

HEALTH CARE
AUTHORITY



# NMPHA UPDATE

KEENAN RYAN PHARMD, PHC, MPH

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START…

On behalf of all colleagues at the Health Care Authority, we humbly acknowledge we are on the ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the **Great State of New Mexico**.

**Learn more:** About Taos Pueblo at [Taospueblo.com](Taospueblo.com)



*A cloudy morning looking over Taos Pueblo*
Photo provided by elpueblolodge.com

# MISSION

***We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.***

HEALTH CARE AUTHORITY

# VISION

***Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.***

# GOALS



**LEVERAGE** purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.



**BUILD** the best team in state government by supporting employees' continuous growth and wellness.



**ACHIEVE** health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.



**IMPLEMENT** innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

# APPROVAL OF AGENDA OF P&T/DUR COMMITTEE MEETING ATTACHMENT A

# MEDICAID CLIENT/CLAIM COUNTS

# CLIENT COUNTS FFS-ONLY

| Month | | | Males | Females | CMS | Summary |
|---|---|---|---|---|---|---|
| 2025 | 7 | July | 60,422 | 74,280 | 1,114 | **135,816** |
| | 8 | August | 60,597 | 74,972 | 1,117 | **136,686** |
| | 9 | September | 60,826 | 75,436 | 1,120 | **137,382** |
| | 10 | October | 61,228 | 76,128 | 1,111 | **138,467** |
| | 11 | November | 61,403 | 76,372 | 1,101 | **138,876** |
| | 12 | December | 61,815 | 77,090 | 1,092 | **139,997** |

For the six-month period starting July 1, 2025, to December 15, 2025

# CLIENT COUNTS- MCO HIGHEST TO LOWEST VOLUME

| Month | | | Presbyterian | | |
|---|---|---|---|---|---|
| | | | Males | Females | Summary |
| 2025 | 7 | July | 151,499 | 180,872 | **332,371** |
| | 8 | August | 150,455 | 179,632 | **330,087** |
| | 9 | September | 149,681 | 178,755 | **328,436** |
| | 10 | October | 149,043 | 177,796 | **326,839** |
| | 11 | November | 147,593 | 176,273 | **323,866** |
| | 12 | December | 144,472 | 172,809 | **317,281** |

For the six-month period starting July 1, 2025, to December 15, 2025

# CLIENT COUNTS- MCO (CONT)

| Month | | | Blue Cross Blue Shield | | |
|---|---|---|---|---|---|
| | | | Males | Females | Summary |
| 2025 | 7 | July | 114,120 | 131,678 | **245,798** |
| | 8 | August | 113,348 | 130,787 | **244,135** |
| | 9 | September | 112,813 | 130,237 | **243,050** |
| | 10 | October | 112,328 | 129,680 | **242,008** |
| | 11 | November | 111,049 | 128,244 | **239,293** |
| | 12 | December | 108,472 | 125,503 | **233,975** |

For the six-month period starting July 1, 2025, to December 15, 2025

# CLIENT COUNTS- MCO (CONT)

| Month | | | Molina | | | United | | |
|---|---|---|---|---|---|---|---|---|
| | | | Males | Females | Summary | Males | Females | Summary |
| 2025 | 7 | July | 18,585 | 18,943 | **37,528** | 16,852 | 16,825 | **33,677** |
| | 8 | August | 18,618 | 18,995 | **37,613** | 16,947 | 16,967 | **33,914** |
| | 9 | September | 18,724 | 19,116 | **37,840** | 17,098 | 17,146 | **34,244** |
| | 10 | October | 18,751 | 19,232 | **37,983** | 17,242 | 17,325 | **34,567** |
| | 11 | November | 18,597 | 19,111 | **37,708** | 17,065 | 17,252 | **34,317** |
| | 12 | December | 18,014 | 18,534 | **36,548** | 16,515 | 16,726 | **33,241** |

For the six-month period starting July 1, 2025, to December 15, 2025

# CLIENT COUNTS (SUMMARY)

| Month | | | Summary |
|---|---|---|---|
| 2025 | 7 | July | **649,371** |
| | 8 | August | **645,745** |
| | 9 | September | **643,568** |
| | 10 | October | **641,396** |
| | 11 | November | **635,184** |
| | 12 | December | **621,045** |

Numbers of Members in Any MCO Plan July 1, 2025, to December 15, 2025

# UNIQUE CLIENT COUNTS BY CLAIM TYPE

CONDUENT

## Unique Client Counts by Claim Type

For Paid Last-in-Chain FFS Claims from Jan 1, 2025 through Dec 31, 2025

| Claim Type Description | Claim_Type_Cd | Total Clients | % of total (Client_System_ID) |
|---|---|---|---|
| Dental | D | 14,362 | 5.72% |
| HCBS Case Mgmt Assmt (CMA) | X | 962 | 0.38% |
| HCBS Waiver | W | 8,980 | 3.57% |
| Home Health | V | 23 | 0.01% |
| Hospice | H | 21 | 0.01% |
| Inpatient | I | 4,960 | 1.97% |
| Laboratory and Xray | L | 4,872 | 1.94% |
| Long Term Care | N | 316 | 0.13% |
| Mcare Part A Crossover | A | 4,807 | 1.91% |
| Mcare Part B Crossover | B | 34,981 | 13.92% |
| Mcare UB Part B Crossover | C | 29,172 | 11.61% |
| Medical Supply | S | 1,867 | 0.74% |
| Outpatient | O | 38,888 | 15.48% |
| Pharmacy (RX) | R | 27,182 | 10.82% |
| Practitioner/Physician | P | 74,025 | 29.46% |
| Transportation | T | 5,847 | 2.33% |
| **Overall - Summary** | | **251,265** | |

| | | |
|---|---|---|
| Last Report | 28,754 | 11.20% |
| Difference | <1,572> | <0.38%> |

Report on Claims by Unique Client Counts separated by Claim Type between January 1, 2025, and December 31, 2025

# PHARMACY COUNTS- FFS

Number of Enrolled FFS Pharmacies as of December 2, 2025, 596 Last Report November 2025- 596 Addition of No New Pharmacies

Number of Pharmacies submitting Claims from October 2024 through December 2, 2025- 465. Number of Enrolled FFS Pharmacies with Any Claims that paid 379 since October 1, 2024---Last Report (November 2025) 374 --- Increase in 5 Pharmacies

# PRODUR EDITS (FROM 10.1.2025 THROUGH 12.31.2025)

| REJECT CODE | REJECT DESCRIPTION | CLAIM COUNT |
|---|---|---|
| 4197 | DRUG/DRUG INTERACTION | 8,072 |
| 4974 | LATE REFILL | 9,190 |
| 4194 | THERAPEUTIC DUPLICATION | 4,668 |
| 4205 | EARLY REFILLS REQUIRED PRIOR AUTHORIZATION | 4,842 |
| 4198 | INGREDIENT DUPLICATION | 4,142 |
| 4201 | LOW DOSE EXCEPTION | 1,802 |
| 4202 | HIGH DOSE | 467 |
| 4204 | PREGNANCY EXCEPTION (PREGNANCY PRECAUTION CODES PRESENT ON DRUG RECORD AND PARTICIPANT WITH PREGNANCY FLAGGED INDICATOR ON) | 146 |
| 4432 | MIXED OPIOID AND BENZO OR ANTIPSYCHOTIC WITHIN 90 DAYS | 206 |
| 4199 | AGE EXCEPTION (YOUNGER THAN THE MINIMUM AGE ON THE DRUG RECORD) | 111 |
| 4195 | PRENATAL EXCEPTION (PRE-NATAL VITAMINS FOR FEMALE OUTSIDE AGE RANGE 11 TO 60) | 64 |
| 4200 | GENDER EXCEPTION (PARTICIPANT'S SEX CODE ('M' OR 'F') MUST MATCH THE SEX CODE ON THE DRUG RECORD) | 25 |
| 4879 | THE CLIENT HAS FILLED A NALOXONE PRESCRIPTION WITHIN THE PAST 30 DAYS. | 17 |

# PRODUR EDITS (CONT)

| REJECT CODE | REJECT DESCRIPTION | REJECTED CLAIM COUNT |
|---|---|---|
| 4521 | M/I PROFESSIONAL SVC CD. PROFESSIONAL SERVICE CODE 'M0' MUST BE SUBMITTED IF THE PMP HAS BEEN CONSULTED. | 1,789 |
| 4620 | MAT DRUG ON FILE WITHIN LAST 90 DAYS. USE DUR/PPS SEGMENT IN ORDER TO OVERRIDE. | 454 |
| 4366 | NO RECENT HISTORY OF OPIOID USE IN LAST 60-DAYS, NEW RX LIMITED TO 7 DAY SUPPLY | 338 |
| 4750 | CLAIM EXCEEDS 90 MME PER DAY SUPPLY LIMITS | 44 |
| 4485 | PRIOR SHORT ACTING OPIOID REQD, CLIENT IS OPIOID NAVE. | 94 |

CONDUENT

# RETRO DUR AGENDA

**Recent Interventions**

- Polypharmacy with Psychotropic Medications (FY25 Q4)

**Summary Report**

- Underutilization of Statins in Diabetes Mellitus (FY25 Q3)

Data Results

- SMART (FY24 Q4)

**Quarterly Reports**

- Metabolic Monitoring of Second-Generation Antipsychotics (SGAs) in Youth, Opioid Usage with Benzodiazepines, Antipsychotics, Smooth Muscle Relaxants, Gabapentinoids, Stimulants, and Non-Benzodiazepine Sedative Hypnotics
- Top Drugs by Number of Claims

**Upcoming Interventions**

- Opioid Newsletter (FY26 Q1)

# RECENT RETRO DUR INTERVENTIONS

| Mailing | Date Mailed | Provider Letters |
|---|---|---|
| Polypharmacy with Psychotropic Medications(FY25 Q4) | 11/18/25 | 157 |

# SUMMARY REPORT

UNDERUTILIZATION OF STATINS IN DIABETES MELLITUS (FY25 Q3) **ATTACHMENT B**

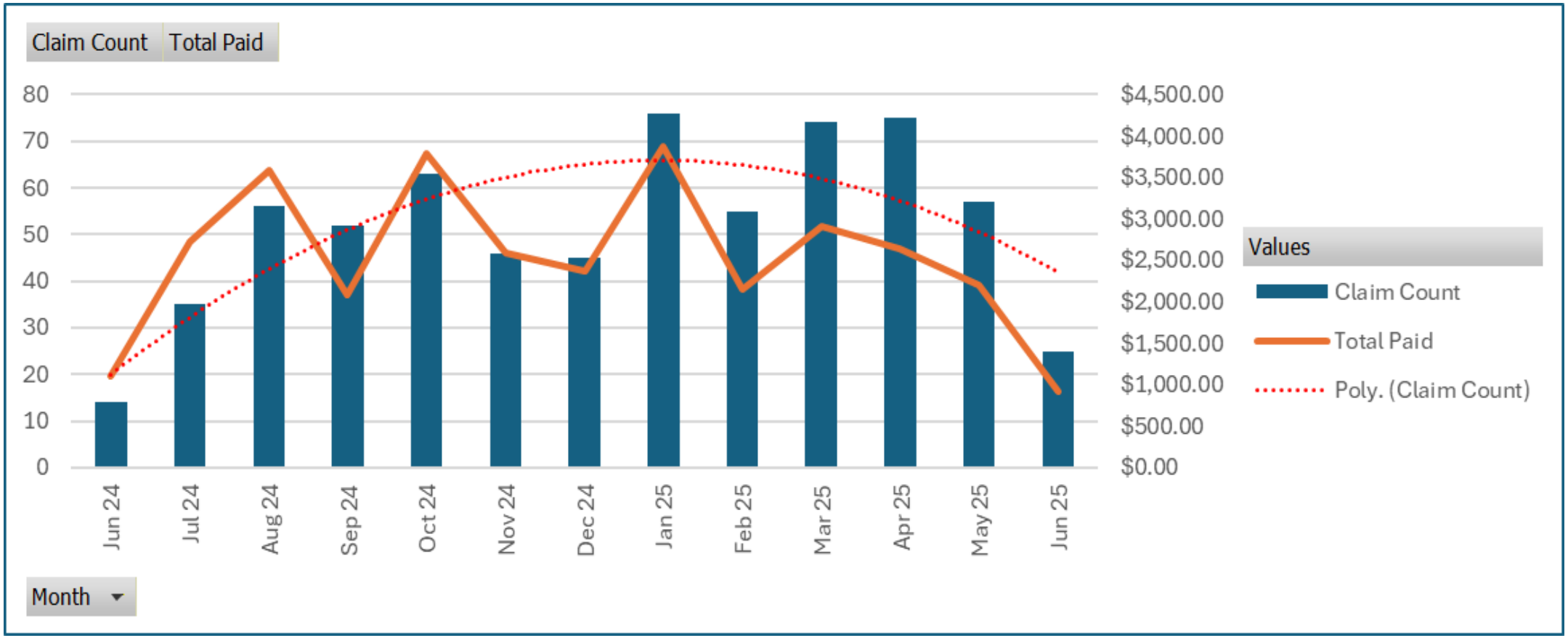
This intervention was delivered to 810 providers on 9/17/25. As of 1/1/2026, 47 response forms had been returned for a response rate of 5.8%. Provider responses are as follows:

| Comments |
| --- |
| -multiple were: pt is not under my care for diabetes |
| -started atorvastatin 40mg |
| -started pravastatin |
| -liver disease with high AST levels therefore did not start statin |
| -no signs of hyperlipidemia and does not warrant a statin |
| -is on a statin (date started was after data was pulled) |

# Data Results

## SMART EDUCATIONAL NEWSLETTER (FY24 Q4)

Mailed December 10, 2024, to 802 Providers.



# QUARTERLY REPORTS

1. Metabolic Monitoring of SGAs in Youth (Attachment C)
2. Opioid and SMR Overlap Report (Attachment D)
3. Opioid and Gabapentinoids Overlap Report (Attachment D)
4. Opioid and Benzodiazepine Overlap Report (Attachment D)
5. Opioid and Antipsychotic Overlap Report (Attachment D)
6. Opioid, Antipsychotics, and Benzodiazepines Overlap Report (Attachment D)
7. Opioid and Non-BZD Sedatives Overlap Report (Attachment D)
8. Opioid-Stimulants Overlap Report (Attachment D)

# QUARTERLY REPORTS

## TOP 25 DRUGS BY NUMBER OF CLAIMS

| November -25 | | |
|---|---|---|
| Rank | GCN Name | # of Claims |
| 1 | acetaminophen 325 MG TABLET | 479 |
| 2 | albuterol sulfate 90 MCG HFA AER AD | 477 |
| 3 | ibuprofen 400 MG TABLET | 347 |
| 4 | cetirizine HCl 10 MG TABLET | 320 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 254 |
| 6 | metformin HCl 500 MG TAB ER 24H | 231 |
| 7 | blood sugar diagnostic STRIP | 228 |
| 8 | insulin glargine,hum.rec.anlog 100/ML (3) INSULN PEN | 223 |
| 9 | cholecalciferol (vitamin D3) 25 MCG TABLET | 200 |
| 10 | ondansetron 4 MG TAB RAPDIS | 196 |
| 11 | lidocaine 5 % ADH. PATCH | 181 |
| 12 | ibuprofen 100 MG/5ML ORAL SUSP | 179 |
| 13 | amoxicillin 500 MG CAPSULE | 163 |
| 14 | ibuprofen 600 MG TABLET | 158 |
| 15 | aspirin 81 MG TABLET DR | 157 |
| 16 | semaglutide .25 OR 0.5 PEN INJCTR | 152 |
| 17 | gabapentin 300 MG CAPSULE | 144 |
| 18 | benzonatate 100 MG CAPSULE | 141 |
| 19 | lisinopril 10 MG TABLET | 136 |
| 20 | cephalexin 500 MG CAPSULE | 135 |
| 21 | oseltamivir phosphate 75 MG CAPSULE | 135 |
| 22 | amoxicillin/potassium clav 875-125 MG TABLET | 132 |
| 23 | semaglutide 2MG/0.75ML PEN INJCTR | 131 |
| 24 | lisinopril 20 MG TABLET | 127 |
| 25 | metformin HCl 1000 MG TABLET | 126 |

| December -25 | | |
|---|---|---|
| Rank | GCN Name | # of Claims |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 452 |
| 2 | acetaminophen 325 MG TABLET | 394 |
| 3 | cetirizine HCl 10 MG TABLET | 301 |
| 4 | ibuprofen 400 MG TABLET | 270 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 216 |
| 6 | metformin HCl 500 MG TAB ER 24H | 213 |
| 7 | blood sugar diagnostic STRIP | 196 |
| 8 | lidocaine 5 % ADH. PATCH | 188 |
| 9 | insulin glargine,hum.rec.anlog 100/ML (3) INSULN PEN | 183 |
| 10 | ibuprofen 600 MG TABLET | 173 |
| 11 | gabapentin 300 MG CAPSULE | 171 |
| 12 | semaglutide .25 OR 0.5 PEN INJCTR | 166 |
| 13 | cholecalciferol (vitamin D3) 25 MCG TABLET | 163 |
| 14 | ondansetron 4 MG TAB RAPDIS | 154 |
| 15 | amoxicillin 500 MG CAPSULE | 147 |
| 16 | amoxicillin/potassium clav 875-125 MG TABLET | 137 |
| 17 | aspirin 81 MG TABLET DR | 131 |
| 18 | semaglutide 2MG/0.75ML PEN INJCTR | 131 |
| 19 | cephalexin 500 MG CAPSULE | 128 |
| 20 | semaglutide 1/0.75 (3) PEN INJCTR | 128 |
| 21 | ibuprofen 100 MG/5ML ORAL SUSP | 125 |
| 22 | blood-glucose sensor EACH | 124 |
| 23 | metformin HCl 500 MG TABLET | 104 |
| 24 | acetaminophen 1000MG/100 VIAL | 102 |
| 25 | lisinopril 40 MG TABLET | 102 |



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# QUARTERLY REPORTS

## TOP 10 BRAND DRUGS BY NUMBER OF CLAIMS

| November-25 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | LANTUS SOLOSTAR 100 UNIT/ML | 174 |
| 2 | OZEMPIC 0.25-0.5 MG/DOSE PE | 166 |
| 3 | ACCU-CHEK GUIDE TEST STRIP | 145 |
| 4 | OZEMPIC 2 MG/DOSE (8 MG/3 M | 131 |
| 5 | OZEMPIC 1 MG/DOSE (4 MG/3 M | 128 |
| 6 | ACCU-CHEK SOFTCLIX LANCETS | 98 |
| 7 | JARDIANCE 25 MG TABLET | 92 |
| 8 | JARDIANCE 10 MG TABLET | 82 |
| 9 | FLUCELVAX 2025-2026 SYRINGE | 74 |
| 10 | ALCOHOL 70% SWABS | 59 |

| December-25 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | LANUS SOLOSTAR 100 UNIT/ML | 212 |
| 2 | ACCU-CHEK GUIDE TEST STRIP | 164 |
| 3 | OZEMPIC 0.25-0.5 MG/DOSE PE | 152 |
| 4 | OZEMPIC 2 MG/DOSE (8 MG/3 M | 131 |
| 5 | OZEMPIC 1 MG/DOSE (4 MG/3 M | 125 |
| 6 | JARDIANCE 25 MG TABLET | 122 |
| 7 | ACCU-CHEK SOFTCLIX LANCETS | 105 |
| 8 | JARDIANCE 10 MG TABLET | 89 |
| 9 | ALCOHOL 70% SWABS | 67 |
| 10 | DEXCOM G7 SENSOR | 57 |



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# QUARTERLY REPORTS

## TOP 10 GENERIC DRUGS BY NUMBER OF CLAIMS

| November-25 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | albuterol sulfate 90 MCG HFA AER AD | 449 |
| 2 | acetaminophen 325 MG TABLET | 394 |
| 3 | cetirizine HCl 10 MG TABLET | 301 |
| 4 | ibuprofen 400 MG TABLET | 270 |
| 5 | metformin HCl 500 MG TAB ER 24H | 247 |
| 6 | fluticasone propionate 50 MCG SPRAY SUSP | 213 |
| 7 | lidocaine 5 % ADH. PATCH | 210 |
| 8 | ibuprofen 600 MG TABLET | 188 |
| 9 | gabapentin 300 MG CAPSULE | 173 |
| 10 | cholecalciferol (vitamin D3) 25 MCG TABLET | 171 |

| December-25 | | |
|---|---|---|
| **Rank** | **Drug** | **# of Claims** |
| 1 | acetaminophen 325 MG TABLET | 479 |
| 2 | albuterol sulfate 90 MCG HFA AER AD | 473 |
| 3 | ibuprofen 400 MG TABLET | 347 |
| 4 | cetirizine HCl 10 MG TABLET | 320 |
| 5 | fluticasone propionate 50 MCG SPRAY SUSP | 250 |
| 6 | metformin HCl 500 MG TAB ER 24H | 231 |
| 7 | cholecalciferol (vitamin D3) 25 MCG TABLET | 200 |
| 8 | ondansetron 4 MG TAB RAPDIS | 196 |
| 9 | lidocaine 5 % ADH. PATCH | 181 |
| 10 | ibuprofen 100 MG/5ML ORAL SUSP | 179 |

# QUARTERLY REPORTS

## TOP 10 THERAPEUTIC CLASS BY NUMBER OF CLAIMS

| November-25 | | |
|---|---|---|
| Rank | Thera Class Code Description | # of Claims |
| 1 | NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS | 904 |
| 2 | ANALGESIC/ANTIPYRETICS,NON-SALICYLATE | 699 |
| 3 | ANTICONVULSANTS | 617 |
| 4 | PENICILLIN ANTIBIOTICS | 527 |
| 5 | BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING | 520 |
| 6 | ANTIHISTAMINES - 2ND GENERATION | 502 |
| 7 | ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST) | 480 |
| 8 | INSULINS | 479 |
| 9 | ANTIEMETIC/ANTIVERTIGO AGENTS | 440 |
| 10 | ANTIHYPERGLYCEMIC, BIGUANIDE TYPE | 428 |

| December-25 | | |
|---|---|---|
| Rank | Thera Class Code Description | # of Claims |
| 1 | NSAIDS, CYCLOOXYGENASE INHIBITOR TYPE ANALGESICS | 997 |
| 2 | ANALGESIC/ANTIPYRETICS,NON-SALICYLATE | 800 |
| 3 | ANTICONVULSANTS | 692 |
| 4 | PENICILLIN ANTIBIOTICS | 567 |
| 5 | BETA-ADRENERGIC AGENTS, INHALED, SHORT ACTING | 550 |
| 6 | ANTIHISTAMINES - 2ND GENERATION | 546 |
| 7 | INSULINS | 514 |
| 8 | ANTIHYPERGLYCEMIC, BIGUANIDE TYPE | 491 |
| 9 | ANTIEMETIC/ANTIVERTIGO AGENTS | 476 |
| 10 | ANTIHYPERTENSIVES, ACE INHIBITORS | 475 |



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# INTERVENTIONS

Opioid Newsletter (FY26 Q1) **Attachment E**

**Purpose:** The purpose of this intervention is to educate providers on Opioids including the recommendations from the ***2022 CDC CLINICAL PRACTICE GUIDELINE FOR PRESCRIBING OPIOIDS FOR PAIN*** .

# BREAK

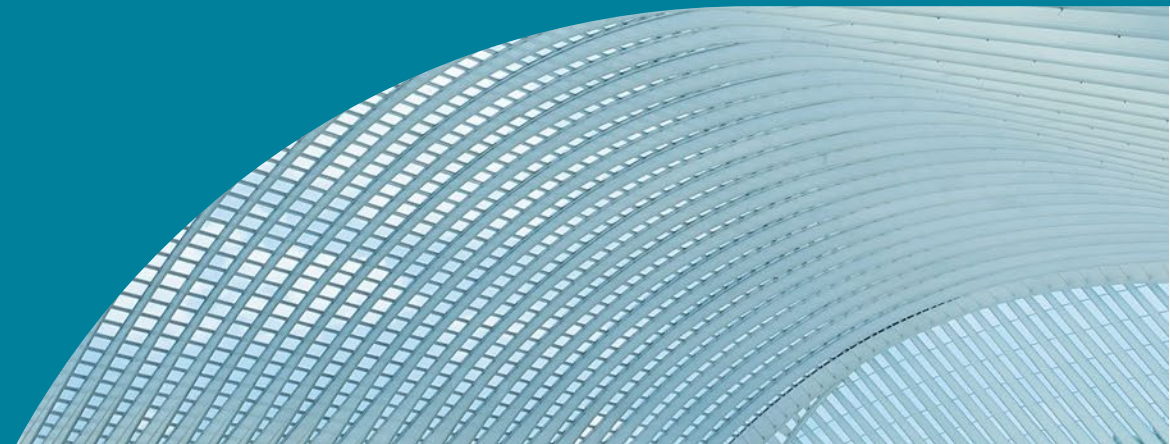
## BACK IN 1.5 HOURS

Prime THERAPEUTICS™

# New Mexico P&T Board Meeting

January 16, 2026



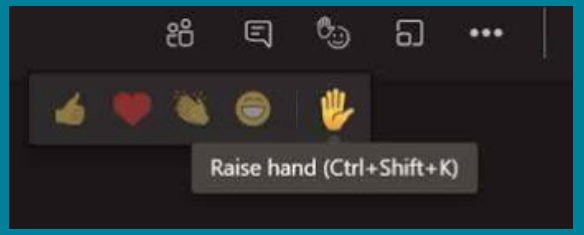


# Important Meeting Tips

- This meeting is being recorded



- Virtual audience can “raise hand” icon to request microphone access




- If dialing in, please press * and 5 to raise hand



# Agenda

## 1. Call to Order and Roll Call

## 2. General Public Comment

## 3. Administrative

1. Status update from HCA

## 4. Drug Class Reviews

1. New Drug Class Being Reviewed for Proposed Addition

## 5. Closing Discussion

1. Public comment on any subject
2. <u>For possible action</u>:
   - *Next meeting date/time: TBD*
3. Adjournment

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# Preferred Drug List

# COMMUNITY P&T/DUR BOARD MEMBER

- Per P&T/DUR by-laws, and best practice one voting member will be a member of the public
- HCA will recruit member from the Benefit Advisory Council (BAC)
- We are seeking a BAC member who:
  - Has relevant experience or participation in patient or community-based organizations.
  - Can demonstrate the ability to integrate data interpretations with practical patient considerations.
  - Has a broad understanding of one or more condition or diseases, associated treatment options, and research.
  - Can commit to attending scheduled meetings and participating in evidence review and committee discussions (mandatory 4-hour meeting per quarter, 2-4 hours of associated work).
  - Able to serve a 3-year term without conflicts of interest.

# CMMI Models

# GENEROUS (GENERATING COST REDUCTIONS FOR U.S. MEDICAID) MODEL

- **Problem:** America pays more for prescription drugs compared to the rest of the world, which costs states and the federal government billions of dollars.
- **Solution:** Under GENEROUS, for drugs included in the model, participating drug manufacturers will offer prices based on what other select countries pay for prescription drugs covered by the Medicaid program.
- **Outcomes:** GENEROUS aims to reduce Medicaid spending for drugs included in the model and may improve access to these drugs in participating states for people with Medicaid.
- **Strategy:** GENEROUS supports the Innovation Center's commitment to improve patients' lives and health, while simultaneously increasing the sustainability of the Medicaid program — providing greater flexibility in state budgets to invest in other resources — through fairer drug prices and securing greater coverage of needed medications that support our most vulnerable populations

GENEROUS (GENErating cost Reductions fOr U.S. Medicaid) Model | CMS

# BALANCE (BETTER APPROACHES TO LIFESTYLE AND NUTRITION FOR COMPREHENSIVE HEALTH) MODEL

- **Problem:** GLP-1 drugs for weight loss, along with lifestyle interventions, can help people improve their overall health, but GLP-1s are expensive and currently Medicare and Medicaid generally do not cover these drugs for the weight loss indication.
- **Solution:** Under BALANCE, CMS negotiates directly with GLP-1 manufacturers on behalf of state Medicaid agencies and Part D plans to lower the cost of these drugs, making them more accessible to people with Medicare and Medicaid.
- **Outcomes:** Helping people improve their metabolic health with GLP-1 treatment, along with access to lifestyle interventions, is a prevention approach that will improve people's long-term health, potentially preventing chronic disease and disability.
- **Strategy:** BALANCE empowers people with Medicaid and Medicare to meet their health goals by promoting evidence-based prevention.

BALANCE (Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth) Model | CMS

# AUTOIMMUNE DEFINITION

# STATE CONSIDERATIONS FOR PDL

- SB135 (2024), SB39 (2025) removed step therapy provision for autoimmune, oncology, behavioral health, substance use disorder class of medications.
  - May still be able to assign preferred status for certain medications
  - Can potentially still create preferred status for generics/biosimilars

Proposed definition:

*Autoimmune drugs are medications designed to treat autoimmune disorders by reducing or modifying the immune system's abnormal response, which targets the body's own cells and organs. Most of these drugs fall under the categories of immunosuppressants or immunomodulators, as they work by weakening or adjusting certain parts of the immune system to decrease inflammation and tissue damage.*

# Proposed Drug Classes to PDL

1. Antipsychotics
2. Cytokine and CAM Antagonist
3. Hepatitis C Agents
4. HIV/AIDS
5. Opiate Dependance Treatments
6. Drug Classes Appendix A

# Proposed PDL Drug Class:

*Antipsychotics*

# Antipsychotics

ABILIFY ASIMTUFII (INTRAMUSC)
ABILIFY MAINTENA (INTRAMUSC.)
ABILIFY TABLET
ADASUVE (INHALATION)
AMITRIPTYLINE / PERPHENAZINE
ARIPIPRAZOLE ODT
ARIPIPRAZOLE SOLUTION
ARIPIPRAZOLE TABLET
ARISTADA (INTRAMUSC)
ARISTADA INITIO (INTRAMUSC)
ASENAPINE (SUBLINGUAL)
CAPLYTA
CHLORPROMAZINE (INJECTION)
CHLORPROMAZINE
CLOZAPINE
CLOZAPINE ODT
CLOZARIL
COBENFY
COBENFY STARTER PACK
ERZOFRI (INTRAMUSC)
FANAPT TABLET
FANAPT TITRATION PACK
FLUPHENAZINE (INJECTION)
FLUPHENAZINE DECANOATE (INJECTION)
FLUPHENAZINE ELIXIR/SOLN
FLUPHENAZINE TABLET
GEODON (INTRAMUSC)
GEODON
HALDOL DECANOATE (INTRAMUSC)
HALOPERIDOL
HALOPERIDOL DECANOATE (INJECTION)
HALOPERIDOL LACTATE (INJECTION)
HALOPERIDOL LACTATE CONC
INVEGA
INVEGA HAFYERA (INTRAMUSC)
INVEGA SUSTENNA (INTRAMUSC)
INVEGA TRINZA (INTRAMUSC)
LATUDA
LOXAPINE
LURASIDONE
LYBALVI
MOLINDONE
NUPLAZID CAPSULE
NUPLAZID TABLET
OLANZAPINE (INTRAMUSC)
OLANZAPINE ODT
OLANZAPINE TABLET
OLANZAPINE/FLUOXETINE
OPIPZA FILM
PALIPERIDONE
PERPHENAZINE
PERSERIS (SUBCUTANEOUS)
PIMOZIDE
QUETIAPINE ER
QUETIAPINE TABLETS
REXULTI
RISPERDAL CONSTA (INTRAMUSC)
RISPERDAL SOLUTION
RISPERDAL TABLET
RISPERIDONE (INTRAMUSC)
RISPERIDONE ODT
RISPERIDONE SOLUTION
RISPERIDONE TABLET
RYKINDO (INTRAMUSC)
SAPHRIS (SUBLINGUAL)
SECUADO (TRANSDERMAL)
SEROQUEL
SEROQUEL XR
THIORIDAZINE
THIOTHIXENE
TRIFLUOPERAZINE
UZEDY (SUBCUTANEOUS)
VERSACLOZ
VRAYLAR (ORAL)
ZIPRASIDONE (INTRAMUSC)
ZIPRASIDONE CAPSULE
ZYPREXA (INTRAMUSC)
ZYPREXA
ZYPREXA RELPREVV (INTRAMUSC)
ZYPREXA ZYDIS

# PDL Recommendation

| Preferred | | Non-Preferred | |
|---|---|---|---|
| ABILIFY ASIMTUFII (INTRAMUSC)<br>ABILIFY MAINTENA (INTRAMUSC.)<br>ARIPIPRAZOLE ODT (ORAL)<br>ARIPIPRAZOLE SOLUTION (ORAL)<br>ARIPIPRAZOLE TABLET (ORAL)<br>ARISTADA (INTRAMUSC)<br>ARISTADA INITIO (INTRAMUSC)<br>ASENAPINE (SUBLINGUAL)<br>CHLORPROMAZINE (ORAL)<br>CLOZAPINE (ORAL)<br>FANAPT TABLET (ORAL)<br>FLUPHENAZINE DECANOATE (INJECTION)<br>FLUPHENAZINE TABLET (ORAL)<br>HALOPERIDOL (ORAL)<br>HALOPERIDOL DECANOATE (INJECTION)<br>HALOPERIDOL LACTATE (INJECTION)<br>HALOPERIDOL LACTATE CONC (ORAL)<br>INVEGA HAFYERA (INTRAMUSC)<br>INVEGA SUSTENNA (INTRAMUSC)<br>INVEGA TRINZA (INTRAMUSC)<br>LOXAPINE (ORAL)<br>LURASIDONE (ORAL)<br>OLANZAPINE (INTRAMUSC)<br>OLANZAPINE ODT (ORAL)<br>OLANZAPINE TABLET (ORAL)<br>OLANZAPINE/FLUOXETINE (ORAL) | PALIPERIDONE (ORAL)<br>PERPHENAZINE (ORAL)<br>PERSERIS (SUBCUTANEOUS)<br>PIMOZIDE (ORAL)<br>QUETIAPINE ER (ORAL)<br>QUETIAPINE TABLETS (ORAL)<br>RISPERDAL CONSTA (INTRAMUSC)<br>RISPERIDONE ODT (ORAL)<br>RISPERIDONE SOLUTION (ORAL)<br>RISPERIDONE TABLET (ORAL)<br>RYKINDO (INTRAMUSC)<br>THIORIDAZINE (ORAL)<br>THIOTHIXENE (ORAL)<br>TRIFLUOPERAZINE (ORAL)<br>UZEDY (SUBCUTANEOUS)<br>VRAYLAR (ORAL)<br>ZIPRASIDONE (INTRAMUSC)<br>ZIPRASIDONE CAPSULE (ORAL) | ABILIFY TABLET (ORAL)<br>ADASUVE (INHALATION)<br>AMITRIPTYLINE / PERPHENAZINE (ORAL)<br>CAPLYTA (ORAL)<br>CHLORPROMAZINE (INJECTION)<br>CLOZAPINE ODT (ORAL)<br>CLOZARIL (ORAL)<br>COBENFY (ORAL)<br>COBENFY STARTER PACK (ORAL)<br>ERZOFRI (INTRAMUSC)<br>FANAPT TITRATION PACK (ORAL)<br>FLUPHENAZINE (INJECTION)<br>FLUPHENAZINE ELIXIR/SOLN (ORAL)<br>GEODON (INTRAMUSC)<br>GEODON (ORAL)<br>HALDOL DECANOATE (INTRAMUSC)<br>INVEGA (ORAL)<br>LATUDA (ORAL)<br>LYBALVI (ORAL)<br>MOLINDONE (ORAL)<br>NUPLAZID CAPSULE (ORAL)<br>NUPLAZID TABLET (ORAL)<br>OPIPZA FILM (ORAL)<br>REXULTI (ORAL)<br>RISPERDAL SOLUTION (ORAL)<br>RISPERDAL TABLET (ORAL)<br>RISPERIDONE (INTRAMUSC)<br>SAPHRIS (SUBLINGUAL)<br>SECUADO (TRANSDERMAL) | SEROQUEL (ORAL)<br>SEROQUEL XR (ORAL)<br>VERSACLOZ (ORAL)<br>VRAYLAR (ORAL)<br>ZYPREXA (INTRAMUSC)<br>ZYPREXA (ORAL)<br>ZYPREXA RELPREVV (INTRAMUSC) |

# Proposed PDL Drug Class:

*Cytokine and CAM Antagonists*

# Cytokine and CAM Antagonists

ABRILADA
ACTEMRA
ADALIMUMAB-AACF
ADALIMUMAB-AATY
ADALIMUMAB-ADAZ KIT
ADALIMUMAB-ADBM
ADALIMUMAB-FKJP
ADALIMUMAB-RYVK
AMJEVITA
ARCALYST
AVSOLA
AVTOZMA VIAL
BIMZELX
CIBINQO
CIMZIA
COSENTYX
CYLTEZO
ENBREL
ENSPRYNG
ENTYVIO
HADLIMA
HULIO
HUMIRA
HYRIMOZ
IDACIO PEN KIT
ILARIS
ILUMYA SYRINGE
IMULDOSA
INFLECTRA VIAL
INFLIXIMAB
KEVZARA
KINERET
LEQSELVI TABLET
LITFULO CAPSULE
OLUMIANT
OMVOH
ORENCIA
OTEZLA
OTEZLA XR
OTULFI
PYZCHIVA
REMICADE
RENFLEXIS
RINVOQ
SELARSDI
SIMLANDI
SIMPONI
SKYRIZI
SOTYKTU
SPEVIGO
STARJEMZA
STELARA
STEQEYMA
TALTZ
TOFIDENCE
TREMFYA
TYENNE
UPLIZNA
USTEKINUMAB
USTEKINUMAB-AAUZ
USTEKINUMAB-AEKN
USTEKINUMAB-TTWE
VELSIPITY
XELJANZ
XELJANZ SOLUTION
XELJANZ XR
YESINTEK
YUFLYMA
YUSIMRY
ZYMFENTRA

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# PDL Recommendation*

| Preferred | Non-Preferred | |
|---|---|---|
| ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 100 MG/ML | ABRILADA | OLUMIANT |
| ADALIMUMAB-ADBM KIT (BI) (INJECTION) (CF) 50 MG/ML | ACTEMRA | OMVOH |
| ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 100 MG/ML | ADALIMUMAB-AACF | ORENCIA VIAL |
| ADALIMUMAB-ADBM PEN KIT (BI) (INJECTION) (CF) 50 MG/ML | ADALIMUMAB-AATY | OTEZLA XR |
| ENBREL MINI CARTRIDGE (SUBCUTANE.) | ADALIMUMAB-ADAZ KIT | OTULFI |
| ENBREL PEN (INJECTION) | ADALIMUMAB-FKJP | REMICADE |
| ENBREL SYRINGE (INJECTION) | ADALIMUMAB-RYVK | RENFLEXIS |
| ENBREL VIAL (SUBCUTANE.) | AMJEVITA | RINVOQ |
| HADLIMA | ARCALYST | SELARSDI |
| INFLIXIMAB (INJECTION) | AVSOLA | SIMLANDI |
| ORENCIA CLICKJECT (SUBCUTANE.) | AVTOZMA VIAL | SIMPONI |
| ORENCIA SYRINGE (SUBCUTANE.) | BIMZELX | SKYRIZI |
| OTEZLA | CIBINQO | SOTYKTU |
| PYZCHIVA SYRINGE (SUBCUTANEOUS) | CIMZIA | SPEVIGO |
| STARJEMZA SYRINGE (SUBCUTANE.) | COSENTYX | STELARA |
| STARJEMZA VIAL (INTRAVENOUS) | CYLTEZO | STEQEYMA |
| STARJEMZA VIAL (SUBCUTANE.) | ENSPRYNG | TOFIDENCE |
| TALTZ AUTOINJECTOR (SUBCUTANE.) | ENTYVIO | TREMFYA |
| TALTZ SYRINGE (SUBCUTANE.) | HULIO | UPLIZNA |
| TYENNE AUTOINJECTOR (SUBCUTANE.) | HUMIRA | USTEKINUMAB |
| TYENNE SYRINGE (SUBCUTANE.) | HYRIMOZ | USTEKINUMAB-AAUZ |
| TYENNE VIAL (INTRAVENOUS) | IDACIO PEN KIT | USTEKINUMAB-AEKN |
| XELJANZ | ILARIS | USTEKINUMAB-TTWE |
| XELJANZ XR | ILUMYA SYRINGE | VELSIPITY |
| | IMULDOSA | XELJANZ SOLUTION |
| | INFLECTRA VIAL | YESINTEK |
| | KEVZARA | YUFLYMA |
| | KINERET | YUSIMRY |
| | LEQSELVI TABLET | ZYMFENTRA |
| | LITFULO CAPSULE | |

*No step therapy applies

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# Proposed PDL Drug Class:

*Hepatitis C Agents*

# Immunomodulators, Atopic Dermatitis

EPCLUSA (ORAL)
EPCLUSA PELLET PACK (ORAL)
HARVONI PELLET PACK (ORAL)
HARVONI TABLET (ORAL)
LEDIPASVIR-SOFOSBUVIR (AG) (ORAL)
MAVYRET (ORAL) (8 WEEKS)
MAVYRET PELLET PACK (ORAL) (8 WEEKS)
SOFOSBUVIR/VELPATASVIR (AG) (ORAL)
SOVALDI TABLET (ORAL)
VOSEVI (ORAL)
ZEPATIER (ORAL)

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# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| MAVYRET (ORAL) (8 WEEKS)<br>MAVYRET PELLET PACK (ORAL) (8 WEEKS)<br>SOFOSBUVIR/VELPATASVIR (AG) (ORAL)<br>VOSEVI (ORAL) | EPCLUSA (ORAL)<br>EPCLUSA PELLET PACK (ORAL)<br>HARVONI PELLET PACK (ORAL)<br>HARVONI TABLET (ORAL)<br>LEDIPASVIR-SOFOSBUVIR (AG) (ORAL)<br>SOVALDI TABLET (ORAL)<br>ZEPATIER (ORAL) |

# Proposed PDL Drug Class:

*HIV/AIDS*

# HIV/AIDS

ABACAVIR SOLUTION (ORAL)
ABACAVIR TABLET (ORAL)
ABACAVIR/LAMIVUDINE (ORAL)
APRETUDE (INTRAMUSC)
APTIVUS CAPSULE (ORAL)
ATAZANAVIR (ORAL)
BIKTARVY (ORAL)
CABENUVA (INTRAMUSC)
CIMDUO (ORAL)
COMBIVIR (ORAL)
COMPLERA (ORAL)
DARUNAVIR (ORAL)
DELSTRIGO (ORAL)
DESCOVY (ORAL)
DOVATO (ORAL)
EDURANT (ORAL)
EDURANT PED TAB SUSP (ORAL)
EFAVIRENZ TABLET (ORAL)
EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI LO) (ORAL)
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI) (ORAL)
EMTRICITABINE CAPSULE (ORAL)
EMTRICITABINE/RILPIVIRINE/TENOFOVIR DF (COMPLERA) (ORAL)
EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)
EMTRIVA CAPSULE (ORAL)
EMTRIVA SOLUTION (ORAL)
EPIVIR SOLUTION (ORAL)
EPIVIR TABLET (ORAL)
ETRAVIRINE (ORAL)
EVOTAZ (ORAL)
FOSAMPRENAVIR TABLET (ORAL)
FUZEON (SUB-Q)
GENVOYA (ORAL)
INTELENCE (ORAL)
ISENTRESS (ORAL)
ISENTRESS HD (ORAL)
ISENTRESS POWDER PACK (ORAL)
ISENTRESS TAB CHEW (ORAL)
JULUCA (ORAL)
KALETRA SOLUTION (ORAL)
KALETRA TABLET (ORAL)
LAMIVUDINE SOLUTION (ORAL)
LAMIVUDINE TABLET (ORAL)
LAMIVUDINE/ZIDOVUDINE (ORAL)
LOPINAVIR/RITONAVIR TABLET (ORAL)
MARAVIROC TABLET (ORAL)
NEVIRAPINE ER (ORAL)
NEVIRAPINE ORAL SUSP (ORAL)
NEVIRAPINE TABLET (ORAL)
NORVIR POWDER PACK (ORAL)
NORVIR TABLET (ORAL)
ODEFSEY (ORAL)
PIFELTRO (ORAL)
PREZCOBIX (ORAL)
PREZISTA (ORAL)
PREZISTA ORAL SUSP (ORAL)
RETROVIR CAPSULE (ORAL)
RETROVIR SYRUP (ORAL)
REYATAZ CAPSULE (ORAL)
REYATAZ POWDER PACK (ORAL)
RITONAVIR TABLET (ORAL)
RUKOBIA (ORAL)
SELZENTRY SOLUTION (ORAL)
SELZENTRY TABLET (ORAL)
STRIBILD (ORAL)
SUNLENCA (SUBCUT)
SUNLENCA TABLET (ORAL)
SYMFI (ORAL)
SYMFI LO (ORAL)
SYMTUZA (ORAL)
TENOFOVIR DISOPROXIL FUMARATE (ORAL)
TIVICAY (ORAL)
TIVICAY PD SUSPENSION (ORAL)
TRIUMEQ (ORAL)
TRIUMEQ PD TAB SUSP (ORAL)
TROGARZO (INTRAVEN)
TRUVADA (ORAL)
TYBOST (ORAL)
VIRACEPT (ORAL)
VIREAD POWDER (ORAL)
VIREAD TABLET (ORAL)
YEZTUGO TABLET (ORAL)
YEZTUGO VIAL (SUBCUTANEOUS)
ZIAGEN SOLUTION (ORAL)
ZIDOVUDINE CAPSULE (ORAL)
ZIDOVUDINE SYRUP (ORAL)
ZIDOVUDINE TABLET (ORAL)

# PDL Recommendation

| Preferred | | Non-Preferred | |
|---|---|---|---|
| APRETUDE (INTRAMUSC)<br>ATAZANAVIR (ORAL)<br>BIKTARVY (ORAL)<br>CABENUVA (INTRAMUSC)<br>CIMDUO (ORAL)<br>DARUNAVIR (ORAL)<br>DELSTRIGO (ORAL)<br>DESCOVY (ORAL)<br>DOVATO (ORAL)<br>EFAVIRENZ TABLET (ORAL)<br>EFAVIRENZ/EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)<br>EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE (ORAL)<br>EVOTAZ (ORAL)<br>GENVOYA (ORAL)<br>ISENTRESS (ORAL)<br>ISENTRESS HD (ORAL)<br>ISENTRESS POWDER PACK (ORAL)<br>ISENTRESS TAB CHEW (ORAL) | JULUCA (ORAL)<br>LAMIVUDINE SOLUTION (ORAL)<br>LAMIVUDINE TABLET (ORAL)<br>LAMIVUDINE/ZIDOVUDINE (ORAL)<br>LOPINAVIR/RITONAVIR TABLET (ORAL)<br>NEVIRAPINE ER (ORAL)<br>NEVIRAPINE TABLET (ORAL)<br>ODEFSEY (ORAL)<br>PIFELTRO (ORAL)<br>PREZCOBIX (ORAL)<br>PREZISTA ORAL SUSP (ORAL)<br>RITONAVIR TABLET (ORAL)<br>STRIBILD (ORAL)<br>SYMTUZA (ORAL)<br>TENOFOVIR DISOPROXIL FUMARATE (ORAL)<br>TIVICAY (ORAL)<br>TIVICAY PD SUSPENSION (ORAL)<br>TRIUMEQ (ORAL)<br>TYBOST (ORAL)<br>ZIDOVUDINE CAPSULE (ORAL)<br>ZIDOVUDINE SYRUP (ORAL)<br>ZIDOVUDINE TABLET (ORAL) | ABACAVIR SOLUTION (ORAL)<br>ABACAVIR TABLET (ORAL)<br>ABACAVIR/LAMIVUDINE (ORAL)<br>APTIVUS CAPSULE (ORAL)<br>COMBIVIR (ORAL)<br>COMPLERA (ORAL)<br>EDURANT (ORAL)<br>EDURANT PED TAB SUSP (ORAL)<br>EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI LO) (ORAL)<br>EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (SYMFI) (ORAL)<br>EMTRICITABINE CAPSULE (ORAL)<br>EMTRICITABINE/RILPIVIRINE/TENOFOVIR DF (COMPLERA) (ORAL)<br>EMTRIVA CAPSULE (ORAL)<br>EMTRIVA SOLUTION (ORAL)<br>EPIVIR SOLUTION (ORAL)<br>EPIVIR TABLET (ORAL)<br>ETRAVIRINE (ORAL)<br>FOSAMPRENAVIR TABLET (ORAL)<br>FUZEON (SUB-Q)<br>INTELENCE (ORAL)<br>KALETRA SOLUTION (ORAL)<br>KALETRA TABLET (ORAL) | MARAVIROC TABLET (ORAL)<br>NEVIRAPINE ORAL SUSP (ORAL)<br>NORVIR POWDER PACK (ORAL)<br>NORVIR TABLET (ORAL)<br>PREZISTA (ORAL)<br>RETROVIR CAPSULE (ORAL)<br>RETROVIR SYRUP (ORAL)<br>REYATAZ CAPSULE (ORAL)<br>REYATAZ POWDER PACK (ORAL)<br>RUKOBIA (ORAL)<br>SELZENTRY SOLUTION (ORAL)<br>SELZENTRY TABLET (ORAL)<br>SUNLENCA (SUBCUT)<br>SUNLENCA TABLET (ORAL)<br>SYMFI (ORAL)<br>SYMFI LO (ORAL)<br>TRIUMEQ PD TAB SUSP (ORAL)<br>TROGARZO (INTRAVEN)<br>TRUVADA (ORAL)<br>VIRACEPT (ORAL)<br>VIREAD POWDER (ORAL)<br>VIREAD TABLET (ORAL)<br>YEZTUGO TABLET (ORAL)<br>YEZTUGO VIAL (SUBCUTANEOUS)<br>ZIAGEN SOLUTION (ORAL) |

# Proposed PDL Drug Class:

*Opiate Dependance Treatments*

# Opiate Dependance Treatments

BRIXADI MONTHLY (SUBCUTANEOUS)
BRIXADI WEEKLY (SUBCUTANEOUS)
BUPRENORPHINE HCL (SUBLINGUAL)
BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)
BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)
KLOXXADO SPRAY (NASAL)
LOFEXIDINE TABLET (ORAL)
LUCEMYRA (ORAL)
NALOXONE SPRAY OTC (NASAL)
NALOXONE SYRINGE (INJECTION)
NALOXONE VIAL (INJECTION)
NALTREXONE (ORAL)
NARCAN SPRAY OTC (NASAL)
OPVEE SPRAY (NASAL)
REXTOVY SPRAY (NASAL)
SUBLOCADE (SUBCUTANEOUS)
SUBOXONE FILM (SUBLINGUAL)
VIVITROL (INTRAMUSC)
ZUBSOLV (SUBLINGUAL)
ZURNAI (INJECTION)

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# PDL Recommendation

| Preferred | Non-Preferred |
|---|---|
| BRIXADI MONTHLY (SUBCUTANEOUS)<br>BRIXADI WEEKLY (SUBCUTANEOUS)<br>BUPRENORPHINE HCL (SUBLINGUAL)<br>BUPRENORPHINE/NALOXONE FILM (SUBLINGUAL)<br>BUPRENORPHINE/NALOXONE TAB (SUBLINGUAL)<br>KLOXXADO SPRAY (NASAL)<br>LOFEXIDINE TABLET (ORAL)<br>LUCEMYRA (ORAL)<br>NALOXONE SPRAY OTC (NASAL)<br>NALOXONE SYRINGE (INJECTION)<br>NALOXONE VIAL (INJECTION)<br>NALTREXONE (ORAL)<br>NARCAN SPRAY OTC (NASAL)<br>OPVEE SPRAY (NASAL)<br>REXTOVY SPRAY (NASAL)<br>SUBLOCADE (SUBCUTANEOUS)<br>SUBOXONE FILM (SUBLINGUAL)<br>VIVITROL (INTRAMUSC)<br>ZUBSOLV (SUBLINGUAL)<br>ZURNAI (INJECTION) | |

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# Proposed PDL Drug Class:

*Appendix A drug classes*

# PUBLIC COMMENTS

# VOTING

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# New Mexico P&T/DUR Committee Meeting Adjourned

Next Meeting April 16, 2026



