New Mexico Health Care Authority Pharmacy & Therapeutics/ Drug Utilization Review Board Meeting Minutes

<table>
<tr><td><u>Date & Time</u></td><td colspan="2">July 29, 2026, 8AM – 12PM MST (scheduled time)
Start Time 8:06 a.m.</td></tr>
<tr><td><u>Virtual option:</u></td><td colspan="2">Microsoft Teams
<u>Join:</u>
<u>https://teams.microsoft.com/meet/235330493792396?p=3DDuknqlQwACOlEJxe</u>
<u>Meeting ID: 235 330 493 792 396</u>
<u>Passcode: 2Lv6w2bU</u></td></tr>
<tr><td rowspan="14"><u>Attendees</u>

The public attendee list is included as Attachment A.

Note: Participants may not have chosen to reveal their identity, and in the absence of a sign-in sheet, therefore, the accuracy of the attendee list is not assured.</td><td colspan="2">Committee Board Members</td></tr>
<tr><td>Amy Bachyrycz, Pharm D</td><td>Present</td></tr>
<tr><td>Stephanie Gehres, MD</td><td>Present</td></tr>
<tr><td>Cathleen Masser-Hewitt</td><td>Present</td></tr>
<tr><td>Kate Morton</td><td>Present</td></tr>
<tr><td>Van Roper</td><td>Present</td></tr>
<tr><td>Justin White</td><td>Present</td></tr>
<tr><td colspan="2">New Mexico Health Care Authority Staff - Present</td></tr>
<tr><td colspan="2">• Cynthia Gustafson, Project Manager
• Diana Moya, Pharmacist
• Julie DiTucci-Reiter, Pharmacist
• Erika Ortega, Certified Pharmacy Technician
• Keenan Ryan, Director of Pharmacy, Acting Chief Medical Officer</td></tr>
<tr><td colspan="2">Conduent Staff – Present</td></tr>
<tr><td colspan="2">• Amy Cully, Clinical Pharmacist, Director of DUR, Retro DUR
• Lorin Meskin, Manager, Pharmacy Benefits Management
• Brad Stevens, Pro DUR edits
• Benson Ninan – Pharmacist</td></tr>
<tr><td colspan="2">Prime Therapeutics Staff – Present</td></tr>
<tr><td colspan="2">• Heather Epps, CPHT, Business Analyst Sr.
• James Kim, Pharm D. Clinical Account Services
• Dana Maliza, Project Manager
• Claudia Soto</td></tr>
<tr><td></td><td colspan="2">Mercer Staff - Present</td></tr>
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	• Leslie Lugo, Pharmacist • Abraham Armenta,

Agenda Item	Record	Notes
	OPEN SESSION	
Call to Order and Roll Call	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order at 8:06 AM on July 29, 2026. Keenan took the roll.	A quorum was present.
Approval for Agenda (Attachment A)	Board Member Roper moved to approve the agenda, and Board Member Gehres seconded the motion. Keenan will address the question during closed session.	Agenda approved by vote. Question from Dr. Gehres re mucolytics not being on the preferred drug list and can't get for pulmonary patients.
Approval of Minutes from 4.13.26 meeting (Attachment B)	Board Member Roper moved to approve the meeting minutes, and Board Member Hewlett-Masser seconded the motion.	Agenda approved by vote. No questions or concerns were provided.
	MEETING BEGINS	
NM FFS/MCO Client Counts and Pharmacy	**Lorin Meskin with Conduent leads discussion.** • 6-month rolling counts for FFS – high 150,000, low 160,000 • PHP highest client count, BCBS then UHC and MHC • 620,000 to 630,000 member range • 30,000 unique client claims FFS • Member Demographics reviewed. Percentage of usage shown in accompanying slides a steady trend.	No comments or concerns were noted.
a) ProDUR	Benson Ninan leads discussion	
	Discussion of edits - interactions around 11,000 claims, followed by the late refills, the early refills that required the prior authorization, and then the therapeutic and ingredient duplication edits. Compared to the prior period, most of the rejections increased, although the last report that we ran was only through March 17th, so	Question - Diana Moya (HCA) – on exception code 4750 with the 133 claims that exceeded 90 MME per day. Are those not a hard reject for review. Lorin - From a DUR, yes, we have another edit that

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	that might have accounted for the increase in claims. These pro-DUR edits are typically pay and report, which means that claims will pay at point of sale without any pharmacist interventions. The claim counts represent the DUR encounters that are identified by the system and should not be interpreted as claim denials. The exception here is the pregnancy exception edit, exception code 4204, which would be a hard edit. That can be overridden by an appropriate DURPPS code. Opioid specific pro DUR edits. The MAT drug on file went live on April 2025 and it rejected code 4620. It is a hard edit. That's why I highlighted in yellow. And as the claims messaging shows, it can be overridden with a pure DURPPS code. Overall, for the opioids, we did see an increase in the MAT drug on file edits, the opioid naive patients that had a seven-day limit, and also the 90 MME limits per day. The 90 MME limit is worth noting because it increased from 21 to 133 claims this period. And at the bottom, we see the naloxone edit that remained very low and only three claims this quarter.	goes after the dosage, the daily dose, it is hard. Some of these would have would have denied already, regardless of the perspective there. Question – Kate Morton (Board member) – I work at Health Care for the Homeless. Just A clarification that that first one that's highlighted in yellow. This means that the patient had a prescription for some sort of MOUD within the last 90 days and then the current drug that was declined or flagged was an opioid, correct? Yes Comment – Keenan Ryan - This can be overridden. There's a hard edit as this one is a, let me take a step back. This one just flags for us to monitor. There is also a hard edit that will deny some of these. This can be overridden. There are complex pain regimens where people are transitioning from trying Suboxone to other things. We don't want to say a no never approach, but in general, that's an exception, I would say, versus the standard when you see these two come in. This is something we will keep an eye on and monitor to make sure we're optimized, but that's kind of the give and take

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		on that setup.
b) RetroDUR	Amy Cully leads discussion	
i) Quarterly Reports	Amy Cully reviewed summary of the second-generation antipsychotics being used by patients under the age of 18 for the time range of April 1st of this year to June 30th. Regarding opioids, antipsychotics, and benzodiazepines, there were no patients using this combination from April to June. Members using opioids and smooth muscle relaxers, there were nine in April; 10 in May, and 12 in June. Members using opioids in combination with gabapentinoids.	
ii) Top 25 Drugs by Number of Claims	Reviewed next quarterly reports top 25 drugs by number of claims for both May and June. Remains consistent from previous months.	
iii) Top 10 Drugs by Number of Claims	Reviewed top therapeutic class by number of claims and is similar to top 25 claims.	
iv) Interventions Newsletter review	2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain newsletter dated 7/13	Dr. Gehres moved to approve; seconded by Dr. Roper. No one opposed or abstained.
v) Intervention Newsletter review	Metabolic Monitoring of Antipsychotics (FY26 Q2)	Dr. Gehres mentions issues with some labs that health plans are starting to push back on hemoglobin A1C. They don't like screening diagnoses. This is going to be an issue with insurance coverage. Dr. Bachyrycz asked if they were the same patients re glucose are the same as the ones that didn't have cholesterol. Amy C says they are not the same. Dr. Roper moved to

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		approve, Dr. Hewlitt-Masser seconded. No opposition, no abstaining.
vi) Intervention Newsletter review	Childhood Immunization newsletter (FY26 Q3) – need author name. Keenan comments – this uses the Am Assn of Pediatrics schedule. NM passed vaccine laws in 2024, 2025 & 2026 to give the state authority to decide on what the stare feels is the best vaccine, largely made by Dept of Health.	Dr Roper moves to approve, Dr. Bachyrycz seconded. No opposition, no abstained. Keenan Ryan suggests approving for content with understanding the format may change.
		Question from Dr. Morton on how newsletters are disseminated. Keenan Ryan – usually target based off provider types. They are faxed out. On opioid one we are going to try putting a QR code that we'll maintain here at the state to get responses. Suggest future discussions and ideas from Board.
CLOSED SESSION – PDL Class Review 8:48 a.m.		
a) Call to Order	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order 8:48 am on July 29, 2026. Committee Members present NM HCA staff present Prime Therapeutics staff present.	A quorum was present.
a) Review of Drug Classes with Proposed Changes	James Kim reminded the board members that the financial material presented is confidential and should not be discussed or disclosed outside this closed session.	

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	Discuss shortage strategy on next meeting. James Kim presented the financial review of the new drug classes being reviewed for proposed addition:	
OPEN SESSION – Pharmacy and Therapeutics 9:46 a.m.		
Call to Order and Roll Call	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order at 9:46 AM on July 29, 2026. Committee Members present Keenan advised the following outline for the meeting. • Each drug class will be presented at the end of each presentation of a class, we will ask for public comments if you have asked to comment, in which case you have 3 minutes.	A quorum was present.
State Administrative Updates	Keenan Ryan addressed HCA's switch to new Turquoise Claims and asked to bring any issues to his attention. Dr. Ryan provided his email address Keenan.ryan@hca.nm.gov. Keenan Ryan addressed ongoing efforts for provider enrollment due to location of provider, pharmacy and patient. The patient may have seen a provider in another state and not be enrolled in Medicaid. Keenan Ryan discussed election of a President for the Board. Dr. Gehres and Dr. Roper volunteered. Vote held.	Roll call vote – Dr. Roper voted President.
DRUG CLASS REVIEW		
Drug Class Review – Clinical Presentations	Keenan Ryan handed the conversation off to Prime Therapeutics, James Kim, PharmD., Director, Clinical Account Services, to begin	

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	discussion around the proposed drug classes to PDL. There are three categories: Proposed New Drug Class • Incretin Mimetics/Enhancers • Gi Motility Chronic New to Market Medications • Angiotensin Modulators combinations • Calcium Channel Blockers • Diuretics • Hepatitis B and related agents • HIV • Hypoglycemics, SGLT2 Established Drug Classes with proposed additions: • Analgesics, Narcotics short • Angiotensin Modulators • Antifungal, Oral • Antifungal, Topical • Cephalosporins and related agents • Hepatitis C • Skeletal Muscle Relaxants • Vasodilators, Coronary	
Gi Motility Chronic **- Drug class review presentation by Prime**	New proposed new PDL drug classes, and the first one is GI motility chronic. Preferred medications being on the left, Linzess, Alosetron, Lubiprostone, and Prucalopride, and the non-preferred being on the right. Largely greater than about 94% of current market share is in the preferred recommendations. The biggest impact would be the Bovantic at 18, prescriptions at 2.3%.	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved for approval, Dr. White seconded.
Hypoglycemics, Incretin Mimetics/Enhancers **Drug class review presented by Prime**	This class includes DPP4 inhibitors, GLP1 receptor agonists, and Incretin-based combinations and related agents. We're recommending, two Mounjaro and Ozempic co-preferred along with another two GLP1's Trulicity and Victoza. This is only for diabetes	A quorum was present and unanimously approved the classes, no opposed, no abstained.

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	and the weight loss GLP1's are not included in this market basket. Utilization in green is what we're recommending being preferred and where current utilization pretty much stands with majority about a 50-50 split between the Mounjaro and Ozempic. The biggest impact here would be the Alogliptin authorized generic, which is about 4.8% market share, move those to the saxagliptin and sitagliptin or other preferred products. Public Comment Michael Kaiser, Novo Nordisk Asks Ozempic tablet being added in addition to Ozempic injection that you've already listed as preferred option on the New Mexico Medicaid formulary. Dr. Henao, Nephrologists Requests Ozempic is being covered for New Mexico Medicaid patients to change overall outcomes in the future, especially trying to avoid dialysis.	Moved by Dr. Roper, seconded by Dr. Hewlett-Masser.
Angiotensin Modulators combinations **- Drug class review presentation by Prime**	The new class addition will be this new to market Widaplik. It's a Telmisartan, Amlodipine and Indapamide combination triple therapy pill. It's indicated for treatment of hypertension in adults with and combines an angiotensin II receptor blocker, a Dihydropyridine, calcium channel blocker, and a thiazide-like diuretic in a single tablet. As you can see, the doses forms are listed as below. It's approved. It's the first approved triple combination and it's, but it's not necessarily first line therapy. Our recommendation would be to put this as a non-preferred product and having a trial fit or at least two preferred products before moving on to a triple therapy combination pill.	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved, seconded by Dr. White.
Calcium Channel Blockers **Drug class review presentation by Prime**	We have a new amlodipine suspension formulation and a new to market medication called Cardamyst, Etripamil, it's a nasal spray.	A quorum was present and unanimously approved the

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	Cardamus is a non-dihydropyridine calcium channel blocker that inhibits L-type calcium channels in cardiac tissues. This is for acute treatment of symptomatic episodes of paroxysmal supraventricular tachycardia in adults. Its dosage form is a 70-milligram initial intranasal spray with an option repeat dose at 10 minutes. One of the unique features of this is it outpatient and self-administered during an acute episode. Our current recommendations for the Amlodipine solution would be non-preferred. We currently do have a Amlodipine solution called Norliqva on the right, on the left-hand side, and then Cardamyst to be non-preferred.	classes, no opposed, no abstained. Dr. Roper moved, seconded by Dr. Hewitt Masser.
Diuretics **- Drug class review presentation by Prime**	We have 3 new formulations, and Embumyst spray, which is a Bumetanide formulation, 2 Lasix or furosemide infusion kits, and a new to market medication, Baxfendy. Baxfendy is indicative of the treatment of hypertension in combination with other anti-hypertensive agents to lower blood pressure in adults who are not adequately controlled on their current therapies. It's kind of unique in its mechanism being a selective aldosterone synthase inhibitor. It's dose 2 milligrams daily. It's not first line. It's considered in adults who are not adequately controlled unlike current agents. It does, again, it's a novel mechanism and it's a potential option for patients who have uncontrolled hypertension despite their current multi-drug therapy. Our recommendation for these three new formulations would be non-preferred and the Baxfendy to be non-preferred since it's not first line. And to get to a non-preferred product, a trial failure, two of the preferred products is recommended since it is not first line. Public Comment – Regina Swisher, AstraZeneca for Baxfendy	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved, seconded by Dr. White.
Hepatitis B and related agents **- Drug class review presentation by Prime**	New to market medication, Hep B and related agents. This medication is called Hepcludex. This is our current PDL, left being preferred, right being not preferred. So hepcludex is an indicator for the treatment of	A quorum was present and unanimously approved the classes, no opposed, no abstained.

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	HDV, hepatitis D, infections without cirrhosis or with compensated cirrhosis. It's dose 8.5 milligrams daily. It's first in class and 1st FDA approved treatment for chronic HDV. Optimal duration is unknown. It's recommended to continue treatment as long as there's a clinical benefit and the underlying hep B infection should be treated as clinically appropriate. Our current recommendation for Hecludex since this is a novel therapy for hepatitis D. Our recommendation, Hepcludex would be preferred.	Dr. Roper moved, seconded by Dr. Hewitt Masser.
HIV - Drug class review presentation by Prime	New to market medication for HIV, Idvynso. This is not a first line regimen. This is for treatment of HIV 1 infections who are already virologically suppressed on that current regimen. The benefit of this is a Tenofovir free once a day dosing for people who are stable on their current medication for individuals. Our recommendation here, since it's not a first line preferred first line therapy, our recommendation here would be to place it as a non-preferred product.	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved, seconded by Dr. White.
Hypoglycemics, SGLT2 - Drug class review presentation by Prime	New to market medication Inpefa, it's a newer SGLT2-SGLT1 dual combination therapy. This is our current PDL. We have two brands over generic preferences with Farxiga and Synjardy. So the indication of this is not necessarily for diabetes. Majority of this medication got approved for CV risk reduction and heart failure hospitalizations. Starting dose of this medication is about 200 milligrams or 200 milligrams once daily titrated to 400 after two weeks if tolerated. Inpefa is a dual SGLT1-SGLT2 inhibitor that can be initiated as soon as the patient is hemodynamically stable following a heart failure hospitalization and has demonstrated reductions in CV death rehospitalizations for it. Heart failure also. Our recommendation at this time would put in Inpefa as a non-preferred product. Farxiga does also have that heart failure indication also along with the CKD. I think we continue to monitor this and see what the demand is here for this specific SGLT2.	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved, seconded by Dr. White.

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Established Drug Classes with Additions **Analgesics, Narcotics short** **- Drug class review presentation by Prime**	We have Oxycodone (Prolate) and Tapentadol. Our proposed recommendation is to not prefer these two medications. New solution, Prolate, is a line extension that seems pretty expensive. And then the Tapentadol, we have Tramadol over here on the left-hand side preferred.	A quorum was present and unanimously approved the classes, no opposed, no abstained. Dr. Roper moved to approve all established drug classes w new additions. Dr. White seconded.
Angiotensin Modulators - Drug class review presentation by Prime	New authorized generic for Edarbi. The authorized generic for Endarbi will follow the brand in being non-preferred.	
Antifungal, Oral **- Drug class review presentation by Prime**	Griseofulvin is a high-cost specific strength medication. We do have this in a tablet and suspension form and not at that specific strength on the preferred side.	A quorum was present and unanimously approved the classes, no opposed, no abstained.
Antifungal, Topical **Drug class review presentation by Prime**	Two branded generic antifungals, one is clotrimazole and one is miconazole, high-cost new formulation. Recommend non-preferred.	A quorum was present and unanimously approved the classes, no opposed, no abstained.
Cephalosporins and related agents **– Drug class review presentation by Prime**	New Cefixamine tablet and is a non-preferred.	
Hepatitis C – Drug class review presentation by Prime	Sovaldi Pellet Pack is a new formulation, our preferred for first line therapy would be Maverick Pellet Pack.	
Skeletal Muscle Relaxants – Drug class review presentation by Prime	Skeletal muscle relaxants there is a new Methocarbamol oral solution and a Tizanidine solution and a specific Methocarbamol strength. Recommend non preferred for all those.	A quorum was present and unanimously approved the classes, no opposed, no abstained.
Vasodilators, Coronary **– Drug class review presentation by Prime**	A new nitroglycerin ointment, transdermal packet. Our current recommendation is to do the Nitrobid ointment as preferred, and to keep this as non-preferred at this time.	A quorum was present and unanimously approved the classes, no opposed, no abstained.

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	DISCUSSION BY BOARD	
Drug Classes Discussion by Board and action by Board to approve	Board Member Dr. Roper moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member _____seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable): Amy Bachyrycz Yes Caroline Bonham Yes Stephanie Gehres Yes Kate Morton Yes Van Roper Yes Mary Jo Zuni Yes	A quorum was present and unanimously approved the classes, no opposed, no abstained.
CLOSING COMMENTS		
Next Steps	Keenan Ryan reviewed next steps Next P&T meeting will be in the second week of October. The agenda will be posted to the state website Preferred Drug List – New Mexico Health Care Authority. Virtual participation only.	
Adjournment	Keenan Ryan closed meeting at 10:28 a.m. MDT	

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LIST OF PUBLIC ATTENDEES:

Ashlie Bozell-PHP Pharmacy Services TC Manager

Janet Lindstrom- Omeros Corporation

Brent Fushimi, UCB, Inc.

Laura Schwartz, NM Pharmacy Director, Molina Healthcare

Natalie Rose- Medical Value Evidence Liaison with Gilead

Miranda Ryzenman Artia Solutions Analyst

Amy Cully- Conduent

Mary Shefchyk Novo Nordisk

Michael Keiser - Medical Account Associate Director with Novo Nordisk

Jomy Joseph - Regional Account Director, Sanofi

Lori Howarth, Bayer Samantha Paustian, Pharmacy Director, BCBSNM

Kendra Ward - PHP Pharmacy Services, Director of Pharmacy

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