MISSISSIPPI DIVISION OF MEDICAID
Pharmacy & Therapeutics Committee Meeting
October 24, 2023
10:00am to 5:00pm

MINUTES

Committee Members Present:
Brad Gilchrist, PharmD
D. Stanley Hartness, MD
Karen Maltby, MD
Deborah Minor, PharmD, Co-Chair
Kim Rodgers, RPh
Spencer Sullivan, MD
Louise Turman, PharmD
Wilma Wilbanks, RPh, Chair
Clyde E. Glenn, MD
Geri Lee Weiland, MD

Committee Members Not Present:
James Benjamin Brock, MD
S. Caleb Williamson, PharmD

Division of Medicaid Staff Present:
Terri Kirby RPh, CPM, Pharmacy Director

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

Other Contract Staff Present:
Tricia Banks, PharmD, Gainwell
Jenni Grantham, PharmD, Magnolia
Heather Odem, PharmD, UHC
Lew Anne Snow, RN Gainwell
Trina Stewart, PharmD, Molina
Ashleigh Holeman, PharmD, Mercer
Richard Ogletree, PharmD, Alliant

Attendance Chart:

Committee Member	Aug 2022	Oct 2022	Feb 2023	May 2023	Aug 2023	Oct 2023
Brock	X		X			
Gilchrist	X	X	X	X	X	X
Glenn		X		X		X
Hartness	X	X	X		X	X
Maltby	X	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
Williamson		X			X	

I. Call to Order

Ms. Wilbanks, chair, called the meeting to order at 10:09 a.m.

II. Welcome and Introductions

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

She reiterated that Change Healthcare is no longer DOM's Preferred Drug List (PDL) and Supplemental Rebate (SR) vendor and that MedImpact is the new vendor. She introduced MedImpact representatives Drs. Greg Barabell - Lead Medical Director, Matthew Lennertz- Supplemental Rebate Manager, and Chris Benton- Clinical Account Manager. All parties seated at the table introduced themselves and gave a brief statement about their professional credentials and affiliations.

Ms. Kirby 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. Trina Stewart from Molina and Dr. Buddy Ogletree from Aliant.

Ms. 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 September 2023, the total beneficiary count was 837,854 or roughly 28% of the population of Mississippi

III. Administrative Matters

Ms. Kirby 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. She reminded members they had travel vouchers at their seats that 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.

Ms. Kirby explained that DOM has Confidentiality and Conflict of Interest Forms on file for all members and reminded members that the Cost sheets in the red binder are highly confidential per CMS by US Code 1396. Ms. Kirby 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. She also reminded members to be aware of any perceived conflicts of interest. She 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.

Ms. Kirby forwent the safety information, reserved for the Woolfolk building, and thanked the members for being understanding and flexible with the change of venue.

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. 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. Ms. Kirby stated that the P&T Committee must conform to the Public Meetings Act.

Ms. 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 14 state Medicaid programs. Ms. Kirby noted that Change Healthcare is the current vendor for the SSDC and negotiates Supplemental Rebates on its behalf. She stated that the red folders may look a little different since the new vendor, MedImpact, created them for this meeting. Ms. Kirby stated that in addition to supplemental rebates, MedImpact factors in the federal rebates paid by all manufacturers of the drugs listed on the PDL to leverage maximum savings for Medicaid.

Ms. 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 about 2-3 weeks prior to the meeting, Committee members receive Therapeutic Class Reviews electronically from MedImpact. Ms. 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.

Ms. Kirby stated that Dr. Lennertz will be in charge of the timer and after all speakers have presented, there will be a short break. She 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. Ms. Kirby stated that if you leave, please sign-out as if you do not, your replacement will not be allowed in. Ms. Kirby then stated that Dr. Lennertz will be announcing all speakers today.

Ms. 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 motions. She announced that the meeting minutes from this meeting will be posted to the DOM website (www.medicaid.ms.gov) no later than November 23, 2023. She also stated that implementation for PDL changes discussed today would take effect Monday, January 1, 2024. Ms. 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 Friday, December 1, 2023.

IV. Approval of the August 8, 2023 Meeting Minutes and Decisions

Ms. Wilbanks asked for additions or corrections to the minutes from the August 8, 2023, meeting. There were no additions or corrections. The motion to approve was made by Dr. Gilchrist, seconded by Ms. Wilbanks, votes were taken, and the motion was adopted.

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 February meeting.

VI. Drug Class Announcements

Dr. Lennertz stated there were no Drug Class Announcements.

VII. Public Comments

1. Angela Bedenbaugh from Teva spoke in favor of Austedo XR and Uzedy.
2. Tina Dancer from AstraZeneca spoke in favor of Fasenra.
3. John Deason from Neurocrine Biosciences spoke in favor of Ingrezza.
4. Tom Heard from Pfizer spoke in favor of Ngenla and Genotropin.
5. Keanna Dandridge from Novartis spoke in favor of Cosentyx.
6. Andrea Hume from AbbVie spoke in favor of Qulipta and Ubrelvy.
7. Sanjay Lalbahadur from Indivior spoke in favor of Sublocade and Perseris.
8. Tracy Maravilla from Ascendis spoke in favor of Skytrofa.
9. Eory Miranda from Organon spoke in favor of Hadlima.
10. Jake Nichols from US Worldmeds spoke in favor of Lucemyra and Zimhi.
11. Herbert Peeples from UCB spoke in favor of Briviact, Fintepla, and Nayzilam.
12. Sylvia Poulos from Recordati Rare Diseases spoke in favor of Carbaglu.
13. Zachary Rideman from United Therapeutics spoke in favor of Tyvaso.
14. Courtney Smith from Amgen spoke in favor of Tezspire and Otezla.
15. Edwardo Mendez from Amgen spoke in favor of Repatha.
16. Tom Heard of Pfizer spoke in favor of Nurtec ODT and Zavzpret.

Ms. Wilbanks called for a short recess at 11:30 a.m.
Ms. Wilbanks called the meeting to order at 11:46 a.m.

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

Dr. Weiland moved to accept the recommendation, Dr. Hartness seconded, votes were taken and the motion was adopted.

IV. Extracted Therapeutic Class Reviews

a. Antimigraine Agents, Prophylaxis

MedImpact recommended that the following list be approved. A robust clinical and 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.

ANTIMIGRAINE AGENTS, PROPHYLAXIS Preferred	Non-Preferred
AIMOVIG AUTOINJECTOR (erenumab-aooe) AJOVY AUTOINJECTOR (fremanezumab-vfrm) AJOVY SYRINGE (fremanezumab-vfrm) EMGALITY PEN 120mg/mL (galcanezumab-gnlm) EMGALITY SYRINGE 120mg/mL (galcanezumab-gnlm)	VYEPTI (eptinezumab-jjmr) EMGALITY SYRINGE 100mg/mL (galcanezumab-gnlm)

b. Antineoplastics – Selected Systemic Enzyme Inhibitors

MedImpact recommended that the following list be approved. A robust clinical and financial discussion followed. Dr. Weiland 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) SPRYCEL (dasatinib) STIVARGA (regorafenib) SUTENT (sunitinib) TAFINLAR (dabrafenib) TARCEVA (erlotinib) TASIGNA (nilotinib) TURALIO (pexidartinib)	AFINITOR (everolimus) AKEEGA (niraparib / abiraterone) ALECENSA (alectinib) ALUNBRIG (brigatnib) AYVAKIT (avapritinib) BALVERSA (erdafitinib) 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) GAVRETO (pralsetinib) gefitinib GLEEVEC (imatinib mesylate) GLEOSTINE (lomustine)

TYKERB (lapatinib ditosylate) vandetanib VOTRIENT (pazopanib) XALKORI (crizotinib) XTANDI (enzalutamide) ZELBORAF (vemurafenib) ZYDELIG (idelalisib) ZYKADIA (ceritnib)	IBRANCE (palbociclib) DUR+ IDHIFA (enasidenib) INQOVI (cedazuridine/decitabine) INREBIC (fedratinib) JAYPIRCA (pirtobrutinib) KRAZATI (adagrasib) 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) ONUREG (azacitidine) ORGOVYX (relugolix) 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) TUKYSA (tucatinib) UKONIQ (umbralisib) VANFLYTA (quizartinib) VERZENIO (abemaciclib) VITRAKVI (larotrectinib) VIZIMPRO (dacomitinib) VONJO (pacritinib) WELIREG (belzutifan) XATMEP (methotrexate) XOSPATA (gilteritinib) XPOVIO (selinexor) ZEJULA (niraparib)

c. Antipsychotics- Injectables, Atypicals

MedImpact recommended that Abilify Asimtufii be moved to Preferred. A robust clinical and financial discussion followed. Dr. Weiland moved to accept the

recommendation, Dr. Sullivan 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.

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

d. Antipsychotics- Oral

MedImpact recommended that Vraylar be moved to Preferred. A robust clinical and financial discussion followed. Dr. Glenn moved to accept the recommendation, Dr. Weiland 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.

ANTIPSYCHOTICS DUR+	
Preferred	**Non-Preferred**
ORAL	
amitriptyline/perphenazine	ABILIFY (aripiprazole)
aripiprazole	ABILIFY MYCITE (aripiprazole)
asenapine	ADASUVE (loxapine)
clozapine	aripiprazole solution
fluphenazine	aripiprazole ODT
haloperidol	CAPLYTA (lumateperone)
olanzapine	chlorpromazine
olanzapine ODT	clozapine ODT
perphenazine	CLOZARIL (clozapine)
quetiapine	FANAPT (iloperidone)
quetiapine XR	FAZACLO (clozapine)
risperidone	GEODON (ziprasidone)
risperidone ODT	HALDOL (haloperidol)
thioridazine	INVEGA ER (paliperidone)
thiothixene	LATUDA (lurasidone)
trifluoperazine	lurasidone
VRAYLAR (cariprazine)	LYBALVI (olanzapine/samidorphan)

ziprasidone	NUPLAZID (pimavanserin) olanzapine/fluoxetine paliperidone ER REXULTI (brexpiprazole) RISPERDAL (risperidone) SAPHRIS (asenapine) SEROQUEL (quetiapine) SEROQUEL XR (quetiapine) SYMBYAX (olanzapine/fluoxetine) VERSACLOZ (clnazpine) ZYPREXA (olanzapine)

e. Antiretrovirals

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Sullivan moved to accept the recommendation, Ms. 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.

ANTIRETROVIRALS DUR+	
Preferred	**Non-Preferred**
SINGLE PRODUCT REGIMENS	
BIKTARVY (bictegravir/emtricitabine/tenofovir) CABENUVA (cabotegravir/rilpivirine) DELSTRIGO (doravirine/lamivudine/tenofovir) DOVATO (dolutegravir/lamivudine) efavirenz/emtricitabine/tenofovir labeler GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir) ODEFSEY (emtricitabine/rilpivirine/tenofovir AF) SYMFI (efavirenz/lamivudine/tenofovir) SYMFI-LO (efavirenz/lamivudine/tenofovir) TRIUMEQ (abacavir/lamivudine/ dolutegravir)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) efavirenz/lamivudine/tenofovir efavirenz/lamivudine/tenofovir lo JULUCA (dolutegravir/rilpivirine) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir) SYMTUZA (darunavir/cobicistat/ emtricitabine/tenofovir

ANTIRETROVIRALS DUR+	
Preferred	**Non-Preferred**
COMBINATION PRODUCTS – NRTI'S	
abacavir/lamivudine CABENUVA (cabotegravir/rilpivirine) DOVATO (dolutegravir/lamivudine) lamivudine/zidovudine	abacavir/lamivudine/zidovudine COMBIVIR (lamivudine/zidovudine) EPZICOM (abacavir/lamivudine) TRIZIVIR (abacavir/lamivudine/zidovudine) JULUCA (dolutegravir/rilpivirine)

ANTIRETROVIRALS DUR+	
Preferred	**Non-Preferred**
COMBINATION PRODUCTS – NUCLEOSIDE & NUCLEOTIDE ANALOG & NON-NUCLEOSIDE RTI'S	
DELSTRIGO (doravirine/lamivudine/tenofovir) efavirenz/emtricitabine/tenofovir ODEFSEY (emtricitabine/rilpivirine/tenofovir AF)	ATRIPLA (efavirenz/emtricitabine/tenofovir) COMPLERA (emtricitabine/rilpivirine/tenofovir) TEMIXYS (lamivudine/tenofovir) CIMDUO (lamivudine/tenofovir)

f. Cytokine & CAM Antagonists

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Weiland 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.

CYTOKINE & CAM ANTAGONISTS DUR+	
Preferred	**Non-Preferred**
ACTEMRA SYRINGE (tocilizumab)	ACTEMRA ACTPEN (tocilizumab)
ACTEMRA VIAL(tocilizumab)	AMJEVITA (adalimumab)
AVSOLA (infliximab)	ARCALYST (rilonacept)
ENBREL (etanercept)	CIMZIA (certolizumab)
HUMIRA (adalimumab)	COSENTYX (secukinumab)
KINERET (anakinra)	CYLTEZO (adalimumab)
methotrexate	ENTYVIO (vedolizumab)
ORENCIA CLICKJET(abatacept)	HADLIMA (adalimumab)
ORENCIA VIAL(abatacept)	HULIO (adalimumab)
OTEZLA (apremilast)	HYRIMOZ (adalimumab)
SIMPONI (golimumab)	IDACIO (adalimumab)
TALTZ (ixekizumab)	ILARIS (canakinumab)
XELJANZ IR (tofacitinib)	ILUMYA (tildrakizumab)
	INFLECTRA (infliximab)
	KEVZARA (sarilumab)
	LITFULO (ritlecitinib)
	OLUMIANT (baricitinib)
	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) YUFLYMA (adalimumab)

g. Growth Hormone

MedImpact recommended the following list be approved. A robust clinical and 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.

GROWTH HORMONE DUR+	
Preferred	**Non-Preferred**
GENOTROPIN (somatropin) NORDITROPIN (somatropin) NUTROPIN AQ (somatropin)	HUMATROPE (somatropin) NGENLA (somatrogon-ghla) OMNITROPE (somatropin) SAIZEN (somatropin) SEROSTIM (somatropin) SKYTROFA (lonapegsomatropin) SOGROYA (somapacitan) VOXZOGO (vosoritide) ZOMACTON (somatropin) ZORBTIVE (somatropin)

h. Hypoglycemics, Sodium Glucose Cotransporter-2 Inhibitors

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Weiland 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.

HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS DUR+	
Preferred	**Non-Preferred**
HYPOGLYCEMICS, SODIUM GLUCOSE COTRANSPORTER-2 INHIBITORS	
FARXIGA (dapagliflozin) INVOKANA (canagliflozin) JARDIANCE (empagliflozin)	INPEFA (sotagliflozin) STEGLATRO (ertuglifloz n)

i. Immunologic Therapies for Asthma

MedImpact recommended no change to this Extracted Class and the following list be approved. A robust clinical and financial discussion followed. Dr. Glenn moved to accept the recommendation, Dr. Sullivan seconded, votes were taken, and the motion was adopted.

IMMUNOLOGIC THERAPIES FOR ASTHMA	
Preferred	**Non-Preferred**
DUPIXENT (dupilumab) FASENRA PEN AUTOINJECTOR (benralizumab) FASENRA SYRINGE (benralizumab) XOLAIR SYRINGE (omalizumab) XOLAIR VIAL (omalizumab)	CINQAIR (reslizumab) NUCALA AUTOINJECTOR (mepolizumab) NUCALA SYRINGE (mepolizumab) TEZSPIRE (tezepelumab)

j. Irritable Bowel Syndrome/Short Bowel Syndrome Agents/Selected GI Agents

MedImpact recommended the following list be approved. A robust clinical and financial discussion followed. Dr. Glenn 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.

IRRITABLE BOWEL SYNDROME/SHORT BOWEL SYNDROME AGENTS/SELECTED GI AGENTS DUR+	
Preferred	**Non-Preferred**
IRRITABLE BOWEL SYNDROME CONSTIPATION	
AMITIZA (lubiprostone) LINZESS 145mcg, 290mcg (linaclotide)	IBSRELA (tenapanor) LINZESS 72mcg (linaclotide) linaclotide lubiprostone
	MOTEGRITY (prucalopride) MOVANTIK (naloxegol) RELISTOR (methylnaltrexone) SYMPROIC (naldemedine) TRULANCE (plecanatide) ZELNORM (tegaserod)

k. Movement Disorder Agents

MedImpact recommended no change to this Extracted Class and the following list be approved. A robust clinical and financial discussion followed. Dr. Glenn moved to accept the recommendation, Dr. Weiland seconded, votes were taken, and the motion was adopted.

MOVEMENT DISORDER AGENTS DUR+	
Preferred	**Non-Preferred**
AUSTEDO (deutetrabenazine)	tetrabenazine (labeler 473 35, 51224, 60505, 68180, 686820

AUSTEDO XR (deutetrabenazine) INGREZZA (valbenazine) tetrabenazine (all labelers except those listed as non-preferred)	XENAZINE (tetrabenazine)

l. Muscular Dystrophy Agents

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

MUSCULAR DYSTROPHY AGENTS Preferred	Non-Preferred
EMFLAZA (deflazacort)	AMONDYS 45 (casimersen) 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. Weiland 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.

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 XIIDRA (lifitegrast)[Dur +]

n. Ophthalmic, Glaucoma Agents

MedImpact recommended the following list be approved. A robust clinical and 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.

OPHTHALMIC, GLAUCOMA AGENTS DUR+	
Preferred	**Non-Preferred**
PROSTAGLANDIN ANALOGS	
Latanoprost	Bimatoprost IYUZEH (latanoprost) LUMIGAN (bimatoprost) TRAVATAN Z (travoprost) travoprost XALATAN (latanoprost) XELPROS (lantanoprost) VYZULTA (latananoprostene bunod) ZIOPTAN (tafluprost)

o. Opiate Dependence Treatments

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

OPIATE DEPENDENCE TREATMENTS	
Preferred	**Non-Preferred**
DEPENDENCE	
buprenorphine/naloxone tablets naltrexone tablets SUBOXONE FIL(buprenorphine/naloxone)DUR+	BRIXADI (buprenorphine) buprenorphine tablets buprenorphine/naloxone films LUCEMYRA (lofexidine) PROBUPHINE (buprenorphine) SUBLOCADE (buprenorphine) VIVITROL (naltrexone) ZUBSOLV (buprenorphine/naloxone)
TREATMENT	
naloxone injection NARCAN NASAL SPRAY (naloxone) ZIMHI (naloxone)	EVZIO (naloxone) KLOXXADO (naloxone) OPVEE (nalmefene)

p. Select Contraceptive Products

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

SELECT CONTRACEPTIVE PRODUCTS Preferred	Non-Preferred
INTRAVAGINAL CONTRACEPTIVES	
ANNOVERA (segesterone/ethinyl estradiol) etonogestrel/ethinyl estradiol NUVARING (etonogestrel/ethinyl estradiol)	PHEXXI (lactic acid, citric acid, potassium bitartrate)

IX. Division of Medicaid Update

Ms. Kirby stated she had one update to discuss. It was in reference to the recently added Anti-Obesity Select Agents Class (GLP-1's). She said that according to claims data from July/August/September that there were 339 unique beneficiaries receiving Anti-Obesity treatments. Ms. Kirby also thanked the committee for all of their service and dedication over the years.

X. Tentative 2023 Meeting Dates

Tuesday, February 13, 2024
Tuesday, May 14, 2024
Tuesday, August 13, 2024
Tuesday, October 22, 2024

XI. Adjournment

The meeting adjourned at 12:52 p.m.