MINUTES OF THE OCTOBER 11, 2005
PHARMACY AND THERAPEUTICS (P & T) COMMITTEE MEETING

Members Attending: Larry Calvert, R.Ph., Chairman; Myrna Alexander, M.D., Jennifer Gholson, M.D.; Jeff Jones, R.Ph.; Michael O'Dell, M.D.; Pearl Wales, Pharm.D.; Robert Lomenick R.Ph.; Deborah King, F.N.P.; John Cook, M.D.; Steve Roark; Robert Smith, M.D.

Members Absent: Todd Barrett, R.Ph.

Also Present: Robert L. Robinson, Executive Director MS Division of Medicaid; Sharon Barnett-Myers, Deputy Director of Health Services; Judith Clark, R.Ph., Philip Merideth, M.D.,J.D., Medical Director; Terry Kirby, R.Ph.; Gay Gibson, R.N.,– DOM; Rob DiBenedetto; Sam Warman, R.Ph., Dennis Smith, R.Ph., Pam DeRuiter, R.Ph., Lew Anne Snow, R.N., Kathleen Burns, R.N. – HID

Chairman Larry Calvert called the meeting to order at 10:55 a.m.

Introductions: Judith Clark welcomed all committee members and guests present, and thanked committee members for volunteering their time and service. Ms. Clark then introduced members present from the MS Division of Medicaid. Larry Calvert introduced and welcomed new Committee members. Ms. Clark acknowledged the large amount of material contained in the meeting packet and, again, thanked members for their review of the materials. Ms. Clark then introduced Dr. Robinson, MS Division of Medicaid Executive Director.

Administrative Business: Ms Clark requested that all electronic devices be turned off or silenced and that guests in the audience limit all leaving and entering the conference room to the break time, so as not to disrupt the meeting. Instructions were given regarding exit procedures from the building in the case of an emergency. She reminded everyone that the minutes of the meeting would be recorded, and upon completion of transcription of the minutes the recording tapes would be destroyed. To facilitate the recording of the minutes, committee members were reminded to use the microphones when speaking. Ms. Clark stated that the meeting is taped, and a court reporter is recording the minutes. After the minutes have been recorded, the tapes will be erased or destroyed. The minutes will reflect each person's vote. She requested that each member sign and date the minutes and place them in the manila envelope with signed travel vouchers.

Approval of Minutes from the last meeting (May 10, 2005):
Jeff Jones requested that a comment asking the executive director to reconsider the recommendations made by the P & T committee at the May 10, 2005 meeting be added to the minutes. Dr. Alexander made a motion to accept the minutes with the amendment as requested by Mr. Jones. The motion was seconded by Mr. Lomenick. A voice vote to make the addition to the minutes was unanimous. With no other corrections, additions or deletions, the minutes were approved.

Therapeutic Category Reviews:
Pam DeRuiter, R.Ph. of Health Information Designs, Inc., (HID), moderated the therapeutic class reviews.

ALDOSTERONE RECEPTOR ANTAGONISTS
The first agent, Inspra, has a rank of 2. The Ephesus study showed that the addition of Inspra to the standard therapy for congestive heart failure and acute myocardial infarction reduced the risk of mortality from any cause and of hospitalization or mortality from cardiovascular causes by 15 and 13 percent, respectively. Because Inspra is selected it is less likely to cause adverse effect, such as gynecomastia. This selectivity provides a therapeutic advantage. When used for hypertension, studies have found it as effective as enalapril. Drug interactions, dose adjustments due to drug interactions, serum potassium levels, and contraindications present concerns for this agent.

Spironolactone is a generically available agent that is utilized more widely than the previous agent. It appears effective for the labels indications. The Rales Study indicates that this drug is effective in reducing mortality and hospitalization when added to standard therapy for congestive heart failure. Due to spironolactone's non-selective antagonism, it does possess concerns for gynecomastia with prolonged use. Spironolactone has a rank of 1.

There was no public comment on this category.

HID recommended spironolactone for inclusion as a preferred agent on the PDL.

Jeff Jones made a motion to accept HID's recommendation. Dr. O'Dell seconded the motion.

Ballot Results
ALL (11) voted FOR the motion

DOM's Decision: Concur

DIURETICS
The first drug in this class is Chlorothiazide with a rank of 1. Chlorothiazide is a generically available thiazide diuretic. Although utilization data reveals this agent is not used frequently, based on JNC-7 guidelines for the use of diuretics as initial agents, this agent should be included on the preferred drug list.

Chlorthalidone, generically available, is used more frequently than chlorothiazide and is available in combination with either clonidine or atenolol. The Medical Letter suggests that a diuretic, with or without a beta-blocker, or a dihydropyridine calcium channel blocker is preferred in older patients with isolated systolic hypertension. There is no reference to the use of adrenergic blocking agents alone or in combination with the adrenergic blockers. Currently, single-entity and generically available combination beta-blockers with diuretics are considered preferred. This single entity in combination with atenolol, is recommended. Chlorthalidone has a rank of 1.

Hydrochlorothiazide, with a ranking of 1, is available generically. It is the second most utilized agent in this review class. The agent is available in many combinations with other diuretics, ace inhibitors, ARBs, and beta-blockers. Currently, generic ace inhibitors, in combinations with diuretics are considered preferred. All generic preparations, single entity and combination, should be included on the PDL.

Indapamide, rank of 1, is indicated for the same indication as the previously mentioned agents, as well as for congestive heart failure. In this case, diuretics relieve symptoms of heart failure but do not slow the progress of the disease. Indapamide appears to have little effect on triglycerides, total cholesterol, LDL, or HDL. It is available generically.

Methyclothiazide though used infrequently, is available generically, and shares the same pharmacologic actions, uses, and toxic potentials of the thiazides. It has a rank is 1.

Metolazone is available generically. It does not substantially decrease the GFR or renal plasma flow and may produce diuresis in patients with low GFR. It is useful in congestive heart failure. The Medical Letter's "Drugs of Choice for the Treatment of Heart Failure" suggests the addition of metolazone to loop diuretic therapy in patients resistant to an oral diuretic and who are suitable for an additional agent. It has a rank of 1.

Polythiazide is not available generically in single entity or in combination with reserpine or prazosin. JNC-7 guidelines do not offer recommendations for treatment with either the reserpine or prazosin therapy. This

agent, included in a category represented by ample generically available products, does not appear to offer any advantages over other products. The ranking is 5.

Bumetanide is a generically available loop diuretic. It is a potent diuretic indicated for diuresis in heart failure, hepatic failure and renal failure. While changes in plasma insulin, glucagons, and glucose tolerance cannot be excluded from bumetanide's use, these have not been observed. When used in congestive heart failure, bumetanide relieves not only edema, but also dyspnea, rales, and hepatomegaly. It has a rank of 1.

Ethacrynic acid is a loop diuretic that is not available generically. Loop diuretics appear to be more effective than thiazides when used to relive symptoms of heart failure. Furosemide, bumetanide, and torsemide, however, are loop diuretics available generically. No studies found showed an apparent advantage in efficacy over other available diuretics. Ethacrynic acid has a rank of 5.

Furosemide, with a rank of 1, is by far the most utilized diuretic in this review. It is available generically. Loop diuretics are more effective than the thiazide diuretics when used in relieving symptoms of heart failure. Vast clinical experience with furosemide should minimize any potential adverse effects associated with this agent.

Torsemide is another generically available loop diuretic. It, like the other loop diuretics, may be preferred to thiazides in hypertensive patients with congestive heart failure, acute pulmonary edema, and renal disease. It has a rank of 1.

Amiloride, a potassium sparing diuretic, is available generically as a single entity agent and in combination with hydrochlorothiazide. Potassium sparing diuretics are useful in treating thiazide-induced hypokalemia. Amiloride is rarely used alone in treating edema. Its main value in managing edema appears to be in the prevention or treatment of hypokalemia produced by other diuretics. It has a rank of 1.

Triamterene, another potassium sparing diuretic, is the final drug in this review. It is available generically only in combination preparation with hydrochlorothiazide. Triamterene alone has little, to no, hypotensive effect. Like amiloride, its value in hypertension is principally in patients with diuretic-induced hypokalemia or to prevent hypokalemia in patients receiving diuretics who are at risk for developing hypokalemia. One study has shown that the brand combination product shows no benefit over the generically available combination products. Since triamterene is rarely used alone to treat hypertension, the generic combination product is recommended. Conversely, triamterene available only as a brand name single-entity product is not recommended since triamterene is rarely used for this indication. Triamterene has a rank of 1.

HID recommends all agents with a rank of 1 for PDL inclusion- chlorothiazide, chlorthalidone, hydrochlorothiazide, indapamide, methyclothiazide, metolazone, bumetanide, furosemide, torsemide, amiloride, and triamterene.

There was no public comment on this category.

After much discussion among the committee regarding triamterene, Ms. Clark instructed the committee that triamterene with HCTZ, and amiloride with HCTZ would also be considered in the combination form.

Jennifer Gholson made a motion that the ballot be amended as described, and it was seconded by Jeff Jones.

Mr. Calvert announced that the vote regarding the amendment would be taken by voice vote. The voice vote passed with no audible dissenters.

Dr. O'Dell made a motion to accept the HID recommendation as amended, and Jeff Jones seconded the motion.

Ballot Results
Voting in favor of the amended recommendation were: Alexander, Cook, Gholson, Jones, King, Lomenick, Odell, Roark, Smith, & Wales.
Voting to exclude chlorthalidone, polythiazide, and ethacrynic acid as preferred agents was Calvert.

DOM's Decision: Concur

ELECTROLYTE DEPLETERS
Magnebind has a rank of 2. Very little information was found regarding this product. It contains three products and cannot be used by some due to possible accumulation of magnesium, especially in patients with renal failure.

Calcium Acetate, Phoslo has a rank of 1. The Care Study indicated that calcium acetate is very effective for reducing phosphorus levels and maintaining those levels in the recommended range, with only transient hypercalcemia occurring in the studied patients.

Fosrenol, a relatively new agent, is found in only one study, which compares it with calcium carbonate. The 6-month study demonstrated that Fosrenol is well tolerated and may be more effective than calcium carbonate with less incidence of hypercalcemia in hemodialysis patients. This product should be reserved for patients not controlled by other oral phosphate binders. Fosrenol has a rank of 2.

Renagel, with a rank of 1, is an oral phosphate binder that is shown to reduce serum phosphorous to levels similar to calcium acetate with a lower incidence of hypercalcemia. Studies with Renagel show that reductions in LDL cholesterol are also possible.

Sodium polystyrene sulfonate is used for treating hyperkalemia and may be used orally or rectally, although rectally, it is less effective. It is available generically and may be useful in situations where hyperkalemia needs to be treated and other measures are not adequate. It has a rank of 1.

HID recommends all agents with a rank of 1- Phoslo, Renagel, and sodium polystyrene sulfonate.
There was no public comment on this category.
Mr. Jones made a motion to accept the recommendation and Ms. Wales seconded the motion.
Ballot Results
ALL (11) voted FOR the motion

DOM selects Magnebind Rx and Renagel for Preferred Status.

OPIATE AGONISTS AND PARTIAL OPIATE AGONISTS
Many of these products are available in several dosage forms that include, among others, parenteral formulations. These injectable formulations should not be considered preferred, nor should they be considered non-preferred. Currently, Mississippi Division of Medicaid has product quantity limits on selected narcotic analgesics. These quantity limits are effective in decreasing the risk and incidence of over-utilization.

Codeine with a rank of 1 is a generically available agent which is commonly used in combination with acetaminophen. It is the third most commonly prescribed agent within this class. Studies show that it is effective as an antitussive, as well as for pain.

Fentanyl (transdermal) analgesic recently became available generically. Although there is some possibility for abuse, studies indicate its usefulness over sustained-release morphine in cancer and chronic non-cancer pain. It has a rank of 1.

Fentanyl transmucosal, Actiq, has very specific indications. Currently, Actiq is a prior authorized medication partly as a result of its specific indications. This agent is a second-line agent for patients currently treated with, or tolerant of opioids used in chronic cancer pain. Studies indicate it does have usefulness in this condition. It has a rank of 4.

Hydrocodone is the most utilized agent in this review. Hydrocodone, in combination with APAP, is generically available in many different strengths and is used for pain and as an antitussive. Studies indicate similar efficacy to oxycodone in the management of acute pain. Because of the availability of generic preparation, brand name products are not included in this ranking. Generic hydrocodone products have a rank of 1.

Hydromorphone has a rank of 1. Hydromorphone is another generically available narcotic used in pain and as an antitussive. Hydromorphone is available in many dosage forms that offer a variety of administration routes depending on age, comfort, and patient condition. Palladone was off the market by the FDA on July 14, 2005.

Levorphanol, with a rank of 1, is the least utilized narcotic analgesic. It is available generically for treating moderate to severe pain, as well as severe, intractable pain experienced in terminally ill patients.

Meperidine is used for moderate pain, and is available generically is single-entity and in combination with promethazine. It may produce less sedation than other agents, such as morphine. It has a rank of 1.

Methadone is useful in chronic pain and instrumental in opiate addiction detoxification. Although sometimes considered second-line in treating pain, it may have similar efficacy to morphine. Studies indicate that this generically available product is similarly effective to Subutex in treating opiate-addicted individuals. It has a rank of 1.

Morphine sulfate is the mainstay of this class of drugs. Generics are available for immediate-release as well as extended-release preparations. Used once-daily, extended release preparations are currently available by prior authorization, either Avinza , Kadian; However, these pharmacokinetic profiles of these agents provide an advantage over other extended-release products such as MS Contin with respect to re-medication rates and the need for rescue medication. Each of the once-daily extended-release products has its own advantages, whether it is a combination of the immediate-release portion, followed by an extended-release portion, or possessing the lowest starting dose. Kadian, offering once-daily dosing or twice-daily dosing , if needed, lowest starting dose, lack of bolus effect, which may lead to increased side effects, initially, and very little street value allows for an effective alternative to the extended-release formulations within the narcotic analgesic class without jeopardizing effective pain relief. Therefore, all generics, as well as Kadian, receive the rank of 1.

Oxycodone, with a rank of 1, is in the group of immediate release preparations. These preparations are available generically and offer effective pain relief as a single-entity agent or when combined with aspirin or acetaminophen. Studies indicate it is similarly effective for acute pain. The newest preparation, in combination with ibuprofen, appears to be more effective than either agent alone; however, studies demonstrating advantages over combinations with APAP or aspirin are lacking. Therefore, Combunox is not included in this review for inclusion on the PDL.

Oxycodone extended-release, generic preparations are available for this agent. This agent is widely abused and is often the object of wide "drug-seeking" behavior. Currently, brand and generic formulations require a prior authorization. This preparation does offer effective pain relief in chronic pain and may provide benefit

as an analgesic for postherpetic neuralgia, which is an unlabeled use. However, due to the abuse potential and the high street value, all preparations should remain as prior authorized agents. It has a rank of 10.

Oxymorphone is an agent currently available as a rectal suppository for moderate to severe pain. There are currently other agens available generically that maybe used as well. The advantage of this agent is the dosage for. It has a rank of 4.

Propoxyphene, with a rank of 1, is available generically, in two combination forms in with APAP and as a single entity preparation of propoxyphene hydrochloride. No advantages were found for brand only, single-entity products; therefore, the brand-only products are not included in the recommendation.

Tramadol, with a rank of 1, is available generically as both a single-entity and in combination with APAP. This product is an effective analgesic.

Subutex is an oral preparation only indicated for opiate dependence. Both the single-entity and combination products with naloxone are available through restricted access. It is designated as an orphan drug by the FDA for this indication. Studies indicate that is similarly effective in treatment for retention to methadone. Its availability for office-based treatment does provide a distinct advantage over methadone. It has a rank of 3.

Butorphanol is a preparation available generically for moderate to severe pain due to many causes which include, but are not limited to, migraine headache. Studies indicate butorphonal was more effective than butalbital/codeine compound preparation during the first two hours after treatment for migraine pain. It had greater number of responders, greater percentage of pain-free patients, and greater degree of pain relief. It has a rank of 1.

Pentazocine, ranking of 1, is available generically in two preparations. Both are used as an analgesic for moderate-to-severe pain. The combination with naloxone may potentially eliminate the misuse of this product. These products are not utilized greatly in comparison to other analgesics but do appear to have efficacy in pain relief.

Dihydrocodeine with a rank of 5, is similar in therapy to generically available codeine products. Studies indicate that dihydrocodeine is as effective as generically available hydrocodone, 10 milligrams, and may be as effective as generically available naproxen sodium for post-operative pain. Several articles question the use of dihydrocodeine. In pain management strategies for acute and chronic, mild-to-moderate pain in adults, it is recommended that codeine or dihydrocodeine be substituted for NSAIDs when NSAIDs are contraindicated or not recommended. Studies also have indicated that ibuprofen is more effective than dihydrocodeine as an analgesic in post-operative pain. Since generically available opiate agonists and NSAIDs provide analgesia, based on clinical studies, dihydrocodeine containing analgesics are not recommended for preferred status.

HID is recommending only the drugs with a rank of 1 for inclusion on the PDL-codiene, fentanyl, hydrocodone, levorphanol, meperidine, methadone, morphine sulfate, oxycodone, propoxyphene HCL, tramadol, butorphanol and pentazocine.

Judith Clark reminded the committee that many of these agents currently require prior authorization due to their potential for misuse and diversion. She asked the committee to consider whether they wanted these generics to go through without prior authorization.

Public comments in the Opiate Agonists and Partial Opiate Agonists category were presented by the following: Kelly Euglemann; Alpharma- Kadian; Brent Meador, M.D.; Organon – Avinza

After much discussion, Larry Calvert deferred the chair to Dr. O'Dell and then made a motion to table the vote on this therapeutic class until the next meeting. Jeff Jones offered a second to the motion.

Larry Calvert asked DOM to consider allowing a subcommittee to hear the information on this class and make a recommendation to the committee at the next P & T meeting. Ms. Clark stated she would ask the executive director.

TRIPTANS

Sumatriptan, with a rank of 1, was the most prescribed triptan in the Mississippi Medicaid population in 2004. This agent is the only triptan with a unique indication for treatment of cluster headache in the subcutaneous injection form. In addition to the injection and oral tablet, sumatriptan is available as an intranasal spray, which can be an advantage in patients who experience nausea and vomiting when suffering a migraine.

Rizatriptan has shown superior efficacy and tolerability when compared to other agents in this class. Its availability in two dosage forms (oral tablets and orally disintegrating tablets), and its impressive clinical data make rizatriptan a compelling agent for inclusion on the PDL. It has a rank of 1.

Almotriptan is very effective, particularly in terms of sustained relief and consistency of effect. It is also very well tolerated relative to the other triptans, with the highest NNH numbers among these agents. Almotriptan was among the less often prescribed triptans in the Mississippi Medicaid populations in 2004 and it is not available in any dosage forms other than the oral tablet. Almotriptan has a rank of 2.

Due to its long duration of action, frovatriptan may hold an advantage in the treatment of migraineurs with certain headache profiles, such as long-lasting or recurrent headache. This agent represented less than 5 percent of the total 2004 triptan prescription volume in this population. The rank is 2.

Eletriptan, with a rank of 3, was the second most commonly prescribed triptan in 2004 in this population at 18% of total prescriptions. Data presented earlier in this review show excellent efficacy versus other triptans. This agent is not available in any dosage forms other than the tablet.

Zolmitriptan is available in three different dosage forms, including oral tablets, intranasal spray and orally disintegrating tablets. This agent accounted for approximately 15% of total triptan prescriptions for Mississippi Medicaid recipients in 2004. It offers efficacy and tolerability similar to the other triptans, but no compelling advantages, and is ranked a 4.

Naratriptan, with a ranking of 6, represented less than 5% of the total 2004 triptan prescription volume in this population. Available only in the oral tablet formulation, this agent does show a tolerability advantage over other triptans; however, no efficacy advantage has been seen.

HID recommended the drugs with a rank of 1 for inclusion on the PDL-sumatriptan and rizatriptan.
Public comments were presented in the triptan category by the following:
Christine Sprolls; J & J- Axert
Dr. Russell Clayton; Merck- Maxalt
Dr. Sydney Noble; Pfizer- Relpax

Judith Clark explained to the committee that the DUR Board voted to place quantity limits on all Triptans at the September DUR Board meeting and these limits would be effective November 1, 2005.
Mr. Lomenick made a motion that all triptans be treated as rank 1. The motion was seconded by Dr. Smith.

Ballot Results
10 Votes FOR the motion
Odell: FOR Imitrex, Maxalt, Axert, Relpax, and Amerge.

DOM selects Imitrex, and Maxalt Preferred Status.

ANTIDEPRESSANTS
Duloxetine is closely related to venlafaxine (Effexor®, Effexor® XR). Studies indicate its effectiveness in depression. This agent, however, has a novel indication for peripheral diabetic neuropathy and it appears to be effective in reducing pain even in the absence of depression. Literature indicates that duloxetine may have a stronger affinity for its target receptors than venlafaxine, providing a stronger effect/response. This agent should be added with Effexor®/Effexor® XR to the PDL. It has a rank of 1.

Paroxetine has a rank of 10. The only significant difference between this product and the preferred generic paroxetine product is in the salt formulation. However, the salt moiety is cleaved in the gut and only paroxetine is absorbed. The manufacturers were only required to show bioequivalence to currently available paroxetine products. Efficacy and safety studies deferred to information already available. This agent is NOT indicated for generalized anxiety disorder, post-traumatic stress disorder, or social anxiety disorder as are the generically available immediate-release products currently considered preferred.

Ms. DeRuiter explained to the committee that the ranking and recommendations address only the new products not included in the original review.

HID recommends that agents presently considered preferred remain preferred and that duloxetine be added to the PDL.

Public comments were presented in the antidepressant category by the following:
Mark Tacelosky; Wyeth- Effexor, Effexor XR
Jim Rusch, M.D.; Glaxo Smith Kline- Wellbutrin XL
Anthony Stock, M.D.; Glaxo Smith Kline-Paxil CR

Deborah King made a motion accept the HID recommendation and also to include Wellbutrin XL on the PDL. Steve Roark seconded the motion.

Ballot Results
10 votes FOR amended motion
Odell- voted for HID's original recommendation

DOM selects Effexor XR and Wellbutrin XL for Preferred Status.

ANTIHISTAMINES
Generic legend antihistamines (including decongestant combinations) include many antihistamine and antihistamine/decongestant combination products available generically in a variety of dosage forms and formulations. The Division of Medicaid maintains a list of these products, available at www.dom.state.ms.us. The advantages and disadvantages of these agents are well-documented and well-understood by the provider community. These agents are currently preferred products and are recommended for continued inclusion on the PDL. They have a rank of 1.

The Division of Medicaid maintains a list of covered over the counter first-generation antihistamines and/or decongestants at www.dom.state.ms.us. These agents are currently preferred products and are recommended for continued inclusion on the PDL. They also have a rank of 1.

Loratadine has a rank of 1. Generic loratadine is available over the counter in several dosage forms, including tablets, orally disintegrating tablets, decongestant combination tablets, and syrup. This second-generation agent is proven to be effective in the treatment of allergic rhinitis and urticaria for ages two years and above and has an excellent safety profile. In light of the recently implemented brand and prescription limits, this agent holds an advantage over other second-generation agents, as it is available generically. Generic loratadine in all dosage forms is currently preferred and is recommended for continued inclusion on the PDL.

Astelin Nasal Spray, with a rank of 1, has been proven effective in treating allergic rhinitis and vasomotor rhinitis. Studies show azelastine to be effective even with patients who did not experience success using oral antihistamines. In a recently published study in patients with moderate to severe seasonal allergic rhinitis, azelastine nasal spray was well tolerated and produced significantly greater improvements in symptoms compared with cetirizine. With intranasal application and limited absorption, the adverse effects commonly associated with antihistamines are avoided. This agent is currently preferred.

Desloratadine, rank of 2, is available in tablets, orally disintegrating tablets, decongestant combination tablets, and syrup. A disadvantage of this agent is its lack of generic availability in light of the new brand limit. The syrup formulation, which has been introduced since the original review of this class, is approved for the treatment of perennial allergic rhinitis and chronic idiopathic urticaria in patients six months and older. Because of this labeling for younger children, the syrup is recommended for preferred status only for children two years and under. The other dosage forms are not recommended for inclusion on the PDL. This agent is currently non-preferred.

Cetirizine, rank of 5, is a second-generation antihistamine, although it has a higher incidence of somnolence and impairment of mental function than other agents in its class. The prescribing information for cetirizine includes a precaution regarding driving or operating potentially dangerous machinery while taking this agent. Lack of generic availability is a disadvantage of this agent in light of the new brand limit. Because of its labeling for younger children, the syrup is recommended for preferred status only for children two years and under. The other dosage forms are not recommended for inclusion on the PDL. This agent is currently preferred.

Fexofenadine is another second-generation antihistamine proven safe and effective in the treatment of allergic rhinitis and chronic idiopathic urticaria. A generic version of the 60mg capsule is available and will not require prior authorization. Fexofenadine is available in tablet form in several strengths and in combination with pseudoephedrine. A pediatric formulation is not available. This agent is currently non-preferred. It has a rank of 5.

Acrivastine, rank 5, is available only in a decongestant combination, and is rarely prescribed among the Medicaid population, as noted earlier in this review. This agent is unavailable generically with no apparent advantages over other available antihistamines. This agent is currently non-preferred.

HID recommends generic legend antihistamines, and OTC first-generation antihistamines and/or decongestants that are currently covered by DOM along with loratadine and Azelastine for continued inclusion on the PDL. HID also recommends desloratadine syrup and cetirizine syrup for preferred status only for children two years and under. The other dosage forms are not recommended for inclusion on the PDL.
Public comments were presented in the antidepressant category by the following:
James Tislow; Schering- Clarinex ; Kelly Laughlin; Zyber- Pediatex;Massy Headly, M.D.; Wraser -Vazol, Vazol D

Dr. Gholson made a motion to accept the HID recommendations with the amendment of allowing desloratadine syrup, cetirizine syrup and cetirizine chewables for children ages 12 years of age and younger. Jeff Jones seconded the motion. Friendly amendment by Gholson to add Clarinex Reditabs for 12 and under. Voice vote ALL in favor of adding friendly amendment

Ballot Results
ALL (11) voted FOR the motion.

DOM selects first generation agents: Pediatex, Pediatex D, Pediatex 12 & 12D, Vazol & Vazol D for Preferred Status. DOM selects second generation agents: loratadine, Astelin nasal spray, Zyrtec and Clarinex for Preferred Status.

ANTIHYPERTENSIVES/ ANGIOTENSIN CONVERTING ENZYME INHIBITORS
Benazepril, with a rank of 1, available generically, this agent has wide use in the Mississippi Medicaid population. This agent is currently preferred.

Captopril, rank of 1, was the first ACE inhibitor to be marketed and is approved for diabetic nephropathy and acute MI, as well as hypertension and congestive heart failure. It is currently preferred and this generically available ACE inhibitor is approved for the treatment of hypertension only. There have been recent cases of unavailability of the generic product

Moexipril, rank of 1, is a generically available ACE inhibitor approved for the treatment of hypertension only. There have been recent cases of unavailability of the generic product. This agent is currently preferred.

Fosinopril with indications for hypertension and congestive heart failure is available generically and is currently preferred on the PDL. It has a rank of 1.

Lisinopril, rank of 1, has true once daily dosing and is indicated for the treatment of acute MI, as well as hypertension and congestive heart failure. This agent is currently preferred and is the most frequently prescribed ACE inhibitor in Mississippi Medicaid population.

Moexipril, rank of 1, is available generically. This ACE inhibitor is approved for the treatment of hypertension only. There have been recent cases of unavailability of the generic product. This agent is currently preferred.

Quinapril, rank of 1, is a generic agent widely used in the Mississippi Medicaid population and is currently preferred.

Ramipril, rank of 1, is not yet available generically. Ramipril is unique among the ACE inhibitors with approved indications for the reduction of risk of cardiovascular events as demonstrated in the HOPE trial. This agent is currently preferred.

Perindopril, rank of 10, is the least-often prescribed of the ACE inhibitors in this population. This agent is not available generically and it recently received approval for reduction of risk of cardiovascular mortality or non-fatal myocardial infarction. This agent offers no clinical advantage over other available agents. This agent is currently non-preferred.

Trandolapril is ranked 10 by HID. This agent has no approved indications beyond other available agents and is not yet available generically. This agent is currently non-preferred.

HID recommends that all agents ranked as a 1 remain on the PDL-benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, and ramipril .

Public comments were presented in the ACE Inhibitor category by the following:
Mark Tacelosky: Wyeth – Altace
Dr. Andrea Hume; Abbott – Mavik

Dr. O'Dell made a motion to accept the recommendation made by HID. Jeff Jones seconded the motion.

Ballot Results
11 votes FOR the motion

DOM selects Altace for Preferred Status.

ANGIOTENSIN II RECEPTOR ANTAGONISTS

Valsartan, with a rank of 1, is the most commonly prescribed ARB in the Mississippi Medicaid population. In addition to hypertension, this agent is approved for the treatment of heart failure in patients who are intolerant of ACE inhibitors. Available in single-entity tablets at several different dosages, as well as in combination with hydrochlorothiazide, this agent plays an important role in hypertension therapy. This agent is currently preferred and is recommended for continued preferred status.

Irbesartan, with a rank of 1, is indicated for the treatment of hypertension, as well as the treatment of nephropathy in patients with type II diabetes. This agent enjoys significant utilization in this population as documented earlier in this review. Currently a preferred agent, irbesartan is recommended for continued preferred status.

Candesartan, with a rank of 2, recently approved for treatment of heart failure in patients with left ventricular systolic dysfunction in addition to an indication for hypertension, candesartan is an important member of the ARB class. This agent is currently non-preferred.

Losartan, rank of 3, was the innovator ARB and is very familiar to the provider community. This agent holds an advantage as the only ARB with three approved indications: hypertension, LVH and nephropathy in type II diabetics. The dosing of losartan sometimes requires twice daily dosing in order to achieve a satisfactory blood pressure lowering response. This agent is currently non-preferred.

Eprosartan, with a rank of 7, is only approved for the treatment of hypertension and has the lowest rate of utilization among the ARBs in this population. This agent is currently non-preferred.

Olmesartan, with a rank of 7, is an ARB with excellent efficacy with regard to lowering blood pressure. This agent is not, however, approved for other indications beyond hypertension. Olmesartan has had significant utilization in the population, but is currently non-preferred.

Telmisartan, rank of 7, is approved for hypertension treatment, this agent is an effective member of this class. Utilization of telmisartan in this population has been low relative to several other ARBs. This agent is currently non-preferred.

HID recommends all agents with a rank of 1- valsartan and irbesartan and their combinations.

Public comments were presented in the ARB category by the following:

Dr. Harish McNonni; Sankyo – Benicar;Tina Dancer; Bristol Myres Squibb – Avapro;Dr. Ray Lancaster; Novartis – Diovan;Dr. Russal Clayton; Merck – Cozaar;Dr. Daniel Teat; Astra Zeneca - Atacand
Dr. Jon Thornton; BI - Micardis

Jeff Jones made a motion to include all the ARBS and the ARB combos, as a group, on the PDL. Motion was seconded by Ms. Wales.

Ballot Results
For: Alexander, Gholson, Jones, King, Lomenick, Smith, Wales,
Against: Calvert, Cook, O'Dell, Roark

DOM selects Avapro, Avalide, Diovan and Diovan HCT for Preferred Status.

Mr. Calvert announced that he would be leaving the meeting to attend a State Board of Health and Legislative Affairs meeting. He made note of the next meeting date, November 8, 2005. Dr. O'Dell facilitated the rest of the meeting. Let the minutes reflect that after this point only 10 Committee members will be voting.

Pharmacy Update
Ms. Clark recognized audience guests from ACS. Ms. Clark also recognized and thanked pharmaceutical industry audience members for their assistance related to hurricane Katrina and associated relief efforts in the Southeastern region. She then gave a brief review of the Mental Health Initiative, which is under the DUR Board. Ms. Clark also stated that MS DOM received a grant for hand-held devices for prescribers that will be in use very soon. She referenced the maintenance drug list and explained that it is a function of DOM, not the P&T Committee nor the DUR Board to create this list. Ms. Clark also reminded the committee regarding the policy for plan of care and medical necessities for children less than 21 years of age. She stated that the DUR Board has established quantity limits for certain medications that go into effect November 1, 2005. She also gave a brief overview of the changes as they relate to DOM effective January 1, 2006 for Medicare Part D. Ms. Clark presented a pharmacy expenditures report for FY 2005 of $691 million and $644 million in FY 2004. She noted that pharmacy expenditures represent 25% of the Medicaid budget, up from 24% last year. Ms. Clark also mentioned efforts that DOM had made every effort to facilitate better communication in order to serve coastal pharmacies during the hurricane and the subsequent recovery.

ANTIHYPERTENSIVES/BETA BLOCKERS

Acebutolol, rank of 1, is indicated for hypertension and premature ventricular contractions. This generically available agent is currently preferred.

Atenolol, rank of 1, is available generically and is very highly utilized in this population. Atenolol is indicated for hypertension, angina pectoris and MI. The combination product with chlorthalidone is included in this recommendation. This agent is currently preferred.

Betaxolol, rank of 1, is generically available and indicated for hypertension. Betaxolol is currently preferred.

Bisoprolol, indicated for hypertension, is available generically and is currently preferred. It has a rank of 1.

Carvedilol, rank of 1, is indicated for both hypertension and heart failure, with clinical trials proving its ability to decrease mortality among heart failure patients. Although this agent is not yet available generically, it is currently preferred.

Labetalol, rank of 1, is indicated for hypertension. This generically available agent is currently preferred.

Metoprolol succinate is indicated for hypertension, angina pectoris, MI, and stable CHF. This agent has been shown to reduce all-cause mortality and hospitalization in heart failure patients. Another advantage is once-daily dosing. Metoprolol succinate is currently preferred. The rank is 1.

Metoprolol tartrate, rank of 1, is indicated for hypertension, angina pectoris, and MI. A generic version is available and is currently preferred.

Nadolol is indicated for hypertension and angina pectoris. This generic agent is currently preferred and has a rank of 1.

Pindolol is indicated for hypertension. This generic agent is currently preferred and has a rank of 1.

Available in a variety of dosage forms and strengths, propranolol is approved for a broad range of indications. This beta-blocker is available generically in most forms. Propranolol is currently preferred. This recommendation does not include branded versions of propranolol (e.g. Inderal LA, InnoPran XL). It has a rank of 1.

Sotalol, rank of 1, is indicated for maintenance of normal sinus rhythm. A generic version is available and is currently preferred.
Timolol, with a rank of 1, is indicated for hypertension, MI, and migraine prophylaxis. This generically available agent is currently preferred.

Carteolol had no usage in the Mississippi Medicaid population between July 2004 and July 2005. Indicated for hypertension, this agent is not available generically and is currently non-preferred. It has a rank of 10.

Penbutolol, a brand-only product, is indicated for hypertension and had only negligible utilization between July 2004 and July 2005. Penbutolol is currently non-preferred and has a rank of 10.

HID recommended all agents with a rank of 1 as currently included on the PDL – acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol succinate, metroprolol tartrate, nadolol, pindolol, propranolol, sotalol and timolol.

Public comments were presented in the Beta blocker category by the following:
Dr. Matthew Strum; Astra Zeneca - Toprol XL.

Dr. Alexander made a motion to accept the HID recommendations. Dr. Robert Smith seconded the motion.

Ballot Results
10 Votes FOR the motion

DOM selects Coreg and Toprol XL for Preferred status.

CALCIUM CHANNEL BLOCKERS

Amlodipine is the most utilized calcium channel blocker in the Mississippi Medicaid population. It has indications for hypertension, chronic stable angina, and vasospastic angina. This dihydropyridine CCB is not available generically and is currently preferred. It has a rank of 1.

Diltiazem ER and IR are available generically in immediate and sustained release formulations. Diltiazem is a commonly used benzothiazepine CCB. This agent is approved for hypertension, chronic stable angina, and vasospastic angina. Generic formulations of diltiazem are currently preferred and are recommended for continued inclusion on the PDL. Single source branded formulations of diltiazem are not recommended for PDL inclusion. It has a rank of 1.

Felodipine is approved for the treatment of hypertension. This agent, a dihydropyridine CCB, is currently preferred and is recommended for continued inclusion on the PDL. Felodipine has a rank of 1.

Nicardipine is a dihydropyridine CCB indicated for hypertension and chronic stable angina. This agent is available in immediate-release, as well as sustained-release formulations. Nicardipine is currently preferred and has a rank of 1.

Nifedipine is a dihydropyridine CCB approved for the treatment of hypertension, chronic stable angina, and vasospastic angina. This agent is available generically and is currently preferred, with a rank of 1.

Verapamil is a diphenylalkylamine CCB available in several different formulations. This agent is indicated for hypertension, chronic stable angina, vasospastic angina, and prophylaxis of repetitive PSVT. Generic formulations of verapamil are currently preferred and are recommended for continued inclusion on the PDL. Single source branded formulations of verapamil are not recommended for PDL inclusion. It has a rank of 1. Isradipine is a brand-only dihydropyridine CCB. It is indicated for hypertension only. This agent is currently non-preferred. It has a rank of 8.

Nisoldipine is a brand-only dihydropyridine CCB. It is indicated for hypertension only. This agent is currently non-preferred. It has a rank of 8.

HID recommends all agents with a rank of 1 that are currently preferred on the PDL – amlodipine, diltiazem ER and IR, felodipine, nicardipine, nifedipine, and Verapamil.

Public comment was presented in the CCB category by the following:
Dr. Jennifer Zarintash; First Horizon – Sular

Myrna Alexander made a motion to accept the recommendations made by HID. The motion was seconded by Dr. Smith.

Ballot Results
10 Voted FOR the motion

DOM selects Norvasc for Preferred Status.

Committee was adjourned for a brief recess at 3:23 p.m.

The meeting was reconvened at 3:36 p.m.

Dr. Gholson stated that she would like to make an addition to her previous admendment in the antihistamines class. Dr. Gholson made a motion to also include Clarinex reditabs for inclusion on the PDL. Jeff Jones seconded the motion. The voice vote passed with no audible dissenters.

ANTIHYPERTENSIVE COMBOS

Amlodipine/atorvastatin allows for treatment with a single agent in patients for whom treatment with both amlodipine and atorvastatin is appropriate. This could offer an advantage when treating patients with multiple cardiovascular risk factors. This agent has a rank of 1 and is currently preferred.

Combination products such as amlodipine/benazepril can be helpful when treating patients with hypertension and other cardiovascular risk factors. The treatment of hypertension has moved toward multiple drug therapy recently. As the most commonly prescribed ACEI/CCB combination product, this agent is ranked a 1, and is currently preferred.

Although felodipine/enalapril holds the same advantages as other ACEI/CCB combination products, it is not commonly prescribed in this patient population. Because of the limited duration of effect of enalapril, twice daily dosing is required in some patients. This agent is ranked a 2 and is currently preferred

Verapamil/trandolapril holds the same advantage as other ACEI/CCB combination products. However, it requires titration to twice daily dosing in some patients and is less commonly utilized than Lotrel® in this patient population. This agent has a rank of 2 and is currently preferred.

HID recommends the agent with a rank of 1 be retained on the PDL - amlodipine/atorvastatin and amlodipine/benazepril.

Jeff Jones made a motion to accept the recommendation with the addition of Tarka. Dr. Smith seconded the motion.

Ballot Results
10 Votes- FOR

DOM selects Caduet, Lexxel, Lotrel and Tarka for Preferred Status.

ANTIHYPERLIPIDEMICS

Lipitor® is currently considered preferred. This agent is a potent statin that lowers LDL-C significantly, which, by initial results of the PROVE-IT TIMI 22 trial, treated aggressively below 100mg/dL may provide a further reduction in death or major CV event. Additionally, outcome trials suggest this agent offers a 36% relative risk reduction or 45% lower risk of nonfatal myocardial infarction. This agent is ranked 1 and should remain preferred.

No new information was found to suggest that the generically available cholestyramine product should be removed from preferred status. Additionally, no new information was found indicating brand only agents should be recommended at this time. Cholestyramine has a rank of 1.

The combination product, Vytorin®, was recently recommended for preferred status in March 2005. The rank is 1. No information was found that would suggest that this product, which offers significant reductions without doubling the statin dose alone, should be removed from the preferred drug list. Therefore, the combination product is recommended to remain a preferred agent.

Tricor® is currently considered a preferred agent, with and has a rank of 1. This agent is formulated using a new technology that bypasses the food effect where food increases bioavailability. Therefore, it is not necessary to take this agent with food, resulting in greater ease of use and improved compliance. Lowering triglycerides and increasing HDL with a fibrate is associated with a reduction in CV events in the population of patients with low HDL, nearly normal LDL and cardiovascular disease. Additionally, when added to a

therapy regimen for type II diabetics, fenofibrate caused a significant reduction in LDL and increase in HDL. Fenofibrate appears to not alter significantly the pharmacokinetics of statins in combination therapy, unlike gemfibrozil as suggested by findings from an evaluation of the FDA's Adverse Event Reporting System.

Gemfibrozil, a generically available fibrate, is currently considered preferred and is recommended for continued preferred status with a rank of 1. In a recent study, the Veterans' Affairs High-Density Lipoprotein Cholesterol Intervention Trial (VA-HIT), gemfibrozil's efficacy to elevate HDL and reduce triglycerides was shown to affect a 22% relative risk reduction for cardiovascular death or non-fatal myocardial infarction. The study showed even greater reduction in individuals with insulin resistance and diabetes.

Lovastatin is an immediate-release version and is available generically. It has a rank of 1. Besides being indicated for hypercholesterolemia, it also indicated for primary prevention of cardiovascular events. Although other statins produce greater reductions in LDL-C and triglycerides, the fact that this is a generic product indicated for primary prevention of cardiovascular events warrants this product's preferred status.

Niacin has a rank of 1. In the Coronary Drug Project, individuals with diabetes or insulin resistance derived as much as 70% cardiovascular risk reduction form the HDL-C elevations achieved with nicotinic acid therapy. Although niacin may cause blood glucose levels to rise in some patients, the reduction in CV risk and beneficial risks from LDL reduction and HDL increase in these patients cannot be overlooked. Niaspan® has a similar proportion of patients who flushed as other niacin products. However, the manufacturing label states that flushing episodes were reported less often by patients on this product. These products are currently considered preferred.

Niacin/lovastatin has a rank of 1. The effects of lowering LDL-C and raising HDL-C are additive and predictive of total cardiovascular event reduction. Therefore by using a statin-niacin combination, cardiovascular risk reductions as high as 90% are possible. This is significant in diabetic patients. Studies indicate that this combination achieves significantly better increases in HDL and LDL reductions than the monotherapies. Although this agent is not indicated for initial therapy, the combination product should remain a preferred product due to the effectiveness of this combination.

Pravastatin is indicated for primary and secondary prevention of cardiovascular events. These indications have resulted from significant positive patient outcomes studies. There is no new information to suggest that this product should be removed from preferred status. It has a rank of 1.

Simvastatin is another well-studied statin with positive patient outcomes studies as reflected in its approved indications of use. There is no new information to suggest that this product should be removed from preferred status. It has a rank of 1.

Zetia® is currently considered a non-preferred agent. It inhibits the intestinal absorption of cholesterol without the GI effects of the bile acid sequestrants. Clinical trials indicate as monotherapy, this agent lowers LDL by 17%, triglycerides by 6%, and increases HDL by 1.3%, which was statistically significant, compared to placebo. However, other agents considered preferred provide similar results. The single entity agent has a rank of 2 and is recommended to remain non-preferred.

This non-preferred statin has a low potential for the drug interactions shared by many other statins due to its metabolic pathway. This may be an important factor in patients on digoxin, fibric acid derivatives, niacin, etc. Outcome studies indicate that fluvastatin reduces the risk of undergoing coronary revascularization procedures (secondary prevention of coronary events) and slows the progression of coronary atherosclerosis. Considering patient outcomes data, the current preferred agents offer clinical advantages over fluvastatin. This product has a rank of 2 and should remain non-preferred.

HID recommends no changes to the current PDL which includes all agent with a rank of 1 –atorvastatin, cholestyramine, ezetimibe/simvastatin, fenofibrate, gemfibrozil, lovastatin, niacin (single-entity), niacin/lovastatin, pravastatin and simvastatin.

Public comments were presented in the antihyperlipidemic category from the following:
Dr. Angela Robinson; KOS Pharmaceuticals – Niaspan and Advicor; Dr. Cheryl Edwards; Reliant Pharmaceuticals – Antara ; James Tislow; Schering – Vytorin and Zetia; Dr. Russell Clayton; Merck - Zocor Dr. Honey East; Sankyo –Welchol;Dr. Jennifer Zarintash; First Horizon – Altoprev; Dr. Brennan Ross; Jackson VAMC - Crestor

Jeff Jones made a motion to accept the HID recommendations with the addition of Zetia, Welchol and Crestor. Dr. Robert Smith seconded the motion.

Ballot Results

For amended recommendation: Alexander, Cook, Gholson, Jones, King, Lomenick, O'Dell, Smith, Wales
For original HID recommendation: Roark

DOM selects Advicor, Crestor, Lipitor, Niaspan, Tricor, Zetia and Vytorin for Preferred Status.

GENITOURINARY SMOOTH MUSCLE RELAXANTS
Flavoxate is an agent that is available generically that appears to reduce dysuria, nocturia, and day/nighttime urge. Additionally, bladder volumes increase with use of this agent. It has a rank of 1.

Oxybutynin is one of the most frequently prescribed agents for treating OAB. Studies consistently suggest oxybutynin is more effective than tolterodine in decreasing urge and total incontinence. It is, however, associated with more frequent adverse effects, such as dry mouth. In an April 2001 article in The Medical Letter®, the authors conclude that the extended-release formulations may cause less dry mouth than their immediate-release counterparts. They add that decreased dry mouth is associated with decreased effectiveness. The immediate-release formulations are available generically. The transdermal formulation appears to be as effective with fewer anticholinergic adverse effects than the oral products. All formulations are recommended and it has a rank of 1.

Tolterodine, rank of 1, is the most widely used agent for treating OAB. Although studies indicate it may not be as effective as oxybutynin, it is consistently associated with less frequent anticholinergic side effects. This may be a significant advantage in elderly patients.

Trospium is as effective as other anticholinergic agents for OAB and has a rank of 5. Trospium is associated with similar adverse effects to those of other anticholinergic agents. The Medical Letter®, in an August 2004 issue, concluded that this agent appears to offer no advantage over long-acting anticholinergics for treatment of overactive bladder, and its poor absorption from the GI tract could be problematic.

Darifenacin, with a rank of 2, appears to be more selective, producing fewer anticholinergic side effects. It has a higher affinity for the M3 receptor, which mediates effects at the bladder. However, there is more potential for drug interactions with this agent. Although receptor selectivity may be enhanced, dry mouth seems to occur more frequently than with placebo. Additionally, a review in The Medical Letter® concluded that there is no convincing evidence that darifenacin offers any advantage in efficacy and tolerability over other long-acting anticholinergic agents.

Solifenacin, another recent addition to the list of agents for overactive bladder, has a rank of 2 and appears to have a higher affinity for bladder smooth muscle cells than salivary gland tissue. Studies suggest solifenacin is an effective agent with less potential for side effects than older agents in this class. In one study comparing solifenacin to tolterodine, however, frequency rates for dry mouth were not that dissimilar between the two agents. Additionally, a review in The Medical Letter® concluded that there is no convincing evidence that solifenacin offers any advantage in efficacy and tolerability over other long-acting anticholinergic agents.

Studies suggest that the weight loss medication, orlistat (Xenical®), is effective in reducing the risk for developing type II diabetes. At the time of publication, however, the manufacturer's label does not include this as an approved indication. This agent is currently prior authorized in Mississippi and it has a rank of 5. Approval is granted when this agent is used to aid in lowering cholesterol.

Tegaserod, with a rank of 1, is a novel agent for treating IBS. The medical literature is consistent regarding the safety and efficacy of tegaserod. All studies suggest that this medication is safe and effective for its target population in treating irritable bowel syndrome and chronic idiopathic constipation. There are, however, concerns surrounding the use of this medication. One concern is that tegaserod has limited indications for use. It is not approved for use in treating irritable bowel syndrome in men, and is not approved for use in patients older than 65 years in chronic idiopathic constipation. Also, there are no long-term studies discussing the safety of this medication after 12 weeks of use. In fact, the manufacturing labeling states that those responders to tegaserod may continue for another four to six weeks of treatment only. Authors from The Medical Letter® comment that results of mostly unpublished short-term clinical trials have not been impressive. They conclude that the long-term efficacy and safety have not been established, and IBS is a chronic condition.

HID recommends all agents with a ranking of 1 for inclusion on the PDL- Flavoxate, oxybutynin, tolterodine, and tegaserod.

Public comments were presented in the GU smooth muscle relaxants/ Misc. GI from the following: Dr. Ray Lanaster; Novartis – Zelnorm; Carol Collins; Glaxo Smith Kline -Vesicare.

A motion was made to accept the HID recommendation with the addition of Enablex, Vesicare and Xenical by Jeff Jones. The motion was seconded by Ms. King.

Ballot Results
For Motion: Cook, Gholson, Jones, King, Lomenick, O'Dell, Roark, Wales
For original HID Rec: Alexander
For original HID recommendation and Xenical: Smith

DOM selects Enablex and Zelnorm for Preferred Status.

RESPIRATORY AGENTS
Albuterol is available generically and is considered an important and effective agent in respiratory problems such as asthma and COPD as a rescue agent or a preventative agent for exercise induced asthma. There is vast experience with albuterol. It is capable of being dosed down in pediatric patients younger than two years of age. Currently, it is available in many dosage forms (MDI, nebulizer solution for inhalation, oral tablets, and oral syrup) which offers many possible treatment delivery options. AccuNeb®, a nebulizer solution for inhalation, is available in two different strengths with the 1.25/3mL strength now available generically. This preparation is recommended as preferred due to its capability to be dosed down for treating bronchospasm in children as young as two years old. Oral albuterol is also available generically and may be dosed to children as young as two years old with the syrup. Brand tablets do not appear to offer any advantage other than dosing frequency. No changes in status are recommended at this time with albuterol ranked as 1.

Aminophylline is not utilized to any great extent. It is available generically and should continue to be considered as a preferred agent. It has a rank of 1.

Advair is a combination agent and is one of the most utilized agents in the respiratory agent class. Through the combination of a long-acting inhaled beta-agonist and an inhaled corticosteroid, this product helps maximize NIH treatment guidelines for treating asthma and COPD with minimal impact on prescription benefit limits. Advair® has a ranking of 1 and should remain a preferred agent.

Flunisolide is currently considered a preferred agent. This inhaled corticosteroid is not highly utilized. No comparative studies on safety and efficacy have been found with other inhaled corticosteroids. Currently all inhaled corticosteroids are considered preferred in light of NIH guidelines for inhaled corticosteroid use for treating asthma. Flunisolide, the active ingredient, is considered a lower potency corticosteroid. A lower potency inhaled corticosteroid should be available to beneficiaries. This product has a rank of 1 and should remain a preferred agent.

Asmanex® represents another formulation of mometasone furoate, a corticosteroid also available topically and intranasally. Studies indicate that mometasone furoate may be superior to budesonide Turbuhaler® in changes in FEV1 from baseline to endpoint. It also appears to be as effective as fluticasone propionate. Both fluticasone and mometasone are high potency corticosteroids and have similar minimal systemic bioavailability at recommended doses. The availability of different package sizes to accommodate dosing regiments should help with compliance. This product has a rank of 1 and is recommended for preferred status.

The brand ipratropium MDI and generic preparations are currently considered preferred. No new data has been found to suggest that this drug should not be considered preferred. It has a rank of 1. Therefore, ipratropium and the brand MDI preparation should remain on the PDL.

Another preferred inhaled corticosteroid; triamcinolone is considered equipotent with flunisolide. No comparative studies on safety and efficacy have been found with other inhaled corticosteroids to indicate inferior efficacy and safety with other similar agents. This product, with a ranking of 1, should remain preferred.

Studies indicate the effectiveness of Accolate®, as well as improving the quality of life for asthmatic patients. However, montelukast has several advantages over Accolate® as it is dosed once daily and is also indicated for the treatment of seasonal allergic rhinitis. Accolate® has a rank of 3 and is not recommended for preferred status.

Combivent® is currently a preferred agent for treating COPD. Studies show improved outcomes with combination therapy in patients with asthma or COPD. It has a rank of 1. This product should remain a preferred agent.

Cromolyn sodium/Intal MDI is available in both MDI and solution for inhalation. The nebulized solution is available generically and indicated for use in children age two or older. With a rank of 1, both preparations should retain preferred status.

DuoNeb solution combines albuterol and ipratropium in one dosage form. An advantage of this combination is the availability in pre-mixed sterile unit dose vials. This lowers the risk of contamination with mixing and easier handling for elderly or sick patients. One study indicated that those who use the combination product had a 24% improvement in peak FEV1 compared to albuterol, and a 37% improvement over ipratropium as single agents. This agent has a rank of 1 and should be considered preferred.

Fluticasone is more potent than other existing inhaled corticosteroids available on the market today. Utilization data shows that it is one of the more often used inhaled corticosteroids. In a comparison study with montelukast, fluticasone had significantly better outcomes in many of the end points. This product has a rank of 1 and should remain preferred.

This long-acting beta II-agonist is currently a non-preferred agent. Long-acting beta II-agonists provide longer bronchodilatory effects and are encouraged by NIH guidelines in the management of asthma and COPD. This agent is safe and effective. Currently, there are no comparative studies among the long-acting beta II-agonists. However, if this agent is added to existing inhaled corticosteroid therapy or vice versa, a beneficiary would have to use two different inhalers due to the lack of a combination product with this agent. The agent has a ranking of 1.

Maxair is an inhaled beta-agonist which is not available generically. No new data or studies have been found showing greater efficacy over albuterol. Disadvantages include the lack of availability in other dosage forms. Maxair has a ranking of 3.

Metaproterenol is a generically available beta II-agonist and is available in many preparations to include MDI, solution for inhalation, syrup, and oral tablets. Although not greatly utilized, this agent provides another beta II-agonist for as needed dosing for acute asthma symptoms. It has a rank of 1.

Oxtriphylline is currently considered preferred; however, no utilization data could be found for this agent. It is currently only available as the brand product Choledyl®. No current studies could be found suggesting improved efficacy. This product has a ranking of 7 and should be removed from preferred status.

Pulmicort is an inhaled corticosteroid and is available in a dry powder inhaler (DPI) device and as inhaled solution. It is the most utilized inhaled corticosteroid single-entity. The Respules are indicated for use in children as young as one year old for chronic asthma. Pulmicort® Respules is the only inhaled corticosteroid available for younger patients and should continue to be considered a preferred agent. Comparison trials among inhaled corticosteroids are lacking, and the clinical relevance to potency and efficacy is yet to be conclusively established. Therefore, selection should be made on patient preference and clinical response. Without regard to cost, all products appear to equally effective in preventing asthma exacerbations. This agent has a rank of 1. All formulations should remain preferred.

QVAR is an inhaled corticosteroid and is indicated for use in children as young as five years old. This steroid is as potent as budesonide, which may be dosed to children as young as one year old as the inhalation solution, while the Pulmicort® Turbuhaler is not recommended for use in pediatric patients younger than six years old. QVAR® may offer an advantage for those pediatric patients capable of using an inhaler who do not wish to use an inhalation solution. It has a rank of 1.

Like Foradil®, Serevent Diskus, is a long-acting sympathomimetic which offers a clinical advantage over other sympathomimetics in the long-term treatment of asthma and COPD. Although comparative clinical studies with the other long-acting beta II-agonists are lacking, this product is effective and safe when used appropriately. Additionally, since the main ingredient in this product is available in combination with an inhaled corticosteroid, it provides ease for transitioning to a combination product if appropriate. It has a rank of 1.

Recent studies indicate that the addition of Singulair to existing therapy with an inhaled corticosteroid and long-acting beta II-agonist may result in significant improvements in asthma control. Additional advantages include the added indication of treatment of seasonal allergic rhinitis, once daily dosing, varying dosage forms, and indication for use in children as young as one year old for asthma control. Singular has a rank of 1.

In addition to its long-acting effect as compared to ipratropium, studies indicate tiotropium may reduce extended acute care for COPD exacerbation, and produce clinically significant improvements in dyspnea and health status when combined with pulmonary rehabilitation.
Terbutaline is a little-used oral bronchodilator used for bronchospasm. It is also used off-label for tocolysis. Terbutaline, with a ranking of 1, is available generically and should remain on the preferred drug list.

Guidelines recommend theophylline as an alternative to first-line agents in the management of asthma and COPD. Utilization data suggests that theophylline is often employed as part of a treatment strategy for many patients. Theophylline is available generically as well as in many of the combination products. Currently, generic theophylline and generic combinations are considered preferred. Theophylline has a ranking of 1. No change in preferred status is recommended at this time.

Studies do not conclusively show that Xopenex is more effective than racemic albuterol. Studies lack convincing evidence that S-albuterol counteracts the bronchodilator effect of R-albuterol or is responsible for adverse effects. Studies show that increases in heart rate were similar for both R-albuterol (levalbuterol) and racemic albuterol. Meanwhile, S-albuterol's effect on heart rate mirrored that of placebo. While racemic albuterol can be dosed to children younger than two years old, Xopenex® is not indicated for use in children younger than six years old. In fact, a FDA review of a study on levalbuterol's effects on children two to five years old found that this drug is not approvable for this population because asthma exacerbations were more common in levalbuterol treated patients than with albuterol or placebo. Therefore, due to the lack of convincing data stating significant improvement in efficacy over racemic albuterol, inability to dose to children below the age of six, and the lack of convincing data that S-albuterol is contradictory in benefit to R-albuterol, this product has a ranking of 3 and is not recommended for preferred status.

HID recommends all products with a rank of 1 be included for preferred status –albuterol, aminophylline, Advair, Aerobid and Aerobid M, Asmanex, Atrovent and ipratropium, Azmacort, Combivent, Cromolyn sodium/Intal MDI, DuoNeb, Flovent, Foradil, metaproterenol, Pulmicort, OVAR, Serevent Diskus, Singulair, Spiriva, terbutaline, and theophylline.

Public comments were presented in the respiratory categpry from the following:
Dr. Todd Akins, Sepracor - Xopenex; Herbert Lee, Dey - AccuNeb and DuoNeb; Dr Todd Adkins, Glaxo Smith Kline – Advair; James Tislow, Schering – Asmanex and Foradil; Dr. Russell Clayton, Merck - Singulair

A motion was made by Dr. Smith to accept the recommendation with the addition of Xopenex. The motion was seconded by Jeff Jones.

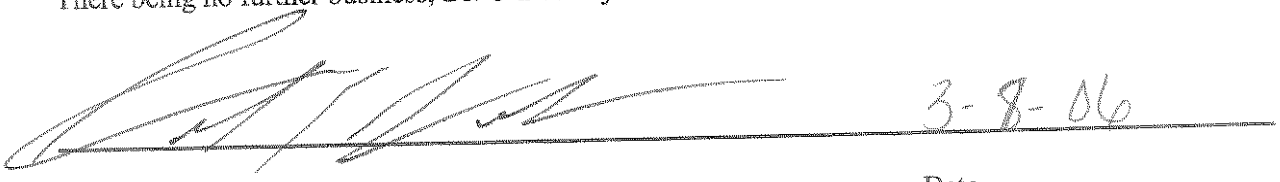
Dr. Gholson asked to amend the original motion to include quantity limit on Xopenex. Dr. O'Dell made a motion to accept the recommendation made by HID with the addition of Xopenex which will have quantity limits to be determined. Jeff Jones seconded the motion.

Ballot Results
10 Votes FOR Amended Motion

DOM selects the following for Preferred Status: anticholinergic agents-Spirva; inhaled corticosteroid-Asmanex, Azmacort, Pulmnicort Respules,and QVar; leuotriene modifier-Singulair; mast cell stabilizers-Intal Aerosal Inhaler, Tilade; sympathomimetics-albuterol CFC, Serevent Diskus, albuterol solution, Xopenex inhalation, and Xopenex HFA; sympathomimetic combinations-Advair, and Combivent.

Ms. Clark reminded committee members to place all ballots in the manila envelopes provided along with all travel vouchers and new member information.

There being no further business, Dr. O'Dell adjourned the meeting at 5:01pm.



3-8-06

Robert L. Robinson, Executive Director,
Division of Medicaid
State of Mississippi

Date