



MISSISSIPPI DIVISION OF
MEDICAID

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Pharmacy & Therapeutics Committee Meeting

October 19, 2021

9:00am to 5:00pm

MINUTES

Committee Members Present:

Brad Gilchrist, PharmD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD, Co-Chair
Kim Rodgers, RPh
Spencer Sullivan, MD
Louise Turman, PharmD
Wilma Wilbanks, RPh, Chair
S. Caleb Williamson, PharmD

Committee Members Not Present:

James Benjamin Brock, MD
Clyde E. Glenn, MD
Geri Lee Weiland, MD

Division of Medicaid Staff Present:

Terri Kirby RPh, CPM, Pharmacy
Director
Gail McCorkle, RPh, Pharmacist III
Dennis Smith, RPh, Pharmacist III
Todd Smith, MD, Medical Director
Chris A. Yount, MA, PMP, Staff Officer III

CHC Staff Present:

Sarah Boydston, PharmD
Paige Clayton, PharmD
Jacquelyn Hedlund, MD, MS
Shannon Hardwick, RPh
Steve Liles, PharmD

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Other Contract Staff Present:

Jenni Grantham, PharmD, Magnolia

Leslie Leon, PharmD, Conduent

Heather Odem, PharmD, UHC

Eric Pittman, PharmD, UMC School of Pharmacy

Attendance Chart for State Fiscal Year 2022:

Committee Member	Aug 2021	Oct 2021	Feb 2022	May 2022
Brock				
Gilchrist	X	X		
Glenn	X			
Hartness	X	X		
Maltby	X	X		
Minor	X	X		
Rodgers	X	X		
Sullivan	X	X		
Turman		X		
Weiland				
Wilbanks	X	X		
Williamson	X	X		

I. Call to Order

Ms. Wilbanks, chair, called the meeting to order at 9:08am

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.

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, Dennis Smith, and Gail McCorkle. Ms. Kirby recognized DOM contractors in the audience, including Leslie Leon from Conduent, Dr. Jenni Grantham from Magnolia Health Plan, Dr. Heather Odem from United Healthcare, Dr. Eric Pittman from the UMC School of Pharmacy DUR and Dr. Sarah Boydston and Shannon Hardwick from Change Healthcare. She also introduced the new Division of Medicaid Medical Director, Dr. Todd Smith.

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). She stated that copies of the agenda and the public comment guidelines are available at the industry 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 November 19, 2021. The PDL decisions will be announced no later than December 1, 2021 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. She reminded Committee members to please be sure to complete all of the enclosed forms and leave them on the table after the meeting. Of particular importance are the confidentiality and Conflict of Interest Forms. All Rebate information found in the cost sheets (in your red folder) is highly confidential per CMS and US Code 1396 .

Be mindful that the Conflict-of-Interest forms are can be accessed by the public. For example, a true conflict of interest would be a situation where you are a paid speaker by a pharmaceutical manufacturer for a particular drug, --- If this is the case you are not allowed to participate in committee discussions about that drug or participate in any voting involving that drug. Also be aware of any *perceived* conflicts of interest. For example, if you are involved in any studies involving a drug or drug class, DOM's attorney as advised that participation in discussions about that drug or class or voting could be perceived as a conflict of interest and is not recommended.

IV. Approval of August 10, 2021 Meeting Minutes

Ms. Wilbanks asked for additions or corrections to the minutes from the August 10, 2021 meeting. There were no further additions or corrections. The minutes stand approved.

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 3q21 was 96.4%.
- B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for 3q21 was 89.9%.

VI. Drug Class Announcements

Dr. Clayton stated there were no Drug Class Announcements.

VII. First Round Extractions Announced

Change Healthcare recommended that the following classes be extracted:

- Anticonvulsants
- Antiretrovirals
- Cytokine & Cam Antagonists
- Factor Deficiency Products
- Immunologic Therapies for Asthma
- Prenatal Vitamins
- Select Contraceptive Products
- Stimulants & Related Agents
- Dr. Minor requested Hypoglycemics, Incretin Mimetics/Enhancers be extracted

VIII. Public Comments

1. Hailey Beckwith from Warren Yazoo Behavioral Health spoke in favor of Stimulants and related agents - access to non-stimulant medication in ADHD.
2. Debbie Sheppe from Neurelis spoke in favor of Valtoco (diazepam nasal spray).
3. Opeoluwa Fagbemi from Supernus spoke in favor of Qelbree.

4. Naji Braich from Janssen Scientific Affairs, LLC spoke in favor of Invega Hafyera.
5. Tom Brock from United Therapeutics Corporation spoke in favor of Tyvaso.
6. Micah Lands from Intra-Cellular Therapies spoke in favor of Lumateperone (Caplyta).
7. William Wynn from Indivior spoke on favor of Sublocade and Perseris.
8. Erin Hohman from AbbVie spoke in favor of Ubrelyv and Qulipta.
9. Keanna Dandridge from Novartis spoke in favor of Kesimpta.

IX. Second Round Extractions

Change Healthcare nor the Committee recommended any additional categories for extractions.

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

Change Healthcare recommended that the following list of classes be approved without extraction:

- Acne Agents
- Alpha1-Proteinase Inhibitor
- 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
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)

- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, CGRPs
- Antimigraine Agents, Triptans
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparasitics (Topical)
- Antiparkinson's Agents (Oral)
- Antipsychotics
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Atopic Dermatitis
- Beta Blockers, Antianginals & Sinus Node Agents
- Bile Salts
- Bladder Relaxant Preparations
- Bone Resorption Suppression & Related Agents
- BPH Agents
- Bronchodilators & COPD Agents
- Bronchodilators, Beta Agonists
- Calcium Channel Blockers
- Caloric Agents
- Cephalosporins & Related Antibiotics (Oral)
- Colony Stimulating Factors
- Cystic Fibrosis Agents
- Erythropoiesis Stimulating Proteins
- Fibromyalgia/Neuropathic Pain Agents
- Fluoroquinolones (Oral)
- Gaucher's Disease
- Genital Warts & Actinic Keratosis Agents
- Glucocorticoids (Inhaled)
- GI Ulcer Therapies
- Growth Hormones
- H. Pylori Combination Treatments
- Hepatitis B Treatments
- Hepatitis C Treatments
- Hereditary Angioedema
- Hyperuricemia & Gout
- Hypoglycemia Treatments, Glucagon

- Hypoglycemics, Biguanides
- Hypoglycemics, DPP4s and Combinations
- Hypoglycemics, Insulins & Related Agents
- Hypoglycemics, Meglitinides
- Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors
- Hypoglycemics, TZDs
- Idiopathic Pulmonary Fibrosis
- Immune Globulins
- Immunosuppressive (Oral)
- Intranasal Rhinitis Agents
- Iron Chelating Agents
- IBS/SBS Agents/Selected GI Agents
- Leukotriene Modifiers
- Lipotropics, Other (Non-Statins)
- Lipotropics, Statins
- Miscellaneous Brand/Generic
- Movement Disorder Agents
- Multiple Sclerosis Agents
- Muscular Dystrophy Agents
- NSAIDs
- Ophthalmic Antibiotics
- Ophthalmic Anti-Inflammatories
- Ophthalmics for Allergic Conjunctivitis
- Ophthalmics for Dry Eye Agents
- Ophthalmics, Glaucoma Agents
- Opiate Dependence Treatments
- Otic Antibiotics
- Pancreatic Enzymes
- Parathyroid Agents
- Phosphate Binders
- Platelet Aggregation Inhibitors
- Platelet Stimulating Agents
- Pseudobulbar Affect Agents
- Pulmonary Antihypertensives
- Rosacea Treatments
- Sedative Hypnotics
- Sickle Cell Treatments
- Skeletal Muscle Relaxants

- Smoking Deterrents
- Steroids (Topical)
- Tetracyclines
- Ulcerative Colitis & Crohn's Agent

Dr. Hartness made a motion that all non-extracted classes be accepted as recommended. Dr. Sullivan seconded. Votes were taken, and the motion was adopted. The changes are outlined here:

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
ANTIFUNGALS (VAGINAL)	miconazole 3 vaginal cream, suppository ^{OTC}
ANTIFUNGALS (VAGINAL)	terconazole cream
ANTIMIGRAINE AGENTS, ACUTE TREATMENT, NASAL	zolmitriptan spray
ATOPIC DERMATITIS	DUPIXENT (dupilumab)
ATOPIC DERMATITIS	ELIDEL (pimecrolimus)
ATOPIC DERMATITIS	PROTOPIC (tacrolimus)
BRONCHODILATORS & COPD AGENTS	INCRUSE ELLIPTA (umeclidinium)
BRONCHODILATORS & COPD AGENTS	STIOLTO RESPIMAT (tiotropium/olodaterol)
BRONCHODILATORS, BETA AGONIST	STRIVERDI RESPIMAT (olodaterol)
COLONY STIMULATING FACTORS	ZIEXTENZO (pegfilgrastim-bmez)
HYPERURICEMIA & GOUT	colchicine tablet
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	HUMULIN R U500 KWIKPEN

NEW PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for PREFERRED STATUS
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	insulin lispro junior kwikpen
IMMUNE GLOBULINS	BIVIGAM
IMMUNE GLOBULINS	GAMMAGARD SD
IMMUNE GLOBULINS	PRIVIGEN
LIPOTROPICS, OTHER (NON-STATINS), PCSK-9 INHIBITOR	PRALUENT (alirocumab)
LIPOTROPICS, OTHER (NON-STATINS), PCSK-9 INHIBITOR	REPATHA (evolocumab)
MULTIPLE SCLEROSIS AGENTS	dimethyl fumarate
OPHTHALMIC, GLAUCOMA AGENTS, COMBINATION AGENTS	SIMBRINZA (brinzolamide/brimonidine)
OPHTHALMIC, GLAUCOMA AGENTS, SYMPATHOMIMETICS	ALPHAGAN P 0.1% (brimonidine)
OPHTHALMIC, GLAUCOMA AGENTS, SYMPATHOMIMETICS	ALPHAGAN P 0.15% (brimonidine)
OTIC ANTIBIOTICS	CORTISPORIN-TC (colistin/neomycin/hydrocortisone)
OTIC ANTIBIOTICS	neomycin/polymyxin/hydrocortisone
PLATELET STIMULATING AGENTS	NPLATE (romiplostim)

NEW NON-PREFERRED DRUGS

THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ANTIFUNGALS, ORAL	BREXAFEMME (ibrexafungerp)
ANTIMIGRAINE, PROPHYLAXIS	NURTEC ODT (rimegepant)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	TRUSELTIQ (infigratinib)
ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	LUMAKRAS (sotorasib)
ATOPIC DERMATITIS	pimecrolimus labeler 68682
BLADDER RELAXANT PREPARATIONS	MYRBETRIQ granules (mirabegron)
BLADDER RELAXANT PREPARATIONS	VESICARE LS Suspension (solifenacin)
BRONCHODILATORS & COPD AGENTS	BEVESPI (glycopyrrolate/formoterol)
BRONCHODILATORS, BETA AGONIST	PROAIR RESPICLICK (albuterol)
COLONY STIMULATING FACTORS	GRANIX (tbo-filgrastim)
CYSTIC FIBROSIS AGENTS	BETHKIS (tobramycin)
CYSTIC FIBROSIS AGENTS	KITABIS (tobramycin)
HYPERURICEMIA & GOUT	colchicine capsule
HYPOGLYCEMIA TREATMENT, GLUCAGON	glucagon kit (labelers 63323, 00548)
IDIOPATHIC PULMONARY FIBROSIS	ESBRIET (pirfenidone)
IMMUNE GLOBULINS	OCTAGAM
OPIATE DEPENDENCE TREATMENTS, DEPENDENCE	buprenorphine/naloxone film labeler 52427
OPIATE DEPENDENCE TREATMENTS, TREATMENTS	KLOXXADO (naloxone)

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
PLATELET STIMULATING AGENTS	PROMACTA POWDER PACK (eltrombopag olamine)
SKELETAL MUSCLE RELAXANTS	OZOBAX (baclofen)

XI. Extracted Therapeutic Class Reviews

a. Anticonvulsants

Change Healthcare recommended that the following list be approved. A robust clinical and financial discussion followed. Dr. Minor moved to accept the recommendation. Dr. Sullivan seconded. Votes were taken, and the motion was adopted. The approved category 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 EPIDIOLEX (cannabidiol) 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) ELEPSIA XR (levetiracetam) EPIDIOLEX (cannabidiol) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) 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)

	QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) 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)
SELECTED BENZODIAZEPINES	
clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)
HYDANTOINS	
DILANTIN (phenytoin) PHENYTEK (phenytoin) phenytoin	PEGANONE (ethotoin)
SUCCINIMIDES	
ethosuximide	CELONTIN (methsuximide) ZARONTIN (ethosuximide)

b. Antiretrovirals

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
SINGLE PRODUCT REGIMENS	
BIKTARVY (bictegravir/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) DELSTRIGO (doravirine/lamivudine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir labeler GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) JULUCA (dolutegravir/rilpivirine) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir)
INTEGRASE STRAND TRANSFER INHIBITORS	
ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	
abacavir sulfate EMTRIVA (emtricitabine) EMTRIVA SOLUTION (emtricitabine) lamivudine tenofovir disoproxil fumarate ZIAGEN Solution (abacavir sulfate) zidovudine	didanosine DR capsule emtricitabine EPIVIR (lamivudine) RETROVIR (zidovudine) stavudine VIDEX EC (didanosine) VIDEX SOLUTION (didanosine) VIREAD (tenofovir disoproxil fumarate) ZIAGEN Tablet (abacavir sulfate)
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	
EDURANT (rilpivirine) efavirenz	INTELENCE (etravirine) nevirapine nevirapine ER PIFELTRO (doravirine) RESCRIPTOR (delavirdine mesylate) SUSTIVA (efavirenz) VIRAMUNE (nevirapine) VIRAMUNE ER (nevirapine)
PHARMACOENHANCER – CYTOCHROME P450 INHIBITOR	
	TYBOST (cobicistat)
PROTEASE INHIBITORS (PEPTIDIC)	
atazanavir EVOTAZ (atazanavir/cobicistat) NORVIR SOLUTION (ritonavir) ritonavir	CRIXIVAN (indinavir) fosamprenavir INVIRASE (saquinavir mesylate) LEXIVA (fosamprenavir) NORVIR POWDER (ritonavir) NORVIR TABLET (ritonavir) REYATAZ (atazanavir) VIRACEPT (nelfinavir mesylate)
PROTEASE INHIBITORS (NON-PEPTIDIC)	

PREZISTA (darunavir ethanolate)	APTIVUS (tipranavir) PREZCOBIX (darunavir/cobicistat)
ENTRY INHIBITORS – CCR5 CO-RECEPTOR ANTAGONISTS	
	SELZENTRY (maraviroc)
ENTRY INHIBITORS - FUSION INHIBITORS	
	FUZEON (enfuvirtide)
COMBINATION PRODUCTS - NRTIs	
abacavir/lamivudine CABENUVA (cabotegravir/rilpivirine) DOVATO (dolutegravir/lamivudine) JULUCA (dolutegravir/rilpivirine) lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) TRIZIVIR (abacavir/lamivudine/zidovudine)
COMBINATION PRODUCTS - NUCLEOSIDE & NUCLEOTIDE ANALOG RTIs	
DESCOVY (emtricitabine/tenofovir alafenam) emtricitabine/tenofovir	TRUVADA (emtricitabine/tenofovir)
COMBINATION PRODUCTS - NUCLEOSIDE & NUCLEOTIDE ANALOGS & NON-NUCLEOSIDE RTIs	
CIMDUO (lamivudine/tenofovir) DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir)
COMBINATION PRODUCTS - PROTEASE INHIBITORS	
KALETRA (lopinavir/ritonavir)	lopinavir/ritonavir
CD4 DIRECTED ATTACHMENT INHIBITOR	
	RUKOBIA (fostemsavir tromethamine ER)
CD4 DIRECTED HIV-1 INHIBITOR	
	TROGARZO (ibalizumab)

c. Cytokine & Cam Antagonists

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
ACTEMRA SYRINGE (tocilizumab)	ACTEMRA (tocilizumab)
ACTEMRA VIAL(tocilizumab)	ARCALYST (riloncept)
AVSOLA (infliximab)	CIMZIA (certolizumab)
ENBREL (etanercept)	COSENTYX (secukinumab) SmartPA
HUMIRA (adalimumab)	ENTYVIO (vedolizumab)
KINERET (anakinra)	ILARIS (canakinumab)
Methotrexate	ILUMYA (tildrakizumab)
ORENCIA CLICKJET(abatacept)	INFLECTRA (infliximab)
ORENCIA VIAL(abatacept)	KEVZARA (sarilumab)
OTEZLA (apremilast)	OLUMIANT (baricitinib)
SIMPONI (golimumab)	ORENCIA SYRINGE (abatacept)
TALTZ (ixekizumab)	OTREXUP (methotrexate)
XELJANZ (tofacitinib)	RASUVO (methotrexate)
	REMICADE (infliximab)
	RENFLEXIS (infliximab-abda)
	RHEUMATREX (methotrexate)
	RINVOQ (upadacitinib)
	SILIQ (brodalumab)
	SKYRIZI (risankizumab)
	STELARA (ustekinumab)
	TREMFYA (guselkumab)
	TREXALL (methotrexate)
	XELJANZ Oral Solution (tofacitinib)
	XELJANZ XR (tofacitinib)

d. Factor Deficiency Products

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Drs. Hedlund and Sullivan agreed that Hemlibra is a “home run” drug that has changed the course of hemophillia. The ease of

administration is also favorable to other factor treatments. Dr. Hedlund said as Hemlibra utilization increases, and overall decrease in dollars to treat will go down. Dr. Minor moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
FACTOR VIII	
ADVATE AFSTYLA ALPHANATE FEIBA NF HEMOFIL M HUMATE-P KOATE KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ RECOMBINATE WILATE XYNTHA XYNTHA SOLOFUSE	ADYNOVATE ELOCTATE ESPEROCT HEXILATE FS JIVI KCENTRA OBIZUR VONVENDI
FACTOR IX	
ALPHANINE SD ALPROLIX BENEFIX IDELVION IXINITY MONONINE PROFILNINE RIXUBIS	REBINYN
OTHER FACTOR PRODUCTS	
COAGADEX FIBRYGA HEMLIBRA SmartPA RIASTAP	CORIFACT NOVOSEVEN RT SEVENFACT TRETEN

e. Hypoglycemics, Incretin Mimetics/Enhancers

Dr. Minor commented that after looking at the cost sheets she understands why changes would not be in DOM's best interest. She implored that manufacturers should come to the table to make better offers on the GLP 1 products in order to

increase access for Medicaid beneficiaries. She did not make a motion. The class stands as unchanged.

f. Immunologic Therapies for Asthma

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

PREFERRED AGENTS	NON-PREFERRED AGENTS
<p>DUPIXENT (dupilumab)*</p> <p>FASENRA PEN AUTOINJECTOR (benralizumab)</p>	<p>NUCALA AUTOINJECTOR (mepolizumab)</p> <p>NUCALA SYRINGE (mepolizumab)</p> <p>XOLAIR SYRINGE (omalizumab)</p>

g. Prenatal Vitamins

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Mr. Rodgers mentioned that it is often difficult to find a prenatal vitamin that is preferred for beneficiaries and would like some sort of NDC listing of the preferred agents to ease that time consuming burden. He hopes that adding more preferred agents will help that problem. Dr. Hartness 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
<p>COMPLETE NATAL DHA</p> <p>CONCEPT DHA Capsule</p> <p>M-NATAL PLUS Tablet</p> <p>NESTABS DHA COMBO PKG</p> <p>NIVA-PLUS Tablet</p> <p>PNV 29-1 Tablet</p> <p>PNV-DHA Capsule</p>	<p><u>Products not listed here are assumed to be Non-Preferred.</u></p>

<p>PRENATAL VITAMIN PLUS LOW IRON Tablet</p> <p>PREPLUS Ca/Fe27/FA 1 Tablet</p> <p>PRETAB Tablet</p> <p>SE-NATAL19 CHEW Tablet</p> <p>TARON-C DHA Capsule</p> <p>THRIVITE RX Tablet</p> <p>TRINATAL Rx 1 Tablet</p> <p>TRIVEEN-DUO DHA COMBO PACK</p> <p>VP-PNV-DHA Capsule</p> <p>WESTAB</p> <p>WESTAB PLUS Tablet</p>	
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h. Select Contraceptive Products

Change Healthcare performed a routine financial review and recommended that the following list be approved. A robust financial discussion followed. To note, the new additional preferred products will not be listed on the final PDL document; they are listed here as a reference to show changes. Dr. Sullivan moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted. The preferred products in yellow will not be listed on the PDL document but are listed here for historical purposes. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
INJECTABLE CONTRACEPTIVES	
medroxyprogesterone acetate IM	DEPO-PROVERA IM (medroxyprogesterone acetate) DEPO-SUBQ PROVERA 104 (medroxyprogesterone acetate)
INTRAVAGINAL CONTRACEPTIVES	
ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid, citric acid, potassium bitartrate)
ORAL CONTRACEPTIVES <small>SmartPA</small>	
<p>ALL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED</p> <p>AUROVELA 24FE (norethindrone/ethinyl estradiol/iron) BLISOVI 24FE (norethindrone/ethinyl estradiol/iron) BRIELLYN (norethindrone/ethinyl estradiol) ethinyl estradiol/drospirenone HAILEY 24 FE (norethindrone/ethinylestradiol/iron) JUNEL 24 FE (norethindrone/ethinylestradiol/iron) LARIN 24 FE (norethindrone/ethinylestradiol/iron) LAYOLIS FE (norethindrone/ethinylestradiol/iron) LORYNA (ethinyl estradiol/drospirenone) LO-ZUMANDIMINE (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab PHILITH (norethindrone/ethinyl estradiol) SYEDA (ethinyl estradiol/drospirenone) TARINA 24FE(norethindrone/ethinyl estradiol/iron) WYMZYA FE (norethindrone/ethinyl estradiol/fe) ZARAH (ethinyl estradiol/drospirenone) ZUMANDIMINE (ethinyl estradiol/drospirenone)</p>	<p>AMETHIA (levonorgestrel/ethinyl estradiol) AMETHYST (levonorgestrel/ethinyl estradiol) BALCOLTRA (levonorgestrel/ethinyl estradiol/iron)</p> <p>BEYAZ (ethinyl estradiol / drospirenone/levomefolate) CAMRESE (levonorgestrel/ethinyl estradiol) CAMRESE LO (levonorgestrel/ethinyl estradiol) GENERESS FE (norethindrone/ethinyl estradiol/fe) GIANVI (ethinyl estradiol/drospirenone) JOLESSA (levonorgestrel/ethinyl estradiol) levonorgestrel/ethinyl estradiol LO LOESTRIN FE (norethindrone/ethinyl estradiol) LOESTRIN (norethindrone acetate/ethinyl estradiol)</p> <p>LOESTRIN FE (norethindrone/ethinyl estradiol/iron)</p> <p>MINASTRIN 24 FE (norethindrone/ethinyl estradiol/iron)</p> <p>NATAZIA (estradiol valerate/dienogest) NEXTSTELLIS (drospirenone/estetrol) OCELLA (ethinyl estradiol/drospirenone) SAFYRAL (ethinyl estradiol/ drospirenone/levomefolate) SIMPESE (levonorgestrel/ethinyl estradiol) TAYTULLA (norethindrone/ethinyl estradiol/iron)</p> <p>TYDEMY (ethinyl estradiol/drospirenone/ levomefolate calcium)</p> <p>YASMIN (ethinyl estradiol/drospirenone)</p> <p>YAZ (ethinyl estradiol/drospirenone)</p>
TRANSDERMAL CONTRACEPTIVES	
XULANE (norelgestromin and ethinyl estradiol)	ZAFEMY (norelgestromin and ethinyl estradiol) TWIRLA (levonorgestrel and ethinyl estradiol)

i. Stimulants & Related Agents

Change Healthcare recommended that the following list be approved. A robust clinical and financial discussion followed. Mr. Rodgers pointed out that pediatricians in his part of the State favor prescribing Vyvanse and he fills that grandfathering of this product should remain in place due to the high volume of current users. Dr. Hartness moved to accept the recommendation with grandfathering of Vyvanse. Dr. Minor seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
SHORT ACTING	
amphetamine salt combination	ADDERALL (amphetamine salt combination) amphetamine sulfate (generic EVEKEO)
dexmethylphenidate IR	DESOXYN (methamphetamine)
dextroamphetamine IR	dextroamphetamine solution
methylphenidate IR	EVEKEO (amphetamine)
methylphenidate solution	EVEKEO ODT (amphetamine)
PROCENTRA (dextroamphetamine)	FOCALIN (dexmethylphenidate)
	methamphetamine
	METHYLIN solution (methylphenidate)
	methylphenidate chewable
	RITALIN (methylphenidate)
	ZENZEDI (dextroamphetamine)
LONG ACTING	
amphetamine salt combination ER	ADDERALL XR (amphetamine salt combination)
dexmethylphenidate ER	ADHANSIA XR (methylphenidate)
dextroamphetamine ER	ADZENYS XR ODT (amphetamine)
DYNAVEL XR (amphetamine)	ADZENYS ER SUSPENSION (amphetamine)
methylphenidate CD (generic Metadate CD)	amphetamine susp 24 hr (generic ADZENYS ER)
methylphenidate ER (generic Concerta)	APTENSIO XR (methylphenidate)
methylphenidate ER Tabs (generic Ritalin SR)	CONCERTA (methylphenidate)
methylphenidate ER/LA Caps (generic Ritalin LA)	COTEMPLA XR-ODT (methylphenidate)
QUILLICHEW (methylphenidate)	DAYTRANA (methylphenidate)
QUILLIVANT XR (methylphenidate)	DEXEDRINE (dextroamphetamine)
	FOCALIN XR (dexmethylphenidate)
	JORNAY PM (methylphenidate)
	methylphenidate ER caps (generic Aptensio XR)

	methylphenidate ER (generic Relexxi) MYDAYIS (amphetamine salt combination) RELEXXI (methylphenidate) RITALIN LA (methylphenidate) RITALIN SR (methylphenidate) VYVANSE (lisdexamfetamine) VYVANSE CHEWABLE (lisdexamfetamine)
NARCOLEPSY	
armodafinil modafinil SUNOSI (solriamfetol)	NUVIGIL (armodafinil) PROVIGIL (modafinil) WAKIX (pitolisant) XYREM (sodium oxybate) XYWAV (calcium, magnesium, potassium and sodium oxybates)
NON-STIMULANTS	
atomoxetine clonidine ER guanfacine ER <small>Step Edit</small>	INTUNIV (guanfacine ER) QELBREE (viloxazine) STRATTERA (atomoxetine)

XII. Other Business

No new business was discussed.

XIII. Division of Medicaid Update

Terri Kirby stated there were two DOM updates. First, a reminder that DOM is in the process of actively transitioning to a new fiscal agent. DOM is moving from Conduent to Gainwell Technologies. This transition is set to take place in 2022. She encouraged everyone to read all of the information received from DOM concerning this transition in order to be prepared for changes and to ensure a smooth transition. She also mentioned that as a result of the transition, change requests require a complex approval process and are not being implemented as fast as usual. Delays in updating electronic PA criteria is expected. Secondly, she reminded the audience that DOM pays for COVID 19 vaccine administration fees, including the booster and down to age 10 as it is approved now. As a part of the Prep Act for COVID, pharmacy providers will be able to use their Medicaid ID

number in the prescriber field on flu shots. She encouraged providers to visit the DOM website for updates and to call anytime they have issues. She said there is something intangible that we lose when we are not allowed to meet in person. She is happy we were allowed to meet live.

Dr. Todd Smith stated that he is focused on easing the administrative burden on providers.

XIV. Tentative 2022 Meeting Dates

- a.** Tuesday, February 15, 2022
- b.** Tuesday, May 10, 2022
- c.** Tuesday, August 9, 2022
- d.** Tuesday, October 18, 2022

XV. Adjournment

The meeting adjourned at 11:45am