MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting

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

February 12, 2013
10:00am to 5:00pm

MINUTES

Committee Members Present:
Billy Ray Brown, Pharm.D.
Carol Tingle, M.D.
Deborah Minor, Pharm.D.
Geri Lee Weiland, M.D.
Maretta M. Walley, R.Ph., J.D.
Ryan Harper, Pharm.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., University of Mississippi School of Pharmacy

Committee Members Not Present:
Anne A. Norwood, FNP, PhD
John W. Gaudet, M.D.
John R. Mitchell, M.D.
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
Abby Koonce, Special Assistant Attorney General, Legal Service
Jessica Tyson, Pharmacy Technician

Contract Staff/GHS Staff Present:
Chad Bissell, Pharm.D.

I. Call to Order

Wilma Wilbanks, R.Ph., Vice-Chairperson, called the meeting to order at 10:11 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 stated that in addition to the annual review in October, quarterly Preferred Drug List (PDL) updates will be implemented beginning in April 2013. 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.

She expressed sympathy and best wishes on behalf of DOM for the residents of Hattiesburg, including Committee member Dr. Gaudet, who are dealing with the aftermath of a storm.

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 Jessica Tyson. She introduced Abby Koonce from the Attorney General's office. 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. Kyle Null and from the University of the Mississippi School of Pharmacy's MS-DUR Program.

Ms. Clark reminded audience members that any recording would need to take place at the back of the room.

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 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 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 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 April 1, 2013. She stated that there is currently no active coordination between the fee for service and managed care PDLs. She stated that DOM received CMS approval to join the Sovereign States Drug Consortium (SSDC).

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 March 21, 2013.

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 April 1, 2013. She stated that the PDL will be completely updated once per year; quarterly updates will be implemented throughout the year.

IV. Division of Medicaid Update

There were no comments made for the Division's update.

V. Approval of October 23, 2012 Meeting Minutes

Ms. Wilbanks asked for approval of the minutes from the October 23, 2012 meeting. The Committee asked that corrections be made to the minutes in the section related to the beta blockers discussion. Dr. Harper motioned to table acceptance of the minutes, Dr. Dickey seconded. Ms. Clark stated that GHS would amend the language and that DOM would share it with the Committee before the April meeting. Ms. Wilbanks stated that there being no further corrections that the minutes would stand tabled.

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 Q4 2012 was 97.1%.

B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q4 2012 was 81%. A discussion of the practice of grandfathering patients followed.

VII. Drug Class Announcements

Dr. Kyle Null updated the Committee on their October 23, 2012 request that the Drug Utilization Review (DUR) Board review rescue inhalers. He provided an overview of an analysis that will be presented to the DUR. Ms. Clark stated that the information reviewed by Dr. Null will be available on the DOM website (www.medicaid.ms.gov).

Dr. Bissell reviewed the agenda, the updated PDL, Committee procedure, and the extraction process. He stated that two new categories were recommended for addition to the PDL: Genital Warts & Related Agents and Parathyroid Agents. Any changes voted on at the meeting will be effective on April 1, 2013. He stated that the SSDC 2014 bid cycle was starting soon. He reminded industry representatives that deferring speaking time in the case of preferred drugs would be appreciated.

VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

- Bladder Relaxant Preparations
- Bronchodilators & COPD Agents
- Genital Wart & Related Agents
- Multiple Sclerosis Agents
- Pancreatic Enzymes
- Parathyroid Agents

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

IX. Public Comments

Ms. Clark reviewed the public comment process.

Frank Davis, Astellas, yielded his time to the Committee (Myrbetriq).

Jerrica Dodd, Biogen-Idec, yielded her time to the Committee (Avonex).

Katherine Herndon, Pfizer, yielded her time to the Committee (Toviaz).

Katherine Herndon, Pfizer, spoke in favor of Xeljanz.

Deena Kegler-Ebo, Acorda, spoke in favor of Ampyra.

Lee Martin, Genzyme, spoke in favor of Abajio.

Pauline Patrick, Forest, spoke in favor of Tudorza. In response to a question from the Committee, Ms. Patrick stated that as part of their agreement with the Food and Drug Administration (FDA), Forest would be conducting long-term trials to study cardiovascular effects.

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. Bladder Relaxant Preparations

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

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

B. Bronchodilators & COPD Agents

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium)	DALIRESP (roflumilast)

PREFERRED AGENTS	NON-PREFERRED AGENTS
ipratropium SPIRIVA (tiotropium)	TUDORZA PRESSAIR (aclidinium)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
COMBIVENT (albuterol/ipratropium) DUONEB (albuterol/ipratropium)	albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)

C. Genital Warts & Related Agents

GHS recommended that the Genital Warts & Related Agents category be added to the PDL and that the following list be approved. Dr. Brown motioned to accept the recommendation. Dr. Dickey seconded. A clinical discussion of the class followed. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALDARA (imiquimod)* CONDYLOX (podofilox)	imiquimod PICATO (ingenol) podofilox VEREGEN (sinecatechins) ZYCLARA (imiquimod)

D. Multiple Sclerosis Agents

GHS recommended that the following list be approved. Dr. Minor 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
AVONEX (interferon beta-1a) COPAXONE (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)

E. Pancreatic Enzymes

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

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

F. Parathyroid Agents

GHS recommended that the Parathyroid Agents category be added to the PDL and that the following list be approved and that; existing users of Sensipar as of 3-31-13 shwould be

grandfathered Dr. Weiland motioned to accept the recommendation. Dr. Tingle seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
calcitriol ergocalciferol ZEMPLAR (paricalcitol)	DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) ROCALTROL (calcitriol) SENSIPAR (cinacalcet)**

XIII. New Drug Reviews

A. Binosto

GHS recommended that Binosto be made a non-preferred drug in the Bone Resorption and Related Agents category. Dr. Weiland motioned to accept the recommendation. Dr. Minor seconded. Votes were taken, and the motion carried. The approved category is below.

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

B. candesartan/HCTZ

GHS recommended that candesartan/HCTZ and losartan/HCTZ be made non-preferred drugs in the Angiotensin Modulators category. Dr. Weiland motioned to accept the recommendation. A clinical discussion followed. Dr. Minor 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
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)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	ZESTRIL (lisinopril)
ACE INHIBITOR COMBINATIONS	
benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ LOTREL(benazepril/amlodipine) quinapril/HCTZ TARKA (trandolapril/verapamil)	ACCURETIC (quinapril/HCTZ) benazepril/amlodipine 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 irbesartan TEVETEN (eprosartan**)**
ARB COMBINATIONS	
AVALIDE (irbesartan/HCTZ) BENICAR-HCT (olmesartan/HCTZ) DIOVAN-HCT (valsartan/HCTZ) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) MICARDIS-HCT (telmisartan/HCTZ)	ATACAND-HCT (candesartan/HCTZ) AZOR (olmesartan/amlodipine) candesartan/HCTZ EDARBYCLOR (azilsartan/chlorthalidone) irbesartan/HCTZ losartan/HCTZ TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/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)

C. diclofenac/misoprostol

GHS recommended that diclofenac/misoprostol, ketoprofen, indomethacin ER capsules and piroxicam be made a non-preferred drug in the NSAIDs category. Dr. Dickey motioned to accept the recommendation presented in the second financial model. Dr. Minor seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
NON-SELECTIVE	
diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketoprofen ketorolac naproxen piroxicam sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) CLINORIL (sulindac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen

PREFERRED AGENTS	NON-PREFERRED AGENTS
	INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclofenamate mefenamic acid MOTRIN (ibuprofen) nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) Oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac)
NSAID/GI PROTECTANT COMBINATIONS	
	ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)
COX II SELECTIVE SmartPA	
meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)

D. Lorzone

GHS recommended that Lorzone be made a non-preferred drug in the Skeletal Muscle Relaxants category. Dr. Weiland motioned to accept the recommendation. Dr. Tingle seconded. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
baclofen chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	AMRIX (cyclobenzaprine ER) carisoprodol carisoprodol compound cyclobenzaprine ER dantrolene FEXMID (cyclobenzaprine) FLEXERIL (cyclobenzaprine) LORZONE (chlorzoxazone) metaxalone orphenadrine orphenadrine compound PARAFON FORTE DSC (chlorzoxazone) ROBAXIN (methocarbamol) SKELAXIN (metaxalone) SOMA (carisoprodol) tizanidine capsules ZANAFLEX (tizanidine)

E. rizatriptan

GHS recommended that rizatriptan and oral sumatriptan be made non-preferred drugs in the Antimigraine Agents, Triptans category. A discussion about grandfathering followed. Dr. Tingle motioned to accept the recommendation presented in the second financial model. Dr. Harper seconded. A clinical discussion followed. Votes were taken, and the motion carried. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) naratriptan rizatriptan sumatriptan
NASAL	
IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)
INJECTABLE	
sumatriptan	IMITREX (sumatriptan)

F. tiagabine

GHS recommended that tiagabine and carbamazepine XR be made non-preferred drugs in the Anticonvulsants category; existing users of carbamazepine XR for seizure disorder would be grandfathered. Dr. Dickey motioned to accept the recommendation presented in the first financial model. Dr. Tingle asked that Trileptal be made a non-preferred drug added with grandfathering for a seizure diagnosis. GHS stated that Trileptal Suspension was preferred and the tablets were non-preferred. The cost sheets likely rolled up the two formulations. GHS will double check the prices of the separate dosage forms to ensure the PDL was configured in the most cost effective way. Dr. Dickey accepted the suggestions as an amendment to her motion. 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	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)

PREFERRED AGENTS	NON-PREFERRED AGENTS
TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	LAMICTAL XR (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine)[NR] POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine 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)

G. Xeljanz

GHS recommended that Xeljanz be made a non-preferred drug in the Cytokine & CAM Antagonists category. 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
ENBREL (etanercept) HUMIRA (adalimumab)	AMEVIVE (alefacept) CIMZIA (certolizumab) KINERET (anakinra) ORENCIA (abatacept) REMICADE (infliximab) SIMPONI (golimumab) STELARA (ustekinumab) XELJANZ (tofacitinib)

XIV. Other Business

Ms. Clark stated that this month's DUR meeting will be held on February 19, 2013.

Ms. Clark stated that DOM is rolling out a new logo. She stated that the DOM website may be updated.

Ms. Clark stated that timely website posting has been an issue due to staffing changes within the department.

Ms. Clark stated that she has received many questions related to the managed care PDL and DOM PDL. She stated that DOM sends educational messages to providers for non-Medicaid claims, which provides the toll-free phone number for the appropriate managed care vendor.

She asked that providers call the toll-free number to try to resolve the issue before contacting DOM.

Ms. Clark stated that she has received many questions related to billing J codes and medical claims. Products that can be self-administered should be taken at home and billed as a pharmacy claim. To avoid waste and product spoilage, products that cannot be self-administered but can be given in a physician's office should be billed as a J-code instead of buy-and-bill. Products that cannot be provided on an outpatient basis should be billed as a medical claim.

Ms. Wilbanks stated the tentative meeting dates for 2013:

- April 9, 2013
- August 13, 2012
- October 22, 2013

XV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on April 9, 2013 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVI. Adjournment

The meeting adjourned at 12:08 p.m.