

# MISSISSIPPI DIVISION OF MEDICAID Pharmacy & Therapeutics Committee Meeting

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

> October 22, 2013 9:00am to 5:00pm

# MINUTES

### Committee Members Present:

Anne A. Norwood, FNP, PhD Billy Ray Brown, Pharm.D. D. Stanley Hartness, M.D. Deborah Minor, Pharm.D. Geri Lee Weiland, M.D. John W. Gaudet, M.D. Lee Voulters, 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:

Carol Tingle, M.D.

William Thompson, Pharmacy Deputy Director Terri Kirby, R.Ph., Pharmacist III Shannon Hardwick, R.Ph., Pharmacist III Jessica Tyson, Pharmacy Technician Dell Williams, Operation Management Analyst Delvin Taylor, Operation Management Analyst

### **Goold Health Systems Staff Present:**

Chad Bissell, Pharm.D. Laureen Biczak, D.O. Shelagh Harvard

## **Other Contract Staff Present:**

Leslie Leon, Pharm.D., Xerox Joyce Grizzle, Pharmacy Project Manager Ben Banahan, Ph.D., University of Mississippi School of Pharmacy

## I. Call to Order

Ms. Wilma Wilbanks, R.Ph., Chairperson, called the meeting to order at 9:09 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 voluntary service to the P&T Committee.

Ms. Clark introduced DOM staff members Jessica Tyson, Donna Mills, Billy Thompson, and Dell Williams. 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 Joyce Grizzle from Xerox, and Dr. Ben Banahan 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 guests to sign in via the electronic process available through the DOM website (<u>www.medicaid.ms.gov</u>) prior to the meeting. 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 (<u>www.medicaid.ms.gov</u>) 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 stated that DOM aggressively pursues supplemental rebates. Implementation for classes discussed at the annual October meeting when the full PDL is reviewed is January 1, 2014. Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool.

Ms. Clark reviewed the voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that

the Chair announce the recommendation, motions, and the names of committee members making motions. The minutes for each P&T Committee meeting are posted to the DOM website (<u>www.medicaid.ms.gov</u>) within 30 days of the meeting. The meeting minutes will be posted no later than November 22, 2013. Decisions will be announced no later than December 1, 2013 on the DOM website.

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. 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 are implemented throughout the year.

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

# IV. Division of Medicaid Update

Ms. Clark reviewed several items that will be available in the next Provider Bulletin.

## V. Approval of August 13, 2013 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the August 13, 2013 meeting. Ms. Wilbanks declared that there being unanimous consent, 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 Q3 2013 was 95.4%.
- **B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q3 2013 was 79%.

### VII. Drug Class Announcements

Dr. Bissell explained the PDL development and consent agenda processes and acknowledged the Committee's commitment to the annual review.

Dr. Bissell asked industry to yield their time back to the Committee if their drug is recommended for preferred status.

## VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

• Angiotensin Modulators

- Antidepressants, Other
- Antiparasitics, Topical
- Antivirals, Topical
- Cytokine & CAM Antagonists
- Glucocorticoids, Inhaled
- Hypoglycemics, Incretin Mimetic Enhancers
- Lipotropics, Statins
- Ophthalmic Glaucoma Agents
- Pancreatic Enzymes
- Proton Pump Inhibitors

Dr. Harper recommended that the following classes be extracted:

• Anticoagulants

#### IX. Public Comments

Ms. Clark reviewed the public comment process.

Michael Barber, Sunovion Pharmaceuticals, yielded his time to the Committee.

Alix Bennett, Forest Research Institute, spoke in favor of Linzess.

Alix Bennett, Forest Research Institute, spoke in favor of Bystolic.

Joseph Brann, Novo Nordisk, spoke in favor of Victoza. A robust clinical discussion followed.

Tommy Brock, United Therapeutics, spoke in favor of Adcirca.

Allie Crandell, UCB, yielded her time to the Committee.

<u>Sam Fillingane, DO, AZ/BMS Diabetes Alliance</u>, spoke in favor of Bydureon. A robust clinical discussion followed.

<u>Tiffany Gall, Novo Nordisk</u>, yielded her time to the Committee.

Larry Gudgel, Boehringer Ingelheim, spoke in favor of Tradjenta.

Larry Gudgel, Boehringer Ingelheim, spoke in favor of Pradaxa. A robust clinical discussion followed.

Katherine Herndon, Pfizer, spoke in favor of Xeljanz.

Katherine Herndon, Pfizer, spoke in favor of Celebrex.

Katherine Herndon, Pfizer, spoke in favor of Flector.

Jamie Jolly, Daiichi Sankyo, spoke in favor of Benicar. A robust clinical discussion followed.

Jared Lurk, Novartis, spoke in favor of Gilenya.

Brian Macomson, Johnson and Johnson, spoke in favor of Invokana. A robust clinical discussion followed.

Brian Macomson, Johnson and Johnson, spoke in favor of Xarelto.

Sajani Mehta, AstraZeneca, spoke in favor of Brilinta.

Hillary Norris, UCB, spoke in favor of Cimzia.

Tyson Park, Teva, spoke in favor of Copaxone.

Tyson Park, Teva, spoke in favor of Qnasl.

John Putman, Merck, yielded his time to the Committee.

Ben Seale, Takeda Pharmaceuticals, yielded his time to the Committee.

Rod Teat, Otsuka, yielded his time to the Committee.

Jolan Terner-Rosenthal, Forest Laboratories, spoke in favor of Namenda XR. A robust clinical discussion followed.

Jolan Terner-Rosenthal, Forest Laboratories, spoke in favor of Viibryd.

Jolan Terner-Rosenthal, Forest Laboratories, spoke in favor of Savella.

Robert Jardmillo, Forest Laboratories, spoke in favor of Tudorza.

Robert Jardmillo, Forest Laboratories, spoke in favor of Daliresp.

Dr. Justin Graff, Pfizer, spoke in favor of Eliquis.

Ann Williams, Orexo, spoke in favor of Zubsolv.

### X. Second Round of Extractions

No further categories were recommended for extraction.

The Committee took a break at 10:57 a.m. and resumed at 11:11 a.m.

### XI. Non-Extracted Categories

GHS recommended that the following list be approved without extraction.

- Acne Agents, Topical
- Alzheimer Agents
- Analgesics, Anesthetics, Topical
- Analgesics, Narcotics-Long Acting
- Analgesics, Narcotics-Short Acting
- Androgenic Agents
- Antibiotics, GI
- Antibiotics, Topical
- Antibiotics, Vaginal
- Anticonvulsant
- Antidepressants, SSRIs
- Antiemetics, Oral
- Antifungals, Oral
- Antifungals, Topical
- Antihistamines, Minimally Sedating
- Anti-Migraine Agents, Triptans
- Antineoplastics, Kinase Inhibitors
- Antiparkinson Agents
- Antipsychotics
- Antivirals, Oral
- Atopic Dermatitis
- Beta Blockers
- Bile Salts
- Bladder Relaxants
- Bone Suppression
- BPH Agents
- Bronchodilators, Anticholinergic
- Bronchodilators, Beta Agonist
- Calcium Channel Blockers
- Cephalosporins & Related Antibiotics
- Cystic Fibrosis Agents
- Erythropoiesis Stimulating Agents
- Fibromyalgia Agents
- Fluoroquinolones, Oral
- Genital Warts Agents
- Growth Hormones
- H. Pylori Agents
- Hepatitis C
- Hyperuricemia And Gout
- Hypoglycemics, Insulin
- Hypoglycemics, Meglitinides
- Hypoglycemics, TZD Agents
- IBS/SBS Agents
- Immunosuppressants, Oral
- Intranasal Rhinitis Agents
- Leukotriene Modifiers
- Lipotropics, Non-Statins
- Macrolides/Ketolides

- Multiple Sclerosis Agents
- NSAIDs
- Ophthalmic Antibiotics/Steroid Combinations
- Ophthalmic Anti-Inflammatory Agents
- Ophthalmic Agents For Allergic Conjunctivitis
- Parathyroid Agents
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Prenatal Vitamins
- Pulmonary Antihypertensives, PDE5s
- Pulmonary Antihypertensives, Prostacyclins
- Sedative Hypnotics
- Selected Contractive Products
- Skeletal Muscle Relaxants
- Steroids, Topical
- Stimulants
- Tetracyclines
- Ulcerative Colitis

Dr. Weiland motioned to accept the recommendation. Dr. Harper seconded. Votes were taken, and the motion carried.

### XII. Extracted Therapeutic Class Reviews

### A. Angiotensin Modulators

GHS recommended that the angiotensin modulator category be changed by moving only Benicar and Benicar HCT to non-preferred status due to a recent FDA safety alert. A robust clinical discussion followed. Dr. Voulters moved to reject the recommendation and requested that the DUR Committee provide appropriate educational materials to providers. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS	
ACE INHIBITORS		
benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril	ACCUPRIL (quinapril) ALTACE (ramipril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril)	
ACE INHIBITOR COMBINATIONS		
benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine LOTENSIN HCT (benazepril/HCTZ) moexipril/HCTZ trandolapril/verapamil UNIRETIC (moexipril/HCTZ)	

PREFERRED AGENTS		
	NON-PREFERRED AGENTS	
quinapril/HCTZ	VASERETIC (enalapril/HCTZ)	
TARKA (trandolapril/verapamil)	ZESTORETIC (lisinopril/HCTZ)	
	PTOR BLOCKERS (ARBs)	
AVAPRO (irbesartan)	ATACAND (candesartan)	
BENICAR (olmesartan)	candesartan	
DIOVAN (valsartan)	COZAAR (losartan)	
losartan	EDARBI (azilsartan)	
MICARDIS (telmisartan)	eprosartan	
	irbesartan	
	TEVETEN (eprosartan)	
ARB COMBINATIONS		
AVALIDE (irbesartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ)	
BENICAR-HCT (olmesartan/HCTZ)	AZOR (olmesartan/amlodipine)	
DIOVAN-HCT (valsartan/HCTZ)	candesartan/HCTZ	
EXFORGE (valsartan/amlodipine)	EDARBYCLOR (azilsartan/chlorthalidone)	
EXFORGE HCT (valsartan/amlodipine/HCTZ)	irbesartan/HCTZ	
HYZAAR (losartan/HCTZ)	losartan/HCTZ	
MICARDIS-HCT (telmisartan/HCTZ)	TEVETEN-HCT (eprosartan/HCTZ)	
······································	TRIBENZOR (olmesartan/amlodipine/HCTZ)	
	TWYNSTA (telmisartan/amlodipine)	
DIRECT REN	IN INHIBITORS	
Direct Rei	TEKTURNA (aliskiren)	
DIRECT RENIN INHIBITOR COMBINATIONS		
	AMTURNIDE (aliskiren/amlodipine/hctz)	
	TEKAMLO (aliskiren/amlodipine)	
	TEKTURNA-HCT (aliskiren/hctz)	
	VALTURNA (aliskiren/valsartan)	
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# **B.** Anticoagulants

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Voulters moved to accept the recommendation with a SmartPA for Eliquis and requested that the DUR Committee provide appropriate educational materials to providers. Dr. Harper seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COUMADIN (warfarin) <sup>SmartPA</sup> FRAGMIN (dalteparin) <sup>SmartPA LMWH</sup> LOVENOX (enoxaparin) Prefilled Syringe <sup>SmartPA LMWH</sup>	ARIXTRA (fondaparinux) <sup>SmartPA LMWH</sup> ELIQUIS (apixaban) <sup>SmartPA</sup> enoxaparin <sup>SmartPA LMWH</sup>
XARELTO 10mg (rivaroxaban) <sup>SmartPA</sup>	fondaparinux <sup>SmartPA LMWH</sup> PRADAXA (dabigatran) <sup>SmartPA</sup>
	XARELTO 15 & 20mg (rivaroxaban) warfarin

# C. Antidepressants, Other

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
bupropion	APLENZIN (bupropion HBr)

PREFERRED AGENTS	NON-PREFERRED AGENTS
bupropion SR	bupropion XL
mirtazapine	BRINTELLIX (vortioxetine) <sup>NR</sup>
PRISTIQ (desvenlafaxine)	desvenlafaxine
Trazodone	DESYREL (trazodone)
venlafaxine ER tablets	EFFEXOR (venlafaxine)
WELLBUTRIN XL (bupropion HCI)	EFFEXOR XR (venlafaxine)
	EMSAM (selegiline transdermal)
	FORFIVO XL (bupropion)
	MARPLAN (isocarboxazid)
	NARDIL (phenelzine)
	nefazodone
	OLEPTRO ER (trazodone)
	REMERON (mirtazapine)
	tranylcypromine
	venlafaxine
	venlafaxine ER capsules
	venlafaxine XR
	VIIBRYD (vilazodone)
	WELLBUTRIN (bupropion)
	WELLBUTRIN SR

# D. Antiparasitics, Topical

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

PREFERRED AGENTS	NON-PREFERRED AGENTS	
PEDICULICIDES		
NATROBA (spinosad)	lindane	
permethrin 1%	malathion	
SKLICE (ivermectin)	OVIDE (malathion)	
	ULESFIA (benzyl alcohol)	
SCABICIDES		
EURAX CREAM (crotamiton)	ELIMITE (permethrin)	
	EURAX LOTION (crotamiton)	
	permethrin 5%	

# E. Antivirals, Topical

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ZOVIRAX Cream (acyclovir)	DENAVIR (penciclovir)
	XERESE (acyclovir/hydrocortisone)
	ZOVIRAX Ointment (acyclovir)

## F. Cytokine & CAM Antagonists

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENBREL (etanercept)	AMEVIVE (alefacept)
HUMIRA (adalimumab)	ACTEMRA (tocilizumab) <sup>NR</sup>
SIMPONI (golimumab)	CIMZIA (certolizumab)
	ILARIS (canakinumab)
	KINERET (anakinra)
	ORENCIA (abatacept)
	REMICADE (infliximab)
	STELARA (ustekinumab)
	XELJANZ (tofacitinib)

# G. Glucocorticoids, Inhaled

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

PREFERRED AGENTS	NON-PREFERRED AGENTS	
GLUCOCORTICOIDS SmartPA		
ASMANEX (mometasone)	ALVESCO (ciclesonide)	
FLOVENT Diskus (fluticasone)	budesonide	
FLOVENT HFA (fluticasone)	PULMICORT (budesonide) Respules, 1mg	
QVAR (beclomethasone)		
PULMICORT (budesonide) Flexhaler		
PULMICORT (budesonide) Respules, 0.25mg & 0.5mg		
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS		
ADVAIR Diskus (fluticasone/salmeterol)	BREO ELLIPTA (fluticasone/vilanterol)	
ADVAIR HFA (fluticasone/salmeterol)		
DULERA (mometasone/formoterol)		
SYMBICORT (budesonide/formoterol)		

The Committee broke for lunch at 12:00 p.m. and resumed at 1:10 p.m.

## H. Hypoglycemics, Incretin Mimetic Enhancers

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Gaudet seconded. Votes were taken, and the motion was not adopted. Dr. Norwood motioned to move the Victoza 2-pack to preferred and accepted Dr. Hartness's amendment to grandfather Tradjenta patients. Dr. Harper seconded. Votes were taken, and the motion was not adopted. Ms. Walley moved to accept the recommendation made by GHS, with the addition of Tradjenta patients being grandfathered. Dr. Voulters seconded. Votes were taken, and the motion was adopted. Dr. Minor and Dr. Norwood opposed the motion. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYETTA (exenatide)	BYDUREON (exenatide)

PREFERRED AGENTS JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	NON-PREFERRED AGENTS   JANUMET XR (sitagliptin/metformin)   JENTADUETO (linagliptin/metformin)   JUVISYNC (sitagliptin/simvastatin)   KAZANO (alogliptin/metformin)   NESINA (alogliptin)   OSENI (alogliptin/pioglitazone)   SYMLIN (pramlintide)   TRADJENTA (linagliptin)   VICTOZA (liraglutide)
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# I. Lipotropics, Statins

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Ms. Walley seconded. Votes were taken, and the motion was adopted. Dr. Minor abstained. The approved category is below.

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

## J. Ophthalmic Glaucoma Agents

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

PREFERRED AGENTS	NON-PREFERRED AGENTS	
BETA BLOCKERS		
betaxolol BETIMOL (timolol) carteolol ISTALOL (timolol) levobunolol metipranolol timolol solution	BETAGAN (levobunolol) BETOPTIC S (betaxolol) OPTIPRANOLOL (metipranolol) timolol gel TIMOPTIC (timolol)	
CARBONIC ANHYDRASE INHIBITORS		
AZOPT (brinzolamide) dorzolamide TRUSOPT (dorzolamide)		
COMBINATION AGENTS		
COMBIGAN (brimonidine/timolol) COSOPT (dorzolamide/timolol)	COSOPT PF(dorzolamide/timolol)	

PREFERRED AGENTS dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine)	NON-PREFERRED AGENTS	
PARASYMPATHOMIMETICS		
pilocarpine	CARBOPTIC (carbachol) ISOPTO CARBACHOL (carbachol) ISOPTO CARPINE (pilocarpine) PHOSPHOLINE IODIDE (echothiophate iodide) PILOPINE HS (pilocarpine)	
latanoprost TRAVATAN Z (travoprost)	LUMIGAN (bimatoprost) RESCULA (unoprostone) <sup>NR</sup> travoprost XALATAN (latanoprost) ZIOPTAN (tafluprost)	
SYMPATHOMIMETICS		
ALPHAGAN P 0.1% (brimonidine) ALPHAGAN P 0.15% (brimonidine) brimonidine	dipivefrin PROPINE (dipivefrin)	

# K. Otic Antibiotics

GHS recommended that the following list be approved, with an age edit of 8 years and older applied to Cipro HC and Ciprodex. A robust clinical discussion followed. Dr. Voulters moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CIPRO HC (ciprofloxacin/hydrocortisone)	ciprofloxacin
CIPRODEX (ciprofloxacin/dexamethasone)	DERMOTIC (fluocinolone)
COLY-MYCIN S (colistin/neomycin/ hydrocortisone) CORTISPORIN-TC (colistin/neomycin/ hydrocortisone)	ofloxacin
neomycin/polymyxin/hydrocortisone	

# L. Pancreatic Enzymes

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

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

## **M. Proton Pump Inhibitors**

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Norwood moved to accept the recommendation and keep Aciphex preferred. Dr. Voulters seconded. Votes were taken, and the motion was adopted. The approved category is below.

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

## N. Pulmonary Antihypertensives, ERAs

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
LETAIRIS (ambrisentan)	OPSUMIT (macitentan) <sup>NR</sup>
TRACLEER (bosentan)	

### XIII. Other Business

Ms. Clark reminded the Committee to fill out their travel sheets.

She let industry know that Committee members are frustrated with too much attention from industry.

## XIV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on February 11, 2014 at 9:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

### XV. Adjournment

The meeting adjourned at 2:05 p.m.