



MISSISSIPPI DIVISION OF
MEDICAID

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Pharmacy & Therapeutics Committee Meeting
Woolfolk Building
Conference Center East, Room 145
Jackson, MS 39201-1399

May 10, 2016
10:00am to 5:00pm

MINUTES

Committee Members Present:

Billy Ray Brown, Pharm.D.
D. Stanley Hartness, M.D.
John Cook, M.D.
Maretta M. Walley, R.Ph., J.D.
Ryan Harper, Pharm.D.
Wilma Johnson Wilbanks, R.Ph.
Anne A. Norwood, FNP, PhD.
Steven Dancer, R.Ph.
Geri Lee Weiland, M.D.

Committee Members Not Present:

Deborah Minor, Pharm.D.

Division of Medicaid Staff Present:

Dorothy K. Young, Ph.D., MHSA, Deputy
Administrator Health Services
Terri Kirby, B.S.Pharm., R.Ph., Pharmacy
Director
Cindy Noble, Pharm.D., MPH, Pharmacist III
William Thompson, Bureau Director II, Office
of Medical Services
Dell Williams, Operations Management Analyst
Principal
Donna Mills, Operations Management Analyst
Principal

Contract Staff/GHS Staff Present:

Chad Bissell, Pharm.D., MBA
Laureen Biczak, D.O.
Jennifer Seymour

Other Contract Staff Present:

Leslie Leon, Pharm.D., Xerox
Ashleigh Holeman, Pharm.D., Xerox
Ben Banahan, Ph.D., University of Mississippi
School of Pharmacy, MS - DUR
Shannon Hardwick, R.Ph., University of
Mississippi School of Pharmacy, MS - DUR

I. Call to Order

Ms. Wilma Wilbanks, Chairperson, called the meeting to order at 10:07 a.m.

II. Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Interim Pharmacy 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. Kirby recognized the Committee members that have resigned; Dr. Tingle and Dr. Gaudet. She also recognized those members that will be rotating off the Committee: Dr. Weiland, Dr. Hartness, Mr. Brown, and Ms. Wilbanks.

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 the Mississippi School of Pharmacy's MS-DUR Program.

III. Administrative Matters

Ms. Kirby reminded guests 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 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.

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 10, 2016. Decisions will be announced no later than July 1, 2016 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.

IV. Division of Medicaid Update

Dr. Ben Banahan from the Mississippi DUR spoke about the previous DUR meeting regarding opiates. The DUR Committee reviewed the CDC guidelines regarding utilization. Dr. Banahan recommended Committee members reference the DUR website for information regarding opiate utilization for upcoming P&T meetings.

V. Approval of February 9, 2015 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the February 09, 2016 meeting. None were needed and Ms. Wilbanks recommended a motion to approve; Dr. Anne Norwood motioned to approve; seconded by Dr. Cook. 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 Q1 2016 was 96.5%.
- B.** Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q1 2016 was 82.6%.

VII. Drug Class Announcements

Dr. Bissell reviewed the meeting format briefly. He then gave a high level overview of the drugs contained in the new therapeutic class: Opiate Dependence Treatments. Next, he reviewed the agenda including the new drugs to be added to the PDL and explanation of several PDL recommended changes as a result of the new Federal Upper Limits (FULs) being implemented. . Finally, he explained that there would also be a report on the utilization of the Iron Chelating Agents per the Committee's request from the February 9, 2016 P&T meeting.

VIII. Public Comments

Lindsay Baker, Nestle Health Science, spoke in favor of Alfamino Infant and Alfamino Jr., Isosource, Fibersource, Diabetisource, Peptamen, Nutren

Tommy Begres, Adapt Pharma Inc., spoke in favor of NARCAN Nasal Spray.

Sally Berry, MD, Tris Pharma, spoke in favor of Dyanevel XR (amphetamine).

Julie Huber, AstraZeneca, yielded her time back to the Committee.

Mark Mills, Veloxis, spoke in favor of Envarsus XR.

Rose Mullen, Alkermes, spoke in favor of Vivitrol.

Bruce Neale, Actelion Pharmaceuticals (US) Inc., spoke in favor of Upravi.

Ashlie Singletary, Merck & Co., yielded her time back to the Committee.

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

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IX. New Therapeutic Class Reviews

A. Opiate Dependence Treatments

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 |
|--|--|
| <p>naltrexone</p> <p>SUBOXONE FILM (buprenorphine/naloxone)^{SmartPA}</p> <p>naloxone</p> <p>NARCAN NASAL SPRAY (naloxone)</p> | <p>buprenorphine tablets</p> <p>buprenorphine/naloxone tablets</p> <p>BUNAVAIL (buprenorphine/naloxone)</p> <p>EVZIO (naloxone)</p> <p>VIVITROL (naltrexone)</p> <p>ZUBSOLV (buprenorphine/naloxone)</p> |

X. New Drug/New Generic Reviews

A. Belbuca

GHS recommended that Belbuca be made a non-preferred drug in the Analgesics, Narcotic – Long Acting category. A robust clinical discussion followed. Dr Hartness moved to accept the recommendation. Dr. Harper and Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|-------------------------|-------------------------|
| BUTRANS (buprenorphine) | BELBUCA (buprenorphine) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|---|
| EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets | CONZIP ER (tramadol) DOLOPHINE (methadone) DURAGESIC (fentanyl) EXALGO (hydromorphone) hydromorphone ER HYSINGLA ER (hydrocodone) KADIAN (morphine) Methadone MS CONTIN (morphine) morphine ER capsules NUCYNTA ER (tapentadol) OPANA ER (oxymorphone) oxycodone ER OXYCONTIN (oxycodone) oxymorphone ER RYZOLT (tramadol) tramadol ER ULTRAM ER (tramadol) XARTEMIS XR (oxycodone/APAP) ZOHYDRO ER (hydrocodone bitartrate) |

B. Prestalia

GHS recommended that Prestalia be made a non-preferred drug in the Angiotensin Modulators category. A robust clinical discussion followed. Dr. Weiland 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 |
|--|---|
| ACE INHIBITORS | |
| benazepril captopril enalapril fosinopril lisinopril quinapril ramipril trandolapril | ACCUPRIL (quinapril) ALTACE (ramipril) EPANED (enalapril) LOTENSIN (benazepril) MAVIK (trandolapril) moexipril perindopril PRINIVIL (lisinopril) UNIVASC (moexipril) VASOTEC (enalapril) ZESTRIL (lisinopril) |
| ACE INHIBITOR COMBINATIONS | |
| benazepril/amlodipine benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ quinapril/HCTZ | ACCURETIC (quinapril/HCTZ) LOTENSIN HCT (benazepril/HCTZ) LOTREL(benazepril/amlodipine) moexipril/HCTZ PRESTALIA (perindopril/amlodipine) trandolapril/verapamil UNIRETIC (moexipril/HCTZ) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|--------------------------------|--|
| TARKA (trandolapril/verapamil) | VASERETIC (enalapril/HCTZ) ZESTORETIC (lisinopril/HCTZ) |

C. Varubi

GHS recommended that Varubi be made a non-preferred drug in the Antiemetics 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 |
|--|---|
| 5HT3 RECEPTOR BLOCKERS | |
| ondansetron ondansetron ODT ondansetron solution | ANZEMET (dolasetron) granisetron 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) | VARUBI (rolapitant) |

D. Alecensa

GHS recommended that Alecensa be made a preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Weiland 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 |
|---|---|
| ALECENSA (alectinib) AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutinib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) | FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) ^{SmartPA} LENVIMA (lenvatinib) ^{SmartPA} LYNPARZA (olaparib) ^{SmartPA} TAGRISSE (osimertinib) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|---|----------------------|
| 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) | |

E. Cotellic

GHS recommended that Cotellic be made a preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. Dr. Hartness 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 |
|--|---|
| ALECENSA (alectinib) AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) 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) <small>SmartPA</small> LENVIMA (lenvatinib) <small>SmartPA</small> LYNPARZA (olaparib) <small>SmartPA</small> TAGRISSO (osimertinib) |

F. Tagrisso

GHS recommended that Tagrisso be made a non-preferred drug in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Ms. Walley 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>ALECENSA (alectinib) AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTTRIF (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)</p> | <p>FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) <small>SmartPA</small> LENVIMA (lenvatinib) <small>SmartPA</small> LYNPARZA (olaparib) <small>SmartPA</small> TAGRISSO (osimertinib)</p> |

G. Zepatier

GHS recommended that Zepatier be made a preferred drug in the Hepatitis C Treatments category. Dr. Brown 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 |
|---|--|
| <p>HARVONI (ledipasvir/sofosbuvir)[∞] PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)[∞] TECHNIVIE (ombitasvir/paritaprevir/ritonavir) [∞] VIEKIRA (ombitasvir/paritaprevir/ritonavir)[∞] ZEPATIER (elbasvir/grazoprevir)[∞]</p> | <p>DAKLINZA (daclatasvir) [∞] OLYSIO (simeprevir)[∞] REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin)</p> |

H. Tresiba

GHS recommended that Tresiba be made a non-preferred drug in the Hypoglycemics, Insulins and Related Agents category. 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 |
|---|---|
| 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) TRESIBA (insulin degludec) |

I. Envarsus XR

GHS recommended that Envarsus XR be made a non-preferred drug in the Immunosuppressive, Oral category. GHS also recommended that Prograf be moved from preferred to non-preferred with grandfathering for current users. 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 |
|---|--|
| AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus) | ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)* |

J. Vivlodex

GHS recommended that Vivlodex be made a non-preferred drug in the NSAIDs category. Dr. Weiland 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 |
|-------------------------|--|
| COX II SELECTIVE | |
| meloxicam | CELEBREX (celecoxib) celecoxib MOBIC (meloxicam) NULOX (meloxicam) VIVLODEX (meloxicam) |

K. Durlaza

GHS recommended that Durlaza be made a non-preferred drug in the Platelet Aggregation Inhibitors category. A robust clinical discussion followed. Dr. Weiland 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 |
|--|---|
| AGGRENOX (dipyridamole/aspirin) cilostazol clopidogrel dipyridamole pentoxifylline ZONTIVITY (vorapaxar) Clinical Edit | BRILINTA (ticagrelor) DURLAZA (aspirin) EFFIENT (prasugrel) PERSANTINE (dipyridamole) PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine |

L. Uptravi

GHS recommended that Uptravi be made a non-preferred drug in the Pulmonary Antihypertensives category. 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 |
|---|----------------------------|
| SELECTIVE PROSTACYCLIN RECEPTOR AGONISTS | |
| | UPTRAVI (selexipag) |

M. Dyanavel

GHS recommended that Dyanavel be made a non-preferred drug in the Stimulants & Related Agents category. Ms. Wilbanks asked that the recommended changes to the other drugs in the Stimulants & Related Agents category be reviewed as well. Dr. Biczak reviewed the Quillichew recommendation and Dr. Bissell reviewed those with recommended PDL changes from new FULs; methylphenidate CD, methylphenidate ER and amphetamine salt combination ER move to preferred and methylphenidate ER tablets move to non-preferred. A robust clinical discussion followed. Dr. Harper moved to accept the recommendation for all of the changes in the category including Dyanavel. Dr. Brown seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|--|--|
| ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Ritalin LA) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) | ADZENYS XT ODT (amphetamine) ^{NR} APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVAL XR (amphetamine salt combination) methylphenidate ER (generic Concerta) methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) |

N. Quillichew

GHS recommended that Quillichew be made a preferred drug in the Stimulants & Related Agents category. Dr. Harper 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 |
|--|--|
| ADDERALL XR (amphetamine salt combination) amphetamine salt combination ER DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Ritalin LA) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) | ADZENYS XT ODT (amphetamine) ^{NR} APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVAL XR (amphetamine salt combination) methylphenidate ER (generic Concerta) methylphenidate CD (generic Metadate CD) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) |

XI. Recommended PDL Changes from New FULs

A. Diovan HCT/Valsartan/HCTZ

GHS recommended that Diovan HCT move to non-preferred and valsartan/HCTZ and irbesartan/HCTZ be made a preferred drugs in the Angiotensin Modulators category. Dr. Weiland 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 |
|--|---|
| EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/HCTZ | ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) ENTRESTO (valsartan/sacubitril) HYZAAR (losartan/HCTZ) telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine) valsartan/amlodipine valsartan/amlodipine/HCTZ |

B. Econazole Cream

GHS recommended that Econazole Cream be made a non-preferred drug in the Antifungals, Topical category. Dr. Hartness 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 |
|---|---|
| ciclopirox cream/gel/solution/suspension clotrimazole ketoconazole shampoo miconazole OTC nystatin terbinafine OTC cream,gel,spray tolnaftate OTC | BENSAL HP (benzoic acid/salicylic acid) CICLODAN KIT (ciclopirox kit) ciclopirox kit/shampoo CNL 8 (ciclopirox) econazole ERTACZO (sertaconazole) EXELDERM (sulconazole) EXTINA (ketoconazole) JUBLIA (efinaconazole) KERYDIN (tavaborole) ketoconazole cream ketoconazole foam LAMISIL (terbinafine) solution LOPROX (ciclopirox) LUZU (luliconazole) MENTAX (butenafine) NAFTIN (naftifine) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------|---|
| | NIZORAL (ketoconazole) oxiconazole OXISTAT (oxiconazole) PEDIADERM AF (nystatin) PENLAC (ciclopirox) VUSION (miconazole/petrolatum/zinc oxide) |

C. Ketoconazole Cream

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

D. Seroquel XR

GHS recommended that Seroquel XR be made a non-preferred drug in the Antipsychotics category and grandfather the existing users. 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 |
|---|--|
| ABILIFY (aripiprazole) SmartPA amitriptyline/perphenazine | CLOZARIL (clozapine) SmartPA FANAPT (iloperidone) SmartPA |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|--|---|
| aripiprazole chlorpromazine clozapine SmartPA fluphenazine haloperidol SmartPA olanzapine SmartPA perphenazine risperidone SmartPA quetiapine SmartPA thioridazine thiothixene trifluoperazine ziprasidone SmartPA | FAZACLO (clozapine) SmartPA GEODON (ziprasidone) SmartPA HALDOL (haloperidol) SmartPA INVEGA (paliperidone) SmartPA LATUDA (lurasidone) SmartPA NAVANE (thiothixene) olanzapine/fluoxetine SmartPA paliperidone SEROQUEL (quetiapine) SmartPA REXULTI (brexpiprazole) RISPERDAL (risperidone) SmartPA SAPHRIS (asenapine) SmartPA SEROQUEL XR (quetiapine)* SmartPA SYMBYAX (olanzapine/fluoxetine) SmartPA ZYPREXA (olanzapine) SmartPA VRAYLAR (cariprazine) ^{NR} |

E. Actonel

GHS recommended that Actonel be made a non-preferred drug in the Bone Resorption and Suppression Agents category. 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 |
|---|---|
| alendronate BINOSTO (alendronate) risedronate | ACTONEL (risedronate) alendronate solution ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) |

F. Fosamax Plus D

GHS recommended that Fosamax Plus D be made a non-preferred drug in the Bone Resorption and Suppression Agents category. 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 |
|--------------------------------------|--|
| alendronate BINOSTO (alendronate) | ACTONEL (risedronate) alendronate solution |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------|--|
| risedronate | ATELVIA (risedronate) BONIVA (ibandronate) DIDRONEL (etidronate) FOSAMAX (alendronate) FOSAMAX PLUS D (alendronate/vitamin D) ibandronate PROLIA (denosumab) |

G. Diltiazem ER Tab 24H

GHS recommended that Diltiazem ER Tab 24H be made a non-preferred drug in the Calcium Channel Blockers category. Dr. Weiland 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 |
|--|--|
| amlodipine felodipine ER nifedipine ER verapamil ER | ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) verapamil ER PM VERELAN/VERELAN PM (verapamil) |

H. Diltiazem 12H ER Cap

GHS recommended that Diltiazem 12H ER Cap be made a non-preferred drug in the Calcium Channel Blockers category. Dr. Weiland 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 |
|--|---|
| amlodipine felodipine ER nifedipine ER verapamil ER | ADALAT CC (nifedipine) CALAN SR (verapamil) CARDENE SR (nicardipine) CARDIZEM CD (diltiazem) CARDIZEM LA (diltiazem) DILACOR XR (diltiazem) diltiazem ER Cap 12 HR diltiazem ER Tab 24 HR nisoldipine NORVASC (amlodipine) PROCARDIA XL (nifedipine) SULAR (nisoldipine) TIAZAC (diltiazem) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------|---|
| | verapamil ER PM VERELAN/VERELAN PM (verapamil) |

I. Avelox

GHS recommended that Avelox be made a non-preferred drug in the Fluoroquinolones category. 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 |
|---|---|
| ciprofloxacin tablets levofloxacin tablets | AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin |

J. Levofloxacin

GHS recommended that Levofloxacin be made a preferred drug in the Fluoroquinolones category. 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 |
|---|---|
| ciprofloxacin tablets levofloxacin tablets | AVELOX (moxifloxacin) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin |

K. Duetact

GHS recommended that Duetact and Actosplus Met be made non-preferred drugs in the Hypoglycemics, TZDs category. 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 |
|------------------|----------------------|
|------------------|----------------------|

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------------|--|
| pioglitazone/metformin | ACTOPLUS MET (pioglitazone/metformin) ACTOPLUSMET XR (pioglitazone/metformin) AVANDARYL (rosiglitazone/glipizide) AVANDAMET (rosiglitazone/metformin) DUETACT (pioglitazone/glimepiride) |

L. Prograf

GHS recommended that Prograf be made a non-preferred drug in the Immunosuppressive, Oral category with existing users being grandfathered. 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 |
|---|--|
| AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified GENGRAF (cyclosporine) mycophenolate mofetil MYFORTIC (mycophenolic acid) NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus ZORTRESS (everolimus) | ASTAGRAF XL (tacrolimus) ENVARUSUS XR (tacrolimus) HECORIA (tacrolimus) PROGRAF (tacrolimus)* |

M. Tricor

GHS recommended that Tricor be made a non-preferred drug in the Lipotropics, Non-Statins category. Dr. Hartness 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 |
|---|--|
| fenofibrate nanocrystallized gemfibrozil | ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) |

| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------|----------------------------|
| | TRILIPIX (fenofibric acid) |

N. Trilipix

GHS recommended that Trilipix be made a non-preferred drug in the Lipotropics, Non-Statins category. Dr. Hartness 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 |
|---|--|
| fenofibrate nanocrystallized gemfibrozil | ANTARA (fenofibrate, micronized) fenofibrate 40mg tablet fenofibrate, micronized fenofibric acid FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRICOR (fenofibrate nanocrystallized) TRIGLIDE (fenofibrate) TRILIPIX (fenofibric acid) |

O. Niaspan

GHS recommended that Niaspan be made a non-preferred drug in the Lipotropics, Non-Statins 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 |
|------------------------------|----------------------|
| niacin ER NIACOR (niacin) | NIASPAN (niacin) |

P. Amlodipine/Atorvastatin

GHS recommended that Amlodipine/Atorvastatin be made a non-preferred drug in the Lipotropics, Statins category. Dr. Weiland 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 |
|--|--|
| SIMCOR (simvastatin/niacin) VYTORIN (simvastatin/ezetimibe) | atorvastatin/amlodipine ADVICOR (lovastatin/niacin) CADUET (atorvastatin/amlodipine) LIPTRUZET (atorvastatin/ezetimibe) |

Q. Cosopt

GHS recommended that Cosopt be made a non-preferred drug in the Ophthalmic, Glaucoma category. Dr. Weiland 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 |
|---|---|
| COMBIGAN (brimonidine/timolol) dorzolamide/timolol SIMBRINZA (brinzolamide/brimonidine) | COSOPT (dorzolamide/timolol) COSOPT PF(dorzolamide/timolol) |

XII. Other Business

Review of Iron Chelating Agents Utilization

Dr. Bissell reviewed utilization of Jadenu broken down by age as requested by the Committee. A robust clinical discussion followed.

Ms. Kirby discussed issues concerning the use of insulin pens in long term care facilities per the MS DUR board's request. A robust clinical discussion followed. The Committee recommends leaving the pens non-preferred in long term care facilities. Dr. Weiland motioned to continue the current PA status for the pens. Dr. Hartness seconded. Votes were taken and the motion was adopted.

XIII. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on August 09, 2016 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XIV. Adjournment

The meeting adjourned at 12:38 p.m.



MISSISSIPPI DIVISION OF
MEDICAID

*Division of Medicaid
Pharmacy and Therapeutics
Committee Meeting*

February 9, 2016

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: 5/10/2016 10:00:00 AM

Description:

See Attached

[Back](#)

MEETING LOCATION

Woolfolk State Office Building 501 North West St.
Jackson MS 39201

[Map this!](#)

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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 025-0041-0013 and may be viewed by [clicking here](#).

[Legislation](#)