

**COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES  
PHARMACY AND THERAPEUTICS ADVISORY COMMITTEE MEETING**

**NOTE: This special called meeting will be held virtually via Zoom webinar.**

Thursday, November 16<sup>th</sup>, 2023

1:00 P.M. to 4:00 P.M. (Eastern)

**Access Information**

Smartphone/Web	Dial-In
<a href="https://magellanhealth.zoom.us/j/99693210189">https://magellanhealth.zoom.us/j/99693210189</a> Webinar ID: 996 9321 0189 Password: 531498	+1 312 626 6799 (US Toll) OR +1 646 558 8656 (US Toll) Webinar ID: 996 9321 0189 Password: 531498

**AGENDA**

- I. Call to Order and Welcome**
- II. Executive Session (upon request)**
- III. Old Business**
  - a. Approval of November 2022 Meeting Minutes
  - b. Approval of March 2023 Meeting Minutes
  - c. Approval of May 2023 Meeting Minutes
  - d. Approval of September 2023 Meeting Minutes
- IV. New Business**
  - a. New Products to Market to be reviewed as single products:
    - i. Filspari™ (*Non-PDL Drug*)
    - ii. Joenja® (*Non-PDL Drug*)
    - iii. Miebo™ (*Ophthalmic Immunomodulators*)
    - iv. Ngenla™ (*Growth Hormones*)
    - v. Olpruva™ (*Non-PDL Drug*)
    - vi. Skyclarys™ (*Non-PDL Drug*)
    - vii. Vyjuvek™ (*Non-PDL Drug*)
- V. Therapeutic Classes with Recommended Changes**
  - Presented by Magellan Rx Management
    - a. Anti-Emetics/Anti-vertigo Agents, Other (*Anti-Emetics: Other*)
    - b. Cytokine and CAM Antagonists
    - c. Ophthalmic Antibiotics (*Ophthalmic Quinolones*)
  - Presented by MedImpact
    - a. Antipsychotics: Injectable
    - b. COPD Agents
    - c. Diabetes, GLP-1 Receptor Agonists
    - d. Glucagon Agents
    - e. Growth Hormones

- d. Immunomodulator, Atopic Dermatitis
- e. Multiple Sclerosis Agents
- g. Ophthalmic Immunomodulators

**VI. Consent Agenda**

- a. The following therapeutic classes have no changes recommended and may be voted on as a group under a consent agenda:

<ul style="list-style-type: none"> <li>• Acne Agents, Oral</li> <li>• Acne Agents, Topical</li> <li>• Antibiotics, Topical</li> <li>• Anticholinergics/Antispasmodics</li> <li>• Antidiarrheals</li> <li>• Antiemetics &amp; Antivertigo Agents <ul style="list-style-type: none"> <li>○ Oral Anti-Emetics: 5-HT3 Antagonists</li> <li>○ Oral Anti-Emetics: NK-1 Antagonists</li> <li>○ Oral Anti-Emetics: Δ-9-THC Derivatives</li> </ul> </li> <li>• Antifungals, Topical</li> <li>• Antiparasitic, Topical</li> <li>• Antipsoriatic, Oral</li> <li>• Antipsoriatic, Topical</li> <li>• Anti-Ulcer Protectants</li> <li>• Antivirals, Topical</li> <li>• Bile Salts</li> <li>• GI Motility, Chronic</li> <li>• Histamine II Receptor Blockers (H2 Receptor Antagonists)</li> <li>• <i>H. pylori</i> Treatment</li> <li>• Immunomodulators, Asthma</li> <li>• Immunosuppressives, Oral (Immunosuppressants)</li> <li>• Laxatives and Cathartics</li> <li>• Ophthalmic, Allergic Conjunctivitis <ul style="list-style-type: none"> <li>○ Ophthalmic Antihistamines</li> <li>○ Ophthalmic Mast Cells Stabilizers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Ophthalmic, Antibiotics <ul style="list-style-type: none"> <li>○ Ophthalmic Antibiotics, Non-Quinolones</li> </ul> </li> <li>• Ophthalmic, Antibiotics-Steroid Combinations</li> <li>• Ophthalmic, Anti-inflammatories <ul style="list-style-type: none"> <li>○ Ophthalmic NSAIDs</li> <li>○ Ophthalmic Anti-inflammatory Steroids</li> </ul> </li> <li>• Ophthalmic, Antivirals</li> <li>• Ophthalmic, Glaucoma Agents <ul style="list-style-type: none"> <li>○ Ophthalmic Beta Blockers</li> <li>○ Ophthalmic Carbonic Anhydrase Inhibitors</li> <li>○ Ophthalmic Combinations for Glaucoma</li> <li>○ Ophthalmic Prostaglandin Agonists</li> <li>○ Ophthalmic Sympathomimetics</li> <li>○ Ophthalmic Glaucoma Agents, Other</li> </ul> </li> <li>• Ophthalmic, Mydriatics &amp; Mydriatic Combinations</li> <li>• Ophthalmic Vasoconstrictors</li> <li>• Otic Antibiotics</li> <li>• Otic Anesthetic and Anti-Inflammatories</li> <li>• Proton Pump Inhibitors</li> <li>• Rosacea Agents, Topical</li> <li>• Steroids, Topical</li> <li>• Spinal Muscular Atrophy</li> <li>• Ulcerative Colitis Agents</li> </ul>
---	---

**VII. Adjournment**

- a. Schedule of Upcoming Meetings
  - i. **January 18, 2024**

To view the most current Preferred Drug List (PDL) and Prior Authorization (PA) criteria please go to <https://kyportal.magellanmedicaid.com/provider/public/home.xhtml>.

**PUBLIC SPEAKERS:** If you would like to speak during the public session, please complete the Speaker Request Form located on the Committees/P&T tab of the Kentucky specific Magellan Medicaid Administration web portal at:  
<https://kyportal.magellanmedicaid.com/provider/public/documents.xhtml>.