MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting
August 13, 2024
10:00am to 2:00pm
Table 100, Flowood, MS
Live-streamed
MINUTES

Committee Members Present:
Brad Gilchrist, PharmD
Clyde E. Glenn, MD
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

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Heather Odem, PharmD, UHC
Richard Ogletree, PharmD, Telligen
Eric Pittman, PharmD, University of MS
Lew Anne Snow, RN Gainwell
Trina Stewart, PharmD, Molina

Committee Members Not Present:
Pat Chaney, MD
S. Caleb Williamson, PharmD

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

MedImpact Staff Present:
Greg Barabell, MD, CPC, FAAP
Lynn Boudreaux, PharmD
Matthew Lennertz, PharmD, MS, MBA

Attendance Chart:

Committee Member	Feb 2022	May 2023	Aug 2023	Oct 2023	Feb 2024	May 2024	Aug 2024
Chaney	-	-	-	-	-	-	
Gilchrist	X	X	X	X	X		X
Glenn		X		X		X	X
Hartness	X		X	X	X	X	X
Maltby		X	X	X		X	X
Minor	X	X	X	X	X	X	X
Rodgers		X	X	X			X
Sullivan	X	X	X	X	X		X
Turman		X	X	X	X	X	X
Weiland		X		X		X	X
Wilbanks	X	X	X	X	X	X	X
Williamson			X		X		

I. Call to Order

Ms. Wilbanks, chair, called the meeting to order at 10:15 a.m.

II. Welcome and Introductions

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

Mrs. Kirby introduced herself and had all parties seated at the table introduce themselves and provide a brief statement about their professional credentials and affiliations.

Mrs. Kirby had DOM vendors in the audience introduce themselves including Dr. Eric Pittman from the University of Mississippi; Lew Anne Snow from Gainwell; Dr. Tricia Banks from Gainwell; Dr. Buddy Ogletree from Telligen; Dr. Heather Odem from UHC; Dr. Jenni Grantham from Magnolia; and Dr. Trina Stewart from Molina.

Mrs. Kirby thanked the members for their service on the committee. She 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 June 2024, the total beneficiary count was about 718,000 or roughly one in four people residing in Mississippi.

III. Administrative Matters

Mrs. Kirby reminded all guests in the room to sign in prior to leaving if they had not yet and reviewed policies related to food, drink, cell phones, and laptop usage. She reminded the members that the travel vouchers at their seats should be completed and left at the seat after the meeting. She stated that there is wireless internet available in the room and provided the password.

Mrs. Kirby reminded members that the Cost sheets in the red binder are highly confidential per CMS by US Code 1396. She explained to the members what constitutes a true conflict of interest and noted that if one exists for a member for a particular drug or topic, that member is not allowed to participate in committee discussions regarding that drug or participate in any voting involving that particular drug. She also reminded members they must be aware of any perceived conflicts of interest.

Mrs. 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 further elaborated that the decision of the committee regarding any limitations 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. Mrs. Kirby stated that the P&T Committee must conform to the Public Meetings Act.

Mrs. Kirby stated that DOM aggressively pursues supplemental rebates. She 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 15.5 million lives and a total drug spend of over $20 billion. These 15 states' pooled lives result in better supplemental rebate offers and more savings to Mississippi. She stated that Change Healthcare is the vendor for the SSDC and that MedImpact is the PDL vendor for the state of Mississippi.

Mrs. Kirby reminded guests of the P&T Committee timeline and procedures. She 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. She stated that approximately 2-3 weeks prior to the meeting, Committee members receive Therapeutic Class Reviews (TCR's) electronically from MedImpact. Mrs. Kirby noted that prior to the class reviews in today's meeting, there will be a public comment period. She 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.

Mrs. Kirby reviewed the voting procedures 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 motion, and that the motions will be by hand or voice. She stated that the final decision regarding the preferred/non-preferred status of any drug will go to the Medicaid Executive Director, Drew Snyder. She announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than Thursday, September 12, 2024. She also stated that implementation for PDL changes discussed today would take effect Tuesday, October 1, 2024. Mrs. Kirby stated that the PDL decisions will be posted on the DOM website 30 days prior to the go-live date and no later than Sunday, September 1, 2024.

IV. Approval of the May 14, 2024, Meeting Minutes and Decisions

Mrs. Wilbanks asked for additions or corrections to the minutes from the May 14, 2024, meeting. There were no additions or corrections. Minutes were approved as distributed.

V. Preferred Drug List (PDL) Compliance/Generic Percent Report Updates

Dr. Lennertz explained that for the first time MedImpact was able to provide the Preferred Drug List (PDL) Compliance/Generic Percent Report with a compliance of 97.68%, which is in-line with previous reports.

VI. Public Comments

1. Kyle Herndon from Merck spoke in favor of Winrevair (sotatercept)

2. Tanya Nelson from Johnson and Johnson spoke in favor of Opsynvi (macitentan and tadalafil)

VII. New Drug / New Generic Reviews

1. **ANTICONVULSANTS (SELECTED BENZODIAZEPINES):**

   MedImpact recommended that Libervant film be placed as Non-Preferred on the PDL. A financial discussion followed. Dr. Glenn moved to accept the recommendation, Dr. Weiland 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.

ANTICONVULSANTS SELECTED BENZODIAZEPINES	
Preferred	**Non-Preferred**
clobazam diazepam rectal gel NAYZILAM (midazolam) VALTOCO (diazepam)	DIASTAT (diazepam rectal) DIASTAT ACCUDIAL (diazepam rectal) LIBERVANT (diazepam) ONFI (clobazam) ONFI SUSPENSION (clobazam) SYMPAZAN (clobazam)

2. **ANTINEOPLASTICS-SELECTED SYSTEMIC ENZYME INHIBITORS:**
   MedImpact recommended that Ojemda tablet and suspension be placed Non-Preferred on the PDL. A clinical and financial discussion followed. Dr. Hartness moved to accept the recommendation, Mr. Rodgers 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.

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) ROZLYTREK (entrectinib) Pellet Pack SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TURALIO (pexidartinib) TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) XALKORI (crizotinib) Oral Pellets XTANDI (enzalutamide) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritnib)	AFINITOR (everolimus) AKEEGA (niraparib / abiraterone) ALECENSA (alectinib) ALUNBRIG (brigatnib) AUGTYRO (repotrectinib) AYVAKIT (avapritinib) BALVERSA (erdafitinib) BOSULIF CAPSULES (bosutinib) BRAFTOVI (encorafenib) BRUKINSA (zanubrutinib) CABOMETYX (cabozantinib s-malate) CALQUENCE (acalabrutinib) COPIKTRA (duvelisib) DAURISMO (glasdegib) ERIVEDGE (vismodegib) ERLEADA (apalutamide) erlotinib EXKIVITY (mobocertinib) FARYDAK (panobinostat) FOTIVDA (tivozanib) FRUZAQLA (fruquintinib) GAVRETO (pralsetinib) gefitinib GLEEVEC (imatinib mesylate) GLEOSTINE (lomustine) IBRANCE (palbociclib) IDHIFA (enasidenib) INQOVI (cedazuridine/decitabine) INREBIC (fedratinib) IWILFIN (eflornithine) JAYPIRCA (pirtobrutinib) KRAZATI (adagrasib) KISQALI (ribociclib) KOSELUGO (selumetinib) lapatinib ditosylate LENVIMA (lenvatinib) LORBRENA (lorlatinib) LUMAKRAS (sotorasib) LYNPARZA (olaparib) LYTGOBI (futibatinib) MEKTOVI (binimetnib) NERLYNX (neratinib maleate) NUBEQA (darolutamide) ODOMZO (sonidegib) OGSIVEO (nirogacestat) OJEMDA (tovorafenib) 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) TORPENZ (everolimus) 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)

3. **CYTOKINE AND CAM ANTAGONISTS:**
   MedImpact recommended that Rinvoq LQ, Simlandi and Tofidence be placed as Non-Preferred on the PDL, and that Tyenne be placed as Preferred on the PDL. A financial discussion followed. Dr. Hartness moved to accept the recommendation, Dr. Glenn 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.

CYTOKINE & CAM ANTAGONISTS	
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) TYENNE (tocilizumab-aazg) XELJANZ IR (tofacitinib)	ABRILADA (adalimumab-afzb) ACTEMRA ACTPEN (tocilizumab) adalimumab-aacf adalimumab-aaty adalimumab-adaz adalimumab-adbm adalimumab-fkjp adalimumab-ryvk 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 LQ (upadacitinib) RINVOQ ER (upadacitinib) SILIQ (brodalumab) SIMLANDI (adalimumab-ryvk) SKYRIZI (risankizumab) SOTYKTU (deucravacitinib) SPEVIGO (spesolimab) STELARA (ustekinumab) TOFIDENCE (tocilizumab-bavi) TREMFYA (guselkumab) TREXALL (methotrexate) XELJANZ Oral Solution (tofacitinib) XELJANZ XR (tofacitinib) YUSIMRY (adalimumab) ZYMFENTRA (infliximab-dyyb)

4. **FACTOR DEFICIENCY PRODUCTS**

MedImpact recommended that Beqvez be placed as Non-Preferred on the PDL. A robust clinical and financial discussion followed. Dr. Minor moved to accept the recommendation, Dr. Weiland 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.

FACTOR DEFICIENCY PRODUCTS FACTOR IX	
Preferred	**Non-Preferred**
ALPHANINE SD ALPROLIX BENEFIX IDELVION IXINITY MONONINE PROFILNINE RIXUBIS	BEQVEZ REBINYN

5. **IMMUNOSUPPRESSIVE (ORAL):**

MedImpact recommended that Myhibbin be placed as Non-Preferred on the PDL. There was no clinical or financial discussion. Dr. Glenn moved to accept the recommendation, Mr. Rodgers 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.

IMMUNOSUPPRESSIVE (ORAL)	
Preferred	**Non-Preferred**
AZASAN (azathioprine) azathioprine CELLCEPT (mycophenolate) cyclosporine cyclosporine modified everolimus GENGRAF (cyclosporine) IMURAN (azathioprine) mycophenolic acid mycophenolate mofetil NEORAL (cyclosporine) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) sirolimus tacrolimus	ASTAGRAF XL (tacrolimus) ENVARSUS XR (tacrolimus) HECORIA (tacrolimus) MYFORTIC (mycophenolic acid) MYHIBBIN (mycophenolate mofetil) PROGRAF (tacrolimus) REZUROCK (belumosudil) ZORTRESS (everolimus)

6. **MOVEMENT DISORDER AGENTS**

MedImpact recommended that Ingrezza Sprinkles be placed as Preferred on the PDL to align with other Ingrezza formulations. There was no clinical or financial discussion. Dr. Glenn moved to accept the recommendation, Dr. Weiland 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.

MOVEMENT DISORDER AGENTS	
Preferred	**Non-Preferred**
AUSTEDO (deutetrabenazine) AUSTEDO XR (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine	XENAZINE (tetrabenazine)

7. **OPIATE DEPENDENCE TREATMENTS**

MedImpact recommended that Rextovy be placed as Preferred on the PDL. There was no clinical or financial discussion. Dr. Minor moved to accept the recommendation, Dr. Glenn 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 TREATMENT	
Preferred	**Non-Preferred**
KLOXXADO (naloxone) naloxone injection NARCAN NASAL SPRAY (naloxone) OPVEE (nalmefene) REXTOVY (naloxone) ZIMHI (naloxone)	EVZIO (naloxone)

8. **PULMONARY ANTIHYPERTENSIVES**

MedImpact recommended that Winrevair and Opsynvi be placed as Non-Preferred on the PDL. There was a clinical and financial discussion. Dr. Minor 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.

PULMONARY ANTIHYPERTENSIVES Activin Signaling Inhibitors	
Preferred	**Non-Preferred**
	WINREVAIR (sotatercept-csrk)
PULMONARY ANTIHYPERTENSIVES Combination Agents	
Preferred	**Non-Preferred**
	OPSYNVI (macitentan/tadalafil)

VIII. Other Business

There was discussion around the availability of brand Ciprodex, and it was indicated that brand Ciprodex had been unavailable for over a year, but it was still listed on the PDL. There was discussion around whether the department would consider moving the generic Ciprodex (ciprofloxacin/dexamethasone) product to preferred status. Mr. Smith spoke to the fact that the department had previously evaluated making the generic preferred, and at the time of the evaluation, it would have had a substantial cost impact to the state. In addition, they consulted the Mississippi chapter of the AAP and an ENT, and that it was the ENT's opinion that Ciprodex was overprescribed. Mr. Smith stated the criteria was developed with this in mind, and that most children would benefit from an antibiotic alone. A robust discussion ensued. Mrs. Kirby recommended that they go back and look at the price and utilization internally and stated that the department was allowed to make changes off-cycle, if necessary.

Dr. Weiland indicated she was having difficulty with stimulants and that her office was being asked to do a PA on every stimulant. Mrs. Kirby reminded Dr. Weiland that the DUR board recommended that these prescriptions have a diagnosis code associated with ADHD on each prescription so the pharmacist should be aware they need to enter in the diagnosis on each prescription, but that if the state needed to reach out to a pharmacy or if any of the board had issues they could reach out to her directly to resolve the issue.

IX. Division of Medicaid Update

Mrs. Kirby announced that on July 1, 2024, the single PBA went into effect. Mrs. Kirby stated that her executive director asked her to reach out to pharmacists to ask about feedback regarding the single PBA and that the feedback she received was very positive. Mrs. Kirby read several quotes on the positive feedback, and stated that overall, the transition has been very successful. She stated there were a few small issues that they were currently working through, but that this was to be expected with any implementation. She was complimentary to Trica Banks and the Gainwell team and stated that Gainwell increased their pharmacy PA Unit staff to accommodate the anticipated increase in PA and call volume, and that Gainwell has an excellent staff. She stated that her department still works very closely with the managed care plans as these plans still coordinate the care of their specific patient enrollees. She also stated she was proud of the department's coordination with the DUR board.

Mrs. Kirby stated that the previous week she received notice of new and renewed P&T board member appointments. She stated that taking Dr. Brock's place was a new board member, Dr. Pat Chaney, OBGYN from Amory, MS. She also stated Dr. Maltby, Mr. Rodgers, and Dr. Turman were all reappointed by the governor. Mrs. Kirby thanked the board and stated she appreciated the board and their commitment.

Mrs. Kirby stated she was also working to expand the 90-day maintenance list.

X. Upcoming 2024 Meeting Dates

Tuesday, October 22, 2024

XI. Adjournment

The meeting adjourned at 11:38 a.m.