



MISSISSIPPI DIVISION OF  
**MEDICAID**

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**Pharmacy & Therapeutics Committee Meeting**

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

**October 20, 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 Cook, M.D.  
John W. Gaudet, M.D.  
Maretta M. Walley, R.Ph., J.D.  
Steven Dancer, R.Ph.  
Wilma Johnson Wilbanks, R.Ph.

**Committee Members Not Present:**

Ryan Harper, Pharm.D.

**Division of Medicaid Staff Present:**

Dorothy K. Young, PhD, MHSA, Deputy  
Administrator Health Services  
Judith Clark, B.S.Ph., R.Ph., Pharmacy Director  
William Thompson, Pharmacy Deputy Director  
Terri Kirby, B.S.Pharm., 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:**

Chad Bissell, Pharm.D., MBA  
Laureen Biczak, D.O.  
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 10:04 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.

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 Mr. 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 Ashleigh Holeman 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](http://www.medicaid.ms.gov)) prior to the meeting. She stated that copies of the agenda and the public comment guidelines are available at the sign-in table. She stated that there is a separate sign in sheet for advocates and reminded guests that advocate presenters are limited to 3 minutes of general comment about a disease, not specific to a drug. She noted that industry presenters must provide their full name, drug name, identification, and company affiliation when signing in. She stated that industry presenters are allowed 3 minutes per drug and that no handouts are permitted. Presenters are requested to sign in at least 10 minutes prior to start of meeting.

Ms. Clark stated that any documents used in the meeting that are not marked confidential and proprietary will be posted on DOM's website ([www.medicaid.ms.gov](http://www.medicaid.ms.gov)) after the meeting.

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

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

Ms. Clark reviewed the voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that the Chair announce the recommendation, motions, and the names of committee members making motions. The minutes for each P&T Committee meeting are posted to the DOM website

([www.medicaid.ms.gov](http://www.medicaid.ms.gov)) within 30 days of the meeting. The meeting minutes will be posted no later than November 20, 2015. Decisions will be announced no later than December 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. She 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 updated the Committee on educational efforts related to methadone and triazolam. A robust clinical discussion followed.

Work on the uniform PDL continues to progress.

#### **V. Approval of August 11, 2015 Meeting Minutes**

Ms. Wilbanks asked for additions or corrections to the minutes from the August 11, 2015 meeting. Ms. Wilbanks noted two errors on pages 4 and 5, in which the word “motioned” was used when “moved” was appropriate. There were no further additions or corrections. The minutes stand approved as corrected.

#### **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 2015 was 96.5%.
- B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q3 2015 was 82.2%.

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

Dr. Bissell reviewed the meeting format.

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

GHS recommended that the following classes be extracted:

- Analgesics, Narcotics – Long-Acting
- Anticoagulants

- Anticonvulsants
- Antifungals (Oral)
- Antifungals (Topical)
- Antipsychotics
- Cytokine & CAM Antagonists
- Glucocorticoids (Inhaled)
- Growth Hormones
- Hepatitis C Treatments
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Lipotropics, Other (Non-Statins)
- Miscellaneous Brand/Generic
- Multiple Sclerosis Agents
- Stimulants & Related Agents

## **IX. Public Comments**

Sajani Barot, AstraZeneca, yielded her time to the Committee.

Catherine Bomar, Meda, spoke in favor of Aerospan.

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

Julia Compton, Novartis, spoke in favor of Entresto.

Ronald DePue, Sunovion, spoke in favor of Aptiom.

Ronald DePue, Sunovion, spoke in favor of Latuda.

QuynChau Doan, Abbvie, yielded her time to the Committee.

Contessa Fincher, Teva, spoke in favor of Copaxone.

Contessa Fincher, Teva, spoke in favor of Granix.

Dr. Dorothy Young joined the meeting. She expressed her appreciation to the Committee.

Lee Ann Griffin, Pfizer, spoke in favor of Eliquis.

James Hammond, Alkermes yielded his time to the Committee.

George Hurst, Pfizer, spoke in favor of Xeljanz.

Megan Jones, Janssen, spoke in favor of Xarelto. A robust clinical discussion followed.

Megan Jones, Janssen, spoke in favor of Invokana.

Megan Jones, Janssen, spoke in favor of Stelara.

Megan Jones, Janssen, spoke in favor of Prescobix.

Russ Knoth, Eisai, spoke in favor of Akynzeo. A robust clinical discussion followed.

Tari Malmgren, Actelion, spoke in favor of Opsumit.

Amy Nicholas, Pharm.D., Sanofi, spoke in favor of Praluent.

Ed Paiewonsky, Daiichi Sankyo, spoke in favor of Savaysa.

Jignesh Patel, Novo Nordisk, spoke in favor of Norditropin Flexpro. A robust clinical discussion followed.

Ketul Patel, Vertex, yielded his time to the Committee.

Manan Shah, Bristol Myers Squibb, spoke in favor of Daklinza.

Patricia Rohman, Otsuka, spoke in favor of Rexulti.

Crystal Traylor, AstraZeneca, spoke in favor of Farxiga.

Deven Shah, Purdue, spoke in favor of Hysingla.

John Howard, Mylan, yielded his time back to the Committee.

Kendra Davies, Biogen, spoke in favor of Tecfidera. A robust clinical discussion followed.

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

No additional categories were extracted.

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

GHS recommended that the following list be approved without extraction.

- Acne Agents
- Alpha 1 Proteninase Inhibitors
- Alzheimer's Agents
- Analgesics, Narcotics- Short Acting
- Analgesics/Anesthetics (Topical)
- Androgenic Agents
- Angiotensin Modulators
- Antibiotics (GI)
- Antibiotics (Miscellaneous)

- Antibiotics (Topical)
- Antibiotics (Vaginal)
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, Triptans
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparasitics (Topical)
- Antiparkinson's Agents (Oral)
- Antiretrovirals
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Atopic Dermatitis
- Beta Blockers
- Bile Salts
- Bladder Relaxant Preparations
- Bone Resorption Suppression & Related Agents
- BPH Agents
- Bronchodilators & COPD Agents
- Bronchodilators, Beta Agonists
- Calcium Channel Blockers
- Cephalosporins & Related Antibiotics (Oral)
- Cystic Fibrosis Agents
- Erythropoiesis Stimulating Proteins
- Fibromyalgia Agents
- Fluoroquinolones (Oral)
- Genital Warts & Related Agents
- GI Ulcer Therapies
- Growth Hormones
- Gaucher's Disease
- H. Pylori Combination Treatments
- Hyperuricemia & Gout
- Hypoglycemics, Insulins & Related Agents
- Hypoglycemics, Meglitinides
- Hypoglycemics, TZDs
- Idiopathic Pulmonary Fibrosis
- Immune Globulins
- Immunosuppressive (Oral)
- Intranasal Rhinitis Agents
- IBS/SBS Agents/Selected GI Agents
- Leukotriene Modifiers
- Lipotropics, Statins

- Movement Disorder 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
- Steroids (Topical)
- Tetracyclines
- Ulcerative Colitis & Crohn’s Agent

Dr. Hartness moved to accept the recommendations. Dr. Gaudet seconded. Votes were taken, and the motion was adopted. Dr. Weiland and Dr. Minor were not present for the vote.

## XII. Extracted Therapeutic Class Reviews

### A. Analgesics, Narcotics- Long Acting

GHS recommended that the following list be approved. Current Opana ER users will be grandfathered for cancer/chemotherapy use. A robust clinical discussion followed. Dr. Weiland moved to accept the recommendation. Ms. Walley seconded. Votes were taken, and the motion was adopted. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) IONSYS (fentanyl) <sup>NR</sup> KADIAN (morphine) methadone MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	<b>OPANA ER (oxymorphone)*</b> oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOXYDRO 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. Dr. Tingle seconded. Votes were taken, and the motion was adopted. Mr. Dancer abstained from the vote. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ORAL</b>	
COUMADIN (warfarin) warfarin XARELTO 10mg (rivaroxaban) <b>Clinical Edit</b>	ELIQUIS (apixaban) PRADAXA (dabigatran) SAVAYSA (edoxaban tosylate) XARELTO 15 & 20mg (rivaroxaban)
<b>LOW MOLECULAR WEIGHT HEPARIN (LMWH)</b>	
LOVENOX (enoxaparin) Prefilled Syringe	ARIXTRA (fondaparinux) enoxaparin <b>FRAGMIN (dalteparin)</b> fondaparinux

## C. Anticonvulsants

GHS recommended that the following list be approved. Current Lamictal XR and Trileptal Suspension users will be grandfathered for seizure diagnosis. A robust clinical discussion followed. Dr. Gaudet moved to accept the recommendation. Dr. Weiland seconded. Votes were taken, and the motion was adopted. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ADJUVANTS</b>	
carbamazepine CARBATROL (carbamazepine) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) <b>FYCOMPA (perampanel)</b> gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam	APTIOM (eslicarbazepine) BANZEL (rufinamide) carbamazepine XR DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) FANATREX SUSPENSION (gabapentin) <sup>NR</sup> felbamate FELBATOL (felbamate) GRALISE (gabapentin) HORIZANT (gabapentin) <b>LAMICTAL XR (lamotrigine)*</b> KEPPRA (levetiracetam)



PREFERRED AGENTS	NON-PREFERRED AGENTS
oxcarbazepine <b>oxcarbazepine suspension</b> TEGRETOL XR (carbamazepine) TOPAMAX Sprinkle (topiramate) topiramate tablet <b>topiramate ER (generic Qudexy XR)</b> valproic acid VIMPAT (lacosamide) zonisamide	KEPBRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) levetiracetam ER NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) <sup>NR</sup> SABRIL (vigabatrin) STAVZOR (valproic acid) TEGRETOL (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) topiramate sprinkle capsule <b>TRILEPTAL Suspension (oxcarbazepine)*</b> TRILEPTAL Tablets (oxcarbazepine) TROKENDI XR (topiramate) ZONEGRAN (zonisamide)
SELECTED BENZODIAZEPINES	
DIASTAT (diazepam rectal)	diazepam rectal gel ONFI (clobazam)
HYDANTOINS	
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)
SUCCINIMIDES	
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)

## D. Antifungals (Oral)

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. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) <b>GRIFULVIN V (griseofulvin, microsize)</b> <b>griseofulvin microsize tablets</b> griseofulvin ultramicrosize tablet <b>GRIS-PEG (griseofulvin)</b> itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) VFEND (voriconazole) ^ voriconazole ^

## E. Antifungals (Topical)

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. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANTIFUNGALS</b>	
ciclopirox cream/gel/solution/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 CNL 8 (ciclopirox) ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) <sup>NR</sup> 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)
<b>ANTIFUNGAL/STEROID COMBINATIONS</b>	
clotrimazole/betamethasone cream nystatin/triamcinolone	clotrimazole/betamethasone lotion LOTRISONE (clotrimazole/betamethasone)

## F. Antipsychotics

GHS recommended that the following list be approved. Current Fanapt, Rexulti, Saphris, and Invega Trinza users will be grandfathered. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Cook seconded. Votes were taken, and the motion was adopted. Dr. Minor was not present for the vote. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ORAL</b>	
ABILIFY (aripiprazole) <b>SmartPA</b> amitriptyline/perphenazine chlorpromazine clozapine <b>SmartPA</b> fluphenazine haloperidol <b>SmartPA</b> olanzapine <b>SmartPA</b> perphenazine risperidone <b>SmartPA</b> SEROQUEL (quetiapine) <b>SmartPA</b>	aripiprazole CLOZARIL (clozapine) <b>SmartPA</b> FANAPT (iloperidone)* <b>SmartPA</b> FAZACLO (clozapine) <b>SmartPA</b> GEODON (ziprasidone) <b>SmartPA</b> HALDOL (haloperidol) <b>SmartPA</b> INVEGA (paliperidone) <b>SmartPA</b> LATUDA (lurasidone) <b>SmartPA</b> NAVANE (thiothixene) olanzapine/fluoxetine <b>SmartPA</b>

PREFERRED AGENTS	NON-PREFERRED AGENTS
SEROQUEL XR (quetiapine) <sup>SmartPA</sup> thioridazine thiothixene trifluoperazine ziprasidone <sup>SmartPA</sup>	paliperidone quetiapine <sup>SmartPA</sup> REXULTI (brexpiprazole) RISPERDAL (risperidone) <sup>SmartPA</sup> SAPHRIS (asenapine)* <sup>SmartPA</sup> SYMBYAX (olanzapine/fluoxetine) <sup>SmartPA</sup> VERSACLOZ (clozapine) <sup>NR</sup> ZYPREXA (olanzapine) <sup>SmartPA</sup>
INJECTABLE, ATYPICALS <sup>SmartPA</sup>	
	ABILIFY (aripiprazole) GEODON (ziprasidone) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) RISPERDAL CONSTA (risperidone) ZYPREXA (olanzapine) ZYPREXA RELPREVV (olanzapine)

The Committee adjourned for lunch at 12:40 p.m. and returned at 1:40 p.m.

### G. Cytokine & CAM Antagonists

GHS recommended that the following list be approved. Cosentyx will be preferred, but require a trial of Humira. 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
COSENTYX (secukinumab) ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) <sup>NR</sup> CIMZIA (certolizumab) 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)

### H. Glucocorticoids (Inhaled)

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
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PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>GLUCOCORTICOID<sup>SmartPA</sup></b>	
ASMANEX TWISTHALER (mometasone) QVAR (beclomethasone) PULMICORT (budesonide) Respules, 0.25mg & 0.5mg	AEROSPAN (flunisolide) ALVESCO (ciclesonide) ARNUITY ELLIPTA (fluticasone) ASMANEX HFA (mometasone) budesonide FLOVENT Diskus (fluticasone) FLOVENT HFA (fluticasone) <b>PULMICORT (budesonide) Flexhaler</b> PULMICORT (budesonide) Respules, 1mg
<b>GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>	
ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	<b>ADVAIR Diskus (fluticasone/salmeterol)*</b> BREO ELLIPTA (fluticasone/vilanterol)

## I. Growth Hormones

GHS recommended that the following list be approved. A robust clinical discussion followed. 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
NORDITROPIN (somatropin) <b>NUTROPIN AQ (somatropin)</b> OMNITROPE (somatropin)	GENOTROPIN (somatropin) HUMATROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) TEV-TROPIN (somatropin)

## J. Hepatitis C Treatments

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
HARVONI (ledipasvir/sofosbuvir) <sup>∞</sup> PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir) <sup>∞</sup> <b>TECHNIVIE (ombitasvir/paritaprevir/ritonavir) <sup>∞</sup></b> VIEKIRA (ombitasvir/paritaprevir/ritonavir) <sup>∞</sup>	<b>DAKLINZA (daclatasvir)</b> OLYSIO (simeprevir) <sup>∞</sup> REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)

## K. Hypoglycemics, Incretin Mimetics/Enhancers

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

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

## L. Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors

GHS recommended that the following list be approved. 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
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>	
	FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIACE (empagliflozin) <sup>NR</sup>
<b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>	
	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) SYNJARDY (empagliflozin/meformin) <sup>NR</sup> XIGDUO (dapagliflozin/metformin)

## M. Lipotropics, Other (Non-Statins)

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
<b>BILE ACID SEQUESTRANTS</b>	
cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevelam)
<b>OMEGA-3 FATTY ACIDS</b>	
LOVAZA (omega-3-acid ethyl esters)	VASCEPA (icosapent ethyl)
<b>CHOLESTEROL ABSORPTION INHIBITORS</b>	
<b>ZETIA (ezetimibe)</b>	
<b>FIBRIC ACID DERIVATIVES</b>	
fenofibrate nanocrystallized 145mg gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	ANTARA (fenofibrate, micronized) fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
<b>MTP INHIBITOR</b>	
	JUXTAPID (lomitapide)

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>APOLIPOPROTEIN B-100 SYNTHESIS INHIBITOR</b>	
	KYNAMRO (mipomersen)
<b>NIACIN</b>	
niacin ER NIACOR (niacin) NIASPAN (niacin)	
<b>PCSK-9 INHIBITOR</b>	
	PRALUENT (alirocumab) REPATHA (evolocumab) <sup>NR</sup>

## N. Miscellaneous Brand/Generic

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

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

## O. Multiple Sclerosis Agents

GHS recommended that the following list be approved. A robust clinical discussion followed. Dr. Gaudet moved to accept the recommendation. Ms. Walley seconded. Votes were taken. The Chairperson requested a show of hands; two members opposed the motion. The motion was adopted. The approved category is below.

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
GILENYA (fingolimod) REBIF (interferon beta-1a)	PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)

## P. Stimulants & Related Agents

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
<b>SHORT-ACTING</b>	
amphetamine salt combination dexamethylphenidate IR dextroamphetamine IR FOCALIN (dexamethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)
<b>LONG-ACTING</b>	
ADDERALL XR (amphetamine salt combination) DAYTRANA (methylphenidate) FOCALIN XR (dexamethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta; <b>Authorized generic labeler code 00591</b> ) PROVIGIL (modafinil) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	amphetamine salt combination ER <b>APTENSIO XR (methylphenidate)</b> CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate XR dextroamphetamine ER methylphenidate ER (generic Concerta; <b>All other labelers</b> ) methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate)
<b>NON-STIMULANTS</b>	
STRATTERA (atomoxetine)	clonidine ER guanfacine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)

## XIII. Other Business

Dr. Minor asked for a review of the Antifungals (Topical) class. A robust clinical discussion followed.

## XIV. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on February 9, 2016 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

## XV. Adjournment

The meeting adjourned at 2:57 p.m.



MISSISSIPPI DIVISION OF  
**MEDICAID**

*Division of Medicaid*  
*Pharmacy and Therapeutics*  
*Committee Meeting*

*October 20, 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:** 10/20/2015 12:00:00 AM

**Description:**

See attachment.

[Back](#)

### MEETING LOCATION

501 North West Street Room 145  
Jackson MS 39201

[Map this!](#)

### CONTACT INFORMATION

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