



MISSISSIPPI DIVISION OF
MEDICAID

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

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

**August 11, 2015
10:00am to 5:00pm**

MINUTES

Committee Members Present:

Billy Ray Brown, Pharm.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.
Steven Dancer, R.Ph.
Wilma Johnson Wilbanks, R.Ph.

Committee Members Not Present:

Anne A. Norwood, FNP, PhD
John Cook, M.D.
Carol Tingle, M.D.

Division of Medicaid Staff Present:

Judith Clark, R.Ph., Pharmacy Director
William Thompson, Pharmacy Deputy Director
Terri Kirby, R.Ph., Pharmacist III
Cindy Noble, Pharm.D., MPH, Pharmacist III
Dell Williams, Operations Management Analyst
Donna Mills, Operations Management Analyst

Contract Staff/GHS Staff Present:

Laureen Biczak, D.O.
Steve Liles, Pharm.D.
Shelagh Harvard

Other Contract Staff Present:

Leslie Leon, Pharm.D., Xerox
Joyce Grizzle, PMP, 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 10:05 a.m.

II. Introductions

Ms. Judith Clark, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience. She introduced Dr. Cindy Noble, DOM DUR Coordinator.

Ms. Clark welcomed and thanked returning, recently re-appointed Committee members Maretta Walley and Dr. John Gaudet and introduced the new Committee members, Dr. John Cook and Dr. Steven Dancer.

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 Joyce Grizzle from Xerox, and Dr. Ben Banahan and Ms. Shannon Hardwick from the University of the Mississippi School of Pharmacy's MS-DUR Program.

III. Administrative Matters

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 September 11, 2015. Decisions will be announced no later than October 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 reviewed Committee policies and procedures.

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

Dr. Ben Banahan presented findings that had previously been presented to the Drug Utilization Review (DUR) Committee on methadone and triazolam. That Committee requested some specific actions of the P & T Committee regarding changing the preferred status of methadone and triazolam. A robust clinical discussion followed. The two topics will be voted upon under Other Business.

Uniform PDL issues identified by providers or industry should be communicated to DOM; a specific example and beneficiary ID number must be provided in order for DOM to address concerns.

V. Approval of May 12, 2015 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the May 12, 2015 meeting. There were no additions or corrections. The minutes stand approved.

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 Q2 2015 was 96.6%.
- B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q2 2015 was 80.0%.

VII. Drug Class Announcements

Dr. Liles introduced one new class: α -1 Proteinase Inhibitors. He noted a trend in new formulations or delivery methods for existing products.

VIII. First Round of Extractions

All categories were recommended for extraction.

IX. Public Comments

Kendra Davies, Biogen, yielded her time to the Committee.

Lee Ann Griffin, Pfizer, yielded her time to the Committee.

Patrick Kelly, Shire US, spoke in favor of Natpara.

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

Carla McSpadden, Allergan, spoke in favor of Namzaric. A robust clinical discussion followed.

Jignesh Patel, Novo Nordisk, yielded his time to the Committee.

Deepak Singh, Novartis Oncology, spoke in favor of Farydak.

Julie Grogan, Novo Nordisk, 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. Alpha 1 Proteinase Inhibitors

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
ARALAST (alpha-1 proteinase inhibitor) GLASSIA (alpha-1 proteinase inhibitor) PROLASTIN C (alpha-1 proteinase inhibitor) ZEMAIRA (alpha-1 proteinase inhibitor)	

B. Hemophilia Factor

Ms. Clark requested that the Hemophilia Factor Therapeutic Class Review be tabled until the next meeting. Dr. Harper motioned to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted.

XIII. New Drug/New Generic Reviews

A. Namzaric

GHS recommended that Namzaric be made a non-preferred drug in the Alzheimer’s Agents, Combination Agents category. In addition, GHS recommended that donepezil tablets and ODT, galantamine, and rivastigmine be made preferred and that Exelon capsules be made non-preferred. A robust clinical discussion followed. Dr. Harper moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CHOLINESTERASE INHIBITORS	
ARICEPT ODT (donepezil) donepezil (Tablets and ODT) 5mg, 10mg EXELON PATCHES (rivastigmine) galantamine rivastigmine	ARICEPT (donepezil) ARICEPT 23 MG (donepezil) donepezil 23mg EXELON Capsules (rivastigmine) EXELON Solution (rivastigmine) galantamine ER RAZADYNE (galantamine) RAZADYNE ER (galantamine)
NMDA RECEPTOR ANTAGONIST	
NAMENDA TABS (memantine)	NAMENDA SOLUTION(memantine) NAMENDA XR (memantine)
COMBINATION AGENTS	
	NAMZARIC (memantine/donepezil)

B. Embeda

GHS recommended that Embeda be made a preferred drug in the Analgesics, Narcotic – Long Acting category. A robust clinical discussion followed. Dr. Minor 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
EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl) ^{NR} KADIAN (morphine) methadone* MS CONTIN (morphine)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	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. Natesto

GHS recommended that Natesto be made a non-preferred drug in the Androgenic Agents 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
ANDROGEL (testosterone gel) TESTIM (testosterone gel)	ANDRODERM (testosterone patch) AXIRON (testosterone gel) FORTESTSA (testosterone gel) NATESTO (testosterone) STRIANT (testosterone) VOGELXO (testosterone)

D. Nuversa

GHS recommended that Nuversa be made a non-preferred drug in the Antibiotics, Vaginal category. Dr. Minor 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
CLEOCIN OVULES (clindamycin) CLINDESSE (clindamycin) METROGEL (metronidazole) VANDAZOLE (metronidazole)	AVC (sulfanilamide) CLEOCIN CREAM (clindamycin) clindamycin metronidazole vaginal NUVERSA (metronidazole)

E. Cresemba

GHS recommended that Cresemba be made a non-preferred drug in the Antifungals, Oral category. A robust clinical discussion followed. Dr. Brown 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
clotrimazole fluconazole GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets/capsules/susp GRIS-PEG (griseofulvin)	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) griseofulvin ultramicrosize tablet itraconazole ^

PREFERRED AGENTS	NON-PREFERRED AGENTS
nystatin terbinafine	ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^

F. Farydak

GHS recommended that Farydak be made a non-preferred drug and that Gelostine be made a non-preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Harper 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)	FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) LENVIMA (lenvatinib) LYNPARZA (olaparib)

G. Proair Respiclick

GHS recommended that Proair Respiclick and Proair HFA be made non-preferred drugs without grandfathering in the Bronchodilators, Beta Agonist category. A robust clinical discussion followed. Dr. Harper moved to accept the recommendation. Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is below.

The DUR Board will reach out to prescribers with an educational effort.

PREFERRED AGENTS	NON-PREFERRED AGENTS
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PREFERRED AGENTS	NON-PREFERRED AGENTS
INHALERS, SHORT-ACTING	
PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	PROAIR HFA (albuterol) PROAIR RESPICLICK (albuterol) XOPENEX HFA (levalbuterol) ^{SmartPA}
INHALERS, LONG ACTING	
FORADIL (formoterol)	ARCAPTA (indacaterol) SEREVENT (salmeterol) STRIVERDI RESPIMAT (olodaterol) ^{SmartPA}
INHALATION SOLUTION	
albuterol	ACCUNEB (albuterol) BROVANA (arformoterol) levalbuterol metaproterenol PERFOROMIST (formoterol) XOPENEX (levalbuterol)
ORAL	
albuterol metaproterenol terbutaline	VOSPIRE ER (albuterol)

H. Incruse Ellipta

GHS recommended that Incruse Ellipta be made a non-preferred drug in the Bronchodilators & COPD Agents category. A robust clinical discussion followed. Dr. Minor 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
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) STIOLTO RESPIMAT (tiotropium/olodaterol) ^{NR}

I. Spiriva Respimat

GHS recommended that Spiriva Respimat be made a non-preferred drug in the Bronchodilators & COPD Agents category. A robust clinical discussion followed. Dr. Minor 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
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SPIRIVA RESPIMAT (tiotropium) TUDORZA PRESSAIR (aclidinium)
ANTICHOLINERGIC-BETA AGONIST COMBINATIONS	
albuterol/ipratropium	ANORO ELLIPTA (umeclidinium/vilanterol)

PREFERRED AGENTS	NON-PREFERRED AGENTS
COMBIVENT RESPIMAT (albuterol/ipratropium)	STIOLTO RESPIMAT (tiotropium/olodaterol) ^{NR}

J. Kitabis

GHS recommended that Kitabis be made a preferred drug in the Cystic Fibrosis Agents category. 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
BETHKIS (tobramycin) KITABIS (tobramycin)	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) ^{NR} PULMOZYME (dornase alfa) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin

K. Arnuity Ellipta

GHS recommended that Arnuity Ellipta be made a non-preferred drug in the Glucocorticoids, Inhaled 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
GLUCOCORTICOID^{SmartPA}	
ASMANEX (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) 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. Asmanex HFA

GHS recommended that Asmanex HFA be made a non-preferred drug in the Glucocorticoids, Inhaled 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
GLUCOCORTICOID^{SmartPA}	
ASMANEX (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Flexhaler	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone)

PREFERRED AGENTS	NON-PREFERRED AGENTS
PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	ASMANEX HFA (mometasone) 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)

M. Tanzeum

GHS recommended that Tanzeum be made a preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category. 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
BYDUREON (exenatide) JANUMET (sitagliptin/metformin) JANUVIA (sitagliptin) KOMBIGLYZE XR (saxagliptin/metformin) TANZEUM (albiglutide) ONGLYZA (saxagliptin)	BYETTA (exenatide) JANUMET XR (sitagliptin/metformin) JENTADUETO (linagliptin/metformin) KAZANO (alogliptin/metformin) NESINA (alogliptin) OSENI (alogliptin/pioglitazone) SYMLIN (pramlintide) TRADJENTA (linagliptin) TRULICITY (dulaglutide) VICTOZA (liraglutide)

N. Toujeo

GHS recommended that Toujeo and Novolin Vial be made a non-preferred drug in the Hypoglycemics, Incretin Mimetics/Enhancers category. Dr. Weiland moved to accept the recommendation. Dr. Minor seconded. A robust clinical discussion followed. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HUMALOG VIAL (insulin lispro) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMULIN VIAL (insulin) LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine)	AFREZZA (insulin) APIDRA (insulin glulisine) HUMALOG KWIKPEN (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMULIN KWIKPEN (insulin) NOVOLIN FLEXPEN (insulin) NOVOLIN VIAL (insulin) TOUJEO (insulin glargine)

O. Pazeo

GHS recommended that Pazeo, Patanol, and Optivar be made a non-preferred drug in the Ophthalmics for Allergic Conjunctivitis category. Dr. Harper moved to accept the

recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
cromolyn ketotifen OTC PATADAY (olopatadine)	ALAMAST (pemirolast) ALOCRIL (nedocromil) ALOMIDE (Iodoxamide) ALREX (loteprednol) azelastine BEPREVE (bepotastine) ELESTAT (epinastine) EMADINE (emedastine) epinastine LASTACAFT (alcaftadine) OPTIVAR (azelastine) PATANOL (olopatadine) PAZEO (olopatadine)

P. Natpara

GHS recommended that Natpara be made a non-preferred drug in the Parathyroid Agents category. 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
calcitriol ergocalciferol ZEMPLAR (paricalcitol)	doxercalciferol DRISDOL (ergocalciferol) HECTOROL (doxercalciferol) NATPARA (parathyroid hormone) paricalcitol ROCALTROL (calcitriol) SENSIPAR (cinacalcet)

Q. Auryxia

GHS recommended that Auryxia be made a non-preferred drug in the Phosphate Binders category. 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
ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) RENAGEL (sevelamer HCl)	AURYXIA (ferric citrate) calcium acetate FOSRENOL (lanthanum) PHOSLO (calcium acetate) RENVELA (sevelamer carbonate) sevelamer carbonate VELPHORO (sucroferric oxyhydrionxide)

The Committee adjourned for lunch at 12:04 p.m. The Committee resumed at 1:15 p.m.

XIV. Other Business

The DUR Board recommended that methadone be made a non-preferred drug in the Analgesics, Narcotic – Long Acting category due to beneficiary safety concerns. A robust clinical discussion followed. Dr. Harper moved to accept the recommendation. Dr. Weiland seconded. Dr. Weiland further motioned that all current users be grandfathered and that new users need a prior authorization. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets OPANA ER (oxymorphone)	AVINZA (morphine) BUTRANS (buprenorphine) CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl) ^{NR} KADIAN (morphine) methadone* 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)

The DUR Board recommended that triazolam be made a non-preferred drug in the Sedative Hypnotics category. Dr. Gaudet 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
BENZODIAZEPINES	
estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DORAL (quazepam) HALCION (triazolam) RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam
OTHERS	
zaleplon zolpidem	SmartPA 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)

Dr. Weiland moved that DOM, with the assistance of its contractors, be permitted to select a group of nutritional and enteral supplements to meet the needs of Mississippi Medicaid beneficiaries. She further moved that DOM be allowed to make changes to the list as needed. Dr. Gaudet seconded. A robust clinical discussion followed. Votes were taken, and the motion was adopted.

Dr. Gaudet moved that DOM and the Mississippi Coordinated Access Network (CAN) evaluate disease management for ADHD and the use of stimulants and non-stimulants. Dr. Weiland seconded. A robust clinical discussion followed. Votes were taken, and the motion was adopted.

XV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on October 20, 2015 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XVI. Adjournment

The meeting adjourned at 1:47 p.m.



MISSISSIPPI DIVISION OF
MEDICAID

*Division of Medicaid
Pharmacy and Therapeutics
Committee Meeting*

August 11, 2015

10:00 A.M.

Woolfolk Building; Room 145



NOTICE DETAILS

NOTICE DETAILS

State Agency: Division of Medicaid

Public Body: Division of Medicaid

Title: Pharmacy and Therapeutics Committee

Subject: Quarterly Meeting

Date and Time: 8/11/2015 10:00:00 AM

Description:

See attachment.

[Back](#)

MEETING LOCATION

501 North West Street Room 145
Jackson MS 39201

[Map this!](#)

CONTACT INFORMATION

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P&T.docx
Added 10/22/2014

SUBSCRIPTION OPTIONS

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[RSS](#)

ABOUT

Mississippi's State Agencies are required to post notices of regular meetings on the Mississippi Public Meeting Notices Website. The statute establishing this website is in Mississippi Code Section A.023-0041-0013 and may be viewed by clicking here.

[Legislation](#)