MISSISSIPPI DIVISION OF MEDICAID

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Pharmacy & Therapeutics Committee Meeting
February 13, 2024
10:00am to 2:00pm

MINUTES

Committee Members Present:
Brad Gilchrist, PharmD
D. Stanley Hartness, MD
Deborah Minor, PharmD, Co-Chair
Spencer Sullivan, MD
Louise Turman, PharmD
Wilma Wilbanks, RPh, Chair
S. Caleb Williamson, PharmD

Committee Members Not Present:
James Benjamin Brock, MD
Geri Lee Weiland, MD
Clyde E. Glenn, MD
Kim Rodgers, RPh
Karen Maltby, MD

Division of Medicaid Staff Present:
Dennis R. Smith, BSPharm, RPh

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Heather Odem, PharmD, UHC
Lew Anne Snow, RN Gainwell
Eric Pittman, PharmD, University of MS
Ashleigh Holeman, PharmD, Mercer
Richard Ogletree, PharmD, Alliant

MedImpact Staff Present:
Matthew Lennertz, PharmD, MS, MBA
Greg Barabell, MD, CPC, FAAP
Chris Benton, PharmD

Attendance Chart:

Committee Member	Oct 2022	Feb 2022	May 2023	Aug 2023	Oct 2023	Feb 2024
Brock		X				
Gilchrist	X	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	X
Rodgers	X		X	X	X	
Sullivan	X	X	X	X	X	X
Turman	X		X	X	X	X
Weiland	X		X		X	

Wilbanks	X	X	X	X	X	X
Williamson	X			X		X

I. Call to Order

Ms. Wilbanks, chair, called the meeting to order at 10:06 a.m.

II. Welcome and Introductions

Mr. Smith, Mississippi Division of Medicaid (DOM) Pharmacy Director, welcomed the Pharmacy & Therapeutics (P&T) Committee.

He introduced MedImpact representatives Drs. Greg Barabell - Lead Medical Director and Matthew Lennertz- Supplemental Rebate Manager. All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

Mr. Smith had DOM contractors in the audience introduce themselves including Lew Anne Snow from Gainwell; Dr. Jenni Grantham from Magnolia Health Plan; Dr. Heather Odem from United Healthcare; Dr. Ashleigh Holeman from Mercer; Dr. Chris Benton from MedImpact; Dr. Tricia Banks from Gainwell; Dr. Eric Pittman from University of MS School of Pharmacy and Dr. Buddy Ogletree from Telligen.

Mr. Smith thanked the members for their service on the committee. He then stated that the population of Mississippi is nearly 3 million people and the decisions made by the committee impact the Medicaid beneficiaries, providers, and all taxpayers. At the end of January 2024, the total beneficiary count was 801,349 or roughly 27% of the population of Mississippi.

III. Administrative Matters

Mr. Smith reminded all guests in the room to sign in prior to leaving if they had not signed in yet and reviewed policies related to food, drink, cell phones, and laptop usage. He reminded members that given that this was the first meeting of the new year there were a couple of annual things to address, such as completing travel vouchers, new contact form, conflict of interest form and W-9. The travel vouchers at their seats should be completed and left at the seat after the meeting. He stated that there is wireless internet available in the room and provided the password.

Mr. Smith reminded members that the Cost sheets in the red binder are highly confidential per CMS by US Code 1396. He also explained that a true conflict of interest would be a situation where you are a paid speaker by a pharmaceutical manufacturer for a particular drug, and that if that is the case you are not allowed to participate in committee discussions about that drug or participate in any voting involving that drug. He reminded members to be aware of any perceived conflicts of interest. He provided an example would be if one were involved in any studies involving a drug or drug class that the 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.

Mr. Smith stated that the P&T Committee works in an advisory capacity and that DOM is responsible for final decisions related to the PDL. The decision of the committee regarding any limitations to be imposed on any drug or its use for a specified indication shall be based on sound clinical evidence found in labeling, drug compendia, and peer reviewed clinical literature. Mr. Smith stated that the P&T Committee must conform to the Public Meetings Act.

Mr. Smith stated that DOM aggressively pursues supplemental rebates. He also stated that Mississippi is part of the Sovereign States Drug Consortium (SSDC) pool, which is comprised of 15 state Medicaid programs representing a total of approximately 15 Million lives and a total drug spend of over $17 billion. These 15 states' pooled lives result in better supplemental rebate offers and more savings to MS.

Mr. Smith reminded guests of the P&T Committee timeline and procedures. He stated that 30 days prior to each meeting online registration is opened on the website for industry and advocacy groups to register to attend the upcoming P&T meeting. He stated that about 2-3 weeks prior to the meeting, Committee members receive Therapeutic Class Reviews electronically from MedImpact. Mr. Smith noted that prior to the class reviews in today's meeting, there will be a public comment period. He explained that during this time, advocacy groups will have 3 minutes per group to speak and pharmaceutical industry designees will have 3 minutes per drug to speak.

Mr. Smith stated that Dr. Lennertz will be in charge of the timer and after all speakers have presented, there will be a short break. He reminded guests that if any speaker wishes to leave so that another representative from their company can take their seat, this would be the time to do so. Mr. Smith stated that if you leave, please sign-out as if you do not, your replacement will not be allowed in. Mr. Smith then stated that Dr. Lennertz will be announcing all speakers today.

Mr. Smith reviewed the voting procedures and reminded the Committee that, in accordance with the Mississippi Open Meetings Act, the minutes reflect each person's vote. He requested that the Chair announce the recommendation, motions, and the names of Committee members making motions. He announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than March 14, 2024. He also stated that implementation for PDL changes discussed today would take effect Monday, April 1, 2024. Mr. Smith stated that the PDL decisions will be posted on the DOM website 30 days prior to the go live date and no later than Friday, March 1, 2024.

IV. Approval of the October 24, 2023 Meeting Minutes and Decisions

Ms. Wilbanks asked for additions or corrections to the minutes from the October 24, 2023, meeting. There were no additions or corrections so the minutes were approved.

V. PDL Compliance/Generic Percent Report Updates

Dr. Lennertz explained that the PDL Compliance and Generic Percent reports have not been run due to ongoing encounter claim collection by the State but that all parties are optimistic the reports will be ready for presentation at the May meeting.

VI. Drug Class Announcements

Dr. Lennertz stated there were no Drug Class Announcements.

VII. Public Comments

1. Paul Isikwe from Biogen spoke in favor of Zurzuvae.
2. Kathrin Kucharski from Sarepta Therapeutics spoke in favor of Elevidys.
3. Aarti Sethuraman from Takeda Oncology spoke in favor of Fruzaqla.

Ms. Wilbanks called for a short recess at 10:31 a.m.
Ms. Wilbanks called the meeting to order at 10:47 a.m.

V. Therapeutic Class Review Additions

a. Opiate Dependence Treatment: Treatment

MedImpact recommended that the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

OPIATE DEPENDENCE TREATMENTS	
Preferred	**Non-Preferred**
TREATMENT	
naloxone injection NARCAN NASAL SPRAY (naloxone) ZIMHI (naloxone) KLOXXADO (naloxone) OPVEE (nalmefene)	EVZIO (naloxone)

IV. New Drug / New Generic Reviews

a. Acne Agents: Combination Drugs, Others:

MedImpact recommended that Cabtreo be placed as Non-Preferred. 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 details are provided in the table below with the changes highlighted in yellow.

ACNE AGENTS Preferred	Non-Preferred
COMBINATION DRUGS/OTHERS	
adapalene/benzoyl peroxide (generic EPIDUO) benzoyl peroxide/clindamycin (generic DUAC) sodium sulfacetamide/sulfur foam/gel/suspension SSS 10/5 Cream (sodium sulfacetamide/sulfur)	ACANYA (benzoyl peroxide/clindamycin) adapalene/benzoyl peroxide (generic EPIDUO FORTE) AKTIPAK (erythromycin/benzoyl peroxide) BENZACLIN GEL (benzoyl peroxide/clindamycin) BENZACLIN KIT (benzoyl peroxide/ clindamycin) BENZAMYCIN PAK (benzoyl peroxide/ erythromycin) CABTREO (clindamycin phosphate/adapalene/ benzoyl peroxide) DUAC (benzoyl peroxide/clindamycin) EPIDUO (adapalene/benzoyl peroxide) EPIDUO FORTE (adapalene/benzoyl peroxide) EPSOLAY (benzoyl peroxide) erythromycin/benzoyl peroxide INOVA 4/1 (benzoyl peroxide/salicylic acid) INOVA 8/2 (benzoyl peroxide/salicylic acid) NEUAC (benzoyl peroxide/clindamycin) ONEXTON (benzoyl peroxide/clindamycin) PRASCION (sulfacetamide sodium/sulfur) ROSANIL (sulfacetamide sodium/sulfur) SE BPO (benzoyl peroxide) sodium sulfacetamide/sulfur cleanser/cream/lotion/pads sodium sulfacetamide/sulfur/meratan SSS 10/5 Foam (sodium sulfacetamide/sulfur) sulfacetamide sodium/sulfur/urea VELTIN (clindamycin/tretinoin) ZENCIA WASH (sulfacetamide sodium/sulfur) ZIANA (clindamycin/tretinoin)

b. Antibiotics (GI) & Related Agents:

MedImpact recommended that Likmez be placed Non-Preferred. 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.

The changes to the PDL recommended by MedImpact are provided in the table below with the changes highlighted in yellow.

ANTIBIOTICS (GI) & RELATED AGENTS Preferred	Non-Preferred
FIRVANQ (vancomycin) metronidazole neomycin	AEMCOLO (rifaximin) DIFICID (fidaxomicin) FLAGYL (metronidazole)

tinidazole	FLAGYL ER (metronidazole) LIKMEZ (metronidazole) paromomycin REBYOTA (fecal microbiota) TINDAMAX (tinidazole) VANCOCIN (vancomycin) vancomycin VOWST (fecal microbiota) XIFAXAN (rifaximin)

i. Subsequent Discussion - Antibiotics (GI) & Related Agents

It was noted during the Financial Review that metronidazole capsules were currently Preferred but had a large net cost relative to tablet formulations. A motion was put forward to make metronidazole capsules Non-Preferred. Dr. Hartness moved to accept the recommendation, Dr. Williamson seconded, votes were taken, and the motion was adopted.

The change of status in metronidazole capsule will be made to the PDL at the same time that the adopted motions of the February P&T go into effect.

C. Anticonvulsants: Adjuvants:

MedImpact recommended that Motpoly XR be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Minor moved to accept the recommendation, Dr. Williamson seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

ANITICONVULSANTS[DUR+]	
Preferred	**Non-Preferred**
ADJUVANTS	
carbamazepine carbamazepine suspension carbamazepine ER (generic Carbatrol) DEPAKOTE ER (divalproex) DEPAKOTE SPRINKLE (divalproex) divalproex divalproex ER divalproex sprinkle EPIDIOLEX (cannabidiol) EPITOL (carbamazepine) gabapentin lacosamide lamotrigine levetiracetam levetiracetam ER oxcarbazepine oxcarbazepine suspension	APTIOM (eslicarbazepine) BANZEL (rufinamide) BRIVIACT (brivaracetam) carbamazepine XR CARBATROL (carbamazepine) DEPAKENE (valproic acid) DEPAKOTE (divalproex) DIACOMIT (stiripentol) ELEPSIA XR (levetiracetam) EPRONTIA (topiramate solution) EQUETRO (carbamazepine) felbamate FELBATOL (felbamate) FINTEPLA (fenfluramine) FYCOMPA (perampanel) GABITRIL (tiagabine) KEPPRA (levetiracetam)

tiagabine topiramate tablet topiramate sprinkle capsule valproic acid zonisamide	KEPPRA XR (levetiracetam) LAMICTAL (lamotrigine) LAMICTAL CHEWABLE (lamotrigine) LAMICTAL ODT (lamotrigine) LAMICTAL XR (lamotrigine) lamotrigine ER/XR lamotrigine ODT MOTPOLY XR (lacosamide) NEURONTIN (gabapentin) OXTELLAR XR (oxcarbazepine) QUDEXY XR (topiramate) ROWEEPRA (levetiracetam) rufinamide SABRIL (vigabatrin) SPRITAM (levetiracetam) STAVZOR (valproic acid) TEGRETOL (carbamazepine) TEGRETOL SUSPENSION (carbamazepine) TEGRETOL XR (carbamazepine) TOPAMAX TABLET (topiramate) TOPAMAX Sprinkle (topiramate) topiramate ER (generic Qudexy XR) Step Edit TRILEPTAL Tablets (oxcarbazepine) TRILEPTAL Suspension (oxcarbazepine) TROKENDI XR (topiramate)

d. Antidepressants, Other:

MedImpact recommended that Zurzuvae be placed as Non-Preferred. A robust clinical and financial discussion followed. Dr. Williamson moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

ANTIDEPRESSANTS, OTHER DUR+	
Preferred	**Non-Preferred**
bupropion bupropion SR bupropion XL TRINTELLIX (vortioxetine) mirtazapine trazodone	APLENZIN (bupropion HBr) AUVELITY (dextromethorphan/bupropion) desvenlafaxine ER desvenlafaxine fumarate ER DESYREL (trazodone) DRIZALMA SPRINKLE (duloxetine DR)

venlafaxine venlafaxine ER capsules VIIBRYD (vilazodone)	EFFEXOR (venlafaxine) EFFEXOR XR (venlafaxine) EMSAM (selegiline transdermal) FETZIMA ER (levomilnacipran) FORFIVO XL (bupropion) KHEDEZLA ER (desvenlafaxine) MARPLAN (isocarboxazid) NARDIL (phenelzine) nefazodone OLEPTRO ER (trazodone) PARNATE (tranylcypromine) phenelzine PRISTIQ (desvenlafaxine) REMERON (mirtazapine) tranylcypromine venlafaxine XR venlafaxine ER tablets vilazodone WELLBUTRIN (bupropion) WELLBUTRIN SR (bupropion) WELLBUTRIN XL (bupropion HCl) ZURZUVAE (zuranolone)

e. Antineoplastics – Selected Systemic Enzyme Inhibitors

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Sullivan seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

ANTINEOPLASTICS – SELECTED SYSTEMIC ENZYME INHIBITORS	
Preferred	**Non-Preferred**
BOSULIF (bosutinib) CAPRELSA (vandetanib) COMETRIQ (cabozantinib) COTELLIC (cobimetinib) GILOTRIF (afatanib) everolimus ICLUSIG (ponatinib) imatinib mesylate IMBRUVICA (ibrutnib) INLYTA (axitinib) IRESSA (gefitinib) JAKAFI (ruxolitinib) MEKINIST (trametinib dimethyl sulfoxide) NEXAVAR (sorafenib) ROZLYTREK (entrectinib)	AFINITOR (everolimus) AKEEGA (niraparib / abi aterone) ALECENSA (alectinib) ALUNBRIG (brigatnib) AUGTYRO (repotrectinib) AYVAKIT (avapritinib) BALVERSA (erdafitinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozanti ib s-malate) CALQUENCE (acalabruti ib) COPIKTRA (duvelisib) DAURISMO (glasdegib) ERIVEDGE (vismodegib) ERLEADA (apalutamide)

ROZLYTREK (entrectinib) Pellet Pack	erlotinib
SPRYCEL (dasatinib)	EXKIVITY (mobocertinib)
STIVARGA (regorafenib)	FARYDAK (panobinostat)
SUTENT (sunitinib)	FOTIVDA (tivozanib)
TAFINLAR (dabrafenib)	FRUZAQLA (fruquintinib)
TARCEVA (erlotinib)	GAVRETO (pralsetinib)
TASIGNA (nilotinib)	gefitinib
TURALIO (pexidartinib)	GLEEVEC (imatinib mesylate)
TYKERB (lapatinib ditosylate)	GLEOSTINE (lomustine)
vandetanib	IBRANCE (palbociclib) DU +
VOTRIENT (pazopanib)	IDHIFA (enasidenib)
XALKORI (crizotinib)	INQOVI (cedazuridine/decitabine)
XALKORI (crizotinib) Oral Pellets	INREBIC (fedratinib)
XTANDI (enzalutamide)	IWILFIN (eflornithine)
ZELBORAF (vemurafenib)	JAYPIRCA (pirtobrutinib)
ZYDELIG (idelalisib)	KRAZATI (adagrasib)
ZYKADIA (ceritnib)	KISQALI (ribociclib)
	KOSELUGO (selumetinib)
	lapatinib ditosylate
	LENVIMA (lenvatinib) DUR+
	LORBRENA (lorlatinib)
	LUMAKRAS (sotorasib)
	LYNPARZA (olaparib) DUR+
	LYTGOBI (futibatinib)
	MEKTOVI (binimetnib)
	NERLYNX (neratinib maleate)
	NUBEQA (darolutamide)
	ODOMZO (sonidegib)
	OGSIVEO (nirogacestat)
	OJJAARA (momelotinib)
	ONUREG (azacitidine)
	ORGOVYX (relugolix)
	pazopanib
	PEMAZYRE (pemigatinib)
	PIQRAY (alpelisib)
	QINLOCK (ripretinib)
	REZLIDHIA (lutasidenib)
	RETEVMO (selpercatinib)
	RUBRACA (rucaparib)
	RYDAPT (midostaurin)
	SCEMBLIX (asciminib)
	TABRECTA (capmatinib)
	TAGRISSO (osimertinib)
	TALZENNA (talazoparib)
	TAZVERIK (tazemetostat)
	TEPMETKO (tepotinib)
	TIBSOVO (ivosidenib)
	TRUSELTIQ (infigratinib)
	TRUQAP (capivasertib)
	TUKYSA (tucatinib)
	UKONIQ (umbralisib)
	VANFLYTA (quizartinib
	VERZENIO (abemaciclib)
	VITRAKVI (larotrectinib)

	VIZIMPRO (dacomitinib) VONJO (pacritinib) WELIREG (belzutifan) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)

i. Subsequent Discussion - Antineoplastics – Selected Systemic Enzyme Inhibitors

It was noted during the Financial Review that the Antineoplastic class was originally added for potential supplemental rebates. Given the lack of rebates in an increasingly complex class, MedImpact recommended potentially removing the class from the PDL and instead have the class reviewed clinically based on the National Comprehensive Cancer Network (NCCN) guidelines. The committee agreed with the suggestion and recommended bringing the recommendation as an agenda item for the next meeting.

f. Antipsychotics: Injectable, Atypicals:

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Minor moved to accept the recommendation, Dr. Williamson seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

ANTIPSYCHOTICS DUR+		
Preferred	**Non-Preferred**	
INJECTABLE, ATYPICALS DUR+		
ABILIFY ASIMTUFII (aripiprazole) ABILIFY MAINTENA (aripirazole) ARISTADA ER (aripiprazole lauroxil) ARISTADA INITIO (aripiprazole lauroxil) INVEGA HAFYERA (paliperidone) INVEGA SUSTENNA (paliperidone palmitate) INVEGA TRINZA (paliperidone) PERSERIS (risperidone) RISPERDAL CONSTA (risperidone) UZEDY (risperidone)	ABILIFY (aripiprazole) GEODON (ziprasidone) olanzapine ZYPREXA (olanzapine) ZYPREXA RELPREVV (ola zapine) risperidone RYKINDO (risperidone)	

g. Bronchodilators, Beta Agonist: Inhalers, Short-Acting:

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the

recommendation, Dr. Williamson seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

BRONCHODILATORS, BETA AGONIST	
Preferred	**Non-Preferred**
INHALERS, SHORT-ACTING	
albuterol HFA PROVENTIL HFA (albuterol) VENTOLIN HFA (albuterol)	levalbuterol HFA PROAIR DIGIHALER (albuterol) PROAIR RESPICLICK (albuterol) XOPENEX HFA (levalbuterol)[DUR+] AIRSUPRA (albuterol and budesonide)

h. Cytokine & CAM Antagonists

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Williamson moved to accept the recommendation, Dr. Sullivan seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

IMMUNOLOGIC THERAPIES FOR ASTHMA	
Preferred	**Non-Preferred**
ACTEMRA SYRINGE (tocilizumab) ACTEMRA VIAL(tocilizumab) AVSOLA (infliximab) ENBREL (etanercept) HUMIRA (adalimumab) KINERET (anakinra) methotrexate ORENCIA CLICKJET(abatacept) ORENCIA VIAL(abatacept) OTEZLA (apremilast) SIMPONI (golimumab) TALTZ (ixekizumab) XELJANZ IR (tofacitinib)	ABRILADA (adalimumab-afzb) ACTEMRA ACTPEN (tocilizumab) AMJEVITA (adalimumab) ARCALYST (rilonacept) BIMZELX (bimekizumab-bkzx) CIMZIA (certolizumab) COSENTYX (secukinumab) COSENTYX VIAL (secukinumab) CYLTEZO (adalimumab-adbm) ENTYVIO (vedolizumab) ENTYVIO SQ (vedolizumab) HADLIMA (adalimumab) HULIO (adalimumab) HYRIMOZ (adalimumab) IDACIO (adalimumab) ILARIS (canakinumab) ILUMYA (tildrakizumab) INFLECTRA (infliximab) JYLAMVO (methotrexate) KEVZARA (sarilumab) LITFULO (ritlecitinib)

	OLUMIANT (baricitinib) OMVOH (mirikizumab-mrkz) ORENCIA SYRINGE (abatacept) OTREXUP (methotrexate) RASUVO (methotrexate) REMICADE (infliximab) RENFLEXIS (infliximab-abda) RHEUMATREX (methotrexate) RINVOQ (upadacitinib) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) SPEVIGO (spesolimab) STELARA (ustekinumab) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib) YUSIMRY (adalimumab)

i. Erythropoiesis Stimulating Proteins:

MedImpact recommended the following list be approved. 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 details are provided in the table below with the changes highlighted in yellow.

ERYTHROPOIESIS STIMULATING PROTEINS[DUR+]	
Preferred	**Non-Preferred**
EPOGEN (rHuEPO) MIRCERA (methoxy polyethylene glycol-epoetin-beta) RETACRIT (rHuEPO)	ARANESP (darbepoetin) PROCRIT (rHuEPO) JESDUVROQ (daprodustat)

j. GI Ulcer Therapies: Other:

MedImpact recommended adding Voquenza as Non-Preferred to this class. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

GI ULCER THERAPIES DUR+	
Preferred	**Non-Preferred**
OTHER	
misoprostol sucralfate suspension sucralfate tablet	CARAFATE SUSPENSION (sucralfate) CARAFATE TABLET (sucralfate) CYTOTEC (misoprostol) DARTISLA ODT (glycopyrrolate) VOQUEZNA (vonoprazan)

k. *H. PYLORI* COMBINATION TREATMENTS

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Minor seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

MUSCULAR DYSTROPHY AGENTS	
Preferred	**Non-Preferred**
PYLERA (bismuth subcitrate potassium, metronidazole, tetracycline)	bismuth subcitrate potassium, metronidazole, tetracycline lansoprazole, amoxicillin, clarithromycin OMECLAMOX (omeprazole, clarithromycin, amoxicillin) PREVPAC (lansoprazole, amoxicillin, clarithromycin) TALICIA (omeprazole, amoxicillin, rifabutin) VOQUEZNA DUAL PAK (vonoprazan, amoxicillin) VOQUEZNA TRIPLE PAK (vonoprazan, amoxicillin, clarithromycin)

l. MUSCULAR DYSTROPHY AGENTS

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Williamson moved to accept the recommendation. Dr. Sullivan seconded. Votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

MUSCULAR DYSTROPHY AGENTS Preferred	Non-Preferred
EMFLAZA (deflazacort)	AMONDYS 45 (casimersen) ELEVIDYS (delandistrogene moxeparvovec-rokl) EXONDYS 51 (eteplirsen) VILTEPSO (viltolarsen) VYONDYS 53 (golodirsen)

m. Ophthalmic, Dry Eye Agents

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation. Dr. Williamson seconded. Votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

OPHTHALMIC, DRY EYE AGENTS Preferred	Non-Preferred
RESTASIS droperette (cyclosporine)	CEQUA (cyclosporine 0.09%) EYSUVIS (loteprednol etabonate) MIEBO (perfluorohexyloctane) RESTASIS Multidose (cyclosporine) TYRVAYA (varaenicline) Nasal VEYVE (cyclosporine ophthalmic solution) XIIDRA (lifitegrast)[Dur +]

n. Phosphate Binders

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Williamson seconded, votes were taken, and the motion was adopted.

The approved category details are provided in the table below with the changes highlighted in yellow.

PHOSPHATE BINDERS Preferred	Non-Preferred
calcium acetate ELIPHOS (calcium acetate) PHOSLYRA (calcium acetate) sevelamer carbonate tablets	AURYXIA (ferric citrate) FOSRENOL (lanthanum) lanthanum PHOSLO (calcium acetate) RENAGEL (sevelamer HCl) RENVELA (sevelamer carbonate) sevelamer carbonate powder packets sevelamer HCl VELPHORO (sucroferric oxyhydronxide) XPHOZAH (tenapanor)

O. ULCERATIVE COLITIS and CROHN'S AGENTS

MedImpact recommended the following list be approved. 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 details are provided in the table below with the changes highlighted in yellow.

ULCERATIVE COLITIS and CROHN'S AGENTS DUR+	
Preferred	**Non-Preferred**
ORAL	
balsalazide budesonide EC mesalamine tablet (generic Apriso) sulfasalazine	APRISO (mesalamine) ASACOL HD (mesalamine) AZULFIDINE (sulfasalazine) AZULFIDINE ER (sulfasalazine) COLAZAL (balsalazide) DELZICOL (mesalamine) DIPENTUM (olsalazine) ENTOCORT EC (budesonide) GIAZO (balsalazide) LIALDA (mesalamine) mesalamine tablet (generic Asacol HD) mesalamine tablet (generic Delzicol) ORTIKOS (budesonide) PENTASA 250mg (mesalamine) PENTASA 500mg (mesalamine) UCERIS (budesonide) VELSIPITY (etrasimod)

i. Subsequent Discussion - Ulcerative Colitis and Crohn's Agents

It was noted during the review of the class that Pentasa, Lialda, Apriso and Uceris were currently Non-Preferred but should be moved to Preferred because of a low net cost. A motion was put forward to move these agents to Preferred. Dr. Williamson moved to accept the recommendation, Dr. Sullivan seconded, votes were taken, and the motion was adopted.

The change of status of Pentasa, Lialda, Apriso and Uceris will be made to the PDL at the same time that the adopted motions of the February P&T go into effect.

VIII. Division of Medicaid Update

Mr. Smith stated he had three updates to discuss. The first was in reference to the new Medication Management Component of the Elderly and Disabled (E&D) Waiver. He announced an exciting opportunity for MS Medicaid Pharmacy Providers, effective 2-1-2024 and that Pharmacists who are interested in participating should reach out the DOM office for more information. He then

announced that as of July 1, 2024 the single Pharmacy Benefit Administrator (PBA) will be in place and that this will result in simplification of the retail prescription billing process by having one BIN / one PCN for all Medicaid Beneficiaries. Lastly, Mr. Smith announced to the Members that the department was aware of the many cellular and gene therapies both in place and on the horizon and was well aware of the cost associated with the products. He assured the committee members that many discussions along with careful policies and procedures were being constructed and implemented in order to act as safeguards around these therapies. Mr. Smith concluded by thanking the committee for all of their service and dedication over the years.

IX. Tentative 2024 Meeting Dates

a. Tuesday, May 14, 2024
b. Tuesday, August 13, 2024
c. Tuesday, October 22, 2024

X. Adjournment

The meeting adjourned at 12:00 p.m.