MISSISSIPPI DIVISION OF MEDICAID

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Pharmacy & Therapeutics Committee Meeting

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

August 8, 2017
10:00am to 5:00pm

MINUTES

Committee Members Present:
Jeffrey A. Ali, M.D., M.Sc.
D. Stanley Hartness, M.D.
Brent Lindley, Pharm.D.
Deborah Minor, Pharm.D.
Jason Parham, M.D.
Spencer Sullivan, M.D.
Wilma Wilbanks, R.Ph.

Committee Members Not Present:
John Cook, M.D.
Steven V. Dancer, R.Ph.
Logan Davis, Pharm.D., MBA
Naznin Dixit, M.D.
Geri Lee Weiland, M.D.

Division of Medicaid Staff Present:
Terri Kirby, B.S.Pharm., R.Ph., Pharmacy Director
Cindy Noble, Pharm.D., MPH, Pharmacist III
Gail C. McCorkle, BS Pharm., R.Ph., Pharmacist III
Dorthy Young, Ph.D., Deputy Director of Health Services
Chris A. Yount, MA, PMP, Staff Officer III

Contract Staff/CHC Staff Present:
Chad Bissell, Pharm.D., MBA
Sarah Boydstun, Pharm.D.
Paige Clayton, Pharm.D.
Shannon Hardwick, R.Ph.
Jacquelin Hedlund, D.O.

Other Contract Staff Present:
Karen Powell, Pharm.D., Conduent
Lew Anne Snow, R.N., Conduent
Leslie Leon, Pharm.D. Conduent
Eric Pittman, Pharm.D., UM 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.

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 Dr. Leslie Leon, Dr. Karen Powell and Lew Ann Snow from Conduent, and Dr. Eric Pittman from the University of the Mississippi School of Pharmacy's MS-DUR Program, and Change Healthcare (CHC) contractors Dr. Paige Clayton, Dr. Sarah Boydstun, and Shannon Hardwick.

III. Administrative Matters

Ms. Kirby reminded guests that if they did not sign the sign-in sheet prior to entering the room to please do so. 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 5 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, laptop usage, discussions in the hallways, and emergency procedures for the building.

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

Ms. Kirby reviewed the voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that the Chair announce the recommendation, motions, and the names of committee members making motions. The minutes for each P&T Committee meeting are posted to the DOM website (www.medicaid.ms.gov) within 30 days of the meeting. The meeting minutes will be posted no later than August 31, 2017. Decisions will be announced no later than September 1, 2017 on the DOM website.

Ms. Kirby stated that the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. She reviewed the meeting process. She stated that DOM takes into account recommendations from both the P&T Committee and the clinical contractor before making a final decision. She stated that the PDL is completely updated once per year; quarterly updates are implemented throughout the year.

Ms. Kirby 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

Ms. Kirby provided an update on the upcoming changes to the pharmacy reimbursement methodology, including the use of National Average Drug Acquisition Cost (NADAC).

V. Approval of May 9, 2017 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the May 9, 2017 meeting. There were no further additions or corrections. The minutes stand approved.

VI. PDL Compliance/Generic Percent Report Updates

Dr. Clayton provided an explanation of the PDL Compliance and Generic Percent reports.

A. Dr. Clayton reviewed the PDL Compliance Report; overall compliance for Q2 2017 was 97.5%.

B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q2 2017 was 86.9%.

VII. Drug Class Announcements

Dr. Bissell reviewed the meeting format.

VIII. Public Comments

Tom Arnhart from Novartis Oncology spoke in favor of Kisqali.

Michael Donze from Genentech Inc. spoke in favor of Ocrevus.

Matthew Eckley from Takeda Oncology spoke in favor of Alunbrig (brigatinib)

Monica Guillory from Neurocrine Biosciences spoke in favor of Ingrezza (valbenazine)

Avatar Jones from Artia Solutions (representing PTC Therapeutics) spoke in favor of Emflaza.

Yvonne Luu from Teva Pharmaceuticals spoke in favor of Austedo & Airduo.

Nick Nguyen from Sunovion spoke in favor of Utibron.

Matt Strum from Novo Nordisk spoke in favor of Xultophy.

IX. New Therapeutic Class Reviews

A. Rosacea Treatments

CHC recommended that the following list be approved. A clinical discussion followed. Dr. Minor moved to accept the recommendation. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
metronidazole (cream, gel, lotion)	METROCREAM (metronidazole cream) METROGEL (metronidazole gel) METROLOTION (metronidazole lotion) MIRVASO (brimonidine) NORITATE (metronidazole) RHOFADE (oxymetazoline HCl) ROSULA (sodium sulfacetamide/sulfur) sodium sulfacetamide/sulfur (cleanser, pads, suspension) SOOLANTRA (ivermectin) SUMADAN(sodium sulfacetamide/sulfur wash) SUMAXIN(sodium sulfacetamide/sulfur pads) SUMAXIN TS(sodium sulfacetamide/sulfur suspension)

B. Movement Disorder Agents

CHC recommended that the following list be approved. Dr. Hartness moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
	AUSTEDO (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine XENAZINE (tetrabenazine)

X. New Drug/New Generic Reviews

A. Arymo ER & Morphabond

CHC recommended that Arymo ER and Morphabond both be made Non-Preferred in the Analgesics, Narcotic – Long Acting category. Dr. Hartness moved to accept the recommendation. Dr. Sullivan seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

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

B. Alunbrig, Rydapt, Zeljula

CHC recommended that Alunbrig, Rydapt and Zeljula be made Non-Preferred in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. Dr. Hartness moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatanib) GLEEVEC (imatinib mesylate) ICLUSIG (ponatinib) IMBRUVICA (ibrutnib)	ALECENSA (alectinib) ALUNBRIG (brigatnib) CABOMETYX (cabozantinib s-malate) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA LENVIMA (lenvatinib) SmartPA LYNPARZA (olaparib) SmartPA RUBRACA (rucaparib) RYDAPT (midostaurin)

PREFERRED AGENTS	NON-PREFERRED AGENTS
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 (ceritnib)	TAGRISSO (osimertinib) ZELJULA (niraparib)

C. Xadago

CHC recommended that Xadago be made Non-Preferred in the Antiparkinson's Agents - MAOI category. Dr. Parham moved to accept the recommendation. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
selegiline	AZILECT (rasagiline)ELDEPRYL (selegiline) Rasagiline XADAGO (safinamide) ZELAPAR (selegiline)

D. Kisqali

CHC recommended that Kisqali be made Non-Preferred in the Aromatase Inhibitors category. Dr. Sullivan moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
anastrozole ARIMIDEX (anastrozole) exemestane letrozole	AROMASIN (exemestane) FEMARA (letrozole) KISQALI (ribociclib)

E. Dupixent

CHC recommended that Dupixent be made Non-Preferred in the Atopic Dermatitis category. Dr. Hartness moved to accept the recommendation. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ELIDEL (pimecrolimus)	EUCRISA (crisaborole) DUPIXENT (dupilumab) PROTOPIC (tacrolimus) tacrolimus

F. Utibron

CHC recommended that Utibron be made Non-Preferred in the Bronchodilators & COPD Agents – Combinations category. Dr. Minor moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol) UTIBRON (indacaterol/glycopyrolate)

G. AirDuo

CHC recommended that AirDuo be made Non-Preferred in the Glucocorticoids (Inhaled) category. Dr. Parham moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADVAIR Diskus (fluticasone/salmeterol) ADVAIR HFA (fluticasone/salmeterol) DULERA (mometasone/formoterol) SYMBICORT (budesonide/formoterol)	AIRDUO Respiclick (fluticasone/salmeterol) BREO ELLIPTA (fluticasone/vilanterol)

H. Xultophy

CHC recommended that Xultophy be made Non-Preferred in the Hypoglycemics, Incretin Mimetics/Enhancers category. Dr. Minor moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYDUREON (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYETTA (exenatide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TANZEUM (albiglutide) SmartPA TRULICITY (dulaglutide)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	XULTOPHY (insulin degludec/ liraglutide)

I. Synjardy XR

CHC recommended that Synjardy XR be made Non-Preferred in the Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors category. Dr. Minor moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SYNJARDY (empagliflozin/meformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canaglifozin/metformin) INVOKAMET XR (canaglifozin/metformin) SYNJARDY XR (empagliflozin/meformin) XIGDUO (dapaglifozin/metformin)

J. Trulance & Xermelo

CHC recommended that Trulance and Xermelo be made Non-Preferred in the Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected GI Agents category. Dr. Sullivan moved to accept the recommendation. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
IRRITABLE BOWL SYNDROME/SHORT BOWEL SYNDROME AGENTS	
dicyclomine hyoscyamine	alosetron∞ AMITIZA (lubiprostone)∞ BENTYL (dicyclomine) GATTEX (teduglutide) LEVSIN (hyoscyamine) LEVSIN-SL (hyoscyamine) LINZESS (linaclotide) LOTRONEX (alosetron) ∞ NUTRESTORE POWDER PACK (glutamine) RELISTOR (methylnaltrexone) ∞ TRULANCE (plecanatide) ZORBTIVE (somatropin)
SELECTED GI AGENTS	
	FULYZAQ (crofelemer) ∞ MOVANTIK (naloxegol) MYTESI (crofelemer) VIBERZI (eluxadoline) XERMELO (telotristat ethyl)

K. Ocrevus

CHC recommended that Ocrevus be made Non-Preferred in the Multiple Sclerosis Agents category. Dr. Sullivan moved to accept the recommendation. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a)	AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) EXTAVIA (interferon beta-1b) GLATOPA (glatiramer) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate) ZINBRYTA (daclizumab)

L. Emflaza

CHC recommended that Emflaza be made Non-Preferred in the Muscular Dystrophy Agents category. Dr. Hartness moved to accept the recommendation. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
	EMFLAZA (deflazacort) EXONDYS (eteplirsen)

XI. Other Business

XII. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on November 2, 2017 at 9:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi, unless otherwise notified.

XIII. Adjournment

The meeting adjourned at 12:45 p.m.