



MISSISSIPPI DIVISION OF  
**MEDICAID**

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

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

**February 11, 2014  
10:00am to 5:00pm**

**MINUTES**

**Committee Members Present:**

Anne A. Norwood, FNP, PhD  
Billy Ray Brown, Pharm.D.  
John W. Gaudet, M.D.  
Carol Tingle, M.D.  
D. Stanley Hartness, M.D.  
Geri Lee Weiland, M.D.  
Maretta M. Walley, R.Ph., J.D.  
Ryan Harper, Pharm.D.

**Committee Members Not Present:**

Lee Voulters, M.D.  
Deborah Minor, Pharm.D.  
Wilma Johnson Wilbanks, R.Ph.  
Sharon R. Dickey, Pharm.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  
Jessica Tyson, Pharmacy Technician  
Dell Williams, Operation Management Analyst  
Dinah Wilson, Administrative Assistant

**Contract Staff/GHS Staff Present:**

Chad Bissell, Pharm.D., M.B.A.  
Jeffrey Barkin, M.D.  
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**

Dr. Ryan Harper, Co-Chairperson, called the meeting to order at 10:27 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, Billy Thompson, Dinah Wilson, 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 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 ([www.medicaid.ms.gov](http://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](http://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](http://www.medicaid.ms.gov)) within 30 days of the meeting. The meeting minutes will be posted no later than March 11, 2014. Decisions will be announced no later than March 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 October 22, 2013 Meeting Minutes**

Dr. Harper asked for additions or corrections to the minutes from the October 22, 2013 meeting. Dr. Harper declared that there being unanimous consent, the minutes would stand accepted.

#### **VI. PDL Compliance/Generic Percent Report Updates**

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

- A.** Dr. Barkin reviewed the PDL Compliance Report; overall compliance for Q4 2013 was 95.7%.
- B.** Dr. Barkin reviewed the Generic Percent Report; overall generic utilization for Q4 2013 was 79.1%.

#### **VII. Drug Class Announcements**

Dr. Bissell introduced two new classes: Colony Stimulating Factors and Vaginal Antifungals.

#### **VIII. First Round of Extractions**

All categories were recommended for extraction.

#### **IX. Public Comments**

Ms. Clark reviewed the public comment process.

Brad Clay, Amgen, spoke in favor of Neupogen and Neulasta.

Catherine Jackson, Iroko Pharmaceuticals, spoke in favor of Zorvolex.

Megan Jones, Janssen, spoke in favor of Olysio.

Tyrone McBane, Forest Labs, spoke in favor of Fetzima. A robust clinical discussion followed.

Bruce Neale, Actelion Pharmaceuticals, spoke in favor of Opsumit.

Bruce Neale, Actelion Pharmaceuticals, spoke in favor of Tracleer.

Welton O’Neal, Supernus, was unable to attend the meeting.

Kimberley Phelps-Weber, Eisai, was unable to attend the meeting.

## **X. Second Round of Extractions**

No other categories were recommended for extraction.

## **XI. Non-Extracted Categories**

All classes were recommended for extraction.

## **XII. Extracted Therapeutic Class Reviews**

### **A. Colony Stimulating Factors**

GHS recommended that the following list be approved and that existing Neulasta and Neupogen syringe users should be grandfathered. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Ms. Walley seconded. Votes were taken, and the motion was adopted. Dr. Norwood voted against the motion. The approved category is below. The Department of Medicaid will consider Prior Authorization (PA) criteria for this category.

<b>PREFERRED AGENTS</b>	<b>NON-PREFERRED AGENTS</b>
LEUKINE (sargramostim) NEUPOGEN Vial (filgrastim)	GRANIX (tbo-filgrastim) NEULASTA (pegfilgrastim) NEUPOGEN Syringe (filgrastim)

### **B. Antifungals (Vaginal)**

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Tingle moved to accept the recommendation, with the addition of Terazol 3 Cream as a preferred product. Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
clotrimazole vaginal cream miconazole 1, 3 cream, 7cream, TERAZOL 3 (terconazole) Cream tioconazole VAGISTAT (miconazole) VAGISTAT (tioconazole)	GYNAZOLE (butoconazole) miconazole 3 vaginal suppository TERAZOL 3 (terconazole) SUPPOSITORY TERAZOL 7 (terconazole) terconazole

### XIII. New Drug/New Generic Reviews

#### A. Fabior

GHS recommended that Fabior be made a non-preferred drug in the Acne Agents (Topical), Retinoids category. Dr. Tingle 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
<b>ANTI-INFECTIVE</b>	
AZELEX (azelaic acid) clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide
<b>RETINOIDS</b>	
RETIN-A (tretinoin) TAZORAC (tazarotene)	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) tretinoin tretinoin micro
<b>COMBINATION DRUGS/OTHERS</b>	
DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) sodium sulfacetamide/sulfur cream/cleanser/foam/gel/lotion/suspension	ACANYA (benzoyl peroxide/clindamycin) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) benzoyl peroxide/clindamycin CLENIA (sulfacetamide sodium/sulfur) 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) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur pads sodium sulfacetamide/sulfur/meratan sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	ZIANA (clindamycin/tretinoin)
KERATOLYTICS (BENZOYL PEROXIDES)	
benzoyl peroxide	BENZEFOAM ULTRA (benzoyl peroxide) BP10 (benzoyl peroxide) BPO (benzoyl peroxide) INOVA (benzoyl peroxide) LAVOCLEN (benzoyl peroxide)

## B. Tafinlar

GHS recommended that Tafinlar be made a preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Hartness 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
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) <b>GILOTRIF (afatanib)</b> GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) <sup>NR</sup> INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) <b>MEKINIST (trametinib dimethyl sulfoxide)</b> NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) <b>TAFINLAR (dabrafenib)</b> TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)	

## C. Mekinist

GHS recommended that Mekinist be made a preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Hartness 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
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) <b>GILOTRIF (afatanib)</b> GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
IMBRUVICA (ibrutinib) <sup>NR</sup> INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) <b>MEKINIST (trametinib dimethyl sulfoxide)</b> NEXAVAR (sorafenib) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) <b>TAFINLAR (dabrafenib)</b> TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)	

#### D. Gilotrif

GHS recommended that Gilotrif be made a preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted.

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

#### E. Fycompa

GHS recommended that Fycompa be made a non-preferred drug in the Anticonvulsants, Adjuvants category. Dr. Brown moved to accept the recommendation. Dr. Norwood seconded. Votes were taken, and the motion was adopted. Dr. Hartness was absent during the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ADJUVANTS</b>	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) 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) <sup>NR</sup> felbamate FELBATOL (felbamate) <b>FYCOMPA (perampanel)</b> GRALISE (gabapentin) HORIZANT (gabapentin) KEPBRA (levetiracetam) KEPBRA 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 topiramate capsule TRILEPTAL Tablets (oxcarbazepine) <b>TROKENDI XR (topiramate)</b> ZONEGRAN (zonisamide)
<b>SELECTED BENZODIAZEPINES</b>	
DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)
<b>HYDANTOINS</b>	
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)
<b>SUCCINIMIDES</b>	
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)

## F. Trokendi XR

GHS recommended that Trokendi XR be made a non-preferred drug in the Anticonvulsant, Adjuvants category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Tingle seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ADJUVANTS</b>	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex	BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine)



PREFERRED AGENTS	NON-PREFERRED AGENTS
divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) LAMICTAL XR (lamotrigine) lamotrigine levetiracetam oxcarbazepine TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate TRILEPTAL Suspension (oxcarbazepine) valproic acid VIMPAT (lacosamide) zonisamide	FANATREX SUSPENSION (gabapentin) <sup>NR</sup> felbamate FELBATOL (felbamate) <b>FYCOMPA (perampanel)</b> 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 topiramate capsule TRILEPTAL Tablets (oxcarbazepine) <b>TROKENDI XR (topiramate)</b> 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. Adempas

GHS recommended that Adempas be made a non-preferred drug in the Pulmonary Antihypertensives – Soluble Guanylate Cyclase Stimulators category. 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
	<b>ADEMPAS (riociguat)</b>

## H. Opsumit

GHS recommended that Opsumit be made a non-preferred drug in the Pulmonary Antihypertensives – Endothelin Receptor Antagonists category. 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
LETAIRIS (ambrisentan) TRACLEER (bosentan)	OPSUMIT (macitentan)

### I. Brintellix

GHS recommended that Brintellix be made a non-preferred drug in the Antidepressants, Other category. 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
bupropion bupropion SR mirtazapine PRISTIQ (desvenlafaxine) Trazodone venlafaxine ER tablets WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL BRINTELLIX (vortioxetine) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER capsules venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR

### J. Fetzima

GHS recommended that Fetzima be made a non-preferred drug in the Antidepressants, Other category. 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
bupropion bupropion SR mirtazapine PRISTIQ (desvenlafaxine) Trazodone venlafaxine ER tablets WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL BRINTELLIX (vortioxetine) desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	<b>KHEDEZLA ER (desvenlafaxine)</b> MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER capsules venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR

### K. Khedezla

GHS recommended that Khedezla be made a non-preferred drug in the Antidepressants, Other category. 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
bupropion bupropion SR mirtazapine PRISTIQ (desvenlafaxine) Trazodone venlafaxine ER tablets WELLBUTRIN XL (bupropion HCl)	APLENZIN (bupropion HBr) bupropion XL <b>BRINTELLIX (vortioxetine)</b> desvenlafaxine DESYREL (trazodone) EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) <b>FETZIMA ER (levomilnacipran)</b> FORFIVO XL (bupropion) <b>KHEDEZLA ER (desvenlafaxine)</b> MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) REMERON (mirtazapine) tranylcypromine venlafaxine venlafaxine ER capsules venlafaxine XR VIIBRYD (vilazodone) WELLBUTRIN (bupropion) WELLBUTRIN SR

### L. Zorvolex

GHS recommended that Zorvolex be made a non-preferred drug in the NSAIDs, Non-Selective category. A robust clinical discussion followed. 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
<b>NON-SELECTIVE</b>	
diclofenac EC etodolac tab flurbiprofen ibuprofen indomethacin ketorolac naproxen sulindac	ADVIL (ibuprofen) ANAPROX (naproxen) CAMBIA (diclofenac) CATAFLAM (diclofenac) DAYPRO (oxaprozin) diclofenac SR etodolac cap etodolac tab SR FELDENE (piroxicam) fenoprofen INDOCIN (indomethacin) indomethacin cap ER ketoprofen ketoprofen ER meclufenamate mefenamic acid nabumetone NALFON (fenoprofen) NAPRELAN (naproxen) NAPROSYN (naproxen) NUPRIN (ibuprofen) oxaprozin piroxicam PONSTEL (mefenamic acid) SPRIX NASAL SPRAY (ketorolac) tolmetin VOLTAREN XR (diclofenac) ZIPSOR (diclofenac) <b>ZORVOLEX (diclofenac)</b>
<b>NSAID/GI PROTECTANT COMBINATIONS</b>	
	ARTHROTEC (diclofenac/misoprostol) diclofenac/misoprostol DUEXIS (ibuprofen/famotidine) VIMOVO (naproxen/esomeprazole)
<b>COX II SELECTIVE <span style="color: blue;">SmartPA</span></b>	
meloxicam	CELEBREX (celecoxib) MOBIC (meloxicam)

## M. Olysio

GHS recommended that Olysio be made a non-preferred drug in the Hepatitis C Treatments category. A robust clinical discussion followed. Dr. Brown 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
INCIVEK (telaprevir) PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) RIBAPAK DOSEPACK (ribavirin) VICTRELIS (boceprevir)	INFERGEN (interferon alfacon-1) <b>OLYSIO (simeprevir)</b> ribavirin REBETOL (ribavirin) RIBASPHERE (ribavirin) <b>SOVALDI (sofosbuvir)<sup>NR</sup></b>

## N. Bethkis

GHS recommended that Bethkis be made a preferred drug in the Cystic Fibrosis category. 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
BETHKIS (tobramycin)	CAYSTON (aztreonam)** COLY-MYCIN M (colistimethate sodium)** KALYDECO (ivacaftor) PULMOZYME (dornase alfa)** TOBI (tobramycin)** TOBI PODHALER (tobramycin) tobramycin

## XIV. Miscellaneous Brand/Generic Additions

### A. Hydroxyzine HCl

GHS recommended that Hydroxyzine HCl be made a non-preferred drug in the Miscellaneous Brand/Generic category. Dr. Weiland moved to accept the recommendation with the addition of hydroxyzine HCl syrup allowed to remain as preferred. Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>CLONIDINE</b>	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
<b>EPINEPHRINE</b>	
EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)
<b>MISCELLANEOUS</b>	
alprazolam CARAFATE SUSPENSION (sucralfate) hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) <sup>SmartPA</sup>	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) sucralfate suspension VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
<b>SUBLINGUAL NITROGLYCERIN</b>	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

### B. Hydroxyzine pamoate

GHS recommended that Hydroxyzine pamoate be made a preferred drug in the Miscellaneous Brand/Generic category. 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
<b>CLONIDINE</b>	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
<b>EPINEPHRINE</b>	
EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)
<b>MISCELLANEOUS</b>	
alprazolam CARAFATE SUSPENSION (sucralfate) hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) <sup>SmartPA</sup>	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) sucralfate suspension VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
<b>SUBLINGUAL NITROGLYCERIN</b>	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

### C. Vistaril

GHS recommended that Vistaril be made a non-preferred drug in the Miscellaneous Brand/Generic category. A robust clinical discussion followed. Dr. Brown 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
<b>CLONIDINE</b>	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
<b>EPINEPHRINE</b>	
EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)
<b>MISCELLANEOUS</b>	
alprazolam CARAFATE SUSPENSION (sucralfate) hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) <sup>SmartPA</sup>	alprazolam ER <sup>SmartPA</sup> hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) sucralfate suspension VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
<b>SUBLINGUAL NITROGLYCERIN</b>	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

## XV. Other Business

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

**XVI. Next Meeting Date**

The next meeting of the Pharmacy & Therapeutics Committee will be held on May 13, 2014 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

**XVII. Adjournment**

The meeting adjourned at 12:14 p.m.