MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting

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

September 11, 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.
John W. Gaudet, M.D.
John R. Mitchell, M.D.
Maretta M. Walley, R.Ph., J.D.
Ryan Harper, Pharm.D.
Sharon R. Dickey, Pharm.D.
Wilma Johnson Wilbanks, R.Ph.

Committee Members Not Present:
Lee Voulters, M.D.

Division of Medicaid Staff Present:
Judith Clark, R.Ph., Pharmacy Bureau Director
Terri Kirby, R.Ph., Pharmacist III
Shannon Hardwick, R.Ph., Pharmacist III
Delvin Taylor
William Crump, Deputy Administrator Health Services

Contract Staff/GHS Staff Present:
Chad Bissell, Pharm.D.
Jeffrey Barkin, M.D., DFAPA
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 10:01 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 asked the audience and Committee to observe a moment of silence in honor of the anniversary of September 11th.

Ms. Clark introduced new Committee members Ms. Maretta Walley and Dr. John Gaudet, and returning members Dr. Lee Voulters and Dr. Sharon Dickey. 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.

Ms. Clark introduced DOM staff member Delvin Taylor. She thanked her entire staff for their dedication, compassion, willingness to bend, and flexibility.

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

Ms. Clark noted that DOM's Executive Director, Dr. David Dzielak, would not be able to attend the meeting.

III. Administrative Matters

Ms. Clark reviewed Committee policies and procedures. 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 website (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 and 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 January 1, 2013.

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 October 11, 2012.

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

Ms. Clark stated that the P&T Committee works in an advisory capacity and that 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 January 1, 2013. She stated that beginning on January 1, 2013, the PDL will be updated once per year.

IV. Executive Director's Comments

There were no comments made by the Executive Director.

V. Approval of April 17, 2012 Meeting Minutes

Dr. Mitchell asked for approval of the minutes from the April 17, 2012 meeting. Dr. Weiland motioned to accept the minutes, Dr. Dickey seconded. Dr. Mitchell stated that there being no further corrections that the minutes would stand accepted.

VI. PDL Compliance/Generic Percent Report Updates

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

A. Dr. Barkin reviewed the PDL Compliance Report; overall compliance for Q2 2012 was 95.1%.

B. Dr. Barkin reviewed the Generic Percent Report; overall generic utilization for Q2 2012 was 82.0%.

VII. Drug Class Announcements

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

Dr. Bissell introduced two (2) new categories: Prenatal Vitamins and Miscellaneous Brand/Generic. He stated that both categories were introduced for financial reasons, as there are savings opportunities available. Dr. Bissell stated that Korlym and Kalydeco would be reviewed as new drugs. Both drugs were added to the new Miscellaneous Brand/Generic category based on their high cost.

Dr. Bissell stated that the Antipsychotics, Hepatitis C Treatments, and Stimulants and Related Agents categories would be reviewed, but not voted on. He stated that the goal was to introduce clinical and financial information, engage in discussion, and offer a preview of the multiple considerations for each class prior to the October 23, 2012 meeting, when each class would be voted on.

Dr. Bissell asked the Committee's permission to take the agenda out of order for a more logical presentation. He recommended that GHS present the Prenatal and Miscellaneous Brand/Generic classes first, followed by the two (2) new drugs, and then three classes that would not be voted on. The Committee approved the change.

Dr. Bissell thanked the Committee for participating in the online survey that was sent out after the April 17, 2012 meeting. Based on the responses received, GHS further streamlined the presentation process.

VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

- Antipsychotics
- Hepatitis C Treatments
- Miscellaneous Brand/Generic
- Prenatal Vitamins
- Stimulants and Related Agents

Ms. Wilbanks motioned to accept the recommendation. Dr. Weiland seconded.

Dr. Weiland asked about SmartPA criteria designations in the PDL. Ms. Clark defined SmartPA as an electronic prior authorization. She stated that the patient must meet the criteria listed in the PDL.

Dr. Bissell presented "Mississippi Medicaid Primer", which contained general information on the Medicaid program and how it relates to Mississippi's program.

Dr. Tingle asked if the use of a brand in place of a generic would count as one of the patient's brand drugs under the 2-brand limit. Ms. Clark stated that a change to the rule was implemented during the 2012 legislative session; a brand drug that is on the PDL counts toward

the 5-drug limit, but does not count toward the 2-brand limit for ambulatory adults over the age of 21 who live at home. She stated that children and long-term care patients are allowed more brand drugs. She stated that DOM sends out 'PDL Hiccups' to providers in order to address the potential confusion surrounding the use of brands vs. generics. She stated that if the brand is preferred and the generic is non-preferred, then there is a sound financial reason behind the designation. Dr. Mitchell asked if the pharmacy can override a generic script with a brand. Ms. Clark responded in the affirmative. Providers do not need to write medically necessary on the script. Dr. Gaudet asked if the pharmacy needs to know what's best for Medicaid in terms of whether or not to dispense a brand or generic. Ms. Clark stated that is incumbent upon the pharmacy to dispense the medication that is cheapest to Medicaid. Judy said commercial plans prefer generic drugs on their PDLs because of Maximum Allowable Cost (MAC) pricing; Mississippi does not have a MAC program. Mississippi controls costs via supplemental rebates, which contributes to brands sometimes being priced lower than generics.

IX. Public Comments

Ms. Clark reviewed the public comment process.

Tonya Tate, National Alliance on Mental Illness Mississippi, spoke in favor of reducing restriction to mental health medications.

Mardi Allen, Mental Health America of Central Mississippi, spoke in favor of reducing restriction to mental health medications.

Dr. Judy Curtis, Sunovion, spoke in favor of Latuda.

Dr. Eugene Howard, BMS, spoke in favor of Abilify.

Dr. Mitchell stated that the advocates were not given 5 minutes to present. Both speakers were given an opportunity to speak further; both declined.

X. Second Round of Extractions

There were no other categories recommended for extraction.

XI. Non-Extracted Therapeutic Class Reviews

All categories were recommended for extraction.

XII. Extracted Therapeutic Class Reviews

A. Prenatal Vitamins

GHS recommended that the following list be approved. Dr. Bissell stated that this category was added for financial considerations. GHS reviewed significant utilization, net cost per

prescription ($8-70 per script), and ingredients in order to develop the recommended list. GHS developed a cost effective selection of 14 NDCs, representing roughly 8 products, which offer providers a wide range of dosage forms and active ingredients from which to choose. Additionally, each product selected for preferred status has had noticeable and recent utilization. The non-preferred drugs do not meet the criteria established by GHS. Dr. Mitchell asked why there were more drugs on the financials than on the PDL. Dr. Bissell explained that the financials showed NDC-level information, while the PDL was at the drug label name level. Dr. Bissell recommended that no new products will be added except at the annual review in October. Dr. Mitchell asked if a motion was necessary for the recommendation. Ms. Clark stated that a motion was not necessary since all new drugs would be automatically non-preferred. Ms. Wilbanks stated that the Committee has asked for this class in the past. Ms. Clark acknowledged that it took time to add prenatal vitamins to the PDL due to the switch in clinical vendor. Ms. Clark stated that DOM and GHS made sure that the list included everything that the Committee has asked for previously. Dr. Brown asked why chewables and soft gels were excluded. Dr. Bissell stated that both types were excluded from the list based on price and utilization criteria, but that they would be available via prior authorization. Dr. Norwood asked that a chewable be added for very young adolescent maternity patients. Ms. Clark stated that DOM would add a chewable to the list. Dr. Norwood asked that the recommended option include iron and Dr. Weiland asked that it contain DHA. Dr. Barkin stated that a chewable would likely not contain DHA. Dr. Norwood motioned to accept the recommendation with the addition of a chewable tablet to be chosen by DOM. Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CONCEPT DHA Capsule	B-NEXA Tablet
FE C PLUS Tablet	CAVAN-EC SOD DHA VITAMINS
PAIRE OB PLUS DHA COMBO PACK	CITRANATAL 90 DHA PACK
PRENAPLUS Tablet	CITRANATAL ASSURE COMBO PACK
PRENATABS RX Tablet	CITRANATAL B-CALM PACK
PRENATAL AD Tablet	CITRANATAL DHA PACK
PRENATAL-U Capsule	CITRANATAL HARMONY Capsule
PRENATAL PLUS Tablet	CITRANATAL HARMONY Capsule
TARON-C DHA Capsule	CITRANATAL RX Tablet
VOL-PLUS Tablet	COMPLETE NATAL DHA
	COMPLETENATE Tablet CHEW
	CONCEPT OB Capsule
	CORENATE-DHA COMBO PACK
	DUET DHA BALANCED COMBO PACK
	DUET DHA BALANCED COMBO PACK
	ED CYTE F Tablet
	FOLCAL DHA Capsule
	FOLCAPS OMEGA-3 Capsule
	FOLIVANE-EC CALCIUM DHA COMBO
	FOLIVANE-OB Capsule
	FOLIVANE-PRX DHA NF Capsule
	GESTICARE DHA COMBO PACK
	ICAR-C PLUS SR Capsule
	ICAR-C PLUS Tablet
	NATAFORT Tablet
	NATELLE ONE Capsule
	NESTABS DHA COMBO PACK
	NESTABS PRENATAL Tablet
	NEXA SELECT Capsule
	PNV-DHA SOFTGEL
	PNV-SELECT Tablet
	PR NATAL 400 COMBO PACK

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PR NATAL 430 COMBO PACK PR NATAL 430 EC COMBO PACK PREFERA OB Tablet PREFERA-OB ONE SOFTGEL PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB PLUS DHA COMBO PACK PREFERA-OB Tablet PRENATABS FA Tablet PRENATAL 19 CHEWABLE Tablet PRENATAL 19 Tablet PRENATAL PLUS IRON Tablet PRENATAL VITAMINS Tablet PRENATE DHA SOFTGEL PRENATE ELITE Tablet PRENATE ESSENTIAL SOFTGEL PRENATE PLUS Tablet PRENAVITE Tablet PRENEXA Capsule PREQUE 10 Tablet PREQUE 10 Tablet RELNATE DHA PRENATAL SOFTGEL ROVIN-NV DHA Capsule ROVIN-NV Tablet SE-CARE CHEWABLE Tablet SELECT-OB + DHA PACK SELECT-OB CAPLET SE-NATAL 19 CHEWABLE Tablet SE-NATAL 19 Tablet SE-TAN DHA Capsule TARON-BC Tablet TARON-PREX PRENATAL DHA CAP

B. Miscellaneous Brand/Generic

GHS recommended that the following list be approved. Dr. Bissell stated that the category provides opportunities for savings, particularly in terms of the brand being significantly less expensive than the generic due to CMS rebates. The products in the category do not represent significant clinical concerns.

Dr. Bissell presented the Clonidine (patches) financials. Dr. Harper stated that generic clonidine patches are difficult to order at this time. Dr. Bissell presented the Sublingual Nitroglycerin financials. Dr. Weiland asked why a manufacturer would release a smaller package size. Dr. Bissell stated that the smaller package size might be for used in a hospital or institutional setting use or for a periodic replacement due to expiration. Dr. Bissell presented the Select Oral Contraceptives financials.

Ms. Clark asked if there was utilization in all sub-categories and whether there were any known supply issues. Dr. Bissell confirmed that all of the drugs in the class show utilization and that they are all readily available.

Ms. Kirby asked for clarification on the oral contraceptive products since not all of the contraceptives were listed. She cited Ortho-Novum 777 as an example of a product not on the list, and asked if it could be assumed to be preferred. Dr. Bissell stated that that particular drug would not be added, because there is no financial incentive to manage it. He stated that the

selected oral contraceptives were included because there are potentially significant financial savings. Dr. Mitchell asked if the drugs not included in the proposed category would be included on the PDL. Ms. Clark stated that DOM is working on a "bill the brand" edit in the POS. Dr. Mitchell asked how providers would be educated about choosing the correct package size. Dr. Bissell stated that the draft PDL includes package size. He also said that DOMs provider releases will help to educate the provider community. Dr. Mitchell stated that he does not refer to the PDL every time he writes a script. Ms. Clark asked how DOM could better educate providers. Dr. Mitchell stated that it would be most effective on the pharmacy side. Dr. Harper said that the issue could be addressed at the retail pharmacy level with a "PDL Hiccup". Ms. Clark stated that DOM will update the POS edit with direction to providers on which side to bill. Dr. Weiland asked for clarification on whether the oral contraceptives included in the category was the complete list. Dr. Bissell stated that other than the select group included in the new category, no oral contraceptives are managed on the PDL. Dr. Bissell stated that the drugs chosen were for financial reasons, but that all oral contraceptives, other than those specifically marked as non-preferred would go through. Dr. Gaudet pointed out that it would be difficult to locate the oral contraceptives on the PDL. Ms. Clark stated that DOM would work with GHS to make the category more user-friendly. Dr. Bissell stated that the sub-category names would appear in searches. Dr. Mitchell stated that most providers might assume that the only covered oral contraceptives were those in the Miscellaneous Brand/Generic category. Ms. Clark stated that DOM would add a clarifying note to the oral contraceptives sub-category.

Ms. Wilbanks motioned to accept the recommendation, with the addition of a clarifying note in the oral contraceptives category. Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches
MICELLANEOUS	
	KALYDECO (ivacaftor) KORLYM (mifepristone)
SELECT ORAL CONTRACEPTIVES	
FEMCON FE (norethindrone/ethinyl estradiol/fe chew tab) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9mg NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

XIII. New Drug Reviews

A. Korlym

GHS recommended that Korlym be made a non-preferred drug in the Miscellaneous Brand/Generic category. Ms. Kirby asked if the manufacturer had offered a supplemental rebate. Dr. Bissell stated that the Sovereign States Drug Consortium (SSDC) did not receive an

offer for Korlym. Dr. Gaudet asked how many scripts were represented in the financials. Dr. Bissell stated that there was no utilization because the drug was new; GHS does not expect to see wide utilization because of the limited indications approved for the drug. Dr. Weiland motioned to accept the recommendation, Dr. Dickey seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches
MICELLANEOUS	
	KALYDECO (ivacaftor) KORLYM (mifepristone)
SELECT ORAL CONTRACEPTIVES	
FEMCON FE (norethindrone/ethinyl estradiol/fe chew tab) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9mg NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

B. Kalydeco

GHS recommended that Kalydeco be made a non-preferred drug in the Miscellaneous Brand/Generic category. Dr. Mitchell asked how long a patient might use the drug. Dr. Barkin stated that Kalydeco was a lifetime maintenance drug. Dr. Weiland asked Michelle Mattox how many patients had the mutation. Ms. Mattox stated that 4% of all patients have the mutation; Mississippi has 232 cystic fibrosis (CF) cases, statistically 9 could present with the mutation. Dr. Brown asked what the cost of the test was. Ms. Mattox stated that patients are rarely tested because over 92% of CF patients are already aware of their genetic mutation. Dr. Weiland asked if the test was performed routinely in Mississippi. Ms. Mattox stated that the majority of patients are managed at a CF center where such testing is routine. Ms. Clark asked if there was more than one CF center in the state. The consensus was that there is only one. Dr. Gaudet asked if there was any data available about reductions in hospitalizations. Ms. Mattox stated that there were data that considered pulmonary exacerbations; patients treated with Kalydeco had a 55% risk reduction in their first pulmonary exacerbation at 48 weeks. She stated that the risk reduction rate holds up through 96 weeks of treatment. Dr. Gaudet asked if there were 50% less hospitalizations. Ms. Mattox clarified that there were 55% less pulmonary exacerbations. She stated that the rate of hospitalizations was significantly less than with placebo. She stated that hospitalization was a tertiary endpoint and should not be overemphasized. Dr. Bissell asked if the referenced clinical trials had been published. Ms. Mattox stated that the 12 and over study has been published, the trial with patients 6 to 11 has been presented at congresses. Dr. Barkin asked if there was any survival data. Ms. Mattox stated that there was survival estimates based on a typical survival curve, which showed that the lifespan of a patient would be doubled on average. She stated that Kalydeco has shown good results in patient weight gain. Dr. Harper asked about decrease in use in TOBI and dornase. Ms. Mattox stated that the trial did not consider that aspect, but that the patients are still in a 2-year extension, during which patients can direct their own standard of care; that data

is not yet available. Dr. Weiland asked if a patient as young as 6 could be prescribed Kalydeco. Ms. Mattox stated that 6 is the youngest age currently, but that there is a study, pending further discussion with the FDA, which would look at patients as young as 2. She stated that a different formulation will be used. Dr. Gaudet asked how large the published studies were. Ms. Mattox stated that the 12 and older study looking at older patients looked at about 80 patients, the trial following patients from ages 6-11 had 60 patients. She stated that there are roughly 1200 patients in the US. She stated that 25 patients ages 6-11 have completed 72 weeks of therapy; 75 patients over 12 have completed 96 weeks of therapy. Ms. Kirby asked if there was an ICD-9 code for the mutation. Ms. Mattox stated that she does not believe there is a code and noted that the mutation is on the standard 25 panel. Dr. Weiland motioned to accept the recommendation, Ms. Dickey seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches
MICELLANEOUS	
	KALYDECO (ivacaftor) KORLYM (mifepristone)
SELECT ORAL CONTRACEPTIVES	
FEMCON FE (norethindrone/ethinyl estradiol/fe chew tab) YASMIN (ethinyl estradiol/drospirenone) YAZ (ethinyl estradiol/drospirenone)	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9mg NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

Ms. Clark introduced Deputy Director William Crump. Mr. Crump thanked the Committee for their service to the State of Mississippi.

The Committee broke for lunch at 12:00 p.m. The Committee resumed at 1:00 p.m.

XIV. October 23, 2012 Therapeutic Class Preview

A. Antipsychotics

Dr. Barkin presented “Atypical Antipsychotics in Mental Health”. Dr. Harper asked who did the pill splitting for patients in the State of Maine. Dr. Barkin stated that patients did the splitting, but that pill splitters were made available for stores to bill through the POS. Despite this being made available, few fills have been processed for a pill splitter. .

Dr. Barkin reviewed the Antipsychotic financial models with the Committee. Three scenarios were presented; 1) move Abilify to non-preferred, 2) leave Abilify preferred and require pill splitting, 3) move Abilify to non-preferred and require pill splitting. Ms. Kirby asked whether GHS was recommending pill splitting on both forms of Abilify. Dr. Barkin stated that he would

recommend pill splitting for both forms. Dr. Tingle asked if a particular drug was left out of the model for metabolic reasons. Dr. Barkin stated that that was the case.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
ABILIFY (aripiprazole)	CLOZARIL (clozapine)
amitriptyline/perphenazine	FAZACLO (clozapine)
chlorpromazine	HALDOL (haloperidol)
clozapine	INVEGA (paliperidone)
FANAPT (iloperidone)	NAVANE (thiothixene)
fluphenazine	olanzapine
GEODON (ziprasidone)	olanzapine/fluoxetine
haloperidol	quetiapine
LATUDA (lurasidone)	RISPERDAL (risperidone)
perphenazine	SYMBYAX (olanzapine/fluoxetine)
risperidone	ziprasidone
SAPHRIS (asenapine)	ZYPREXA (olanzapine)
SEROQUEL (quetiapine)	
SEROQUEL XR (quetiapine)	
thioridazine	
thiothixene	
trifluoperazine	
INJECTABLE, ATYPICALS	
	ABILIFY (aripiprazole)
	GEODON (ziprasidone)
	INVEGA SUSTENNA (paliperidone palmitate)
	RISPERDAL CONSTA (risperidone)
	ZYPREXA (olanzapine)
	ZYPREXA RELPREVV (olanzapine)

B. Stimulants and Related Agents

Dr. Barkin reviewed the Stimulants and Related Agents financial models with the Committee. Options for moving Kapvay and Intuniv to non-preferred were presented as considerations.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SHORT-ACTING	
amphetamine salt combination	ADDERALL (amphetamine salt combination)
dexmethylphenidate IR	DESOXYN (methamphetamine)
dextroamphetamine IR	methamphetamine
FOCALIN (dexmethylphenidate)	methylphenidate solution
METHYLIN chewable tablets (methylphenidate)	
METHYLIN solution (methylphenidate)	
methylphenidate IR	
PROCENTRA (dextroamphetamine)	
LONG-ACTING	
ADDERALL XR (amphetamine salt combination)	amphetamine salt combination ER
DAYTRANA (methylphenidate)	CONCERTA (methylphenidate)
FOCALIN XR (dexmethylphenidate)	DEXEDRINE (dextroamphetamine)
METADATE CD (methylphenidate)	dextroamphetamine ER
methylphenidate ER (generic Concerta)	NUVIGIL (armodafinil)
VYVANSE (lisdexamfetamine)	PROVIGIL (modafinil)
	RITALIN LA (methylphenidate)
NON-STIMULANTS	
INTUNIV (guanfacine ER)	
KAPVAY (clonidine extended-release)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
STRATTERA (atomoxetine)	

C. Hepatitis C Treatments

Dr. Bissell reviewed the Hepatitis C Treatments financial models with the Committee. The options of adding Peg-Intron and Victrelis to the preferred side were presented.

Dr. Lisa Ferayorni, Genetech, spoke regarding Pegasys.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INCIVEK (telaprevir)* PEGASYS (peginterferon alfa-2a)	INFERGEN (interferon alfacon-1) PEG-INTRON (peginterferon alfa-2b) VICTRELIS (boceprevir)*

XV. Other Business

There was no other business.

XVI. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on October 23, 2012 at 9:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVII. Adjournment

The meeting adjourned at 1: 45 p.m.