



## AGENDA

State and Public School Life and Health Insurance Board

August 19, 2014

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order .....Dr. John Kirtley, Chairman*
- II. Approval of July 29, 2014 Minutes .....Dr. John Kirtley, Chairman*
- III. ASE-PSE Financials July, 2014 .....Marla Wallace, EBD Chief Fiscal Officer*
- IV. Benefits Sub-committee Report .....Bob Alexander, EBD Executive Director*
- V. DUEC Report..... Dr. Kat Neill, DUEC Chairman*
- VI. Updates.....Bob Alexander, EBD Executive Director*
- VII. Director’s Report .....Bob Alexander, EBD Executive Director*

### *Upcoming Meetings*

*October 21<sup>st</sup>*

*November 18<sup>th</sup>*

***NOTE: All material for this meeting will be available by electronic means only asepse-board@dfa.arkansas.gov***

***Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as “Members and Staff only”***

# **State and Public School Life And Health Insurance Board Minutes August 19, 2014**

The 140<sup>th</sup> meeting of the State and Public School Life and Health Insurance Board (hereinafter called the Board), met on August 19, 2014 at 1:00 p.m. in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, AR 72201.

## **MEMBERS PRESENT**

Renee Mallory  
Robert Boyd  
Lori Freno-Engman  
Dr. Joseph Thompson  
Angela Avery  
Shelby McCook  
Dr. Tony Thurman  
Carla Wooley-Haugen Vice-Chairman  
Dan Honey  
Dr. John Kirtley, Chairman

## **MEMBERS ABSENT**

Katrina Burnett  
Janis Harrison  
Dr. Andrew Kumpuris

Bob Alexander, Executive Director, Employee Benefits Division

## **OTHERS PRESENT:**

Dwight Davis, David Keisner, Jill Johnson, Gein Bomberey, UAMS; Janna Keathley, Stella Greene, Ethel Whittaker, Marla Wallace, Lori Eden, Sherry Bryant, Leslie Smith, EBD; Sylvia Landers, Eileen Wilden, Minnesota Life; Kristi Jackson, ComPsych; Pam Lawrence, AHH; Michele Hazelett, Retiree; Wayne Whitley, AR Highway & Transportation Dept; Diann Shoptaw, USABLE; Peggy Nabors, AEA; Takisha Sanders, Kanita Collins, D.J. Bradley, Health Advantage; Ro Summers, ACHI; Andra Kaufman, QualChoice; Susan Walker, Datapath; Danny James, ASEA; Warren Tayes, Merck; Jennifer Smith, ASU; Jackie Beau, ASP; Steve Althoff, MTI; Connie Bennett, Catamaran; Norma Walker, Watson School District; Martha Hill, Doug Brown, APSRC; Treg Long, ACS; Kim Henderson, ADFA; Donna Morg, ARTA; Kristi Clark, ABA; Rep. John Hutchinson, EBP; Lisa Carson, EBD; Richard Abernathy, AAEA

## **CALL TO ORDER:**

Meeting was called to order by John Kirtley, Chairman

**APPROVAL OF MINUTES:** *by John Kirtley, Chairman*

The request was made by Kirtley to approve the July 29, 2014 minutes.

McCook made the motion to approve the minutes, Honey seconded; all were in favor.

**Minutes approved**

**FINANCIALS:** *by Marla Wallace, CFO EBD*

Wallace reported for July 2014 for PSE & ASE. For PSE, The Department of Education funding was received for the month. The regular monthly and quarterly amount was received for a total of \$6.9 million. There was only three (3) weeks of claims in medical and pharmacy. The \$2.00 per member per year Patient Centered Outcomes Research Institute (PCORI) fee was paid which totaled \$166,976.00. There was a net gain for the month of \$11.6 million and the year-to-date is \$28.7 million. The catastrophic reserve is fully funded.

ASE had three (3) weeks of claims. There was a net gain of \$8 million for the month and \$20.8 million net gain year-to-date. The PCORI fee for ASE was paid which totaled \$129,882.00. All reserves have been allocated. The catastrophic reserve is fully funded. The net assets available are \$23 million.

**State and Public School Life and Health Insurance Board  
Benefits Sub-Committee Summary Report**

*By: Bob Alexander, EBD Executive Director*

The following report resulted from a meeting of the Benefits Sub-Committee from August 8, 2014 with Shelby McCook presiding.

**Topics Discussed:**

1. \$250.00 Emergency room visit:

McCook motioned to waive the \$250.00 emergency room visit if the member calls the 24-hour nurse hotline and they are instructed by a nurse to the emergency room. Mallory seconded. All were in favor.

**Motion Approved**

## 2. New Sub-committee member:

McCook reported Claudia Moran is a nominee for the Benefits Sub-committee. Ms. Moran is an Occupational Therapist for the District of North Little Rock and a resident of the Community of Sherwood. She received a BA from The University of Central Arkansas. She received a MA from The University of Carolina at Chapel Hill.

McCook motioned to select Claudia Moran, pending her supervisor's approval to allow time for the committee, as an Education Representative for the Benefits Sub-committee. Honey seconded. All were in favor.

## Motioned Approved

### **DUEC REPORT:** *by, Dr. Kat Neill, Dr. David Keisner, UAMS*

The following report resulted from a meeting of the DUEC on August 4, 2014 with Dr. Kat Neill presiding.

#### **1. Recommended Changes to Current Coverage**

##### **A. Delivery Coordination Workgroup Report**

Drugs used in the treatment of cancers and hereditary angioedema were reviewed by the DCWG and a report made to the DUEC on August 4<sup>th</sup>. Recommendations from this report are outlined below.

	<b>Current Coverage</b>	<b>Proposed Coverage for 2015</b>
<u><i>Metastatic Melanoma Treatment</i></u>		
Zelboraf (vemurafenib)	T4PA	T4PA
Tafinlar (dabrafenib)	excluded	T4PA
Mekinist (trametinib)	T4PA	T4PA
Yervoy (ipilimumab)	Medical, no PA required	EBRx PA
Tafinlar (dabrafenib)+Mekinist (trametinib)	Excluded	Excluded
<u><i>Metastatic Prostate Cancer Treatment</i></u>		
Zytiga (abiraterone)	T4PA	T4PA
Xtandi (enzalutamide)	T4PA	T4PA
Jevtana (cabazitaxel)	Medical, No PA required	excluded
Provenge (sipuleucel-T)	Medical, No PA required	excluded
Xofigo (radium 223)	Medical, No PA required	EBRx PA
Docetaxel	Medical, No PA required	Medical, No PA required
<u><i>Hodgkins Lymphoma/Anaplastic large T cell Lymphoma</i></u>		
Adcetris (brentuximab)	Medical, No PA required	EBRx PA

<u>Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)</u>	<b>Current Coverage</b>	<b>Proposed Coverage for 2015</b>
Imbruvica (ibrutinib) Arzerra (ofatumumab)	Excluded Medical, no PA required	T4PA EBRx PA
<u>Hereditary Angioedema</u> Cinryze (human C1 inhibitor) Berinert (human C1 inhibitor) Kalbitor (ecallantide) Firazyr (icatibant)	Medical, no PA required Medical, no PA required Excluded Excluded	EBRx PA Medical, no PA required Excluded Excluded
<u>New Drugs</u> Zykadia (ceritinib)-ALK positive NSCLC Xalkori (crizotinib)-ALK positive NSCLC Cyramza IV (advanced stomach cancer/gastroesophageal junction adenocarcinoma).	Not yet reviewed T4PA Not yet reviewed	Exclude Exclude Exclude

## **B. 2015 Formulary Explanation/Review**

Dr. Keisner reported there will no longer be Gold, Silver, and Bronze Plans. The 2015 Plans are Premium, Classic, and Basic. There will be a pharmacy out-of-pocket for the Premium Plan. Reference price meds will not count toward the out-of-pocket (OOP) max. For the Classic and Basic plans (pharmacy co-insurance plans), medications listed as reference priced are considered a non-covered benefit, and the member will pay the entire cost of the medication. This amount will not count toward the member's OOP maximum. Members have the option of the covered Tier 1 generic alternative(s) or to appeal to EBRx for coverage.

## **C. Revised Reference Pricing Coverage 2015**

### **Sedative Hypnotics**

- Zolpidem ER, temazepam 7.5 mg and 22.5 mg commonly used to treat insomnia, will be reference priced on the Premium plan and will be non-covered meds on the Classic and Basic plans. Zolpidem immediate release, temazepam 15 mg and 30 mg will remain covered under Tier 1.
- Exclude flurazepam for new users.

### **Overactive Bladder Agents**

- Oxybutynin extended release, commonly used to treat overactive bladder, will be reference priced on the Premium plan and will be a non-covered medication on the Classic and Basic plans.
- Exclude Oxytrol Patches, commonly used to treat overactive bladder, from all plans. There is a new over-the-counter (OTC) preparation of Oxytrol patches available. Please note OTC products are not a covered benefit. Oxybutynin immediate release (dosage to cover 3x daily) will remain covered under Tier 1.

**Nasal Products**

- Exclude Nasacort AQ and triamcinolone nasal, commonly used to treat allergic rhinitis, from all plans. There is a new OTC preparation of Nasacort available that is less expensive than the \$26 reference price for 120 sprays. Please note OTC products are not a covered benefit. Azelastine, flunisolide, and fluticasone nasal will remain covered at Tier 1.

**D. Clarification of Days Supply for Specialty Drugs**

Dr. Keisner requested clarification whether specialty meds should not be allowed more than a thirty (30) day supply distribution from any source. Claims adjudication has allowed more than a thirty (30) day supply.

The DUEC Committee affirmed this coverage decision. The Committee’s recommendation stated that under no circumstances should there be over a thirty (30) day supply dispensed which includes mail order fills. The Committee also added that controlled substances are included in this category of limited days supply.

In some circumstances the committee has only voted for a fifteen (15) day supply to be filled.

The DUEC recommended Dr. Keisner complete an audit of how many specialty prescriptions were filled for more than a thirty (30) day supply.

**E. HEPATITIS C DISCUSSION** - Please see supplemental handout.

The DUEC proposes the Hepatitis C prior authorization coverage recommendations below. After six (6) months the committee will review for updated information/guidelines.

- Therapy will be processed through case management
- Requests for PA be initiated by a Hepatologist or GI Specialist
- For drug therapy specific recommendations, Sovaldi (sofosbuvir) will be covered T4PA. Olysio (simeprevir) is excluded.

**A. For any treatment to eradicate chronic hepatitis C virus (HCV) infection, the following criteria must be met regardless of which regimen is requested:**

<p>1. The patient must test positive for HCV infection documented by at least 1 measurement of serum HCV RNA &gt;10,000 IU/mL and a positive anti-HCV antibody, HCV RNA, or HCV genotype test &gt; 6 months prior to access to drug therapy.</p>	
<p>2. The patient must be free of using illicit drugs for the past 6 months.</p>	<p>Any positive drug screen during treatment stops access to the HCV drugs. Reinfection is a risk for IV drug users.</p>

3. The patient must be free of abusing ethanol for the past 6 months. (defined as > 3 glasses/d (1 glass is equivalent to beer 284 ml, wine 125 ml, or distilled spirits 25 ml for females and >4 glasses/d for males)	
4. If the patient has cirrhosis, there must be NO signs of decompensation (ascites, episodes of spontaneous bacterial peritonitis, hepatic encephalopathy, esophageal or gastric varices or a history of variceal bleeding).	Unless currently LISTED on the liver transplant list. Patients with decompensation will not be treated unless currently listed on a verifiable list from a liver transplant center.
5. The patient must NOT have liver disease due to any cause other than HCV infection (chronic hepatitis B infection, autoimmune hepatitis, alcoholic hepatitis, nonalcoholic steatohepatitis, hemochromatosis, Wilson's disease, alpha 1 antitrypsin deficiency, cholangitis)	These patients were excluded from the clinical trials.
6. Cirrhosis must be shown by liver biopsy and be metavir score F3 or F4. Alternatively, the FIB-4 score or the APRI score will suffice for staging cirrhosis in lieu of liver biopsy.	

**B. Other questions which must be collected on EVERY patient seeking drug therapy for HCV infection:**

1. Is the patient currently on the liver transplant list?	
2. Has the patient previously received any treatment for HCV infection? If so, what regimen and duration?	
3. Has the patient tested positive for HIV?	There are no data in HCV treatment-experienced HIV patients.

**F. 2<sup>nd</sup> Review of Drugs**

BRAND Name	GENERIC Name	INDICATION	Recommendation
Provigil Nuvigil	modafinil armodafinil	Narcolepsy, Adjunctive treatment of OSA/hypopnea (CPAP compliant), Shift work sleep disorder, Fatigue related to MS, Excessive daytime sleepiness for Parkinson's disease	Continue same PA Criteria

Tivicay	dolutegravir	HIV	Remove PA Criteria
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## 2. New Drugs

Dr. Johnson reported on new drugs. The review covered products released March 17, 2014 – May 31, 2014.

### Recommended Additions:

BRAND Name	GENERIC Name	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	CODE*
Otezla Tabs	Apremilast	\$2,250/60 tabs	Treatment of adults with active psoriatic arthritis. Dose=30 mg orally twice a day.	Other specialty drugs for psoriatic arthritis administered by subcutaneous injection and AWP/month: Humira 40 mg every other week=\$3002; Enbrel 50 mg weekly=\$3092. Remicade given by IV infusion every 8 wks is based on wt (5 mg/kg)=\$1061/100 mg vial	T4 PA
First Vancomycin Compounding Kit (oral solution kit)	Vancomycin	Solution (First-Vancomycin 25 Oral) 25 mg/mL (150 mL): \$53.50 Solution (First-Vancomycin 50 Oral) 50 mg/mL (210 mL): \$86.50	Treatment of <i>Clostridium difficile</i> infection.	Capsules (Vancocin HCl Oral) 125 mg (1): \$34.82 250 mg (1): \$64.20 Capsules (Vancomycin HCl Oral) 125 mg (20): \$626.12 250 mg (20): \$1154.32	Add: Less \$\$ than oral capsule . Rec: Tier 1.

### Recommended Exclusions:

BRAND Name	GENERIC Name	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	CODE*
AVEED inj 750 mg/3mL	Testosterone undecanoate	\$990/750mg	Testosterone undecanoate IM injection in oil for treatment of low testosterone. Dose 750 mg IM given at initiation of therapy, at 4 weeks, then every 10 weeks thereafter	Testosterone cypionate 200 mg/mL (\$23) and testosterone enanthate 200 mg/mL (\$17). Dose = 50-400 mg IM every 2-4 wks.	13
Hetlioz 20 mg caps (Specialty Drug)	Tasimelteon	\$8,432/30 days	Treatment of non-24-hour sleep wake disorder. Dose: 20 mg daily prior to bedtime.	none	13

Xartemis XR Tabs 7.5/325 mg	Oxycodone w/APAP controlled release tab	\$2.76/tab	New formulation of oxycodone/acetaminophen in an extended release tab for moderate-severe pain.	Immediate release oxycodone/APAP tab = \$1 or less (Tier 1). Percocet (Tier 3) - \$8.99/tab	13
Orenitram Tabs (0.125, 0.25, 1.0, and 2.5 mg tabs)	Treprostinil diolamine controlled release tab	\$7,020/60-2.5mg tabs	Extended release formulation of treprostinil for the treatment of PAH. Dose=0.25 mg by mouth two times a day and inc by 0.25 mg or 0.5 mg every 3-4 days, as tolerated to achieve optimal response.	Other oral specialty drugs for PAH and AWP for 30 day supply: Adcirca 40 mg/day=\$2278; Adempas 2.5 mg tid=\$9000; Letairis 10 mg/day=\$8271; Revatio 20 mg tid=\$2750; Tracleer 250 mg/day=\$8874.	8

<b>BRAND Name</b>	<b>GENERIC Name</b>	<b>PRICING (AWP)</b>	<b>INDICATION</b>	<b>SIMILAR THERAPIES ON FORMULARY/AWP</b>	<b>CODE *</b>
Myalept INJ 11.3 mg (metreleptin) Specialty Drug	Metreleptin	1 vial = \$1,766	SC inj as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy. Dose: once daily SC inj based on body wt and gender in both adult and pediatric populations.	None	1
Hemangeol soln 4.25 mg/ml (propranolol oral soln)	Propranolol hcl solution	\$450/120 ml	Treatment of proliferating infantile hemangioma requiring systemic therapy.	First and only pediatric formulation of propranolol.	13
Zenzedi (dextroamphetamine sulfate 15, 20, 30mg)	Dextroamphetamine sulfate	\$5.95/tab	New tablet formulation with 2 new strengths of dextroamphetamine	Other ZENZEDI strengths excluded. Generic dextroamphetamine \$1-\$2/tablet.	13
Q-tabs 1 mg (levomefolate glucosamine tab 1 mg folate equivalent)	Levomefolate glucosamine 1mg (folate equivalent)	\$4.64/tab	Folic acid, vitamin B9	Folic acid 1mg tabs < \$0.05/tab (tier 1)	13
Sitavig 50 mg buccal tab	Acyclovir buccal tablet	-	Treatment of recurrent herpes labialis (cold sores) in immunocompetent adults. 50 mg buccal tablet as a	No other buccal tabs. Other generic tier 1 formulary products: acyclovir	13

			single dose to upper gum.	400 mg tid x 10 days/\$71; famciclovir 250 mg tidx10 days/\$189; valacyclovir 2 gmx2 doses/\$58	
Zontivity Tabs (vorapaxar)	Vorapaxar sulfate	\$320/30 days	To reduce the risk of heart attack, stroke, cardiovascular death, and need for procedures to restore the blood flow to the heart in patients with previous heart attack or blockages in arteries to the legs.	First-in-class oral PAR 1 inhibitors	12
Grastek Subling Tab 2800 BAU Specialty Drug	Timothy grass pollen allergen extract	\$297/30 days	Treatment of grass pollen – induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test in vitro testing for pollen-specific IgE antibodies for Timothy grass of cross-reactive grass pollens. Approved for use in persons 5-65. Dose= 1tab/day. First dose given in doctor's office.	None oral	13

<b>BRAND Name</b>	<b>GENERIC Name</b>	<b>PRICING (AWP)</b>	<b>INDICATION</b>	<b>SIMILAR THERAPIES ON FORMULARY/AWP</b>	<b>CODE*</b>
Ragwitek Subling Tabs (ragweed pollen extract) Specialty Drug	Short ragweed pollen allergen extract	\$297/30 days	Treatment of allergic rhinitis with or without conjunctivitis that is induced by short ragweed pollen in adults age 18-65. Dose is 1 tab daily. First dose given in doctor's office.	None oral	13
Oralair SL 300 IR Specialty Drug	Grass mixed pollen extract	\$360/30 days	Treatment of allergic rhinitis (hay fever) with or without conjunctivitis that is induced by certain grass pollens for people 10-65 years. Dose – one tablet daily. First dose given in doctor's office.	None oral	13
Entyvio Inj 300 mg (integrin receptor antagonist) Specialty Drug	Vedolizumab	\$5,782/300mg	For adults patients with moderately to severely active ulcerative colitis or Crohn's disease who have had an inadequate response with, lost response to, or	Humira 40 mg SC injection every other week/\$3,002; Cimzia 400 mg SC injection every 4 weeks/\$3,322.	Tabled

			were intolerant to a TNF blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids. Dose=300 mg IV at 0, 2, and 6 weeks, then every 8 weeks thereafter.	Remicade dose based on wt and administered by IV infusion/\$1062 for 100 mg vial. All specialty drugs.	
Escavite D Chewable	Pediatric multiple vitamin w/FL-FE		Pediatric multivitamin	Multiple generics (tier 1)	7
Prena1 Chewable and Redichew Rx CHW	Prenatal Vitamin		Prenatal Vitamins	Multiple generics (tier 1)	7
Select-OB-CHW	Prenatal Vitamin		Prenatal Vitamins	Multiple generics (tier 1)	7
Cyclobenzaprine Top Cream kit					4
Tramadol Cream 8% kit					4

#### Products Administered IV

Nitronal IV Solution	Nitroglycerin	N/A	Not in the scope of Pharmacy benefits.		N/A medical
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#### \*New Drug Code Key:

1	Lacks meaningful clinical endpoint data; has shown efficacy for surrogate endpoints only.
2	Drug's best support is from single arm trial data
3	No information in recognized information sources (PubMed or Drug Facts & Comparisons or Lexicomp)
4	<b>Convenience Kit Policy</b> - As new drugs are released to the market through Medispan, those drugs described as "kits" will not be considered for inclusion in the plan and will therefore be excluded products unless the product is available solely as a kit. Kits typically contain, in addition to a pre-packaged quantity of the featured drug(s), items that may be associated with the administration of the drug (rubber gloves, sponges, etc.) and/or additional convenience items (lotion, skin cleanser, etc.). In most cases, the cost of the "kit" is greater than the individual items purchased separately.
5	<b>Medical Food Policy</b> - Medical foods will be excluded from the plan unless two sources of peer-reviewed, published medical literature supports the use in reducing a medically necessary clinical endpoint. A medical food is defined below: A medical food, as defined in section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)), is "a food which is formulated to be consumed or administered internally under the supervision

	<p>of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.”</p> <p>FDA considers the statutory definition of medical foods to narrowly constrain the types of products that fit within this category of food. Medical foods are distinguished from the broader category of foods for special dietary use and from foods that make health claims by the requirement that medical foods be intended to meet distinctive nutritional requirements of a disease or condition, used under medical supervision, and intended for the specific dietary management of a disease or condition. Medical foods are not those simply recommended by a physician as part of an overall diet to manage the symptoms or reduce the risk of a disease or condition, and all foods fed to sick patients are not medical foods. Instead, medical foods are foods that are specially formulated and processed (as opposed to a naturally occurring foodstuff used in a natural state) for a patient who is seriously ill or who requires use of the product as a major component of a disease or condition’s specific dietary management.</p>
6	<p><b>Cough &amp; Cold Policy</b> - As new cough and cold products enter the market, they are often simply re-formulations or new combinations of existing products already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new cough and cold products are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new cough and cold products to “excluded” unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.</p>
7	<p><b>Multivitamin Policy</b> - As new vitamin products enter the market, they are often simply re-formulations or new combinations of vitamins/multivitamins in similar amounts already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new vitamins are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new vitamin/multivitamin products to “excluded” unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.</p>
8	Drug has limited medical benefit &/or lack of overall survival data or has overall survival data showing minimal benefit
9	Not medically necessary
10	Peer-reviewed, published cost effectiveness studies support the drug lacks value to the plan.
11	<p><b>Oral Contraceptives Policy</b> - OCs which are new to the market may be covered by the plan with a zero dollar, tier 1, 2, or 3 copay, or may be excluded. If a new-to-market OC provides an alternative product not similarly achieved by other OCs currently covered by the plan, the DUEC will consider it as a new drug. IF the drug does not offer a novel alternative or offers only the advantage of convenience, it may not be considered for inclusion in the plan.</p>
12	Other
13	Insufficient clinical benefit OR alternative agent(s) available

## **MOTIONS ARE AS FOLLOWS:**

- A. Delivery Coordination workgroup: Dr. Thompson motioned to adopt section A. with communication to the providers & the incorporation with the oncology precertification and grandfather those already participating or begin therapy before January 1<sup>st</sup>. McCook seconded. All were in favor.

**Motion Approved**

- B. Revised Reference Pricing Coverage 2015: Dr. Thompson motioned to adopt the recommendations in section C. McCook seconded. All were in favor.

**Motion Approved**

- C. Clarification of Days Supply for Specialty Drugs: Dr. Thompson motioned to adopt as a policy of the Board a list of drugs covered as specialty drugs for a 30 day supply only. McCook seconded. All were in favor.

**Motion Approved**

- D. Hepatitis C Discussion: Dr. Thompson motioned to adopt with review in six (6) months. Avery seconded. All were in favor.

**Motion Approved**

- E. Honey motioned to adopt the recommendations in section F. Mallory seconded. All were in favor.

**Motion Approved**

## **UPDATES:** *by, Bob Alexander, EBD Executive Director*

Alexander reports EBRx will begin taking calls regarding prescription drugs. Reference priced meds are too complex and the questions need to be answered by a specialist. The calls will not be answered by pharmacist. However, they are in the call center for more complex questions.

## **DIRECTOR'S REPORT:** *by Bob Alexander, EBD Executive Director*

Alexander reported the HIR meetings continue and the Health Fairs continue. There are three (3) teams visiting the various areas.

Alexander reported EBD is currently filling the Communications Director and the Deputy Director positions.

**Meeting Adjourned**

**Arkansas State Employees (ASE) Financials - January 1, 2013 through July 31, 2013**

	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Total</b>
Actives	45,080	2,231	3,503	50,814
Retirees	3,472	27	77	3,576
Medicare	10,531			10,531
<b>Total</b>	<b>59,083</b>	<b>2,258</b>	<b>3,580</b>	<b>64,921</b>

**Revenues & Expenditures**

<b>Funding</b>	<b>Current Month</b>	<b>Year to Date (7 months)</b>
State Contribution	\$ 14,317,970	\$ 95,560,284
Employee Contribution	\$ 7,270,249	\$ 50,658,698
Other	\$ 9,596	\$ 7,976,520
Allocation for Active/Retiree Plan Year 2013	\$ 2,236,667	\$ 15,656,667
<b>Total Funding</b>	<b>\$ 23,834,482</b>	<b>\$ 169,852,169</b>

**Expenses**

Medical Expenses		
Claims Expense	\$ 10,524,804	\$ 108,612,213
Claims IBNR	\$ -	\$ 2,100,000
Medical Admin Fees	\$ 1,109,448	\$ 7,664,917
Refunds	\$ 6,123	\$ 34,249
Employee Assistance Program (EAP)	\$ 56,445	\$ 395,578
Life Insurance	\$ 54,869	\$ 384,467
Pharmacy Expenses		
RX Claims	\$ 3,749,102	\$ 48,164,723
RX IBNR	\$ -	\$ (800,000)
RX Admin	\$ 247,669	\$ 1,809,924
Plan Administration	\$ 379,831	\$ 2,213,772
<b>Total Expenses</b>	<b>\$ 16,128,290</b>	<b>\$ 170,579,843</b>

<b>Net Income/(Loss)</b>	\$ 7,706,191	\$ (727,675)
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**Balance Sheet**

**Assets**

Bank Account	\$ 13,018,743
State Treasury	\$ 73,502,014
Due from Cafeteria Plan	\$ 4,538,305
Due from PSE	\$ 80,461
Receivable from Provider	\$ 202,527
Accounts Receivable	\$ 402,846
<b>Total Assets</b>	<b>\$ 91,744,896</b>

**Liabilities**

Accounts Payable	\$ 2,680
Deferred Revenues	\$ 94,693
Due to Cafeteria	\$ 769
Due to PSE	\$ 488,688
Health IBNR	\$ 23,200,000
RX IBNR	\$ 2,400,000
<b>Total Liabilities</b>	<b>\$ 26,186,829</b>

<b>Net Assets</b>	\$ 65,558,067
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**Less Reserves Allocated:**

Active/Retiree Premiums for Plan Year 1/1/13 - 12/31/13	(\$11,190,000 + \$15,650,000)	\$ (11,183,333)
Active/Retiree Premiums for Plan Year 1/1/14 - 12/31/14	(\$7,460,000 + \$9,390,000)	\$ (16,850,000)
Active/Retiree Premiums for Plan Year 1/1/15 - 12/31/15	(\$6,260,000)	\$ (6,260,000)
Catastrophic Reserve		\$ (10,000,000)
<b>Net Assets Available</b>		<b>\$ 21,264,734</b>

**Arkansas State Employees (ASE) Financials - January 1, 2014 through July 31, 2014**

	GOLD		SILVER		BRONZE		GRAND TOTALS	
	Employee Only	Plus Dependents						
Actives	23795	43697	1579	2925	2362	4561	27736	51183
Retirees	2517	3508	27	47	65	117	2609	3672
Medicare	8302	10991					8302	10991
<b>TOTAL</b>	<b>34614</b>	<b>58196</b>	<b>1606</b>	<b>2972</b>	<b>2427</b>	<b>4678</b>	<b>38647</b>	<b>65846</b>

**REVENUES & EXPENDITURES**

	Current Month	Year to Date (7 months)
<b>Funding</b>		
State Contribution	\$ 14,348,718	\$ 100,252,956
Employee Contribution	\$ 7,584,670	\$ 53,306,081
Other	\$ 5,717	\$ 8,771,687
Allocation for Actives - Plan Year 2014	\$ 2,154,167	\$ 15,079,167
<b>Total Funding</b>	<b>\$ 24,093,272</b>	<b>\$ 177,409,890</b>
<b>Expenses</b>		
Medical Expenses		
Claims Expense	\$ 10,221,530	\$ 102,244,789
Claims IBNR	\$ -	\$ 1,500,000
Medical Administration Fees	\$ 1,093,017	\$ 7,907,233
Refunds	\$ 4,980	\$ 6,942
Employee Assistance Program (EAP)	\$ 55,922	\$ 393,179
Life Insurance	\$ 54,478	\$ 382,767
Pharmacy Expenses		
RX Claims	\$ 3,834,229	\$ 38,545,913
RX IBNR	\$ -	\$ (600,000)
RX Administration	\$ 227,626	\$ 1,774,425
Plan Administration	\$ 528,876	\$ 4,378,520
<b>Total Expenses</b>	<b>\$ 16,020,659</b>	<b>\$ 156,533,768</b>
<b>Net Income/(Loss)</b>	<b>\$ 8,072,613</b>	<b>\$ 20,876,122</b>

**BALANCE SHEET**

<b>Assets</b>		
Bank Account		\$ 12,518,081
State Treasury		\$ 71,530,518
Due from Cafeteria Plan		\$ 5,205,521
Due from PSE		\$ 166,976
Receivable from Provider		\$ -
Accounts Receivable		\$ (1,234,492)
<b>Total Assets</b>		<b>\$ 88,186,604</b>
<b>Liabilities</b>		
Accounts Payable		\$ 2,862
Deferred Revenues		\$ 275
Due to Cafeteria		\$ 1,653
Due to PSE		\$ 178,560
Due to Federal Government (\$63 fee)		\$ 1,688,337
Health IBNR		\$ 24,700,000
RX IBNR		\$ 1,800,000
<b>Total Liabilities</b>		<b>\$ 28,371,686</b>
<b>Net Assets</b>		<b>\$ 59,814,918</b>
Less Reserves Allocated:		
Premiums for Plan Year 1/1/14 - 12/31/14	(\$7,460,000 + \$9,390,000 + \$9,000,000)	\$ (10,770,833)
Premiums for Plan Year 1/1/15 - 12/31/15	(\$6,260,000 + \$5,400,000)	\$ (11,660,000)
Premiums for Plan Year 1/1/16 - 12/31/16	(\$3,600,000)	\$ (3,600,000)
Catastrophic Reserve		\$ (10,600,000)
<b>Net Assets Available</b>		<b>\$ 23,184,085</b>

**Public School Employees (PSE) Financials - January 1, 2013 through July 31, 2013**

	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>	<b>Total</b>
Actives	35,626	7,548	25,677	68,851
Retirees	2,709	78	1,318	4,105
Medicare	8,923			8,923
<b>Total</b>	<b>47,258</b>	<b>7,626</b>	<b>26,995</b>	<b>81,879</b>

**Revenues & Expenditures**

<b>Funding</b>	<b>Current Month</b>	<b>Year to Date (7 months)</b>
District Contribution	\$ 7,924,572	\$ 56,888,356
Employee Contribution	\$ 10,816,365	\$ 76,907,620
Dept of Ed \$35,000,000 & \$15,000,000	\$ 6,931,818	\$ 30,340,909
Other	\$ 2,411	\$ 1,122,031
Allocation for Active/Retiree Premiums for Plan Year 2013	\$ 750,000	\$ 5,250,000
<b>Total Funding</b>	<b>\$ 26,425,167</b>	<b>\$ 170,508,918</b>
<b>Expenses</b>		
Medical Expenses:		
Claims Expense	\$ 12,792,399	\$ 124,023,490
Claims IBNR	\$ -	\$ 3,300,000
Medical Admin Fees	\$ 1,580,858	\$ 11,184,072
Refunds	\$ 6,377	\$ (56,047)
Employee Assistance Program (EAP)	\$ 79,052	\$ 569,751
Pharmacy Expenses:		
RX Claims	\$ 3,361,868	\$ 37,471,509
RX IBNR	\$ -	\$ (800,000)
RX Admin	\$ 318,917	\$ 2,347,082
Plan Administration	\$ 563,665	\$ 2,927,593
<b>Total Expenses</b>	<b>\$ 18,703,137</b>	<b>\$ 180,967,450</b>
<b>Net Income/(Loss)</b>	<b>\$ 7,722,030</b>	<b>\$ (10,458,533)</b>

**Balance Sheet**

<b>Assets</b>	
Bank Account	\$ 16,167,431
State Treasury	\$ 13,078,118
Receivable from Provider	\$ 329,647
Accounts Receivable	\$ 5,415,417
Due from ASE	\$ 488,688
<b>Total Assets</b>	<b>\$ 35,479,301</b>
<b>Liabilities</b>	
Accounts Payable	\$ 1,691
Due to ASE	\$ 80,461
Deferred Revenues	\$ 1,970,072
Health IBNR	\$ 28,000,000
RX IBNR	\$ 1,800,000
<b>Total Liabilities</b>	<b>\$ 31,852,224</b>
<b>Net Assets</b>	<b>\$ 3,627,077</b>
<b>Less Reserves Allocated:</b>	
Active/Retiree Premiums for Plan Year 01/01/13 - 12/31/13 (\$9,000,000)	\$ (3,750,000)
Active/Retiree Premiums for Plan Year 01/01/14 - 12/31/14 (\$3,600,000)	\$ -
Catastrophic Reserve (2013 - \$11,100,000)	\$ -
<b>Net Assets Available</b>	<b>\$ (122,923)</b>

**Public School Employees (PSE) Financials - January 1, 2014 through July 31, 2014**

	GOLD		SILVER		BRONZE		GRAND TOTALS	
	Employee Only	Plus Dependents						
Actives	17505	21326	4870	7649	22450	40999	44825	69974
Retirees	1848	2151	138	149	1436	1797	3422	4097
Medicare	9256	10132					9256	10132
<b>TOTAL</b>	<b>28609</b>	<b>33609</b>	<b>5008</b>	<b>7798</b>	<b>23886</b>	<b>42796</b>	<b>57503</b>	<b>84203</b>

**REVENUES & EXPENDITURES**

	Current Month	Year to Date (7 months)
<b>Funding</b>		
Per Participating Employee Funding (PPE Funding)	\$ 8,170,200	\$ 59,047,663
Employee Contribution	\$ 9,823,762	\$ 70,499,144
Department of Education \$35,000,000 & \$15,000,000	\$ 6,931,818	\$ 30,340,909
Other	\$ 3,657	\$ 1,187,316
Allocation for Actives - Plan Year 2014	\$ 3,583,333	\$ 25,083,333
<b>Total Funding</b>	<b>\$ 28,512,771</b>	<b>\$ 186,158,365</b>
<b>Expenses</b>		
Medical Expenses		
Claims Expense	\$ 11,496,729	\$ 111,611,097
Claims IBNR	\$ -	\$ -
Medical Administration Fees	\$ 1,560,691	\$ 11,351,782
Refunds	\$ (1,572)	\$ (21,922)
Employee Assistance Program (EAP)	\$ 77,603	\$ 562,253
Pharmacy Expenses		
RX Claims	\$ 2,760,219	\$ 26,882,266
RX IBNR	\$ -	\$ (400,000)
RX Administration	\$ 316,849	\$ 2,322,753
Plan Administration	\$ 698,836	\$ 5,142,513
<b>Total Expenses</b>	<b>\$ 16,909,355</b>	<b>\$ 157,450,741</b>
<b>Net Income/(Loss)</b>	<b>\$ 11,603,416</b>	<b>\$ 28,707,624</b>

**BALANCE SHEET**

<b>Assets</b>		
Bank Account		\$ 21,775,753
State Treasury		\$ 49,150,599
Receivable from Provider		\$ -
Accounts Receivable		\$ 4,940,729
Due from ASE		\$ 178,560
<b>Total Assets</b>		<b>\$ 76,045,641</b>
<b>Liabilities</b>		
Accounts Payable		\$ 3,629
Due to ASE		\$ 166,976
Deferred Revenues		\$ -
Due to Federal Government (\$63 fee)		\$ 2,318,242
Health IBNR		\$ 28,000,000
RX IBNR		\$ 1,400,000
<b>Total Liabilities</b>		<b>\$ 31,888,847</b>
<b>Net Assets</b>		<b>\$ 44,156,795</b>
Less Reserves Allocated:		
Premiums for Plan Year 1/1/14 - 12/31/14 (\$43,000,000)		\$ (17,916,667)
Catastrophic Reserve (2014 - \$11,100,000)		\$ (11,100,000)
<b>Net Assets Available</b>		<b>\$ 15,140,128</b>



**State and Public School Life and Health Insurance Board  
Drug Utilization and Evaluation Committee Report**

The following report resulted from a meeting of the DUEC on August 4, 2014 with Dr. Kat Neill presiding.

**1. Recommended Changes to Current Coverage**

**A. Delivery Coordination Workgroup Report**

Drugs used in the treatment of cancers and hereditary angioedema were reviewed by the DCWG and a report made to the DUEC on August 4<sup>th</sup>. Recommendations from this report are outlined below.

	<b>Current Coverage</b>	<b>Proposed Coverage for 2015</b>
<u><i>Metastatic Melanoma Treatment</i></u>		
Zelboraf (vemurafenib)	T4PA	T4PA
Tafinlar (dabrafenib)	excluded	T4PA
Mekinist (trametinib)	T4PA	T4PA
Yervoy (ipilimumab)	Medical, no PA required	EBRx PA
Tafinlar (dabrafenib)+Mekinist (trametinib)	Excluded	Excluded
<u><i>Metastatic Prostate Cancer Treatment</i></u>		
Zytiga (abiraterone)	T4PA	T4PA
Xtandi (enzalutamide)	T4PA	T4PA
Jevtana (cabazitaxel)	Medical, No PA required	excluded
Provenge (sipuleucel-T)	Medical, No PA required	excluded
Xofigo (radium 223)	Medical, No PA required	EBRx PA
Docetaxel	Medical, No PA required	Medical, No PA required
<u><i>Hodgkins Lymphoma/Anaplastic large T cell Lymphoma</i></u>		
Adcetris (brentuximab)	Medical, No PA required	EBRx PA
<u><i>Chronic lymphocytic leukemia/small lymphocytic leukemia (CLL/SLL)</i></u>		
Imbruvica (ibrutinib)	Excluded	T4PA
Arzerra (ofatumumab)	Medical, no PA required	EBRx PA
<u><i>Hereditary Angioedema</i></u>		
Cinryze (human C1 inhibitor)	Medical, no PA required	EBRx PA
Berinert (human C1 inhibitor)	Medical, no PA required	Medical, no PA required
Kalbitor (ecallantide)	Excluded	Excluded
Firazyr (icatibant)	Excluded	Excluded
<u><i>New Drugs</i></u>		
Zykadia (ceritinib)-ALK positive NSCLC	Not yet reviewed	Exclude
Xalkori (crizotinib)-ALK positive NSCLC	T4PA	Exclude
Cyramza IV (advanced stomach cancer/gastroesophageal junction adenocarcinoma).	Not yet reviewed	Exclude

## B. 2015 Formulary Explanation/Review

Dr. Keisner reported there will no longer be Gold, Silver, and Bronze Plans. The 2015 Plans are Premium, Classic, and Basic. There will be a pharmacy out-of-pocket for the Premium Plan. Reference price meds will not count toward the out-of-pocket (OOP) max. For the Classic and Basic plans (pharmacy co-insurance plans), medications listed as reference priced are considered a non-covered benefit, and the member will pay the entire cost of the medication. This amount will not count toward the member's OOP maximum. Members have the option of the covered Tier 1 generic alternative(s) or to appeal to EBRx for coverage.

## C. Revised Reference Pricing Coverage 2015

### Sedative Hypnotics

- Zolpidem ER, temazepam 7.5 mg and 22.5 mg commonly used to treat insomnia, will be reference priced on the Premium plan and will be non-covered meds on the Classic and Basic plans. Zolpidem immediate release, temazepam 15 mg and 30 mg will remain covered under Tier 1.
- Exclude flurazepam for new users.

### Overactive Bladder Agents

- Oxybutynin extended release, commonly used to treat overactive bladder, will be reference priced on the Premium plan and will be a non-covered medication on the Classic and Basic plans.
- Exclude Oxytrol Patches, commonly used to treat overactive bladder, from all plans. There is a new over-the-counter (OTC) preparation of Oxytrol patches available. Please note OTC products are not a covered benefit. Oxybutynin immediate release (dosage to cover 3x daily) will remain covered under Tier 1.

### Nasal Products

- Exclude Nasacort AQ and triamcinolone nasal, commonly used to treat allergic rhinitis, from all plans. There is a new OTC preparation of Nasacort available that is less expensive than the \$26 reference price for 120 sprays. Please note OTC products are not a covered benefit. Azelastine, flunisolide, and fluticasone nasal will remain covered at Tier 1.

## D. Clarification of Days Supply for Specialty Drugs

Dr. Keisner requested clarification whether specialty meds should not be allowed more than a thirty (30) day supply distribution from any source. Claims adjudication has allowed more than a thirty (30) day supply.

The DUEC Committee affirmed this coverage decision. The Committee's recommendation stated that under no circumstances should there be over a thirty (30) day supply dispensed which includes mail order fills. The Committee also added that controlled substances are included in this category of limited days supply.

In some circumstances the committee has only voted for a fifteen (15) day supply to be filled.

The DUEC recommended Dr. Keisner complete an audit of how many specialty prescriptions were filled for more than a thirty (30) day supply.

## E. HEPATITIS C DISCUSSION - Please see supplemental handout.

The DUEC proposes the Hepatitis C prior authorization coverage recommendations below. After six (6) months the committee will review for updated information/guidelines.

- Therapy will be processed through case management
- Requests for PA be initiated by a Hepatologist or GI Specialist
- For drug therapy specific recommendations, Sovaldi (sofosbuvir) will be covered T4PA. Olysio (simeprevir) is Excluded.

**A. For any treatment to eradicate chronic hepatitis C virus (HCV) infection, the following criteria must be met regardless of which regimen is requested:**

1. The patient must test positive for HCV infection documented by at least 1 measurement of serum HCV RNA >10,000 IU/mL and a positive anti-HCV antibody, HCV RNA, or HCV genotype test > 6 months prior to access to drug therapy.	
2. The patient must be free of using illicit drugs for the past 6 months.	Any positive drug screen during treatment stops access to the HCV drugs. Reinfection is a risk for IV drug users.
3. The patient must be free of abusing ethanol for the past 6 months. (defined as > 3 glasses/d (1 glass is equivalent to beer 284 ml, wine 125 ml, or distilled spirits 25 ml for females and >4 glasses/d for males)	
4. If the patient has cirrhosis, there must be NO signs of decompensation (ascites, episodes of spontaneous bacterial peritonitis, hepatic encephalopathy, esophageal or gastric varices or a history of variceal bleeding).	Unless currently LISTED on the liver transplant list. Patients with decompensation will not be treated unless currently listed on a verifiable list from a live transplant center.
5. The patient must NOT have liver disease due to any cause other than HCV infection (chronic hepatitis B infection, autoimmune hepatitis, alcoholic hepatitis, nonalcoholic steatohepatitis, hemochromatosis, Wilson's disease, alpha 1 antitrypsin deficiency, cholangitis)	These patients were excluded from the clinical trials.
6. Cirrhosis must be shown by liver biopsy and be metavir score F3 or F4. Alternatively, the FIB-4 score or the APRI score will suffice for staging cirrhosis in lieu of liver biopsy.	

**B. Other questions which must be collected on EVERY patient seeking drug therapy for HCV infection:**

1. Is the patient currently on the liver transplant list?	
2. Has the patient previously received any treatment for HCV infection? If so, what regimen and duration?	
3. Has the patient tested positive for HIV?	There are no data in HCV treatment-experienced HIV patients.

**F. 2<sup>nd</sup> Review of Drugs**

BRAND name	GENERIC name	INDICATION	Recommendation
Provigil Nuvigil	modafinil armodafinil	Narcolepsy, Adjunctive treatment of OSA/hypopnea (CPAP compliant), Shift work sleep disorder, Fatigue related to MS, Excessive daytime sleepiness for Parkinson's disease	Continue same PA Criteria
Tivicay	dolutegravir	HIV	Remove PA Criteria

## 2. New Drugs

Dr. Johnson reported on new drugs. The review covered products released March 17, 2014 – May 31, 2014.

### Recommended Additions:

BRAND Name	GENERIC name	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	CODE*
Otezla Tabs	apremilast	\$2,250/60 tabs	Treatment of adults with active psoriatic arthritis. Dose=30 mg orally twice a day.	Other specialty drugs for psoriatic arthritis administered by subcutaneous injection and AWP/month: Humira 40 mg every other week=\$3002; Enbrel 50 mg weekly=\$3092. Remicade given by IV infusion every 8 wks is based on wt (5 mg/kg)=\$1061/100 mg vial	T4 PA
First Vancomycin Compounding Kit (oral solution kit)	vancomycin	Solution (First-Vancomycin 25 Oral) 25 mg/mL (150 mL): \$53.50 Solution (First-Vancomycin 50 Oral) 50 mg/mL (210 mL): \$86.50	Treatment of <i>Clostridium difficile</i> infection.	Capsules (Vancocin HCl Oral) 125 mg (1): \$34.82 250 mg (1): \$64.20 Capsules (Vancomycin HCl Oral) 125 mg (20): \$626.12 250 mg (20): \$1154.32	Add: Less \$\$ than oral capsule. Rec: Tier 1.

### Recommended Exclusions:

BRAND Name	GENERIC name	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	CODE*
AVEED inj 750 mg/3mL	Testosterone undecanoate	\$990/750mg	Testosterone undecanoate IM injection in oil for treatment of low testosterone. Dose 750 mg IM given at initiation of therapy, at 4 weeks, then every 10 weeks thereafter	Testosterone cypionate 200 mg/mL (\$23) and testosterone enanthate 200 mg/mL (\$17). Dose = 50-400 mg IM every 2-4 wks.	13
Hetlioz 20 mg caps (Specialty Drug)	tasimelteon	\$8,432/30 days	Treatment of non-24-hour sleep wake disorder. Dose: 20 mg daily prior to bedtime.	none	13
Xartemis XR Tabs 7.5/325 mg	Oxycodone w/APAP controlled release tab	\$2.76/tab	New formulation of oxycodone/acetaminophen in an extended release tab for moderate-severe pain.	Immediate release oxycodone/APAP tab = \$1 or less (Tier 1). Percocet (Tier 3) - \$8.99/tab	13
Orenitram Tabs (0.125, 0.25, 1.0, and 2.5 mg tabs)	Treprostinil diolamine controlled release tab	\$7,020/60-2.5mg tabs	Extended release formulation of treprostinil for the treatment of PAH. Dose=0.25 mg by mouth two times a day and inc by 0.25 mg or 0.5 mg every 3-4 days, as tolerated to achieve optimal response.	Other oral specialty drugs for PAH and AWP for 30 day supply: Adcirca 40 mg/day=\$2278; Adempas 2.5 mg tid=\$9000; Letairis 10 mg/day=\$8271; Revatio 20 mg tid=\$2750; Tracleer 250 mg/day=\$8874.	8

<b>BRAND Name</b>	<b>GENERIC name</b>	<b>PRICING (AWP)</b>	<b>INDICATION</b>	<b>SIMILAR THERAPIES ON FORMULARY/AWP</b>	<b>CODE*</b>
Myalept INJ 11.3 mg (metreleptin) Specialty Drug	metreleptin	1 vial = \$1,766	SC inj as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy. Dose: once daily SC inj based on body wt and gender in both adult and pediatric populations.	None	1
Hemangeol soln 4.25 mg/ml (propranolol oral soln)	Propranolol hcl solution	\$450/120 ml	Treatment of proliferating infantile hemangioma requiring systemic therapy.	First and only pediatric formulation of propranolol.	13
Zenzedi (dextroamphetamine sulfate 15, 20, 30mg)	Dextroamphetamine sulfate	\$5.95/tab	New tablet formulation with 2 new strengths of dextroamphetamine	Other ZENZEDI strengths excluded. Generic dextroamphetamine \$1-\$2/tablet.	13
Q-tabs 1 mg (levomefolate glucosamine tab 1 mg folate equivalent)	Levomefolate glucosamine 1mg (folate equivalent)	\$4.64/tab	Folic acid, vitamin B9	Folic acid 1mg tabs < \$0.05/tab (tier 1)	13
Sitavig 50 mg buccal tab	Acyclovir buccal tablet	-	Treatment of recurrent herpes labialis (cold sores) in immunocompetent adults. 50 mg buccal tablet as a single dose to upper gum.	No other buccal tabs. Other generic tier 1 formulary products: acyclovir 400 mg tid x 10 days/\$71; famciclovir 250 mg tid x 10 days/\$189; valacyclovir 2 gmx2 doses/\$58	13
Zontivity Tabs (vorapaxar)	Vorapaxar sulfate	\$320/30 days	To reduce the risk of heart attack, stroke, cardiovascular death, and need for procedures to restore the blood flow to the heart in patients with previous heart attack or blockages in arteries to the legs.	First-in-class oral PAR 1 inhibitors	12
Grastek Subling Tab 2800 BAU Specialty Drug	Timothy grass pollen allergen extract	\$297/30 days	Treatment of grass pollen – induced allergic rhinitis with or without conjunctivitis confirmed by positive skin test in vitro testing for pollen-specific IgE antibodies for Timothy grass of cross-reactive grass pollens. Approved for use in persons 5-65. Dose= 1tab/day. First dose given in doctor’s office.	None oral	13

BRAND Name	GENERIC name	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY/AWP	CODE*
Ragwitek Subling Tabs (ragweed pollen extract) Specialty Drug	Short ragweed pollen allergen extract	\$297/30 days	Treatment of allergic rhinitis with or without conjunctivitis that is induced by short ragweed pollen in adults age 18-65. Dose is 1 tab daily. First dose given in doctor's office.	None oral	13
Oralair SL 300 IR Specialty Drug	Grass mixed pollen extract	\$360/30 days	Treatment of allergic rhinitis (hay fever) with or without conjunctivitis that is induced by certain grass pollens for people 10-65 years. Dose – one tablet daily. First dose given in doctor's office.	None oral	13
Entyvio Inj 300 mg (integrin receptor antagonist) Specialty Drug	Vedolizumab	\$5,782/30 0mg	For adults patients with moderately to severely active ulcerative colitis or Crohn's disease who have had an inadequate response with, lost response to, or were intolerant to a TNF blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids. Dose=300 mg IV at 0, 2, and 6 weeks, then every 8 weeks thereafter.	Humira 40 mg SC injection every other week/\$3,002;Cimzia 400 mg SC injection every 4 weeks/\$3,322. Remicade dose based on wt and administered by IV infusion/\$1062 for 100 mg vial. All specialty drugs.	Tabled
Escavite D Chewable	Pediatric multiple vitamin w/FL-FE		Pediatric multivitamin	Multiple generics (tier 1)	7
Prena1 Chewable and Redichew Rx CHW	Prenatal Vitamin		Prenatal Vitamins	Multiple generics (tier 1)	7
Select-OB-CHW	Prenatal Vitamin		Prenatal Vitamins	Multiple generics (tier 1)	7
Cyclobenzaprine Top Cream kit					4
Tramadol Cream 8% kit					4
<b>Products Administered IV</b>					
Nitronal IV Solution	Nitroglycerin	N/A	Not in the scope of Pharmacy benefits.		N/A medical

**\*New Drug Code Key:**

1	Lacks meaningful clinical endpoint data; has shown efficacy for surrogate endpoints only.
2	Drug's best support is from single arm trial data
3	No information in recognized information sources (PubMed or Drug Facts & Comparisons or Lexicomp)
4	<b>Convenience Kit Policy</b> - As new drugs are released to the market through Medispan, those drugs described as "kits" will not be considered for inclusion in the plan and will therefore be excluded products unless the product is available solely as a kit. Kits typically contain, in addition to a pre-packaged quantity of the featured drug(s), items that may be associated with the administration of the drug (rubber gloves, sponges, etc.) and/or additional convenience items (lotion, skin cleanser, etc.). In most cases, the cost of the "kit" is greater than the individual items purchased separately.
5	<b>Medical Food Policy</b> - Medical foods will be excluded from the plan unless two sources of peer-reviewed, published medical literature supports the use in reducing a medically necessary clinical endpoint. A medical food is defined below: A medical food, as defined in section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)), is "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." FDA considers the statutory definition of medical foods to narrowly constrain the types of products that fit within this category of food. Medical foods are distinguished from the broader category of foods for special dietary use and from foods that make health claims by the requirement that medical foods be intended to meet distinctive nutritional requirements of a disease or condition, used under medical supervision, and intended for the specific dietary management of a disease or condition. Medical foods are not those simply recommended by a physician as part of an overall diet to manage the symptoms or reduce the risk of a disease or condition, and all foods fed to sick patients are not medical foods. Instead, medical foods are foods that are specially formulated and processed (as opposed to a naturally occurring foodstuff used in a natural state) for a patient who is seriously ill or who requires use of the product as a major component of a disease or condition's specific dietary management.
6	<b>Cough &amp; Cold Policy</b> - As new cough and cold products enter the market, they are often simply re-formulations or new combinations of existing products already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new cough and cold products are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new cough and cold products to "excluded" unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.
7	<b>Multivitamin Policy</b> - As new vitamin products enter the market, they are often simply re-formulations or new combinations of vitamins/multivitamins in similar amounts already in the marketplace. Many of these existing products are available in generic form and are relatively inexpensive. The new vitamins are branded products and are generally considerably more expensive than existing products. The policy of the ASE/PSE prescription drug program will be to default all new vitamin/multivitamin products to "excluded" unless the DUEC determines the product offers a distinct advantage over existing products. If so determined, the product will be reviewed at the next regularly scheduled DUEC meeting.
8	Drug has limited medical benefit &/or lack of overall survival data or has overall survival data showing minimal benefit
9	Not medically necessary
10	Peer-reviewed, published cost effectiveness studies support the drug lacks value to the plan.
11	<b>Oral Contraceptives Policy</b> - OCs which are new to the market may be covered by the plan with a zero dollar, tier 1, 2, or 3 copay, or may be excluded. If a new-to-market OC provides an alternative product not similarly achieved by other OCs currently covered by the plan, the DUEC will consider it as a new drug. IF the drug does not offer a novel alternative or offers only the advantage of convenience, it may not be considered for inclusion in the plan.
12	Other
13	Insufficient clinical benefit OR alternative agent(s) available