

MINUTES OF THE  
FEBRUARY 7, 2006  
PHARMACY AND THERAPEUTICS (P & T) COMMITTEE MEETING

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

**Members Absent:** Steve Roark

**Also Present:** Don Thompson, Deputy Administrator of Health Services; Judith Clark, R.Ph., Philip Meredith, M.D.,J.D., Medical Director; Terri Kirby, R.Ph.; Gay Gibson, R.N., Jessica Talley, Pharmacy Technician– DOM; Rob DiBenedetto; Sam Warman, R.Ph., Dennis Smith, R.Ph., Pam DeRuiter, R.Ph., Lew Anne Snow, R.N.– HID

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

**Introductions:**

Judith Clark welcomed all committee members and guests present, and expressed appreciation to the committee members for volunteering their service and time. Ms. Clark also introduced members present from the MS Division of Medicaid and thanked them for their assistance. She asked that all guests present please sign in on the attendance sheets provided and that all public comment speakers also sign in on the appropriate sheet provided. Ms. Clark then introduced Kathy Mosbaugh and Carrie Tort as representatives for Gold Standard Multimedia. Kathy Mosbaugh, Director of Operations for Gold Standard presented a demonstration of eMPOWERx, the PDA program currently being utilized by select Medicaid physician providers throughout the state.

**Administrative Business:**

Ms Clark asked that all guests please assist in keeping the premises clean, and refrain from bringing food or beverages into the meeting area. It was requested that everyone present please silence cell phones and pagers. Audience guests were requested to limit leaving and entering the conference room to the break time, so as not to disrupt the meeting. Guests were reminded that all conversations in the hallway outside the meeting room be kept to a minimum volume. Instructions were given regarding exit procedures from the building in the case of an emergency. Ms

Pursuant to the Open Meetings Act, the minutes of the meeting are recorded, minutes must be published within 30 days after the meeting has recessed or adjourned. The meeting is being taped to facilitate transcription, and tapes would be destroyed upon completion of transcription of the minutes. Please note that there are no requirements that the Executive Director must act on the committees' recommendations within the 30 days. Voting for inclusion on the PDL will be done by paper ballots using the same process as in previous P & T meetings. The ballots will not be tallied at the meeting in accordance with the Mississippi Open Meeting Act, but that the minutes would reflect each person's vote. Ballots are to be signed, dated , and placed in provided manila envelope which will be collected at the end of the meeting. Ballots are destroyed upon completion of the vote tally and transcription of the minutes.

To facilitate the recording of the minutes, committee members are requested to use the microphones when speaking, and the chairman to announce the name of the committee members making recommendations or motions. Committee members are requested to sign travel vouchers and place in provided manila envelope with ballots.

Ms Clark stated that the Division of Medicaid is aggressively pursuing supplemental rebates and that the current preferred drug list has the potential to change greatly in the next few weeks.

Recommendations from the October 2005 P & T meeting, the November 2005 P & T meeting as well as recommendations from today's meeting will be incorporated into the PDL changes that will be effective April 1, 2006. After the PDL changes effective April 1, 2006, any future PDL changes will be made only twice annually on July 1<sup>st</sup> and January 1<sup>st</sup>. Ms. Clark pointed out that committee would meet once each quarter; therefore, the recommendations made during the first half of the year would be implemented July the 1<sup>st</sup> and recommendations made from meeting held after that date would be implemented January the 1<sup>st</sup>.

#### **Approval of Minutes:**

Dr. O'Dell made a motion to accept the minutes as written. The motion was seconded by Jeff Jones. All voted in favor and the minutes were approved.

#### **New Business:**

Pearl Wales stated that since the last P & T meeting, another H-2 antagonist, Axid is now available in an oral liquid formulation. Pearl Wales made a motion that Axid liquid be added for inclusion on the PDL for children 12 years of age and younger. Jeff Jones seconded the motion. All voted in favor of the motion.

#### **Therapeutic Category Reviews:**

Dennis Smith, R.Ph. of Health Information Designs, Inc., (HID), moderated the therapeutic class reviews. After general discussion by the board, it was decided that Mr. Smith would only review a summary of the recommendations and subsequent changes made by HID since the therapeutic category reviews. Mr. Smith stated that in response to a request by the P & T committee a relative cost indicator had been added to all categories included in the therapeutic reviews.

### **BENIGN PROSTATIC HYPERTROPHY AGENTS**

HID recommended all agents with a ranking of 1- Uroxatral, doxazosin, Proscar, and terazosin.

Public comments in the benign prostatic hypertrophy agent category were presented by the following: William Burkard / Boehringer Ingelheim-Flomax; Carol Collins/GlaxoSmithKline - Avodart

Jeff Jones made a motion to accept HID's recommendation with the addition of Flomax. Dr. John Cook seconded the motion. Deborah King made a motion to amend the motion and add Avodart to the PDL. The amended motion was seconded by Todd Barrett. All voted in favor of the amendment.

**Committee vote:**

**11 votes cast**

**Accept HID recommendation plus Flomax- 3 votes: Barrett, Calvert, Smith**

**Accept HID recommendation plus Flomax & Avodart- 8 votes: Alexander, Cook, Gholson, Jones, King, Lomenick, O'Dell, Wales**

**HEMATOPOIETIC AGENTS**

Mr. Smith stated that currently there were no preferred hematopoietic agents on the PDL. HID recommended there be no changes made to the current PDL with no hematopoietic agents being preferred.

Public comments in the hematopoietic agent category were presented by the following:  
Tim Clark/Amgen-Aranesp and Neulasta

Jeff Jones made a motion to accept the recommendation made by HID and it was seconded by Dr. Robert Smith.

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation-11 votes**

**5-HT3 RECEPTOR ANTAGONISTS**

HID recommended there be no changes to the current preferred 5-HT3 receptor antagonist agents with Zofran remaining preferred.

There was no public comment in the 5-HT3 receptor antagonist category.

Dr. Myrna Alexander made a motion to accept the HID recommendation and Pearl Wales seconded the motion.

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation- 11 votes**

## **ESTROGENS AND PROGESTINS**

Mr. Smith noted that one new agent not included in the previous review, Femtrace, was included in this review. HID recommended that estradiol, Premarin, Premphase, Prempro, estropipate, Premarin vaginal cream, estradiol patch, estrone, medroxyprogesterone acetate, norethindrone acetate and progesterone in oil remain as the preferred agents. HID recommended that Premarin injection be removed from the PDL.

There was not public comment in the estrogen and progestin category.

Dr. Alexander made a motion to accept the recommendation made by HID. Jeff Jones seconded the motion.

### **Committee Vote:**

**11 votes cast**

**Accept HID's recommendation- 11 votes**

## **TOPICAL ANTIBACTERIAL AGENTS**

HID recommended that the following topical antibacterial agents be preferred:

bacitracin ointment

bacitracin/polymyxin ointment

gentamicin 0.1% cream and ointment

mupirocin 2% ointment

triple antibiotic ointment

clindamycin vaginal cream

HID also recommended that Cleocin vaginal ovules be removed as a preferred agent.

Public comments were presented in the topical antibacterial agents by the following  
Ron Lubritz, M.D./ Dermik.

Dr. Robert Smith made a motion to accept the HID recommendation with the addition of Metrogel. The motion was seconded by Dr. John Cook.

### **Committee Vote:**

**11 votes cast**

**Accept HID's recommendation-1 vote: Calvert**

**Accept HID's recommendation with addition of Metrogel- 9 votes: Alexander, Barrett, Cook, Gholson, Jones, King, Lomenick, Smith, Wales**

**Accept HID's recommendation with addition of Metrogel vaginal and Bactroban nasal limited to MRSA-1 vote: O'Dell**

## **TOPICAL ANTIVIRALS**

Currently there are no preferred topical antiviral agents. HID recommended no change.

There was not public comment in the topical antiviral category.

Jeff Jones made a motion to accept the HID recommendation. Pearl Wales seconded the motion.

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation- 11 votes**

**TOPICAL ANTIFUNGAL AGENTS**

HID recommended that the following topical antifungal agents remain preferred:

ciclopirox 0.77% cream and solution

clotrimazole 1 % cream and solution

clotrimazole/betamethasone cream and lotion

econazole 1% cream

ketoconazole 2% cream and shampoo

miconazole 2% cream

nystatin cream, ointment and powder

nystatin/triamcinolone cream and ointment

tolnaftate 1% cream and powder

clotrimazole 1% and 2% vaginal cream

miconazole 2% vaginal cream, 3 combo pack and 200 mg suppository

terconazole 0.4% and 0.8% vaginal cream.

Public comments were presented in the topical antifungal agents by the following:

Lisa Anderson./ Merz-Naftin

Gholson made a motion to accept the HID recommendations *if at least one vaginal agent has a pregnancy category designation of "B"* . Jeff Jones seconded the motion.

(clotrimazole has pregnancy category designation of B. )

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation-11 votes**

**TOPICAL ANTI-INFLAMMATORY AGENTS**

HID recommended that the following generic topical anti-inflammatory agents remain preferred:

alclometasone dipropionate cream and ointment

amcinonide ointment

betamethasone dipropionate cream, ointment and lotion

betamethasone valerate cream, lotion and ointment

clobetasol propionate cream, foam and ointment

desonide cream

desoximetasone cream, gel and ointment

dexamethasone diacetate cream and ointment  
fluocinolone cream, gel, ointment and solution  
fluocinonide cream, gel and ointment  
flurandrenolide lotion  
fluticasone propionate cream and ointment  
halobetasol cream, ointment and solution  
hydrocortisone aerosol, cream, ointment and spray  
hydrocortisone acetate cream, lotion and ointment  
hydrocortisone butyrate cream, ointment and solution  
mometasone furoate cream, lotion and ointment  
triamcinolone acetonide cream, lotion and ointment  
HID also recommended that brand Cordran ointment and cream (flurandrenolide) be removed as a preferred agent.

Public comments were presented in the topical anti-inflammatory agent category by the following:  
Bill Urbanek/ Ferndale Labs- Locoid Lipocream

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

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation 11 votes**

**TOPICAL ANTI-PRURITIC AGENTS**

Currently there are no preferred topical anti-pruritic agents. HID recommended no change.

There was no public comment presented in the topical anti-pruritic agent category.

Jeff Jones made a motion to accept the HID recommendation. The motion was seconded by Dr. Smith.

**Committee Vote:**

**11 votes cast**

**Accept HID's recommendation- 11 votes**

**MISCELLANEOUS SKIN AND MUCOUS MEMBRANE AGENTS**

HID recommended that the following miscellaneous skin and mucous membrane agents remain preferred:

fluorouracil 2% and 5% solution

anthralin 1% cream

Aldara cream

podofilox 0.5% solution  
urea 35 % lotion  
urea 50% nail gel  
balsa-derm (trypsin/balsam peru) aerosol  
ethezyme 830 (papain/urea) ointment  
Gladase, Gladase-C (papain/urea)  
Granul-Derm (trypsin/balsam peru)  
Kovia (papain/urea)  
Papain-urea-chlorophyll ointment  
TBC (trypsin/balsam peru) spray  
Ziox (papain/urea/chlorophyllin)

Mr. Smith stated that there were recent labeling changes and black box warnings issued by the FDA regarding both Protopic and Elidel. In light of these recent FDA updates, HID recommended that Elidel be removed as a preferred agent.

Public comments were presented in the miscellaneous skin and mucous membrane agents by: Ron Lubritz, M.D./ Astellas- Protopic; Julia Compton/ Novartis-Elidel

Deborah King made a motion to accept the HID recommendations with the addition of Protopic and Elidel. Jeff Jones seconded the motion. The committee asked Division of Medicaid to explore imposing limits on certain topical agents.

#### **Committee Votes:**

**11 votes cast**

**Accept HID's original recommendation-3 votes: Calvert, Lomenick, Smith**

**Accept HID's recommendation with addition of Elidel and Protopic-7 votes : Alexander, Barrett, Cook, Gholson, Jones, King, Wales**

**Accept HID's recommendation with addition of Elidel and Protopic and add Tazorac and topical retinoid(s) i.e. Differin, Retin A (for acne)-1 vote: O'Dell**

#### **Pharmacy Update**

Dr. O'Dell asked that DOM consider covering acne products when used in treatment of severe acne. MS. Clark stated that the Division of Medicaid would consider this request. Ms. Clark explained that all documents referenced during the meeting could be found on the Pharmacy Division website. Ms. Clark referred the members to the information included in their packets, including documents reflective of DUR Board recent action. Effective February 1, 2006, any amount in excess of the recommended limits (i.e. two (2) units per thirty-one (31) days or sixty-two (62) tabs per month) of analgesic narcotic and/or controlled substance analgesics would require prior authorization.

Medicare Part D handouts regarding Part B and D drugs and Part D exclusions were shared with the Committee members. Ms. Clark reminded members that current Part D information was available on DOM's web site at [www.dom.state.ms.us](http://www.dom.state.ms.us), select Pharmacy Services, and go to Medicare Part D Help. Judith Clark stated that MS Division of Medicaid will continue to work closely with CMS Regional office in Atlanta regarding Part D coverage issues for the dual eligible beneficiary.

There being no further business, Larry Calvert adjourned the meeting at 3:13pm.