

**MINUTES OF THE April 14, 2009
PHARMACY AND THERAPEUTICS (P & T) COMMITTEE MEETING**

MEMBERS ATTENDING: Joyce Brewer, PhD, CNM, C.P.N.P.; Larry Calvert, R.Ph.; Ryan Harper, Pharm.D.; Jeff Jones, R.Ph.; Garry McFerrin, R.Ph.; Deborah Minor, Pharm.D.; Manisha Sethi, M.D.; William Sorey, 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, Deputy Administrator, DOM; Steve Liles, Pharm.D., Provider Synergies; Alyssa Hoover, Pharm.D., Provider Synergies.

MEMBERS ABSENT: John Cook, M.D.; Michael O'Dell, M.D.; Carolyn M. Tingle, M.D.;

CALL TO ORDER: Acting Chairman Jeff Jones called the meeting to order at 10:00 am.

INTRODUCTIONS: Ms. Clark welcomed committee members and guests in the audience. Ms. Clark then informed the members and audience that Dr. O'Dell, Dr. Cook, and Dr. Tingle would not be attending the meeting today. Ms. Clark confirmed with Mr. Jones that the committee does form a quorum with seven members. She then thanked Committee members for volunteering their time, introduced, and thanked the members of DOM for their continuing efforts and dedication in improving the State's Medicaid program, and gave recognition to the HID vendors for their contributing work in the program. She also thanked the members from ACS and the fiscal agents for their contributions to helping the department and program. Ms. Clark noted that the P&T Committee is a group of practicing physicians, pharmacists and nurse practitioners who volunteer their time and expertise. The Committee is charged with making PDL recommendations based on safety, efficacy, and overall cost value. Ms. Clark noted that the PDL classes being reviewed at this and the May meeting would all be implemented on July 1, 2009.

EXECUTIVE DIRECTOR'S COMMENTS: Ms. Williams, the Deputy Administrator of DOM, welcomed the committee members and staff, and thanked the DOM staff for their dedication to the program.

Deputy Director's Comments: Ms. Phyllis Williams, Deputy Director of Health Services, thanked the committee members for serving on the committee, and discussed some of the issues with Medicaid, such as the hospital assessments and the Senate bill assessment from hospitals.

ADMINISTRATIVE MATTERS: Ms. Clark reminded the speakers to sign in if they were planning to speak on behalf of a drug. She then 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 noted that voting is done by hand and/or voice vote. Ms. Clark called Committee members' attention to their packets that contain a copy of the state's PDL, a PA form, a colorized version of the External Cost Sheets that had previously been sent by Provider Synergies and their travel vouchers. She instructed members to fill out travel vouchers and return them before leaving the meeting. In accordance with the MS Open Meetings Act, minutes from this meeting including voting will be posted on the agencies website no later than May 14, 2009.

Ms. Clark presented an overview of the proceedings of today's meeting. She explained how the State decides whether a class stays on the PDL, and that the decision is based on a combination of utilization, financial benefit, and number of brand name products not available as generic that remain in the class. She gave an overview of the P & T meeting procedure, and the PDL decisions are based on the safety, efficacy, and overall value of the drug. She indicated that public comment has a three minute limit.

Ms. Clark informed the committee and audience that the PDL is revised and updated biannually, and the decisions are implemented as of January 1st and July 1st of each year. She noted that the decisions from this meeting and from last month's meeting would be posted on the website no later than 30 days prior to PDL implementation or by June 1, 2009.

APPROVAL OF NOVEMBER 5, 2008 MEETING MINUTES: Mr. Jones asked if there were additions, changes, or deletions to the minutes of the last meeting. Then he asked for a motion to approve the minutes of the November 5, 2008 meeting. Mr. McFerrin made a motion to accept and the motion was seconded by Dr. Harper. The motion passed unanimously 9-0.

THERAPEUTIC CLASS REVIEWS: Mr. Jones indicated that some of the committee members had to leave early due to obligations outside the meeting, and asked for a motion to exclude the clinical information from the meeting. Dr. Sorey made the motion to exclude clinical information from the meeting, and Mr. McFerrin seconded the motion. The motion passed unanimously 9-0.

BETA BLOCKERS

Dr. Liles presented the PDL recommendations for the beta blockers, and announced the changes to the PDL. Now, Innopran XL is preferred and Coreg CR is non-preferred.

| Brand Name | Current PDL Status | PDL Recommendation |
|--------------------|--------------------|--------------------|
| ACEBUTOLOL (ORAL) | PDL | PDL |
| ATENOLOL (ORAL) | PDL | PDL |
| BETAXOLOL (ORAL) | PDL | PDL |
| BISOPROLOL (ORAL) | PDL | PDL |
| BYSTOLIC (ORAL) | PDL | PDL |
| CARVEDILOL (ORAL) | PDL | PDL |
| COREG CR (ORAL) | PDL | NPD |
| INNOPRAN XL (ORAL) | NPD | PDL |
| LABETALOL (ORAL) | PDL | PDL |

| | | |
|----------------------|-----|-----|
| LEVATOL (ORAL) | NPD | NPD |
| METOPROLOL (ORAL) | PDL | PDL |
| METOPROLOL XL (ORAL) | PDL | PDL |
| NADOLOL (ORAL) | PDL | PDL |
| PINDOLOL (ORAL) | PDL | PDL |
| PROPRANOLOL (ORAL) | PDL | PDL |
| SOTALOL (ORAL) | PDL | PDL |
| TIMOLOL (ORAL) | PDL | PDL |

William Crowder, M.D. on behalf of Forest Pharmaceuticals spoke about Bystolic. Dr. Minor asked Dr. Crowder to explain why Bystolic should be on the PDL in terms of the financial and clinical benefits. Dr. Crowder indicated that the side effect profile of the drug is better than the generic beta-blockers, especially in the younger population.

Mike Payment, M.D. on behalf of Glaxo Smith Kline (GSK) spoke about Coreg CR in the treatment of hypertension and the benefits the drug offers to help improve compliance.

Dr. Minor motioned to accept Provider Synergies' recommendations with the exception of Bystolic. The amendment was seconded by Mr. Calvert. Dr. Harper questioned whether removing Coreg CR will cause the patients stabilized on the medication to be taken off, and Ms. Clark indicated these patients will remain on Coreg. Amendment failed with 6 in favor and 3 opposed. The motion was made by Mr. Jones and seconded to accept Provider Synergies' PDL recommendations as presented. The motion was seconded by Dr. Harper. Mr. Jones asked for a hand vote of those in favor. The motion passed 8 in favor and 1 opposed with Dr. Minor not in agreement with the motion.

CALCIUM CHANNEL BLOCKERS

Dr. Liles presented the following PDL recommendations with the changes of isradipine and verapamil ER PM being removed from the PDL:

| Brand Name | Current PDL Status | PDL Recommendation |
|------------------------|---------------------------|---------------------------|
| AMLODIPINE (ORAL) | PDL | PDL |
| CARDIZEM LA (ORAL) | NPD | NPD |
| COVERA-HS (ORAL) | PDL | PDL |
| DILTIAZEM (ORAL) | PDL | PDL |
| DYNACIRC CR (ORAL) | PDL | PDL |
| FELODIPINE ER (ORAL) | PDL | PDL |
| ISRADIPINE (ORAL) | PDL | NPD |
| NICARDIPINE (ORAL) | PDL | PDL |
| NIFEDIPINE ER (ORAL) | PDL | PDL |
| NIFEDIPINE IR (ORAL) | PDL | PDL |
| NISOLDIPINE (ORAL) | NPD | NPD |
| SULAR (ORAL) (10FMANY) | NPD | NPD |
| VERAPAMIL (ORAL) | PDL | PDL |
| VERAPAMIL ER PM (ORAL) | PDL | NPD |

| | | |
|----------------------|-----|-----|
| AMLODIPINE (ORAL) | PDL | PDL |
| CARDIZEM LA (ORAL) | NPD | NPD |
| COVERA-HS (ORAL) | PDL | PDL |
| DILTIAZEM (ORAL) | PDL | PDL |
| DYNACIRC CR (ORAL) | PDL | PDL |
| FELODIPINE ER (ORAL) | PDL | PDL |
| ISRADIPINE (ORAL) | PDL | NPD |
| NICARDIPINE (ORAL) | PDL | PDL |
| NIFEDIPINE ER (ORAL) | PDL | PDL |
| NIFEDIPINE IR (ORAL) | PDL | PDL |

No speakers addressed the Committee.

Dr. Harper motioned to accept the recommendations as presented. Dr. Brewer seconded the motion. Mr. Jones asked for a hand vote. The motion passed unanimously, 9-0.

ANGIOTENSIN MODULATORS

| Brand Name | Current PDL Status | PDL Recommendation |
|--------------------------------|--------------------|--------------------|
| ACEON (ORAL) | PDL | PDL |
| ATACAND / ATACAND HCT (ORAL) | NPD | NPD |
| AVAPRO / AVALIDE (ORAL) | PDL | PDL |
| BENZAEPRIIL / HCTZ (ORAL) | PDL | PDL |
| BENICAR / BENICAR HCT (ORAL) | PDL | PDL |
| CAPTOPRIL / HCTZ (ORAL) | PDL | PDL |
| COZAAR / HYZAAR (ORAL) | PDL | PDL |
| DIOVAN / DIOVAN HCT (ORAL) | PDL | PDL |
| ENALAPRIL / HCTZ (ORAL) | PDL | PDL |
| FOSINPRIL / HCTZ (ORAL) | PDL | PDL |
| LISINOPRIL / HCTZ (ORAL) | PDL | PDL |
| MICARDIS / MICARDIS HCT (ORAL) | PDL | PDL |
| MOEXIPRIL / HCTZ (ORAL) | PDL | PDL |
| QUINAPRIL / HCTZ (ORAL) | PDL | PDL |
| RAMIPRIL (ORAL) | PDL | PDL |
| TEKTURNA / TEKTURNA HCT (ORAL) | NPD | NPD |
| TEVETEN / TEVETEN HCT (ORAL) | NPD | NPD |
| TRANDOLAPRIL (ORAL) | PDL | PDL |

Tina Dancer, Pharm.D. on behalf of Bristol Myers Squibb yielded her to time speak about Avapro and Avalide. Doug Welch, R. Ph. on behalf of Merck yielded his to time to speak about Cozaar and Hyzaar. Julia Compton, Pharm. D. on behalf of Novartis yielded her time to speak about Diovan HCT, but did speak about Tekturna. She indicated that the drug was beneficial with lasting blood pressure reductions.

Dr. Brewer motioned to approve the recommendations as presented by Provider Synergies. The motion was seconded by Dr. Minor. Mr. Jones called for approving the motion by hand vote of those in favor and opposed. The motion was approved by a vote of 9-0.

ANGIOTENSIN MODULATOR-CALCIUM CHANNEL BLOCKER COMBINATIONS

Dr. Liles presented the PDL recommendations and indicated that removing amlodipine/benazepril combination would financially benefit the state, so the drug is recommended non-preferred. The rest of the recommendations were presented as follows:

| Brand Name | Current PDL Status | PDL Recommendation |
|--------------------------------|--------------------|--------------------|
| AMLODIPINE / BENAZEPRIL (ORAL) | PDL | NPD |
| AZOR (ORAL) | PDL | PDL |
| EXFORGE (ORAL) | PDL | PDL |
| LOTREL (ORAL) | NPD | NPD |
| TARKA (ORAL) | PDL | PDL |

The Committee discussed the financial benefits versus utilization of the drug. They also discussed the difficulty of moving utilization from a combination product to the single drugs.

Julia Compton, Pharm. D. on behalf of Novartis yielded her time to speak about Exforge.

Dr. Brewer motioned to add amlodipine/benazepril back onto the PDL. The motion was seconded by Dr. Harper. Ms. Clark added a comment about the goal to have the legislature remove the two brand limit on drugs for Medicaid beneficiaries and replace it with a limit on non-preferred drugs. She indicated that the outcome of the legislation is uncertain right now. Mr. Jones asked for a vote on the motion, and the motion was approved by a vote of 8-1 with Mr. Calvert not in agreement with the motion.

LIPOTROPICS, OTHERS

Dr. Liles made the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|-----------------------|--------------------|--------------------|
| NIACOR (ORAL) | NPD | PDL |
| ANTARA (ORAL) | PDL | NPD |
| CHOLESTYRAMINE (ORAL) | PDL | PDL |
| COLESTIPOL (ORAL) | PDL | PDL |
| FENOFIBRATE (ORAL) | PDL | PDL |
| FENOGLIDE (ORAL) | NPD | NPD |
| GEMFIBROZIL (ORAL) | PDL | PDL |

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|-----------------|-----|-----|
| LIPOFEN (ORAL) | NPD | NPD |
| LOVAZA (ORAL) | PDL | PDL |
| NIASPAN (ORAL) | PDL | PDL |
| TRICOR (ORAL) | PDL | PDL |
| TRIGLIDE (ORAL) | NPD | NPD |
| TRILIPIX (ORAL) | NPD | PDL |
| WELCHOL (ORAL) | NPD | NPD |
| ZETIA (ORAL) | NPD | NPD |

Bret Dargie on behalf of Daiichi Sankyo spoke about the benefits of Welchol because of its multiple indications. Mr. Jones asked about how Welchol is better than cholesteramine. Mr. Dargie responded that the drug has a dual indication for use in DM Type II, and it has fewer drug interactions.

Claudia Amidon, Pharm.D. on behalf of Schering Plough spoke about Zetia and its monotherapy and adjuvant therapy indications. Dr. Minor asked whether the beneficiaries needed access to the drug due to intolerances to other drugs. She also expressed her concerns of practitioners choosing this drug first as monotherapy over more proven agents.

Dr. Minor motioned to accept the recommendations as presented. The motion was seconded by Mr. McFerrin. Discussion occurred regarding the moving of agents from preferred to non-preferred status and the availability of non-preferred drugs for Medicaid beneficiaries. Dr. Wales asked if patients would be taken off a drug if it is removed from Preferred status. Ms. Clark indicated that the patients could remain on the drug according to current criteria. Mr. Jones commented that the PA program has vastly improved. Ms. Clark explained that the electronic PA has been implemented for many products and/or drug classes and has helped speed the process of non-preferred drug approval. Mr. Jones then asked for those in favor of the motion to signify by hand vote. The motion passed 7-2 with Dr. Brewer and Dr. Wales not in agreement with the motion.

LIPOTROPICS, STATINS

Dr. Liles made the following recommendations to the Committee with Vytorin changing status to non-preferred:

| Brand Name | Current PDL Status | PDL Recommendation |
|---------------------------|--------------------|--------------------|
| ADVICOR (ORAL) | PDL | NPD |
| ALTOPREV (ORAL) | NPD | NPD |
| CADUET (ORAL) | PDL | PDL |
| CRESTOR (ORAL) | NPD | NPD |
| LESCOL / LESCOL XL (ORAL) | PDL | PDL |
| LIPITOR (ORAL) | PDL | PDL |
| LOVASTATIN (ORAL) | PDL | PDL |
| PRAVASTATIN (ORAL) | PDL | PDL |

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|--------------------|-----|-----|
| SIMCOR (ORAL) | PDL | PDL |
| SIMVASTATIN (ORAL) | PDL | PDL |
| VYTORIN (ORAL) | PDL | NPD |

Dr. Liles explained that the reason Vytorin has been taken off the PDL is financial. Dr. Liles explained positioned offers vaguely and indicated that adding an agent that is off the PDL would affect savings due to a position offer.

Daniel Teat, Pharm.D. on behalf of Astra Zeneca spoke about Crestor and the new information in regards to the JUPITER study.

Reid Cotton, M.D. on behalf of Schering Plough spoke about Vytorin.

Dr. Harper motioned to accept the recommendations with the addition of Vytorin. Dr. Wales seconded the motion. Mr. Jones asked for a hand vote. The motion passed 9-0.

PLATELET AGGREGATION INHIBITORS

Dr. Liles made the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|---------------------|--------------------|--------------------|
| AGGRENOX (ORAL) | PDL | PDL |
| DIPYRIDAMOLE (ORAL) | PDL | PDL |
| PLAVIX (ORAL) | PDL | PDL |
| TICLOPIDINE (ORAL) | NPD | NPD |

Tina Dancer, Pharm.D. from Bristol Myers Squibb yielded her time to speak about Plavix.

Mr. McFerrin motioned to accept the PDL as presented. The motion was seconded by Dr. Brewer. Mr. Jones asked for a hand vote. The motion passed 8-0. *Dr. Sethi was not present for the vote.*

ANTICOAGULANTS, INJECTABLE

Dr. Liles then presented the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|----------------------|--------------------|--------------------|
| ARIXTRA (SUBCUTANE.) | PDL | PDL |
| FRAGMIN (SUBCUTANE.) | PDL | PDL |
| INNOHEP (SUBCUTANE.) | NPD | NPD |
| LOVENOX (SUBCUTANE.) | PDL | PDL |

No speakers addressed the committee.

Dr. Wales motioned to approve the PDL as recommended. The motion was seconded by Dr. Brewer. Mr. Jones asked for a hand vote. Motion passed 8-0. *Dr. Sethi was not present for the vote.*

MULTIPLE SCLEROSIS AGENTS

Dr. Liles presented the PDL recommendations for this class:

| Brand Name | Current PDL Status | PDL Recommendation |
|------------------------|--------------------|--------------------|
| AVONEX (SUBCUTANE.) | PDL | PDL |
| BETASERON (SUBCUTANE.) | PDL | PDL |
| COPAXONE (SUBCUTANE.) | PDL | PDL |
| REBIF (SUBCUTANE.) | PDL | PDL |

Jorge Ortiz on behalf of Bayer Healthcare yielded time to speak about Betaseron. Jim Thomas on behalf of EMD Serono yielded time to speak about Rebif. Jerrica Dodd on behalf of Biogen IDEC yielded time to speak about Avonex.

Dr. Harper motioned to accept the recommendations; the motion was seconded by Dr. Brewer. Mr. Jones asked for a hand vote. The motion passed 8-0. *Dr. Sethi was not present for the vote.*

SEDATIVE HYPNOTICS

Dr. Liles presented the following recommendations:

| Brand Name | Current PDL Status | PDL Recommendation |
|------------------------|--------------------|--------------------|
| AMBIEN CR (ORAL) | NPD | NPD |
| DORAL (ORAL) | NPD | NPD |
| ESTAZOLAM (ORAL) | PDL | PDL |
| FLURAZEPAM (ORAL) | PDL | PDL |
| LUNESTA (ORAL) | PDL | PDL |
| RESTORIL 7.5 MG (ORAL) | NPD | NPD |
| ROZEREM (ORAL) | PDL | PDL |
| TEMAZEPAM (ORAL) | PDL | PDL |
| TRIAZOLAM (ORAL) | PDL | PDL |
| ZALEPLON (ORAL) | PDL | PDL |
| ZOLPIDEM (ORAL) | PDL | PDL |

No speakers addressed the Committee.

Ms. Clark indicated that a quantity limited implemented on May 15 has been established due to duplicate therapy per DUR recommendations.

Mr. Calvert questioned whether Lunesta should remain on the PDL. Dr. Sethi responded that it was her experience that some patients tolerate Lunesta better than Ambien.

Dr. Wales motioned to approve the recommendations. The motion was seconded by Dr. Sethi. Mr. Jones called a hand vote; the motion passed 8-1 with Mr. Calvert not in agreement with the motion.

ANTICONVULSANTS

Dr. Liles presented the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|-------------------------------|--------------------|--------------------|
| BANZEL (ORAL) | NR | NPD |
| CARBAMAZEPINE (ORAL) | PDL | PDL |
| CARBATROL (ORAL) | PDL | PDL |
| CELONTIN (ORAL) | NPD | NPD |
| DEPAKOTE (ORAL) | NPD | NPD |
| DEPAKOTE ER (ORAL) | PDL | PDL |
| DEPAKOTE SPRINKLE (ORAL) | PDL | PDL |
| DIVALPROEX (ORAL) | PDL | PDL |
| DIVALPROEX ER (ORAL) | PDL | PDL |
| DIVALPROEX SPRINKLE (ORAL) | PDL | PDL |
| EQUETRO (ORAL) | PDL | PDL |
| ETHOSUXIMIDE (ORAL) | PDL | PDL |
| FELBATOL (ORAL) | NPD | NPD |
| GABAPENTIN (ORAL) | PDL | PDL |
| GABITRIL (ORAL) | PDL | PDL |
| KEPPRA SOLUTION (ORAL) | PDL | PDL |
| KEPPRA TABLETS (ORAL) | PDL | PDL |
| KEPPRA XR (ORAL) | NPD | NPD |
| LAMICTAL (ORAL) | PDL | PDL |
| LAMOTRIGINE (ORAL) | PDL | PDL |
| LEVETIRACETAM SOLUTION (ORAL) | PDL | PDL |
| LEVETIRACETAM TABLETS (ORAL) | PDL | PDL |
| LYRICA (ORAL) | PDL | PDL |
| OXCARBAZEPINE (ORAL) | PDL | PDL |
| PEGANONE (ORAL) | NPD | NPD |
| PHENYTEK (ORAL) | PDL | PDL |
| PHENYTOIN (ORAL) | PDL | PDL |

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| STAVZOR (ORAL) | NPD | NPD |
| TEGRETOL XR (ORAL) | PDL | PDL |
| TOPAMAX (ORAL) | PDL | PDL |
| TRILEPTAL (ORAL) | NPD | NPD |
| TRILEPTAL SUSPENSION (ORAL) | PDL | PDL |
| VALPROIC ACID (ORAL) | PDL | PDL |
| ZONISAMIDE (ORAL) | PDL | PDL |

Deborah Griffes on behalf of Abbott Pharmaceuticals spoke about Depakote and a 2007 study published in Epilepsia, which evaluated the seizure relapse of switching from brand to generic products.

Collette Parker, M.D. on behalf of Eisai spoke on behalf of Banzel and its indication in Lennox Gastaut disease. Dr. Harper commented that Banzel is a useful drug with a good side effect profile.

Lee Ann Griffin, Pharm.D. on behalf of Pfizer yielded her time to speak about Lyrica-

Collette Parker, M.D. on behalf of Eisai spoke on behalf of Keppra XR and its benefit of improving compliance.

Dr. Harper motioned to add Banzel and Keppra XR to the PDL. After being seconded by Dr. Sorey, Mr. Jones asked for a hand vote. The Committee approved the motion, 8-1 with Dr. Wales not in agreement with the motion.

ANTIPARKINSON'S AGENTS

Dr. Liles presented the PDL recommendations with no changes as follows:

| Brand Name | Current PDL Status | PDL Recommendation |
|---------------------------------|---------------------------|---------------------------|
| AZILECT (ORAL) | NPD | NPD |
| BENZTROPINE (ORAL) | PDL | PDL |
| CARBIDOPA / LEVODOPA (ORAL) | PDL | PDL |
| CARBIDOPA / LEVODOPA ODT (ORAL) | PDL | PDL |
| COMTAN (ORAL) | NPD | NPD |
| MIRAPEX (ORAL) | NPD | NPD |
| REQUIP (ORAL) | NPD | NPD |
| REQUIP XL (ORAL) | NPD | NPD |
| ROPINIROLE (ORAL) | PDL | PDL |
| SELEGILINE (ORAL) | PDL | PDL |
| STALEVO (ORAL) | PDL | PDL |

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|-------------------------|-----|-----|
| TASMAR (ORAL) | NPD | NPD |
| TRIHENXYPHENIDYL (ORAL) | PDL | PDL |
| ZELAPAR (ORAL) | NPD | NPD |

Leigh Langford, CFNP spoke on behalf of Mirapex in regards to the differences in its receptor activity versus Requip, and the differences in receptor activity results in better efficacy and fewer side effects.

Brian Facca on behalf of GSK spoke about Requip XL and the improvements this formulation has over the regular release formulation in regards to compliance, blood concentration levels, and titration of drug.

Dr. Minor motioned to accept Provider Synergies' recommendations. The motion was seconded by Mr. McFerrin. Mr. Jones called for a hand vote; the motion passed 9-0.

ANTIMIGRAINE AGENTS, TRIPTANS

Dr. Liles presented the following recommendations:

| Brand Name | Current PDL Status | PDL Recommendation |
|--------------------------|--------------------|--------------------|
| AMERGE (ORAL) | NPD | NPD |
| AXERT (ORAL) | NPD | NPD |
| FROVA (ORAL) | NPD | NPD |
| IMITREX (NASAL) | PDL | PDL |
| IMITREX (ORAL) | PDL | PDL |
| IMITREX (SUBCUTANE.) | PDL | PDL |
| MAXALT / MLT (ORAL) | NPD | NPD |
| RELPAX (ORAL) | PDL | PDL |
| SUMATRIPTAN (NASAL) | PDL | PDL |
| SUMATRIPTAN (ORAL) | PDL | PDL |
| SUMATRIPTAN (SUBCUTANE.) | PDL | PDL |
| TREXIMET (ORAL) | PDL | PDL |
| ZOMIG (NASAL) | NPD | NPD |
| ZOMIG / ZOMIG ZMT (ORAL) | NPD | NPD |

Brian Facca from GSK yielded his time to speak about Treximet.

Doug Welch, R.Ph. from Merck spoke on behalf of Maxalt and Maxalt MLT.

Dr. Minor made a motion to approve the recommendations to the PDL. The motion was seconded by Dr. Harper. Mr. Jones asked for a hand vote. The motion passed by the Committee, 9-0.

BLADDER RELAXANTS

To be reviewed at May 12, 2009 meeting

BPH AGENTS

Dr. Liles presented the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|--------------------|--------------------|--------------------|
| AVODART (ORAL) | PDL | PDL |
| CARDURA XL (ORAL) | NPD | NPD |
| DOXAZOSIN (ORAL) | PDL | PDL |
| FINASTERIDE (ORAL) | PDL | PDL |
| FLOMAX (ORAL) | PDL | PDL |
| RAPAFLO (ORAL) | NR | NPD |
| TERAZOSIN (ORAL) | PDL | PDL |
| UROXATRAL (ORAL) | PDL | PDL |

No speakers addressed the Committee.

Dr. Minor motioned to approve the recommendations as presented. After being seconded by Dr. Harper, Mr. Jones asked for a hand vote. The Committee approved the motion, 9-0.

PHOSPHATE BINDERS

Dr. Liles presented the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|------------------------|--------------------|--------------------|
| CALCIUM ACETATE (ORAL) | PDL | PDL |
| ELIPHOS (ORAL) | NR | PDL |
| FOSRENOL (ORAL) | PDL | PDL |
| PHOSLO (ORAL) | PDL | PDL |
| RENAGEL (ORAL) | PDL | PDL |
| RENVELA (ORAL) | NPD | NPD |
| CALCIUM ACETATE (ORAL) | PDL | PDL |

Darlene Bitel from Shire yielded her time to speak about Fosrenol.

The Committee discussed the removal of Renagel from the market. The topic will be re-introduced in May when more information is available about when it will be removed.

Dr. Minor made a motion to accept the recommendations as presented. The motion was seconded by Dr. Sethi. Mr. Jones asked for a hand vote. The motion passed 9-0.

ERYTHROPOEISIS STIMULATING PROTEINS

Dr. Liles presented the following recommendations to the Committee:

| Brand Name | Current PDL Status | PDL Recommendation |
|---------------------|--------------------|--------------------|
| ARANESP (INJECTION) | PDL | PDL |

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|---------------------|-----|-----|
| EPOGEN (INJECTION) | NPD | NPD |
| PROCRIT (INJECTION) | PDL | PDL |

Arsalan Khan from Centocor Ortho Biotech yielded his time to discuss Procrit.

Dr. Brewer made a motion to accept the recommendations as presented. The motion was seconded by Dr. Sorey. Mr. Jones asked for a hand vote; the motion passed 9-0.

OTHER BUSINESS

Ms. Clark thanked Jeff Jones, R.Ph for agreeing at short notice to chair today's meeting.

NEXT MEETING DATE

Ms. Clark stated that the next P&T Committee meeting is scheduled for May 12, 2009.

ADJOURNMENT

There being no further business, Mr. Jones adjourned the meeting.