MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting

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

February 10, 2015
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.
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:
Lee Voulters, M.D.

Division of Medicaid Staff Present:
Dr. Dorthy Young, Ph.D., Deputy Director
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.
Jeff Barkin, M.D., DFAPA
Shelagh Harvard

Other Contract Staff Present:
Leslie Leon, Pharm.D., Xerox
Ashleigh Holeman, Pharm.D., Xerox
Ben Banahan, Ph.D., University of Mississippi School of Pharmacy

I. Call to Order

Ms. Wilma Wilbanks, Chairperson, called the meeting to order at 10:03 a.m.

II. Introductions

Ms. Judith Clark, the Mississippi Division 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 Drs. Leslie Leon and Ashleigh Holeman 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 April 1, 2015. Decisions will be announced no later than March 1, 2015 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 announced that the Medicaid/Coordinated Care Uniform PDL was implemented on January 1, 2015. She reviewed several recent provider notices and associated documents. She stated that a large group of children will be moving into managed care in May, June, and July 2015.

V. Approval of October 21, 2014 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the October 21, 2014 meeting. Dr. Dickey moved to accept the minutes as presented. Dr. Weiland seconded. Votes were taken, and the motion was adopted.

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 2014 was 97.1%.

B. Dr. Barkin reviewed the Generic Percent Report; overall generic utilization for Q4 2014 was 79.8%.

VII. Drug Class Announcements

Dr. Bissell introduced one new class, Immune Globulins, and a new sub-category in the Miscellaneous/Brand Generic category, Sublingual Allergen Extract Immunotherapy.

VIII. First Round of Extractions

All categories were recommended for extraction.

IX. Public Comments

Ms. Clark reviewed the public comment process.

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

W. Brent Day, Biogen Idec, spoke in favor of Plegridy. A robust clinical discussion followed.

Quynhchau Doan, Abbvie, spoke in favor of Viekira Pak.

Camtu Ho, Cubist Pharmaceutical, spoke in favor of Sivextro.

Julie Huber, AstraZeneca, spoke in favor of XigDuo XR.

Ketih Kerstann, Eisai, spoke in favor of Akynzeo.

Sunil Majethia, PharmD, Gilead Sciences, spoke in favor of Harvoni.

Tyrone McBayne, Baxter, yielded his time to the Committee.

Phillip Wiegand, Janssen, spoke in favor of Invokamet.

X. Second Round of Extractions

All categories were recommended for extraction.

XI. Non-Extracted Categories

All classes were recommended for extraction.

XII. Extracted Therapeutic Class Reviews

A. Immune Globulins

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

Dr. Dorthy Young, Deputy Director, joined the meeting and expressed her thanks to the Committee for their service.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CARIMUNE NF	BIVIGAM
FLEBOGAMMA DIF	GAMMAGARD SD
GAMASTAN SD	GAMMAPLEX
GAMMAGARD	PRIVIGEN
GAMMAKED	
GAMMUNEX-C	
HIZENTRA	
HYQVIA	

PREFERRED AGENTS	NON-PREFERRED AGENTS
OCTAGAM	

B. Miscellaneous Brand/Generic

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland motioned 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
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY	
	GRASTEK ORALAIR[NR] RAGWITEK

XIII. New Drug/New Generic Reviews

A. Sivextro

GHS recommended that Sivextro be made a non-preferred drug in the Antibiotics, Miscellaneous 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
KETOLIDES	
	KETEK (telithromycin)
LINCOSAMIDE ANTIBIOTICS	
CLEOCIN SOLUTION (clindamycin) clindamycin capsules	CLEOCIN (clindamycin) CLEOCIN PEDIATRIC (clindamycin) clindamycin pediatric solution clindamycin solution
MACROLIDES	
azithromycin clarithromycin ER clarithromycin IR E.E.S. Suspension 200 (erythromycin ethylsuccinate) ERY-TAB (erythromycin)	BIAXIN (clarithromycin) BIAXIN XL (clarithromycin) E.E.S. (erythromycin ethylsuccinate) E.E.S. Suspension 400 (erythromycin ethylsuccinate) E-MYCIN (erythromycin) ERYC (erythromycin) ERYPED Suspension (erythromycin ethylsuccinate) ERYTHROCIN (erythromycin stearate) erythromycin erythromycin estolate PCE (erythromycin) ZITHROMAX (azithromycin) ZMAX (azithromycin)
NITROFURAN DERIVATIVES	
nitrofurantoin nitrofurantoin monohydrate macrocyrstals	FURADANTIN (nitrofurantoin) MACROBID (nitrofurantoin monohydrate macrocyrstals) MACRODANTIN (nitrofurantoin)
OXAZOLIDINONES	
	SIVEXTRO (tedizolid)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	ZYVOX (linezolid)

B. Akynzeo

GHS recommended that Akynzeo be made a preferred drug in the Antiemetics category. 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
5HT3 RECEPTOR BLOCKERS	
ondansetron ondansetron solution	ANZEMET (dolasetron) granisetron ondansetron ODT SANCUSO (granisetron) ZOFRAN (ondansetron) ZOFRAN ODT (ondansetron) ZUPLENZ (ondansetron)
ANTIEMETIC COMBINATIONS	
	AKYNZEO (netupitant/palonosetron) DICLEGIS (doxylamine/pyridoxine)
CANNABINOIDS	
	CESAMET (nabilone) MARINOL (dronabinol) dronabinol
NMDA RECEPTOR ANTAGONIST	
	EMEND (aprepitant)

C. Zydelig

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutnib) 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)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritnib)	

D. Striverdi Respimat

GHS recommended that Striverdi Respimat be made a non-preferred drug in the COPD category. 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
INHALERS, SHORT-ACTING	
PROAIR HFA (albuterol) PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	XOPENEX HFA (levalbuterol) SmartPA
INHALERS, LONG ACTING SmartPA	
FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol)
INHALATION SOLUTION SmartPA	
albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)
ORAL	
albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)

E. Harvoni

GHS recommended that Harvoni be made a preferred drug in the Hepatitis C category. As with other drugs in this category, GHS recommended Harvoni require a manual prior authorization and be restricted to infections disease and hepatologist specialists. A robust clinical discussion followed. Dr. Harper moved to accept the recommendation. Dr. Harper withdrew his original motion. Dr. Harper moved to accept the recommendation. Dr. Tingle seconded. Votes were taken, and the motion was adopted. The approved category is below. Dr. Harper recommended that the DUR Committee (second Weiland) provide quarterly utilization updates to the P&T.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ VICTRELIS (boceprevir)∞	INFERGEN (interferon alfacon-1) Smart PA OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)

PREFERRED AGENTS	NON-PREFERRED AGENTS
VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞	

F. Viekira Pak

GHS recommended that Viekira Pak be made a preferred drug in the Hepatitis C category. As with other drugs in this category, GHS recommended Harvoni require a manual prior authorization and be restricted to infections disease and hepatologist specialists. A robust clinical discussion followed. Dr. Harper 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
HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ VICTRELIS (boceprevir)∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir)∞	INFERGEN (interferon alfacon-1)Smart PA OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)

G. Triumeq

GHS recommended that Triumeq be made a non-preferred drug in the HIV category. A robust clinical discussion followed. Dr. Brown moved to add Triumeq as preferred with the inclusion of clinical edits for females of childbearing age, renal disease, and Hepatitis C comorbidity. Dr. Harper seconded. Votes were taken by show of hands, and the motion was unanimously adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)NR
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)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) EVOTAZ (atazanavir)NR LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)

PREFERRED AGENTS	NON-PREFERRED AGENTS
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir)[NR]
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
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	
TRIUMEQ (abacavir/lamivudine/ dolutegravir)	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. Tybost

GHS recommended that Tybost be made a non-preferred drug in the HIV 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
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium)	VITEKTA (elvitegravir)[NR]
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)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) EVOTAZ (atazanavir)[NR] LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir)[NR]

PREFERRED AGENTS	NON-PREFERRED AGENTS
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
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)	

I. Trulicity

GHS recommended that Trulicity be made a non-preferred drug, Byetta be made a non-preferred drug, and Bydureon be made a preferred drug in the Hypoglycemic Incretin Mimetics/Enhancers category. 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.

DOM will grandfather current Byetta consumers for 6 months in order to accommodate an educational effort by DUR. Dr. Young asked the Committee to keep the fiscal year in mind when considering recommendations.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) ONGLYZA (saxagliptin)	BYETTA (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TANZEUM (albiglutide)^{NR} TRADJENTA (linagliptin) TRULICITY (dulaglutide) VICTOZA (liraglutide)

J. Invokamet

GHS recommended that Invokamet be made a non-preferred drug in the Hypoglycemic, Sodium Glucose Cotransporter-2 Inhibitors category. Dr. Gaudet 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
	FARXIGA (dapaglifozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)[NR]
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
	GLYXAMBI (empagliflozin/linagliptin)[NR] INVOKAMET (canaglifozin/metformin) XIGDUO (dapaglifozin/metformin)

K. Xigduo

GHS recommended that Xigduo be made a non-preferred drug in the Hypoglycemic, Sodium Glucose Cotransporter-2 Inhibitors category. 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
	FARXIGA (dapaglifozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin)[NR]
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
	GLYXAMBI (empagliflozin/linagliptin)[NR] INVOKAMET (canaglifozin/metformin) XIGDUO (dapaglifozin/metformin)

L. Plegridy

GHS recommended that Plegridy be made a non-preferred drug in the Multiple Sclerosis Agents category. 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
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) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)

M. Uceris Foam

GHS recommended that Uceris Foam be made a non-preferred drug in the Ulcerative Colitis and Crohn's Agents category. Dr. Hartness 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
ORAL	
APRISO (mesalamine) ASACOL (mesalamine)	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)
RECTAL	
CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)

N. Uceris Tablets

GHS recommended that Uceris Tablets be made a non-preferred drug in the Ulcerative Colitis and Crohn's Agents category. 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
ORAL	
APRISO (mesalamine) ASACOL (mesalamine) balsalazide DIPENTUM (olsalazine) PENTASA 250mg (mesalamine) sulfasalazine	ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) budesonide EC COLAZAL (balsalazide) DELZICOL (mesalamine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide)
RECTAL	
CANASA (mesalamine) mesalamine	SFROWASA (mesalamine) UCERIS Foam (budesonide)

XIV. Miscellaneous

GHS recommended that Makena be made available as an unlisted, preferred product through the medical benefit. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Dr. Dickey seconded. Votes were taken, and the motion was adopted. The approved category is below.

XV. Other Business

There was no other business.

XVI. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on May 12, 2015 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVII. Adjournment

The meeting adjourned at 12:41 p.m.