MINUTES OF THE APRIL 8, 2008
PHARMACY AND THERAPEUTICS (P & T) COMMITTEE MEETING

MEMBERS ATTENDING: John Cook, M.D.; Jennifer Gholsen, M.D.; Jeff Jones, R.Ph.; Deborah King, FNP; Robert Lomenick, R.Ph.; Garry McFerrin, R.Ph.; Michael O'Dell, M.D.; Manisha Sethi, M.D.; Robert Smith, M.D.; Pearl Wales, Pharm.D.

Also present: Judith Clark, R.Ph., Pharmacy Director, DOM; Paige Clayton, Pharm.D., DOM; Terry Kirby, R.Ph., DOM; Phyllis Williams, DOM; Steve Liles, Pharm.D., Provider Synergies

MEMBERS ABSENT: Larry Calvert, R.Ph.; Steve Roark

CALL TO ORDER: Acting Chairman Dr. Michael O'Dell called the meeting to order at 10:15 am.

INTRODUCTIONS: Ms. Clark welcomed committee members and guests in the audience. She thanked Committee members for volunteering their time. She thanked Jennifer Gholson, Mike O'Dell and Pearl Wales for continuing to serve on the Committee even though their terms have expired. Ms. Clark reviewed the goals of the P & T Committee and the overall vision of the DOM. Ms. Clark noted that the PDL classes being reviewed at this and the next meeting would all be implemented on July 1, 2008.

EXECUTIVE DIRECTOR'S COMMENTS: Ms. Williams, the Deputy Administrator of DOM, stated that the Division is facing a $99 million deficit for the current fiscal year that ends June 30, 2008. She stated that payments to hospitals could stop if there is no money, but that DOM is working on cost saving proposals regarding hospitals and nursing homes. Additionally, DOM is working towards implementation of a State MAC on May 1, 2008. She stated that, if there is no funding, the state would have to consider reducing optional services, including the pharmacy benefit. She noted that Supplemental Rebates are of help to the state and thanked the manufacturers for their participation.

ADMINISTRATIVE MATTERS: Ms. Clark asked guests to sign in. She reminded the Committee and guests that the meeting room must be left clean and that no food or drinks are allowed. She asked that cell phones, pagers and PDAs be silenced or turned off during the meeting. She also requested that guests leave the room only during breaks to minimize noise and distractions. Ms. Clark reviewed the safety exits for the meeting room and for the building. She explained that the meeting room is limited to a maximum capacity of ninety persons and that at no time would more than ninety be allowed to remain in the room due to state fire regulations. Ms. Clark called Committee members' attention to the packet at their seats. She instructed members to fill out travel vouchers and return them before leaving the meeting. Ms. Clark noted that, starting with this meeting, voting would be done by hand and/or voice vote, rather than paper ballots. She indicated that the intent of this change is to streamline the meeting. She stated that the meeting was being taped to facilitate the recording of the minutes. Ms. Clark stated that, pursuant to the Open Meetings Act, the Committee is required to record the minutes of the meeting within thirty days after the meeting is recessed or adjourned. She further stated that there is no requirement that the executive director act on the committee's recommendations within thirty days.

APPROVAL OF 10-9-07 MEETING MINUTES: Dr. O'Dell asked if there were additions, changes or deletions to the minutes of the last meeting. None were brought to the attention of the committee. Dr. O'Dell asked for a motion to approve the minutes of the October 9, 2007 meeting as presented. Mr. Lomenick made a motion to accept and Dr. Wales offered a second. The motion carried unanimously.

OVERVIEW OF PROVIDER SYNERGIES PROCESS: Dr. Liles introduced himself as the Clinical Account Manager from Provider Synergies, the state's new PDL/Supplemental Rebate vendor. He noted that Provider Synergies sister company First Health Services, would be handling Supplemental Rebate invoicing for the state. He stated that the materials provided to the Committee by Provider Synergies is intended to provide the members with the data they need to determine the relative value of the drugs in each class reviewed for the PDL. He noted that the Therapeutic Class Reviews, or TCRs, provided an objective summary of the evidence regarding the safety and effectiveness of the drugs being reviewed and the Cost Sheets showed, using symbols, the relative cost of the drugs in each class. He also reiterated that the Cost Sheets contained confidential pricing information and could not be shared with anyone outside of the Committee and DOM. Dr. Liles then went into more detail about how the information in the TCRs and Cost Sheets is collected, reviewed and presented.

THERAPEUTIC CLASS REVIEWS: Dr. Liles moderated the therapeutic class reviews.

BETA BLOCKERS

Dr. Liles noted that the TCR focused on the use of beta blockers in heart failure and that the drugs had equivalent effects in the treatment of hypertension. He discussed other indications that some of the drugs in the class have, such as angina, arrhythmias and myocardial infarction. He also noted that there is some variability in the specific pharmacology of these agents. Dr. Liles reviewed the characteristics and data of the two newer agents in the class, Coreg CR and Bystolic. Finally, he noted that his recommendations took into account the data, indications, pharmacologic properties and relative cost of the agents. Dr. Liles presented the following PDL recommendations:

Brand Name	Current PDL Status	PDL Recommendation
ACEBUTOLOL (ORAL)	ON	ON
ATENOLOL (ORAL)	ON	ON
BETAXOLOL (ORAL)	ON	ON
BISOPROLOL (ORAL)	ON	ON
BYSTOLIC (ORAL)	NR	ON
CARVEDILOL (ORAL)	ON	ON
COREG CR (ORAL)	ON	ON
INNOPRAN XL (ORAL)	OFF	OFF
LABETALOL (ORAL)	ON	ON
LEVATOL (ORAL)	OFF	ON
METOPROLOL (ORAL)	ON	ON
NADOLOL (ORAL)	ON	ON
PINDOLOL (ORAL)	ON	ON
PROPRANOLOL (ORAL)	ON	ON
SOTALOL (ORAL)	ON	ON
TIMOLOL (ORAL)	ON	ON

One speaker addressed the Committee: Dr. William Crowder of the Jackson Heart Clinical spoke on behalf of Forest for Bystolic.

Mr. Jones made a motion to accept Provider Synergies' recommendations as presented. The motion was seconded by Dr. Smith. Dr. O'Dell asked members to raise their hands if they approved of the motion. The motion passed unanimously, 10-0.

CALCIUM CHANNEL BLOCKERS

Dr. Liles reviewed the various indications and side effects of the dihydropyridine and non-dihydropyridine calcium channel blockers. He noted the association of immediate release dihydropyridines with increased cardiac mortality in patients with history of MI. He stated that the aforementioned factors were considerations in development of the recommendations. Dr. Liles then presented the following PDL recommendations:

Brand Name	Current PDL Status	PDL Recommendation
AMLODIPINE (ORAL)	ON	ON
CARDENE SR (ORAL)	OFF	OFF
CARDIZEM LA (ORAL)	OFF	OFF
COVERA-HS (ORAL)	OFF	ON
DILTIAZEM (ORAL)	ON	ON
DYNACIRC CR (ORAL)	OFF	ON
FELODIPINE ER (ORAL)	ON	ON
ISRADIPINE (ORAL)	ON	ON
NICARDIPINE (ORAL)	ON	ON
NIFEDIPINE ER (ORAL)	ON	ON
NIFEDIPINE IR (ORAL)	NR	ON
SULAR (ORAL)	OFF	OFF
VERAPAMIL (ORAL)	ON	ON
VERAPAMIL ER PM (ORAL)	ON	ON

No speakers addressed the Committee.

Dr. Gholsen made a motion to accept the recommendations as presented. Dr. Cook seconded the motion. Dr. O'Dell asked members to raise their hands if they approved of the motion. The motion passed unanimously, 10-0.

ANGIOTENSIN MODULATORS

Dr. Liles noted that this class was divided among two separate TCRs - one covering ACE inhibitors and the direct renin inhibitors and the other covering angiotensin receptor blockers - although they were combined in the Cost Sheets for the purpose of financial analysis. He reviewed the indications of the agents in the class, noting that all were indicated for treatment of hypertension. He noted the specific indications for the various agents, including heart failure, post-MI, diabetic nephropathy, risk reduction for Aceon and ramipril and pediatrics. Dr. Liles noted that the side effects of the ACE inhibitors and angiotensin receptor blockers were similar with the exception of a higher incidence of cough with the former. He reviewed the newest agent in the group, Tekturna, noting its low incidence of side effects as well as its lack of clinical outcome data. Finally, he reviewed the considerations for the recommendations, including outcomes data and side effects. Dr. Liles presented the following recommendations for this class:

Brand Name	Current PDL Status	PDL Recommendation
ACEON (ORAL)	OFF	ON
ATACAND / ATACAND HCT (ORAL)	OFF	OFF
AVAPRO / AVALIDE (ORAL)	ON	ON
BENAZEPRIL / HCTZ (ORAL)	ON	ON
BENICAR / BENICAR HCT (ORAL)	ON	ON
CAPTOPRIL / HCTZ (ORAL)	ON	ON
COZAAR / HYZAAR (ORAL)	OFF	ON
DIOVAN / DIOVAN HCT (ORAL)	ON	ON
ENALAPRIL / HCTZ (ORAL)	ON	ON
FOSINOPRIL / HCTZ (ORAL)	ON	ON
LISINOPRIL / HCTZ (ORAL)	ON	ON
MICARDIS / MICARDIS HCT (ORAL)	OFF	ON
MOEXIPRIL / HCTZ (ORAL)	ON	ON
QUINAPRIL / HCTZ (ORAL)	ON	ON
RAMIPRIL (ORAL)	ON	OFF
TEKTURNA / TEKTURNA HCT (ORAL)	OFF	OFF
TEVETEN / TEVETEN HCT (ORAL)	OFF	OFF
TRANDOLAPRIL (ORAL)	ON	ON

Committee members expressed reservation about Non-Preferring ramipril since, although it is costly at present, they expected its cost to decrease within several months.

One speaker, Dr. Julia Compton representing Novartis, spoke on behalf of Tekturna. In response to a question from Dr. O'Dell, Dr. Compton noted that outcomes studies of this drug were underway.

Mr. McFerrin made a motion to amend the recommendations by leaving ramipril as Preferred. The motion to amend was seconded by Mr. Jones. Dr. O'Dell asked for a hand vote of those in favor and opposed. The amendment was passed 7-3 with all approving except Drs. Gholsen, O'Dell and Wales.

Dr. Smith made a motion to add Tekturna to the PDL due to its low incidence of significant side effects. The motion to amend was seconded by Dr. Sethi. Dr. O'Dell asked for a hand vote of those in favor and opposed. This motion was passed 8-2 with all approving except Drs. Gholsen and O'Dell.

Mr. Jones made a motion to approve Provider Synergies' recommendations with the two amendments - the addition of ramipril and Tekturna. The motion was seconded by Dr. Gholsen. Dr. O'Dell asked for a hand vote of those in favor and opposed. The motion was approved by a vote of 10-0.

ANGIOTENSIN MODULATOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

Dr. Liles outlined Provider Synergies' analysis of combination products in general and this class in particular. He noted that increased compliance is a value of combination drugs, but that cost must be balanced against that of the individual components. Dr. Liles presented the following recommendations:

Brand Name	Current PDL Status	PDL Recommendation
AMLODIPINE / BENAZEPRIL (ORAL)	ON	ON
AZOR (ORAL)	OFF	OFF
EXFORGE (ORAL)	ON	ON
LEXXEL (ORAL)	OFF	ON
LOTREL (ORAL)	ON	OFF
TARKA (ORAL)	OFF	ON

One speaker, Jennifer Merkol, representing Azor, spoke on behalf of Daiichi Sankyo.

Dr. Smith made a motion to accept the recommendations except with the addition of Azor to the PDL. Dr. Gholsen seconded the motion. Dr. O'Dell asked for a hand vote of those in favor and opposed. The motion was approved by a vote of 10-0.

Dr. O'Dell announced that the Committee would take a break for lunch.

Dr. O'Dell reconvened the Committee at 12:40 pm.

LIPOTROPICS, OTHER

Dr. Liles reviewed the various subclasses of lipotropics in this grouping - niacin, fibric acid derivatives, omega-3 fatty acid and bile-acid sequestrants and cholesterol absorption inhibitors. He reviewed their effects on LDL, HDL, triglycerides, side effects, drug interactions and outcomes data. He also outlined the findings of the recently published ENHANCE trial of ezetimibe. Dr. Liles made the following recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ANTARA (ORAL)	OFF	ON
CHOLESTYRAMINE (ORAL)	ON	ON
COLESTIPOL (ORAL)	ON	ON
FENOFIBRATE (ORAL)	ON	ON
FENOGLIDE (ORAL)	NA	OFF
GEMFIBROZIL (ORAL)	ON	ON
LIPOFEN (ORAL)	NR	OFF
LOVAZA (ORAL)	ON	ON
NIASPAN (ORAL)	ON	ON
TRICOR (ORAL)	ON	ON
TRIGLIDE (ORAL)	OFF	OFF
WELCHOL (ORAL)	OFF	OFF
ZETIA (ORAL)	ON	OFF

Dr. Honey East, representing Daiichi Sankyo, spoke on behalf of Welchol. Donald Williams, representing Schering, addressed the Committee regarding Zetia.

Dr. Smith made a motion to accept the recommendations with the exception of adding Welchol and Zetia as Preferred. Dr. Smith's motion was seconded by Mr. Jones. Dr. O'Dell asked for those in favor of the motion to signify by hand vote. The motion passed 10-0.

LIPOTROPICS, STATINS

Dr. Liles presented an overview of the statins, including the new combination product, Simcor. He reviewed the effect of the various agents on LDL, HDL and triglycerides. Dr.

Liles presented an overview of the safety of the statins, including an outline of the safety report by the National Lipid Association, and their associated drug interactions. He outlined the outcomes data of the various agents, including the recent early cessation of the JUPITER trial. Dr. Liles made the following recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ADVICOR (ORAL)	ON	ON
ALTOPREV (ORAL)	OFF	OFF
CADUET (ORAL)	ON	ON
CRESTOR (ORAL)	OFF	OFF
LESCOL / LESCOL XL (ORAL)	OFF	ON
LIPITOR (ORAL)	ON	ON
LOVASTATIN (ORAL)	ON	ON
PRAVASTATIN (ORAL)	ON	ON
SIMCOR (ORAL)	NA	ON
SIMVASTATIN (ORAL)	ON	ON
VYTORIN (ORAL)	ON	ON

Mr. Jones made a motion to accept the recommendations with the exception of adding Crestor to the PDL. Mr. Lomenick seconded the motion, which was approved, 10-0, by hand vote.

PLATELET AGGREGATION INHIBITORS

Dr. Liles presented guidelines from ACCP and ACC/AHA supporting the appropriate use of the agents in this class. Following the presentation, he made the following recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
AGGRENOX (ORAL)	ON	ON
CLOPIDOGREL (ORAL)	NR	ON
DIPYRIDAMOLE (ORAL)	NR	ON
PLAVIX (ORAL)	ON	ON
TICLOPIDINE (ORAL)	NR	OFF

Dr. Gholsen made a motion, seconded by Dr. Wales, to accept the recommendations as presented. Dr. O'Dell asked for a hand vote of those in favor; the motion passed 10-0.

ANTICOAGULANTS, INJECTABLE

Dr. Liles noted that, due to the Medicaid population being affected, the TCR focuses on outpatient use of the drugs in this class. He outlined the various indications for the drugs, then presented the following recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
ARIXTRA (SUBCUTANE.)	ON	ON
FRAGMIN (SUBCUTANE.)	OFF	ON
INNOHEP (SUBCUTANE.)	OFF	OFF
LOVENOX (SUBCUTANE.)	ON	ON

Dr. Smith made a motion to accept Provider Synergies' recommendations. The motion was seconded by Dr. Cook and passed by hand vote, 10-0.

MULTIPLE SCLEROSIS AGENTS

Dr. Liles reviewed the indications of the immunoregulatory agents in this class. He noted

the comparative clinical trials of the interferons and the lack of such trials for Copaxone. Dr. Liles presented Provider Synergies' PDL recommendations for this class:

Brand Name	Current PDL Status	PDL Recommendation
AVONEX (INTRAMUSC.)	NR	ON
BETASERON (SUBCUTANE.)	NR	ON
COPAXONE (SUBCUTANE.)	NR	ON
REBIF (SUBCUTANE.)	NR	ON

Mr. Jones made a motion to accept the recommendations as presented. After being seconded by Ms. King, the motion passed by hand vote, 10-0.

SKELETAL MUSCLE RELAXANTS

Dr. Liles noted that there is a lack of well designed clinical trials of drugs in this class, stating that a 2004 meta-analysis found no evidence of the safety or effectiveness of the drugs in this class. Dr. Clayton announced that the DUR board has recommended for a PA for acute use of carisoprodol as well as a quantity limit for the drug. Dr. Liles presented the PDL recommendations for the drugs in this class, including designating carisoprodol as Non-Preferred.

Brand Name	Current PDL Status	PDL Recommendation
AMRIX (ORAL)	NR	OFF
BACLOFEN (ORAL)	ON	ON
CARISOPRODOL (ORAL)	NR	OFF
CARISOPRODOL COMPOUND (ORAL)	NR	OFF
CHLORZOXAZONE (ORAL)	ON	ON
CYCLOBENZAPRINE (ORAL)	ON	ON
DANTROLENE SODIUM (ORAL)	ON	OFF
FEXMID (ORAL)	OFF	OFF
METHOCARBAMOL (ORAL)	NR	ON
ORPHENADRINE (ORAL)	NR	ON
ORPHENADRINE COMPOUND (ORAL)	NR	ON
SKELAXIN (ORAL)	OFF	OFF
SOMA (ORAL)	NR	OFF
TIZANIDINE (ORAL)	ON	ON
ZANAFLEX (ORAL)	OFF	OFF

Mr. Jones made a motion to approve the recommendations. The motion was seconded by Mr. Lomenick. Dr. O'Dell called for those approving of the motion to signify by raising their hands; the motion passed 10-0.

ANTICONVULSANTS

Dr. Liles noted that this is a large heterogeneous class of drugs, stating that the older, first generation agents are used primarily for seizure disorders. He stated that the newer generation AEDs have multiple additional indications, including bipolar disorder, neuropathic pain, migraine prophylaxis and fibromyalgia. He then presented the following PDL recommendations:

Brand Name	Current PDL Status	PDL Recommendation
CARBAMAZEPINE (ORAL)	ON	ON
CARBATROL (ORAL)	ON	ON
CELONTIN (ORAL)	OFF	OFF
CLONAZEPAM (ORAL)	ON	ON
DEPAKOTE (ORAL)	ON	ON
DEPAKOTE ER (ORAL)	ON	ON
DEPAKOTE SPRINKLE (ORAL)	NR	ON
EQUETRO (ORAL)	ON	ON
ETHOSUXIMIDE (ORAL)	ON	ON
FELBATOL (ORAL)	OFF	OFF
GABAPENTIN (ORAL)	ON	ON
GABITRIL (ORAL)	ON	ON
KEPPRA (ORAL)	ON	ON
LAMICTAL (ORAL)	ON	ON
LAMOTRIGINE (ORAL)	OFF	OFF
LYRICA (ORAL)	ON	ON
MEPHOBARBITAL (ORAL)	NR	ON
OXCARBAZEPINE (ORAL)	NR	ON
PEGANONE (ORAL)	OFF	OFF
PHENOBARBITAL (ORAL)	NR	ON
PHENYTEK (ORAL)	ON	ON
PHENYTOIN (ORAL)	ON	ON
PRIMIDONE (ORAL)	NR	ON
TEGRETOL XR (ORAL)	ON	ON
TOPAMAX (ORAL)	ON	ON
TRILEPTAL (ORAL)	ON	ON
VALPROIC ACID (ORAL)	ON	ON
ZONISAMIDE (ORAL)	ON	ON

Dr. Smith made a motion to approve the recommendations. After being seconded by Dr. Cook, the Committee approved the motion by a 10-0 hand vote.

ANTIPARKINSON'S AGENTS

Dr. Liles reviewed the pharmacology and uses of the subclasses of drugs in this group, noting the similarities and differences of the drugs in each class. He briefly reviewed the guidelines for RLS from the American Academy of Sleep Medicine. Dr. Liles presented the following recommendations noting that, since there is no COMT inhibitor recommended to be Preferred, the Committee could consider including the combination product, Stalevo, to the PDL.

Brand Name	Current PDL Status	PDL Recommendation
AZILECT (ORAL)	NR	OFF
BENZTROPINE (ORAL)	NR	ON
CARBIDOPA / LEVODOPA (ORAL)	NR	ON
COMTAN (ORAL)	NR	OFF
KEMADRIN (ORAL)	NR	ON
MIRAPEX (ORAL)	NR	OFF
NEUPRO (TRANSDERMAL)	NR	OFF
PARCOPA (ORAL)	NR	OFF
REQUIP (ORAL)	NR	ON
SELEGILINE (ORAL)	NR	ON
STALEVO (ORAL)	NR	OFF
TASMAR (ORAL)	NR	OFF
TRIHEXYPHENIDYL (ORAL)	NR	ON
ZELAPAR (ORAL)	NR	OFF

Mr. Jones made a motion to accept Provider Synergies' recommendations with the addition of Stalevo to the PDL. The motion was seconded by Dr. Wales. Dr. O'Dell called for a show of hands of those approving the motion; the motion passed 10-0.

ANTIMIGRAINE AGENTS, TRIPTANS

Dr. Liles noted that there was some variability among the triptans in terms of their binding affinity to subsets of serotonin receptors and half-lives, but that they were similar in their side effect and efficacy profiles. He noted that Imitrex and Zomig are available in alternative dosage forms. Acknowledging that there is interpatient variability in effectiveness, he stated that the Preferred agents are a starting point for new patients and that patients currently stabilized on a particular agent should not have their therapy changed. Dr. Liles presented the following recommendations:

Brand Name	Current PDL Status	PDL Recommendation
AMERGE (ORAL)	OFF	OFF
AXERT (ORAL)	OFF	OFF
FROVA (ORAL)	OFF	OFF
IMITREX (NASAL)	ON	ON
IMITREX (ORAL)	ON	ON
IMITREX (SUBCUTANE.)	ON	ON
MAXALT / MAXALT MLT (ORAL)	ON	OFF
RELPAX (ORAL)	OFF	ON
ZOMIG (NASAL)	OFF	OFF
ZOMIG / ZOMIG ZMT (ORAL)	OFF	OFF

Rob Gaudin of Merck spoke on behalf of Maxalt. Tod Berner of Endo spoke on behalf of Frova.

Dr. Gholsen made a motion to approve the recommendations with the stipulation that patients currently on a given agent be permitted to continue to receive that agent without a PA. The motion was seconded by Mr. Jones and passed by the Committee, 10-0.

BLADDER RELAXENTS

Dr. Liles reviewed the pharmacologic differences among the bladder relaxants, noting that they all have anticholinergic properties. He briefly reviewed the pharmacokinetics and side effects of the drugs. Dr. Liles presented the following PDL recommendations to

the Committee:

Brand Name	Current PDL Status	PDL Recommendation
DETROL (ORAL)	ON	OFF
DETROL LA (ORAL)	ON	ON
ENABLEX (ORAL)	ON	ON
OXYBUTYNIN (ORAL)	ON	ON
OXYBUTYNIN ER (ORAL)	ON	ON
OXYTROL (TRANSDERM.)	OFF	ON
SANCTURA (ORAL)	OFF	ON
SANCTURA XR (ORAL)	NR	ON
VESICARE (ORAL)	OFF	ON

Dr. Smith made a motion, seconded by Dr. Gholsen, to approve the recommendations. Dr. O'Dell asked those in favor to raise their hands; the motion passes 10-0.

BPH AGENTS

Dr. Liles reviewed the pharmacology and indications of the alpha-blockers and 5-alpha reductase inhibitors. He noted the difference among the agents in terms of side effect profiles and covered the AUA guidelines for management of BPH. Dr. Liles presented the following recommendations to the Committee:

Brand Name	Current PDL Status	PDL Recommendation
AVODART (ORAL)	OFF	ON
CARDURA XL (ORAL)	OFF	OFF
DOXAZOSIN (ORAL)	ON	ON
FINASTERIDE (ORAL)	ON	ON
FLOMAX (ORAL)	ON	ON
TERAZOSIN (ORAL)	ON	ON
UROXATRAL (ORAL)	ON	ON

Dr. Cook made a motion to accept the recommendations; the motion was seconded by Dr. Wales. Dr. O'Dell asked those in favor to raise their hands; the motion passes 10-0.

OTHER BUSINESS

Ms. Clark reminded Committee members to complete and submit the travel vouchers in their packets.

NEXT MEETING DATE

Ms. Clark stated that the next P&T Committee meeting would be May 13, 2008.

ADJOURNMENT

There being no further business, Dr. O'Dell adjourned the meeting.