MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting

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

April 17, 2012
10:00am to 5:00pm

MINUTES

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

Committee Members Not Present:
Carol Tingle, M.D.
Lee Voulters, M.D.
Lonnie Hicks, R.Ph.

Division of Medicaid Staff Present:
Judith Clark, R.Ph., Pharmacy Bureau Director
Terri Kirby, R.Ph., Pharmacist III
Shannon Hardwick, R.Ph., Pharmacist III
Kathleen Burns, PA Team Clinical Nurse
Delvin Taylor
Celia Funchess

Contract Staff/GHS Staff Present:
Chad Bissell, Pharm.D.
Laureen Biczak, D.O.
Tina Hisel, Pharm.D., BCPS
Steve Liles, Pharm.D.
Shelagh Harvard

Other Contract Staff/State Staff Present:
Leslie Leon, Pharm.D., ACS-Xerox
Kyle Null, 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

John Mitchell, M.D., Chairperson, called the meeting to order at 10:07 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 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 recognized Committee members Dr. Lee Voulters, Dr. Hosan Azomani, and Dr. Sharon Dickey, thanking them for their 3 years of service, which will end on June 30, 2012.

Ms. Clark introduced DOM staff members Delvin Taylor, Celia Funchess, and Kathleen Burns, PA team clinical nurse. She acknowledged Bureau Director Stacy Turner, who was not in attendance. She 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 and Joyce Grizzle from Xerox-ACS, and Dr. Kyle Null and from the University of Mississippi School of Pharmacy's MS-DUR Program.

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

III. 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 about a disease, not specific to a drug. 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.

Ms. Clark stated that DOM aggressively pursues supplemental rebates. Implementation for classes discussed at the meeting will be July 1, 2012. Ms. Clark announced that DOM is in the process of joining the Sovereign States Drug Consortium (SSDC) multi-state pool.

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 May 17, 2012.

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

Ms. Clark 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.

IV. Executive Director's Comments

There were no comments made by the Executive Director.

V. Approval of March 13, 2012 Meeting Minutes

Dr. Mitchell asked for approval of the minutes from the March 13, 2012 meeting. Dr. Dickey stated that her statement regarding Plavix on page 16 should be amended to reflect aspirin instead of Brilinta. Dr. Mitchell stated that there being no further corrections that the minutes would stand accepted.

VI. 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 Q1 2012 was 96.7%.

Ms. Clark explained that an unmanaged category might be a category that is composed entire of generics. Dr. Biczak further explained that an unmanaged category might only have a single drug or two in the class or that there was no fiscal or clinical reason to manage the class. Whatever the reason, unmanaged in this context means not on the PDL. Ms. Clark further clarified that unmanaged does not mean there is no management such as age or quantity limits, it simply means it is not on the PDL.

B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q1 2012 was 82.7%.

VII. Drug Class Announcements

Dr. Bissell reviewed the agenda and procedure and the extraction process.

VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

a. Androgenic Agents
b. Antiparasitics, Topical
c. Glucocorticoids, Inhaled
d. Growth Hormone
e. Hypoglycemics, Incretin Mimetics/Enhancers
f. Hypoglycemics, Insulin and Related Agents
g. Intranasal Rhinitis Agents
h. Leukotriene Modifiers
i. Proton Pump Inhibitors

Dr. Minor asked why certain classes were extracted. Dr. Bissell stated that classes were extracted for financial and/or clinical considerations. Dr. Weiland motioned to extract the Antiemetics.

IX. Public Comments

Ms. Clark reviewed the public comment process.

Mary Fortune, Mississippi Diabetes Foundation, was not present when called to speak.

Andrea Hume, Abbott Laboratories, spoke in favor of AndroGel.

Steve Whiten, Taro, spoke in favor of Ovide.

Dave Testerman, ParaPro, spoke in favor of Natroba.

Dr. Obie McNair, Forest, spoke in favor of Daliresp.

Shane Perrilloux, Teva Respiratory, spoke in favor of ProAir HFA.

Richard Prejean, Novartis, spoke in favor of Arcapta.

Dr. Scott Carter, Astra Zeneca, yielded his time to the Committee (Symbicort).

Dr. Scott Carter, Astra Zeneca, spoke in favor of Pulmicort Flexhaler.

Ken Linsky, Advair, yielded his time to the Committee (Advair/Flovent).

Colleen Weber, Genentech, spoke in favor of Nutropin.

Ms. Clark stated that Mississippi is an "any willing provider" state and asked Ms. Weber if any pharmacy could dispense Nutropin. Ms. Weber stated that Genentech would allow any pharmacy to dispense Nutropin after gaining permission from a Genentech liaison.

Cheryl Pryor, Novo Nordisk, spoke in favor of Norditropin.

Dr. George Moll, Pfizer, spoke in favor of Genotropin.

Dr. Weiland asked Dr. Moll how he chose which medication to prescribe. Dr. Moll stated that delivery method, response of patients to a medication over a 6-month period, and the willingness of manufacturers to provide patient training were the deciding factors.

Dr. Leonard Bennett, Novo Nordisk, spoke in favor of Victoza.

Dr. Patricia Grossman, Boehringer Ingelheim, yielded her time to the Committee (Tradjenta).

Nancy Keller, Bristol Meyers Squibb, yielded her time to the Committee (Onglyza).

Stan Huff, Merck, spoke in favor of Juvisync.

Dr. Leonard Bennett, Novo Nordisk, spoke in favor of Levemir.

Erika Szabo, Lilly, yielded her time to the Committee (insulins).

Dr. George Moll, Novo Nordisk, spoke in favor of insulins.

Ms. Clark stated that insulins are included in the electronic 72-hour emergency supply program. She stated that some pharmacies choose not to participate in the program. A diagnosis on a medical claim allows children to receive more than the 2-brand limit. Dr. Weiland asked Dr. Moll what percentage of his patient population would use a pen; he estimated 30%. He stated that he is moving the bulk of his patients toward Humalog, NovoLog, and Apidra pumps. He noted that keeping reservoirs is an issue for some families. Dr. Mitchell asked why Dr. Moll feels that pens are preferred by patients. Dr. Moll stated that measuring units is simpler with pens, although air bubbles can still bean issue. He stated that ongoing patient education leads to a better patient response. Ms. Clark stated that needles are covered through DME.

Ken Linsky, Glaxo Smith Kline, spoke in favor of Veramyst.

X. Second Round of Extractions

There were no other categories recommended for extraction.

XI. Non-Extracted Therapeutic Class Reviews

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

A. Antibiotics GI

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALINIA (nitazoxanide) metronidazole neomycin TINDAMAX (tinidazole)	DIFICID (fidaxomicin) FLAGYL ER (metronidazole) tinidazole VANCOCIN (vancomycin) XIFAXAN (rifaximin)

B. Antihistamines, Minimally Sedating and Combinations

PREFERRED AGENTS	NON-PREFERRED AGENTS
MINIMALLY SEDATING ANTIHISTAMINES	
cetirizine loratadine XYZAL Solution (levocetirizine)	ALLEGRA (fexofenadine) CLARINEX (desloratadine) fexofenadine RX levocetirizine XYZAL Tablets (levocetirizine) ZYRTEC (Rx and OTC) (cetirizine)
MINIMALLY SEDATING ANTIHISTAMINE/DECONGESTANT COMBINATIONS	
cetirizine/pseudoephedrine loratadine/pseudoephedrine SEMPREX-D (acrivastine/pseudoephedrine)	ALLEGRA-D (fexofenadine/ pseudoephedrine) CLARITIN-D (loratadine/pseudoephedrine) CLARINEX-D (desloratadine/ pseudoephedrine) fexofenadine/pseudoephedrine ZYRTEC-D (cetirizine/pseudoephedrine)

C. Bile Salts

PREFERRED AGENTS	NON-PREFERRED AGENTS
ursodiol	ACTIGALL (ursodiol) CHENODAL (chenodiol) URSO (ursodiol) URSO FORTE (ursodiol)

D. Bone Resorption Suppression and Related Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
BISPHOSPHONATES	
ACTONEL (risedronate) ACTONEL WITH CALCIUM (risedronate/calcium) alendronate FOSAMAX PLUS D (alendronate/vitamin D)	ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) ibandronate PROLIA (denosumab)
OTHERS	
FORTICAL (calcitonin) MIACALCIN (calcitonin)	calcitonin salmon EVISTA (raloxifene) FORTEO (teriparatide)

E. Bronchodilators & COPD Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
COMBIVENT (albuterol/ipratropium)	albuterol/ipratropium DUONEB (albuterol/ipratropium)

F. Bronchodilators, Beta Agonist

PREFERRED AGENTS	NON-PREFERRED AGENTS
INHALERS, SHORT-ACTING	
PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	MAXAIR (pirbuterol) SmartPA XOPENEX HFA (levalbuterol) SmartPA
INHALERS, LONG ACTING SmartPA	
FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol)
INHALATION SOLUTION SmartPA	
albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)
ORAL	
albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)

G. Hypoglycemics, Meglitinides

PREFERRED AGENTS	NON-PREFERRED AGENTS
PRANDIN (repaglinide)	nateglinide PRANDIMET (repaglinide/metformin) STARLIX (nateglinide)

H. Hypoglycemics, TZDs

PREFERRED AGENTS	NON-PREFERRED AGENTS
THIAZOLIDINEDIONES	
ACTOS (pioglitazone)	AVANDIA (rosiglitazone)
TZD COMBINATIONS	
ACTOPLUS MET (pioglitazone/metformin) DUETACT (pioglitazone/glimepiride)	ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin)

I. Pancreatic Enzymes

PREFERRED AGENTS	NON-PREFERRED AGENTS
CREON (pancreatin) ZENPEP (pancrelipase)	PANCREAZE (pancrelipase) PANCRELIPASE

J. Ulcerative Colitis Agents

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) COLAZAL (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine)
RECTAL	
CANASA (mesalamine) mesalamine	SFROWASA (mesalamine)

XII. Extracted Therapeutic Class Reviews

A. Androgenic Agents

Dr. Bissell amended GHS' initial recommendation to make AndroGel 1.62% non-preferred; he recommended that it be made preferred. Ms. Clark asked if different strengths were considered to be line extensions. Dr. Bissell stated that in the case of AndroGel, it was not an issue. Dr. Biczak stated that in general, a new strength of a solid oral dosage form would be a line extension but that, since this was not a solid oral dosage form, there was not a concern for line extension in this case. Dr. Harper asked if CMS would change their line extension policy in the future. Dr. Biczak stated that CMS is aware of the challenges that the line extensions are causing, particularly in regard to original patent verification and that, in general, they are unlikely to make further changes until such issues are cleared up. Ms. Clark asked if CMS would be easier on states. Dr. Biczak stated that she did not think that CMS would expand the scope of the project right away, nor were they likely to change things to make it easier for the States. Dr. Dickey motioned to accept the recommendation. Dr. Azomani asked for clarification about the difference between financial information presented in the clinical packet versus the confidential financials. Dr. Bissell explained that the financial information provided in the clinical packet was pre-rebate and that the confidential financials reflected post-rebate costs. Dr. Dickey restated her motion, Dr. Norwood seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANDROGEL 1% (testosterone gel) ANDROGEL 1.62% (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) TESTIM (testosterone gel)

B. Antiemetics

GHS recommended that the following list be approved. Dr. Weiland asked why she does not receive calls from DOM when she writes a prescription for ondansetron ODT for a child. Ms. Clark stated that the age edit is for ages 4-11. She stated that there were quantity limits on both oral formulations. Since the ODT is more costly to Medicaid, DOM limits it to younger children who may not be able to swallow a tablet. Dr. Mitchell stated that the criteria should be spelled out on the PDL. Dr. Biczak read the criteria from the PDL. Ms. Clark clarified the service limits for Medicaid recipients, including extra coverage for children under EPSDT. Dr. Weiland motioned to accept the recommendation, Dr. Brown seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
5HT3 RECEPTOR BLOCKERS	
ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron GRANISOL (granisetron) KYTRIL (granisetron) ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ FILM (ondansetron)
CANNABINOIDS	
	CESAMET (nabilone) MARINOL (dronabinol) dronabinol
NMDA RECEPTOR ANTAGONIST	
EMEND (aprepitant)	

C. Antiparasitics, Topical

GHS recommended that the following list be approved. Dr. Bissell stated that the class was being re-reviewed out-of-cycle in order to address malathion safety issues including flammability, chemical burns, second-degree burns, and stinging sensations, which were published by the Food and Drug Administration (FDA) in December 2011. He recommended that a SmartPA be added to Natroba requiring a recent first-line trial with permethrin prior to coverage. Dr. Minor asked why Eurax was not listed in the confidential financials. Dr. Biczak stated that GHS was focusing on pediculicides and that there was not much change in the scabicides. Dr. Weiland motioned to accept the recommendation. Dr. Azomani asked for clarification of the SmartPA criteria for Natroba. Dr. Bissell clarified the criteria. Dr. Weiland asked how DOM defines a 'recent trial' when determining whether or not a patient meets SmartPA criteria. Dr. Biczak stated that 90 days was standard. Ms. Clark clarified the PA schedule. Dr. Weiland motioned to accept the recommendation with a 90-day SmartPA interval. Dr. Mitchell reviewed the SmartPA criteria for the group. Ms. Wilbanks seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
EURAX (crotamiton) NATROBA (spinosad) permethrin	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)

D. Glucocorticoids, Inhaled

Dr. Bissell stated that several changes had occurred since the clinical packets were published. He stated that Aerobid and Aerobid-M utilization was low and, they were no longer cost effective products; he recommended that they both be moved to non-preferred status. He recommended that the generic budesonide suspension for nebulizer be moved to non-preferred status, Pulmicort Respules would remain preferred, and the Pulmicort Flexhaler be moved to non-preferred status; existing Pulmicort Flexhaler users would be grandfathered if they have been stable on the medication for 90 days. Dr. Weiland asked for clarification on why the Aerobid products were being recommended for non-preferred status. Dr. Biczak stated that although the cost-per-script is low, moving the agents to non-preferred allows DOM to move marketshare to other products. Ms. Clark explained the supplemental rebate tier bid system. Dr. Biczak noted that a late offer was submitted for the Pulmicort Flexhaler and noted that GHS discourages that practice; Ms. Clark stated that late offers from manufacturers are not welcome. Dr. Mitchell asked how grandfathering would work in the SmartPA system. Ms. Clark stated that grandfathering would be a simple electronic process. A brief discussion ensued about grandfathering. The Committee clarified that unless specifically part of the GHS recommendation or specifically mentioned in the motion, the intent of the Committee is not to recommend grandfathering. Dr. Azomani motioned to accept the recommendation, Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

Ms. Clark stated that DOM often receives calls from providers regarding stable therapy. In order for a beneficiary to qualify for stable therapy, DOM must have evidence of paid drug claims; manufacturer samples do not constitute stable therapy. If the beneficiary received the drug through other means (i.e. cash or another payer), then DOM should be notified so that the payment can be verified by the dispensing pharmacy. DOM has the ability to verify pharmacy claims in MSCAN.

PREFERRED AGENTS	NON-PREFERRED AGENTS
GLUCOCORTICOIDS	
ASMANEX (mometasone) FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) PULMICORT (budesonide) Respules QVAR (beclomethasone)	AEROBID (flunisolide) AEROBID-M (flunisolide) ALVESCO (ciclesonide) budesonidePULMICORT (budesonide) Flexhaler
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS	
ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	

The Committee adjourned for lunch at 11:45 p.m. The Committee resumed at 12:54 p.m.

E. Growth Hormone

GHS recommended that the following list be approved. Dr. Harper motioned to accept the recommendation with the addition of moving Norditropin to preferred status, seconded by Dr. Minor. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
GENOTROPIN (somatropin)	HUMATROPE (somatropin)
NORDITROPIN (somatropin)	OMNITROPE (somatropin)
NUTROPIN (somatropin)	SAIZEN (somatropin)
NUTROPIN AQ (somatropin)	SEROSTIM (somatropin)
	TEV-TROPIN (somatropin)
	ZORBTIVE (somatropin)

F. Hypoglycemics, Incretin Mimetics/Enhancers

GHS recommended that the following list be approved. Dr. Bissell amended GHS' recommendation to include Tradjenta as preferred status. Dr. Weiland 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
BYETTA (exenatide)	BYDUREON (exenatide)
JANUMET (sitagliptin/metformin)	JANUMET XR (sitagliptin/metformin
JANUVIA (sitagliptin)	JENTADUETO (linagliptin/metformin
KOMBIGLYZE XR (saxagliptin/metformin)	JUVISYNC (sitagliptin/simvastatin)
ONGLYZA (saxagliptin)	SYMLIN (pramlintide)
TRADJENTA (linagliptin)	VICTOZA (liraglutide)

G. Hypoglycemics, Insulin and Related Agents

GHS recommended that the following list be approved. Dr. Bissell stated that GHS' recommendation was only to include the Humalog, Humalog Mix, and Humulin vials to preferred status and that the recommendation does not include the Lily pens. Ms. Wilbanks motioned to accept the recommendation. Ms. Clark stated that inclusion of the 3 mL vials on the confidential financials was to account for long term care considerations. Dr. Weiland asked about Dr. Moll's estimate that 30% of his patients used pens. Ms. Clark stated that pen use is directly related to convenience. Dr. Minor stated that older patients have issues with dexterity, leading them to use pens more frequently than children. Ms. Clark stated DOM would be reviewing criteria for the category; pens would require a manual PA. Dr. Brown asked about pen utilization figures; Dr. Biczak pointed Dr. Brown to the PDL analysis. She stated that several states are focusing on controlling pen use, and that criteria is based on need and capable care assistance in the home. Dr. Norwood stated that pens are often prescribed for children who live with their grandparents since a pen is easier for the adult to load. Dr. Mitchell clarified that

there was a mechanism in place for patients to receive a pen where appropriate. Dr. Dickey seconded the motion. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG Vial (insulin lispro)	APIDRA (insulin glulisine)
HUMALOG MIX Vial (insulin lispro/ lispro protamine)	HUMALOG Pen (insulin lispro)
HUMULIN Vial (insulin)	HUMALOG MIX Pen (insulin lispro/ lispro protamine)
LANTUS (insulin glargine)	HUMULIN Pen (insulin)
LEVEMIR (insulin detemir)	NOVOLIN Pen (insulin)*
NOVOLIN Vial (insulin)	
NOVOLOG (insulin aspart)	
NOVOLOG MIX (insulin aspart/ aspart protamine)	

H. Intranasal Rhinitis

GHS recommended that the following list be approved. Dr. Azomani motioned to accept the recommendation, Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

Ms. Clark clarified that grandfathering was not recommended for this category.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS	
ipratropium	ATROVENT (ipratropium)
ANTIHISTAMINES	
ASTEPRO (azelastine)	ASTELIN (azelastine)
PATANASE (olopatadine)	azelastine
CORTICOSTEROIDS SmartPA	
BECONASE AQ (beclomethasone)	FLONASE (fluticasone)
flunisolide	fluticasone
NASACORT AQ (triamcinolone)	OMNARIS (ciclesonide)
NASAREL (flunisolide)	RHINOCORT AQUA (budesonide)
NASONEX (mometasone)	triamcinolone
	VERAMYST (fluticasone)

I. Leukotriene Modifiers

GHS recommended that the following list be approved. Dr. Weiland asked whether the Singulair supplemental rebate offer would last through the end of the calendar year. The manufacturer confirmed that the deal would be effective through year's end. Dr. Dickey stated that the generic name listed for Zyflo CR was incorrect on the PDL and the PDL analysis. Dr. Harper motioned to accept the recommendation, Dr. Weiland seconded. Dr. Azomani asked what would happen after the Singulair rebate offer expired. Dr. Biczak stated that GHS would review the class again in October. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACCOLATE (zafirlukast) SINGULAIR (montelukast)	ZYFLO CR (zileuton) zafirlukast

J. Proton Pump Inhibitors

Dr. Bissell amended GHS' recommendation to keep Nexium non-preferred. He stated that the placement of Prevacid Solu-Tabs would be up to the Committee. Dr. Azomani asked if the change in Nexium was due to line extensions. Dr. Bissell stated that that line extensions were a consideration. Dr. Weiland asked whether there would be any age edits put in place for Solu-Tabs. She stated that she prescribes Solu-Tabs frequently because it has broad use and one size dose fits many scenarios/patients. She stated that the Zantac generic requires frequent recalculation based on a patient's weight to ensure proper dosing; the flavor of the medication is not appealing. Dr. Biczak stated that it was up to the Committee to decide where Prevacid Solu-Tabs would fall on the PDL. Dr. Weiland stated that parents don't want to give medicine any longer than they have to and that they tend to stop dosing their child when the symptoms are no longer apparent. Ms. Clark stated that both the brand and generic forms are very expensive for DOM, but that the brand is slightly less costly. She stated that DOM is working to educate the dispensing pharmacy community about generic versus brand pricing in the Medicaid milieu; generics are sometimes less expensive than brands. Dr. Harper stated that generic Solu-Tabs are not available and haven't been for a long time. He stated that an age restriction would be appropriate. Dr. Azomani stated that age restrictions on products like the Solu-Tabs makes it difficult to switch them to a pill when they reach age 12 if they cannot yet swallow a pill. Ms. Wilbanks stated that those patients who need Solu-Tabs after age 12 could still receive the medication through the PA process. Dr. Mitchell asked about age restrictions, step edits, and long-term care. Dr. Bissell stated that the PA process was an appropriate way to handle exceptions. Dr. Azomani asked if the recommendation should be amended to include a failure with another agent before Solu-Tabs could be prescribed. Dr. Minor stated that she would not want her patients to have to fail another product prior to trying Solu-Tabs. Dr. Azomani stated that it is common for young patients in the Neonatal intensive care Unit (NICU) to be prescribed Solu-Tabs; he was concerned that an age restriction might prevent access for those patients. Dr. Biczak stated that making Solu-Tabs non-preferred with an age restriction after age 12 would be a good option. Dr. Mitchell asked whether grandfathering was appropriate for children on stable therapy. Ms. Clark stated that DOM could limit use of the drug to age 12 with a dysphasia diagnosis, after which an annual manual PA would be necessary. She stated that no grandfathering would be allowed. Ms. Clark stated that the change would be programmed as an age edit. Dr. Weiland clarified that the age restriction would be up to the 12th birthday of the patient. Dr. Azomani motioned to accept the recommendation, including the 12 and under age edit, Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
DEXILANT (dexlansoprazole) omeprazole RX	ACIPHEX (rabeprazole) lansoprazole RX NEXIUM (esomeprazole) omeprazole sod. bicarb. pantoprazole PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) ZEGERID RX (omeprazole sod bicar)

XIII. New Drug Reviews

A. Dutoprolol XR

GHS recommended that Dutoprolol XR be made a non-preferred drug in the Beta Blockers, Beta Blocker/Diuretic Combinations category. Dr. Azomani asked if line extensions were an issue in regard to pricing. Dr. Biczak confirmed that line extensions were a consideration. Dr. Weiland motioned to accept the recommendation, Ms. Wilbanks seconded. Votes were taken, and the motion carried. 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) DUTOPROLOL (metoprolol/HCTZ) INDERIDE (propranolol/HCTZ) LOPRESSOR HCT (metoprolol/HCTZ) TENORETIC (atenolol/chlorthalidone) ZIAC (bisoprolol/HCTZ)

B. Edarbyclor

GHS recommended that Edarbyclor be made a non-preferred drug in the Angiotensin Modulators, ARB Combinations category. Dr. Biczak stated that line extensions were an issue. Ms. Wilbanks 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
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) DIOVAN (valsartan) losartan MICARDIS (telmisartan)	ATACAND (candesartan) COZAAR (losartan) 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) losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ)	ATACAND-HCT (candesartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) 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)

XIV. Other Business

There was no other business.

XV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on September 11, 2012 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, Jackson, Mississippi.

XVI. Adjournment

The meeting adjourned at 1:41 p.m.