

August 9, 2022



MISSISSIPPI DIVISION OF  
**MEDICAID**

## MISSISSIPPI DIVISION OF MEDICAID

### Pharmacy & Therapeutics Committee Meeting

August 9, 2022

10:00am to 5:00pm

## MINUTES

#### **Committee Members Present:**

James Benjamin Brock, MD

Brad Gilchrist, PharmD

D. Stanley Hartness, MD

Karen Maltby, MD

Deborah Minor, PharmD, Co-Chair

Spencer Sullivan, MD

Louise Turman, PharmD

S. Caleb Williamson, PharmD

#### **Committee Members Not Present:**

Clyde E. Glenn, MD

Kim Rodgers, RPh

Geri Lee Weiland, MD

Wilma Wilbanks, RPh, Chair

#### **Division of Medicaid Staff Present:**

Terri Kirby RPh, CPM, Pharmacy  
Director

Gail McCorkle, RPh, Pharmacy Team  
Lead

Dennis Smith, RPh, Pharmacy Team  
Lead

Chris A. Yount, MA, PMP, Program  
Specialist Team Lead

#### **CHC Staff Present:**

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Laureen Biczak, DO

Shannon Hardwick, RPh

Paige Clayton, PharmD

**Other Contract Staff Present:**

Buddy Ogletree, PharmD, Alliant

Tricia Banks, PharmD, Gainwell

Eric Pittman, PharmD, UM Pharmacy

Jenni Grantham, PharmD, Magnolia

Lew Anne Snow, RN Gainwell

Ashleigh Holeman, PharmD, Gainwell

Trina Stewart, PharmD, Molina

Heather Odem, PharmD, UHC

**Attendance Chart for State Fiscal Year 2022/2023:**

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

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## **I. Call to Order**

Dr. Minor, co-chair, called the meeting to order at 10:07am

## **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 and reminded everyone in the room to wear their masks and silence their phones.

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 Lew Anne Snow, Drs. Ashleigh Holeman and Tricia Banks from Gainwell, Dr. Jenni Grantham from Magnolia Health Plan, Dr. Heather Odem from United Healthcare, Dr. Trina Stewart from Molina, Dr. Buddy Ogletree from Alliant and Shannon Hardwick from Change Healthcare.

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

Ms. Kirby reviewed policies related to food and drink, cell phones and laptop usage, discussions in the hallways, and emergency procedures for the building.

Ms. Kirby stated that DOM aggressively pursues supplemental rebates. Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool. The SSDC is comprised of 14 state Medicaid programs. Change Healthcare is the current vendor for the SSDC and negotiates Supplemental Rebates on its behalf. In addition to supplemental rebates, Change Healthcare factors in the federal rebates paid by all manufacturers of the drugs listed on the PDL to leverage maximum savings for Medicaid. The importance of these rebates cannot be stressed enough.

Ms. Kirby reviewed the voting procedure and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. She requested that the Chair announce the recommendation, motions, and the names of committee members making motions. The minutes for each P&T Committee meeting are posted to the DOM website ([www.medicaid.ms.gov](http://www.medicaid.ms.gov)) within 30 days of the meeting. The meeting minutes will be posted no later than September 9, 2022. The PDL decisions will be announced no later than September 1, 2022, on the DOM website and will go into effect October 1, 2022.

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 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 the red folder) is highly confidential per CMS and US Code 1396.

Be mindful that the Conflict-of-Interest forms can be accessed by the public. For example, a true conflict of interest would be a situation where a committee member is a paid speaker by a pharmaceutical manufacturer for a particular drug, --- If this is the case they 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 a committee member is involved in any studies involving a drug or drug class, DOM's attorney has 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 February 15, 2022, Meeting Minutes**

Dr. Minor asked for additions or corrections to the minutes from the February 15, 2022, 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 1q22 was 96%.
- B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for 1q22 was 89.3%.

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

No drug class announcements

#### **VII. Public Comments**

1. Keanna Dandridge from Novartis spoke in favor of Leqvio.
2. Ingrid Ma from Biomarin spoke in favor of Voxzogo.
3. John Sandstrom from Ascendis Pharma spoke in favor of Skytrofa.
4. Mariola Vazquez from Leo Pharma spoke in favor of Adbry.

#### **VIII. Therapeutic Class- New Drug Reviews**

##### **a. Acne Topical – Twynéo (tretinoin/benzoyl peroxide)**

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

ACNE AGENTS	
	RETINOIDS
RETIN-A (tretinoin) tretinoin cream	adapalene AKLIEF (trifarotene) ALTRENO (tretinoin) ARAZLO (tazarotene) ATRALIN (tretinoin) AVITA (tretinoin)  DIFFERIN (adapalene) FABIOR (tazarotene) PLIXDA (adapalene) RETIN-A MICRO (tretinoin) tazarotene TAZORAC (tazarotene) tretinoin gel tretinoin micro <b>TWYNEO (tretinoin/benzoyl peroxide)</b>

**b. Androgenic Agents, Tlando (testosterone undecanoate)**

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

ANDROGENIC AGENTS	
ANDRODERM (testosterone patch) testosterone gel packet	ANDROGEL (testosterone gel) ANDROXY (fluoxymesterone) AXIRON (testosterone gel) FORTESTSA (testosterone gel) JATENZO (testosterone undecanoate) NATESTO (testosterone) STRIANT (testosterone) TESTIM (testosterone gel) testosterone pump <b>TLANDO (testosterone)</b> VOGELXO (testosterone) XYOSTED (testosterone enanthate)

**c. Anticonvulsants- Eprontia (topiramate solution)**

Change Healthcare recommended that the new drug be nonpreferred. A robust financial 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:

ANTICONVULSANTS	
ADJUVANTS	
carbamazepine	APTIOM (eslicarbazepine)
carbamazepine suspension	BANZEL (rufinamide)
carbamazepine ER	BRIVIACT (brivaracetam)
DEPAKOTE ER (divalproex)	carbamazepine XR
DEPAKOTE SPRINKLE (divalproex)	CARBATROL (carbamazepine)
divalproex	DEPAKENE (valproic acid)
divalproex ER	DEPAKOTE (divalproex)
divalproex sprinkle	DIACOMIT (stiripentol)
EPIDIOLEX (cannabidiol)	ELEPSIA XR (levetiracetam)
EPITOL (carbamazepine)	<b>EPRONTIA (topiramate solution)</b>
gabapentin	EQUETRO (carbamazepine)
GABITRIL (tiagabine)	felbamate
lacosamide	FELBATOL (felbamate)
lamotrigine	FINTEPLA (fenfluramine)
levetiracetam	FYCOMPA (perampanel)
levetiracetam ER	KEPPRA (levetiracetam)
oxcarbazepine	KEPPRA XR (levetiracetam)
oxcarbazepine suspension	LAMICTAL (lamotrigine)
topiramate tablet	LAMICTAL CHEWABLE (lamotrigine)
topiramate sprinkle capsule	LAMICTAL ODT (lamotrigine)
valproic acid	LAMICTAL XR (lamotrigine)
zonisamide	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) <sup>Step Edit</sup>
	TRILEPTAL Tablets (oxcarbazepine)
	TRILEPTAL Suspension (oxcarbazepine)

	TROKENDI XR (topiramate) vigabatrin VIMPAT (lacosamide) XCOPRI (cenobamate)
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**d. Antineoplastics - Selected Systemic Enzyme Inhibitors-  
Scemblix (asciminib)**

Change Healthcare recommended that the new drug be nonpreferred. A robust clinical and financial 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:

**\*ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS**

AFINITOR (everolimus)	ALECENSA (alectinib)
BOSULIF (bosutinib)	ALUNBRIG (brigatinib)
CAPRELSA (vandetanib)	AYVAKIT (avapritinib)
COMETRIQ (cabozantinib)	BALVERSA (erdafitinib)
COTELLIC (cobimetinib)	BRAFTOVI (encorafenib)
GILOTRIF (afatinib)	BRUKINSA (zanubrutinib)
ICLUSIG (ponatinib)	CABOMETYX (cabozantinib s-malate)
imatinib mesylate	CALQUENCE (acalabrutinib)
IMBRUVICA (ibrutinib)	COPIKTRA (duvelisib)
INLYTA (axitinib)	DAURISMO (glasdegib)
IRESSA (gefitinib)	ERIVEDGE (vismodegib)
JAKAFI (ruxolitinib)	ERLEADA (apalutamide)
MEKINIST (trametinib dimethyl sulfoxide)	erlotinib
NEXAVAR (sorafenib)	everolimus
ROZLYTREK (entrectinib)	EXKIVITY (mobocertinib)
SPRYCEL (dasatinib)	FARYDAK (panobinostat)
STIVARGA (regorafenib)	FOTIVDA (tivozanib)
SUTENT (sunitinib)	GAVRETO (pralsetinib)
TAFINLAR (dabrafenib)	GLEEVEC (imatinib mesylate)
TARCEVA (erlotinib)	GLEOSTINE (lomustine)
TASIGNA (nilotinib)	IBRANCE (palbociclib) <small>SmartPA</small>
TURALIO (pexidartinib)	IDHIFA (enasidenib)
TYKERB (lapatinib ditosylate)	INQOVI (cedazuridine/decitabine)
vandetanib	INREBIC (fedratinib)
VOTRIENT (pazopanib)	KISQALI (ribociclib)
XALKORI (crizotinib)	KOSELUGO (selumetinib)
XTANDI (enzalutamide)	lapatinib ditosylate
ZELBORAF (vemurafenib)	LENVIMA (lenvatinib) <small>SmartPA</small>
ZYDELIG (idelalisib)	LORBRENA (lorlatinib)
ZYKADIA (ceritinib)	LUMAKRAS (sotorasib)
	LYNPARZA (olaparib) <small>SmartPA</small>
	MEKTOVI (binimetnib)
	NERLYNX (neratinib maleate)
	NUBEQA (darolutamide)
	ODOMZO (sonidegib)
	ONUREG (azacitidine)
	ORGOVYX (relugolix)



PEMAZYRE (pemigatinib)  
 PIQRAY (alpelisib)  
 QINLOCK (ripretinib)  
 RETEVMO (selpercatinib)  
 RUBRACA (rucaparib)  
 RYDAPT (midostaurin)  
**SCSEMBLIX (asciminib)**  
 TABRECTA (capmatinib)  
 TAGRISSO (osimertinib)  
 TALZENNA (talazoparib)  
 TAZVERIK (tazemetostat)  
 TEPMETKO (tepotinib)  
 TIBSOVO (ivosidenib)  
 TRUSELTIQ (infigratinib)  
 TUKYSA (tucatinib)  
 UKONIQ (umbralisib)  
 VERZENIO (abemaciclib)  
 VITRAKVI (larotrectinib)  
 VIZIMPRO (dacomitinib)  
 WELIREG (belzutifan)  
 XATMEP (methotrexate)  
 XOSPATA (gilteritinib)  
 XPOVIO (selinexor)  
 ZEJULA (niraparib)

**e. Antiretroviral- Apretude ER(cabotegravir)**

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

ANTIRETROVIRALS	
INTEGRASE STRAND TRANSFER INHIBITORS	
<b>APRETUDE ER (cabotegravir)</b> ISENTRESS (raltegravir potassium) TIVICAY (dolutegravir sodium) TIVICAY PD (dolutegravir sodium)	ISENTRESS HD (raltegravir potassium) VITEKTA (elvitegravir)

**f. Antiviral, CMV- Livtency (maribavir)**

Change Healthcare recommended that the new drug be nonpreferred. A robust clinical and financial 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:

ANTIVIRALS (Oral)
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**ANTI-CYTOMEGALOVIRUS AGENTS**

valganciclovir tablets

**LIVTENCITY (maribavir)**  
 PREVMIS (letermovir)  
 VALCYTE (valganciclovir)  
 valganciclovir solution

**g. Atopic Dermatitis**

**1. Adbry (tralokinumab)**

Change Healthcare recommended that the new drug be preferred. A robust clinical and financial discussion followed. Dr. Maltby moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted.

**2. Cibinco (abrocitinib)**

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

**ATOPIC DERMATITIS**

**ADBRY (tralokinumab)**

DUPIXENT (dupilumab)  
 ELIDEL (pimecrolimus)  
 PROTOPIC (tacrolimus)  
 tacrolimus

**CIBINQO (abrocitinib)**

EUCRISA (crisaborole)  
 OPZELURA (ruxolitinib)  
 pimecrolimus

**h. Colony Stimulating Factor- Releuko (filgrastim)**

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

**COLONY STIMULATING FACTORS**

NEUPOGEN Syringe (filgrastim)  
 NEUPOGEN Vial (filgrastim)  
 ZIEXTENZO (pegfilgrastim-bmez)

FULPHILA (pegfilgrastim)  
 GRANIX (tbo-filgrastim)  
 LEUKINE (sargramostim)  
 NEULASTA (pegfilgrastim)  
 NIVESTYM (filgrastim-aafi)  
 NYVEPRIA (pegfilgrastim-apgf)  
**RELEUKO (filgrastim)**

UDENYCA (pegfilgrastim-cbqv)  
ZARXIO (filgrastim)

**i. GI Ulcer Therapy- Dartisla ODT (glycopyrrolate)**

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

GI ULCER THERAPIES	
OTHER	
misoprostol	CARAFATE SUSPENSION (sucralfate)
sucralfate suspension	CARAFATE TABLET (sucralfate)
sucralfate tablet	CYTOTEC (misoprostol)
	<b>DARTISLA ODT (glycopyrrolate)</b>

**j. Growth Hormone**

**1. Skytrofa (lonapegsomatropin)**

Change Healthcare recommended that the new drug be nonpreferred. A robust clinical and financial discussion followed. Dr. Sullivan moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted.

**2. Voxzogo (vosoritide)**

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

GROWTH HORMONE <small>SmartPA</small>	
NORDITROPIN (somatropin)	GENOTROPIN (somatropin)
NUTROPIN AQ (somatropin)	HUMATROPE (somatropin)
	OMNITROPE (somatropin)
	SAIZEN (somatropin)
	SEROSTIM (somatropin)
	<b>SKYTROFA (lonapegsomatropin)</b>
	<b>VOXZOGO (vosoritide)</b>
	ZOMACTON (somatropin)
	ZORBTIVE (somatropin)

**k. Immunologic Therapies for Asthma- Tezspire (tezepelumab)**

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

IMMUNOLOGIC THERAPIES FOR ASTHMA	
DUPIXENT (dupilumab)*	FASENRA PEN AUTOINJECTOR (benralizumab)*
	NUCALA AUTOINJECTOR (mepolizumab)*
	NUCALA SYRINGE (mepolizumab)*
	<b>TEZSPIRE (tezepelumab)</b>
	XOLAIR SYRINGE (omalizumab)

**l. Irritable Bowel Syndrome Constipation- Ibsrela (tenapanor)**

Change Healthcare recommended that the new drug be nonpreferred. A robust clinical and financial 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:

IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS	
IRRITABLE BOWEL SYNDROME CONSTIPATION	
AMITIZA (lubiprostone)	<b>IBSRELA (tenapanor)</b>
LINZESS 145mcg, 290mcg (linaclotide)	LINZESS 72mcg (linaclotide)
MOVANTIK (naloxegol)	linaclotide
	lubiprostone
	MOTEGRITY (prucalopride)
	RELISTOR (methylnaltrexone)
	SYMPROIC (naldemedine)
	TRULANCE (plecanatide)
	ZELNORM (tegaserod)

**m. Lipotropic, Non-statin- Leqvio (inclisiran)**

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

LIPOTROPICS, OTHER (NON-STATINS)	
PCSK-9 INHIBITOR	
PRALUENT (alirocumab)	<b>LEQVIO (inclisiran)</b>
REPATHA (evolocumab)	

**n. NSAIDS- Elyxyb (celecoxib) and Lofena (diclofenac potassium)**

Change Healthcare recommended that these new drugs be nonpreferred. A robust financial discussion followed. Dr. Williamson moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

NSAIDS <small>SmartPA</small>	
NON-SELECTIVE	
diclofenac EC	ADVIL (ibuprofen)
diclofenac IR	ANAPROX (naproxen)
diclofenac SR	CAMBIA (diclofenac potassium)
etodolac IR tab	CATAFLAM (diclofenac)
flurbiprofen	DAYPRO (oxaprozin)
ibuprofen	diclofenac potassium
ibuprofen suspension <sup>OTC</sup>	etodolac cap
indomethacin	etodolac tab SR
ketoprofen	FELDENE (piroxicam)
ketorolac	FENORTHO (fenoprofen)
nabumetone	fenoprofen
naproxen 250mg and 500mg	INDOCIN capsules, suspension & suppositories (indomethacin)
naproxen suspension	indomethacin cap ER
piroxicam	ketoprofen ER
sulindac	<b>LOFENA(diclofenac potassium)</b>
	meclofenamate
	mefenamic acid
	NALFON (fenoprofen)
	NAPRELAN (naproxen)
	NAPROSYN (naproxen)
	naproxen 275mg and 550mg
	NUPRIN (ibuprofen)
	oxaprozin
	PONSTEL (mefenamic acid)
	PROFENO (fenoprofen)
	RELAFEN DS (nabumetone)
	SPRIX NASAL SPRAY (ketorolac)
	TIVORBEX (indomethacin)
	tolmetin
	VOLTAREN XR (diclofenac)
	ZIPSOR (diclofenac)
	ZORVOLEX (diclofenac)
COX II SELECTIVE	
meloxicam	CELEBREX (celecoxib)
	celecoxib
	<b>ELYXYB (celecoxib)</b>
	MOBIC (meloxicam)
	NULOX (meloxicam)

QMIIZ ODT (meloxicam)  
 VIVLODEX (meloxicam)

**o. Opiate Dependency Treatment- Zimhi (naloxone)**

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

OPIATE DEPENDENCE TREATMENTS	
TREATMENT	
naloxone injection	EVZIO (naloxone)
NARCAN NASAL SPRAY (naloxone)	ZIMHI (naloxone)
KLOXXADO (naloxone)	

**p. Opioid, Combinations- Seglentis (tramadol/celecoxib)**

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

ANALGESICS, OPIOID- SHORT ACTING	
acetaminophen/codeine	ABSTRAL (fentanyl)
benzhydrocodone/APAP	ACTIQ (fentanyl)
codeine	APADAZ (benzhydrocodone/APAP)
dihydrocodeine/APAP/caffeine	butalbital/APAP/caffeine/codeine
ENDOCET (oxycodone/APAP)	butalbital/ASA/caffeine/codeine
hydrocodone/APAP	butorphanol tartrate (nasal)
hydromorphone	DEMEROL (meperidine)
morphine	DILAUDID (hydromorphone)
oxycodone capsules	DVORAH (dihydrocodeine/ APAP/caffeine)
oxycodone liquid	fentanyl
oxycodone tablets	FENTORA (fentanyl)
oxycodone/APAP	FIORICET W/ CODEINE
oxycodone/aspirin	(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)
	meperidine solution
	meperidine tablet

	NALOCET (oxycodone/APAP) NORCO (hydrocodone/APAP) NUCYNTA (tapentadol) ONSOLIS (fentanyl) OPANA (oxymorphone) OXAYDO (oxycodone) oxymorphone pentazocine/naloxone PERCOCET (oxycodone/APAP) PERCODAN (oxycodone/ASA) PRIMLEV (oxycodone/APAP) PROLATE (oxycodone/APAP) QDOLO (tramadol) REPREXAIN (hydrocodone/ibuprofen) ROXICET (oxycodone/acetaminophen) ROXICODONE (oxycodone) ROXYBOND (oxycodone) <b>SEGLENTIS (tramadol/celecoxib)</b> 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)
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**q. Sedative Hypnotics, Other- Quviviq (daridorexant)**

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

SEDATIVE HYPNOTICS	
OTHERS <small>SmartPA</small>	
zaleplon zolpidem	AMBIEN (zolpidem) AMBIEN CR (zolpidem) BELSOMRA (sovorexant) doxepin EDLUAR (zolpidem) eszopiclone HETLIOZ (tasimelteon) INTERMEZZO (zolpidem) LUNESTA (eszopiclone)

ramelteon  
 ROZEREM (ramelteon)  
**QUVIVIQ (daridorexant)**  
 SILENOR (doxepin)  
 SONATA (zaleplon)  
 zolpidem ER  
 zolpidem SL  
 ZOLPIMIST (zolpidem)

**r. Skeletal Muscle Relaxants- Fleqsuvy (baclofen liquid)**

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

SKELETAL MUSCLE RELAXANTS	
baclofen	AMRIX (cyclobenzaprine ER)
chlorzoxazone	carisoprodol
cyclobenzaprine 5mg, 10mg	carisoprodol compound
methocarbamol	cyclobenzaprine 7.5mg, 15mg
tizanidine tablets	cyclobenzaprine ER
	DANTRIUM (dantrolene)
	dantrolene
	<b>FLEQSUVY (baclofen)</b>
	FEXMID (cyclobenzaprine)
	FLEXERIL (cyclobenzaprine)
	LORZONE (chlorzoxazone)
	metaxalone
	NORGESIC FORTE (orphenadrine)
	orphenadrine
	orphenadrine compound
	orphenadrine ER
	PARAFON FORTE DSC (chlorzoxazone)
	ROBAXIN (methocarbamol)
	SKELAXIN (metaxalone)
	SOMA (carisoprodol)
	tizanidine capsules
	ZANAFLEX (tizanidine)

**IX. Other Business**

No other Business

**X. Division of Medicaid Update**



Terri Kirby stated there were three 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 September 30, 2022, around 9pm. Be mindful and careful to read any news from DOM regarding the transfer of fiscal agents. Secondly, Gainwell will also be the new FFS PA vendor, replacing Change Healthcare. The new electronic PA system will be called DUR Plus. This will also take place October 1, 2022. Last, the Medicaid price freeze was lifted July 1, 2022. The State is waiting on the disapproval of the SPA to begin reprocessing claims with dates of service during SFY 22.

**XI. Tentative 2022 Meeting Dates**

- a. Tuesday, October 18, 2022
- b. Tuesday, February 21, 2023

**XII. Adjournment**

The meeting adjourned at 12:43pm