



MISSISSIPPI DIVISION OF
MEDICAID

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

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

**May 7, 2019
9:00am to 5:00pm**

MINUTES

Committee Members Present:

Jeffrey A. Ali, MD, MSc
Logan Davis, PharmD, MBA
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD
Kim Rodgers, RPh
Spencer Sullivan, MD
Wilma Wilbanks, RPh
Mack Woo, MD

Committee Members Not Present:

James B. Brock, MD
Naznin Dixit, MD
Geri Lee Weiland, MD

Division of Medicaid Staff Present:

Terri Kirby RPh, CPM Pharmacy Director
Carlos Latorre, MD, Medical Director
Gail McCorkle, RPh, Pharmacist III
Cindy Noble, PharmD, MPH, Pharmacist III
Chris A. Yount, MA, PMP, Staff Officer III

CHC Staff Present:

Sarah Boydstun, PharmD
Paige Clayton, PharmD
James "Rusty" Hailey, PharmD, DPh,
MBA, FAMCP
Shannon Hardwick, RPh
Jacquelyn Hedlund, MD, MS
Steve Liles, PharmD

Other Contract Staff Present:

Jenni Grantham, PharmD, Magnolia
Joyce Grizzle, Conduent
Heather Odem, PharmD, UHC
Trina Stewart, PharmD, Molina

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
May 7, 2019

Attendance Chart:

	AUG 2018	OCT 2018	FEB 2019	MAY 2019
Ali	x		x	x
Brock	x	x	x	
Davis	x	x	x	x
Dixit	x			
Hartness	x	x	x	x
Maltby	x	x	x	x
Minor	x	x	x	x
Rodgers	x	x	x	x
Sullivan	x	x		x
Weiland			x	
Wilbanks			x	x
Woo	x	x	x	x [*]

*= not present for voting

I. Call to Order

Wilma Wilbanks, Chairperson, called the meeting to order at 9:05a.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 Joyce Grizzle from Conduent, Dr. Trina Stewart from Molina Health Systems, Dr. Jenni Grantham from Magnolia Health Plan, Dr. Heather Odem from United Healthcare, and Drs. Sarah Boydston, Rusty Hailey and Shannon Hardwick, RPh from Change Healthcare. She also introduced Division of Medicaid Medical Director, Dr. Carlos Latorre.

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 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 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 June 7, 2019. Decisions will be announced no later than June 1, 2019 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.

Ms. Kirby recognized and thanked the four committee members whose service terms will end June 30, 2019. Those members are Dr. Jeffery Ali, Dr. Stanley Hartness, Dr. Geri Weiland and Mrs. Wilma Wilbanks.

IV. Approval of February 12, 2019 Meeting Minutes

Mrs. Wilbanks asked for additions or corrections to the minutes from the February 12, 2019 meeting. Mrs. Wilbanks asked that Mr. Rodgers'. The minutes stand approved as corrected.

V. 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 Q1 2019 was 97.5%
- B.** Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q1 2019 was 88.4%

VI. Drug Class Announcements

Dr. Clayton reviewed the meeting format.

VII. Public Comments

Jason Swartz from Otsuka Pharmaceutical spoke in favor of Abilify Mycite.

VIII. New Drug/New Generic Reviews

A. Tolsura

CHC recommended that Tolsura be made non-preferred in the Antifungals (oral) category. A financial discussion followed. Dr. Sullivan moved to accept, Dr. Hartness seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIFUNGALS (Oral)	
clotrimazole fluconazole griseofulvin microsize suspension nystatin terbinafine	ANCOBON (flucytosine) ^ CRESEMBA (isavuconazonium) DIFLUCAN (fluconazole) flucytosine GRIFULVIN V (griseofulvin, microsize) griseofulvin microsize tablets griseofulvin ultramicrosize tablet GRIS-PEG (griseofulvin) itraconazole ^ ketoconazole LAMISIL (terbinafine) NOXAFIL (posaconazole) ^ ONMEL (itraconazole) ^ SPORANOX (itraconazole) ^ TERBINEX Kit (terbinafine/ciclopirox) TOLSURA (itraconazole) VFEND (voriconazole) ^ voriconazole ^

B. Copiktra, Daurismo, Vitrakvi, Xospata

CHC recommended that Copiktra, Daurismo Vitrakvi and Xospata be made non-preferred in the Antineoplastics – Selected Systemic Enzyme Inhibitors category. A robust clinical discussion followed. Dr. Sullivan moved to accept, Dr. Minor seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	
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) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) ZELBORAF (vemurafenib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BRAFTOVI (encorafenib) COPIKTRA (duvelisib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) DAURISMO (glasdegib) ERLEADA (apalutamide) FARYDAK (panobinostat) GLEOSTINE (lomustine) IBRANCE (palbociclib) SmartPA IDHIFA (enasidenib) imatinib KISQALI (ribociclib) SmartPA LENVIMA (lenvatinib) SmartPA LORBRENA (lorlatinib) SmartPA LYNPARZA (olaparib) NERLYNX (neratinib maleate) MEKTOVI (binimetinib) RUBRACA (rucaparib) RYDAPT (midostaurin) TAGRISSO (osimertinib) TALZENNA (talazoparib) TIBSOVO (ivosidenib)

PREFERRED AGENTS	NON-PREFERRED AGENTS
ZYDELIG (idelalisib) ZYKADIA (ceritinib)	VERZENIO (abemaciclib) VITRAKVI (loratrectinib) VIZIMPRO (dacomitinib) XATMEP (methotrexate) XOSPATA (gilteritinib) ZEJULA (niraparib)

C. Inbrija

CHC recommended that Inbrija be made non-preferred in the Antiparkinson's Agents (Oral) - Others category. A robust clinical discussion followed. Dr. Davis moved to accept, Mr. Rodgers seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIPARKINSON'S AGENTS (Oral) - OTHERS	
amantadine bromocriptine carbidopa levodopa/carbidopa	DUOPA (levodopa/carbidopa) GOCOVRI (amantadine) INBRIJA (levodopa) levodopa/carbidopa ODT levodopa/carbidopa/entacapone LODOSYN (carbidopa) OSMOLEX ER (amantadine) PARCOPA (levodopa/carbidopa) PARLODEL (bromocriptine) RYTARY ER (levodopa/carbidopa) SINEMET (levodopa/carbidopa) SINEMET CR (levodopa/carbidopa) STALEVO (levodopa/carbidopa/entacapone)

D. Abilify Mycite

CHC recommended Abilify Mycite be made non-Preferred in the Antipsychotics – Oral category. A robust clinical discussion followed. Dr. Sullivan moved to accept the recommendation, Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIPSYCHOTICS - ORAL	
amitriptyline/perphenazine aripiprazole clozapine fluphenazine haloperidol olanzapine olanzapine ODT perphenazine quetiapine quetiapine XR risperidone SAPHRIS (asenapine) thioridazine thiothixene trifluoperazine ziprasidone	ABILIFY (aripiprazole) ABILIFY MYCITE (aripiprazole) ADASUVE (loxapine) aripiprazole solution aripiprazole ODT chlorpromazine clozapine ODT CLOZARIL (clozapine) FANAPT (iloperidone) FAZACLO (clozapine) GEODON (ziprasidone) HALDOL (haloperidol) INVEGA ER (paliperidone) LATUDA (lurasidone) NAVANE (thiothixene) NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole)

PREFERRED AGENTS	NON-PREFERRED AGENTS
	RISPERDAL (risperidone) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clonazpine) VRAYLAR (cariprazine) ZYPREXA (olanzapine)

E. Yupelri

CHC recommended that Yupelri be made non-preferred in the Bronchodilators & COPD Agents category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICHOLINERGICS & COPD AGENTS	
ATROVENT HFA (ipratropium) ipratropium SPIRIVA HANDIHALER (tiotropium) TUDORZA PRESSAIR (aclidinium)	DALIRESP (roflumilast) INCRUSE ELLIPTA (umeclidinium) SEEBRI (glycopyrrolate) SPIRIVA RESPIMAT (tiotropium) YUPELRI (revefenacin)

F. Jivi

CHC recommended Jivi be made non-preferred in the Factor Deficiency Products category. A robust clinical discussion followed. Dr. Sullivan moved to accept, Dr. Minor seconded. The unanimously approved category is below.

FACTOR DEFICIENCY PRODUCTS	
FACTOR VIII	
ADVATE ALPHANATE FEIBA NF HEMOFIL M HUMATE-P KOATE KOATE-DVI MONOCLATE-P NOVOEIGHT NUWIQ RECOMBINATE WILATE	ADYNOVATE AFSTYLA ELOCTATE JIVI KCENTRA KOGENATE FS KOVALTRY NOVOSEVEN RT OBIZUR VONVENDI XYNTHA XYNTHA SOLOFUSE

G. Wixela Inhub

CHC recommended Wixela Inhub be made non-preferred in the Glucocorticoids (Inhaled) category. A financial discussion followed. Dr. Hartness moved to accept, Dr. Ali seconded. The unanimously approved category is below.

GLUCOCORTICIDS (Inhaled) <small>SmartPA</small>
GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS

ADVAIR DISKUS (fluticasone/salmeterol)
 ADVAIR HFA (fluticasone/salmeterol)
 DULERA (mometasone/formoterol)
 SYMBICORT (budesonide/formoterol)

AIRDUO Resplick (fluticasone/salmeterol)
 BREO ELLIPTA (fluticasone/vilanterol)
 fluticasone/salmeterol
WIXELA INHUB (fluticasone/salmeterol)

H. Panzyga

CHC recommended that Panzyga be made preferred in the Immune Globulins category. A robust clinical discussion followed. Dr. Davis moved to accept the recommendation. Dr. Sullivan seconded. Votes were taken, and the motion was adopted. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA	BIVIGAM CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN

I. Motegrity

CHC recommended Motegrity all be made non-preferred in the Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected GI Agents category. A robust clinical discussion followed. Mr. Rodgers moved to accept, Dr. Hartness seconded. Votes were taken, and the motion was adopted. The unanimously approved category is below.

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

J. Symjepi

CHC recommended that Symjepi be made non-preferred in the Miscellaneous Brand/Generic category. A financial discussion followed. Dr. Hartness moved to accept, Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
EPINEPHRINE	
epinephrine autoinject pens (labeler 49502)	ADRENACLICK (epinephrine) AUVI-Q (epinephrine) EPIPEN (epinephrine) EPIPEN JR (epinephrine) SYMJEPI (epinephrine)

K. Cequa

CHC recommended that Cequa be made non-preferred in the Ophthalmic category. A financial discussion followed. Dr. Sullivan moved to accept, Dr. Minor seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) RESTASIS Multidose (cyclosporine) XIIDRA (lifitegrast) ^{Smart PA}

L. Bryhali

CHC recommended that Bryhali be made non-preferred in the Steroids (Topical) category. A financial review followed. Dr. Hartness moved to accept, Mr. Rodgers seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
VERY HIGH POTENCY	
CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol foam halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)

M. Butrans

CHC recommended that Butrans made preferred in the Analgesic, Narcotic Long Acting category. A financial review followed. Dr. Sullivan moved to accept, Dr. Minor seconded. The unanimously approved category is below.

PREFERRED AGENTS	NON-PREFERRED AGENTS
BUTRANS (buprenorphine) EMBEDA (morphine/naltrexone) fentanyl patches morphine ER tablets	ARYMO ER (morphine) BELBUCA (buprenorphine) buprenorphine patch 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)
--

IX. Division of Medicaid Update

On April 1, 2019, the Mississippi Division of Medicaid updated the 90 day Maintenance List. The 90 day supply continues to be voluntary.

On July 1, 2019, DOM also plans to allow a sixth prescription to all beneficiaries. The 2 brand product limit will remain in place. As a reminder, all preferred drugs on the PDL count as generic products towards the prescription limits.

On August 1, 2019, the Mississippi Division of Medicaid plans to implement several opioid initiatives including preventing the concurrent use of benzodiazepines and opioid medications as lined out by the FDA and a 90mg morphine equivalent cumulative daily dose.

Mrs. Kirby urged all providers to read all DOM Bulletins and Late Breaking News articles to stay up to date on these and all changes. She also reminded everyone that all changes are available on their respective provider association group list serves.

X. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on August 13, 2019 at 10:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

XI. Adjournment

The meeting adjourned at 10:52am.