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

<table>
<tr><td>Date & Time</td><td colspan="2">January 16, 2026, 8AM – 2PM MST (scheduled time)</td></tr>
<tr><td>In Person Option</td><td colspan="2">5700 Pasadena Ave NE,
Conference Room A
Albuquerque, NM 87113</td></tr>
<tr><td>Virtual option:</td><td colspan="2">Microsoft Teams
Meeting ID: 226 278 712 907 01
Passcode: Fu75Gc2m</td></tr>
<tr><td rowspan="11">Attendees

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>Caroline Bonham, MD</td><td>Present</td></tr>
<tr><td>Stephanie Gehres, MD</td><td>Present</td></tr>
<tr><td>Cathleen Hewlett-Masser,</td><td>Absent</td></tr>
<tr><td>Van Roper,</td><td>Present</td></tr>
<tr><td>Jeremy Snider, MD</td><td>Absent</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
• Robert Kenny, DBC, Budget & Reporting Bureau
• Erica LeRouge, Administrative Services Coordinator, Supervisor
• Diana Moya, Pharmacist
• Erika Ortega, Certified Pharmacy Technician
• Erika Price, Coverage Expansion Coordinator
• Keenan Ryan, Director of Pharmacy, Acting Chief Medical Officer
• Nai Walter, BHSD</td></tr>
<tr><td colspan="2">Conduent Staff – Present</td></tr>
<tr><td colspan="2">• Amy Cully, Clinical Pharmacist, Director of Drug Utilization Review
• Lorin Meskin, Manager, Pharmacy Benefits Management
• Brad Stevens,</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 Malizia, Project Manager Sr.
• Amber Small, PDL Management Sr. Principal
• Claudia Soto, AVP Account Management</td></tr>
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	Mercer Staff - Present
	• Jim Cook, Senior Principal, Specialty Consulting Sector • Leslie Lugo, Pharmacist • Janine Statt, Pharmacist

Agenda Item	Record	Notes
1) Open Session - DUR Utilization Review		
a) Call to Order and Roll Call	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order at 8:05 AM on January 16, 2026. Keenan took the roll. Committee Members present • Amy Bachyrycz • Caroline Bonham • Stephanie Gehres • Van Roper • Justin White	A quorum was present.
b) Approval for Agenda l(Attachment A)	Board Member Caroline Bonham moved to approve the meeting minutes, and Board Member Amy Bachyrycz seconded the motion.	Agenda and minutes approved by vote. No questions or concerns were provided.
c) Conflict of Interest/ Confidentiality / Mileage Reimbursement	Keenan Ryan asked if housekeeping items needed to be sorted through.	All board members submitted NDAs ahead of the meeting. Mileage Reimbursement is available upon request.
d) State Updates	Keenan Ryan introduced Lorin Meskin from Conduent to proceed with discussion.	

i) NM FFS/MCO Client Counts and Pharmacy	Lorin Meskin with Conduent leads discussion.
	• Enrollment counts for FFS/MCO
	• Implementation edits
	  ○ 4204/4195 pregnancy/prenatal
	  ○ 4620 MAT (opioid)
	• Member Demographics reviewed. Percentage of usage shown in accompanying slides
		No comments or concerns were noted.

e) RetroDUR	Amy Cully leads discussion	
i) Recent Interventions - Polypharmacy	Amy Cully reviewed intervention for Polypharmacy with Psychotropic Medications (FY25 Q4).	Mailed to 150 providers.

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	with Psychotropic Medications (FY25 Q4)		
ii)	**Summary Reports – Underutilization of Statins in Diabetes Mellitus (FY25 Q3) (Attachment B)**	Amy Cully reviewed Summary Reports – Underutilization of Statins in Diabetes Mellitus (FY25 Q3) Attachment C. Slide 17 of presentation Per Keenan Ryan, many providers have 1 or 2 members with diabetes that do not have a statin. Only a couple of have double digit.	No comments or concerns were noted.
iii)	**Data Results – SMART (FY24 Q4)**	Amy Cully reviewed the results from SMART (FY24 Q4). Slide 18 of presentation. Amy noted that the blue bar shows the amount of SABA. Amy would not like to see that high of SABA. But the trend is in step with colder months. The intervention was SMART education for members with asthma and allergies. Tracked use of inhalers before and after mailing.	No comments or concerns were noted.
iv)	**Review Quarterly Reports. (Attachments C and D)**	Amy Cully reviewed the report summary for the eight quarterly reports that are to look for adverse events. 1. Metabolic Monitoring of SGAs in Youth (Attachment D) 2. Opioid and SMR Overlap Report (Attachment E) 3. Opioid and Gabapentinoids Overlap Report (Attachment E) 4. Opioid and Benzodiazepine Overlap Report (Attachment E) 5. Opioid and Antipsychotic Overlap Report (Attachment E) 6. Opioid, Antipsychotics, and Benzodiazepines Overlap Report (Attachment E) 7. Opioid and Non-BZD Sedatives Overlap Report (Attachment E) 8. Opioid-Stimulants Overlap Report (Attachment E)	No comments or concerns were noted.

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	Amy then also reviewed the Quarterly reports for top drugs per claims. 1. Top 25 Drugs by Number of Claims 2. Top 10 Brand Drugs by Number of Claims a. Amy noted that Flu season pushed flu vaccine numbers higher than normal. b. Diabetes supplies continue to be in high demand. 3. Top 10 Generic Drugs by Number of Claims a. Amy noted that wintry weather medications were high as expected for the time of year. 4. Top 10 Therapeutic Class by Number of Claims.	
v) Interventions – Opioid Newsletter (FY26 Q1) (Attachment E)	Amy Cullen and Keenan Ryan ran a discussion around the upcoming interventions newsletter. • The newsletter is a guideline from CDC and now includes acute and chronic pain and does not include sickle cell, HIV, or palliative care. • The guidelines are designed to be flexible per patient. The MMEs noted are just a guideline and not rigid. • Prescription monitoring program is included. • Every year a report to CMS is required. • Feedback the state has received is that education intervention via fax is outdated. A new QR code has been added to education interventions for ease of use and responses.	No comments or concerns were noted.
2) Closed Session – PDL Class Review		
a) Call to Order and Roll Call	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order at 11:05 AM on January 16, 2026. Keenan took the roll. Committee Members present • Amy Bachyrycz, • Caroline Bonham, • Stephanie Gehres,	A quorum was present.

DRAFT

	• Van Roper, • Justin White, NM HCA staff present • Erika Ortega • Diana Moya • Keenan Ryan Prime Therapeutics staff present • Heather Epps • James Kim • Amber Small • Claudia Soto	
a) Review of Drug Classes with Proposed Changes	Keenan Ryan explained that the PDL would start with a small review of classes. And that the intent is to build up the PDL over time. James Kim reminded the board members that the financial material presented is confidential and should not be discussed or disclosed outside this closed session. Amber Small presented the financial review of the new drug classes being reviewed for proposed addition: • Cytokine and Cam Antagonists • Hepatitis C Agents • Antipsychotics - no denials • Opiate Dependence treatments • HIV/AIDS – • Ophthalmic, dry eye agents • Angiotensin Modulators • Epinephrine, self-administered • Pancreatic Enzymes • Glucagon Agents • Antihistamines, minimally sedating • Bladder Relaxant Preparations • Stimulants and Related agents • Potassium Binders • Antibiotics Inhaled • Analgesics, Narcotics long • Diuretics • GI Motility Chronic	

	• Antihyperuricemics • Antidepressants other • Anxiolytics • PPI • Steroids, topical low	
3) Open Session – Pharmacy and Therapeutics		
a) Call to Order and Roll Call	Keenan Ryan, HCA Director of Pharmacy, called the meeting to order at 11:05 AM on January 16, 2026. Keenan took the roll. Committee Members present • Amy Bachyrycz • Caroline Bonham • Stephanie Gehres • Van Roper • Justin White Keenan advised the following outline for the meeting. • Each drug class will be presented, at the end of the presentation of the class, we will ask for public comments if you have asked to comment, in which case you have 3 minutes. • There should be no discussion of costs and /or anecdotal activity per our bylaws. • After each of the first six drug classes are reviewed and comments made, we will do a class vote. • There will be a large class vote for the drug classes in appendix A. These are a large group of generic agents where we are looking to capture most of the market share.	A quorum was present.
b) HCA Administrative Updates	Keenan Ryan advised that per P&T/DUR by-laws and best practices, one voting member will be a member of the public. HCA will recruit a member from the Benefit Advisory Council (BAC). Keenan then reviewed the following requirements to be a BAC member.	

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	• Has relevant experience or participation in patient or community-based organizations. • 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.	
c) CMMI Models – GENEROUS Model, BALANCE Model	Keenan Ryan led a discussion regarding the two 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	No comments or concerns were noted.

DRAFT

	that support our most vulnerable populations. 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.	
d) Autoimmune Definition	Keenan Ryan led discussions for definition of Autoimmune. Noted the following key points ▪ SB135 (2024), SB39 (2025) removed step therapy provision for autoimmune, oncology, behavioral health, and 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*	No comments or concerns were noted.

DRAFT

	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." Keenan gave an example of why it is important to define a working definition for autoimmune for Preferred Drug Class purposes. "We're talking about drugs that are designed to treat autoimmune disorders by directly modifying the disease itself or modifying the immune system's abnormal response, which targets the body's own cells, organs. To be more specific here, this is to say things like cytokine therapies are autoimmune therapy, but the broad class is steroids, which is not right. That is not an autoimmune drug on its own. It does treat inflammation, but it is not targeted at specific autoimmune condition. So, this proposed definition we have here in italics is, is the working definition we have been using."	
4) Drug Class Review – Clinical Presentations	Keenan Ryan handed the conversation off to Prime Therapeutics, James Kim, PharmD., Director, Clinical Account Services, to begin discussion around the proposed drug classes to PDL. 1. Antipsychotics 2. Cytokine and Cam Antagonists 3. Hepatitis C Agents 4. HIV/AIDS 5. Opiate Dependence treatments 6. Drug Classes Appendix A	
a) Antipsychotics - Drug class review presentation by Prime	James Kim gave a general overview of Antipsychotics drug class. Drug class includes • includes both 1st and 2nd generation antipsychotics, cross oral ODT inhalation, subcutaneous transdermal and long-acting injectable formulations. • Newer partial agonists and delivery innovations have broken into individualized treatment options while	

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	balancing efficacy, tolerability, and operational considerations. PDL Recommendations • For this class, trial and failure of a preferred product to get a non-preferred product is not enforceable. • Goal is to have all types of formulations available whether they be injectable, IM, oral, transdermal, and long acting available. • Recommended preferred captures 96.6% of current utilization in members.	
i) Antipsychotics – Public Comment	Telephonic and web comments were called for, and the phone lines were opened. No public comment was provided.	
ii) Antipsychotics – Discussion by Board and action by Board to approve	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper 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, Pharm D — Yes Caroline Bonham, MD — Yes Stephanie Gehres, MD — Yes Cathleen Hewlett-Masser, — Absent Van Roper, — Yes Jeremy Snider, MD — Absent Justin White — Yes	
b) Cytokine and CAM Antagonist - Drug class review presentation by Prime	James Kim gave a general overview of Cytokine and CAM Antagonist drug class. Drug class includes • This class includes biologic agents that target small molecules which are immunomodulated to a down regulated specific immune pathway central to chronic inflammatory diseases. • Key targets include tumor necrosis factor alpha or TNFF alpha, interleukin 617231 integrins, and Jack enzymes collectively.	

DRAFT

	• Collectively, these therapies reduce inflammation, prevent disease progression, and improve functional outcomes across rheumatologic, dermatologic, and gastroenterological conditions. • There is a presence of multiple biosimilars, particularly with Humira and Infliximab. PDL Recommendations • There is quite a quite a negative impact within this class. • 54.5% market share is captured here. • Most of this shift is choosing Cosentyx or Taltz. Here we have chosen to go with Taltz. • Much of the other negative impact is choosing the Humira biosimilar over Humira and other biosimilars in this group. • For this class, trial and failure of a preferred product to get a non-preferred product is not enforceable.	
i) Cytokine and CAM Antagonist – Public Comment	Telephonic and web comments were called for, and the phone lines were opened. Public comments were provided by Uche Dafon with UCB for Benzelix.	
ii) Cytokine and CAM Antagonist — Discussion by Board and action by Board to approve	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper 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, Pharm D — Yes Caroline Bonham, MD — Yes Stephanie Gehres, MD — Yes Cathleen Hewlett-Masser, — Absent Van Roper, — Yes Jeremy Snider, MD — Absent Justin White — Yes	

DRAFT

c) Hepatitis C Agents - Drug class review presentation by Prime	James Kim gave a general overview of Hepatitis C agents, drug class. Drug class includes • Drugs are direct acting antivirals for Hep C that target NS 5B polymerase, NS5A replication complex and the NS3/4A protease disrupting viral replication at multiple points. • The modern regiments include Epclusa, Mavyret, Harvoni, Vaspi and Zepatier that offer cure rates greater than 95%. • A couple of drugs are pan genotypic, which means they cover all genotypes, Epclusa, Mavyret, Vaspi and they these streamlined therapy selection while authorized genetics provide some meaningful cost savings and equivalent efficacy. PDL Recommendations • What we present here is to prefer the pan genotypic Hep C medications here Mavyret Voscepi or Suvasivir Nopanosphere which is the authorized generic for Epclusa and Vosafi for relapse. • We have aligned with all the first line agents and agents for failure during this time.	
i) Hepatitis C Agents - Public Comment	Telephonic and web comments were called for, and the phone lines were opened. Public comments were provided by Natalie Rose with Gilead for Epclusa, and Sofosuvir/Velpatasvir.	
ii) Hepatitis C Agents - Discussion by Board and action by Board to approve	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper 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, Pharm D — Yes Caroline Bonham, MD — Yes Stephanie Gehres, MD — Yes	

DRAFT

	Cathleen Hewlett-Masser, Absent Van Roper, Yes Jeremy Snider, MD Absent Justin White Yes	
d) HIV/AIDS - Drug class review presentation by Prime	James Kim gave a general overview of HIV/AIDS agents, drug class. Drug class includes • These are antivirus that target multiple steps in the viral life cycle including reverse transcriptase, integrase activity, protease mediated viral saturation, and viral entry or attachment. • Modern therapies emphasize integrase inhibitors-based regiments due to superior efficacy, tolerability, and resistance profile. • Long-acting injectables represent a major advancement in HIV care, supporting adherence and reducing covert combination products simplified therapy into once daily or infrequent dosing regiments while maintaining viral suppression. PDL Recommendations • 99.7% of all utilization currently is captured with this preferred recommendation. • Most utilizations would be in Biktarvy and then newer Prodi integrase inhibitors.	
i) HIV/AIDS- Public Comment	Telephonic and web comments were called for, and the phone lines were opened. Public comments were provided by Natalie Rose with Gilead for Biktarvy, Yeztugo, and Sunlenca.	
ii) HIV/AIDS - Discussion by Board and action by Board to approve	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper 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, Pharm D Yes	

DRAFT

	Caroline Bonham, MD Yes Stephanie Gehres, MD Yes Cathleen Hewlett-Masser, Absent Van Roper, Yes Jeremy Snider, MD Absent Justin White Yes	
e) Opiate Dependance Treatments - Drug class review presentation by Prime	James Kim gave a general overview of Opiate Dependance Treatments, drug class. Drug class includes • These medications are used for opioid use dependance (OUD). Targeting opioid receptors through partial agonism or full antagonism or androgenic modulation. • Buprenorphine based therapies available in sublingual combinations, or long-acting injectables are the backbone of MAT due to their safety, adherence advantages, and robust evidence base. • Naloxone products provide rapid reversal of life-threatening opioid overdoses with multiple high dose nasal formulations tailored for synthetic opioid exposure. • Naltrexone offers a non-opioid maintenance option, and Lofexidine supports supervised withdrawal. PDL Recommendations • Every medication is preferred. This is a 100% utilization capture.	
i) Opiate Dependance Treatments - Public Comment	Telephonic and web comments were called for, and the phone lines were opened. Public comments were provided by John Landis Pharm D with Braeburn Medical Affairs for Brixadi.	
ii) Opiate Dependance Treatments - Discussion by Board and action by Board to approve	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper 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, Pharm D Yes	

DRAFT

	Caroline Bonham, MD Yes Stephanie Gehres, MD Yes Cathleen Hewlett-Masser, Absent Van Roper, Yes Jeremy Snider, MD Absent Justin White Yes	
f) Drug Classes Drug class review presentation by Prime (Appendix A)	James Kim scrolled through the Appendix A proposed drug class document and gave a brief overview to each of the 67 classes. • The document focuses majority on traditional medications with that push to generic utilization, right the preferred products decisions were made based off the clinical efficacy and utilization basis. • Preferred classes are between 80 to 100% of the preferred products represented across all lines of business. • The preferred list heavily favors generic and authorized generics supporting affordability while maintaining therapeutic parity. • The vast majority in the state's approach to this was to capture as much utilization as we could to establish a baseline with our moving plan to go more in depth on key hot, so say hot topic areas. • Classes with an asterisk are protected classes and are not subject to step therapy or prior authorization.	
i) Drug Classes Public Comment (Appendix A)	Telephonic and web comments were called for, and the phone lines were opened. Public comments were provided by Payal Tajani with Biogen for Zerzuve.	
ii) Drug Classes Discussion by Board and action by Board to approve (Appendix A)	Board Member Bonham moved to accept the class as clinically and therapeutically equivalent presented by Prime and Board Member Roper seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable):	

DRAFT

	Amy Bachyrycz, Pharm D Yes Caroline Bonham, MD Yes Stephanie Gehres, MD Yes Cathleen Hewlett-Masser, Absent Van Roper, Yes Jeremy Snider, MD Absent Justin White Yes	
5) Closing Discussion		
a) Next Steps	Keenan Ryan reviewed next steps • The recommendations will go to Medicaid up to the director's office to review, sign off, and implement the next steps. • PDL Go-Live is set for April 1, 2026. • The state's website is being rebuilt, and the PDL will be hosted there. • A meeting with the MCOs to review work needed to implement will be forthcoming in the next couple of weeks. • MCO questions should be submitted to Mercer. • Next P&T meeting will be in the next couple of months, and the agenda will be posted to the state website. In-person and virtual options.	
b) Adjournment	Keenan Ryan closed meeting at 12:23 pm MST	

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Attachment A – Members of the Public in Attendance

Angie ADINAMIS
Ashlie Bozell
Shelton Caldwell
Debra Candelaria
Catherine Paulson
Jim Cook
Corey Edic
Craig Hansen
Louanne Cunico
Deron Grothe
Christine Dube
Fushimi Brent
Steven Garcia
Mark Gies
Ginger Papesh
Grant Forhan
Jason Shotwell
Jason Smith
Jenna Doerr
John Landis
John Schillo
Jomy Joseph
Sandra Kapur
Kellie VazzanaKim Greenberg
Frank B Koronkiewicz
Kunal Parekh
Lori Howarth
Lesie Lugo
Marc Parker
Margaret Greenwood-Ericksen
Frank McCutchan
Kelly McNeil-Posey
Mary Shefchyk
Robin Napoleone
Natalie Rose
Nick Boyer
Nina Bandali
Payal Tejani
Audrey Rattan
Reina Rittman
Richard Junk

Rod Scott
Frank Roland
Rush Shukla
Ryan Miller
Samantha Paustian
Sarah Blankenship
Lara Schwartz
Shawn Akey
Lori Stalker
Brad Stevens
Joseph Thorpe
Jami Toole
Valerie D Ng
Vinay Bhargava
Leslie Weisberg
Wonmin Song

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