



MISSISSIPPI DIVISION OF
MEDICAID

**MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting**

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

**April 9, 2013
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.
Maretta M. Walley, R.Ph., J.D.
Sharon R. Dickey, Pharm.D.
Wilma Johnson Wilbanks, R.Ph.

Laureen Biczak, D.O.
Shelagh Harvard

Other Contract Staff Present:

Leslie Leon, Pharm.D., ACS-Xerox
Felicia Lobrano, R.N., Point of Sale Business
Analyst
Kyle Null, Pharm.D., Ph.D., University of
Mississippi School of Pharmacy
Ben Banahan, Ph.D., University of Mississippi
School of Pharmacy

Committee Members Not Present:

John R. Mitchell, M.D.
Lee Voulters, M.D.
Ryan Harper, Pharm.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
Jessica Tyson, Pharmacy Technician

Contract Staff/GHS Staff Present:

Chad Bissell, Pharm.D.

I. Call to Order

Ms. Wilma Wilbanks, R.Ph., Vice-Chairperson, called the meeting to order at 10:05 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 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 voluntary service to the P&T Committee. She recognized Committee members Ms. Wilma Wilbanks, Dr. John Mitchell, Dr. Billy Ray Brown, and Dr. Geri Weiland, thanking them for their 3 years of service, which will end on June 30, 2013.

Ms. Clark introduced DOM staff member Jessica Tyson. She thanked her entire staff for their dedication, compassion, flexibility, and their tireless work as advocates for the Medicaid client community.

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

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 noted that the agenda was emailed to manufacturers and the Pharmacy Association.

Ms. Clark reminded guests to sign in via the new electronic process available through the DOM website (www.medicaid.ms.gov). She stated that copies of the agenda and the public comment guidelines are available at the sign-in table. She stated that there is a separate sign in sheet for advocates and reminded guests that advocate presenters are limited to 3 minutes of general comment about a disease, not specific to a drug. She noted that industry presenters must provide their full name, drug name, identification, and company affiliation when signing in. She stated that industry presenters are allowed 3 minutes per drug and that no handouts are 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 are not marked confidential and proprietary will be posted on DOM's website (www.medicaid.ms.gov) after the meeting.

Ms. Clark reviewed policies related to food and drink, 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 July 1, 2013. She stated that DOM received CMS approval to join the Sovereign States Drug Consortium (SSDC) in 2012.

Ms. Clark reviewed the 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 9, 2013. Decisions will be announced no later than June 1, 2013 on the DOM website (www.medicaid.ms.com).

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 reviewed the meeting process. She stated that DOM takes into account recommendations from both the P&T Committee and the clinical contractor before making a final decision. She stated that the PDL is completely updated once per year; quarterly updates will be implemented throughout the year.

IV. Division of Medicaid Update

Dr. Kyle Null updated the Committee on several DUR initiatives.

Ms. Clark updated the Committee on tablet splitters.

Ms. Clark noted that several articles authored by DOM have been published with the help of DUR and GHS.

V. Approval of October 23, 2012 Meeting Minutes

Ms. Wilbanks asked for approval of the minutes from the October 23, 2012 meeting. Dr. Dickey, Dr. Minor, and Ms. Wilbanks requested changes to the Bystolic discussion. Ms. Wilbanks stated that there being no further discussion the minutes would stand accepted with the requested corrections.

Ms. Wilbanks asked for approval of the minutes from the February 12, 2013 meetings. Ms. Wilbanks stated that there being no further discussion the minutes would stand accepted.

VI. PDL Compliance/Generic Percent Report Updates

The PDL Compliance and Generic Percent reports were not available due to the quarter's end occurring so close to the P&T meeting. The reports will be presented at a future meeting.

VII. Drug Class Announcements

Dr. Bissell stated that two new categories are recommended for addition to the PDL: Cystic Fibrosis Agents and Select Contraceptive Products. Any changes voted on at the meeting will be effective on July 1, 2013. He stated that the 2014 supplemental rebate bid cycle is underway.

VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

- Cystic Fibrosis Agents
- Select Contraceptive Products

IX. Public Comments

Ms. Clark reviewed the public comment process.

Marc Majure, University of Mississippi Medical Center, spoke in favor of cystic fibrosis therapy.

Rabecka Martin, B.S., M.W., Aegerion Pharmaceuticals, spoke in favor of Juxtapid.

Michelle Mattox, Vertex, spoke in favor of Kalydeco.

Mai Duong, Novartis, spoke in favor of TOBI.

Justin Graff, M.D., North Mississippi Neurology Group, spoke in favor of Eliquis.

Katherine Herndon, Pfizer, spoke in favor of Quillivant XR.

X. Second Round of Extractions

There were no other categories recommended for extraction.

XI. Non-Extracted Categories

All classes were recommended for extraction.

XII. Extracted Therapeutic Class Reviews

A. Cystic Fibrosis Agents

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Norwood seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
	CAYSTON (aztreonam)** COLY-MYCIN M (colistimethate sodium)** KALYDECO (ivacaftor) PULMOZYME (dornase alfa)** TOBI (tobramycin)**

B. Select Contraceptive Agents

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Tingle seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALL ORAL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	AMETHIA (levonorgestrel/ethinyl estradiol) ** AMETHYST (levonorgestrel/ethinyl estradiol) ** BEYAZ (ethinyl estradiol/drospirenone/levomefolate) BRIELLYN (norethindrone/ethinyl estradiol) ** CAMRESE (levonorgestrel/ethinyl estradiol) ** CAMRESE LO (levonorgestrel/ethinyl estradiol) ** DEPO-PROVERA IM (medroxyprogesterone acetate)** DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)** ethinyl estradiol/drospirenone** GENERESS FE (norethindrone/ethinyl estradiol/fe) ** Gianvi (ethinyl estradiol/drospirenone) GILDAGIA (norethindrone/ethinyl estradiol) ** INTROVALE (levonorgestrel/ethinyl estradiol) ** JOLESSA (levonorgestrel/ethinyl estradiol) ** LOESTRIN 24 FE (norethindrone/ethinyl estradiol) ** LO LOESTRIN FE (norethindrone/ethinyl estradiol) ** LORYNA (ethinyl estradiol/drospirenone) ** NATAZIA (estradiol valerate/dienogest) ** norethindrone/ethinyl estradiol/fe chew tab OCELLA (ethinyl estradiol/drospirenone) OVCON-35 (norethindrone/ethinyl estradiol) ** PHILITH (norethindrone/ethinyl estradiol) ** QUASENSE (levonorgestrel/ethinyl estradiol) ** SAFYRAL (ethinyl estradiol/drospirenone/levomefolate) ** SYEDA (ethinyl estradiol/drospirenone) ** TILIA FE (norethindrone/ethinyl estradiol/fe) ** TRI-LEGEST FE (norethindrone/ethinyl estradiol/fe) ** VESTURA (ethinyl estradiol/drospirenone) ** WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ** ZENCHENT FE (norethindrone/ethinyl estradiol/fe)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	ZEOSA (norethindrone/ethinyl estradiol/fe)

XIII. New Drug Reviews

A. Eliquis

GHS recommended that Eliquis be made a non-preferred drug in the Anticoagulants category. A robust clinical discussion followed. Dr. Brown moved 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)	ARIXTRA (fondaparinux) <small>SmartPA LMWH</small>
FRAGMIN (dalteparin) <small>SmartPA LMWH</small>	ELIQUIS (apixaban)
LOVENOX (enoxaparin) <small>SmartPA LMWH</small>	enoxaparin <small>SmartPA LMWH</small>
PRADAXA (dabigatran)*	fondaparinux <small>SmartPA LMWH</small>
XARELTO 10mg (rivaroxaban) <small>Clinical Edit</small>	XARELTO 15 & 20mg (rivaroxaban)
	warfarin

B. Quillivant XR

GHS recommended that Quillivant XR be made a non-preferred drug in the Stimulants and Related Agents, Long-acting category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Dickey seconded. Votes were taken, and the motion carried. The approved category is below.

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	
DAYTRANA (methylphenidate)	ADDERALL XR (amphetamine salt combination)
FOCALIN XR (dexmethylphenidate)	amphetamine salt combination ER
METADATE CD (methylphenidate)	CONCERTA (methylphenidate)
methylphenidate ER (generic Concerta)	DEXEDRINE (dextroamphetamine)
VYVANSE (lisdexamfetamine)	dextroamphetamine ER
	methylphenidate CD (generic Metadate CD)
	NUVIGIL (armodafinil)
	PROVIGIL (modafinil)
	QUILLIVANT XR (methylphenidate)
	RITALIN LA (methylphenidate)
NON-STIMULANTS	
STRATTERA (atomoxetine)	INTUNIV (guanfacine ER)
	KAPVAY (clonidine extended-release)

C. Oxtellar XR

GHS recommended that Oxtellar XR be made a non-preferred drug in the Anticonvulsants category. A robust clinical discussion followed. Dr. Tingle moved 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) 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) EQUETRO (carbamazepine) 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) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine topiramate capsule 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)

D. Vascepa

GHS recommended that Vascepa be made a non-preferred drug in the Lipotropics, Other (Non-statins), Omega-3 Fatty Acids category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

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)	VASCEPA (icosapent ethyl)
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FIBRIC ACID DERIVATIVES	
ANTARA (fenofibrate) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
MTP INHIBITOR	
	JUXTAPID (lomitapide)
NIACIN	
NIACOR (niacin) NIASPAN (niacin)	

E. Juxtapid

GHS recommended that Juxtapid be made a non-preferred drug in the Lipotropics, Other (Non-statins), MTP Inhibitor category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

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)	VASCEPA (icosapent ethyl)
CHOLESTEROL ABSORPTION INHIBITORS	
	ZETIA (ezetimibe)
FIBRIC ACID DERIVATIVES	
ANTARA (fenofibrate) gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
MTP INHIBITOR	
	JUXTAPID (lomitapide)
NIACIN	
NIACOR (niacin) NIASPAN (niacin)	

F. Onmel

GHS recommended that Onmel be made a non-preferred drug in the Antifungals, Oral category. Additionally, it was recommended to move griseofulvin ultramicrosize to non-preferred, griseofulvin microsize to preferred, and Grifulvin V to non-preferred. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation with an amendment to leave Grifulvin V as preferred. Dr. Tingle seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize GRIS-PEG (griseofulvin) ketoconazole nystatin terbinafine	ANCOBON (flucytosine) DIFLUCAN (fluconazole) griseofulvin ultramicrosize itraconazole ketoconazole foam LAMISIL (terbinafine) MYCELEX (clotrimazole) MYCOSTATIN Tablets (nystatin) NIZORAL (ketoconazole) NOXAFIL (posaconazole) ONMEL (itraconazole) ORAVIG (miconazole) SPORANOX (itraconazole) TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) voriconazole

G. Giazol

GHS recommended that Giazol made a non-preferred drug in the Ulcerative Colitis, Oral category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

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

H. Delzicol

GHS recommended that Delzicol be made a preferred drug in the Ulcerative Colitis, Oral category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation

Dr. Weiland seconded. Votes were taken, and the motion carried. The approved category is below.

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

I. Forfivo XL

GHS recommended that Forfivo XL made a non-preferred drug and that bupropion SR be made preferred drug in the Antidepressants, Other category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Brown seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
bupropion bupropion SR EFFEXOR XR (venlafaxine) mirtazapine PRISTIQ (desvenlafaxine) trazodone WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL DESYREL (trazodone) EFFEXOR (venlafaxine) EMSAM (selegiline transdermal) FORFIVO XL (bupropion) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR

J. Ilevro

GHS recommended that Ilevro made a preferred drug in the Ophthalmic Anti-inflammatories category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Ms. Walley seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
dexamethasone	ACULAR LS (ketorolac)
diclofenac	ACUVAIL (ketorolac)
FLAREX (fluorometholone)	BROMDAY (bromfenac)
flurbiprofen	bromfenac
FML FORTE (fluorometholone)	DUREZOL (difluprednate)
FML SOP (fluorometholone)	OCUFEN (flurbiprofen)
ILEVRO (nepafenac)	PRED MILD (prednisolone)
MAXIDEX (dexamethasone)	PRED FORTE (prednisolone)
NEVANAC (nepafenac)	VOLTAREN (diclofenac)
prednisolone acetate	
prednisolone NA phosphate	
VEXOL (rimexolone)	

K. Nesina

GHS recommended that Nesina made a non-preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Dickey 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)	KAZANO (alogliptin/metformin)
TRADJENTA (linagliptin)	NESINA (alogliptin)
	OSENI (alogliptin/pioglitazone)
	SYMLIN (pramlintide)
	VICTOZA (liraglutide)

L. Kazano

GHS recommended that Kazano made a non-preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Dickey 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)	KAZANO (alogliptin/metformin)
TRADJENTA (linagliptin)	NESINA (alogliptin)
	OSENI (alogliptin/pioglitazone)
	SYMLIN (pramlintide)
	VICTOZA (liraglutide)

M. Oseni

GHS recommended that Oseni made a non-preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Dickey 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)	KAZANO (alogliptin/metformin)
TRADJENTA (linagliptin)	NESINA (alogliptin)
	OSENI (alogliptin/pioglitazone)
	SYMLIN (pramlintide)
	VICTOZA (liraglutide)

XIV. Other Business

There was no other business.

XV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on August 13, 2013 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVI. Adjournment

The meeting adjourned at 12:07 p.m.