



**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 Microsoft Teams webinar.**  
Thursday, January 18, 2023  
1:00 P.M. to 4:00 P.M. (Eastern)

Smartphone/Web	Dial-In
<p><a href="#">Click here to join the meeting</a></p> <p>Meeting ID: 215 474 540 823 Passcode: ft7XPH</p> <p><a href="#">Download Teams</a>   <a href="#">Join on the web</a></p>	<p>+1-858-252-2734 (US Toll)</p> <p>Phone Conference ID: 972 238 814#</p>

## 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
  - e. Approval of November 2023 Meeting Minutes
- IV. **New Business**
  - a. New Products to Market to be Reviewed as Single Products:
    - i. Vowst™ (*Antibiotics, Gastrointestinal*)
    - ii. Bimzelx® (*Cytokine and CAM Antagonists*)
    - iii. Velsipity™ (*Cytokine and CAM Antagonists*)
    - iv. Omvoh™ (*Cytokine and CAM Antagonists*)
    - v. Zurzuvae™ (*Antidepressants, Other*)
    - vi. Xphozah® (*Blood Modifiers, Phosphate Binders*)
- V. **Therapeutic Classes with Recommended Changes**
  - a. Cephalosporins and Related Antibiotics
  - b. Glucocorticoids, Inhaled
  - c. Hepatitis C Agents
  - d. Macrolides/Ketolides
  - e. Oxazolidinones
  - f. Tetracyclines



**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>• Antibiotics, Gastrointestinal</li> <li>• Antibiotics, Inhaled</li> <li>• Antibiotics, Vaginal</li> <li>• Antifungals, Oral</li> <li>• Antihistamines, Minimally Sedating</li> <li>• Antiretrovirals, HIV/AIDS</li> <li>• Bronchodilators, Beta Agonist</li> <li>• Chronic Obstructive Pulmonary Disease (COPD) Agents</li> <li>• Epinephrine, Self-Injectable</li> </ul>	<ul style="list-style-type: none"> <li>• Hepatitis B Agents</li> <li>• Intranasal Rhinitis Agents</li> <li>• Leukotriene Modifiers</li> <li>• Oral Antivirals, Herpes</li> <li>• Oral Antivirals, Influenza</li> <li>• Penicillins</li> <li>• Pleuromutulis</li> <li>• Quinolones</li> <li>• Sulfonamides, Folate Antagonist</li> </ul>
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**VII. Adjournment**

- a. Schedule of Upcoming Meetings
  - i. **April 18, 2024**
  - ii. **July 18, 2024**
  - iii. **October 17, 2024**

To view the most current Preferred Drug List (PDL) and Prior Authorization (PA) criteria please go to <https://kyportal.medimpact.com/provider-documents/drug-information>.

**PUBLIC SPEAKERS:** If you would like to speak during the public session, please complete the Speaker Request form located under the Committee Information tab at <https://kyportal.medimpact.com/medicaid-pt-committee/pt-committee>.