



MISSISSIPPI DIVISION OF
MEDICAID

MISSISSIPPI DIVISION OF MEDICAID Pharmacy & Therapeutics Committee Meeting

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

**August 13, 2019
9:00am to 5:00pm**

MINUTES

Committee Members Present:

James B. Brock, MD
Logan Davis, PharmD, MBA
Clyde E. Glenn, MD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD
Kim Rodgers, RPh
Spencer Sullivan, MD
S. Caleb Williamson, PharmD
Mack Woo, MD

Committee Members Not Present:

Geri Lee Weiland, MD
Wilma Wilbanks, RPh

Division of Medicaid Staff Present:

Terri Kirby RPh, BSP Pharm, 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:

Laureen Biczak, DO
Sarah Boydston, PharmD
Paige Clayton, PharmD
Robert Dinwiddie, Jr., PharmD
James "Rusty" Hailey, PharmD, DPh,
MBA, FAMCP
Shannon Hardwick, RPh

Other Contract Staff Present:

Jenni Grantham, PharmD, Magnolia
Leslie Leon, PharmD, Conduent
Heather Odem, PharmD, UHC
Eric Pittman, PharmD, UMC School of
Pharmacy
Lew Anne Snow, RN, Conduent
Trina Stewart, PharmD, Molina
Michael Todaro, PharmD, Magnolia
Joseph Vazhappilly, PharmD Molina

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
August 13, 2019

Attendance Chart:

	AUG 2019	OCT 2019	FEB 2020	MAY 2020
Brock	x			
Davis	x			
Glenn	x			
Hartness	x			
Maltby	x			
Minor	x			
Rodgers	x			
Sullivan	x			
Weiland				
Wilbanks				
Williamson	x			
Woo	x			

A. Call to Order

Dr. Minor, co-chair, called the meeting to order at 9:07a.m.

B. 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 and Joyce Hunter. Ms. Kirby recognized DOM contractors in the audience, including Dr. Leslie Leon and Lew Anne Snow from Conduent, Drs. Trina Stewart and Joseph Vazhappilly from Molina Health Systems, Drs. Jenni Grantham and Michael Todaro from Magnolia Health Plan, Dr. Heather Odem from United Healthcare, Dr. Eric Pittman from the UMC School of Pharmacy DUR and Drs. Sarah Boydston, Rusty Hailey, Robert Dinwiddie and Shannon Hardwick from Change Healthcare.

C. 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 September 12, 2019. Decisions will be announced no later than September 30, 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 and welcomed new committee members. She requested that Committee members complete their travel vouchers and reviewed the contents of the folders provided to each Committee member.

D. Approval of May 7, 2019 Meeting Minutes

Dr. Minor asked for additions or corrections to the minutes from the May 7, 2019 meeting. There were no further additions or corrections. The minutes stand approved as corrected.

E. 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 2019 was 97.6%
- B.** Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q2 2019 was 87.6%

F. Drug Class Announcements

Dr. Clayton reviewed the meeting format. Dr. Biczak reviewed the cost sheet format.

G. Public Comments

Tom Algozzine from Novartis spoke in favor of Mayzent.
Paul Amato from ViiV Healthcare spoke in favor of Dovato.

H. New Drug/New Generic Reviews

A. Apadaz

CHC recommended that Apadaz be made non-preferred in the Analgesics, Narcotic – Short Acting category. A robust clinical discussion followed. Dr. Davis moved to accept, Mr. Rodgers seconded. The approved category is below.

ANALGESICS, NARCOTIC - SHORT ACTING

acetaminophen/codeine	ABSTRAL (fentanyl)
codeine	ACTIQ (fentanyl)
dihydrocodeine/ APAP/caffeine	APADAZ (benzhydrocodone/APAP)
ENDOCET (oxycodone/APAP)	benzhydrocodone/APAP
hydrocodone/APAP	butalbital/APAP/caffeine/codeine
hydromorphone	butalbital/ASA/caffeine/codeine
meperidine	butorphanol tartrate (nasal)
morphine	DEMEROL (meperidine)
oxycodone capsules	DILAUDID (hydromorphone)
oxycodone liquid	DVORAH (dihydrocodeine/ APAP/caffeine)
oxycodone tablets	fentanyl
oxycodone/APAP	FENTORA (fentanyl)
oxycodone/aspirin	FIORICET W/ CODEINE (butalbital/APAP/caffeine/codeine)
oxycodone/ibuprofen	FIORINAL W/ CODEINE
pentazocine/APAP	(butalbital/ASA/caffeine/codeine)
tramadol	hydrocodone/ibuprofen
tramadol/APAP	IBUDONE (hydrocodone/ibuprofen)
	LAZANDA NASAL SPRAY (fentanyl)
	levorphanol
	LORCET (hydrocodone/APAP)
	LORTAB (hydrocodone/APAP)
	MAGNACET (oxycodone/APAP)
	NALOCET (oxycodone/APAP)
	NORCO (hydrocodone/APAP)
	NUCYNTA (tapentadol)
	ONSOLIS (fentanyl)
	OPANA (oxymorphone)
	OXAYDO (oxycodone)
	pentazocine/naloxone
	PERCOCET (oxycodone/APAP)
	PERCODAN (oxycodone/ASA)
	PRIMLEV (oxycodone/APAP)
	REPREXAIN (hydrocodone/ibuprofen)
	ROXICET (oxycodone/acetaminophen)
	ROXICODONE (oxycodone)
	ROXYBOND (oxycodone)
	RYBIX (tramadol)
	SUBSYS (fentanyl)
	SYNALGOS-DC (dihydrocodeine/ aspirin/caffeine)
	TYLENOL W/CODEINE (APAP/codeine)
	TYLOX (oxycodone/APAP)
	ULTRACET (tramadol/APAP)
	ULTRAM (tramadol)
	VICODIN (hydrocodone/APAP)
	VICOPROFEN (hydrocodone/ibuprofen)
	XODOL (hydrocodone/acetaminophen)
	ZAMICET (hydrocodone/APAP)
	ZOLVIT (hydrocodone/APAP)
	ZYDONE (hydrocodone/acetaminophen)

B. Diacomit

CHC recommended that Diacomit be made non-preferred in the Anticonvulsants, Adjuvants category. A robust clinical discussion followed. Dr. Sullivan moved to accept, Dr. Williamson seconded. The approved category is below.

ANTICONVULSANTS SmartPA

ANTICONVULSANTS		ADJUVANTS
carbamazepine carbamazepine ER DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPITOL (carbamazepine) gabapentin GABITRIL (tiagabine) lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension topiramate tablet topiramate sprinkle capsule valproic acid VIMPAT (lacosamide) zonisamide	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FYCOMPA (perampanel) KEPPRA (levetiracetam) KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) POTIGA (ezogabine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) SYMPAZAN (clobazam) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL XR (carbamazepine) tiagabine TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate) vigabatrin ZONEGRAN (zonisamide)	

C. Balversa

CHC recommended that Balversa be made non-preferred in the Antineoplastics, Select Enzyme Inhibitors category. A robust clinical discussion followed. Mr. Rodgers moved to accept, Dr. Hartness seconded. The approved category is below.

*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	
AFINITOR (everolimus) BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatinib)	ALECENSA (alectinib) ALUNBRIG (brigatinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) COPIKTRA (duvelisib) CABOMETYX (cabozantinib s-malate)

GLEEVEC (imatinib mesylate)	CALQUENCE (acalabrutinib)
ICLUSIG (ponatinib)	DAURISMO (glasdegib)
IMBRUVICA (ibrutinib)	ERLEADA (apalutamide)
INLYTA (axitinib)	FARYDAK (panobinostat)
IRESSA (gefitinib)	GLEOSTINE (lomustine)
JAKAFI (ruxolitinib)	IBRANCE (palbociclib) SmartPA
MEKINIST (trametinib dimethyl sulfoxide)	IDHIFA (enasidenib)
NEXAVAR (sorafenib)	imatinib
SPRYCEL (dasatinib)	KISQALI (ribociclib) SmartPA
STIVARGA (regorafenib)	LENVIMA (lenvatinib) SmartPA
SUTENT (sunitinib)	LORBRENA (lorlatinib) SmartPA
TAFINLAR (dabrafenib)	LYNPARZA (olaparib) SmartPA
TARCEVA (erlotinib)	NERLYNX (neratinib maleate)
TASIGNA (nilotinib)	MEKTOVI (binimetnib)
TYKERB (lapatinib ditosylate)	RUBRACA (rucaparib)
vandetanib	RYDAPT (midostaurin)
VOTRIENT (pazopanib)	TAGRISSO (osimertinib)
XALKORI (crizotinib)	TALZENNA (talazoparib)
ZELBORAF (vemurafenib)	TIBSOVO (ivosidenib)
ZYDELIG (idelalisib)	VERZENIO (abemaciclib)
ZYKADIA (ceritinib)	VITRAKVI (larotrectinib)
	VIZIMPRO (dacomitinib)
	XATMEP (methotrexate)
	XOSPATA (gilteritinib)
	ZEJULA (niraparib)

D. Dovato

CHC recommended that Dovato be made non-preferred in the Antiretrovirals, Single Tablet Regimens, and Combination Products NRTIs categories. A robust clinical discussion followed. Dr. Davis moved to accept, Dr. Brock seconded. The approved category is below.

ANTIRETROVIRALS SmartPA	
SINGLE TABLET REGIMENS	
BIKTARVY (bictegravir/emtricitabine/tenofovir)	ATRIPLA (efavirenz/emtricitabine/tenofovir)
GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir)	COMPLERA (emtricitabine/rilpivirine/tenofovir)
ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	DELSTRIGO (doravirine/lamivudine/tenofovir)
SYMFI (efavirenz/lamivudine/tenofovir)	DOVATO (dolutegravir/lamivudine)
SYMFI-LO (efavirenz/lamivudine/tenofovir)	JULUCA (dolutegravir/rilpivirine)
	STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir)
	SYM TUZA (darunavir/cobicistat/ emtricitabine/tenofovir)
	TRIU MEQ (abacavir/lamivudine/ dolutegravir)
COMBINATION PRODUCTS - NRTIs	
abacavir/lamivudine	abacavir/lamivudine/zidovudine
lamivudine/zidovudine	COMBIVIR (lamivudine/zidovudine)
	DOVATO (dolutegravir/lamivudine)
	EPZICOM (abacavir/lamivudine)
	JULUCA (dolutegravir/rilpivirine)
	TRIZIVIR (abacavir/lamivudine/zidovudine)

E. Evenity

CHC recommended that Evenity be made non-preferred in the Bone Resorption Suppression & Related Agents category. A robust clinical discussion followed. Dr. Sullivan moved to accept, Mr. Rodgers seconded. The approved category is below.

BONE RESORPTION SUPPRESSION AND RELATED AGENTS <small>SmartPA</small>	
OTHERS	
calcitonin salmon FORTICAL (calcitonin)	EVENITY (romosozumab-aqqg) EVISTA (raloxifene) FORTEO (teriparatide) MIACALCIN (calcitonin) PROLIA (denosumab) raloxifene TYMLOS (abaloparatide) XGEVA (denosumab)

F. Skyrizi

CHC recommended that Skyrizi be made non-preferred in the Cytokine & Cam Antagonists category. A robust clinical discussion followed. Dr. Hartness moved to accept, Dr. Williamson seconded. The approved category is below.

CYTOKINE & CAM ANTAGONISTS	
COSENTYX (secukinumab) SmartPA ENBREL (etanercept) HUMIRA (adalimumab) methotrexate	ACTEMRA (tocilizumab) CIMZIA (certolizumab) ENTYVIO (vedolizumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) KEVZARA (sarilumab) KINERET (anakinra) OLUMIANT (baricitinib) ORENCIA (abatacept) OTEZLA (apremilast) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)

G. Cablivi

CHC recommended that Cablivi be made non-preferred in the Immue Globulins category. A robust clinical discussion followed. Dr. Sullivan moved to accept, Dr. Hartness seconded. The approved category is below.

IMMUNE GLOBULINS		
CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA		BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN

H. Cutaquig

CHC recommended that Cutaquig be made non-preferred in the Immune Globulins category. A robust clinical discussion followed. Dr. Davis moved to accept, Dr. Rodgers seconded. The approved category is below.

IMMUNE GLOBULINS		
CARIMUNE NF FLEBOGAMMA DIF GAMASTAN SD GAMMAGARD GAMMAKED GAMUNEX-C HIZENTRA HYQVIA OCTAGAM PANZYGA		BIVIGAM CABLIVI CUTAQUIG CUVITRU GAMMAGARD SD GAMMAPLEX PRIVIGEN

I. Mavenclad

CHC recommended that Mavenclad be made non-preferred in the Multiple Sclerosis Agents, Oral category. A robust clinical discussion followed. Dr. Hartness moved to accept, Mr. Rodgers seconded. The approved category is below.

MULTIPLE SCLEROSIS AGENTS <small>SmartPA</small>		
AUBAGIO (teriflunomide) AVONEX (interferon beta-1a) AVONEX PEN (interferon beta-1a) BETASERON (interferon beta-1b) COPAXONE 20mg (glatiramer) GILENYA (fingolimod) REBIF (interferon beta-1a) REBIF REBIDOSE (interferon beta-1a)		AMPYRA (dalfampridine) COPAXONE 40mg (glatiramer) dalfampridine EXTAVIA (interferon beta-1b) glatiramer GLATOPA (glatiramer) MAVENCLAD (cladribine) MAYZENT (siponimod) OCREVUS (ocrelizumab) PLEGRIDY (interferon beta-1a) TECFIDERA (dimethyl fumarate)

	ZINBRYTA (daclizumab)	
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J. Mayzent

CHC recommended that Mayzent be made non-preferred in the Multiple Sclerosis Agents, Oral category. A robust clinical discussion followed. Dr. Davis moved to accept, Dr. Hartness seconded. The approved category is below.

MULTIPLE SCLEROSIS AGENTS SmartPA

AUBAGIO (teriflunomide)	AMPYRA (dalfampridine)
AVONEX (interferon beta-1a)	COPAXONE 40mg (glatiramer)
AVONEX PEN (interferon beta-1a)	dalfampridine
BETASERON (interferon beta-1b)	EXTAVIA (interferon beta-1b)
COPAXONE 20mg (glatiramer)	glatiramer
GILENYA (fingolimod)	GLATOPA (glatiramer)
REBIF (interferon beta-1a)	MAVENCLAD (cladribine)
REBIF REBIDOSE (interferon beta-1a)	MAYZENT (siponimod)
	OCREVUS (ocrelizumab)
	PLEGRIDY (interferon beta-1a)
	TECFIDERA (dimethyl fumarate)
	ZINBRYTA (daclizumab)

K. Qmizz ODT

CHC recommended that Qmizz ODT be made non-preferred in the NSAIDS, COX II Selective category. A financial discussion followed. Dr. Williamson moved to accept, Dr. Hartness seconded. The approved category is below.

NSAIDS SmartPA

COX II SELECTIVE	
meloxicam	CELEBREX (celecoxib)
	celecoxib
	MOBIC (meloxicam)
	NULOX (meloxicam)
	QMIIZ ODT (meloxicam)
	VIVLODEX (meloxicam)

L. Rocklatan

CHC recommended that Rocklatan be made preferred in the Ophthalmic, Glaucoma Agents – Rho Kinase Inhibitors/Combinations category. A robust clinical discussion followed. Mr. Rodgers moved to accept, Dr. Williamson seconded. The approved category is below.

OPHTHALMIC, GLAUCOMA AGENTS SmartPA

RHO KINASE INHIBITORS/COMBINATIONS	
RHOPRESSA (netarsudil)	
ROCKLATAN (netarsudil/latanoprost)	

M. Duobrii

CHC recommended that Duobrii be made non-preferred in the Steroids (Topical) – Very High Potency category. A robust clinical discussion followed. Dr. Hartness moved to accept, Dr. Williamson seconded. The approved category is below.

STERIODS (Topical) <small>SmartPA</small>	
VERY HIGH POTENCY	
CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)

N. Lexette

CHC recommended that Lexette be made non-preferred in the Steroids (Topical) – Very High Potency category. A financial discussion followed. Dr. Brock moved to accept, Dr. Sullivan seconded. The approved category is below.

STERIODS (Topical) <small>SmartPA</small>	
VERY HIGH POTENCY	
CLOBEX (clobetasol) clobetasol shampoo clobetasol propionate cream clobetasol propionate ointment halobetasol cream halobetasol ointment	BRYHALI (halobetasol) clobetasol emollient clobetasol propionate foam, gel, sol DIPROLENE (betamethasone diprop/prop gly) DUOBRII LOTION (halobetasol prop/tazarotene) halobetasol foam HALONATE (halobetasol/ammonium lactate) HALAC (halobetasol/ammonium lac) LEXETTE (halobetasol propionate) TEMOVATE Cream (clobetasol propionate) TEMOVATE Ointment (clobetasol propionate) OLUX (clobetasol) OLUX-E (clobetasol) ULTRAVATE Cream, Lotion (halobetasol) ULTRAVATE Ointment (halobetasol)

O. Seysara

CHC recommended that Seysara be made non-preferred in the Tetracyclines category. A robust clinical discussion followed. Dr. Hartness moved to accept, Dr. Glenn seconded. The approved category is below.

TETRACYCLINES SmartPA

doxycycline hyclate caps/tabs doxycycline monohydrate caps (50mg & 100mg) minocycline caps IR tetracycline	ACTICLATE (doxycycline) ADOXA (doxycycline monohydrate) demeclocycline doxycycline hyclate (generic Doryx) doxycycline monohydrate caps (75mg & 150mg) doxycycline monohydrate tabs DORYX (doxycycline hyclate) DYNACIN (minocycline) MINOCIN (minocycline) minocycline ER minocycline tabs MONODOX (doxycycline monohydrate) NUZYRA (omadacycline tosylate) ^{NR} OKEBO (doxycycline) ORACEA (doxycycline) SEYSARA (sarecycline) SOLODYN (minocycline) TARGADOX (doxycycline) VIBRAMYCIN cap/susp/syrup XIMINO (minocycline)
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I. Division of Medicaid Update

Mrs. Kirby reminded the audience that on July 1, 2019, MS Medicaid beneficiaries are allowed a total of 6 monthly prescriptions. The 2 brand product limitation remains in place. Mrs. Kirby announced that the MS Medicaid opioid edits went into production August 1, 2019. The opioid initiative is posted on the MS Medicaid Pharmacy website and in the Provider Bulletin. DOM is working with other Medicaid Bureaus to possibly gain the capability of listing the MS Medicaid PDL on e-prescribing modules. DOM has been holding stakeholder meetings with pharmacy providers to explore the possibility of reimbursing pharmacists for providing cognitive services.

J. New Business

Dr. Hartness made a motion to remove the nutritional caloric agents from the PDL. Dr. Sullivan seconded. The committee unanimously approved the recommendation.

K. Next Meeting Date

The next meeting of the Pharmacy & Therapeutics Committee will be held on October 22, 2019 at 9:00 a.m. in the Woolfolk Building, Conference Center East, Room 145, in Jackson, Mississippi.

L. Adjournment

The meeting adjourned at 11:17a.m.