ALASKA MEDICAID
PHARMACY AND THERAPEUTICS COMMITTEE
(ZOOM Meeting)

Location of Meeting
3601 C Street, Room 890/896, Anchorage, Alaska

MINUTES OF MEETING
September 17, 2021
8:00 a.m.

Committee Members Present:
John Riley, PA, Acting Chairman
Robert Carlson, MD
Sarah Doran-Atchison, PharmD
Jonathan Harrison, PharmD
Claudia Phillips, MD
Charles Ryan, MD (Second half of meeting)
Trisha White, R.Ph. (First half of meeting)

Committee Members Absent:
Diane Liljegren, R.Ph.

Others Present:
Erin Narus, PharmD, R.Ph., State of Alaska
Charles Semling, PharmD, R.Ph.
Umang Patel, Pharm D, R.Ph., Magellan Medical Administration
Ryan Ruggles, PharmD, Magellan Medical Administration
Colette Grower, Kron Associates

1. Call to Order – Chair

Mr. Riley called the meeting to order at 8:03 a.m.

2. Roll Call

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

3. Public Comments - Local Public/Health Practitioners

PATRICK NOLAN, an Anchorage endocrinologist for 43 years, said he has extensive experience with diabetes, especially type 2 diabetes. He has no financial arrangements with pharmaceutical industries and was providing his own opinions. He urged the committee to consider Rybelsus (Semaglutide) for the preferred drug list. Several studies and their outcomes were reviewed. His

success with Rybelsus has included patient compliance, body weight reduction, A1C reduction, and fewer side effects. He urged the committee to include Rybelsus on the preferred drug list.

JESSICA ESTES, a psychiatric mental health nurse practitioner with Alaska Behavioral Health, disclosed that she was also a paid speaker for Neurocrine Biosciences. As a 20-year clinical practitioner, she has watched the evolution of movement disorder treatment, which is a limited class with limited medication options. Parity is important for patients relating to patient compliance. The more frequently patients have to take medications, the less likely they are to get a second or third dosing in a day if required. She encouraged the committee to ensure that individuals had parity in treatment and could access all of the treatments available for movement disorders.

4. Class Review, Discussion & Vote

4-A. Gastrointestinal: Antiemetic-Antivertigo Agents (Green); GI Motility and Irritable Bowel Syndrome, Chronic (Green); Ulcerative Colitis (Green); Cytokine and Cell-Adhesion Molecules (CAM) Antagonist - GI Indicated (Blue)

Gastrointestinal: Antiemetic-Antivertigo Agents (Green Class)

Dr. Umang Patel gave the Magellan presentation for Gastrointestinal: Antiemetic-Antivertigo Agents. The utilization report was reviewed and 67.1% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Gastrointestinal: GI Motility and Irritable Bowel Syndrome, Chronic (Green Class)

Dr. Umang Patel gave the Magellan presentation for Gastrointestinal: GI Motility and Irritable Bowel Syndrome, Chronic. The utilization report was reviewed and 83.8% of the prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Gastrointestinal: Ulcerative Colitis (Green Class)

Dr. Umang Patel gave the Magellan presentation for Gastrointestinal: Ulcerative Colitis. The utilization report was reviewed and 65.8% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives to include at least one delayed-release agent, one prodrug short-acting agent, and one rectal preparation passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE DELAYED-RELEASE AGENT, ONE

PRODRUG SHORT-ACTING AGENT, AND ONE RECTAL PREPARATION. SECONDED DR. HARRISON. THE MOTION PASSED UNANIMOUSLY.

Public comments for Gastrointestinal: Cytokine and Cell-Adhesion Molecules (CAM) Antagonists - GI Indicated (Blue Class)

There were no public comments.

Dr. Umang Patel gave the Magellan presentation for Gastrointestinal: Cytokine and Cell-Adhesion Molecules (CAM) Antagonists - GI Indicated. Ulcerative colitis (UC) is a chronic inflammatory disease primarily affecting the colon and rectum. It affects approximately 1 million people in the U.S. and the incidence continues to increase worldwide. The CDC estimates the current prevalence of 249 per 100,000 adults in the United State. Ulcerative colitis may present at any age, but onset typically peaks between 15 and 30 years of age. The disease is characterized by superficial infiltration of the bowel wall by inflammatory white cells, resulting in multiple mucosal ulcerations and crypt abscesses. The predominant symptom of ulcerative colitis is diarrhea, which is usually associated with blood in the stool. There are additional symptoms that may occur including pain in the lower quadrant or rectum, along with systemic features including fever, malaise, and weight loss. The initial attach may be fulminant with bloody diarrhea, but the disease more commonly begins indolently with non-bloody diarrhea progressing to bloody diarrhea. Ulcerative colitis an present initially with any extent of anatomic involvement ranging from disease confined to the rectum to the entire large intestine, which is pancolitis. Most commonly, ulcerative colitis follows a chronic intermittent course with long periods of quiescence interspersed with acute attacks lasting weeks to months. However, a significant percentage of patients suffer a chronic continuous course.

Treatment guidelines from the American Gastroenterology Association were reviewed.

In February 2021, the FDA approved expanded indications for Humira for the treatment of moderately to severely active ulcerative colitis to include patients as young as 5 years of age. Dosing is indicated and weight based. It can be found in TCRs or PIs. It is available as a single-dose prefilled pen, a single-dose prefilled glass syringe, or a single-dose glass vial for institutional use only.

In February 2021, and FDA communication for Xeljanz or Xeljanz XR alerted the public that preliminary results from a safety clinical trial showed increased risk of serious heart-related problems and cancer compared to TNF inhibitors. Patients were advised not to stop taking the medication without consulting their physicians. The FDA will communicate final conclusions and recommendations after their review is complete.

The utilization report was reviewed and 82.9% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives passed unanimously.

MARGARET OLMON, a representative of Abbvie, discussed Humira. Humira is indicated for the treatment of moderately to severely active Crohn’s Disease in adults and pediatric patients 6 years of age and older, as well as moderately to severely active ulcerative colitis in adults and pediatric patients 5 years of age and older. The newest indication for Humira is the treatment of pediatric patients with ulcerative colitis. In February, the FDA approved it as the first and only subcutaneous biologic for

children with ulcerative colitis that could be administered at home. Ulcerative colitis is unpredictable and can affects patients, especially children, differently. It is characterized by inflammation of the large intestine with symptoms ranging from mild to severe bowel urgency and bowel incontinence, as well as weight loss and fatigue. Several studies and their outcomes were reviewed. Humira has sustained efficacy, published long-term safety data, and has shown a durable response in both adult and pediatric patients with Crohn's Disease and ulcerative colitis. We respectfully urge the committee to maintain the preferred status of Humira on the PDL for the people of Alaska.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. WHITE. THE MOTION PASSED UNANIMOUSLY.

4-B. Endocrine/Metabolic: Antihyperuricemics (Green); Progestins for Cachexia (Green); Growth Hormone (Red); Androgenic Agents, Topical (Green); Bone Resorption Inhibitors (Green); Hypoglycemics, Metformin (Blue); Hypoglycemics, Alpha-Glucosidase (Green); Hypoglycemics, SGLT2 Inhibitors (Blue); Hypoglycemics, Meglitinides (Green); Hypoglycemics, Thiazolidinedione (TZD) and Combinations (Green); Hypoglycemics, Dipeptidyl Peptidase-4 Inhibitors (DPP-4) and Combinations (Blue)

Endocrine/Metabolic: Antihyperuricemics (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Antihyperuricemics. The utilization report was reviewed and 96.2% of prescriptions were for preferred products. At the last review, a motion for therapeutic alternatives passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Progestins for Cachexia (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Progestins for Cachexia. The utilization report was reviewed and 97.4% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. CARLSON. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Endocrine/Metabolic: Growth Hormone (Red Class)

There were no public comments for Endocrine/Metabolic: Growth Hormone.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Growth Hormones. Growth hormone deficiency (GHD) results from inadequate production of growth hormone and can produce various medical conditions depending on age. Adults with GHD may have diminished lean body mass, poor bone density, and physical and psychological manifestations. GHD can be congenital or acquired in childhood or adult life, in addition to being partial or complete. The condition is usually permanent

and may be isolated deficiency or occur in association with deficiencies of other pituitary hormones. It most cases, the diagnosis should be based on results from two tests as recommended by the Pediatric Endocrine Society. The 2009 American Association of Clinical Endocrinologists Guidelines for Clinical Practice indicates no evidence exists to support an specific growth hormone product over another.

Prader-Willi syndrome (PWS) is a generic disorder in which genes on chromosome 15 are missing or unexpressed on the paternal chromosome. It is characterized by hyperphagia and food preoccupations, as well as small stature and mental retardation. The major manifestations of PWS are neurobehavioral and endocrine abnormalities, hypothalamic obesity, hypotonia, short stature, developmental delay, and aspects of hypothalamic endocrine dysfunction and pubertal delay or absence. In some cases, the impaired GH secretion may be the result of hypothalamic dysfunction. Daily growth hormone injections support linear growth, increase muscle mass, and may lessen food preoccupation and weight gain in patients with PWS.

In August 2020, the FDA approved Sogroya for replacement of endogenous growth hormone in adults with growth hormone deficiency. There are risks of malignancy progression in patients with active malignancy. Patients with preexisting tumors should be monitored for progression or recurrence. Glucose intolerance and diabetes mellitus may decrease insulin sensitivity, particularly at higher doses. Monitor glucose levels periodically in all patients receiving Sogroya, especially in patients with existing diabetes mellitus or at risk for its development. Monitor thyroid function periodically as hypothyroidism may occur or worsen after initiation of treatment. Pancreatitis has been reported so consider pancreatitis in patients with persistent abdominal pain. Lipohypertrophy/lipoatrophy may occur if administered in the same location over a long period of time. Rotate injection sites on a regular basis. Dosing recommendations were reviewed. It is available as an injection.

Drug shortage notification. Ferring notified health care practitioners of a supply shortage of Zomacton 10-milligrams due to COVID-19 travel restrictions causing delays in qualifying new filling lines. They recommend health care professionals stop prescribing it to new patients and transition current patients to Zomacton 5-milligrams or other treatment options. They also requested that health care professionals and patients contact Ferring's ZoGo support services.

Discontinuation notification. Eli Lilly reported plans to discontinue one presentation of Humatrope, the 5-milligram kit. Distribution will continue until the end of December 2020. Other Humatrope presentations will continue to be available.

The utilization report was reviewed and 89.4% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

DR. CARLSON MOVED A CLASS EFFECT. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Androgenic Agents, Topical (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Androgenic Agents, Topical. The utilization report was reviewed and 0% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

DR. WHITE MOVED A CLASS EFFECT. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Bone Resorption Inhibitors (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Bone Resorption Inhibitors. The utilization report was reviewed and 93% of prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Endocrine/Metabolic: Hypoglycemics, Metformin (Blue Class)

There were no public comments for Endocrine/Metabolic: Hypoglycemics, Metformin.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Metformin. It is estimated that over 34 million Americans have diabetes, of which 90-95% have type 2 diabetes. Diabetes is responsible for increased morbidity and mortality. Adequate glycemic control is crucial to minimize chronic microvascular and macrovascular complications. Exogenous insulin supplements deficient levels of endogenous insulin and temporarily restores the ability of the body to properly utilize carbohydrates, fats, and proteins. Multiple insulin products are available and are used as replacement therapy in the management of both type 1 diabetes and type 2 diabetes when glycemic goals are not met with oral antidiabetic agents. In addition to exogenous insulin, there are several pathways by which blood glucose may be regulated in diabetic patients.

Guidelines from the Kidney Disease Improving Global Outcomes, the American College of Cardiology, and the American Diabetes Association were reviewed.

In June 2020, the FDA update their laboratory analysis of the impurity of NDMA in the U.S. Metformin supply. While low levels of NDMA have been found in certain samples of Metformin products, it has not been found in Metformin active pharmaceutical ingredient. No tested samples exhibited levels of NDMA greater than the FDA's previously defined acceptable daily intake. Products tested had now or no detectable levels of the impurity. At this time, the FDA has not recalled any Metformin products.

In January 2021, Nostrum issued a voluntary recall of Metformin HCI extended-release tablets, 500-milligrams, and two lots of Metformin HCI extended-release tablets, 750-milligrams, due to the NDMA levels being above the acceptable limits. In June 2021, Viona Pharmaceuticals issued a retail-level voluntary recall for two logs of Metformin HCI extended-release tablets, 750-milligrams, due to elevated levels NDMA impurity.

The utilization report was reviewed and 98.1% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

In response to Mr. Riley, Dr. Patel said he would have to look into the mechanism by which NDMA impurities got into several different classes of drugs, but he thought it was something in the manufacturing process.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Hypoglycemics, Alpha-Glucosidase (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Alpha-Glucosidase. The utilization report was reviewed and 100% of the prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. DORAN-ATCHISON MOVED A CLASS EFFECT. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Endocrine/Metabolic: Hypoglycemics, SGLT2 Inhibitors (Blue Class)

There were no public comments for Endocrine/Metabolic: Hypoglycemics, SGLT2 Inhibitors.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, SGLT2 Inhibitors. In May 2021, the FDA approved a new indication for Dapagliflozin (Farxiga) to reduce the risk of sustained eGFR decline, end-stage kidney disease, CV death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression. Dosing recommendations were reviewed. It is available in a tablet. Safety and efficacy have not been established in pediatric patients. It is not recommended for patients who are pregnant to be used in the second or third trimester of pregnancy. There is no dose adjustment recommended for mild, moderate, or severe hepatic impairment.

In August 2020, the FDA issued a Drug Safety Communication to update an earlier communication regarding the risk of leg and foot amputations with canagliflozin-containing medications. Based on review of data from three new clinical trials, they have removed the boxed warning language. The FDA states the subsequent data demonstrated additional clinical benefits leading to additional indication approvals, while the risk of amputation was lower than previously described. The risk of amputation remains a warning in the labeling.

The utilization report was reviewed and 76.8% of prescriptions were for preferred products. At the last review, a motion of class effect to include at least one medication that decreases cardiovascular risks and at least one that shows renal protective effects passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT TO INCLUDE AT LEAST ONE MEDICATION THAT DECREASES CARDIOVASCULAR RISKS AND AT LEAST ONE THAT SHOWS RENTAL PROTECTIVE EFFECTS. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Hypoglycemics, Meglitinides (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Meglitinides. The utilization report was reviewed and 66.7% were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Hypoglycemics, Thiazolidinedione (TZD) and Combinations (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Thiazolidinedione (TZD) and Combinations. The utilization report was reviewed and 95.4% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. CARLSON MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Endocrine/Metabolic: Hypoglycemics, Dipeptidyl Peptidase-4 Inhibitors and Combinations (Blue Class)

There were no public comments for Endocrine/Metabolic: Hypoglycemics, Dipeptidyl Peptidase-4 Inhibitors and Combinations.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Dipeptidyl Peptidase-4 Inhibitors and Combinations. In December 2020, the FDA approved Saxenda for pediatric patients 12 years of age and older who are 60 kilograms or greater in weight and have an initial BMI corresponding to 30, which is defined as obese, by international cutoffs. Previously, it was approved only in adults. Dosing recommendations were reviewed. It is available as an injection. For patients with hepatic impairment, there is limited experience. For patients with renal impairment, it is recommended to use with caution due to limited experience.

In December 2020, the FDA issued a communication stating that Januvia, Janumet, and Janumet XR are not proven to improve glycemic control in patients 10 to 17 years of age with type 2 diabetes. This is based on the results of three clinical trials that did not demonstrate an improvement in A1C. Labeling has been updated accordingly.

The utilization report was reviewed and 91.6% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Dr. Umang Patel returned to Mr. Riley's earlier question of NDMAs. It is a byproduct of manufacturing. It also happens when means interact with each other in the chemical processing. This can be found in food, beer, and medication manufacturing, and is considered a carcenogen. The FDA has become more vigilant in trying to create a level of monitoring. If NDMAs reach a certain level, manufacturers should recall those lots.

Public Comments for Endocrine/Metabolic: Hypoglycemics, Glucagon-like Peptide-1 (GLP-1) and Combinations (Blue Class)

SARAH VILLARREAL, a representative Nova Nordisk, discussed an oral Semaglutide molecule that represents the first and only oral GLP-1 on the market under the brand name Rybelsus. It is indicated for the management of type 2 diabetes in adults. It has been available a little over two years and is administered once daily. A major advantage of Rybelsus is it offers a GLP-1 option for patients who cannot or will not accept injectable therapy and obviates the need for injection teaching. Dosing recommendations were reviewed. Rybelsus should be taken at least 30 minutes before the first food, beverage, or other medications of the day with up to four ounces of water. Several trials and their outcomes were reviewed. The most common toxicities were GI in nature, which is as expected and tend to resolve within the first couple of months of therapy in most patients. For additional safety information, please refer to the package inserts.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Hypoglycemics, Glucagon-like-Peptide 1 (GLP-1). In December 2020, Bydureon Pen and Bydureon Bcise was approved by the FDA as adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes to include pediatric patients 10 years of age and older. Previously, it had only been approved for adults. It has not been studied in patients with acute or chronic hepatic impairment. It is not recommended in GFR of less than 45.

The utilization report was reviewed and 89.9% of prescriptions were for preferred products. At the last review, a motion of class effect to include at least one weekly injection product passed unanimously.

In response to Dr. Phillips, Dr. Semling said the committee could request that at least one oral diabetic product be available on the PDL.

DR. PHILLIPS MOVED A CLASS EFFECT TO INCLUDE AT LEAST ONE WEEKLY INJECTION PRODUCT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Dr. Trish White left the meeting.

Endocrine/Metabolic: Rapid-Acting Insulins (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Rapid-Acting Insulins. The utilization report was reviewed and 19.7% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Regular Insulins (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Regular Insulins. The utilization report was reviewed and 0% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Intermediate Insulins (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Intermediate Insulins. The utilization report was reviewed and 100% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Rapid/Intermediate-Acting Combination Insulins (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Rapid/Intermediate-Acting Combination Insulins. The utilization report was reviewed and 63% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Regular/Intermediate-Acting Combination Insulins (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Regular/Intermediate-Acting Combination Insulins. The utilization report was reviewed and 83.3% of prescriptions were for preferred products. At the last review, a motion of class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Public Comments for Endocrine/Metabolic: Long-Acting Insulins (Blue Class)

There were no public comments for Endocrine/Metabolic: Long-Acting Insulins.

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Long-Acting Insulins. In July 2021, the FDA approved insulin glargine-yfgn, or Semglee, as an interchangeable biosimilar to insulin glargine, or Lantus. Semglee is a long-acting human insulin analog indicated to improve glycemic control in adults and pediatric patients with type 1 diabetes and in adults with type 2 diabetes. It is not recommended for treating diabetic ketoacidosis. This is a biosimilar to Lantus, so it is identical in terms of precautions of hypoglycemia, hypokalemia, and fluid retention and heart failure with concomitant use of thiazolidinediones (TZDs). Dosing recommendations were reviewed. It is available in a multi-dose vial and a single-patient-use prefilled pen.

The utilization report was reviewed, and 86.6% of prescriptions were for preferred products. At the last review, a motion for class effect passed unanimously.

DR. PHILLIPS MOVED A CLASS EFFECT. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Endocrine/Metabolic: Phosphate Binders (Green Class)

Dr. Umang Patel gave the Magellan presentation on Endocrine/Metabolic: Phosphate Binders. The utilization report was reviewed and 82.9% of prescriptions were for preferred products. At the last review, a motion of therapeutic alternatives passed unanimously.

DR. PHILLIPS MOVED THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. DORAN-ATCHISON. THE MOTION PASSED UNANIMOUSLY.

Break from 9:21 a.m. to 9:32 a.m.

A roll call was taken, and Dr. Riley, Dr. Carlson, Dr. Doran-Atchison, Dr. Phillips, Dr. Harrison, and Dr. Ryan were present.

4-C. Antiretrovirals: HIV/AIDS Agents (Red)

Dr. Semling said the review of this class was not to limit access to these drugs, but to gain better visibility around the class. Antiretrovirals require an IC-10 code at this time.

Public Comments for Antiretrovirals: HIV/AIDS Agents (Red Class)

TERRA STONE, a representative of ViiV, discussed the importance of open access to HIV medications. HIV continues to be a public health challenge. Approximately 1.2 million people have HIV and almost 35,000 new cases occurred in 2019. The DHS HIV National Strategic Plan is to reduce new HIV infections by as much as 90 percent by 2030. Recent reports show Medicaid and uninsured patients were the least likely to achieve HIV viral suppression. Studies have repeatedly shown patients on single-tablet regimens have higher adherence and better outcomes than those on multi-tablet regimens. Guidelines say approved single-tablet regimens should be made available. People with HIV who reach and maintain bio suppression have essentially no risk of sexually

transmitting the virus. Access to HIV medications is critical for obtaining optimal health outcomes, preventing further transmission, and ending the epidemic. The CDC states a growing body of evidence shows the majority of HIV infections in the United States could be inverted by increasing the percentage of people living with HIV receiving early, ongoing care and treatment to become virologically suppressed. The CDC HIV Vision Statement is a future free of HIV. Innovation is likewise important, such as two-drug regimens which potentially offer fewer drug-drug interactions and side effects and new delivery systems such as long-acting injecting medications. The decision-making process of choosing the appropriate regimen must be entrusted to providers and patients to achieve the best outcomes. The road to cost savings is to achieve and maintain viral suppression by individualizing care. Providers should have access to ARVs in constructing a viable regimen for their patients. Any prior authorizations in HIV care have substantially reduced access to medications. The benefit of appropriate and timely ARV necessitates policies that promote and do not restrict comprehensive HIV treatment. Please keep open access for HIV medications.

Dr. Umang Patel gave the Magellan presentation on Antiretrovirals: HIV/AIDS Agents. Human Immunodeficiency Virus (HIV) infection is a complex disease that results in the destruction of the immune system of HIV-infected individuals. There are two major subtypes of HIV: HIV-1 and HIV-2. HIV-1 is considered most responsible for the AIDS epidemic. HIV-2 is less virulent and less transmissible. However, both are known to cause AIDS and are transmitted by sexual contact. HIV-2 is more concentrated in West Africa. HIV retrovirus established infection by killing the CD4+ T cells that are crucial to a healthy immune system. These T cells are also called “T-helper cells” because they also signal other cells in the immune system to perform their functions. Research has shown that most infecting strains of HIV use a co-receptor molecule called CCR5, in addition to the CD4 molecule, to enter the T cells and take over the cellular machinery for viral replication. Without these CD4+ T cells, the immune system is vulnerable to infection. A health uninfected person usually has 800 to 1,200 CD4+ T cells per cubic millimeter of blood. Once infected, the number of T cells decline. This decline may be swifter than previously believed in the absence of early treatment. If the T cell count falls below 200 then this condition is classified as AIDS. The individual then becomes even more vulnerable to the opportunistic infections and cancers that are associated with this end stage of HIV disease.

Nine therapeutic classes represent the drug treatment options for HIV/AIDS: nucleoside and nucleotide reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, protease inhibitors, integrase inhibitors, attachment inhibitor, CCR5 antagonists, fusion inhibitors, pharmacokinetic enhancers, and monoclonal antibody, ibalizumab-uiyk. Initial regimen selection should be guided by patient characteristics, including comorbidities, drug-drug interaction possibilities, toxicity risk, regimen complexity, and virologic efficacy.

Treatment guidelines from the Department of Health and Human Services and the International Antiviral Society were reviewed.

In July 2020, the FDA approved an expanded indication for Evotaz for the use and treatment of HIV-1 infection, in combination with other agents. And it expanded to include pediatric patients weighing 35 kilograms or more. Previously, it was approved for use only in adults. It is contraindicated in patients with previously demonstrated hypersensitivity. There is a cardiac conduction abnormality, specifically the PR interval. Severe skin reactions can occur. It is not recommended for the use and treatment of

patients with end-stage renal disease and hemodialysis. It is not recommended in patients with any degree of hepatic impairment. Dosing recommendations were reviewed. It is available as a tablet.

In August 2020, the FDA approved Rukobia, an HIV-1 gp120-directed attachment inhibitor, in combination with other antiretroviral for the treatment of HIV-1 injection in heavily treatment-experienced adults with multidrug-resistant HIV-1 infection failing their current regimen due to resistance, intolerance, or safety considerations. Immune reconstitution syndrome has been reported in patients treated with this combination antiretroviral therapy. QTc prolongation and elevations in hepatic transaminases has been noted. Dosing recommendations were reviewed. It is available as an extended-release tablet.

In August 2020, the FDA expanded the indications for Dovato to include use as a complete regimen to replace the current antiretroviral regimens in those who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure. It was previously only indicated as complete regimen in treatment-naive adults. In March 2021, the PI updated to include expanded use of HIV-1 injected patients with renal impairment and creatinine clearance of 30 to 49 milliliters per minute. As this is a fixed-dose tablet, use is not recommended in patients with a creatin clearance of less than 30. Previously, Dovato was not recommended for patients with creatin clearance of less than 50. There is a black box warning that all patients with HIV-1 should be tested in the presence HBV prior to initiating Dovato. Embryo-fetal toxicity may occur when used at the time of conception and in early pregnancy. An alternative treatment to Dovato should be considered at the time of conception through the first trimester of pregnancy due to the risk of neural tube defects. For pregnancy, an alternative treatment to Dovato should be considered at the time of conception. Dosage recommendations were reviewed. It is available as a tablet.

In August 2020, the FDA approved an expanded indication for Prezcobix for use of treatment of HIV-1 infection in treatment-naïve and treatment-experienced with no Darunavir resistance-associated substitutions and expanded to include pediatric patients weighing 40 kilograms or more. Previously, it was approved for use only in adults. It is not recommended during pregnancy due to lower exposures of Darunavir. It is not recommended in women who may be breastfeeding. Dosing recommendations were reviewed. It is available as a tablet.

In October 2020, the FDA approved an expanded indication for Selzentry to include treatment of HIV-1 injection in pediatric patients weighing at least 2 kilograms. Previously, it was approved for patients 2 years of age and older weighing at least 10 kilograms. The black box warning for hepatotoxicity has been reported and may be preceded with severe rash or other features of a systemic allergic reaction. Women who are breastfeeding should be instructed not to breastfeed due to the potential of HIV transmission. Dosing recommendations were reviewed. It is available as a tablet or oral solution.

In January 2021, the FDA approved Edurant for use in combination with oral Vocabria for short-term treatment of HIV-1 infection in adults who are virologically suppressed on a stable regimen with no history of treatment failure and with no known or suspected resistance to either Cabotegravir or Rilpivirine. It has similar warnings and precautions regarding pregnancy and lactation. Patients may develop redistribution accumulation of body fat or immune reconstitution syndrome. Dosing recommendations were reviewed. It is available as a tablet.

In January 2021, the FDA approved Vocabria, an HIV-1 integrase inhibitor, in combination with Edurant, for short-term treatment of HIV-1 infection in adults who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either Cabotegravir or Rilpivirine, for use as: 1) an oral lead-in to evaluate tolerability of Cabotegravir prior to initiation of Cabotegravir/Rilpivirine extended-release injection (Cabenuva) and as 2) an oral therapy for patients who will miss planned injection dosing of Cabenuva. Breastfeeding is not recommended due to the potential of HIV-1 transmission. Dosing recommendations were reviewed. It is available as a tablet. No dosage adjustment is necessary in patient with mild, moderate or severe renal impairment. The PK on end-stage renal is unknown at this time. No dosage adjustment is required for mild or moderate hepatic impairment. The effect on severe hepatic impairment is not known at this time.

In January 2021, the FDA approved Cabenuva as a complete regimen for the treatment of HIV-1 infection in adults to replace current antiretroviral regimens in those who are virologically suppressed on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either Cabotegravir or Rilpivirine. For pregnancy, after oral use of Rilpivirine, exposures were lower during pregnancy compared to the postpartum period. Dosing recommendations were reviewed. It is available as an extended-release injection.

In March 2021, the FDA approved an expanded indication for Triumeq for use in HIV-1 injected patients with renal impairment and creatinine clearance of 30 to 49 milliliters per minute. As this is a fixed-dose tablet, use is not recommended in patients with creatinine clearance less than 30. Previously, it was not recommended for patients with a creatinine clearance of less than 50. All other information remains the same. Black box warnings include severe acute exacerbations of hepatitis B, and hypersensitivity reactions. Pregnancy testing is recommended. Dosing recommendations were reviewed. It is available as a tablet.

In September 2020, there was a discontinuation for Invirase 200 milligram capsules as the capsule is no longer commercially marketed and the approved NDA has been formally withdrawn. In April 2020, the FDA reported Merck's Crixivan 400-milligram capsules will be discontinued on or near August 2020. In February 2021, the FDA announce that Gilead will discontinue manufacturing of Atripla as of July 2021. The supply is expected to be available until December 2021. There are no generic equivalents for this product. In May 2021, the FDA announced that BMS will discontinue manufacturing of Reyatz 150-milligrams. The product will be available until December 31, 2021. Generic versions remain available. In July 2021, the FDA announced the discontinuation of the Aptivus 100-milligrams per milliliter presentation of the oral solution.

As this is the first review of this class, 100% of the prescriptions were for nonpreferred drugs and there is no previous motion.

In response to Mr. Riley, Dr. Semling said the State's intent was not to limit access of any of these medications, but to gain more visibility around the class. Prescribing these medications do not require the medically necessary clause, but they do require an IC-10 code to accompany the prescription.

Dr. Erin Narus said there were reasons to have visibility around this class. We want to ensure our members are getting treatment and their outcomes are optimal to provide focused attention on putting

resources towards this class and to track and monitor it. It is our intent to leave the selection of this class in the hands of the prescribers. However, if opportunities present themselves to outcome-based tracking or agreements that allow us to better track outcomes and ensure our members are getting optimal care, placing this class on the PDL can provide us that flexibility in the future. It also gives the committee the ability to track these trends and the department to work with our grantee programs within the state. The intent is not to restrict parity or add prior authorizations, but it is about driving outcomes-based care delivery.

Mr. Riley asked if a motion of therapeutic alternatives, with the thought of keeping open access, would maintain the current status. Dr. Erin Narus said the motion would be consistent with the direction of the current processing of this class.

DR. PHILLIPS MOVED THAT WITH THE UNDERSTANDING THAT ACCESS WOULD REMAIN OPEN, THE DRUGS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES TO INCLUDE AT LEAST ONE OF THE FOLLOWING INHIBITOR CLASSES: NUCLEOSIDE REVERSE TRANSCRIPTASE, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE, PROTEASE, AND INTEGRASE TRANSFER INHIBITORS; AT LEAST ONE PREP FORMULATION; AND AT LEAST ONE PEDIATRIC-APPROVED PRODUCT. SECONDED BY DR. DORAN-ATCHISON.

In response to Mr. Riley, Dr. Phillips said it was her understanding that if they approved the individual products then they also approved the combination products. Dr. Semling affirmed that the combination products would also be included. He reiterated that the intent was not to limit access to the class.

THE MOTION PASSED UNANIMOUSLY.

4-D. Single Class Reviews: Movement Disorders (Red Class); Continuous Glucose Monitors (Red Class)

Public Comments for Movement Disorders (Red Class)

BRIAN WENSEL, a representative Sunovion, discussed Kynobi. He discussed uncontrolled Parkinson Disease symptoms when maintenance medication was not working as well as it used to, also known as off episodes. It may be helpful to think about PD treatments in three separate categories, an oral combination that is the mainstay of maintenance therapy, adjunctive therapy, and intermittent or on-demand therapies. We can either manage off episodes preventatively by increasing the off time with on-extenders by approximately an hour a day, or we can enable patients to turn it from off back to on using an on-demand therapy as needed. On-extenders may reduce the number of off episodes by approximately 60 to 90 minutes per day, but most patients still have off episodes, and they cannot choose which off episode to treat. On-extenders will never stop an off episode once it has begun. This is when you need an intermittent on-demand treatment. On-demand therapies, like Kynobi, are intended to be used as needed to rapidly convert patients from off to on. The difference between on-extenders and on-demand treatments are like COPD treatments, which was described. We should optimize maintenance treatment for Parkinson's Disease, while at the same time providing for acute rescues. Kynobi is indicated for the acute intermittent treatment of off episodes related to Parkinson's Disease. Dosing recommendations were reviewed. It can be administered up to five times per day

when separated by at least two hours. We request that Kynobi be available for the Alaska PDL for patients with Parkinson's Disease who experience off episodes.

JENNIFER SHEAR, a representative of Teva, discussed Austedo. It results in a differentiated pharmacokinetic profile allowing for lower dosing, less frequent administration, and reduced fluctuations in plasma drug concentrations versus Tetrabenazine. It is the only FDA-approved therapy indicated for the treatment of tardive dyskinesia in adults and chorea associated with Huntington's disease. A boxed warning exists for the use of Austedo in patients with Huntington's disease, however, this warning is not associated with patients using Austedo for tardive dyskinesia. In 2020, Austedo labeling was updated to reflect the following. At the maximum recommended dose, it does not prolong the QT interval to any clinically significant extent. Labeling no longer requires assessment of the QT interval before and after increasing the dose of Austedo to greater than 24 milligrams in patients who are at risk for QT prolongation or in patients using other drugs known to prolong QT. Please refer to the PI for additional information and complete safety information. Compared with Tetrabenazine, Austedo was associated with significantly lower risk of moderate to severe adverse events and neuropsychiatric adverse events including agitation, depression, drowsiness, somnolence, insomnia, and parkinsonism. Dosing recommendations were reviewed. Several studies and their outcomes were reviewed. Due to the lack of FDA-approved treatments to treat tardive dyskinesia or Huntington's disease, we request that Austedo be included on the PDL.

EDWARD PAIEWONSKY, a representative of Neurocrine Biosciences, discussed Ingrezza, the only once-daily FDA-approved indicated option for the treatment of patients with tardive dyskinesia (TD). TD is an often persistent and disruptive condition associated with prolonged exposure to dopamine receptor blocking agents. The efficacy and safety of Ingrezza has been established in multiple clinical trials in adults with TD, stable schizophrenia, schizoid-effective disorder, or a mute disorder. Please refer to the prescribing information for a comprehensive overview of the clinical trial data. Several studies and their outcomes were reviewed. Ingrezza has no boxed warnings. It is contraindicated in patients with a history of hypersensitivity to Valbenazine or any of the components of Ingrezza. It has three warnings and precautions which includes somnolence, parkinsonism, and potential for the prolongation of the QT interval, although this is not expected to be clinically significant at concentrations within the recommended dosing parameters. The most commonly recorded adverse reaction was somnolence. Ingrezza represents an effective, once-daily treatment for adults with tardive dyskinesia. It is supported by long-term safety and efficacy data up to 48 weeks. We respectfully request that Ingrezza be added to the PDL at parity to other options. Neurocrine Biosciences has a commitment to the State of Alaska, and we have a dedicated commercial representative living within the state who is available for any providers who need assistance.

Dr. Phillips asked about an ongoing trial for Ingrezza for Huntington's chorea. Mr. Paiewonsky said there was an ongoing registration study for Ingrezza and Huntington's chorea. They hoped to have information available following the data readout. It is currently an off-label indication.

Dr. Umang Patel gave the Magellan presentation on Movement Disorders. Huntington's Disease was reviewed. Chorea, an abnormal involuntary twisting or writhing movement, is a characteristic feature of Huntington's disease, which is a rare and fatal genetic disorder resulting in neurodegeneration of the brain, which affects over 35,000 people in the United States. As chorea becomes more severe, it can interfere with a patient's function. As the disease progresses, chorea is replaced by dystonia and

parkinsonism. Chorea affects approximately 90 percent of people with Huntington's disease. It often develops early, gradually worsens, and plateaus in late stages. Chorea symptoms may be aggravated by stress and anxiety. No therapy currently exists to delay the onset of symptoms or prevent the progression of the disease. However, symptomatic treatment may improve the quality of life and prevent complications. Xenazine, a VMAT2 inhibitor, was the first agent approved in 2008 by the FDA to treat chorea associated with Huntington's disease. A deuterated formulation allowing once-daily dosing, known as Austedo, was approved to treat chorea associated with Huntington's disease in 2017. Other therapeutic options that are used but lack FDA approval for this use (off-label) include dopamine-depleting agents such as Reserpine and Neuroleptics. However, long-term use of these drugs may carry a high risk of adverse events.

Guidelines for Huntington's disease by the American Academy of Neurology were reviewed.

Tardive dyskinesia consists of involuntary movement of the tongue, lips, face, trunk, and extremities that occur in patients treated with medication with dopamine antagonist properties. It may consist of movements classified as bradykinesia and/or hyperkinesia. Dopamine transport dysfunction and chronic central dopamine blockage have been hypothesized to play a role in the development to tardive dyskinesia, although multiple other pathophysiologic mechanisms have been proposed. Tardive dyskinesia differs from acute movement disorders, often referred to as extrapyramidal symptoms, which commonly occur in patients treatment with dopamine antagonists. EPS most commonly occurs early in therapy and during dose increases. These acute movement disorders include akathisia, acute dystonia, parkinsonism, and other hyperkinetic dyskinesias. Tardive dyskinesia generally occurs after long-term treatment with a dopamine antagonizing medication, but the timeline of tardive dyskinesia onset varies extensively. Once a patient develops tardive dyskinesia, it may be irreversible.

Guidelines for tardive dyskinesia by the American Psychiatric Association were reviewed.

In April 2021, the FDA approved an expanded formulation of Ingrezza to include 60-milligram capsule strengths. It is indicated for the treatment of adults with tardive dyskinesia. Warnings include things such as somnolence, QT prolongation, fetal harm in pregnancy, and patients are advised not to breastfeed. Dosing recommendations were reviewed. It is available as 40-, 60-, and 80-milligram capsules.

As this is the first review of this class, 100% of the prescriptions were for nonpreferred drugs and there is no previous motion.

Public comments for Continuous Glucose Monitors (Red Class)

There were no public comments for Continuous Glucose Monitors.

Dr. Semling noted that this class was comprised of medical equipment, not drugs. Blood glucose meters will be paid for through the pharmacy point of sale, so we need to have some controls around these monitors.

Dr. Umang Patel gave the Magellan presentation on continuous glucose meters. Blood glucose meters provide an objective measure of blood glucose for patients and their healthcare professionals. They are

now designed to be quick, easy, and relatively painless. Standard blood glucose meters and test strips are intended for the quantitative determination of glucose in human capillary whole blood taken from the fingertip. However, depending on the monitoring system, other parts of the body, such as the forearm, upper thigh, and upper arm, may be used for testing. Most meters are now equipped with a manual or automatic means of electronically sharing or downloading readings to computers or other devices so they may be stored and shared with healthcare professionals.

Continuous glucose meters (CGM) were reviewed. Continuous glucose monitoring systems offer an alternative to traditional or standard blood glucose meters and use a needle that remains inserted under the skin to measure glucose levels within interstitial fluid. Recent data supports the use of continuous glucose meters (CGM), demonstrating both decreases in HbA1c and reduction in hypoglycemia frequently among users, including adults and youth. CGM provides data not previously available with traditional meters, including a new metric such as time in hypoglycemic range. Published data suggests a strong correlation between TIR and HbA1c. Most CGM systems consist of a sensor, transmitter, and receiver. There are CGM monitors that report glucose levels continuously, as well as those that require scanning the device to provide intermittent readings, or what is called intermittently scanning continuous glucose monitoring (isCGM). The latest version utilizing isCGM system has an optional alert for a high or low glucose value. However, it still requires the device to be swiped to show the glucose level and trend arrows. The FreeStyle Libre 2 and one real-time CGM, the Dexcom G6, are considered to be integrated continuous glucose monitoring (iCGM) devices. These are set to a higher FDA standard and can be reliably integrated with other digital devices, such as automated insulin dosing systems. Some CGM meters included in this review are approved to be used for making treatment decisions without blood glucose confirmations, and some do require confirmations. CGMs that require blood glucose confirmations are sometimes referred to as adjunctive use, and those that do not require blood glucose confirmations are considered to be non-adjunctive use. It is advised that blood glucose should be checked using a fingerstick reading, despite use of a CGM, during the following situations: to confirm hypoglycemia or impending hypoglycemia when exhibiting symptoms of low or high blood glucose or symptoms do not align with the readings, as well as during times of rapidly changing glucose, as interstitial fluid glucose levels may not be reflective of blood glucose levels.

CGMs can be either blinded or unblinded. Unblinded meters provide unblinded data to the patient using the device, while blinded meters make data available to both the patient and their healthcare provider. Meters are considered to be either owned by the user (unblinded) and used on a frequent/continuous basis, or they are owned and applied at the clinic, providing blinded data that can be unblinded, known as professional CGM. This use is typically initiated in a clinic with use of a reader that is owned by the clinic. Therefore, they do not display real-time glucose readings to the patient. However, data can be unblinded for a discrete period of time. When prescribing any CGM system, education, training, and support are necessary for optimal monitor implementation and use. It is possible that patients will have difficulty maintaining senor adhesion when using a CGM. Medical tape can be used to ensure adhesion with select sensors, such as the Dexcom sensor. While it is safe for patients to go through metal detectors with sensors, sensors should not be exposed to x-ray technology, and patients should request a manual pat down or remove sensors prior to going through airport security.

Guidelines from the American Diabetes Association, the American College of Gastroenterology, the American Academy of Family Physicians, and the Endocrine Society were reviewed.

This is the first review of the class. There is no utilization report. The one-year reports that we pull indicate approximately 4% of claims were for the Dexcom G6, 21% were for the FreeStyle Libre, and the remaining 75% were for the FreeStyle Libre 14-day meter. There is no previous motion.

DR. RYAN MOVED THE BLOOD GLUCOSE METERS IN THE CLASS WERE THERAPEUTIC ALTERNATIVES. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

Dr. Phillips said this was the first time she had seen medical equipment being reviewed through this platform. She questioned if this was opening the door to other products, such as an ADHD video game that was available. Dr. Semling did not believe this action was opening the door to other products being reviewed by the committee. Continuous glucose monitors are fairly new. Regular finger-stick monitors are paid for through the pharmacy, so this is just falling in line with that process.

In response to Mr. Riley, Dr. Semling said he was not aware of any optical glucose sensors that were currently available.

The meeting moved into closed session. The public telephone lines were disconnected.

5. Review Minutes from April 2021

There were no changes to the meeting minutes of April 2021.

DR. DORAN-ATCHISON MOVED TO APPROVE THE MEETING MINUTES OF APRIL 2021. SECONDED BY DR. PHILLIPS. THE MOTION PASSED UNANIMOUSLY.

6. Other Business

There was no other business.

7. Comments from Committee Members or Chair

Closed Session

8. Adjourn

DR. RYAN MOVED TO ADJOURN THE MEETING. WITHOUT OBJECTION, THE MEETING WAS ADJOURNED.

The meeting adjourned at 10:55 a.m.