MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting

Woolfolk Building
Conference Center East, Room 145
Jackson, MS 39201-1399

March 13, 2012
10:00am to 5:00pm

MINUTES

Committee Members Present:
Anne A. Norwood, FNP, PhD
Billy Ray Brown, Pharm.D.
Carol Tingle, M.D.
Deborah Minor, Pharm.D.
Geri Lee Weiland, M.D.
Hosan Azomani, M.D.
Lonnie Hicks, R.Ph.
Ryan Harper, Pharm.D.
Sharon Dickey, Pharm.D.
Wilma Johnson Wilbanks, R.Ph.

Committee Members Not Present:
John R. Mitchell, M.D.
Lee Voulters, M.D.

Division of Medicaid Staff Present:
Judith Clark, R.Ph., Pharmacy Bureau Director
Stacy Turner, MBA, Deputy Pharmacy Bureau Director
Terri Kirby, R.Ph., Pharmacist III
Shannon Hardwick, R.Ph., Pharmacist III
Delvin Taylor

Contract Staff/GHS Staff Present:
Chad Bissell, Pharm.D.
Laureen Biczak, D.O.
Shelagh Harvard

Other Contract Staff/State Staff Present:
Leslie Leon, Pharm.D., ACS-Xerox
Chris Yount, ACS-Xerox
Stephen Green, ACS-Xerox
Kyle Null, Pharm.D. University of Mississippi School of Pharmacy
Ben Banahan, Pharm.D., University of Mississippi School of Pharmacy

Other Contract Staff/State Staff Present via Teleconference:
Joyce Grizzle, PMP, ACS-Xerox

I. Call to Order

Ms. Wilma Wilbanks, R.Ph, Vice Chairperson, called the meeting to order at 10:12 a.m.

II. Introductions

Ms. Judith Clark, Mississippi Department of Medicaid (DOM) Pharmacy Bureau Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience. She introduced Goold Health Systems, DOM's new Preferred Drug List (PDL) and Supplemental Rebate (SR) vendor.

All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

Ms. Clark expressed DOM's appreciation to the Committee members for their volunteer service to the P&T Committee. She introduced DOM staff member Delvin Taylor and Deputy Bureau Director, Stacy Turner and thanked her entire staff for their dedication, compassion, willingness to bend, and flexibility.

Ms. Clark recognized DOM contractors seated in the audience, including Dr. Leslie Leon, Chris Yount, Stephen Green, and Joyce Grizzle from ACS-Xerox, and Dr. Kyle Null and from the University of Mississippi School of Pharmacy's MS-DUR Program.

Ms. Clark noted that DOM's new Executive Director, Dr. David Dzielak, may stop in to say a few words during the meeting.

III. Executive Director's Comments

There were no comments made by the Executive Director.

IV. Administrative Matters

Ms. Clark reviewed several new Committee policies and procedures, including a scheduling change for the public comment period and the discontinuation of the use of PowerPoint presentations. She also noted that Committee members and DOM will be reviewing many of their materials electronically during the meeting. Ms. Clark reminded the Committee and the audience that the PDL is posted several weeks prior to P&T meetings

Ms. Clark reminded guests to sign in. She stated that copies of the agenda and the public comment guidelines were available at the sign in table. She stated that there was a separate sign in sheet for advocates and reminded guests that advocate presenters are limited to 5 minutes of general comment. She noted that industry presenters must provide their full name, drug name, and company affiliation when signing in. She stated that industry presenters are allowed 3 minutes per drug and that no handouts would be permitted. Presenters are requested to sign in at least 10 minutes prior to start of meeting.

Ms. Clark stated that any documents used in the meeting that were not marked confidential and proprietary would be posted on DOM's web site (www.medicaid.ms.gov) after the meeting.

Ms. Clark reminded audience members that no food or drink should be brought into the room. She reviewed policies related to cell phones and pagers, discussions in the hallways, and emergency procedures for the building.

Ms. Clark requested that Committee members complete their travel vouchers. Ms. Clark reviewed the contents of the folders provided to each Committee member and asked that new members sign the documents provided.

Ms. Clark stated that DOM aggressively pursues supplemental rebates. Implementation for classes discussed at the meeting will be July 1, 2012.

Ms. Clark reviewed voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes will reflect each person's vote. She requested that the Chair announce the recommendation, motions, and names of committee members making motions. The meeting minutes will be posted no later than April 13, 2012.

Ms. Clark stated that lunch and refreshments would be provided for Committee members.

Ms. Clark outlined procedural guidelines for the meeting. She stated that the Pharmacy & Therapeutics (P&T) Committee works in an advisory capacity and that the Mississippi Division of Medicaid (DOM) is responsible for final decisions related to the PDL. The minutes for each P&T Committee meeting will be posted to the DOM website (www.medicaid.ms.gov) within 30 days of the meeting. She stated that DOM takes into account recommendations from both the P&T Committee and the clinical contractor before making a final decision. The approved PDL decisions will be posted to the DOM website at least 30 days prior to their implementation on July 1, 2012.

V. Drug Class Announcements

Ms. Clark stated that DOM continuously reviews drug classes. A class may be considered for PDL removal if there is low utilization, classes are all or mostly generic, or if there is no significant financial or clinical benefit from reviewing. DOM may choose to re-review a class at any time.

Dr. Bissell provided a quick introduction to Goold Health Systems (GHS) process and documentation.

Dr. Laureen Biczak, GHS, reviewed the electronic clinical packet, GHS' class review philosophy, and GHS' levels of evidence. She stated that Committee members are welcome to send

questions or comments related to the class reviews to GHS prior to P&T meetings. Dr. Bissell, GHS, reviewed the PDL analyses, new drug reviews, draft PDL, and the PDL change document.

Dr. Biczak stated that the majority of recommended changes are due to additions to classes, financial considerations, or line extension considerations. She stated that GHS considers clinical advantages first, and then financial.

Ms. Clark briefly explained line extensions and stated that if Mississippi is not proactive and aggressive, the state will be required to return a significant amount of money to the federal government. Currently, the time period for federal recoup of SR dollars reaches back to January 1, 2010. Dr. Biczak explained the supplemental rebate process, with particular focus on line extensions.

Dr. Bissell introduced the concept of extractions. He stated that drug categories that require clinical and/or financial discussion and those about which Committee members may have clinical questions should be extracted. Categories with relatively few changes would not be extracted, and would then be voted on as a group. Dr. Minor and Dr. Weiland stated that it would have been helpful to be notified of the change in process prior to the meeting. Ms. Clark stated that DOM provided the Committee with written notification of the change. Dr. Bissell apologized that information was not clearly communicated in advance of the meeting. Ms. Wilbanks stated that the term 'extractions' is not found in Robert's Rules of Order, which would explain why several Committee members did not understand the letter's implications. She further stated that most Committee members were familiar with the practice. Ms. Clark stated that it would have been most helpful to hold a conference call for the Committee, but that a call would have constituted a meeting, which would violate the Open Meetings Act. She apologized on behalf of DOM for the confusion.

GHS recommended that the following classes be extracted:

- Anticoagulants
- Anticonvulsants
- Antivirals, Topical
- Bladder Relaxant Preparations
- BPH Agents
- Lipotropic, Others
- Platelet Aggregation Inhibitors

Dr. Geri Lee Weiland asked what public speakers should do if their category was not extracted, but they wished to address the Committee. Dr. Bissell stated that public speakers are given the opportunity to address the Committee, regardless of whether or not their category was extracted. He stated that speakers should consider yielding their time to the Committee if their category is not extracted and their drug is recommended for preferred placement. Dr. Bissell clarified that the process included a first round of extractions, followed by a public comment period for any item, and then a second round of extractions. Ms. Wilbanks clarified that the Committee would have an opportunity for additional extractions after the public comment

period. Ms. Clark stated her understanding of the process. Dr. Weiland stated her understanding of the extractions process. Dr. Debra Minor asked for further clarification of the extractions, particularly relating to clinical recommendations. Dr. Bissell provided an example, using the Angiotensin Modulators class. Dr. Minor asked if financial recommendations were included for all drugs within a class and stated that the Committee is used to seeing full comparisons.

Dr. Minor noted that the language on the alphabetical and disease-state 90-day drug lists should be updated. Ms. Clark stated that the lists would be updated and that further discussions would take place after the meeting.

Mr. Lonnie Hicks asked if future clinical packets would include a list of recommended extractions. Dr. Bissell stated that new financial information is sometimes provided just before the meeting, so a list would not be complete until the day of the meeting. Dr. Weiland asked if GHS would be opposed to providing a draft list. Dr. Bissell stated that GHS would provide a draft electronic list to the Committee prior to the April meeting.

Dr. Weiland moved to accept GHS' recommended list of extractions. Dr. Minor motioned to extract the Antibiotics, Topical and Antiparkinson's Agents classes. Dr. Minor withdrew her motion. Votes were taken and the motion carried.

VI. Approval of October 11, 2011 Meeting Minutes

Ms. Wilbanks asked for approval of the minutes from the October 11, 2011 meeting. Dr. Sharon Dickey stated that there was an incorrect date in the administrative matters section. She also noted a grammar error in the same section. Ms. Wilbanks stated that there was a misspelling on page two. Ms. Wilbanks stated that there being no further corrections, that the minutes would stand accepted.

VII. PDL Compliance/Generic Percent Report Updates

Dr. Biczak provided an explanation of the PDL Compliance and Generic Percent reports.

A. Dr. Biczak reviewed the PDL Compliance Report; overall compliance for Q4 2011 was 96.7%.

B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q4 2011 was 82.7% and generic utilization of managed products was 79.1%.

VIII. Public Comments

Ms. Clark explained the public comment process.

Megan Jones, Janssen, yielded her time to the Committee (Xarelto).

Mike Dunze, Boehringer Ingelheim, yielded his time to the Committee (Pradaxa).

Melinda Welch, UCB, yielded her time to the Committee (Vimpat).

Dave Tworek, Lundbeck, spoke in favor of Onfi.

Dr. Crowder, Forest, yielded his time to the Committee (Bystolic).

Mike McGuine, Forest, spoke on behalf of Bystolic.

LeAnn Griffin, Pfizer, yielded her time to the Committee (Toviaz).

LeAnn Griffin, Pfizer, spoke in favor of Detrol LA.

Ken Linsky, GSK , spoke in favor of Jalyn.

Megan Jones, Janssen, yielded her time to the Committee (Procrit).

Andrea Hume, Abbott, spoke in favor of Trilipix.

Ken Linsky, GSK, spoke in favor of Lovaza.

Jamie Jolly, Daiichi Sankyo, spoke in favor of Welchol.

Dr. John Putman, Merck, spoke in favor of Zetia.

Dr. John Putman, Merck, spoke in favor of Vytorin.

Phillip Kenner, Acorda, spoke in favor of Ampyra.

Dr. Azomani asked for clarification on whether Ampyra was a potassium channel blocker. Mr. Kenner stated that it was. Ms. Clark responded that PA requests are processed through manual PA, not SmartPA. Dr. Weiland clarified the reasons for PA submission.

Debbie Kennedy, Biogen, yielded her time to the Committee (Avonex).

Julia Compton, Novartis, spoke in favor of Gilenya.

Ron Rideman, United Therapeutics, spoke in favor of Tyvaso.

Ron Rideman, United Therapeutics, yielded his time to the Committee (Adcirca).

Susan Raspatz, Actelion, yielded her time to the Committee (Tracleer).

Susan Raspatz, Actelion, spoke in favor of Ventavis.

Ray Lancaster, Gilead, yielded his time to the Committee (Letairis).

John Brokars, Lilly, spoke in favor of Effient.

Ben Everett, Astra Zeneca, spoke in favor of Brilinta.

Justin Scopol, Genzyme, spoke in favor of Renvela.

IX. Non-Extracted Categories

Ms. Wilbanks called for second round of extractions. Dr. Minor moved to extract the Beta Blockers class. Votes were taken and the motion carried. Ms. Wilbanks reviewed the final list of extractions.

Dr. Weiland moved to accept the non-extracted list of categories as recommended. Dr. Harper seconded the motion. Votes were taken and the motion carried. The approved categories are below.

A. Angiotensin Modulators

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACE INHIBITORS	
benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ACEON (perindopril) ALTACE (ramipril) CAPOTEN (captopril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril MONOPRIL (fosinopril) perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)
ACE INHIBITOR COMBINATIONS	
benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) CAPOZIDE (captopril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ PRINZIDE (lisinopril/HCTZ) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ)
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)	
AVAPRO (irbesartan) BENICAR (olmesartan)	ATACAND (candesartan) COZAAR (losartan)

PREFERRED AGENTS	NON-PREFERRED AGENTS
DIOVAN (valsartan) losartan MICARDIS (telmisartan)	EDARBI (azilsartan) eprosartan TEVETEN (eprosartan)
ARB COMBINATIONS	
AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ)	ATACAND-HCT (candesartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone)[NR] losartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TWYNSTA (telmisartan/amlodipine)
DIRECT RENIN INHIBITORS	
	TEKTURNA (aliskiren)
DIRECT RENIN INHIBITOR COMBINATIONS	
	AMTURNIDE (aliskiren/amlodipine/hctz) TEKAMLO (aliskiren/amlodipine) TEKTURNA-HCT (aliskiren/hctz) VALTURNA (aliskiren/valsartan)

B. Antiparkinson's Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
benztropine trihexyphenidyl	COGENTIN (benztropine)
COMT INHIBITORS	
	COMTAN (entacapone) TASMAR (tolcapone)
DOPAMINE AGONISTS	
ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole)
MAO-B INHIBITORS	
selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)
OTHERS	
amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)

C. Calcium Channel Blockers

PREFERRED AGENTS	NON-PREFERRED AGENTS
SHORT-ACTING	
diltiazem nicardipine nifedipine verapamil	CALAN (verapamil) CARDIZEM (diltiazem) isradipine nimodipine NIMOTOP (nimodipine) PROCARDIA (nifedipine)
LONG-ACTING	
amlodipine COVERA-HS (verapamil) diltiazem ER DYNACIRC CR (isradipine) felodipine ER nifedipine ER verapamil ER	ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) ISOPTIN SR (verapamil) nisoldipine NORVASC (amlodipine) PLENDIL (felodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil)

D. Erythropoiesis Stimulating Proteins

PREFERRED AGENTS	NON-PREFERRED AGENTS
ARANESP (darbepoetin) PROCRIT (rHuEPO)	EPOGEN (rHuEPO)

E. Lipotropics, Statins

PREFERRED AGENTS	NON-PREFERRED AGENTS
STATINS	
CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	atorvastatin ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)
STATIN COMBINATIONS	
atorvastatin/amlodipine	ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe)

F. Multiple Sclerosis Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)

G. PAH Agents – Endothelin Receptor Antagonists

PREFERRED AGENTS	NON-PREFERRED AGENTS
LETAIRIS (ambrisentan) TRACLEER (bosentan)	

H. PAH Agents – PDE5s

GHS recommended that the following list be approved. The motion was seconded, votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADCIRCA (tadalafil)	REVATIO (sildenafil)

I. PAH Agents – Prostacyclins

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TYVASO (treprostinil) VENTAVIS (iloprost)

J. Phosphate Binders

PREFERRED AGENTS	NON-PREFERRED AGENTS
ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (CALCIUM ACETATE) RENVELA (sevelamer carbonate)

K. Sedative Hypnotics

PREFERRED AGENTS	NON-PREFERRED AGENTS
BENZODIAZEPINES	
estazolam flurazepam temazepam (15mg and 30mg) triazolam	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg)
OTHERS	SmartPA
LUNESTA (eszopiclone) zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) EDLUAR (zolpidem) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)

The Committee adjourned for lunch at 12:10 p.m. The Committee resumed at 1:15 p.m.

X. Therapeutic Class Reviews

Ms. Clark stated that DOM would consider options for noting draft extracted classes on the next meeting's agenda.

Dr. Bissell clarified that GHS was prepared to answer any questions about the therapeutic class reviews provided to the Committee.

A. Anticoagulants

GHS recommended that the following list be approved. Dr. Bissell outlined new SmartPA criteria for Xarelto, which would be covered for DVT prophylaxis following hip replacement for 35 days or knee replacement for 12 days. Dr. Hosan Azomani made a motion to accept the recommendation, Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COUMADIN (warfarin) FRAGMIN (dalteparin) SmartPA LOVENOX (enoxaparin) SmartPA PRADAXA (dabigatran)* warfarin XARELTO (rivaroxaban) SmartPA	ARIXTRA (fondaparinux) SmartPA enoxaparin SmartPA fondaparinux SmartPA INNOHEP (tinzaparin) SmartPA

B. Anticonvulsants

GHS recommended that the following list be approved, including the addition of a new subcategory, Selected Benzodiazepines. Onfi was recommended to only be covered in children between the ages of 2 and 21, through EPSDT. Ms. Clark reviewed state policy related to mandatory and non-mandatory drug class coverage. She stated that benzodiazepines may become a mandatory class in 2014. Dr. Weiland asked if those patients currently using Lamictal would be moved to the generic form. Ms. Clark said that, broadly speaking, that switch was a possibility. Dr. Weiland asked if the generic form was a tablet or a caplet. Dr. Bissell confirmed that it was a tablet. Dr. Weiland made a motion to accept the recommendation, Dr. Minor seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) EQUETRO (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide)* zonisamide	BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) FANATREX SUSPENSION (gabapentin)[NR] felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine)** levetiracetam ER NEURONTIN (gabapentin) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TRILEPTAL Tablets (oxcarbazepine) ZONEGRAN (zonisamide)
SELECTED BENZODIAZEPINES	
DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)
HYDANTOINS	
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)
SUCCINIMIDES	
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)

C. Antivirals (Topical)

GHS recommended that the following list be approved. Dr. Bissell outlined a small change to the PDL that would maximize cost savings for the state. He stated that the Zovirax 15g ointment remain a preferred product, while the 30g size would be made non-preferred. Dr. Weiland asked how the script should be written. Dr. Bissell stated that the script could be written as it is currently; pharmacists would fill it differently. Dr. Dickey made a motion to accept the recommendation, Dr. Harper seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DENAVIR (penciclovir) ZOVIRAX Ointment (acyclovir) (15 grams)	XERESE (acyclovir/hydrocortisone) ZOVIRAX Cream (acyclovir) (30 gms)

D. Bladder Relaxant Preparations

GHS recommended that the following list be approved. Ms. Clark asked if transdermals hold marketshare. Dr. Biczak replied that they do not in the Bladder Relaxant Preparations category. Dr. Bissell stated that the transdermals offer no significant clinical advantages. Dr. Weiland asked why Gelnique was made non-preferred. Dr. Bissell stated that Gelnique's move to non-preferred allowed Enablex to be added as an oral alternative to Detrol LA, which had to move to non-preferred due to line extension concerns. Ms. Clark clarified that sometimes drugs move because of supplemental rebate bid criteria. Dr. Harper asked if Detrol LA was more expensive than Gelnique. Dr. Weiland made a motion to accept the recommendation, Dr. Brown seconded. Votes were taken, and the motion carried. The approved category is below.

Ms. Clark stated that there would be a lot of turnover in this category. Dr. Weiland asked if it would be helpful for a letter to go out to providers. Ms. Clark stated that DOM would consider providing a notice to the provider community.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENABLEX (darifenacin) oxybutynin IR TOVIAZ (fesoterodine fumarate)	DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN (oxybutynin) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin) oxybutynin ER OXYTROL (oxybutynin) SANCTURA (trospium) SANCTURA XR (trospium) trospium VESICARE (solifenacin)

E. Beta Blockers

GHS recommended that the following list be approved. Dr. Minor asked why Bystolic was included in the list of preferred agents. Dr. Biczak stated that as the new vendor, GHS' initial mandate was to extend ongoing rebate deals for Mississippi, to ensure that there was not a lapse in supplemental rebates. She stated that there was no clinical reason not to make the drug available. She stated that there is no significant clinical advantage and it is more expensive than all of the other drugs in the category, even after SR. Dr. Minor stated that recommendations steer prescribing patterns, which appears to be a validation by Medicaid of evidence that is not accurate. She stated that the clinical review provided by GHS was accurate. Dr. Harper stated that there was a small marketshare for the class, and that there were not many brand beta blockers left on the market. Dr. Minor moved to accept the recommendations made by GHS, with the exception that Bystolic be moved to non-preferred status. Dr. Harper asked how often metoprolol is prescribed twice per day. Dr. Biczak reviewed the marketshare information. Ms. Wilbanks reminded the Committee that there was a motion on the table. Dr. Dickey seconded the motion. Dr. Biczak stated that most Medicaid programs do not prefer Bystolic. Dr. Azomani asked for clarification on the cost of the drug. Dr. Biczak stated that, with the exception of metoprolol succinate, that Bystolic costs at least two times more than any other beta blocker listed. Ms. Wilbanks restated the motion to amend the beta blocker class by moving Bystolic to non-preferred status. Votes were taken, and the motion carried. Dr. Azomani abstained from the vote and Dr. Harper voted not to approve the motion. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
acebutolol atenolol bisoprolol metoprolol metoprolol XL nadolol pindolol propranolol timolol	BETAPACE (sotalol) betaxolol BLOCADREN (timolol) BYSTOLIC (nebivolol) CARTROL (carteolol) CORGARD (nadolol) INDERAL LA (propranolol) INNOPRAN XL (propranolol) KERLONE (betaxolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) sotalol TENORMIN (atenolol) TOPROL XL (metoprolol) ZEBETA (bisoprolol)
BETA- AND ALPHA-BLOCKERS	
carvedilol labetalol	COREG (carvedilol) COREG CR (carvedilol) TRANDATE (labetalol)
BETA BLOCKER/DIURETIC COMBINATIONS	
atenolol/chlorthalidone bisoprolol/HCTZ metoprolol/HCTZ nadolol/bendroflumethiazide propranolol/HCTZ timolol/HCTZ	CORZIDE (nadolol/bendroflumethiazide) DUTOPROL (metoprolol/HCTZ)^{NR} INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)

F. BPH Agents

GHS recommended that the following list be approved. Ms. Clark clarified that DOM covers Cialis because it has a CMS rebate for BPH; the agency manages the drug with SmartPA criteria. Dr. Weiland asked if the drug should be denoted as SmartPA on the PDL. Ms. Clark confirmed that the approved PDL would contain a notation. Dr. Tingle made a motion to accept the recommendation, Dr. Weiland seconded. Dr. Minor asked whether patients would still be able to receive non-preferred drugs through prior authorization. Ms. Clark confirmed that that would be true. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALPHA BLOCKERS	
doxazosin FLOMAX (tamsulosin) terazosin UROXATRAL (alfuzosin)	alfuzosin CARDURA (doxazosin) CARDURA XL (doxazosin) HYTRIN (terazosin) JALYN (dutasteride/tamsulosin) RAPAFLO (silodosin) tamsulosin
5-ALPHA-REDUCTASE (5AR) INHIBITORS	
AVODART (dutasteride) finasteride	PROSCAR (finasteride)
PDE5 INHIBITORS	
	CIALIS (tadalafil)^{NR}

G. Lipotropics, Other

GHS recommended that the following list be approved. GHS further requested that the Committee vote on a conditional acceptance of a pending Trilipix SR offer. The drug would be preferred if the financial negotiations worked in DOM's favor; DOM would make the final decision. Ms. Wilbanks suggested adding the class to the next P&T agenda. Mr. Hicks and Dr. Weiland agreed with Ms. Wilbanks' suggestion. Dr. Azomani stated that without concrete information from the manufacturers, it seemed better to wait. Dr. Biczak stated that there was no SR offer for Lovaza. Dr. Tingle asked if the Committee could table the class and circle back to it after GHS had completed negotiations with the manufacturer. Dr. Biczak stated that if the Committee is comfortable with the clinical findings and question comes down to whether keeping Trilipix preferred is cost effective or not, allowing DOM to make the final decision would keep the agenda open moving forward, which would also help to speed PDL programming. Ms. Wilbanks stated that Committee studies every issue in great detail. Dr. Minor stated that the Committee had previously reviewed fish oil in great detail. She further noted that the Committee likes for the Medicaid patient population to have access to cost-effective, quality fish oil products. Dr. Biczak stated that the manufacturer of Lovaza declined to provide an SR offer. Ms. Clark asked the Committee to make recommendation. Dr. Azomani moved to accept the recommendation, and further motioned that the class be added to the next agenda if there was a change in financials. Dr. Bissell restated GHS' recommendation for the Committee. Dr. Weiland seconded. Votes were taken, and the motion failed. Dr. Azomani, Dr. Weiland, and Dr. Harper voted in favor of the motion; all other members voted against the

motion. Dr. Tingle motioned to accept the recommendation, and further motioned to extract Trilipix. Dr. Weiland seconded. Ms. Clark explained how the Committee's decision would affect DOM. Dr. Biczak stated that the line extension recommendations had just been released, and Abbott's legal department was carefully reviewing the terms before submitting an offer. She stated that GHS has already requested an amended offer for Lovaza. Dr. Tingle withdrew the motion. Dr. Tingle moved to accept the recommendation. The motion was seconded. Votes were taken, and the motion carried. Dr. Azomani voted against the motion. The approved category is below. Dr. Harper was absent from the room.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BILE ACID SEQUESTRANTS	
cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
OMEGA-3 FATTY ACIDS	
LOVAZA (omega-3-acid ethyl esters)	
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FIBRIC ACID DERIVATIVES	
ANTARA (fenofibrate) fenofibrate gemfibrozil TRICOR (fenofibrate nanocrystallized)	fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid)
NIACIN	
NIACOR (niacin) NIASPAN (niacin)	

H. Platelet Aggregation Inhibitors

GHS recommended that the following list be approved. Dr. Bissell noted that updated guidelines released by the American College of CHEST Physicians recommends dual antiplatelet therapy with Brilinta, Plavix, or Effient plus aspirin in patients with ACS. They recommended using Brilinta plus aspirin over Plavix plus aspirin. He stated that GHS' recommendation remained the same, and asked that consideration be given to patients who initiate care in healthcare system and are then discharged. Dr. Weiland asked what the basis was for the ACP recommendation. Dr. Bissell stated that in the PLATO trial, Brilinta had been shown to be more effective than Plavix at preventing heart attack, stroke, and cardiovascular death without a higher risk of bleeding as a side effect. However, other trials conducted in North American patients did not demonstrate greater efficacy over Plavix. It was thought that this difference was due to the differing aspirin doses in the various geographical region studied. Dr. Minor stated that pre-existing aspirin users were given a different dose of the drugs studied and that the authors postulated that that accounted for different outcomes in several geographical regions of the United States. Dr. Dickey noted that resistance issues appear with Plavix and aspirin. Ms. Clark stated that Mr. Ben Everett, from AstraZeneca, had requested a chance to clarify information related to the geographical differences in the PLATO trial. The Committee

agreed to hear the clarifications. Mr. Everett stated that the only thing that accounted for the difference geographically was the aspirin load. He stated that the package insert for the US showed that Brilinta, in combination with low dose aspirin, had the lowest rate of incidents and that risk increased as the aspirin load increased. Dr. Tingle motioned to accept the recommendation, Dr. Norwood seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AGGRENOX (dipyridamole/aspirin) dipyridamole PLAVIX (clopidogrel)	BRILINTA (ticagrelor) cilostazol EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLETAL (cilostazol) ticlopidine

XI. New Drug Reviews

A. Duexis

GHS recommended that Duexis be made a non-preferred drug in the NSAID category. Ms. Clark stated that Duexis is a combination drug and asked if it was a line extension. Dr. Biczak stated that DOM would not be affected since the brand did not acquire a significant CMS rebate. Dr. Dickey motioned to accept the recommendation, Dr. Harper seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
NON-SELECTIVE	
etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac naproxen piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) ANSAID (flurbiprofen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ER LODINE (etodolac) meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) ORUDIS (ketoprofen)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	oxaprozin PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN (diclofenac) ZIPSOR (diclofenac)
NSAID/GI PROTECTANT COMBINATIONS	
	ARTHROTEC (diclofenac/misoprostol) DUEXIS (ibuprofen/famotidine) NR VIMOVO (naproxen/esomeprazole)
COX II SELECTIVE SmartPA	
meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)

XII. Other Business

Dr. Bissell stated that a list of classes to be reviewed at the April 17, 2012 P&T meeting had been updated to include the Antiparasitic, Topical category, which was added due to new safety concerns released since the last review in September 2011. He stated that the updated agenda would be posted on DOM's website. Ms. Clark stated that GHS would be reaching out to affected manufacturers.

Dr. Minor asked why the Hyzaar was preferred and its generic counterpart was non-preferred. She noted that there was discrepancy on the 90-day list. She stated that it appeared that the recommendations were made based on price. Dr. Biczak stated that all SR contracts will be reviewed within the next 6 months. GHS will make recommendations on-the-fly as generics become available and are more cost effective. Ms. Wilbanks stated that generic Hyzaar was not always available. Dr. Biczak noted that GHS is always looking for opportunities to save money for DOM.

XIII. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on April 17, 2012 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, Jackson, Mississippi.

XIV. Adjournment

The meeting adjourned at 2:49.