



MISSISSIPPI DIVISION OF
MEDICAID

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

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

**October 21, 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.
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.

Committee Members Not Present:

Wilma Johnson Wilbanks, R.Ph.

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., Xerox
Ben Banahan, Ph.D., University of Mississippi
School of Pharmacy

I. Call to Order

Dr. Ryan Harper, Vice-Chairperson, called the meeting to order at 9:59 a.m.

II. Introductions

Ms. Judith Clark, the 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, Dell Williams, and Donna Mills. Ms. Clark recognized DOM contractors in the audience, including 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) 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 November 21, 2015. Decisions will be announced no later than December 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

No further update was provided.

V. Approval of August 12, 2014 Meeting Minutes

Dr. Harper asked for additions or corrections to the minutes from the August 12, 2014 meeting. Dr. Voulters moved to accept the minutes as presented. Dr. Hartness seconded. Votes were taken, and the motion was adopted.

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 2014 was 95.5%.
- B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q3 2014 was 81.5%.

VII. Drug Class Announcements

Dr. Bissell reminded the group that DOM has discontinued the use of National Average Drug Acquisition Cost (NADAC) pricing methodology and returned to Average Wholesale Price (AWP). Some of today's recommendations will be amended based on a re-examination of Mississippi's reimbursement methodology. He discussed the cost sheets and the the extraction process.

VIII. First Round of Extractions

GHS recommended that the following classes be extracted:

- Analgesics, Narcotics – Long-Acting
- Antidepressant – Other
- Antimigraine Agents, Triptans
- Antiparasitics (Topical)
- Antipsychotics
- Antiretrovirals
- Beta Blockers

- Cephalosporins & Related Antibiotics (Oral)
- Cystic Fibrosis Agents
- Glucocorticoids (Inhaled)
- Growth Hormones
- Multiple Sclerosis Agents
- Steroids (Topical)
- Stimulants and Related Agents

IX. Public Comments

Joel Bakian, Sanofi, spoke in favor of Auvi Q.

Sajani Barot, AstraZeneca, spoke in favor of Brilinta.

Anika Bridgewater, Viiv Healthcare, spoke in favor of Triumeq.

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

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

Tammy Clark, Sanofi Pasteur, spoke in favor of Sklice.

Julia Compton, Novartis, spoke in favor of TOBI Podhaler. A robust clinical discussion followed.

Julia Compton, Novartis, spoke in favor of Gilenya.

Rob Geletka, Actelion, spoke in favor of Opsumit.

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

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

Katherine Herndon, Pfizer, spoke in favor of Eliquis.

Brian Howell, kaleo, spoke in favor of Evzio.

Chris Hurst, Pfizer, spoke in favor of Xeljanz.

Jignesh Patel, Novo Nordisk, spoke in favor of Norditropin.

Jean Ritter, VCGBio, spoke in favor of Epaned.

Ben Seale, St. Dominic's Endocrinology, spoke in favor of Bydureon.

Tami Sova, UCB, spoke in favor of Vimpat.

Mahesh Tawney, Daiichi-Sankyo, spoke in favor of Benicar.

Roderick Teat, Otsuka, spoke in favor of Abilify.

Courtney Walker, Novo Nordisk, spoke in favor of Victoza.

Ronnie DePue, Sunovion, spoke in favor of Latuda.

Michael Barber, Sunovion, spoke in favor of Aptiom.

Megan Jones, Janssen, spoke in favor of Xarelto.

Megan Jones, Janssen, spoke in favor of Olysio.

Megan Jones, Janssen, spoke in favor of Invokana.

Colleen Weber, Genentech, spoke in favor of Nutropin.

George Moll, UMMC, spoke in favor of Growth Hormones. A robust clinical discussion followed.

X. Second Round of Extractions

Dr. Gaudet moved that Miscellaneous Brand/Generic – Injectable Epinephrine Products be extracted. Dr. Minor moved that Anticoagulants be extracted. Dr. Weiland moved to accept the recommendations. Dr. Dickey seconded. Votes were taken, and the motion was adopted.

XI. Non-Extracted Categories

GHS recommended that the following list be approved without extraction.

- Acne Agents
- Alzheimer's Agents
- Analgesics, Narcotics- Short Acting
- Analgesics/Anesthetics (Topical)
- Androgenic Agents
- Angiotensin Modulators
- Antibiotics (GI)
- Antibiotics (Miscellaneous)
- Antibiotics (Topical)
- Antibiotics (Vaginal)
- Anticonvulsants
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations

- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparkinson's Agents (Oral)
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Atopic Dermatitis
- Bile Salts
- Bladder Relaxant Preparations
- Bone Resorption Suppression & Related Agents
- BPH Agents
- Bronchodilators & COPD Agents
- Bronchodilators, Beta Agonists
- Calcium Channel Blockers
- Colony Stimulating Factors
- Cytokine & Cam Antagonists
- Erythropoiesis Stimulating Proteins
- Fibromyalgia Agents
- Fluoroquinolones (Oral)
- Genital Warts & Related Agents
- GI Ulcer Therapies
- *H. Pylori* Combination Treatments
- Hepatitis C Treatments
- Hyperuricemia & Gout
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Insulins & Related Agents
- Hypoglycemics, Meglitinides
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Hypoglycemics, TZDs
- Immunosuppressive (Oral)
- Intranasal Rhinitis Agents
- IBS/SBS Agents/Selected GI Agents
- Leukotriene Modifiers
- Lipotropics, Other (Non-Statins)
- Lipotropics, Statins
- Movement Disorder Agents
- Multiple Sclerosis Agents
- NSAIDs
- Ophthalmic Antibiotics
- Ophthalmic Anti-inflammatories
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics, Glaucoma Agents
- Otic Antibiotics
- Pancreatic Enzymes
- Parathyroid Agents
- Phosphate Binders

- Platelet Aggregation Inhibitors
- Prenatal Vitamins
- Pseudobulbar Affect Agents
- Pulmonary Antihypertensives
- Sedative Hypnotics
- Select Contraceptive Products
- Skeletal Muscle Relaxants
- Smoking Deterrents
- Tetracyclines
- Ulcerative Colitis & Crohn’s Agent

Dr. Weiland moved to accept the recommendations. Dr. Brown seconded. Votes were taken, and the motion was adopted.

The Committee adjourned for lunch at 12:07 p.m. and returned at 1:04 p.m.

XII. Extracted Therapeutic Class Reviews

A. Analgesics, Narcotics – Long-Acting

GHS recommended that the following list be approved. Dr. Minor 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
BUTRANS (buprenorphine) fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER KADIAN (morphine) MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate)

B. Anticoagulants

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation, with the addition of the Smart PA of ICD-9 for Xarelto 15mg and 20 mg and Eliquis for the specific treatment DVT and PE. Dr. Brown seconded. Votes were taken, and the motion was adopted. The approved category is below.

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

C. Antidepressants - Other

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

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

D. Antimigraine Agents, Triptans

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Voulters 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
ORAL	
RELPAK (eletriptan)	AMERGE (natriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) natriptan rizatriptan sumatriptan TREXIMET (sumatriptan/naproxen) zolmitriptan ZOMIG (zolmitriptan)
NASAL	
IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)
INJECTABLE	
IMITREX (sumatriptan)	sumatriptan

E. Antiparasitics (Topical)

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Tingle 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
PEDICULICIDES	
permethrin 1% ULESFIA (benzyl alcohol)	lindane malathion NATROBA (spinosad) ^{Step Edit} OVIDE (malathion) SKLICE (ivermectin) ^{Step Edit}
SCABICIDES	
EURAX CREAM (crotamiton) STROMEKTOL (ivermectin)	ELIMITE (permethrin) EURAX LOTION (crotamiton) permethrin 5%

F. Antipsychotics

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Norwood moved to accept the recommendation to keep Latuda NP for a SmartPA for females of child bearing age. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
ABILIFY (ariprazole) ^{SmartPA} amitriptyline/perphenazine chlorpromazine clozapine ^{SmartPA} FANAPT (iloperidone) ^{SmartPA}	CLOZARIL (clozapine) ^{SmartPA} FAZACLO (clozapine) ^{SmartPA} HALDOL (haloperidol) ^{SmartPA} INVEGA (paliperidone) ^{SmartPA} LATUDA (lurasidone)** ^{SmartPA}

PREFERRED AGENTS	NON-PREFERRED AGENTS
fluphenazine GEODON (ziprasidone) SmartPA haloperidol SmartPA perphenazine risperidone SmartPA SAPHRIS (asenapine) SmartPA SEROQUEL (quetiapine) SmartPA SEROQUEL XR (quetiapine) SmartPA thioridazine thiothixene trifluoperazine ZYPREXA (olanzapine) SmartPA	NAVANE (thiothixene) olanzapine SmartPA olanzapine/fluoxetine SmartPA quetiapine SmartPA RISPERDAL (risperidone) SmartPA SYMBYAX (olanzapine/fluoxetine) SmartPA VERSACLOZ (clozapine) ^{NR} ziprasidone SmartPA
INJECTABLE, ATYPICALS SmartPA	
	ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)

G. Antiretrovirals

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Norwood 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
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate didanosine DR capsule EMTRIVA (emtricitabine) EPIVIR (butransine) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) ZERIT (stavudine)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	
EDURANT (rilpivirine) nevirapine nevirapine ER SUSTIVA (efavirenz)	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PROTEASE INHIBITORS (PEPTIDIC)	
NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENTRY INHIBITORS – FUSION INHIBITORS	
	FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs	
EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs	
TRUVADA (emtricitabine/tenofovir)	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS	
	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs	
ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir)	
COMBINATION PRODUCTS – PROTEASE INHIBITORS	
KALETRA (lopinavir/ritonavir)	

H. Beta Blockers

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
acebutolol atenolol bisoprolol BYSTOLIC (nebivolol) ^{Step Edit} metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol TOPROL XL (metoprolol)	BETAPACE (sotalol) betaxolol CORGARD (nadolol) HEMANSEOL (propranolol) ^{NR} INDERAL LA (propranolol) INNOPRAN XL (propranolol) LEVATOL (penbutolol) LOPRESSOR (metoprolol) SECTRAL (acebutolol) TENORMIN (atenolol) ZEBETA (bisoprolol)

I. Cephalosporins & Related Antibiotics (Oral)

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
BETA LACTAM/BETA-LACTAMASE INHIBITOR COMBINATIONS	
amoxicillin/clavulanate AUGMENTIN 125 and 250 (amoxicillin/clavulanate) Suspension AUGMENTIN XR (amoxicillin/clavulanate)	amoxicillin/clavulanate XR AUGMENTIN (amoxicillin/clavulanate) Tablets MOXATAG (amoxicillin)
CEPHALOSPORINS – First Generation ^{SmartPA}	
cefadroxil	cephalexin tablets KEFLEX (cephalexin)

PREFERRED AGENTS	NON-PREFERRED AGENTS
cephalexin capsules	
CEPHALOSPORINS – Second Generation SmartPA	
cefaclor capsules cefprozil cefuroxime tablets	cefaclor ER cefaclor suspension cefuroxime suspension CEFTIN (cefuroxime)
CEPHALOSPORINS – Third Generation SmartPA	
cefdinir suspension (for patients <18 yr only) cefdinir capsules cefpodoxime	CEDAX (ceftibuten) cefditoren ceftibuten SPECTRACEF (cefditoren) SUPRAX (cefixime)

J. Cystic Fibrosis 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 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

K. 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
GLUCOCORTICIDS SmartPA	
ASMANEX (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) 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)

L. Growth Hormones

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
NORDITROPIN (somatropin) OMNITROPE (somatropin)	GENOTROPIN (somatropin)** HUMATROPE (somatropin) NUTROPIN AQ (somatropin)** SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)

M. Miscellaneous Brand/Generic – Injectable Epinephrine Products

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
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
EPINEPHRINE	
EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENALICK (epinephrine) AUVI-Q (epinephrine)
MISCELLANEOUS	
alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL SUBOXONE (buprenorphine/naloxone) ^{SmartPA}	alprazolam ER ^{SmartPA} BUNAVAIL (buprenorphine/naloxone) GRASTEK ^{NR} hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) RAGWITEK ^{NR} VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

N. Multiple Sclerosis Agents

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
AVONEX (interferon beta-1a) COPAXONE 20mg (glatiramer) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) AUBAGIO (teriflunomide) BETASERON (interferon beta-1b) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GILENYA (fingolimod)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	PLEGRIDY (interferon beta-1a)^{NR} TECFIDERA (dimethyl fumarate)

O. Steroids (Topical)

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Minor 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
LOW POTENCY	
CAPEX (fluocinolone) DESOWEN (desonide) lotion desonide cr, oint. hydrocortisone cr, oint, soln.	alclometasone DERMA-SMOOTH-FS (fluocinolone) DESONATE (desonide) desonide lotion DESOWEN (desonide) fluocinolone oil hydrocortisone lotion PEDIACARE HC (hydrocortisone) PEDIADERM (hydrocortisone) VERDESO (desonide)
MEDIUM POTENCY	
fluocinolone hydrocortisone mometasone cr, oint. prednicarbate cr PANDEL (hydrocortisone probutate)	CLODERM (clocortolone) CUTIVATE (fluticasone) DERMATOP (prednicarbate) ELOCON (mometasone) fluticasone LUXIQ (betamethasone) mometasone solution MOMEXIN (mometasone) prednicarbate oint SYNALAR (fluocinolone)
HIGH POTENCY	
amcinonide cr, lot betamethasone dipropionate cr, gel, lotion betamethasone valerate cr, lotion, oint. CAPEX (fluocinolone) fluocinolone triamcinolone	amcinonide oint betameth diprop/prop gly cr, lot, oint betamethasone dipropionate oint. BETA-VAL (betamethasone valerate) desoximetasone diflorasone DIPROLENE AF (betamethasone diprop/prop gly) ELOCON (mometasone) fluocinonide HALOG (halcinonide) KENALOG (triamcinolone) PEDIADERM TA (triamcinolone) TOPICORT (desoximetasone) TRIANEX (triamcinolone) VANOS (fluocinonide)
VERY HIGH POTENCY	
CLOBEX (clobetasol) TEMOVATE (clobetasol propionate) ULTRAVATE (halobetasol)	clobetasol emollient clobetasol propionate cr, foam, gel, oint, sol DIPROLENE (betamethasone diprop/prop gly) halobetasol HALONATE (halobetasol/ammonium lactate)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	HALAC (halobetasol/ammoium lac) OLUX (clobetasol) OLUX-E (clobetasol)

P. Stimulants and Related Agents

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Voulters 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
SHORT-ACTING	
amphetamine salt combination dexmethylphenidate IR dextroamphetamine IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate solution ZENZEDI (dextroamphetamine)
LONG-ACTING	
ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexmethylphenidate XR dextroamphetamine ER methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)
NON-STIMULANTS	
STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)

XIII. Other Business

There was no other business.

XIV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on February 10, 2015 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XV. Adjournment

The meeting adjourned at 2:51 p.m.