



MISSISSIPPI DIVISION OF  
**MEDICAID**

**MISSISSIPPI DIVISION OF MEDICAID  
Pharmacy & Therapeutics Committee Meeting**

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

**October 23, 2018  
9:00am to 5:00pm**

**MINUTES**

**Committee Members Present:**

James B. Brock, M.D.  
Logan Davis, Pharm.D., MBA  
D. Stanley Hartness, M.D.  
Karen Maltby, M.D.  
Deborah Minor, Pharm.D.  
Kim Rodgers, R.Ph..  
Spencer Sullivan, M.D.  
Mack Woo, M.D.

**Committee Members Not Present:**

Jeffrey A. Ali, M.D., M.Sc.  
Naznin Dixit, M.D.  
Geri Lee Weiland, M.D.  
Wilma Wilbanks, R.Ph.

**Division of Medicaid Staff Present:**

Terri Kirby, B.S.Pharm., R.Ph., CPM Pharmacy  
Director  
Gail McCorkle, R.Ph., Pharmacist III  
Chris A. Yount, MA, PMP, Staff Officer III

**CHC Staff Present:**

Laureen Biczak, D.O.  
Chad Bissell, Pharm.D.  
Sarah Boydston, Pharm.D.  
Paige Clayton, Pharm.D.  
Shannon Hardwick, R.Ph.

**Other Contract Staff Present:**

Leslie Leon, Pharm.D., Conduent  
Trina Stewart, Pharm. D., Molina

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes  
October 23, 2018

|          | AUG<br>2018 | OCT<br>2018 | FEB<br>2019 | MAY<br>2019 |
|----------|-------------|-------------|-------------|-------------|
| Ali      | x           |             |             |             |
| Brock    | x           | x           |             |             |
| Davis    | x           | x           |             |             |
| Dixit    | x           |             |             |             |
| Hartness | x           | x           |             |             |
| Maltby   | x           | x           |             |             |
| Minor    | x           | x           |             |             |
| Rodgers  | x           | x           |             |             |
| Sullivan | x           | x           |             |             |
| Weiland  |             |             |             |             |
| Wilbanks |             |             |             |             |
| Woo      | x           | x           |             |             |

## **I. Call to Order**

Dr. Deborah Minor, Co-Chairperson, called the meeting to order at 9:18a.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 introduced DOM staff members Chris Yount, Joyce Hunter and Jessica Tyson. Ms. Kirby recognized DOM contractors in the audience, including Dr. Leslie Leon from Conduent, Dr. Trina Stewart from Molina Health Systems, and Dr. Sarah Boydston and Shannon Hardwick, RPh from Change Healthcare.

## **III. Administrative Matters**

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

Ms. 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](http://www.medicaid.ms.gov)) after the meeting.

Ms. Kirby reviewed policies related to food and drink, cell phones and 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](http://www.medicaid.ms.gov)) within 30 days of the meeting. The meeting minutes will be posted no later than November 22, 2018. Decisions will be announced no later than December 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. Approval of August 14, 2018 Meeting Minutes**

Dr. Minor asked for additions or corrections to the minutes from the August 14, 2018 meeting. There were no further additions or corrections. The minutes stand approved as corrected.

#### **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 2018 was 98%.
- B. Dr. Biczak reviewed the Generic Percent Report; overall generic utilization for Q3 2018 was 87.2%.

#### **VI. Drug Class Announcements**

Dr. Bissell reviewed the meeting format.

#### **VII. First Round of Extractions**

CHC recommended that the following classes be extracted:

- Antiretrovirals
- Atopic Dermatitis
- Bronchodilators & COPD Agents
- Cystic Fibrosis Agents
- Hereditary Angioedema
- Movement Disorder Agents
- Ophthalmic Antibiotics
- Prenatal Vitamins
- Stimulants and Related Agents

#### **VIII. Public Comments**

Jason Swartz from Otsuka spoke in favor of Rexulti.  
Angie Haynes from Pharming Healthcare spoke in favor of Ruconest.  
Corey Jackson from MS State Hospital advocated for access to APS.  
Leslie Lundt from Neurocrine Biosciences spoke in favor of Ingrezza.  
Adan Sosa from Sunovian spoke in favor of Latuda  
Sabra Sullivan from Dermatology Associates advocated for Eucrisa.

## **IX. Second Round of Extractions**

CHC and the Committee recommended that the following categories be extracted

- Cytokine & Cam Antagonists
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Otic Antibiotics

## **X. Non-Extracted Categories**

CHC 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)
- Anticoagulants
- Anticonvulsants
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, Triptans
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparasitics (Topical)
- Antiparkinson's Agents (Oral)
- Antipsychotics
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Beta Blockers

- Bile Salts
- Bladder Relaxant Preparations
- Bone Resorption Suppression & Related Agents
- BPH Agents
- Bronchodilators, Beta Agonists
- Calcium Channel Blockers
- Cephalosporins & Related Antibiotics (Oral)
- Colony Stimulating Factors
- 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
- Hepatitis B Treatments
- Hepatitis C Treatments
- Hyperuricemia & Gout
- Hypoglycemics, Biguanides
- Hypoglycemics, DPP4s and Combinations
- Hypoglycemics, Incretin Mimetics/Enhancers
- 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
- Miscellaneous Brand/Generic
- Multiple Sclerosis Agents
- Muscular Dystrophy Agents
- NSAIDs
- Ophthalmic Anti-inflammatories
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics for Dry Eye
- Ophthalmics, Glaucoma Agents
- Opiate Dependence Treatments
- Pancreatic Enzymes
- Parathyroid Agents
- Phosphate Binders

- Platelet Aggregation Inhibitors
- Pseudobulbar Affect Agents
- Pulmonary Antihypertensives
- Rosacea Treatments
- Sedative Hypnotics
- Select Contraceptive Products
- Skeletal Muscle Relaxants
- Smoking Deterrents
- Steroids (Topical)
- Tetracyclines
- Ulcerative Colitis & Crohn's Agent

Dr. Hartness moved to accept the recommendations. Mr. Rodgers seconded. Votes were taken, and the motion was adopted.

## XI. Extracted Therapeutic Class Reviews

### A. Antiretrovirals

CHC recommended that the following list be approved. A robust clinical discussion followed. Dr. Brock moved to accept the recommendation with the added action of moving Atripla and Viread to nonpreferred. Dr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS  | NON-PREFERRED AGENTS  |
|---|---|
| <b>INTEGRASE STRAND TRANSFER INHIBITORS</b>   |   |
| ISENTRESS (raltegravir potassium)<br>TIVICAY (dolutegravir sodium)  | ISENTRESS HD (raltegravir potassium)<br>VITEKTA (elvitegravir)  |
| <b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>   |   |
| abacavir sulfate<br>EMTRIVA (emtricitabine)<br>lamivudine<br>tenofovir disoproxil fumarate<br><b>ZIAGEN Solution (abacavir sulfate)</b><br>zidovudine | <b>didanosine DR capsule</b><br>EPIVIR (lamivudine)<br>RETROVIR (zidovudine)<br><b>stavudine</b><br>VIDEX EC (didanosine)<br><b>VIDEX SOLUTION (didanosine)</b><br><b>VIREAD (tenofovir disoproxil fumarate)</b><br>ZERIT (stavudine)<br>ZIAGEN Tablet (abacavir sulfate) |
| <b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR (NNRTI)</b>   |   |
| EDURANT (rilpivirine)<br>SUSTIVA (efavirenz)  | efavirenz<br>INTELENCE (etravirine)<br><b>nevirapine</b><br><b>nevirapine ER</b><br>RESCRIPTOR (delavirdine mesylate)<br>VIRAMUNE (nevirapine)<br>VIRAMUNE ER (nevirapine)  |
| <b>PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR</b>   |   |
|   | TYBOST (cobicistat)   |

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
| <b>PROTEASE INHIBITORS (PEPTIDIC)</b>  |   |
| <b>atazanavir</b><br>EVOTAZ (atazanavir/cobicistat)<br>NORVIR (ritonavir)  | CRIXIVAN (indinavir)<br>fosamprenavir<br>INVIRASE (saquinavir mesylate)<br>LEXIVA (fosamprenavir)<br><b>REYATAZ (atazanavir)</b><br>ritonavir<br><b>VIRACEPT (nelfinavir mesylate)</b>              |
| <b>PROTEASE INHIBITORS (NON-PEPTIDIC)</b>  |   |
| <b>PREZCOBIX (darunavir/cobicistat)</b><br>PREZISTA (darunavir ethanolate)   | APTIVUS (tipranavir)  |
| <b>ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS</b>   |   |
|  | SELZENTRY (maraviroc)   |
| <b>ENTRY INHIBITORS – FUSION INHIBITORS</b>  |   |
|  | FUZEON (enfuvirtide)  |
| <b>COMBINATION PRODUCTS - NRTIs</b>  |   |
| abacavir/lamivudine<br>lamivudine/zidovudine   | <b>abacavir/lamivudine/zidovudine</b><br>COMBIVIR (lamivudine/zidovudine)<br>EPZICOM (abacavir/lamivudine)<br>JULUCA (dolutegravir/rilpivirine)<br><b>TRIZIVIR (abacavir/lamivudine/zidovudine)</b> |
| <b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOG RTIs</b>  |   |
| DESCOVY (emtricitabine/tenofovir alafenam)<br>TRUVADA (emtricitabine/tenofovir)  |   |
| <b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; INTEGRASE INHIBITORS</b>   |   |
| BIKTARVY (bictegravir/emtricitabine/tenofovir)<br>GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)<br>SYMFI (efavirenz/lamivudine/tenofovir)<br>SYMFI-LO (efavirenz/lamivudine/tenofovir) | <b>ATRIPLA (efavirenz/emtricitabine/tenofovir)</b><br>STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir)<br>TRIUMEQ (abacavir/lamivudine/ dolutegravir)                                     |
| <b>COMBINATION PRODUCTS – NUCLEOSIDE &amp; NUCLEOTIDE ANALOGS &amp; NON-NUCLEOSIDE RTIs</b>  |   |
| CIMDUO (lamivudine/tenofovir)<br>ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)  | COMPLERA (emtricitabine/rilpivirine/tenofovir)  |
| <b>COMBINATION PRODUCTS – PROTEASE INHIBITORS</b>  |   |
| KALETRA (lopinavir/ritonavir)  | lopinavir/ritonavir   |
| <b>CD4 DIRECTED HIV-1 INHIBITOR</b>  |   |
| <b>TROGARZO (Ibalizumab)</b>   |   |

## B. Atopic Dermatitis

CHC recommended no changes in this category. A robust clinical discussion followed. Dr. Sullivan moved to add Eucrisa to preferred status with an electronic step edit. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved category is below.

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



| PREFERRED AGENTS                               | NON-PREFERRED AGENTS  |
|--|---|
| ELIDEL (pimecrolimus)<br>EUCRISA (crisaborole) | DUPIXENT (dupilumab)<br>PROTOPIC (tacrolimus)<br>tacrolimus |

### C. Bronchodilators & COPD Agents

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

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
| <b>ANTICHOLINERGICS &amp; COPD AGENTS</b>  |   |
| ATROVENT HFA (ipratropium)<br>ipratropium<br>SPIRIVA HANDIHALER (tiotropium)<br>TUDORZA PRESSAIR (acclidinium) | DALIRESP (roflumilast)<br>INCRUSE ELLIPTA (umeclidinium)<br>SEEBRI (glycopyrrolate)<br>SPIRIVA RESPIMAT (tiotropium)  |
| <b>ANTICHOLINERGIC-BETA AGONIST COMBINATIONS</b>   |   |
| albuterol/ipratropium<br>BEVESPI (glycopyrrolate/formoterol)   | ANORO ELLIPTA (umeclidinium/vilanterol)<br>COMBIVENT RESPIMAT (albuterol/ipratropium)*<br>STIOLTO RESPIMAT (tiotropium/olodaterol)<br>TRELEGY ELLIPTA (fluticasone furoate/<br>umeclidinium/vilanterol)<br>UTIBRON (indacaterol/glycopyrrolate) |

### D. Cystic Fibrosis Agents

CHC recommended that the following list be approved. A robust clinical and financial discussion followed. The committee discussed the additional savings that would result if only the authorized generic of tobramycin was preferred. Dr. Davis moved to accept the recommendation of authorized generic tobramycin only being preferred. Dr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS         | NON-PREFERRED AGENTS  |
|--------------------------|---|
| tobramycin labeler 00093 | BETHKIS (tobramycin)<br>CAYSTON (aztreonam)<br>COLY-MYCIN M (colistimethate sodium)<br>KALYDECO (ivacaftor)<br>KITABIS (tobramycin)<br>ORKAMBI (lumacaftor/ivacaftor)<br>PULMOZYME (dornase alfa)<br>SYMDEKO (tezacaftor/ivacaftor)<br>TOBI (tobramycin)<br>TOBI PODHALER (tobramycin)<br>tobramycin labeler 00781, 65162, 17478, 70644 |

## E. Cytokine & Cam Antagonists

CHC recommended no changes in this category. Dr. Davis asked for the non-preferred agents given by infusion to be opened to POS. A discussion about the outpatient administration of these products followed. Dr. Davis moved to accept the recommendation of no changes, but to open the non-preferred agents in POS. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS  | NON-PREFERRED AGENTS   |
|---|--|
| COSENTYX (secukinumab) <sup>SmartPA</sup><br>ENBREL (etanercept)<br>HUMIRA (adalimumab)<br>methotrexate | ACTEMRA (tocilizumab)<br>CIMZIA (certolizumab)<br>ENTYVIO (vedolizumab)<br>ILARIS (canakinumab)<br>INFLECTRA (infliximab)<br>KEVZARA (sarilumab)<br>KINERET (anakinra)<br>ORENCIA (abatacept)<br>OTEZLA (apremilast) |

## F. Hereditary Angioedema

CHC recommended that the following list be approved. A robust clinical discussion followed. Dr. Sullivan 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  |
|-------------------------------------|---|
| FIRAZYR SYRINGE (icatibant acetate) | BERINERT (C1 esterase inhibitor)<br>CINRYZE VIAL (C1 esterase inhibitor)<br>HAEGARDA (C1 esterase inhibitor)<br>KALBITOR VIAL (ecallantide)<br>RUCONEST VIAL (C1 esterase inhibitor, recombinant) |

## G. Hypoglycemics, Sodium Glucose Transporter-2 Inhibitors

CHC recommended no changes in this category. A robust clinical discussion followed where Dr. Minor asked that Invokana and combinations be moved to preferred status. Dr. Sullivan moved to add Invokana and Invokamet to preferred. Dr. Rodgers seconded. Votes were taken, and the motion was adopted.

| PREFERRED AGENTS   | NON-PREFERRED AGENTS   |
|--|--|
| <b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS</b>                  |  |
| FARXIGA (dapagliflozin)<br>INVOKANA (canagliflozin)<br>JARDIANCE (empagliflozin) | STEGLATRO (ertugliflozin)  |
| <b>HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITOR COMBINATIONS</b>      |  |
| INVOKAMET (canagliflozin/metformin)<br>SYNJARDY (empagliflozin/metformin)        | GLYXAMBI (empagliflozin/linagliptin)<br>INVOKAMET XR (canagliflozin/metformin)<br>QTERN (dapagliflozin/saxagliptin)<br>SEGLUROMET (ertugliflozin/metformin)<br>STEGLUJAN (ertugliflozin/sitagliptin)<br>SYNJARDY XR (empagliflozin/metformin)<br>XIGDUO XR (dapagliflozin/metformin) |

## H. Movement Disorder Agents

CHC presented three different options for changes in this category. A robust clinical and financial discussion followed. Dr. Sullivan moved to make tetrabenazine and Ingrezza preferred. Dr. Hartness seconded. Votes were taken (Dr. Woo entered the meeting and his voting began with this category) and the motion was adopted. The approved category is below.

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
| tetrabenazine <sup>SmartPA</sup><br>INGREZZA (valbenazine) | AUSTEDO (deutetrabenazine) <sup>SmartPA</sup><br>XENAZINE (tetrabenazine) |

## I. Ophthalmic Antibiotics

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

| PREFERRED AGENTS  | NON-PREFERRED AGENTS   |
|---|--|
| bacitracin/neomycin/gramicidin<br>bacitracin/polymyxin<br>ciprofloxacin<br>erythromycin<br>GENTAK Ointment (gentamicin)<br>gentamicin<br>ILOTYCIN (erythromycin)<br>moxifloxacin<br>ofloxacin<br>polymyxin/trimethoprim<br>tobramycin | AZASITE (azithromycin)<br>bacitracin<br>BESIVANCE (besifloxacin)<br>BLEPH-10 (sulfacetamide)<br>CILOXAN Ointment (ciprofloxacin)<br>CILOXAN Solution (ciprofloxacin)<br>GARAMYCIN (gentamicin)<br>gatifloxacin<br>levofloxacin<br>MOXEZA (moxifloxacin)<br>NATACYN (natamycin)<br>neomycin/bacitracin/polymyxin b<br>NEO-POLYCIN (neomy/baci/polymyxin b)<br>NEOSPORIN (bacitracin/neomycin/gramicidin)<br>(oxy-tcn/polymyx sul) |

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
|  | OCUFLOX (ofloxacin)<br>POLYTRIM (polymyxin/trimethoprim)<br>sulfacetamide<br>TOBEX drops (tobramycin)<br><b>TOBEX ointment (tobramycin)</b><br><b>VIGAMOX (moxifloxacin)</b><br>ZYMAR (gatifloxacin)<br>ZYMAXID (gatifloxacin)  |
| ANTIBIOTIC STEROID COMBINATIONS  |   |
| <b>neomycin/bacitracin/polymyxin/hc ointment</b><br>neomycin/polymyxin/dexamethasone<br>PRED-G (gentamicin/prednisolone)<br>sulfacetamide/prednisolone<br>TOBRADEX SUSPENSION/OINTMENT<br>(tobramycin/dexamethasone)<br>ZYLET (loteprednol/tobramycin) | BLEPHAMIDE (sulfacetamide/prednisolone)<br>gatifloxacin/prednisolone<br>MAXITROL (neomycin/polymyxin/dexamethasone)<br>neomycin/polymyxin/gramicidin<br>neomycin/polymyxin/hydrocortisone<br>TOBRADEX ST SUSPENSION<br>(tobramycin/dexamethasone)<br>tobramycin/dexamethasone |

## J. Otic Antibiotics

CHC recommended that the following list be approved. A robust clinical discussion followed. It was mentioned that there is a large amount of current utilization of Ciprodex and that this would be a good DUR education initiative prior to the January implementation. Dr. Brock moved to accept the recommendation. Dr. Sullivan seconded. Votes were taken, and the motion was adopted. The approved category is below.

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
| CIPRO HC (ciprofloxacin/hydrocortisone) <sup>Age Edit</sup><br>COLY-MYCIN S (colistin/neomycin/ hydrocortisone)<br>ofloxacin | <b>CIPRODEX (ciprofloxacin/dexamethasone) <sup>Age Edit</sup></b><br>ciprofloxacin<br>CORTISPORIN-TC (colistin/neomycin/ hydrocortisone)<br>DERMOTIC (fluocinolone)<br><b>neomycin/polymyxin/hydrocortisone</b><br><b>OPTIPRIO (ciprofloxacin)</b><br>OTOVEL (ciprofloxacin/fluocinolone) |

## K. Prenatal Vitamins

CHC reviewed the recent OTC/Legend designations given by First Data Bank that effected some vitamins on the July PDL. CHC and DOM made adjustments to the preferred agents in this category in mid August to ensure that several dosage forms and combinations with and without DHA and/or Iron were available as preferred agents. CHC recommended that no further changes be made to this category.. Dr. Rodgers 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  |
|--|---|
| COMPLETE NATAL DHA<br>CONCEPT DHA Capsule<br>PRENATA CHEWABLE Tablet<br>PRENATAL PLUS Tablet<br>PRENATAL VITAMIN PLUS LOW IRON Tablet<br>PREPLUS Ca/Fe27/FA 1 Tablet<br>TARON-C DHA Capsule<br>TRICARE PRENATAL Tablet<br>TRINATAL Rx 1 Tablet<br>TRIVEEN-DUO DHA COMBO PACK | <a href="#">Products not listed here are assumed to be Non-Preferred.</a> |

## L. Stimulants & Related Agents

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

| PREFERRED AGENTS   | NON-PREFERRED AGENTS  |
|--|---|
| <b>SHORT-ACTING</b>  |   |
| amphetamine salt combination<br>dexamethylphenidate IR<br><b>dextroamphetamine IR</b><br>METHYLIN chewable tablets (methylphenidate)<br>METHYLIN solution (methylphenidate)<br>methylphenidate IR<br>PROCENTRA (dextroamphetamine)   | ADDERALL (amphetamine salt combination)<br>DESOXYN (methamphetamine)<br>dextroamphetamine solution<br>EVEKEO (amphetamine)<br><b>FOCALIN (dexmethylphenidate)</b><br>methamphetamine<br>methylphenidate chewable<br>methylphenidate solution<br>ZENZEDI (dextroamphetamine)   |
| <b>LONG-ACTING</b>   |   |
| amphetamine salt combination ER<br>APTENSIO XR (methylphenidate)<br>armodafinil<br>FOCALIN XR (dexmethylphenidate)<br>methylphenidate CD (generic Metadate CD)<br>methylphenidate ER (generic Concerta)<br>modafinil<br>QUILLICHEW (methylphenidate)<br>QUILLIVANT XR (methylphenidate)<br>VYVANSE (lisdexamfetamine)<br>VYVANSE CHEWABLE (lisdexamfetamine) | ADDERALL XR (amphetamine salt combination)<br>ADZENYS XR ODT (amphetamine)<br>ADZENYS ER SUSPENSION (amphetamine)<br>CONCERTA (methylphenidate)<br>COTEMPLA XR-ODT (methylphenidate)<br>DAYTRANA (methylphenidate)<br>DEXEDRINE (dextroamphetamine)<br>dexmethylphenidate ER<br>dextroamphetamine ER<br>DYANAVEL XR (amphetamine)<br>methylphenidate ER Caps (generic Ritalin LA)<br>methylphenidate ER Tabs (generic Ritalin SR)<br>MYDAYIS (amphetamine salt combination)<br>NUVIGIL (armodafinil)<br>PROVIGIL (modafinil)<br>RELEXXI (methylphenidate)<br>RITALIN LA (methylphenidate)<br>RITALIN SR (methylphenidate) |
| <b>NON-STIMULANTS</b>  |   |
| atomoxetine<br>guanfacine ER   | clonidine ER<br>INTUNIV (guanfacine ER)<br>KAPVAY (clonidine extended-release)<br>STRATTERA (atomoxetine)   |

**XII. Other Business**

**XIII. Division of Medicaid Update**

On October 1, 2018, the Mississippi Division of Medicaid began requiring an approved diagnosis on all prescriptions for stimulant medication.

**XIV. Next Meeting Date**

The next meeting of the Pharmacy & Therapeutics Committee will be held on February 12, 2019 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

**XV. Adjournment**

The meeting adjourned at 12:10 p.m.