA (ORAL)	NPD	**NPD**
DUETACT (ORAL)	PDL	**PDL**

There were no public presentations for this class and no substantive Committee discussion.

Dr. Azomani made a motion to accept the recommendations presented by Dr. Pope. The motion was seconded by Dr. Brewer and accepted unanimously.

INTRANASAL RHINITIS AGENTS

Dr. Pope stated there were no new entries for this class and no significant new clinical information.

Dr. Pope presented two PDL scenario recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation	PDL Recommendation 2nd Scenario
ASTELIN (NASAL)	NPD	**NPD**	**NPD**
ASTEPRO (NASAL)	PDL	**NPD**	**NPD**
AZELASTINE (NASAL)	PDL	**NPD**	**NPD**
BECONASE AQ (NASAL)	NPD	**PDL**	**PDL**
FLUNISOLIDE (NASAL)	PDL	**NPD**	**PDL**
FLUTICASONE (NASAL)	NPD	**NPD**	**NPD**
IPRATROPIUM (NASAL)	PDL	**PDL**	**PDL**
NASACORT AQ (NASAL)	NPD	**PDL**	**PDL**
NASONEX (NASAL)	PDL	**PDL**	**PDL**
OMNARIS (NASAL)	NPD	**NPD**	**NPD**

PATANASE (NASAL)	PDL	**PDL**	**PDL**
RHINOCORT AQUA (NASAL)	NPD	**NPD**	**NPD**
VERAMYST (NASAL)	PDL	**PDL**	**PDL**

Dr. Jack Putnam of Merck & Co. was scheduled to speak on behalf of Nasonex but stated he would yield his time back to the Committee.

Dr. Weiland made a motion to approve the recommendations in scenario number two. The motion was seconded by Ms. Wilbanks. All members voted in favor of the recommendations.

LEUKOTRIENE MODIFIERS

Dr. Pope stated there were no new entries for this class and no significant new clinical information.

Dr. Pope presented the following PDL recommendations:

Brand Name	Current PDL Status	PDL Recommendation
ACCOLATE (ORAL)	PDL	**PDL**
SINGULAIR (ORAL)	PDL	**PDL**
ZAFIRLUKAST (ORAL)	NPD	**NPD**
ZYFLO CR (ORAL)	NPD	**NPD**

Dr. Jack Putnam of Merck & Co. was scheduled to speak on behalf of Singulair but stated he would yield his time back to the Committee.

Dr. Mitchell made a motion to approve the recommendations. The motion was seconded by Mr. Hicks and passed unanimously.

PANCREATIC ENZYMES

Dr. Pope stated that there was no significant new clinical information for this class since the FDA actions of last May removing many un-approved' products, nor were there any new products for the class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
CREON (ORAL)	PDL	**PDL**
PANCREAZE (ORAL)	NPD	**NPD**
PANCRELIPASE (ORAL)	PDL	**PDL**
ZENPEP (ORAL)	PDL	**PDL**

John Ohman of Abbott Labs spoke on behalf of Creon.

Dr. Weiland made a motion to approve the recommendations. The motion was seconded

by Dr. Brown. The motion was approved unanimously.

PROTON PUMP INHIBITORS

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented the PDL recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ACIPHEX (ORAL)	NPD	**NPD**
DEXILANT (ORAL)	PDL	**PDL**
LANSOPRAZOLE CAPSULES (ORAL)	NPD	**NPD**
LANSOPRAZOLE SOLUTAB (ORAL)	NPD	**NPD**
NEXIUM (ORAL)	NPD	**NPD**
NEXIUM SUSPENSION (ORAL)	NPD	**NPD**
OMEPRAZOLE (ORAL)	PDL	**PDL**
OMEPRAZOLE / SODIUM BICARBONATE (ORAL)	NPD	**NPD**
PANTOPRAZOLE (ORAL)	NPD	**NPD**
PREVACID (ORAL)	NPD	**NPD**
PREVACID SOLUTAB (ORAL)	PDL	**PDL**
PRILOSEC SUSPENSION (ORAL)	NPD	**NPD**
PROTONIX SUSPENSION (ORAL)	NPD	**NPD**

Dr. Mitchell made a motion to approve the recommendations as presented. The motion was seconded by Dr. Harper and passed unanimously by the Committee.

Ulcerative Colitis Agents

Dr. Pope stated that there was no significant new clinical information for this class.

Dr. Pope presented two PDL recommendation scenarios to the Committee:

Brand Name	Current PDL Status	PDL Recommendation	PDL Recommendation 2nd Scenario
APRISO (ORAL)	PDL	**PDL**	**PDL**
ASACOL (ORAL)	PDL	**PDL**	**PDL**
ASACOL HD (ORAL)	PDL	**NPD**	**PDL**
BALSALAZIDE (ORAL)	PDL	**PDL**	**PDL**
CANASA (RECTAL)	PDL	**PDL**	**PDL**
DIPENTUM (ORAL)	PDL	**PDL**	**PDL**
LIALDA (ORAL)	NPD	**NPD**	**NPD**
MESALAMINE (RECTAL)	PDL	**NPD**	**NPD**

PENTASA (ORAL)	PDL	**PDL**	**PDL**
SFROWASA (RECTAL)	NPD	**PDL**	**NPD**
SULFASALAZINE (ORAL)	PDL	**PDL**	**PDL**

Dr. Carey Hall from Shire Pharmaceuticals spoke on behalf of Lialda and Pentasa. Dr. Erik Kim of Salix Pharmaceuticals spoke on behalf of Apriso. .

.

Dr. Brewer made a motion to accept the recommendations a presented on the first scenario. The motion was seconded by Dr. Azomani and approved unanimously.

OTHER BUSINESS

Following the final formal class review, Dr. Pope individual out-of-cycle drug reviews for new medications that were not able to be included in their respective classes during Fall 2010 meetings.

The out-of-cycle drugs being consideredd included the following drugs and therapeutic classes.

Butrans transdermal in the **ANALGESICS, NARCOTICS LONG-ACTING** was recommended to be nonpreferred.
Dr. Weiland made a motion to accept the recommendations as presented. The motion was seconded by Dr. Mitchell and passed with Dr. Minor abstaining.

Abstral and Zolvit in the **ANALGESICS, NARCOTICS SHORT-ACTING** were recommended to be nonpreferred.
Ms. Wilbanks made a motion to accept the recommendations as presented. The motion was seconded by Dr. Weiland and passed without dissent.

Nuzole in the **ANTIFUNGALS, TOPICAL** was recommended to be nonpreferred.
Dr. Brewer made a motion to accept the recommendations as presented. The motion was seconded by Dr. Harper and and passed without dissent.

Natroba in the **ANTIPARASITICS, TOPICAL** was recommended to be nonpreferred.
Dr. Harper made a motion to accept the recommendations as presented. The motion was seconded by Dr. Weiland and and passed without dissent.

Latuda in the **ANTIPSYCHOTICS** was recommended to be nonpreferred. Dr. John Norton of Sunovion Pharmaceuticals spoke on behalf of Latuda. After Committee discussion of the class and Latuda, Dr. Harper made a motion to have Latuda be a preferred product on the PDL. The motion was seconded by Dr. Brewer and passed unanimously.

Bromday in the **OPHTHALMICS, ANTI_INFLAMMATORIES** was recommended to be nonpreferred.
Ms. Wilbanks made a motion to accept the recommendations as presented. The motion was seconded by Dr. Brown and passed unanimously.

Halac in the **STEROIDS, TOPICAL VERY HIGH** was recommended to be nonpreferred.
Dr. Azomani made a motion to accept the recommendations as presented. The motion was seconded by Dr. Weiland and passed without dissent.

Finally, Kapvay in the **STIMULANTS AND RELATED AGENTS** was recommended to be nonpreferred. Kenneth Jackson of Shionogi Pharmaceuticals spoke before the Committee on behalf of Kapvay. Following Committee discussion it was suggested a clinical edit allowing use in the age group of 6 to 17 year olds be implemented.
Dr. Azomani made a motion to accept the recommendation of the age edit for Kapvay. The motion was seconded by Dr. Weiland and passed without dissent.

NEXT MEETING DATE

Ms. Clark stated that the next P&T Committee meeting is scheduled for September 13, 2011.

Ms. Clark thanked the Committee for its continued diligence and dedication to its work.

ADJOURNMENT

There being no further business, Dr. Minor adjourned the meeting.