



MISSISSIPPI DIVISION OF
MEDICAID

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

February 13, 2018
10:00am to 5:00pm

MINUTES

Committee Members Present:

Jeffrey A. Ali, M.D., M.Sc.
Steven V. Dancer, R.Ph
Logan Davis, Pharm.D., MBA
D. Stanley Hartness, M.D.
Deborah Minor, Pharm.D.
Jason Parham, M.D.
Spencer Sullivan, MD
Wilma Wilbanks, R.Ph

Committee Members Not Present:

John Cook, M.D.
Naznin Dixit, M.D.
Brent Lindley, PharmD
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:

Jeffrey Barkin, D.O.
Chad Bissell, Pharm.D., MBA
Paige Clayton, Pharm.D.
Shannon Hardwick, RPh
Cheryl Rogers, Pharm.D.

Other Contract Staff Present:

Joyce Grizzle, Conduent
Leslie Leon, Pharm.D., Conduent
Felecia Lobrano, R.N., Conduent
Karen Powell, Pharm.D., Conduent
Lew Ann Snow, R.N., Conduent
Ben Banahan, Ph.D. UM School of Pharmacy
Eric Pittman, Pharm.D., UM School of
Pharmacy

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
February 13, 2018

Committee Attendance for SFY 2018

	AUG 2017	NOV 2017	FEB 2018	MAY 2018
Ali	x		x	
Cook		x		
Dancer			x	
Davis			x	
Dixit				
Hartness	x	x	x	
Lindley	x			
Minor	x	x	x	
Parham	x	x	x	
Sullivan	x	x	x	
Weiland		x		
Wilbanks	x	x	x	

I. Call to Order

Ms. Wilma Wilbanks, Chairperson, called the meeting to order at 10:01 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, Joyce Grizzle, Felecia Lobrano and Lew Ann Snow from Conduent, and Dr. Eric Pittman 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, Dr. Cheryl Rogers, 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 March 15, 2018. Decisions will be announced no later than March 1, 2018 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 announced that Drew Synder, J.D., has been named the interim Executive Director for the Division of Medicaid.

V. Approval of November 2, 2017 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the November 2, 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 Q4 2017 was 97.6%.
- B.** Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q4 2017 was 87.6%.

VII. Drug Class Announcements

Dr. Bissell reviewed the meeting format.

VIII. Public Comments

Catherine Schubert from Viiv Healthcare spoke in favor of Juluca.
Pamela Price from Purdue Pharma spoke in favor of Symproic

IX. New Therapeutic Class Reviews

There were no new Therapeutic Class reviews at this time.

X. New Drug/New Generic Reviews

A. Bevyxxa

CHC recommended that Bevyxxa be made Non-Preferred in the Anticoagulants, Oral 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
COUMADIN (warfarin) ELIQUIS (apixaban) PRADAXA (dabigatran) warfarin XARELTO (rivaroxaban)	BEVYXXA (betrixaban) SAVAYSA (edoxaban tosylate)

B. Calquence, Idhifa, Nerlynx and Verzenio

CHC recommended that Calquence, Idhifa, Nerlynx and Verzenio be made Non-Preferred in the Antineoplastics category. Recommendations were voted on each agent individually.

Dr. Davis moved to accept the recommendations for Calquence. Dr. Sullivan seconded. Votes were taken, and the motion was carried by unanimous approval.

Dr. Sullivan moved to accept the recommendation for Idhifa. Dr. Ali seconded. Votes were taken, and the motion was carried by unanimous approval.

Dr. Parham moved to accept the recommendation for Nerlynx. Dr. Sullivan seconded. Votes were taken, and the motion was carried by unanimous approval.

Dr. Sullivan moved to accept the recommendation for Verzenio. Dr. Hartness 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 (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)	ALECENSA (alectinib) ALUNBRIG (brigatinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA IDHIFA (enasidenib) KISQALI (ribociclib) SmartPA LENVIMA (lenvatinib) SmartPA LYNPARZA (olaparib) SmartPA NERLYNX (neratinib maleate) RUBRACA (rucaparib) RYDAPT (midostaurin) TAGRISSO (osimertinib) VERZENIO (abemaciclib) XATMEP (methotrexate) ZEJULA (niraparib)

PREFERRED AGENTS	NON-PREFERRED AGENTS
TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritinib)	

C. Gocovri

CHC recommended that Gocovri be made Non-Preferred in the Antiparkinson’s Agents, Others category. 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
OTHERS	
amantadine bromocriptine levodopa/carbidopa	GOCOVRI (amantadine) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)

D. Juluca

CHC recommended that Juluca be made Non-Preferred in the Antiretroviral, Combination Products -NRTIs category. Dr. Parham moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
COMBINATION PRODUCTS - NRTIs	
abacavir/lamivudine abacavir/lamivudine/zidovudine lamivudine/zidovudine TRIZIVIR (abacavir/lamivudine/zidovudine)	COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) JULUCA (dolutegravir/rilpivirine)

E. Trelegy Ellipta

CHC recommended that Trelegy Ellipta be made Non-Preferred in the Bronchodilators & COPD Agents 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
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PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGIC-BETA	AGONIST COMBINATIONS
albuterol/ipratropium COMBIVENT RESPIMAT (albuterol/ipratropium)	ANORO ELLIPTA (umeclidinium/vilanterol) BEVESPI (glycopyrrolate/formoterol) STIOLTO RESPIMAT (tiotropium/olodaterol) TRELEGY ELLIPTA (fluticasone furoate/ umeclidinium/vilanterol) UTIBRON (indacaterol/glycopyrrolate)

F. Baxdela

CHC recommended that Baxdela be made Non-Preferred in the Fluoroquinolones 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
ciprofloxacin tablets levofloxacin tablets	AVELOX (moxifloxacin) BAXDELA (delafloxacina) ciprofloxacin ER CIPRO (ciprofloxacin) CIPRO XR (ciprofloxacin) FACTIVE (gemifloxacin) LEVAQUIN (levofloxacin) levofloxacin suspension moxifloxacin NOROXIN (norfloxacin) ofloxacin

G. Duzallo

CHC recommended that Duzallo be made Non-Preferred in the Hyperuricemia & Gout Agents category. Dr. Sullivan 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
allopurinol colchicine capsule probenecid probenecid/colchicine	colchicine tablet COLCRYS (colchicine) DUZALLO (lesinurad/allopurinol) MITIGARE (colchicine) ULORIC (febuxostat) ZURAMPIC (lesinurad) ZYLOPRIM (allopurinol)

H. Fiasp

CHC recommended that Fiasp be made Non-Preferred in the Hypoglycemics, Insulins and Related Agents category. Dr. Hartness moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was carried by unanimous approval. 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) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) 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. Qtern

CHC recommended that Qtern be made Non-Preferred in the Hypoglycemics, Sodium Glucose Cotransporter 2/DPP4 Combo 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
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS	
SYNJARDY (empagliflozin/mefoformin)	GLYXAMBI (empagliflozin/linagliptin) INVOKAMET (canagliflozin/metformin) INVOKAMET XR (canagliflozin/metformin) QTERN (dapagliflozin/saxagliptin) SYNJARDY XR (empagliflozin/mefoformin) XIGDUO XR (dapagliflozin/metformin)

J. Xhance

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
CORTICOSTEROIDS	
FLONASE (fluticasone) fluticasone QNASL (beclomethasone)	BECONASE AQ (beclomethasone) budesonide FLONASE ALLERGY OTC (fluticasone) flunisolide NASONEX (mometasone) OMNARIS (ciclesonide) RHINOCORT AQUA (budesonide)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	TICANASE KIT (flonase kit) triamcinolone VERAMYST (fluticasone) XHANCE (fluticasone) ZETONNA (ciclesonide)

K. Symproic

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
IRRITABLE BOWEL SYNDROME CONSTIPATION	
AMITIZA (lubiprostone) LINZESS (linaclotide)	MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide)

L. Vyzulta

CHC recommended that Vyzulta be made Non-Preferred in the Ophthalmic, Glaucoma Agents 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
PROSTAGLANDIN ANALOGS	
latanoprost TRAVATAN Z (travoprost)	bimatoprost LUMIGAN (bimatoprost) RESCULA (unoprostone) travoprost XALATAN (latanoprost) VYZULTA (latanoprostene bunod) ZIOPTAN (tafluprost)

M. Cotempla XR ODT

CHC recommended that Cotempla XR ODT be made Non-Preferred in the Stimulants 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
LONG-ACTING	
amphetamine salt combination ER APTENSIO XR (methylphenidate) armodafinil	ADDERALL XR (amphetamine salt combination) ADZENYS XR ODT (amphetamine) CONCERTA (methylphenidate)

PREFERRED AGENTS	NON-PREFERRED AGENTS
FOCALIN XR (dexamethylphenidate) methylphenidate CD (generic Metadate CD) methylphenidate ER (generic Concerta) modafinil QUILLICHEW (methylphenidate) QUILLIVANT XR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE(lisdexamfetamine)	COTEMPLA XR-ODT (methylphenidate) DAYTRANA (methylphenidate) DEXEDRINE (dextroamphetamine) dexamethylphenidate ER dextroamphetamine ER DYANAVEL XR (amphetamine) methylphenidate ER Caps (generic Ritalin LA) methylphenidate ER Tabs (generic Ritalin SR) MYDAYIS (amphetamine salt combination) NUVIGIL (armodafinil) PROVIGIL (modafinil) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate)

N. Okebo & Ximino

CHC recommended that Okebo and Ximino be made Non-Preferred in the Tetracyclines category. Recommendations were voted upon separately. Dr. Parham moved to accept the recommendation for Ximino. Dr. Hartness seconded. Votes were taken, and the motion was carried by unanimous approval. Dr. Parham moved to accept the recommendation for Okebo. Dr. Minor seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DYNACIN (minocycline) minocycline ER minocycline tabs OKEBO (doxycycline) ORACEA (doxycycline) SOLODYN (minocycline) TARGADOX (doxycycline) ^{NR} VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)

O. Endari

CHC recommended that Endari be made Non-Preferred in the Miscellaneous category. Dr. Sullivan moved to accept the recommendation for Endari. Dr. Parham seconded. Votes were taken, and the motion was carried by unanimous approval.

PREFERRED AGENTS	NON-PREFERRED AGENTS
MISCELLANEOUS	
alprazolam hydroxyzine hcl syrup hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL	alprazolam ER ^{SmartPA} ENDARI (glutamine) hydroxyzine hcl tablets KORLYM (mifepristone) MEGACE ES (megestrol) VISTARIL (hydroxyzine pamoate)

XI. Other Business

A. Entresto

CHC recommended that Entresto be made Preferred in the Angiotensin Modulators category with a Smart PA that checks only for diagnosis and appropriate age. Dr. Minor moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was carried by unanimous approval. The approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ARB COMBINATIONS	
<p>ENTRESTO (valsartan/sacubitril) <small>Smart PA</small></p> <p>irbesartan/HCTZ losartan/HCTZ MICARDIS-HCT (telmisartan/HCTZ) telmisartan/HCTZ valsartan/amlodipine valsartan/amlodipine/HCTZ valsartan/HCTZ</p>	<p>ATACAND-HCT (candesartan/HCTZ) AVALIDE (irbesartan/HCTZ) AZOR (olmesartan/amlodipine) BENICAR-HCT (olmesartan/HCTZ) BYVALSON (nebivolol/valsartan) candesartan/HCTZ DIOVAN-HCT (valsartan/HCTZ) EDARBYCLOR (azilsartan/chlorthalidone) EXFORGE (valsartan/amlodipine) EXFORGE HCT (valsartan/amlodipine/HCTZ) HYZAAR (losartan/HCTZ) olemesartan/amlodipine olemesartan/amlodipine/HCTZ olemesartan/HCTZ telmisartan/amlodipine TEVETEN-HCT (eprosartan/HCTZ) TRIBENZOR (olmesartan/amlodipine/HCTZ) TWYNSTA (telmisartan/amlodipine)</p>

XII. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on May 8, 2018 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi, unless otherwise notified.

XIII. Adjournment

The meeting adjourned at 12:16 p.m.