



MISSISSIPPI DIVISION OF
MEDICAID

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

**August 11, 2020
9:00am to 5:00pm**

MINUTES

Committee Members Present:

Logan Davis, PharmD, MBA
Clyde E. Glenn, MD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD, Co-Chair
Kim Rodgers, RPh
Wilma Wilbanks, RPh, Chair
S. Caleb Williamson, PharmD
Mack Woo, MD

Committee Members Not Present:

James Benjamin Brock, MD
Spencer Sullivan, MD
Geri Lee Weiland, MD

CHC Staff Present:

Laureen Biczak, MD
Sarah Boydston, PharmD
Paige Clayton, PharmD
James “Rusty” Hailey, PharmD, DPh,
MBA, FAMCP
Jacquelyn Hedlund, MD, MS
Shannon Hardwick, RPh

Other Contract Staff Present:

Catherine Brett, MD, Alliant
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

Division of Medicaid Staff Present:

Terri Kirby RPh, CPM, Pharmacy Director
Gail McCorkle, RPh, Pharmacist III
Chris A. Yount, MA, PMP, Staff Officer III

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes
August 11, 2020

Attendance Chart:

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

I. Call to Order

Mrs. Wilbanks, chair, called the meeting to order at 9:00a.m. The meeting was held via an online format using the WebEx platform.

II. Welcome and Introductions

Ms. Terri Kirby, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee and all guests in the audience.

III. Administrative Matters

Ms. Kirby reminded guests to register prior to each P&T Committee meeting via the electronic process available through the DOM website (www.medicaid.ms.gov).

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 10, 2020. The PDL decisions will be announced no later than September 1, 2020 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 the executive director makes the final decision. She stated that the PDL is completely updated once per year; quarterly updates are implemented throughout the year.

IV. Approval of October 22, 2019 Meeting Minutes

Mrs. Wilbanks asked for additions or corrections to the minutes from the October 22, 2019 meeting. There were no further additions or corrections. Dr. Davis made the motion to accept the minutes. Dr. Williamson seconded. Votes were taken. The minutes stand approved by unanimous vote.

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 Q2 2020 was 96.7%.

B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for Q2 2020 was 89.5%.

VI. Drug Class Announcements

Dr. Clayton reviewed the meeting format. Dr. Clayton announced Second Round Extractions would be accepted after Public Comment.

VII. First Round Extractions Announced

Change Healthcare recommended that the following new drugs be extracted:

- Antibiotics, Miscellaneous- Xenleta (Iefamulin)
- Anticonvulsants-Xcopri (cenobamate)
- Anticonvulsants, Selected Benzodiazepines - Nayzilam (midazolam), Valtoco (diazepam)
- Antimigraine - CGRP – Nurtec ODT (rimegepant), Ubrelvy (ubrogepant), Vypti (eptinezumab)
- Antimigraine- Other- Reyvow (lasmiditan)
- Antiparkinson's Agents- Nourianz (istradefylline)
- Antipsychotics- Caplyta (lumateperone)
- Cystic Fibrosis- Trikafta (elexacaftor/tezacaftor/ivacaftor)
- Cytokine & CAM Antagonists –Rinvoq (upadacitinib)
- Hypoglycemic, Glucagon - Baqsimi (glucagon), Gvoke (glucagon)
- Hypoglycemics, Incretin Mimetics/Enhancers- Rybelsus (semaglutide)
- Lipotropics, Other, ACL Inhibitors - Nexletol (bempedoic acid), Nexlizet (bempedoic acid/ezetimibe)
- Miscellaneous-Select Allergen Extract Immunotherapy- Palforzia (peanut allergen-dnfp)
- Muscular Dystrophy Agents- Vyondys 53 (golodirsen)
- Sedative Hypnotics- Dayvigo (lemborexant)

VIII. Public Comments

1. Mark Balk from BeiGene spoke in favor of BRUKINSA.
2. Wendy Borgersen from Redhill Biopharma spoke in favor of Talicia.
3. Mark Carmon from Vertex Pharmaceuticals spoke in favor of Trikafta.
4. Brad Clay from Novartis Oncology spoke on favor of Tabrecta and Adakveo.
5. Christy Copeland from Global Blood Therapeutics spoke in favor of Oxbryta.
6. Sergio Fleites from Epizyme spoke in favor of Tazverik.
7. Kathrin Kucharski from Sarepta spoke in favor of Vyondys.
8. Bradford Loo from Intra-Cellular Therapies, Inc. spoke in favor of Caplyta.
9. John Mathis from Xeris Pharmaceuticals spoke in favor of Gvoke.
10. Laura Odom from Aimmune Therapeutics spoke in favor of Palforzia.
11. Justin Simmons from AbbVie spoke in favor of Rinvoq.
12. Colleen Smith from Allergan spoke in favor of Ubrelvy.
13. Jennifer Ward from Eli Lilly spoke in favor of Reyvow and Baqsimi.

IX. Second Round Extractions

No Second Round Extractions were made.

X. Motion for All Non-Extracted Categories to be Approved as Proposed

Change Healthcare recommended that the following list of new drugs be approved as recommended without extraction:

- Acne Agents, Anti-infectives- Amzeeq foam (minocycline)
- Acne Agents, Isotretinoin- Absorica LD (isotretinoin)
- Acne Agents, Retinoids- Aklief cream (trifarotene)
- Acne Agents, Retinoids- Arazlo lotion (tazarotene)
- Androgenic Agents- Jatenzo (testosterone undecanoate)
- Antibiotics, Topical- Xepi cream (ozenoxacin)
- Antidepressants, Other- Drizalma Sprinkles (duloxetine)
- Antimigraine Agents, Triptans- Tosymra (sumatriptan)
- Antineoplastics- Ayvakit (avapritinib)
- Antineoplastics- Brukinsa (zanubrutinib)
- Antineoplastics-Inrebic (fedratinib)
- Antineoplastics-Koselugo (selumetinib)
- Antineoplastics- Nubeqa (darolutamide)
- Antineoplastics- Pemazyre (pemigatinib)
- Antineoplastics- Retevmo (selpercatinib)
- Antineoplastics- Rozlytrek (entrectinib)
- Antineoplastics- Tabrecta (capmatinib)
- Antineoplastics- Tazverik (tazemetostat)
- Antineoplastics-Tukysa (tucatinib)
- Antineoplastics-Turalio (pexidartinib)
- Antipsychotics-Secuado patch (asenapine)
- Bronchodilators, Beta-Agonists- ProAir Digihaler (albuterol)
- Bronchodilators, COPD- Duaklir Pressair (aclidinium/formoterol)
- Calcium Channel Blockers- Katerzia (amlodipine)
- Colony Stimulating Factors – Ziextenzo (pegfilgrastim-bmez)
- Factor Deficiency Products- Esperoct
- H. Pylori Combination Treatments- Talicia DR (omeprazole/amoxicillin/rifabutin)
- Hyperuricemia & Gout- Gloperba (colchicine)
- Hypoglycemic, SGLT2 Combinations- Trijardy XR (empagliflozin/linagliptin/metformin)
- Immune Globulins- Asceniv
- Immune Globulins- Xembify
- Multiple Sclerosis Agents- Vumerity (diroximel fumarate)
- NSAIDs- Relafen DS (nabumetone)
- Ophthalmics for Allergic Conjunctivitis- Zerviate (cetirizine)

- Select Contraceptive Products, Intravaginal- Annovera (segesterone/ethinyl estradiol)
- Steroids, Topical, Very High Potency- Tovet foam (clobetasol)
- Stimulants and Related Agents-Narcolepsy-Wakix (pitolisant)

Dr. Hartness moved to accept the non-extracted recommendations. Dr. Williamson seconded. Votes were taken, and the motion was adopted.

XI. Therapeutic Class Reviews

a. Immunologic Therapies for Asthma

Change Healthcare recommended that the following list be approved.

PREFERRED AGENTS	NON-PREFERRED AGENTS
FASENRA PEN AUTOINJECTOR (benralizumab) NUCALA AUTOINJECTOR (mepolizumab) XOLAIR VIAL (omalizumab) ^{HCA}	CINQAIR VIAL (reslizumab) ^{HCA} DUPIXENT (dupilumab) FASENRA SYRINGE (benralizumab) ^{HCA} NUCALA SYRINGE (mepolizumab) ^{HCA} NUCALA VIAL (mepolizumab) ^{HCA} XOLAIR SYRINGE (omalizumab) ^{HCA}

A robust clinical discussion followed. Dr. Davis moved to accept the recommendation with the addition of the healthcare administered products to be preferred. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
FASENRA PEN AUTOINJECTOR (benralizumab) FASENRA SYRINGE (benralizumab) ^{HCA} NUCALA SYRINGE (mepolizumab) ^{HCA} NUCALA VIAL (mepolizumab) ^{HCA} NUCALA AUTOINJECTOR (mepolizumab) XOLAIR VIAL (omalizumab) ^{HCA}	CINQAIR VIAL (reslizumab) ^{HCA} DUPIXENT (dupilumab) XOLAIR SYRINGE (omalizumab) ^{HCA}

b. Sickle Cell Agents

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Williamson moved to accept the recommendation. Mr. Rodgers seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
DROXIA (hydroxyurea) hydroxyurea	ADAKVEO (crizanlizumab) ENDARI (glutamine) HYDREA (hydroxyurea) OXBRYTA (voxelotor) SIKLOS (hydroxyurea)

XII. Extracted New Drug/New Generic Reviews

Change Healthcare recommended that the following new drugs be extracted:

a. Xenleta (lefamulin)

Change Healthcare recommended that Xenleta be made non-preferred in the Antibiotics, Miscellaneous category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
	XENLETA (lefamulin)

b. Xcopri (cenobamate)

Change Healthcare recommended that Xcopri be made non-preferred in the Anticonvulsants 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 approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ADJUVANTS	
carbamazepine carbamazepine suspension 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) STAVZOR (valproic acid) SUBVENITE (lamotrigine) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (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 XCOPRI (cenobamate) ZONEGRAN (zonisamide)

c. Nayzilam (midazolam) & Valtoco (diazepam)

The Chair announced Nayzilam and Valtoco would be reviewed, discussed and voted on jointly. Change Healthcare recommended that Nayzilam and Valtoco be made preferred in the Anticonvulsants, Selected Benzodiazepines category.

PREFERRED AGENTS	NON-PREFERRED AGENTS
SELECTED BENZODIAZEPINES	
clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)

A robust clinical discussion followed. Mr. Rodgers moved to accept the recommendation for Nayzilam to be preferred, but Valtooco to be non-preferred. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved class is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
SELECTED BENZODIAZEPINES	
clobazam diazepam rectal gel NAYZILAM (midazolam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam) VALTOCO (diazepam)

d. Nurtec ODT (rimegepant)

Change Healthcare recommended that Nurtec ODT be made preferred in the Antimigraine - CGRP category. A robust clinical discussion followed. Dr. Williamson moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
NURTEC ODT (rimegepant)**	UBRELVY (ubrogepant)

e. Ubrelvy (ubrogepant)

Change Healthcare recommended that Ubrelvy be made non-preferred in the Antimigraine - CGRP category. A robust clinical discussion followed. Dr. Williamson moved to accept the recommendation. Dr. Glenn seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
NURTEC ODT (rimegepant)**	UBRELVY (ubrogepant)

f. Vyepti (eptinezumab)

Change Healthcare recommended that Vyepti be made non-preferred in the Antimigraine - CGRP category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTIBLES	
	AIMOVIG (erenumab-aooe) AJOVY (fremanezumab-vfrm) EMGALITY (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr)

g. Reyvow (lasmiditan)

Change Healthcare recommended that Reyvow be made non-preferred in the Antimigraine - Other 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 approved class is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ORAL	
naratriptan rizatriptan rizatriptan ODT sumatriptan tablets zolmitriptan	almotriptan AMERGE (naratriptan) AXERT (almotriptan) eletriptan FROVA (frovatriptan) frovatriptan IMITREX (sumatriptan) MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) REYVOW (lasmiditan) TREXIMET (sumatriptan/naproxen) zolmitriptan ODT ZOMIG (zolmitriptan)

h. Nourianz (istradefylline)

Change Healthcare recommended that Nourianz be made non-preferred in the Antiparkinsons Agents category. A robust clinical discussion followed. Dr. Williamson moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

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

i. Caplyta (lumateperone)

Change Healthcare recommended that Caplyta be made non-preferred in the Antipsychotics category. A robust clinical discussion followed. Dr. Glenn moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

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

j. Trikafta (elexacaftor/tezacaftor/ivacaftor)

Change Healthcare recommended that Trikafta be made non-preferred in the Cystic Fibrosis category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
BETHKIS (tobramycin) KITABIS (tobramycin) tobramycin(generic TOB I) labeler 00093,00781, 17478, 43598, 65162, 68180	CAYSTON (aztreonam) COLY-MYCIN M (colistimethate sodium) KALYDECO (ivacaftor) ORKAMBI (lumacaftor/ivacaftor) PULMOZYME (dornase alfa) SYMDEKO (tezacaftor/ivacaftor) TOBI (tobramycin) TOBI PODHALER (tobramycin) tobramycin (generic Kitabis) labeler 70644 TRIKAFTA (elexacaftor/ tezacaftor/ivacaftor)

k. Rinvoq (upadacitinib)

Change Healthcare recommended that Rinvoq be made non-preferred in the Cytokine & CAM Antagonists category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
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) RINVOQ (upadacitinib) SILIQ (brodalumab) SIMPONI (golimumab) SKYRIZI (risankizumab) STELARA (ustekinumab) TALTZ (ixekizumab) TREMIFYA (guselkumab) TREXALL (methotrexate) XELJANZ (tofacitinib) XELJANZ XR (tofacitinib)

I. Baqsimi (glucagon) & Gvoke (glucagon)

The Chair announced Baqsimi and Gvoke would be reviewed, discussed and voted on jointly. Change Healthcare recommended that Baqsimi be made preferred with a step edit of a trial and failure of a generic glucagon and Gvoke be made non-preferred in the Hypoglycemic, Glucagon category. A robust clinical discussion followed. Dr. Williamson moved to accept both recommendations. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved class is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
BAQSIMI (glucagon) ^{Step Edit} glucagen vial glucagon kit	GVOKE (glucagon)

m. Rybelsus (semaglutide)

Change Healthcare recommended that Rybelsus be made non-preferred in the Hypoglycemics, Incretin Mimetics/Enhancers 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 approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
BYDUREON (exenatide) BYETTA (exenatide) VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON BCISE (exenatide) OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide) SYMLIN (pramlintide) TRULICITY (dulaglutide) XULTOPHY (insulin degludec/ liraglutide)

n. Nexletol (bempedoic acid) & Nexlizet (bempedoic acid/ezetimibe)

The Chair announced . Nexletol and Nexlizet would be reviewed, discussed and voted on jointly. Change Healthcare recommended that both Nexletol and Nexlizet be made non-preferred in the Lipotropics, Other, ACL Inhibitors category. A robust clinical discussion followed. Dr. Hartness moved to accept both recommendations. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved drugs are as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACE INHIBITORS AND COMBINATIONS	
	NEXLETOL(bempedoic acid) NEXLIZET (bempedoic acid/ezetimibe)

o. Palforzia (peanut allergen-dnfp)

Change Healthcare recommended that Palforzia be made non-preferred in the Miscellaneous-Select Allergen Extract Immunotherapy 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 approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
ALLERGEN EXTRACT IMMUNOTHERAPY	
	GRASTEK ORALAIR PALFORZIA RAGWITEK

o. Vyondys 53 (golodirsen)

Change Healthcare recommended that Vyondys be made non-preferred in the Muscular Dystrophy Agents category. A robust clinical discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Davis seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
	EMFLAZA (deflazacort) EXONDYS 51 (eteplirsen) VYONDYS 53 (golodirsen)

p. Dayvigo (lemborexant)

Change Healthcare recommended that Dayvigo be made non-preferred in the Sedative Hypnotics category. A robust clinical discussion followed. Dr. Glenn moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved drug is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
BENZODIAZEPINES SmartPA	
estazolam flurazepam temazepam (15mg and 30mg)	DALMANE (flurazepam) DAYVIGO (lemborexant) DORAL (quazepam) HALCION (triazolam) quazepam RESTORIL (temazepam) temazepam (7.5mg and 22.5mg) triazolam

XIII. Division of Medicaid Update

Mrs. Kirby announced that the Division has received permission to extend the four committee members' terms that were set to expire June 30, 2020, through the end of the calendar year. Those members are Logan Davis, Deborah Minor, Spencer Sullivan and Caleb Williamson. All four have agreed to serve out this extension. Mrs. Kirby publicly thanked her staff at the Division, the committee members for serving and Change Healthcare. She also thanked Wilma Wilbanks for serving as the Chair for this committee.

Mrs. Kirby informed the pharma/industry participants of the NDC Drug Lookup tool in the MS Medicaid Pharmacy webpage. The Division has a requirement to answer all Requests For Information (RFIs) from the public when submitted, but let the audience know that the information is available online and encouraged representatives to utilize this tool.

Mrs. Kirby also announced the Division of Medicaid is submitting a State Plan Amendment (SPA) to CMS, once signed by the Governor, to allow CDC-recommended vaccines to be billed on pharmacy claims by pharmacy providers. The SPA consists of two age categories: (1) For children age 10-18- pharmacy providers will be allowed to administer all CDC-recommended vaccines if the pharmacy is enrolled in the Vaccines for Children (VFC) program (2) For beneficiaries -age 19 and above -pharmacy providers will be allowed to administer all CDC-recommended vaccines.

XIV. New Business

Dr. Lauren Biczak discussed the SUPPORT Act implications to Medicaid pharmacy programs. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act was enacted October 24, 2018. It mandated that state Medicaid programs cover Medicated Assisted Treatment (MAT) drugs. Per CMS call with states, as of 10/1/20, MAT drugs – buprenorphine, methadone, naltrexone - no longer meet definition of CODs and do not qualify for Medicaid Drug Rebate Program. These products remain eligible if used for other indications, i.e., Vivitrol for alcohol dependency. This new ruling voids supplemental rebate contracts in place and negates SR offers received and they no longer qualify for federal rebates. CMS has indicated that states can contract for preferred products. Change Healthcare solicited offers from manufacturers of branded MAT drugs and generic buprenorphine/naloxone film – No responses as of 7/27/20. As of last week (8/10/20) manufacturer were stating they were interested in making states whole again with offers via the DME contracting route. The financial impact varies widely depending on states' existing PDLs and utilization. States with utilization in generic tablets – minimal impact. States with utilization in Suboxone film such as Mississippi – highly significant impact

Mitigation strategy

- Make tablets the only preferred buprenorphine/naloxone product
- Turn a negative fiscal impact into less negative fiscal impact, but still very significant

Preferred Strategy

- Submit SPA to be able to negotiate non-drug DME-type rebates
- Hopefully, be able to not incur fiscal impact and not have to have members change dosage form

Dr. Hartness made the motion to move all film formulations (brand and generic) of buprenorphine/naloxone to non-preferred if the State is unable to maintain the status quo in the MAT class. Dr. Williamson seconded. Votes were taken, and the motion was adopted.

XV. Next Meeting Date – Tuesday, October 27th, 2020 The meeting will most likely be in virtual format.

XVI. Adjournment

The meeting adjourned at 1:40p.m.