



MISSISSIPPI DIVISION OF
MEDICAID

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

October 18, 2016
10:00am to 5:00pm

MINUTES

Committee Members Present:

Anne A. Norwood, CFNP, PhD
Jeffrey A. Ali, MD, MSc
Logan Davis, PharmD, MBA
Deborah Minor, PharmD
Jason Parham, MD
D. Stanley Hartness, MD
John Cook, MD
Maretta Walley, RPh, JD
Steven V. Dancer, RPh
Wilma Wilbanks, RPh

Committee Members Not Present:

Ryan Harper, PharmD
Geri Lee Weiland, MD

Division of Medicaid Staff Present:

Terri Kirby, BS Pharm, RPh, Pharmacy Director
Cindy Noble, PharmD, MPH, Pharmacist III
William Thompson, Bureau Director II, Office
of Medical Services

Contract Staff/CHC Staff Present:

Chad Bissell, PharmD, MBA
Laureen Biczak, DO
Jacquelyn Hedlund, MD
Jennifer Seymour, Project Coordinator
Paige Clayton, PharmD
Shannon Hardwick, RPh

Other Contract Staff Present:

Leslie Leon, PharmD, Xerox
Janelle Sheen, PharmD Pharmacy Director,
Xerox
Ben Banahan, PhD, University of Mississippi
School of Pharmacy

I. Call to Order

Ms. Wilma Wilbanks, Chairperson, called the meeting to order at 10:00 a.m.

II. Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience.

Ms. Kirby welcomed and thanked returning, recently re-appointed Committee members Dr. Stanley Hartness, Dr. Geri Lee Weiland and Ms. Wilma Wilbanks and introduced the new Committee members, Drs. Jeffrey Ali, Logan Davis and Jason Parham.

She introduced Change Healthcare, 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 DOM contractors in the audience, including Drs. Leslie Leon and Janelle Sheen from Xerox, and Dr. Ben Banahan from the University of the Mississippi School of Pharmacy's MS-DUR Program and Change Healthcare(CHC) contractors, Dr. Paige Clayton and Shannon Hardwick.

III. Administrative Matters

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 not marked confidential and proprietary that are used in the meeting 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 a member 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 November 18, 2016. Decisions will be announced no later than December 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 Change Healthcare 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 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. Approval of May 10, 2016 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the May 10, 2016 meeting. There were no further additions or corrections. The minutes stand approved.

V. 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 2016 was 95.9%.

B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q3 2016 was 86.3%.

VI. Drug Class Announcements

Dr. Bissell reviewed the meeting format.

VII. First Round of Extractions

CHC recommended that the following classes be extracted:

- Anticoagulants
- Anticonvulsants
- Antiparasitics (Topical)
- Antiretrovirals
- Hepatitis C Treatments
- Hereditary Angioedema
- Hypoglycemics, DPP4s and Combinations
- Hypoglycemics, Incretin Mimetics/Enhancers
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Miscellaneous Brand/Generic
- Ophthalmic Antibiotics
- Platelet Aggregation Inhibitors
- Stimulants & Related Agents

VIII. Public Comments

Eric Biziak, Shire US Inc., spoke in favor of Cinryze and Firazyf, HAE class.

Kristy Durham, Eisai Inc, spoke in favor of Belviq and Fycompa.

Michael Feld, MD, private practice, spoke in favor of Aptensio XR.

Brian Howell, Purdue Pharma LP, spoke in favor of Hyslinga ER and Butrans.

Andrea Hume, ABBVIE, yielded her time to the Committee.

Megan Jones, Janssen, spoke in favor of Invega Sustenna, Prezobix, Invega Trinza, Xarelto, Invokana and Invokana XR. A robust clinical discussion followed regarding Invokana/Invokana XR.

Christopher Kant, Allergan, spoke in favor of Viberzi (-IBS-D) and Vraylar (- Schizophrenia and Bipolar 1). A robust clinical discussion followed.

Kimberly Lyles, Shire US Inc., spoke in favor of Xiidra-Ophthalmic Anti-Inflammatory Class.

Sunil Majethia, Gilead, yielded his time back to the Committee.

Kirsten Mar, AstraZeneca, spoke in favor of Brilinta.

Lourdes Menendez, Eisai, spoke in favor of Lenvatinib.

Rose Mullen, Alkermes, yielded her time back to the Committee.

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

Lee Ann Griffin, Pfizer Inc., spoke in favor of Eliquis and Xeljanz.

Debbie Smith, UCB Pharma, Inc., spoke in favor of Briviact.

Jason Swartz, Otsuka, yielded his time back to the Committee.

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

Pat Trifinoff, Tris Pharma, spoke in favor of Dyanavel XR.

John Fox, Viiv Healthcare, spoke in favor of Triumeq.

Kelly Broderick, Sanofi Pharmaceuticals, spoke in favor of Aptiom.

IX. Second Round of Extractions

No additional categories were extracted.

X. Non-Extracted Categories

GHS recommended that the following list be approved without extraction.

- Acne Agents
- Alpha 1-Proteinase Inhibitors
- Alzheimer's Agents
- Analgesics, Narcotics- Short Acting
- Analgesics, Narcotics-Long Acting
- Analgesics/Anesthetics (Topical)
- Androgenic Agents
- Angiotensin Modulators
- Antibiotics (GI)
- Antibiotics (Miscellaneous)
- Antibiotics (Topical)
- Antibiotics (Vaginal)
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, Triptans
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparkinson's Agents (Oral)
- Antipsychotics
- 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
- Colony Stimulating Factors
- Cytokine & Chem Antagonists
- Erythropoiesis Stimulating Proteins
- Fibromyalgia Agents
- Fluoroquinolones (Oral)
- Genital Warts & Related Agents

- Glucocorticoids (Inhaled)
- 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
- Iron Chelating Agents
- Leukotriene Modifiers
- Lipotropics, Other (Non-Statins)
- Lipotropics, Statins
- Movement Disorder Agents
- Multiple Sclerosis Agents
- NSAIDs
- Ophthalmic Anti-inflammatories
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics, Glaucoma Agents
- Opiate Dependence Treatments
- Otic Antibiotics
- Pancreatic Enzymes
- Parathyroid Agents
- Phosphate Binders
- 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. Minor moved to accept the recommendations. Dr. Walley seconded. Votes were taken, and the motion was adopted.

XI. Extracted Therapeutic Class Reviews

Dr. Bissell went over the Cost Sheets for the benefit of the new Committee members.

A. Anticoagulants

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	SAVAYSA (edoxaban tosylate)
LOW MOLECULAR WEIGHT HEPARIN (LMWH)	
enoxaparin	ARIXTRA (fondaparinux) FRAGMIN (dalteparin) fondaparinux LOVENOX (enoxaparin) Prefilled Syringe

B. Anticonvulsants

CHC recommended that the following list be approved. Where noted, existing users would be grandfathered. 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
ADJUVANTS	
carbamazepine carbamazepine XR DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate ER (generic Qudexy XR) Step Edit topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) CARBATROL (carbamazepine)* DEPAKENE (valproic acid) DEPAKOTE (divalproex) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel)* GRALISE (gabapentin) HORIZANT (gabapentin) LAMICTAL XR (lamotrigine) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) SABRIL (vigabatrin)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine)* tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate)* TRILEPTAL Suspension (oxcarbazepine) 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)

C. Antiparasitics (Topical)

CHC recommended that the following list be approved. Additionally, CHC recommended the OTC trial with permethrin/pyrethrins be removed from the criteria. A robust clinical discussion followed. Dr. Cook 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
PEDICULICIDES	
permethrin 1% NATROBA (spinosad) SKLICE (ivermectin)	lindane malathion OVIDE (malathion) ULESFIA (benzyl alcohol)
SCABICIDES	
permethrin 5% STROMEKTOL Tablet (ivermectin)	ELIMITE (permethrin) EURAX CREAM (crotamiton) EURAX LOTION (crotamiton)

D. Antiretrovirals

CHC recommended that the following list be approved. Dr. Hartness moved to accept the recommendation. Dr. Davis 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) lamivudine stavudine VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN (abacavir sulfate) Zidovudine	RETROVIR (zidovudine) VIDEX EC (didanosine) EPIVIR (butransine) 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)	
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	
abacavir/lamivudine/zidovudine EPZICOM (abacavir/lamivudine) lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine)
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs	
DESCOVY (emtricitabine/tenofovir alafenamide) TRUVADA (emtricitabine/tenofovir)	
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOGS & INTEGRASE INHIBITORS	
GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	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)* ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)
COMBINATION PRODUCTS – PROTEASE INHIBITORS	
KALETRA (lopinavir/ritonavir)	

E. Hepatitis C Treatments

CHC recommended that the following list be approved. Dr. Norwood moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) ∞ VIEKIRA (ombitasvir/paritaprevir/ritonavir/dasabuvir)∞ VIEKIRA XR (ombitasvir/paritaprevir/ritonavir/dasabuvir)∞	DAKLINZA (daclatasvir) ∞ OLYSIO (simeprevir)∞ REBETOL (ribavirin) RIBAPAK DOSEPACK (ribavirin) ribavirin capsules RIBASPHERE (ribavirin) ZEPATIER (elbasvir/grazoprevir)∞

F. Hereditary Angioedema

CHC recommended that the following list be approved as well as grandfathering existing users. A robust clinical discussion followed. Dr. Davis moved to accept the recommendation. Dr. Walley seconded. Further discussion followed. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BERINERT (C1 esterase inhibitor)	CINRYZE VIAL (C1 esterase inhibitor) FIRAZYR SYRINGE (icatibant acetate) KALBITOR VIAL (ecallantide) RUCONEST VIAL (C1 esterase inhibitor, recombinant)

G. Hypoglycemics, DPP4s and Combinations

CHC recommended that the following list be approved as well as grandfathering existing users. Dr. Hartness moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
JANUMET (sitagliptin/metformin) JANUMET XR (sitagliptin/metformin) JANUVIA (sitagliptin) JENTADUETO (linagliptin/metformin) JENTADUETO XR (linagliptin/metformin) TRADJENTA (linagliptin)	alogliptin ^{NR} alogliptin/metformin ^{NR} alogliptin/pioglitazone ^{NR} KAZANO (alogliptin/metformin) KOMBIGLYZE XR (saxagliptin/metformin)* NESINA (alogliptin) ONGLYZA (saxagliptin)* OSENI (alogliptin/pioglitazone)

H. Hypoglycemics, Incretin Mimetics/Enhancers

CHC recommended that the following list be approved. Dr. Hartness moved to accept the recommendation, with grandfathering. Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYDUREON (exenatide) VICTOZA (liraglutide)	BYETTA (exenatide) SYMLIN (pramlintide) TANZEUM (albiglutide)* TRULICITY (dulaglutide)

I. Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors

CHC recommended that the following list be approved. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Norwood seconded. Votes were taken, and the motion was adopted. The approved category is below. The Committee would like to review again during the February 2017 P&T meeting.

PREFERRED AGENTS	NON-PREFERRED AGENTS
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
JARDIANCE (empagliflozin)	FARXIGA (dapagliflozin) INVOKANA (canagliflozin)
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
SYNJARDY (empagliflozin/metformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) XIGDUO (dapagliflozin/metformin)

J. Miscellaneous Brand/Generic

CHC recommended that the following list be approved. Dr. Cook 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
CLONIDINE	
CATAPRES-TTS (clonidine) clonidine tablets	clonidine patches CATAPRES (clonidine)
EPINEPHRINE	
epinephrine autoinject pens EPIPEN (epinephrine) EPIPEN JR (epinephrine)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine)
MISCELLANEOUS	
alprazolam hydroxyzine hcl syrup hydroxyzine pamoate megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} BUNAVAIL (buprenorphine/naloxone) 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	nitroglycerin lingual 4.9gm NITROLINGUAL (nitroglycerin) 4.9gm

PREFERRED AGENTS	NON-PREFERRED AGENTS
NITROLINGUAL PUMPSPRAY (nitroglycerin) 12gm NITROSTAT SUBLINGUAL (nitroglycerin)	NITROMIST (nitroglycerin)

K. Ophthalmic Antibiotics

CHC recommended that the following list be approved. A robust clinical discussion followed. Dr. Parham 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
bacitracin/neomycin/gramicidin bacitracin/polymyxin CILOXAN Ointment (ciprofloxacin) ciprofloxacin erythromycin gentamicin polymyxin/trimethoprim tobramycin VIGAMOX (moxifloxacin)	AZASITE (azithromycin) bacitracin BESIVANCE (besifloxacin) BLEPH-10 (sulfacetamide) CILOXAN Solution (ciprofloxacin) GARAMYCIN (gentamicin) Gatifloxacin levofloxacin MOXEZA (moxifloxacin) NATACYN (natamycin) neomycin/bacitracin/polymyxin b NEO-POLYCIN (neomy/baci/polymyxin b) NEOSPORIN (bacitracin/neomycin/gramicidin) (oxy-tcn/polymyx sul) OCUFLOX (ofloxacin) ofloxacin POLYTRIM (polymyxin/trimethoprim) sulfacetamide TOBREX (tobramycin) ZYMAR (gatifloxacin) ZYMAXID (gatifloxacin)
ANTIBIOTIC STEROID COMBINATIONS	
neomycin/polymyxin/dexamethasone PRED-G (gentamicin/prednisolone) sulfacetamide/prednisolone TOBRADEX SUSPENSION/OINTMENT (tobramycin/dexamethasone)	BLEPHAMIDE (sulfacetamide/prednisolone) MAXITROL(neomycin/polymyxin/dexamethasone) neomycin/bacitracin/polymyxin/hc neomycin/polymyxin/gramicidin neomycin/polymyxin/hydrocortisone TOBRADEX ST SUSPENSION (tobramycin/dexamethasone) tobramycin/dexamethasone ZYLET (loteprednol/tobramycin)

L. Platelet Aggregation Inhibitors

CHC recommended that the following list be approved. Dr. Hartness moved to accept the recommendation. Dr. Walley seconded. Votes were taken, and the motion was adopted. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AGGRENOX (dipyridamole/aspirin) BRILINTA (ticagrelor)	DURLAZA (aspirin) PERSANTINE (dipyridamole)

PREFERRED AGENTS	NON-PREFERRED AGENTS
cilostazol clopidogrel EFFIENT (prasugrel) dipyridamole pentoxifylline	PLAVIX (clopidogrel) PLETAL (cilostazol) ticlopidine ZONTIVITY (vorapaxar) <small>Clinical Edit</small>

M. Stimulants & Related Agents

CHC recommended that the following list be approved. A robust clinical discussion followed. Dr. Minor moved to accept the recommendation, amended to have Strattera remain as preferred. Dr. Ali seconded. Votes were taken, and the motion was adopted. The approved category is below. The Committee would like to review the category again during the February 2017 P&T meeting.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SHORT-ACTING	
amphetamine salt combination dexmethylphenidate IR FOCALIN (dexmethylphenidate) METHYLIN chewable tablets (methylphenidate) METHYLIN solution (methylphenidate) methylphenidate IR PROCENTRA (dextroamphetamine)	ADDERALL (amphetamine salt combination) DESOXYN (methamphetamine) dextroamphetamine IR dextroamphetamine solution methamphetamine methylphenidate chewable methylphenidate solution ZENZEDI (dextroamphetamine)
LONG-ACTING	
ADZENYS XT ODT (amphetamine) amphetamine salt combination ER DAYTRANA (methylphenidate) dexmethylphenidate XR FOCALIN XR (dexmethylphenidate) METADATE CD (methylphenidate) methylphenidate ER (generic Concerta; labelers 00591, 62175 & 68084) PROVIGIL (modafinil) QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine)	ADDERALL XR (amphetamine salt combination) APTENSIO XR (methylphenidate) CONCERTA (methylphenidate) DEXEDRINE (dextroamphetamine) dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate CD (generic Metadate CD) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) NUVIGIL (armodafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)
NON-STIMULANTS	
guanfacine ER STRATTERA (atomoxetine)	clonidine ER INTUNIV (guanfacine ER) KAPVAY (clonidine extended-release)

XII. Other Business - Division of Medicaid Update

Ms. Wilbanks reminded the Committee that a Chair needed to be elected. Dr. Hartness recommended Ms. Wilbanks. Dr. Norwood seconded. A vote was taken and the motion stands approved. Dr. Norwood nominated Dr. Walley as the Vice Chairperson. Votes were taken and the motion stands approved.

XIII. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on February 28, 2017 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XIV. Adjournment

The meeting adjourned at 12:52 p.m.



MISSISSIPPI DIVISION OF
MEDICAID

Division of Medicaid
Pharmacy and Therapeutics
Committee Meeting

October 18, 2016

10:00 A.M.

Woolfolk Building; Room 145



Mississippi Public Meeting Notices

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: 10/18/2016 10:00:00 AM

Description:
See Attached

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MEETING LOCATION

Woolfolk State Office Building 501 North West St
Jackson MS 39201

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CONTACT INFORMATION

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