



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

**October 18, 2022**

**9:00am to 5:00pm**

**MINUTES**

**Committee Members Present:**

Clyde E. Glenn, MD

Brad Gilchrist, PharmD

D. Stanley Hartness, MD

Karen Maltby, MD

Deborah Minor, PharmD, Co-Chair

Kim Rodgers, RPh

Spencer Sullivan, MD

Louise Turman, PharmD

Geri Lee Weiland, MD

Wilma Wilbanks, RPh, Chair

**Committee Members Not Present:**

James Benjamin Brock, MD

S. Caleb Williamson, PharmD

**Division of Medicaid Staff Present:**

Terri Kirby RPh, CPM, Pharmacy  
Director

Dennis Smith, RPh, Pharmacy Team  
Lead

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

**CHC Staff Present:**

Paige Clayton, PharmD

Ryan Fell, PharmD

Jacquelyn Hedlund, MD, MS

Shannon Hardwick, RPh

Mississippi Pharmacy & Therapeutics Committee Meeting Minutes

October 18, 2022

**Other Contract Staff Present:**

Jenni Grantham, PharmD, Magnolia

Ashleigh Holeman, PharmD, Gainwell Technologies

Heather Odem, PharmD, UHC

Eric Pittman, PharmD, UMC School of Pharmacy

Trina Stewart, PharmD, Molina Health

Buddy Ogletree, PharmD, Alliant Health

**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>	<b>Oct 2022</b>
Brock			X	X	
Gilchrist	X	X	X	X	X
Glenn	X		X		X
Hartness	X	X	X	X	X
Maltby	X	X		X	X
Minor	X	X	X	X	X
Rodgers	X	X	X		X
Sullivan	X	X	X	X	X
Turman		X	X	X	X
Weiland			X		X
Wilbanks	X	X	X		X
Williamson	X	X		X	

## **I. Call to Order**

Ms. Wilbanks, chair, called the meeting to order at 10:03am

## **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 and Dennis Smith. Ms. Kirby recognized DOM contractors in the audience, including Dr. Ashleigh Holeman from the new fiscal agent Gainwell Technologies, Dr. Jenni Grantham from Magnolia Health Plan, Dr. Heather Odem from United Healthcare, Dr. Eric Pittman from the UMC School of Pharmacy DUR, Dr. Trina Stewart from Molina, Dr. Buddy Ogletree from Aliant Health 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, 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](http://www.medicaid.ms.gov)) within 30 days of the meeting. The meeting minutes will be posted no later than November 19, 2022. The PDL decisions will be announced no later than December 1, 2022, 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 considers 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 red folders) 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 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 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 August 9, 2022, Meeting Minutes**

Ms. Wilbanks asked for additions or corrections to the minutes from the August 9, 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 3q22 was 96.6%.
- B. Dr. Clayton reviewed the Generic Percent Report; overall generic utilization for 3q22 was 89.5%.

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

Dr. Clayton stated the annual Brand/Generic preferred changes were evaluated and approved by DOM for implementation July 1, 2022.

#### **VII. First Round Extractions Announced**

Change Healthcare recommended that the following classes be extracted:

- Analgesics, Topical
- Antimigraine, CGRPs
- Hepatitis C Treatment
- Hypoglycemic – Incretin Mimetics
- Hypoglycemic – Insulin & Related Agents
- Immunologic Therapies for Asthma
- Miscellaneous

#### **VIII. Public Comments**

1. Alexandra Wallem from Eli Lilly spoke in favor of Mounjaro.
2. David Birdsong from Evofem Biosciences spoke in favor of Phexxi.
3. Laurie Van Deventer from Xeris spoke in favor of Gvoke.
4. Patrick Harvey from Supernus spoke in favor of Qelbree.
5. Jenna McGowan from AbbVie spoke in favor of Ubrelvy and Qulipta. She requested removing the sobriety restriction for Mavyret.
6. Lindsay Bebout from Indivior spoke in favor of Sublocade.
7. Arlene Mejia from Pierre Fabre spoke in favor of Hemangeol.

8. Sylvia Poulos from Recordati Rare Disorders spoke in favor of Carbaglu.
9. Stephanie Cotsonas from Kate Farms spoke in favor of removing Caloric Agents from the PDL as proposed in a previous P&T Committee meeting or open access to all Caloric Agents.
10. Matthew Redmann from UCB spoke in favor of Fintepla.
11. Belkis Llerena from Novo Nordisk spoke in favor of Rybelsus.

Chairwoman Wilbanks called for a short recess at 11:12am.

Chairwoman Wilbanks called the meeting back to order at 11:26am.

## **IX. Second Round Extractions**

Committee member Weiland extracted the Select Contraceptives, Vaginal class.

Committee member Minor extracted the Hypoglycemic, Treatment Class.

Committee member Minor extracted the Bladder Relaxant Preparations Class.

## **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
- Androgenic Agents
- Angiotensin Modulators
- Antibiotics (GI)
- Antibiotics (Miscellaneous)
- Antibiotics (Topical)
- Antibiotics (Vaginal)
- Anticonvulsants

- Anticoagulants
- Antidepressant-Other
- Antidepressants- SSRIs
- Antiemetics
- Antifungals (Oral)
- Antifungals (Topical)
- Antifungals (Vaginal)
- Antihistamines, Minimally Sedating & Combinations
- Antimigraine Agents, Triptans
- Antineoplastics- Selected Systemic Enzyme Inhibitors
- Antiparasitics (Topical)
- Antiparkinson's Agents (Oral)
- Antipsychotics
- Antiretrovirals
- Antivirals (Oral)
- Antivirals (Topical)
- Aromatase Inhibitors
- Atopic Dermatitis
- Beta Blockers, Antianginals & Sinus Node Agents
- Bile Salts
- 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
- Cytokine & CAM Antagonists
- Erythropoiesis Stimulating Proteins
- Factor Deficiency Products
- 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
- Hereditary Angioedema
- Hyperuricemia & Gout
- Hypoglycemics, Biguanides
- Hypoglycemics, DPP4s and Combinations
- 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
- 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
- Prenatal Vitamins
- Pseudobulbar Affect Agents
- Pulmonary Antihypertensives



- Rosacea Treatments
- Sedative Hypnotics
- Sickle Cell Treatments
- Skeletal Muscle Relaxants
- Smoking Deterrents
- Steroids (Topical)
- Stimulants & Related Agents
- Tetracyclines
- Ulcerative Colitis & Crohn's Agent

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

<b>NEW PREFERRED DRUGS</b>	
<b>THERAPEUTIC CLASS</b>	<b>RECOMMENDED for PREFERRED STATUS</b>
BRONCHODILATORS BETA AGONISTS	PROVENTIL HFA (albuterol)
GLUCOCORTICOID, INHALED	fluticasone/salmeterol (generic ADVAIR)
GROWTH HORMONE	GENOTROPIN (somatropin)
HYPOGLYCEMIC, INCRETIN MIMETICS	TRULICITY (dulaglutide)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	TOUJEO (insulin glargine)
HYPOGLYCEMICS, INSULINS AND RELATED AGENTS	TOUJEO MAX (insulin glargine)
IDIOPATHIC PULMONARY FIBROSIS	pirfenidone
MULTIPLE SCLEROSIS AGENTS	TYSABRI (natalizumab)
OPHTHALMIC, ANTIALLERGENIC AGENTS	ketotifen <sup>OTC</sup>
OPHTHALMIC, ANTIALLERGENIC AGENTS	ZADITOR (ketotifen) <sup>OTC</sup>
PRENATAL VITAMINS	NIVA PLUS Tablet
PRENATAL VITAMINS	PRENATAL PLUS IRON/FA
PRENATAL VITAMINS	VIRT C DHA Capsule

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	RECOMMENDED for NON-PREFERRED STATUS
ACNE AGENTS	EPSOLAY (benzoyl peroxide)
ALZHEIMER AGENTS	ADLARITY (donepezil)
ANTIMIGRAINE, ACUTE	zolmitriptan nasal spray
ANTINEOPLASTICS	VONJO (pacritinib)
BETA BLOCKERS	ASPRAZYO SPRINKLES (ranolazine)
CALCIUM CHANNEL BLOCKERS	NORLIQVA (amlodipine)
HYPOGLYCEMIC, INCRETIN MIMETICS	MOUNJARO (tirzepatide)
IMMUNOGLOBULIN	GAMMAKED
SKELETAL MUSCLE RELAXANTS	LYVISPAN (baclofen granules)

## XI. Extracted Therapeutic Class Reviews

### a. Analgesics, Topical

Change Healthcare recommended lidocaine ointment be moved to preferred. A robust financial discussion followed. Dr. Sullivan moved to accept the recommendation with the addition of lidocaine 4% OTC cream and lidocaine 5% patches be added as preferred. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANALGESICS/ANESTHETICS (Topical)</b>	
diclofenac sodium 1% gel diclofenac sodium 1.5% solution lidocaine 4% cream <sup>OTC</sup> lidocaine 5% ointment lidocaine 5% patch VOLTAREN Gel (diclofenac sodium) <sup>DUR+</sup>	capsaicin diclofenac epolamine patch <sup>DUR+</sup> diclofenac sodium 3% gel FLECTOR Patch (diclofenac epolamine) <sup>DUR+</sup> FROTEK (ketoprofen) LICART (diclofenac epolamine) LIDAMANTLE HC (lidocaine/hydrocortisone) LIDO TRANS PAK (lidocaine) lidocaine/prilocaine

PREFERRED AGENTS	NON-PREFERRED AGENTS
	LIDODERM (lidocaine) <sup>DUR+</sup> LIDTOPIC MAX (lidocaine) PENNSAID 2% Solution (diclofenac sodium) <sup>SmartPA</sup> SYNERA (lidocaine/tetracaine) TRANZAREL (lidocaine) VENNGEL ONE 1% kit (diclofenac sodium) XRYLIDERM (lidocaine) xylocaine ZOSTRIX (capsaicin) ZTlido (lidocaine)

### b. Antimigraine, CGRP

Change Healthcare modeled and reviewed the different confidential supplemental rebate offers with unique criteria allowances in this class. A financial discussion followed. Dr. Glenn moved to accept the recommendation with Qulipta verbiage that allows a step through of preferred injectable products. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>ANTIMIGRAINE AGENTS, PROPHYLAXIS</b>	
<b>INJECTIBLES</b>	
AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm)	EMGALITY PEN (galcanezumab-gnlm) EMGALITY SYRINGE (galcanezumab-gnlm) VYEPTI (eptinezumab-jjmr)
<b>ORAL</b>	
	NURTEC ODT (rimegepant) QULIPTA (atogepant)

### c. Hepatitis C Treatment

Change Healthcare recommended that the following list be approved. Dr. Fell further explained criteria allowances that could further enhance the confidential supplemental rebate offers. A robust clinical and financial discussion followed. Dr. Sullivan moved to accept the recommendation to accept the offers that require DOM to remove the sobriety and specialist criteria from the current prior authorization form for non-complicated Hepatitis C treatment with the understanding that the specialist requirement may remain for more

complex/specialized treatment regimens. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>HEPATITIS C TREATMENTS</b>	
MAVYRET (glecaprevir/pibrentasvir) ∞ MAVYRET PELLETS ( glecaprevir/pibrentasvir)∞ PEGASYS (peginterferon alfa-2a) PEG-INTRON (peginterferon alfa-2b) ribavirin tablets sofosbuvir/velpatasvir∞	COPEGUS (ribavirin) DAKLINZA (daclatasvir) ∞ EPCLUSA (sofosbuvir/velpatasvir) ∞ HARVONI (ledipasvir/sofosbuvir) ∞ ledipasvir/sofosbuvir∞ MODERIBA (ribavirin) OLYSIO (simeprevir) REBETOL (ribavirin) RIBASPHERE (ribavirin) RIBASPHERE RIBAPAK DOSEPACK (ribavirin) ribavirin capsules SOVALDI (sofosbuvir)∞ TECHNIVIE (ombitasvir/paritaprevir/ritonavir) VIEKIRA (ombitasvir/paritaprevir/ritonavir) VIEKIRA XR (ombitasvir/paritaprevir/ritonavir) VOSEVI (sofosbuvir/velpatasvir/voxilaprevir) ∞ ZEPATIER (elbasvir/grazoprevir) ∞

#### d. Hypoglycemics, Incretin Mimetics/Enhancers

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Weiland 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
<b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b> <sup>DUR+</sup>	
BYETTA (exenatide) <b>TRULICITY (dulaglutide)</b> VICTOZA (liraglutide)	ADLYXIN (lixisenatide) BYDUREON (exenatide) BYDUREON BCISE (exenatide) <b>MOUNJARO (tirzepatide)</b> OZEMPIC (semaglutide) RYBELSUS (semaglutide) SOLIQUA (insulin glargine/lixisenatide)

SYMLIN (pramlintide)  
XULTOPHY (insulin degludec/ liraglutide)

### e. Hypoglycemics, Insulin & Related Agents

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
<b>HYPOGLYCEMICS, INSULINS AND RELATED AGENTS <sup>DUR+</sup></b>	
HUMULIN N, R, 70/30 VIAL <sup>OTC</sup> (insulin) HUMULIN R U500 KWIKPEN HUMULIN R U500 VIAL (insulin) HUMALOG MIX 50/50 VIAL HUMALOG MIX 75/25 VIAL insulin aspart insulin aspart flexpen insulin aspart mix insulin aspart mix flexpen Insulin lispro insulin lispro jr kwikpen insulin lispro kwikpen LANTUS SOLOSTAR & VIAL (insulin glargine) LEVEMIR FLEXPEN & VIAL (insulin detemir) <b>TOUJEO (insulin glargine)</b> <b>TOUJEO MAX (insulin glargine)</b>	AFREZZA (insulin) ADMELOG (insulin lispro) APIDRA (insulin glulisine) APIDRA SOLOSTAR (insulin glulisine) BASAGLAR (insulin glargine) FIASP (insulin aspart) HUMALOG JR (insulin lispro) HUMALOG KWIKPEN U100 (insulin lispro) HUMALOG KWIKPEN U200 (insulin lispro) HUMALOG MIX KWIKPEN (insulin lispro/ lispro protamine) HUMALOG MIX VIAL (insulin lispro/ lispro protamine) HUMALOG VIAL (insulin lispro) HUMULIN N, 70/30 KWIKPEN (insulin) <sup>OTC</sup> insulin glargine LYUMJEV KWIKPEN (insulin lispro) LYUMJEV VIAL (insulin lispro) NOVOLIN N, R, 70/30 FLEXPEN (insulin) <sup>OTC</sup> NOVOLIN N, R, 70/30 VIAL (insulin) <sup>OTC</sup> NOVOLOG FLEXPEN & VIAL (insulin aspart) NOVOLOG MIX FLEXPEN & VIAL (insulin aspart/ aspart protamine) SEMGLEE (insulin glargine) TRESIBA (insulin degludec)

### f. Immunologic Therapies for Asthma

Change Healthcare recommended that the following list be approved. A robust clinical discussion followed. Dr. Glenn moved to accept the recommendation

including the healthcare administered products open for payment through pharmacy and medical billing. Dr. Weiland seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>IMMUNOLOGIC THERAPIES FOR ASTHMA</b>	
DUPIXENT (dupilumab) FASENRA PEN AUTOINJECTOR (benralizumab) FASENRA SYRINGE (benralizumab) XOLAIR SYRINGE (omalizumab) XOLAIR VIAL (omalizumab)	NUCALA AUTOINJECTOR (mepolizumab) NUCALA SYRINGE (mepolizumab) TEZSPIRE (tezepelumab)

### g. Miscellaneous

Dr. Hedlund held a clinical discussion on the new drug, Camzyos. Dr. Fell reviewed the supplemental rebate offers for both brand and generic Carbaglu. Change Healthcare recommended that the following list be approved. Dr. Glenn moved to accept the recommendation. Dr. Hartness seconded. Votes were taken, and the motion was adopted. The approved category is as follows:

<b>MISCELLANEOUS</b>	
alprazolam carglumic acid hydroxyzine hcl syrup hydroxyzine hcl tablets hydroxyzine pamoate MAKENA (hydroxyprogesterone caproate) megestrol suspension 625mg/5mL REVLIMID (lenalidomide)	alprazolam ER CAMZYOS (mavacamten) CARBAGLU (carglumic acid) EVRYSDI (risdiplam) hydroxyprogesterone caproate KORLYM (mifepristone) lenalidomide MEGACE ES (megestrol) VERQUOVO (vericiguat) VISTARIL (hydroxyzine pamoate)

### h. Hypoglycemic Treatments no motion

Dr. Minor commented that after looking at the cost sheets she understands why changes would not be in DOM's best interest. She did not make a motion. The class stands unchanged.

### i. Select Contraceptive Products

Dr. Weiland stated the importance of having a non-hormonal contraceptive option and made the motion to prefer Phexxi. Dr. Hartness seconded the motion. Votes were taken, and the motion was adopted. The approved category is as follows:

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>SELECT CONTRACEPTIVE PRODUCTS</b>	
<b>INTRAVAGINAL CONTRACEPTIVES</b>	
ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol) <b>PHEXXI (lactic acid, citric acid, potassium bitartrate)</b>	

Chairwoman Wilbanks called for a 45-minute lunch recess at 12:00pm.

Chairwoman Wilbanks called the meeting back to order at 12:47pm. Dr. Weiland excused herself from the meeting to return to her clinic.

## **j. Bladder Relaxant Preparations**

Dr. Minor made a motion to accept the class as presented with the addition of preferring MYRBETRIQ ER. Dr. Fell reviewed the financial information with the Committee and agreed that the request was reasonable. Mr. Rodgers seconded. Votes were taken, and the motion was adopted

PREFERRED AGENTS	NON-PREFERRED AGENTS
<b>BLADDER RELAXANT PREPARATIONS <sup>DUR+</sup></b>	
<b>MYRBETRIQ ER (mirabegron)</b> oxybutynin ER oxybutynin IR solifenacin	darifenacin DETROL (tolterodine) DETROL LA (tolterodine) DITROPAN XL (oxybutynin) GELNIQUE (oxybutynin)

GEMTESA (vibegron)  
MYRBETRIQ granules (mirabegron)  
OXYTROL (oxybutynin)  
tolterodine  
tolterodine ER  
TOVIAZ (fesoterodine fumarate)  
trospium  
trospium ER  
VESICARE (solifenacin)  
VESICARE LS Suspension (solifenacin)

## **XII. Other Business**

Change Healthcare discussed a trend among other SSDC States to cover the optional Anti-obesity therapeutic class. Change Healthcare stated that several pharmaceutical manufacturers have submitted supplemental rebate offers in this class and recommended that Mississippi consider exploring coverage. After much discussion the Committee asked for the State to take the issue to the DUR Board to explore the possibility and to forecast the potential financial impact of opening these agents for coverage. Ms. Kirby stated that a State Plan Amendment would have to be approved by CMS before these agents could be covered.

## **XIII. Division of Medicaid Update**

Terri Kirby stated that Gainwell Technologies went live as the new fiscal agent for DOM on October 1, 2022. She asked the Committee to comment on how they feel it has gone thus far. The consensus among members was it is too early to tell, but there were no major issues in the first two weeks to report. She also stated the coding freeze is still in place for all electronic PA programs while Gainwell works through a stabilization phase but is optimistic that electronic PA changes may be implemented in 2023.

## **XIV. Tentative 2023 Meeting Dates**

- a.** Tuesday, February 21, 2023
- b.** Tuesday, May 9, 2023
- c.** Tuesday, August 8, 2023
- d.** Tuesday, October 17, 2023

## **XV. Adjournment**



The meeting adjourned at 1:27pm

DRAFT