Alaska Medicaid Pharmacy and Therapeutics Meeting

MINUTES OF MEETING
April 18, 2025

Committee Members Present:
Charles Semling PharmD, DHSS
Charles Ryan, MD
John Riley, PA, Acting Chairman
Robert Carlson, MD
Anna Breckheisen (phonetic)
Sarah Doran-Atchison, PharmD
Casey Gokey
Valarie Bixler, PharmD

Committee Members Absent:
Claudia Phillips, MD

Others Present:
Nina Huynh, PharmD, BCPS
Ryan Ruggles, PharmD
Matthew Parrot
Lisa *
Min Win (phonetic), Pfizer
Shirley Quach, Novartis
Josh *, Amgen
Kimberly Simpson, United Therapeutics

1. Call to Order – Chair

Mr. Riley called the meeting to order at * a.m.

2. Roll Call

The roll call was taken, and a quorum was present.

3. Public Comments - Local Public/Health Practitioners

4. Class Review, Discussion & Vote

4-A. Single Class Review: Hereditary Angioedema (Green); Hemophilia (Red)

Hereditary Angioedema (Green Class)

There was no utilization in this class.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Phillips. The motion passed unanimously.

CASEY GOKEY MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Hemophilia (Red Class)

LISA, gave testimony on Hemlibra. She said she sent in her conflict of interest forms. Hemlibra is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients age newborn and older with hemophilia A with or without factor VIII inhibitors. There is a box warning for thrombotic microangiopathy or thromboembolism. She mentioned a few things to summarize. There has been some additional vial strengths to help with the different dosing. That was one thing she noticed within the policy. The 12 mg and the 300 mg vials were not listed. With Hemlibra they have over ten years of clinical trial experience between clinical and real world safety data where they have evaluated nine phase III clinical trials in hemophilia A. There are some of those trials that they submitted in subpopulations including infants, previously untreated patients, pediatrics, and also mild and moderate patients. They have treated over 24,000 patients worldwide. If there is any specific data or safety that anyone would like her to go into at another time or provide additional information please let her know. She yielded back the rest of her time.

MIN WIN (phonetic), licensed pharmacist with Pfizer. He was present to provide information for Hympavzy. Hympavzy is a tissue factor pathway inhibitor antagonist indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with hemophilia A without factor VIII inhibitors or hemophilia B without factor IX inhibitors. Hympavzy is a human monoclonal IDG-1 antibody. It is

supplied as a sterile preservative free solution for sub-q administration in a 150 mg/mL single dose pre-filled pen. The recommended dosage is a 300 mg loading dose by sub-q injection followed by the maintenance dose of 150 mg once weekly by sub-q injection on the same day each week at any time. Dose adjustment to 300 mg sub-q injection weekly can be considered in patients weighing greater than or equal to 50 kg when control of bleeding events is judged to be inadequate by the healthcare provider. There are no contraindications in the USPI. The most common adverse reactions reported in the clinical trials include injection site reactions, headaches, and pruritis. The efficacy was established in 116 adult and pediatric patients age 12 years and older and weighing 35 kg or more with severe hemophilia A or B without factor VIII or IX inhibitors respectively enrolled in the Phase III BASIS study. Patients entered a six month observation phase and were enrolled to two cohorts based on the factor replacement treatment they were receiving prior to study entry. Either on demand or routine prophylaxis. Patients completing the six month observation phase entered the 12 month active treatment phase receiving a 300 mg loading dose followed by 150 mg once weekly maintenance dose. Hympavzy prophylaxis met its primary endpoint of annualized bleeding rate for treated bleeds during the 12 months active treatment phase in both the on demand factor based therapy cohort and the routine prophylaxis cohort. Based on the safety and efficacy they respectfully asked for their consideration for the addition of Hympavzy to the Alaska Medicaid PDL. He thanked the committee members for their time and attention.

Nina gave the presentation for hemophilia. She started with giving the disease state description for hemophilia. The Medical and Safety Advisory Committee guidelines from 2022 were given. Disease state description for Von Willebrand Disease was given.

In February 2024, the addition of a new strength dose (12 mg/0.4 mL single-dose vial) of Hemlibra was introduced to support use in newborns and reduce wastage in other patients. Indications, warnings, dosage, and availability were given.

In March 2024, the FDA approved an expanded indication for Ixinity to include pediatric patients less than 12 years of age for treatment of hemophilia B. Indications, limitations, warnings, dosage, and availability were given.

In June 2024, a new dosage strength of Sevenfact was made available in a 2 mg dose packaged with sterile water for injection. Indications, limitations, warnings, dosage, and availability were given.

In April 2024, the FDA approved Beqvez , an adeno-associated virus vector based gene therapy indicated for the treatment of adults with moderate to severe hemophilia B who currently use Factor IX prophylaxis therapy or have current or historical life threatening hemorrhage, or have repeated serious spontaneous bleeding episodes, and do not have neutralizing antibodies to adeno-associated virus serotype Rh7var capsid as detected by an FDA approved test. In May 2024, the FDA approved LabCorp’s nAbCyte Anti-AAVRh7var HB-FE Assay as a companion diagnostic to determine eligibility for Beqvez treatment. In February 2025, Beqvez was discontinued as the company decided to redirect its time and resources towards Hympavzy. Warnings, dosage, and availability were given.

In October 2024, Hympavzy was said to be the first pathway inhibitor (anti-TFPI) to be FDA approved in the US for hemophilia A and B and is the first hemophilia treatment in the US to be administered via a prefilled autoinjector pen once weekly. Indications, warnings, dosage, and availability were given.

In December 2024, the FDA approved Alhemo, a tissue factor pathway inhibitor (TFPI) antagonist for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adults and pediatric patients 12 years of age or older with hemophilia A with factor VIII inhibitors or hemophilia B with factor IX inhibitors. Warnings, dosage, and availability were given.

In January 2025, the FDA approved an expanded indication for Nuwiq to include children less than two years of age for routine prophylaxis to reduce frequency of bleeding episodes in patient with hemophilia A. Indications, limitations, warnings, dosage, and availability were given.

Utilization was 100 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include at least one prophylactic medication. Seconded by Dr. Carlson. Motion passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE PROPHYLACTIC MEDICATION. SECONDED BY AN UNKNOWN MALE (POSSIBLY DR. CARLSON). THE MOTION PASSED UNANIMOUSLY.

4-B. Cardiovascular: ACE Inhibitor, Renin Inhibitors, and Angiotensin Receptor Blockers (ARB) (Blue); Angiotensin Modulator/Calcium Channel Blocker (CCB) Combinations (Green); Antianginal and Anti-ischemic Agents (Green); Anticoagulants (Blue); Erythropoiesis Stimulating Agents (Red); Lipotropics, Other (Red); PCSK 9 Inhibitors (Blue); Platelet Aggregation Inhibitors (Green); Pulmonary Arterial Hypertension (Blue)

ACE Inhibitor, Renin Inhibitors, and Angiotensin Receptor Blockers (ARB) (Blue Class)

There was no one present wishing to give testimony.

Nina then gave the presentation for this class. She gave the disease state description for heart failure. She also gave The American Heart Association, American College of Cardiology, and Heart Failure Society of America guidelines from 2022 as well as The American College of Cardiology guidelines from 2023.

In April 2024, the FDA approved an new oral pellet formulation of Entresto Sprinkle. This can be substituted for patients unable to swallow tablets. Indications, warnings, dosage, and availability were given.

In October 2024, Micardis was discontinued as Boehringer Ingelheim Pharmaceuticals made a business decision to discontinue making Micardis (20 mg, 40 mg, and 80 mg). Generics are available.

Utilization was 99.6 percent in line with PDL.

Previous motion Dr. Phillips moved that all three subgroups in the class were therapeutic alternatives. Seconded by Sarah Doran-Atchison. The motion passed unanimously.

CASEY GOKEY MOVED THAT ALL THREE SUBGROUPS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. CARLSON. THE MOTION PASSED UNANIMOUSLY.

Angiotensin Modulator/Calcium Channel Blocker (CCB) Combinations (Green Class)

Utilization was 91.2 percent in line with PDL.

Previous motion Dr. Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Antianginal and Anti-ischemic Agents (Green Class)

September 2024, Sun Pharmaceutical Industries discontinued Aspruzyo sprinkle (500 mg and 1000 mg extended release granules). There are no generics for this produce.

Utilization was 100 percent in line with PDL.

Previous motion Dr. Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

CASEY GOKEY MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

Anticoagulants (Blue Class)

There was no one present wishing to give testimony.

Nina gave the presentation starting with the disease state description for venous thromboembolism. The American Society of Clinical Oncology guidelines from 2023 were given.

In October 2024, the FDA approved an expanded indication for Fragmin for the treatment of symptomatic venous thromboembolism to reduce the recurrence of VTE in pediatric patients to include patients from birth (gestational age at least 35 weeks) to les than 1 month of age. Indications, limitations, warnings, dosage, and availability were given.

In December 2024, the FDA approved a new indication for Arixtra for the indication of VTE in pediatric patients older than 1 year of age weighing at least 10 kg. Indications, warnings, dosage, and availability were given.

Utilization was 99.1 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include one oral agent, one injectable agent, one direct oral anticoagulant that can be used for PE and CV prophylaxis, and warfarin. Seconded by Trish White. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE ORAL AGENT, ONE INJECTABLE AGENT, ONE DIRECT ORAL ANTICOAGULANT THAT CAN BE USED FOR PE AND VC PROPHYLAXIS, AND WARFARIN. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Erythropoiesis Stimulating Agents (Red Class)

There was no one present wishing to give testimony.

Nina gave the presentation starting with the disease state description for anemia.

In March 2024, the FDA approved Vafseo, a hypoxia-inducible factor prolyl hydroxylase (HIF-PH) inhibitor for the treatment of anemia due to chronic kidney disease (CKD) in adults who have been receiving dialysis for at least three months. Limitations, warnings, recommended dosage, and availability were given.

In May 2024, the FDA approved an expanded indication for Micera for the treatment of anemia associated with CKD to include pediatric patients three months to 17 years old on dialysis and not on dialysis who are converting from another ESA after their Hb level was stabilized with an ESA. Indications, limitations, warnings, dosage, and availability were given.

In November 2024, GlaxoSmithKline discontinued the manufacture of Jesduvroq 1 mg, 2 mg, 4 mg, 6 mg, and 8 mg tablets due to business reasons.

Utilization was 100 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. CARLSON. THE MOTION PASSED UNANIMOUSLY.

Lipotropics, Other (Red Class)

SHIRLEY QUACH, Novartis, gave testimony on Leqvio. This is indicated as an adjunct to diet and statin therapy in the treatment of adults with primary hyperlipidemia including HEFH to reduce LDL. CVD remains the leading cause of death in the US with ASCVD being the main contributor to CVD. Despite the availability of numerous lipid lowering therapies effective in sustained LDL reduction remains a challenge with 80 percent of patients with ASCVD unable to achieve their guideline recommended LDL goals on statins alone. They have new long term data from the ORIEN8, a phase III open label extension of the PIVOTAL trials and the phase II ORIEN3 trials. It demonstrated that with a twice yearly dosing after a dose at day zero and day 90 Leqvio in addition to statin therapy provided consistent LDL reduction beyond six years in patients with ASCVD, increased risk of ASCVD, or HEFH. Nearly 80 percent of patients achieved their prespecified LDL target and on average LDL levels were reduced by approximately 50 percent. They also have the VINITIATE which is a 12 month phase III-b open label study evaluating the effectiveness of adding Leqvio earlier following a patient's failure to reach LDL goal on maximally tolerated statin therapy. In this study the comparator arm was called the usual care arm which reflects US clinical practice. A significantly greater portion of the ASCVD patients receiving Leqvio achieved guideline recommended LDL goal versus the usual care arm while maintaining adherence to statin treatment. Results from the usual care arm reinforced the urgent need for more aggressive LDL lowering in ASCVD patients, 92 percent of whom did not reach their LDL goal with statins alone. The safety results from these two studies were consistent with findings from the PIVOTAL phase III trials confirming Leqvio's well established and favorable profile. Leqvio has no warnings or precautions and has no drug-drug interactions listed in the label. Adverse events greater than three percent, which was more than placebo, were injection site reaction, arthralgia, and bronchitis. They asked that Leqvio be added as preferred to the PDL.

JOSH, medical science liaison for Amgen speaking on behalf of Repatha which is a PCSK 9 inhibitor monoclonal antibody. Repatha is a PCSK 9 inhibitor monoclonal antibody and within 4 hours of injection is the perfect mop of 100 percent of extracellular PCSK 9 leading to a 60 percent reduction in LDL cholesterol. Leqvio is a SIRNA that works by turning off the faucet in the liver of the PCSK 9 produced there. Roughly 2/3 of PCSK 9 is produced by the liver. There are some mechanistic differences there. Repatha has well established cardiovascular outcome data in reducing cardiovascular events such as heart attacks and strokes. Leqvio currently does not have that same degree of outcome data. Repatha is the current preferred agent. He gave an update on the long term data of Repatha. No safety signal has emerged over the last 8.6 years. There is no increase in new onset diabetes in people in the long term extension study which includes over 6600 people. No myalgias associated. On exploratory analysis there is a 23 percent reduction in cardiovascular death for people who started Repatha sooner than later.

Nina gave the presentation starting with the disease state description for lipotropics, other. She gave the American Heart Association and American College of Cardiology guidelines from 2023.

In March 2024, the FDA approved a new indication for Nexletol; Nexlizet to reduce the risk of MI and coronary artery revascularization in adults who are unable to take recommended statin therapy with established CVD or a high risk of a CVD event but without established CVD. Indications, warnings, dosage, and availability were given.

In May 2024, the indication update for Triglide was given to state that fenofibrate is indicated to reduce elevated LDL-C in adults with primary hyperlipidemia when use of recommended LDL-C lowering therapy is not possible. The previous indication was to reduce elevated LDL-C, total cholesterol, triglycerides, and apolipoprotein B, and to increase HDL-C in adults with primary hypercholesterolemia or mixed dyslipidemia. Indications, limitations, warnings, dosage, and availability were given.

Nina then gave the disease state description for familial chylomicronemia syndrome.

In December 2024, the FDA approved Tryngolza as the first apolipoprotein C-III directed antisense oligonucleotide indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome. Warnings, dosage, and availability were given.

Utilization was 88.2 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Doran-Atchison. The motion passed unanimously.

ANNA BRECKHEISEN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. RYAN. THE MOTION PASSED UNANIMOUSLY.

PCSK 9 Inhibitors (Blue Class)

No one wished to give testimony.

Nina gave the presentation starting with the disease state description for familial hypocholesterolemia.

In March 2024, the FDA approved a new indication for Praluent as an adjunct to diet and other low-density lipoprotein cholesterol lowering therapies in pediatric patients ages eight years of age and older with heterozygous familial hypercholesterolemia to reduce LDL-C. Indications, dosage, and availability were given.

In June 2024, Amgen discontinued the manufacture of Repatha Pushtronex System; other Repatha devices, including the SureClick Autoinjector will remain available.

In November 2024, indication for adults with established CVD was updated to state that Repatha is indicated to reduce major adverse cardiovascular events. Indications, dosage, and availability were given.

Utilization was 100 percent in line with PDL.

Previous motion Dr. Phillips moved a class effect. Seconded by Dr. Ryan. The motion passed unanimously.

DR. RYAN MOVED A CLASS EFFECT. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

Platelet Aggregation Inhibitors (Green Class)

Utilization was 100 percent in line with PDL.

Previous motion Dr. Doran-Atchison moved the drugs in the class were therapeutic alternatives to include at least clopidogrel. Seconded by Dr. Phillips. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST CLOPIDOGREL. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Pulmonary Arterial Hypertension (Blue Class)

KIMBERLY SIMPSON, United Therapeutics, gave testimony on Tyvaso DPI. It is indicated for the treatment of patients with pulmonary arterial hypertension and pulmonary hypertension due to interstitial lung disease to improve exercisability. It is a drug device combination therapy comprised of a small portable breath powered dry powder inhaler (DPI) as the only DPI approved by the FDA for use in PH and PHILD. Most DPI devices require high flow rates however this is design using low flow rates which may increase the amount of the drug distributed to the smaller airways. Patient with airflow limitations and conditions like PH and PHILD may not be able to produce high flow rates. In a low flow devices, the powder moves slowly reducing drug loss and may increase the amount of drug delivered to the peripheral lungs rather than impacting in the oropharynx. In contrast, in high flow devices powder moves faster with greater inertia resulting in greater variability and drug delivery. The safety and tolerability was evaluated in a study of 51 PH patients on a stable regimen of Tyvaso inhalation solution who were then transitioned to Tyvaso DPI. Patients who transitioned demonstrated safety and tolerance. 96 percent of patients completed the three week treatment phase while two subjects discontinued due to treatment related adverse events. Adverse events were consistent with studies of inhaled treprostinil in patients with PH and there were no study drug related AEs. Significant improvement in secondary study objectives were also observed at week three including an increased in six minute walk distance of 11.5 meters compared to baseline. Overall patient satisfaction with Tyvaso DPI and patient reported outcomes in physical, cognitive, and emotional impacts. The 49 patients that completed the treatment phase opted to continue in an optional extension phase. Improvement in six minute walk distance compared to baseline were

sustained in the optional extension phase through the data cut off of up to 51 weeks. Given these findings they asked the committee to consider moving both Tyvaso and Tyvaso DPI to on formulary on the Alaska Medicaid PDL for PH patients and PHILD patients that utilize their services for their medications.

Nina gave the presentation starting with the disease state description for pulmonary hypertension.

In March 2024, the FDA approved Opsynvi, a combination of macitentan and tadalafil for chronic treatment of pulmonary and arterial hypertension in adults in WHO functional class II-III. Macitentan reduces the risk of clinical worsening events and hospitalization and tadalafil improves exercise daily.

In May 2024, Ventavis was discontinued.

Utilization was 71.1 percent in line with PDL.

Previous motion Dr. Carlson moved the drugs in the class were therapeutic alternatives to include one from each class plus one inhaled product. Seconded by Dr. Ryan. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE FROM EACH CLASS PLUS ONE INHALED PRODUCT. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

4-C. Genitourinary: Benign Prostatic Hyperplasia (BPH) Agents (Blue); Bladder Relaxant Preparations (Blue); Vaginal Antibiotics (Green).

Benign Prostatic Hyperplasia (BPH) Agents (Blue Class)

There was no one present wishing to give testimony.

Nina gave the presentation on benign prostatic hyperplasia agents and started with the disease state description for Benign Prostatic Hyperplasia. She then gave the amended American Urological Association guidelines from 2023.

In July 2024, the FDA approved tadalafil, phosphodiesterase 5 (PDE5) inhibitor indicated for treatment of erectile dysfunction (ED, the signs and symptoms of benign prostatic hyperplasia, and ED and the signs and symptoms of BPH. The warnings, dosage, and availability were given.

In August 2024, the FDA approved terazosin, an oral solution formulation of the alpha-1 adrenoreceptor antagonist. Indications, warnings, dosage, and availability were given.

In February 2025, AbbVie discontinued Rapaflo capsules (4 mg, 8 mg). The last lot in distribution expires March 2026 and the last sale date will be June 2025. Generics remain available.

Utilization was 97.7 percent in line with PDL.

Previous motion Dr. Phillips moved the drugs in the class were therapeutic alternatives to include one alpha blocker and one androgen hormone inhibitor. Second by Dr. Ryan. The motion passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE ONE ALPHA BLOCKER AND ONE ANDROGEN HORMONE INHIBITOR. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

Bladder Relaxant Preparations (Blue Class)

There was no one within to give testimony.

Nina gave the presentation on bladder relaxant preparations. She started with the disease state description for overactive bladder (OAB). She then gave the American Urological Association and Society of Urodynamics guidelines from 2024.

In December 2024, the FDA approved a new indication for Gemtesa for the treatment of overactive bladder with symptoms of urge urinary incontinence, urgency, and urinary frequency in adult males on pharmacologic treatment for BPH. Indications, warnings, dosage, and availability were given.

In February 2025, Detrol and Detrol LA were discontinued by Mylan. Generics remain available.

Utilization was 67.4 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Phillips. The motion passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

Vaginal Antibiotics (Green Class)

Utilization was 95.1 percent in line with PDL.

Previous motion Dr. Phillips moved the drugs in the class were therapeutic alternatives. Seconded by Dr. Ryan. The motion passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

4-D. Anti-Infective: Antifungals, Oral (Green); Antifungals, Topical (Green); Antivirals, Influenza (Blue); Antivirals, General (Red); Hepatitis B Agents (Blue); Hepatitis C Agents (Green); Otic Antibiotics (Green)

Antifungals, Oral (Green Class)

In July 2024, Merck discontinued the manufacture of Noxafil 100 mg DR tablets. Generics remain.

In October 2024, Pfizer discontinued the manufacture of Diflucan 100 mg and 200 mg tablets. Generics remain.

Utilization was 98.8 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include on fluconazole tablet, one oral terbinafine preparation, and one pediatric preparation. Seconded by Dr. Phillips. The motion passed unanimously.

DR. RYAN MOVED THERAPEUTIC ALTERNATIVES TO INCLUDE ONE FLUCONAZOLE TABLET, ONE ORAL PERBINAFINE PREPARATION, AND ONE PEDIATRIC PREPARATION. SECONDED BY VALARIE BIXLER. THE MOTION PASSED UNANIMOUSLY.

Antifungals, Topical (Green Class)

Utilization was 97.4 percent in line with PDL.

Previous motion Dr. Ryan moved the drugs in the class were therapeutic alternatives to include at least one solution, one shampoo, and one topical cream or ointment. Seconded by Dr. Phillips. The motion passed unanimously.

DR. RYAN MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE SOLUTION, ONE SHAMPOO, AND ONE TOPICAL CREAM OR OINTMENT. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Antivirals, Influenza (Blue Class)

There was no one present wishing to give testimony.

Nina gave the presentation for antivirals, influenza. She started by giving the disease state description for influenza. The Centers for Disease Control and Prevention 2024 guidelines were given.

In March 2024, the FDA approved the expanded indication for Xofluza, for the treatment of acute uncomplicated influenza in patients who have been symptomatic for no more than 48 hours and who are at high risk of developing influenza related complications to include pediatrics between the ages of five and 12. Indications, limitations, warnings, dosage, and availability were given.

In July 2024, the CDC issued Emergency Use Instructions for oseltamivir (Tamiflu) for treatment or post exposure prophylaxis of pandemic influenza A viruses and novel influenza A viruses with pandemic potential which includes information that differs from or extend beyond the information in the product labeling.

Utilization was 76.2 percent in line with PDL.

Previous motion Dr. Ryan moved that the drugs in the class were therapeutic alternatives to include oseltamivir. Seconded by Dr. Carlson. The motion passed unanimously.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE OSELTAMIVIR. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY

Antivirals, General (Red)

There was no one present wishing to give testimony.

Nina gave the presentation for antivirals, general. She started with the disease state description for coronavirus disease 2019 (COVID-19). The Pediatric Infectious Disease Society 2024 guidelines were given.

In March 2024, the FDA approved an expanded indication for remdesivir for the treatment of coronavirus disease 2019 to include pediatrics from birth to less than 28 days of age weighing at least 1.5 mg to less than 3 kg. The indications, warnings, dosage, and availability were given.

Nina then gave the disease state description for Cytomegalovirus (CMV) Infection.

In September 2024, the FDA expanded the indication for letermovir for prophylaxis of cytomegalovirus infection in CMV seropositive recipients of an allogenic hematopoietic stem cell transplant to include patients equal to or greater than six years of age and weighing greater than or equal to six kilograms.

In September 2024, the FDA also expanded the indication for letermovir for prophylaxis of CMV disease in kidney transplant recipients at high risk to include patients greater than or equal

to 12 years of age and weighing greater than or equal to 40 kg. Indications, warnings, dosage, and availability were given.

Utilization was 0 percent in line with PDL given that this was a new category.

There was no previous motion.

DR. CARLSON, stated that with the way the group is being put together the only answer is class alternatives and then they will probably vote on class alternatives each year for the next hundred years. The grouping is the question. He stated that maybe it is okay. The only logical thing is to call it therapeutic alternatives forever. It is like a rubber stamp.

CHARLES SEMLING, said that maybe in the future since this is a new class review, they can have PRIME look into just the oral formulations and inhalations versus the intravenous as well. They can then parse them into two different ones. He agrees that at this point it is therapeutic alternatives.

DR. CARLSON, said it is put together in a way where the group has only one vote that makes any sense. Asking whether there is a better way to put it together is likely a reasonable thing to do.

MATTHEW PARROT, said that is definitely something that they will discuss with PRIME going forward.

DR. CARLSON, said that almost all morning almost every vote has been therapeutic alternatives unanimously accepted. It may be the best way to organize things but they are saying the same thing dozens of times each meeting.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY

Hepatitis B Agents (Blue Class)

There was no one present wishing to give testimony.

Nina gave the presentation for Hepatitis B Agents. She started with the disease state description for hepatitis B. The World Health Organization 2024 guidelines were given.

In April 2024, the FDA approved an expanded indication for tenofovir alafenamide fumarate to include use for treatment of chronic hepatitis B virus infection in pediatric patients six years of age or older and weighing at least 25 kg with compensated liver disease. Indications, warnings, dosage, and availability was given.

Utilization was 66.7 percent in line with PDL.

Previous motion Dr. Ryan moved that the drugs in the class were therapeutic alternatives. Seconded by Dr. Carlson. The motion passed with one nay.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

Hepatitis C Agents (Green Class)

Utilization for the hepatitis C agents was 100 percent in line with PDL.

Utilization for the hepatitis C treatment course was 97.7 percent in line with PDL.

Previous motion Dr. Doran-Atchison moved that the drugs in the class were therapeutic alternatives. Seconded by Dr. Ryan. The motion passed with one nay.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY ANNA BRECKHEISEN. THE MOTION PASSED UNANIMOUSLY.

Otic Antibiotics (Green Class)

Utilization was 99.3 percent in line with PDL.

Previous motion Dr. Ryan moved that the drugs in the class were therapeutic alternatives to include at least one otic glucocorticoid combination. Seconded by Dr. Doran Atchison. The motion passed with one nay.

DR. RYAN MOVED THAT THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE OTIC GLUCOCORTICOID COMBINATION. SECONDED BY CASEY GOKEY. THE MOTION PASSED UNANIMOUSLY.

5. End of Public Meeting

6. Approval of Previous Meeting Minutes

ANNA BRECKHEISEN, asked that the phonetic get removed from her name on the transcript.

JOHN RILEY, stated that he will have that taken care of.

MOTION BY CASEY GOKEY TO APPROVE THE MEETING MINUTES WITH THE CORRECTION NOTED BY HER COLLEAGUE. SECOND BY DR. RYAN. MOTION PASSED UNANIMOUSLY.

7. Comments From Committee Members

JOHN RILEY, asked if staff was seeing effects of the operations from some of the changes in funding that are coming down from the feds or other sources. He asked if there are operational concerns.

CHARLES SEMLING, stated that in regard to the pharmacy program they have not heard of any cuts at this time so things should remain business as usual for them for the time being. He said that there are supplemental rebates, which is what this committee really helps with and he thanked everyone for their work in these meetings. They were able to save the state about 27 million dollars by working through the PDL and placement of the drugs on there. The legislature and state thank them for all of their hard work.

8. Adjourn

MOTION TO ADJOURN BY CASEY GOKEY.

THE NEXT MEETING WAS SCHEDULE FOR SEPTEMBER 19, 2025.