approved 4/29/05

MINUTES OF THE MARCH 29, 2005
PHARMACY AND THERAPEUTICS (P & T) COMMITTEE MEETING

Members Attending: Myrna Alexander, M.D, Todd Barrett, R.Ph., Larry Calvert, R. Ph., Betsy Cummings, C.F.N.P., Gary Davis, M.D., Craig Dawkins, M.D., Jennifer Gholson, M.D., Jeff Jones, R.Ph., Michael O'Dell, M.D., Pearl Wales, Pharm.D., Raymond Wynn, M.D.

Members Absent: David Hudson, R.Ph.

Also Present: Sharon Barnett-Myers, Deputy Director of Health Services, Philip Merideth, M.D., J.D, Judith Clark, R.Ph., Kim Purvis, R.Ph., Gay Gipson, R.N.,– DOM, Rob DiBenedetto, Sam Warman, R.Ph., Dennis Smith, R. Ph., Lew Anne Snow, R.N., Pam DeRuiter, R.Ph.- HID.

Guests Present: Lisa Grantham– ACS

Larry Calvert called the meeting to order at 1:00 p.m.

Introductions:
Judith Clark welcomed all committee members present at the meeting and thanked them for volunteering their time and their service. Ms. Clark introduced all members present from the MS Division of Medicaid.

Administrative Business
Judith Clark requested that guests in the audience sign in, turn off all cell phones and pagers, or to place them on silent as to not 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 the recording tapes would be destroyed upon completion of transcription of the minutes. To facilitate the recording of the minutes, Committee members were directed to use the microphones provided when speaking. Ms. Clark reminded members that their packets contained travel vouchers, a copy of the updated PDL effective April 1, 2005, a copy of the preferred/non-preferred drug list, the antihistamine list for providers, public comment guidelines and an updated clinical review schedule. Ms. Clark reminded Committee members that the paper ballots were the same format used previously and would not be tallied at the meeting. She reminded all members that it is not a secret ballot and in accordance with the Mississippi Open Meetings Act, the minutes would reflect each person's vote. Each ballot should be signed, dated, placed in the manila envelope provided and a DOM staff member would collect the packets. Sharon Barnett-Myers, Deputy Director of Health Services, gave a brief legislative update. Ms. Myers explained that recent legislation had approved funding of the deficit as well as the technical amendment bill. The changes that will occur in the pharmacy program are a limit of five (5) prescriptions for all beneficiaries with only two brand-name medications allowed and three (3) generic medications. The day supply of medications will be changed from a 34 day supply to a 31 day supply and for certain maintenance drugs specified by the MS Division of Medicaid a 90-day supply of these medications may be dispensed. Ms. Myers explained the legislation also ended Hospice as a category of eligibility and reduced the number of home health visits allowed from sixty (60) to

twenty-five (25). She explained that as of January 1, 2006 all dual eligible beneficiaries will begin receiving their prescription drugs through Medicare. Dr. O'Dell asked to work with Health Information Designs to develop a therapeutic review that would contain all the information the P & T Committee requested. Larry Calvert asked for two other volunteers from the committee also work with Dr. O'Dell and HID. Jeff Jones and Jennifer Gholson volunteered to assist.

Approval of minutes from the last meeting (January 18, 2005):
Jeff Jones made a motion to accept the minutes of the January 18, 2005 P & T meeting as written. Todd Barrett seconded the motion. All voted in favor of the approval.

Public Comment:
Larry Calvert explained the format for the public comments. He stated that the public comments would be heard in the order of the therapeutic review. Mr. Calvert asked that the public comments designated for a particular therapeutic class be given first followed by the therapeutic review and then the vote by the committee. One person from each group would be given three (3) minutes to speak about their product. Jeff Jones stated that he signal to notify the speaker during their public comment that they had 30 seconds remaining in the three (3) minutes allowed.

COX-2 Update:
At the January 18, 2005 P & T meeting, the committee tabled the review of COX-2 inhibitors pending a special session held in February by the FDA to non-steroidal anti-inflammatory drugs, including the COX-2 inhibitors. Pam DeRuiter, R.Ph with Health Information Designs, stated in February 2005, a FDA Advisory group met to discuss the COX-II agents, Celebrex®, Bextra®, and Vioxx®, as well as the risks surrounding these agents. The group poured over data surrounding recent cardiovascular troubles discovered in studies involving these agents. The panel also listened to expert testimony. The panel concluded that benefits to the drugs outweigh risks, although the class does indeed increase the risks of cardiovascular events. The panel also noted that Bextra® showed a greater risk than Celebrex® even though studies were limited. The panel suggested restrictions such as Black Box Warnings, banning direct-to-consumer (DTC) advertisements, and limiting certain patient populations from receiving this class of agents. Although Vioxx® is off the market because of a voluntary recall; the panel also approved a recommendation saying Vioxx should be made available.
Ms. DeRuiter reminded the committee that this class was reviewed and presented in October 2004. None of these agents were recommended for preferred status. Because of the advisory panel's recommendation and suggestions on restrictions in light of studies showing increased cardiovascular adverse events in certain patient populations and at certain dosages, these agents should be available only after review for therapeutic appropriateness through the step therapy edit process.
HID recommended that no COX-II agent be considered preferred. Dr. O'Dell made a motion to accept HID's recommendation. Jeff Jones seconded the motion.

Ballot Results:

FOR- Alexander, Barrett, Calvert, Cummings, Davis, Dawkins, Gholson, Jones, O'Dell, Wales
AGAINST- Wynn

Executive Director's Decision: Approved for No Cox II

The committee had a general discussion on what affect the pending two (2) brands/ three (3) generic prescription limits would have on the decisions regarding the PDL that P & T Committee must make. Larry Calvert stated that the charge given to the committee by Dr. Jones had not changed to the best of his knowledge and that the committee should have more information by the scheduled May meeting. Todd Barrett stated that an electronic PA process might facilitate the current prior authorization process. Ms. Clark explained that DOM was currently utilizing an electronic PA process for six (6) therapeutic classes.

THERAPEUTIC CATEGORY REVIEWS

Pam DeRuiter, R.Ph. with Health Information Designs (HID) moderated the therapeutic class reviews.

ACE/CCB COMBINATION AGENTS
Public comments in the ACS/CCB Combinations presented by the following:
Ray Lancaster, Regional Scientific Director, Novartis Pharmaceuticals - Lotrel
Eddilisa Martin, Abbott Laboratories – Tarka

Several studies indicate these combinations are more effective than monotherapy with either agent, but none could be found indicating their advantage over other combination products. The manufacturers' labeling specifically states these combination products are not designed for initial therapy and specifies dosage and administration. Likewise, JNC-7 guidelines neither address the use of combination products (except in cases of stage-2 hypertension) nor endorse specific combinations of antihypertensive agents. Although not all patients may see increased antihypertensive effect with the addition of benazepril to amlodipine therapy, all will benefit from reduction of amlodipine-induced edema.

Although studies show the superiority of therapy with combination products over monotherapy with component agents for specific hypertensive stages, no convincing data show one combination product having an advantage over another. HID recommended no combination agent for preferred status. Jeff Jones made a motion to accept the recommendation. Todd Barrett seconded the motion. Dr. Alexander asked Ms. DeRuiter why no combination products were recommended when DOM was going to limit the number of brand prescriptions to two (2). Ms. DeRuiter answered that the legislation was not in place when Health Information Designs did the review and the recommendation was based on the fact that these combination products are not indicated for initial therapy.
Betsy Cummings made a motion to amend the recommendation to include all three (Lotrel, Lexxel and Tarka) as preferred agents. Dr. Gholson seconded the amended motion.

Ballot Results:
FOR: All voted in favor of the amended motion.

Executive Director's Decision: Approved for all 3 ACE/ARB

ARB/HCTZ COMBINATION AGENTS

Public comments in the angiotensin II receptor antagonists presented by the following:
Nick Potochny, M.D., Boehringer/Ingelheim Pharmaceuticals – Micardis HCT
Ray Lancaster, Regional Scientific Director, Novartis Pharmaceuticals – Diovan HCT
Randy Easterling, M.D., River Region Health System – Benicar HCT
Joseph Brann, Medical Affairs Director, Biovall Pharmaceuticals – Teveten HCT
Doug Welch, Account Executive, Merck Pharmaceuticals – Hyzaar
Daniel Teat, Senior Cardiovascular Medical Information Scientist, AztraZeneca – Atacand HCT
Mark Haumschild, Nation Medical Manager, Sanofi-Aventis Pharmaceuticals – Avalide

Ms. DeRuiter stated that many published guidelines recommend ACE inhibitors as initial therapy for patients with hypertension combined with coexisting disease such as CHF, post-myocardial infarction or left ventricular dysfunction. ARBs are often considered second-line therapy, except in patients who cannot tolerate ACE inhibitors. For patients with hypertension alone, JNC VII does not recommend ARBs as first-line therapy.
Several studies indicate that ARBs are as effective as ACE inhibitors, either as monotherapy or in combination with diuretics. Both classes produce a better reduction in blood pressure when combined with a diuretic. Some studies even suggest that patients with severe hypertension (20/10mm/Hg above goal) may benefit from combination therapy as the initial therapy. Initiating treatment with multi-source ACE inhibitors/diuretic combinations would offer a much more cost-effective approach and would not impact safety and efficacy for the majority of patients.
HID recommended that no ARB/diuretic combination be preferred.
Dr. O'Dell made a motion to include Atacand HCT, Avalide, Diovan HCT and Hyzaar as preferred agents. Dr. Gholson seconded the motion. Dr. Wynn stated that he had received numerous requests from physicians throughout the state to select Benicar as a preferred agent. Jeff Jones asked to amend the original motion to include all seven (Atacand HCT, Avalide, Benicar HCT, Diovan HCT, Hyzaar,Micardis HCT and Teveten HCT) as preferred products. Dr. Wynn seconded the amended motion.

Hand Vote Results on the Amended Motion:
FOR: 6
AGAINST: 4
NO VOTE: 1

Executive Director's Decision: Approve all inclusion

Amlodipine/Atorvastatin
Public comments in the Amlodipine/Atorvastatin presented by the following:
Bob Aucker, Medical Team, Pfizer – Caduet

Ms. DeRuiter stated that Caduet® is a novel approach in combination therapy for hyperlipidemia, hypertension and angina, although these disease states most often do not coexist in patients. The JNC VII guidelines recommend against using calcium channel blockers as first-line therapy in treatment of hypertension. When diet and exercise are not enough, atorvastatin, like all statins, is considered a first-line agent in treating hyperlipidemia. The Medical Letter® states that atorvastatin is almost always a reasonable choice for patients with hyperlipidemia, but the authors add that a calcium channel blocker is generally not the drug of choice for hypertension. They express concern that use of the combination product may lead to overuse of amlodipine. HID recommended that Caduet not be a preferred agent. Jeff Jones made a motion to include Caduet as a preferred agent on the PDL. Dr. Gholson seconded the motion. Ms. Clark then asked that the minutes reflect the vote count would be different after this ballot vote as it was necessary that Jeff Jones leave the meeting.

Ballot Results:
FOR- Alexander, Calvert, Cummings, Davis, Dawkins, Gholson, Jones, Wales, Wynn
AGAINST- Barrett, O'Dell

Executive Director's Decision: Approved for Caduet

Statin Combination Agents
Public comments in the statin combination agents presented by the following;
Larry Shapiro, Ph.D., Schering-Plough- Vytorin

Ms. DeRuiter stated that the combination of pravastatin and aspirin, however, offers no additional cholesterol-lowering benefit that cannot be attributed to the statin component alone. It should be noted that pravastatin (Pravachol®) will be available in generic form in 2006. Although Advicor® is effective and relatively safe when monitored periodically, this agent is not indicated for initial therapy and can only be switched to after titrating the niacin component separately. The ezetimibe/simvastatin combination offers a unique mechanism of dual inhibition at HMG-CoA reductase and absorption inhibition at small intestine brush border. This dual inhibition may lower cholesterol an additional 20 percent compared to simply increasing the statin dose, which may increase the incidence of adverse effects. Additionally, dual inhibition may allow more patients to reach LDL cholesterol goals with a lower simvastatin dose compared to simvastatin alone. This dual inhibition mechanism helps patients who initially need reductions of 55 percent or more in LDL-C.

Dr. Davis made a motion to accept HID's recommendation of Vytorin (simvastatin/ezetimibe) as preferred and Advicor (lovastatin/niacin) & Pravigard PAC (pravastatin/aspirin) as non-preferred agents. Mr. Barrett seconded the motion.

Ballot Results:

NOT PRESENT- Jones
FOR- Alexander, Barrett, Calvert, Cummings, Davis, Gholson, O'Dell, Wales, Wynn
NO ENTRY ON BALLOT - Dawkins

Executive Director's Decision: Approved motion & outcome Approve Advisor remaining as preferred

Benign Prostatic Hypertrophy Agents

Public comments in the benign prostatic hypertrophy agents presented by the following:
Nick Potochny, M.D., Boehringer/Ingelheim Pharmaceuticals – Flomax
Carol Collins, Pharm.D., GlaxoSmithKline-Avodart
Mark Haumschild, Nation Medical Manager, Sanofi-Aventis Pharmaceuticals – Uroxatral
Ken Flynt, Executive Urologist Sales Specialist, Merck-Proscar

Pam DeRuiter stated that there were no studies found that suggested the brand-name counterparts of doxazosin and terazosin were more effective than generic formulations. Alfuzosin (Uroxatral®) does not appear to cause sexual dysfunction and is as effective as the other agents. Ms. DeRuiter stated that no studies were found comparing the two 5-alpha reductase inhibitors finasteride (Proscar®) and dutasteride (Avodart®). Both appear effective for patients with moderate to severe BPH when compared to placebo, and they can also reduce risk of acute urinary retention or surgical intervention. However, comparative studies are needed to determine if one product offers any advantage over the other. A Dec. 23, 2002, Medical Letter® review concluded that any advantage of dutasteride over finasteride is yet to be determined. Ms. Clark asked that the minutes reflect that Dr. Alexander left the meeting at 3:23 p.m. prior to the vote on this therapeutic class.

Mr. Barrett made a motion to accept HID's recommendation of doxazosin, Proscar (finasteride), terazosin, Uroxatral (alfuzosin) and also add Flomax (tamsulosin) to the PDL and Avodart(dutasteride) as non-preferred. Dr. Wynn seconded the motion.

Ballot Results:
NOT PRESENT- Alexander, Jones
FOR - Barrett, Calvert, Cummings, Davis, Gholson, O'Dell, Wales, Wynn
AGAINST- Dawkins

Executive Director's Decision: Concur with recommendation and approve

Estrogens and Progestins

Public comments in the estrogens and progestins presented by the following:
Mary Sendi, Wyeth – Premarin, Prempro and Premarin Vaginal Cream

For the treatment of menopausal symptoms, all estrogen products have been shown to be effective, and no significant differences in drug interactions or adverse effects emerge when comparing the same dosage forms. All brand-name single-entity estrogen products are comparable to each other and offer no significant clinical advantage over available generics.

Estradiol is available generically in oral and transdermal dosage forms, and estropipate is available generically as an oral tablet.
Ms. DeRuiter stated that as with single-entity estrogen products, no significant differences in drug interactions or adverse effects among the progestins emerge when comparing the same dosage forms. In terms of efficacy, no significant advantages are evident. The brand-name single-entity progestin products offer no significant clinical advantage over available generics. All estrogen/progestin combination products have been shown to be effective for treatment of menopausal symptoms, and there are no significant differences in drug interaction or adverse effects when comparing the same dosage forms. All brand-name estrogen/progestin combination products are comparable and offer no significant therapeutic advantages over available single-entity generics.

Mr. Barrett made a motion to accept HID's recommendation of all generic estrogen and progestin agents and also include all dosage forms of Premarin (tabs, vaginal cream and combination products) as preferred agents. Dr. Wales seconded the motion.

Ballot Results
NOT PRESENT- Alexander, Jones
FOR – Barrett, Calvert, Cummings, Davis, Dawkins, Gholson, O'Dell, Wales, Wynn

Executive Director's Decision: Approved

GU Smooth Muscle Relaxants/Miscellaneous GI drugs
Public comments in the GU smooth muscle relaxants/Miscellaneous GI drugs by the following:
Ray Lancaster, Regional Scientific Director, Novartis Pharmaceuticals – Zelnorm

Larry Calvert made a motion to table the review of the GU smooth muscle relaxants/Miscellaneous GI drugs for 6 months. Dr. Gholson seconded the motion.
Motion carried by a unanimous show of hands.

Executive Director's Decision: approved

Hematopoetic Agents
Kam Nola, Regional Science Liaison, Amagen – Epogen, Aranesp
Paul Harris, Reimbursement Director, Biotech- Procrit

Ms. DeRuiter explained that all of these agents are used for very specific circumstances and are not commonly utilized in a point of sale system. She stated that a review process would assure therapeutic appropriateness without disrupting services to beneficiaries; therefore HID recommended no agents in this class as preferred status at this time. Pearl Wales asked if a claim for one of these medications would go through if the patient had been on the medication for 90-days. Ms. Clark replied that it would go through for stable therapy and also reminded the committee that many of these medications are Medicare Part B drugs. Dr. Wynn stated that he felt this class of agents is not widely used and are usually prescribed by an oncologist for

treatment of cancer. Dr. O'Dell explained that these drugs are in many instances being prescribed inappropriately to athletes.

Mr. Barrett made a motion to include ALL hematopoietic agents on PDL. (darbepoetin alfa-Aranesp, epoetin alfa-Epogen & Procrit, filgrastim-Neupogen, pegfilgrastim-Neulasta, sargromastim-Leukine). Dr. Wynn seconded the motion.

Ballot Results:
NOT PRESENT – Alexander, Jones, Gholson
FOR- Barrett, Calvert, Wynn
AGAINST – Cummings, Dawkins, O'Dell, Wales
ABSTAIN- Davis

Executive Director's Decision: No preferred agents

Legend Laxatives

Ms. DeRuiter stated that laxatives covered in this review can be separated into two categories: agents used to treat constipation, and agents used for evacuation in preparation for a GI examination. Lactulose and PEG-3350 (MiraLax®) are effective agents for treating constipation, and lactulose offers an additional indication. Both agents may be used in children, but the PEG-3350 products are becoming the treatment of choice in children. Both products are available generically, and no studies were found suggesting brand name counterparts were clinically or significantly more effective than generic equivalents.
The PEG-ES and sodium phosphate tablets have been shown to be comparably effective in colon cleansing. PEG-ES preparations offer one advantage because they are available in flavored, unflavored or sulfate-free formulations, and studies show that some patients like flavored, some like unflavored, and some like sulfate-free. All PEG-ES preparations are comparable in efficacy, and all are available in generic equivalents.
In some cases where flavoring is an issue with use of sodium phosphate tablets, flavoring may be added upon preparation of the solution. The sodium phosphate tablet preparation is comparable in effectiveness to the PEG preparations, but studies conclude that the liquid sodium phosphate preparation is more effective and better tolerated than either. In addition, sodium phosphate tablets are not available generically. Because of the lack of a clear clinically and statistically significant advantage and because of a myriad of contraindications, the sodium phosphate tablet is not recommended for preferred status.

Mr. Barrett made a motion to accept HID's recommendation of generic lactulose, polyethylene glycol electrolyte solution & polyethylene glycol solution as preferred agents and Visicol as non-preferred. Motion seconded by Dr. Wales.

Ballot Results:
FOR-Barrett, Calvert, Cummings, Davis, Dawkins, O'Dell, Wales
NOT PRESENT- Alexander, Jones, Gholson

Blank Ballot- Wynn

Executive Director's Decision: approved

Other business

The drug expenditures for January 2005 were given to the committee members by Ms. Clark. Ms. Clark stated that in February 2005, there were 960,781 prescription claims with 45 % of those being for brand name drugs with an average cost of $106.75 per prescription. In February 2005, generic drugs represented 47 % with at an average price of $ 26.47 per prescription. Judith Clark presented information to the committee concerning a public health advisory regarding Elidel that was issued by the FDA on March 10, 2005. Ms. Clark referred the committee to the review schedule handout in their packet and pointed out that the narcotic analgesics review had been moved to July. Pearl Wales stated that the FDA had issued a black box warning regarding the utilization of Phenergan in children less than two (2) years of age. Judith Clark asked that all completed ballots along with the travel voucher be placed in the envelope provided, sealed and left on the table to be collected by Division of Medicaid staff.

There being no further business, Larry Calvert adjourned the meeting at 4:20 p.m.