



MISSISSIPPI DIVISION OF
MEDICAID

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

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

**May 13, 2014
10:00am to 5:00pm**

MINUTES

Committee Members Present:

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

Deborah Minor, Pharm.D.
Lee Voulters, M.D.

Division of Medicaid Staff Present:

Judith Clark, R.Ph., Pharmacy Director
William Thompson, Pharmacy Deputy Director
Terri Kirby, R.Ph., Pharmacist III
Shannon Hardwick, R.Ph., Pharmacist III
Dell Williams, Operations Management Analyst
Donna Mills, Operations Management Analyst

Contract Staff/GHS Staff Present:

Chad Bissell, Pharm.D., M.B.A.
Laureen Biczak, D.O.
Shelagh Harvard

Other Contract Staff Present:

Leslie Leon, Pharm.D., ACS-Xerox
Kyle Null, Pharm.D., Ph.D., University of
Mississippi School of Pharmacy
Ben Banahan, Ph.D., University of Mississippi
School of Pharmacy

I. Call to Order

Ms. Wilma Wilbanks, Co-Chairperson, called the meeting to order at 10:00 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 introduced DOM staff members Billy Thompson, Dinah Wilson, and Donna Mills. Ms. Clark recognized DOM contractors in the audience, including Dr. Leslie Leon from Xerox, and Dr. Ben Banahan and Dr. Kyle Null 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 (www.medicaid.ms.gov) 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 (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 stated that DOM aggressively pursues supplemental rebates. 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 (www.medicaid.ms.gov) within 30 days of the meeting. The meeting minutes will be posted no later than June 13, 2014. Decisions will be announced no later than June 1, 2014 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 February 11, 2014 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the February 11, 2014 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 Q1 2014 was 96.5%.
- B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q1 2014 was 79.1%.

VII. Drug Class Announcements

Dr. Bissell introduced two new classes: Aromatase Inhibitors and Pseudobulbar Affect Agents.

VIII. First Round of Extractions

All categories were recommended for extraction.

IX. Public Comments

Ms. Clark reviewed the public comment process.

Brian Berhow, Sunovion Pharmaceuticals, yielded his time back to the Committee.

Chester Grabowski, Gilead Sciences, spoke in favor of Sovaldi.

Cathy Tugwell, AstraZeneca, spoke in favor of Farxiga.

X. Second Round of Extractions

All categories were recommended for extraction.

XI. Non-Extracted Categories

All classes were recommended for extraction.

XII. High Cost Drug Presentation

Dr. Bissell discussed high cost drug trends. A robust clinical discussion followed.

XIII. Extracted Therapeutic Class Reviews

A. Aromatase Inhibitors

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
anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole)

B. Pseudobulbar Affect Agents

GHS recommended that the following list be approved with existing users being grandfathered. A robust clinical discussion followed. Dr. Tingle 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
	NUEDEXTA (dextromethorphan/quinidine)**

C. GI Ulcer Therapies

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
H2 RECEPTOR AGONISTS	
cimetidine famotidine tablet	AXID (nizatidine) famotidine suspension

PREFERRED AGENTS	NON-PREFERRED AGENTS
ranitidine syrup ranitidine tablet	nizatidine PEPCID (famotidine) ranitidine capsule ZANTAC (ranitidine)
PROTON PUMP INHIBITORS	
ACIPHEX Tablet (rabeprazole) lansoprazole RX NEXIUM (esomeprazole) omeprazole RX pantoprazole PROTONIX PACKET (pantoprazole)	ACIPHEX SPRINKLE (rabeprazole) DEXILANT (dexlansoprazole) omeprazole sod. bicarb. PREVACID Rx (lansoprazole) PREVACID SOLU-TAB (lansoprazole) PRILOSEC RX (omeprazole) PROTONIX (pantoprazole) rabeprazole
OTHER	
CARAFATE SUSPENSION (sucralfate) misoprostol sucralfate tablet	CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) sucralfate suspension

D. Acne Agents

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTI-INFECTIVE	
AZELEX (azelaic acid) clindamycin (gel, lotion, solution) ERYGEL (erythromycin) erythromycin	ACZONE (dapson) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide
RETINOIDS	
RETIN-A (tretinoin) TAZORAC (tazarotene) tretinoin gel	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) tretinoin cream tretinoin micro
COMBINATION DRUGS/OTHERS	
DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur cream/foam/gel	ACANYA (benzoyl peroxide/clindamycin) BENZAACLIN GEL (benzoyl peroxide/clindamycin) BENZAACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur lotion/suspension/cleanser/pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)
KERATOLYTICS (BENZOYL PEROXIDES)	
benzoyl peroxide	BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)
ISOTRETINOIN	
Amnesteem Claravis Myorisan Zenatane	ABSORICA (isotretinoin)

E. Hepatitis C Agents

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Brown moved to accept the recommendation to restrict providers, but not require fibrosis staging as part of the prior authorization criteria. Dr. Weiland seconded. Votes were taken, and the motion was adopted. Dr. Gaudet, Dr. Harper, and Ms. Walley voted against the motion. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) SOVALDI (sofosbuvir) VICTRELIS (boceprevir)	INFERGEN (interferon alfacon-1) OLYSIO (simeprevir) ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin)

The Committee adjourned for lunch at 12:03 p.m. The Committee reconvened at 1:13 p.m.

F. Phosphate Binders

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ELIPHOS (calcium acetate) RENAGEL (sevelamer HCl)	calcium acetate FOSRENOL (lanthanum) PHOSLYRA (calcium acetate) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferic oxyhydrionxide)

G. Antineoplastics – Selected Enzyme Inhibitors

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYKADIA (ceritinib) ^{NR}	

XIV. New Drug/New Generic Reviews

A. Aptiom

GHS recommended that Aptiom be made a non-preferred drug in the Anticonvulsants, Adjuvants category. A robust clinical discussion followed. Dr. Tingle moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below. The Committee asked that GHS provide a recommendation on Topamax sprinkles at a future meeting.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) ^{NR} felbamate FELBATOL (felbamate)

PREFERRED AGENTS	NON-PREFERRED AGENTS
GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine TEGRETOL XR (carbamazepine) topiramate topiramate capsule TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	FYCOMPA (perampanel) GRALISE (gabapentin) HORIZANT (gabapentin) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) oxcarbazepine suspension OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX Sprinkle (topiramate) TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)
SELECTED BENZODIAZEPINES	
DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)
HYDANTOINS	
PHENYTEK (phenytoin) phenytoin	DILANTIN (phenytoin) PEGANONE (ethotoin)
SUCCINIMIDES	
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)

B. Zohydro ER

GHS recommended that Zohydro ER be made a non-preferred drug in the Analgesics, Narcotic – Long-Acting category. A robust clinical discussion followed. Dr. Weiland 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
fentanyl patches methadone morphine ER OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) KADIAN (morphine) MS CONTIN (morphine) NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) ZOHYDRO ER (hydrocodone bitartrate)

C. Aerospan

GHS recommended that Aerospan be made a preferred drug in the Glucocorticoids (Inhaled) category. A robust clinical discussion followed. Dr. Dickey moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted.

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

D. Farxiga

GHS recommended that Farxiga be made a non-preferred drug in the Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors category. Dr. Dickey 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
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin)

E. Anoro Ellipta

GHS recommended that Anoro Ellipta be made a non-preferred drug in the Bronchodilators & COPD Agents, Anticholinergic-Beta Agonist Combinations category. Dr. Brown moved to accept the recommendation. Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA (tiotropium)	DALIRESP (roflumilast) TUDORZA PRESSAIR (aclidinium)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol)
INHALERS, SHORT-ACTING	
PROVENTIL HFA (albuterol)	PROAIR HFA (albuterol) VENTOLIN HFA (albuterol)

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

F. Otrexup

GHS recommended that Otrexup be made a non-preferred drug in the Cytokine & CAM Antagonists category. Dr. Tingle 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
ENBREL (etanercept) HUMIRA (adalimumab) methotrexate SIMPONI (golimumab)	ACTEMRA (tocilizumab) ^{NR} CIMZIA (certolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) ^{NR} OTREXUP (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)

XV. Other Business

Ms. Clark expressed her appreciation to Shannon Hardwick, R.Ph., DOM DUR Coordinator, and the University of Mississippi School of Pharmacy's Kyle Null, Pharm.D., Ph.D., and Ben Banahan, Ph.D., the DOM DUR vendor. Mississippi's approach to drug utilization review has been recognized nationally at recent conferences. DOM has also been selected to take part in an international conference in June.

XVI. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on August 12, 2014 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVII. Adjournment

The meeting adjourned at 1:45 p.m.