AGENDA

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

November 5, 2018

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

I. Call to Order..... Dr. Scott Pace, Chairman

II. Approval of October 2018 Minutes..... Dr. Scott Pace, Chairman

II. Old Business

a. Second Review of Drugs..... Dr. Jill Johnson, Dr. Ashley McPhee, UAMS

IV. New Business

a. Formulary Clean-Up Items ..... Dr. Micah Bard, UAMS

b. New Drugs ..... Dr. Jill Johnson, Dr. Ashley McPhee, UAMS

2018 Upcoming Meetings

February 4, 2019

NOTE: All material for this meeting will be available by electronic means only
EBDBoard@dfa.arkansas.gov

Notice: Silence your cell phones and other noise that is disruptive to the meeting. Keep your personal conversations to a minimum.

State and Public School Life and Health Insurance Board
Drug Utilization and Evaluation Committee Minutes
November 5, 2018

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, November 5, 2018 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Voting Members present:
Dr. Scott Pace, Chairman
Dr. Hank Simmons, Vice-Chairman
Dr. Kat Neill
Dr. John Kirtley

Non-Voting Members present:
Dr. Jill Johnson
Dr. Dwight Davis
Dr. Ashley McPhee
Dr. Micah Bard

Chris Howlett, EBD Executive Director, Employee Benefits Division

Voting Members absent:
Laura Mayfield
Dr. Appathurai Balamurugan
Dr. William Golden

OTHERS PRESENT
Rhoda Classen, Shay Burleson, EBD; Jessica Akins, Health Advantage; Frances Bauman, Nova Nordisk; Elizabeth Montgomery, ACHI; Charlotte Downs, Sanofi Genzyme; Sherry Byant, UAMS; Sean Seago, MERCK; Angie Brown, BI; Marc Watts, ASEA; Ronda Walthall, Wayne Whitley, ARDOT; Jim Chapman, Abbvie; Bud McConkie, Allergan; Marc Parker, Sanovion; Marcy Ross; Mark Adkison, AllCare; Marc Bagby, Lilly

CALL TO ORDER
Meeting was called to order by Dr. Scott Pace, Chair, and he announced that we do have a quorum today.

APPROVAL OF MINUTES
The request was made by Dr. Pace to approve the October 1, 2018 minutes. Dr. Simmons made the motion to approve. Dr. neill seconded; all were in favor.

Minutes Approved.

I. Old Business

A. <u>Second Review of Drugs</u>*: by Dr. Jill Johnson and Ashley McPhee, UAMS*

1. Tezacaftor/Ivacaftor (Symdeko): Cover with restrictive T4PA

   Dr. Simmons made a motion to accept the recommendation as requested. Dr. Kirtley second.

   Motion Approved.

2. Axicabtagene (Yescarta): No Action Necessary
3. Voretigene neparvovec (Luxturna): No Action Necessary

B. Formulary Clean-Up*: by Dr. Micah Bard and Dr. Dwight Davis, UAMS*

Label Name			
LEVOXYL 200 MCG TABLET	LEVOTHYROXINE 100 MCG TABLET	DILANTIN 100 MG CAPSULE	COUMADIN 2 MG TABLET
LEVOXYL 175 MCG TABLET	LEVOTHYROXINE 25 MCG TABLET	DILANTIN 30 MG CAPSULE	COUMADIN 7.5 MG TABLET
LEVOXYL 150 MCG TABLET	LEVOTHYROXINE 75 MCG TABLET	DILANTIN 50 MG INFATAB	COUMADIN 7.5 MG TABLET
LEVOXYL 137 MCG TABLET	LEVOTHYROXINE 50 MCG TABLET	PHENYTEK 300 MG CAPSULE	COUMADIN 2.5 MG TABLET
LEVOXYL 112 MCG TABLET	LANOXIN 125 MCG TABLET	PHENYTEK 300 MG CAPSULE	COUMADIN 10 MG TABLET
LEVOXYL 75 MCG TABLET	LANOXIN 250 MCG TABLET	PHENYTEK 300 MG CAPSULE	COUMADIN 4 MG TABLET
LEVOXYL 88 MCG TABLET	DIGOXIN 250 MCG TABLET	PHENYTEK 300 MG CAPSULE	COUMADIN 3 MG TABLET
LEVOXYL 100 MCG TABLET	DIGOXIN 0.25 MG TABLET	PHENYTEK 300 MG CAPSULE	COUMADIN 5 MG TABLET
SYNTHROID 25 MCG TABLET	DIGOXIN 125 MCG TABLET	PHENYTOIN 50 MG INFATAB	WARFARIN SODIUM 3 MG TABLET
SYNTHROID 112 MCG TABLET	DIGOXIN 0.125 MG TABLET	PHENYTOIN 50 MG TABLET CHEW	WARFARIN SODIUM 1 MG TABLET
SYNTHROID 50 MCG TABLET	PROGRAF 5 MG CAPSULE	PHENYTOIN SOD EXT 100 MG CAP	WARFARIN SODIUM 2.5 MG TABLET
SYNTHROID 175 MCG TABLET	PROGRAF 1 MG CAPSULE	CARBATROL ER 300 MG CAPSULE	WARFARIN SODIUM 10 MG TABLET
SYNTHROID 75 MCG TABLET	PROGRAF 0.5 MG CAPSULE	EPITOL 200 MG TABLET	WARFARIN SODIUM 2 MG TABLET
SYNTHROID 100 MCG TABLET	TACROLIMUS 0.1% OINTMENT	TEGRETOL 200 MG TABLET	WARFARIN SODIUM 6 MG TABLET
SYNTHROID 88 MCG TABLET	TACROLIMUS 0.03% OINTMENT	TEGRETOL XR 400 MG TABLET	WARFARIN SODIUM 4 MG TABLET
SYNTHROID 150 MCG TABLET	TACROLIMUS 5 MG CAPSULE	TEGRETOL XR 200 MG TABLET	WARFARIN SODIUM 5 MG TABLET
SYNTHROID 137 MCG TABLET	TACROLIMUS 1 MG CAPSULE	TEGRETOL XR 100 MG TABLET	WARFARIN SODIUM 7.5 MG TABLET
SYNTHROID 200 MCG TABLET	TACROLIMUS 0.5 MG CAPSULE	CARBAMAZEPINE 100 MG/5 ML SUSP	GENGRAF 25 MG CAPSULE
SYNTHROID 125 MCG TABLET	SIROLIMUS	CARBAMAZEPINE 200 MG TABLET	NEORAL 100 MG GELATIN CAPSULE
SYNTHROID 300 MCG TABLET	SIROLIMUS 2 MG TABLET	CARBAMAZEPINE 100 MG TAB CHEW	NEORAL 25 MG GELATIN CAPSULE
LEVOTHYROXINE 300 MCG TABLET	SIROLIMUS 1 MG TABLET	CARBAMAZEPINE ER 400 MG TABLET	CYCLOSPORINE MODIFIED 100 MG
LEVOTHYROXINE 175 MCG TABLET	SIROLIMUS 0.5 MG TABLET	CARBAMAZEPINE ER 200 MG TABLET	CYCLOSPORINE MODIFIED 50 MG
LEVOTHYROXINE 200 MCG TABLET	CYTOMEL 25 MCG TABLET	CARBAMAZEPINE ER 100 MG CAP	CYCLOSPORINE MODIFIED 25 MG
LEVOTHYROXINE 112 MCG TABLET	CYTOMEL 5 MCG TABLET	CARBAMAZEPINE ER 300 MG CAP	CYCLOSPORINE MODIFIED 25 MG

LEVOTHYROXINE 137 MCG TABLET	LIOTHYRONINE SOD 50 MCG TAB	CARBAMAZEPINE ER 200 MG CAP
LEVOTHYROXINE 150 MCG TABLET	LIOTHYRONINE SOD 5 MCG TAB	CARBAMAZEPINE ER 100 MG TABLET
LEVOTHYROXINE 125 MCG TABLET	LIOTHYRONINE SOD 25 MCG TAB	
LEVOTHYROXINE 88 MCG TABLET	LIOTHYRONINE SODIUM POWDER	

Recommendation: Remove the NTI list exception from the formulary. All drugs would remain covered, however, members choosing to continue using brand name medication would be responsible for the extra cost associated with the brand name medication.

Dr. Kirtley made a motion to approve the recommendations above. Dr. Simmons seconded. All were in favor.

Motion Approved.

C. New Drugs*: by Dr. Jill Johnson and Dr. Ashley McPhee, UAMS*

1. Non-Specialty Medications

a. Recommended Additions

BRAND NAME	GENERIC NAME	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY	DUEC VOTE
AJOVY	FREMANEZUMAB-VFRM	$690 / dose	Migraine		Cover 1 of 3 CGRP inhibitors with PA
EMGALITY	GALCANEZUMAB-GNLM	$690 / dose	Migraine		Cover 1 of 3 CGRP inhibitors with PA

b. Recommended Exclusions

BRAND NAME	GENERIC NAME	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY	DUEC VOTE
QBREXZA	GLYCOPYRRONIUM TOSYLATE	$22/ towlette	Hyperhidrosis	Drysol / $8.68 per bottle	Exclude, code 13

Dr. Neill made a motion to approve all non-specialty drug recommendations. Dr. Simmons seconded. All were in favor.

Motion Approved.

2. Specialty Medications

a. Recommended Additions

BRAND NAME	GENERIC NAME	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY	DUEC VOTE
JIVI	FVIII REC,B-DOM DELET PEG-AUCL	$2.63 / unit	Hemophilia		T4PA
NIVESTYM	FILGRASTIM-AAFI	$525.60 / mL	Neutropenia		T4PA; explore rebates
PIFELTRO	DORAVIRINE	$55.20 / tablet	HIV		T4
DELSTRIGO	DORAVIRINE/LAMIVU/TENOFOVDISO	$84 / tablet	HIV		T4
XOFLUZA	BALOXAVIR MARBOXIL		treatment of acute uncomplicated influenza		T2; QL 2 tabs per claim

b. Recommended Exclusions

BRAND NAME	GENERIC NAME	PRICING (AWP)	INDICATION	SIMILAR THERAPIES ON FORMULARY	DUEC VOTE
TAKHZYRO	LANADELUMAB-FLYO	$13,242 / mL	Hereditary Angioedema		Exclude, code 13

Dr. Simmons made a motion to approve all specialty drug recommendations above. Dr. Kirtley seconded. All were in favor.

Motion Approved.

SIDE ITEMS:

Dr. Johnson: Originally, we excluded, code 1, Braftovi and Mektovi due to not having good overall survival data, but I went digging again and found significant data. So, we moved to cover it with a T4PA at the Board meeting so that it could be covered in a timely way.

Chris Howlett: From a plan perspective, we have had members that have retired and others with scheduling conflicts, but the statutorial requirement for this subcommittee to exist has some stringent requirements. After

three consecutive misses or absentees without a proxy, I will have to report that to the full Board. Starting in January, we are going to backfill some of the positions and get recommitments from those already on the committee. I also have full intention to have a meeting every other month starting in January. Any time we can't meet and get things accomplishes it runs the plan approximately half a million a month. We are going to limit the meetings to an hour and a half and what we don't get finished will be addressed in the following meeting. There will be an official notice going out in December.

Dr. Pace: With no further comments, I will adjourn the meeting.

Meeting Adjourned.

***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	**Convenience Kit Policy** - 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	**Medical Food Policy** - 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 eternally 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	**Cough & Cold Policy** - 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	**Multivitamin Policy** - 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	**Oral Contraceptives Policy** - 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