



MISSISSIPPI DIVISION OF
MEDICAID

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

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

**May 12, 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.
Sharon R. Dickey, Pharm.D.
Wilma Johnson Wilbanks, R.Ph.

Committee Members Not Present:

Lee Voulters, M.D.
Ryan Harper, Pharm.D.

Division of Medicaid Staff Present:

Tami Brooks, M.D., Medical Director
Dr. Dorthy Young, Ph.D., Deputy Director
Judith Clark, R.Ph., Pharmacy Director
William Thompson, Pharmacy Deputy Director
Terri Kirby, 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
Shannon Hardwick, R.Ph., University of
Mississippi School of Pharmacy

I. Call to Order

Ms. Wilma Wilbanks, Chairperson, called the meeting to order at 10:01 a.m.

II. Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Bureau Pharmacist III, 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. Kirby introduced DOM staff members Billy Thompson, Dell Williams, and Donna Mills. Ms. Kirby recognized DOM contractors in the audience, including Drs. Leslie Leon and Ashleigh Holeman from Xerox, and Dr. Ben Banahan and Ms. Shannon Hardwick from the University of Mississippi School of Pharmacy's MS-DUR Program.

Ms. Kirby thanked Committee members whose terms end in June 2015 Dr. Sharon Dickey, Dr. John Gaudet, Dr. Lee Voulters, and Ms. Maretta Walley.

III. Administrative Matters

Ms. Kirby reviewed Committee policies and procedures.

Ms. Kirby 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. Kirby 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. Kirby reviewed policies related to food and drink, cell phones and pagers, discussions in the hallways, and emergency procedures for the building.

Ms. Kirby stated that DOM aggressively pursues supplemental rebates. Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool.

Ms. Kirby 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 12, 2015. Decisions will be announced no later than June 1, 2015 on the DOM website.

Ms. Kirby 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. Kirby 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. Judy Clark stated that Myers & Stauffer distributed a cost of dispensing survey of Mississippi pharmacies on DOM's behalf. Further information will be available on DOM's website (www.medicaid.ms.gov) as it becomes available.

The universal PDL was implemented on January 1, 2015; the first update was released on April 1, 2015. Ms. Clark thanked everyone who worked on the effort.

Roughly 300,000 children began to be enrolled in coordinated care as of May 1, 2015.

V. Approval of February 10, 2015 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the February 10, 2015 meeting. Dr. Brown requested that the meeting minutes be edited to reflect the Committee's decision to make Triumeq preferred. 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 96.7%.
- B.** Dr. Barkin reviewed the Generic Percent Report; overall generic utilization for Q1 2015 was 80.2%.

VII. Drug Class Announcements

Dr. Bissell introduced two new classes, Gaucher's Disease, and Idiopathic Pulmonary Fibrosis. GHS is reviewing 2016 supplemental rebate offers submitted to the SSDC.

VIII. First Round of Extractions

All categories were recommended for extraction.

IX. Public Comments

Ms. Clark reviewed the public comment process.

William Bakker, Shire US Inc., spoke in favor of Vpriv. A robust clinical discussion followed.

Julia Compton, Novartis, spoke in favor of Cosentyx.

Teresa High, AstraZeneca, spoke in favor of Lynparza.

Julie Huber, AstraZeneca, spoke in favor of Movantik. A robust clinical discussion followed.

Megan Jones, Janssen, spoke in favor of Prezcobix.

Keith Kerstann, Eisai, spoke in favor of Lenvima.

Anh Singhanian, Daiichi Sankyo, spoke in favor of Savaysa.

Marlene Zoob, Genentech, yielded her time to the Committee.

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. Idiopathic Pulmonary Fibrosis

GHS recommended that the following list be approved and further recommended a clinical edit to check for diagnosis and prevent concurrent therapy. A robust clinical discussion followed. Dr. Weiland motioned 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
ESBRIET (pirfenidone) OFEV (nintedanib)	

B. Gaucher's Disease

GHS recommended that the following list be approved,. A robust clinical discussion followed. Dr. Minor motioned 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
ELELYSO (taliglucerase alfa) ZAVESCA (miglustat)	CERDELGA (eliglustat) CEREZYME(imiglucerase) VPRIV (velaglucerase alfa)

XIII. New Drug/New Generic Reviews

A. Onexton

GHS recommended that Onexton be made a non-preferred drug, and tretinoin cream be made a preferred drug in the Acne Agents category. A robust clinical discussion followed. 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
ANTI-INFECTIVE	
clindamycin (gel, lotion, solution) erythromycin	ACZONE (dapsone) AKNE-MYCIN (erythromycin) AZELEX (azelaic acid) CLEOCIN-T (clindamycin) CLINDAGEL (clindamycin) clindamycin foam ERY (erythromycin) ERYGEL (erythromycin) EVOCLIN (clindamycin) FINACEA (azelaic acid) KLARON (sulfacetamide) sulfacetamide
RETINOIDS	
RETIN-A (tretinoin) tretinoin cream	adapalene AVITA (tretinoin) ATRALIN (tretinoin) DIFFERIN (adapalene) FABIOR (tazarotene) RETIN-A MICRO (tretinoin) TAZORAC (tazarotene) tretinoin gel tretinoin micro
COMBINATION DRUGS/OTHERS	
EPIDUO (adapalene/benzoyl peroxide) erythromycin/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 DUAC (benzoyl peroxide/clindamycin) INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) 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)

Dr. Dorthy Young joined the P&T meeting. She thanked the Committee for their work.

B. Hysingla ER

GHS recommended that Hysingla ER be made a non-preferred drug in the Analgesics, Narcotic – Long Acting category. A robust clinical discussion followed. Dr. Dickey 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
fentanyl patches methadone morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EMBEDA (morphine/naltrexone) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) 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)

C. Savaysa

GHS recommended that Savaysa be made a non-preferred drug in the Anticoagulants category. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
ELIQUIS (apixaban) PRADAXA (dabigatran) XARELTO 15 & 20mg (rivaroxaban)	SAVAYSA (edoxaban tosylate)
LOW MOLECULAR WEIGHT HEPARIN (LMWH)	
ARIXTRA (fondaparinux) enoxaparin fondaparinux	

D. Kerydin

GHS recommended that Keridyn be made a non-preferred drug in the Antifungals, Topical category. Dr. Tingle 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
ANTIFUNGALS	
ciclopirox cream/gel/suspension clotrimazole econazole ketoconazole cream ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC	BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT ciclopirox kit/shampoo/solution CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) ^{NR} KERYDIN (tavaborole) ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) NIZORAL (ketoconazole) OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide)
ANTIFUNGAL/STEROID COMBINATIONS	
clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)

Dr. Tami Brooks joined the meeting.

E. Ibrance

GHS recommended that Ibrance 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. 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) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	IBRANCE (palbociclib) LENVIMA (lenvatinib) LYNPARZA (olaparib)

F. Lenvima

GHS recommended that Lenvima 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. 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)	IBRANCE (palbociclib) LENVIMA (lenvatinib) LYNPARZA (olaparib)

PREFERRED AGENTS	NON-PREFERRED AGENTS
TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	

G. Lynparza

GHS recommended that Lynparza 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. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) GILOTRIF (afatanib) 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) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	IBRANCE (palbociclib) LENVIMA (lenvatinib) LYNPARZA (olaparib)

H. Rytary

GHS recommended that Rytary be made a non-preferred drug in the Antiparkinson’s Agents, Oral category. A robust clinical discussion followed. Dr. Weiland 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
ANTICHOLINERGICS	
benztropine trihexyphenidyl	COGENTIN (benztropine)
COMT INHIBITORS	
	COMTAN (entacapone) TASMAR (tolcapone)
DOPAMINE AGONISTS	
ropinirole	MIRAPEX (pramipexole) MIRAPEX ER (pramipexole) NEUPRO (rotigotine) pramipexole REQUIP (ropinirole) REQUIP XL (ropinirole) ropinerole ER
MAO-B INHIBITORS	
selegiline	AZILECT (rasagiline) ELDEPRYL (selegiline) ZELAPAR (selegiline)
OTHERS	
amantadine bromocriptine levodopa/carbidopa	levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)

I. Evotaz

GHS recommended that Evotaz be made a preferred drug in the Antiretrovirals category. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation assuming that the supplemental rebate offered for 2016 will be honored by the manufacturer for 2015. Dr. Hartness 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)
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	INTELENCE (etravirine) RESCRIPTOR (delavirdine mesylate) VIRAMUNE (nevirapine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
SUSTIVA (efavirenz)	VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
EVOTAZ (atazanavir/cobicistat)	CRIXIVAN (indinavir)
NORVIR (ritonavir)	LEXIVA (fosamprenavir)
REYATAZ (atazanavir)	INVIRASE (saquinavir mesylate)
VIRACEPT (nelfinavir mesylate)	
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir)
	PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
ENTRY INHIBITORS – FUSION INHIBITORS	
	FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs	
EPZICOM (abacavir/lamivudine)	abacavir/lamivudine/zidovudine
lamivudine/zidovudine	COMBIVIR (lamivudine/zidovudine)
TRIZIVIR (abacavir/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)	

J. Prezcoibx

GHS recommended that Prezcoibx be made a non-preferred drug in the Antiretrovirals 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
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium)	VITEKTA (elvitegravir)
TIVICAY (dolutegravir sodium)	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate	RETROVIR (zidovudine)
didanosine DR capsule	VIDEX EC (didanosine)
EMTRIVA (emtricitabine)	ZERIT (stavudine)
EPIVIR (butransine)	
lamivudine	
stavudine	
VIDEX SOLUTION (didanosine)	
VIREAD (tenofovir disoproxil fumarate)	
ZIAGEN (abacavir sulfate)	
zidovudine	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)	
EDURANT (rilpivirine)	INTELENCE (etravirine)
nevirapine	RESCRIPTOR (delavirdine mesylate)
nevirapine ER	VIRAMUNE (nevirapine)
SUSTIVA (efavirenz)	VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
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)	

K. Vitekta

GHS recommended that Vitekta be made a non-preferred drug in the Antiretrovirals category. Dr. Weiland 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)	VITEKTA (elvitegravir)
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)	

PREFERRED AGENTS	NON-PREFERRED AGENTS
EVOTAZ (atazanavir/cobicistat) NORVIR (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)	CRIXIVAN (indinavir) LEXIVA (fosamprenavir) INVIRASE (saquinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	
PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
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)	

L. Cosentyx

GHS recommended that Cosentyx be made a preferred drug, and Enbrel be made a non-preferred drug for the indication of plaque psoriasis, in the Cytokine & CAM Antagonists category. Dr. Weiland moved to accept the recommendation with the addition of grandfathering for current users of Enbrel for plaque psoriasis. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COSENTYX (secukinumab) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) ^{NR} CIMZIA (certolizumab) ENBREL (etanercept) ENTYVIO (vedolizumab) ILARIS (canakinumab) KINERET (anakinra) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RHEUMATREX (methotrexate) SIMPONI (golimumab) STELARA (ustekinumab) TREXALL (methotrexate) XELJANZ (tofacitinib)

M. Rasuvo

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

N. Mircera

GHS recommended that Mircera be made a non-preferred drug in the Erythropoiesis Stimulating Proteins 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
<p>EPOGEN (rHuEPO) PROCRT (rHuEPO)</p>	<p>ARANESP (darbepoetin) MIRCERA (methoxy polyethylene glycol-epoetin-beta)</p>

O. Afrezza

GHS recommended that Afrezza be made a non-preferred drug in the Hypoglycemics – Insulins and Related Agents category. Dr. Weiland 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
<p>HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLIN VIAL (insulin) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)</p>	<p>AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin)[*] TOUJEO (insulin glargine)^{NR}</p>

P. Glyxambi

GHS recommended that Glyxambi 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin) ^{NR}
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) XIGDUO (dapagliflozin/metformin)

Q. Movantik

GHS recommended that Movantik be made a non-preferred drug in the Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected GI Agents category. Dr. Dickey 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
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS	
dicyclomine hyoscyamine	AMITIZA (lubiprostone) [∞] BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) [∞] LOTRONEX (alosetron) [∞] NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ^{NR} ZORBTIVE (somatropin) [∞]
SELECTED GI AGENTS	
	FULYZAQ (crofelemer) MOVANTIK (naloxegol)

R. Bunavail

GHS recommended that Bunavail be made a non-preferred drug in the Miscellaneous Brand/Generic category; the supplemental rebate offer would be accepted and it would be preferred ahead of all other forms of buprenorphine except for Suboxone. Dr. Weiland 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
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
EPINEPHRINE	
EPIPEN (epinephrine)	ADRENACLICK (epinephrine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
EPIPEN JR (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) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY	
	GRASTEK ORALAIR RAGWITEK
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

S. Oralair

GHS recommended that Oralair be made a non-preferred drug in the Miscellaneous Brand/Generic category with a clinical PA. 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
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) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate) ZUBSOLV (buprenorphine/naloxone)
SUBLINGUAL ALLERGEN EXTRACT IMMUNOTHERAPY	
	GRASTEK ORALAIR RAGWITEK
SUBLINGUAL NITROGLYCERIN	
nitroglycerin lingual 12gm nitroglycerin sublingual NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm NITROMIST (nitroglycerin)

T. Belsomra

GHS recommended that Belsomra be made a non-preferred drug in the Sedative Hypnotics category. Dr. Hartness moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted. Dr. Tingle moved to make triazolam non-preferred

and grandfather current users. Dr. Dickey seconded. Votes were taken, and the motion was adopted. An educational effort by the DUR will happen. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BENZODIAZEPINES	
estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam SmartPA
OTHERS	
zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) EDLUAR (zolpidem) HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone) ROZEREM (ramelteon) SILENOR (doxepin) SONATA (zaleplon) zolpidem ER ZOLPIMIST (zolpidem)

XIV. Other Business

Ms. Clark shared documents provided by the DUR vendor.

XV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on August 11, 2015 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVI. Adjournment

The meeting adjourned at 2:13 p.m.