AGENDA

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

October 15th, 2020

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

I. Call to Order.....Dr. Hank Simmons, Jr., Chairman

II. Approval of September 2020 Minutes.....Dr. Hank Simmons, Jr., Chairman

III. Old Business

a. Second Review of Drugs..... Dr. Jill Johnson & Dr. Micah Bard, UAMS

IV. New Business

a. New Drugs..... Dr. Jill Johnson & Dr. Dwight Davis, UAMS

2020 Upcoming Meetings

November 2nd

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
October 15, 2020

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Thursday, October 15th, 2020 at 1:00 p.m., via teleconference.

Voting Members present:
Dr. Scott Pace, Vice-Chairman
Dr. Hank Simmons, Chairman
Dr. Keith McCain – proxy – Dr. Jeremy Thomas
Dr. John Kirtley
Dr. Shane David
Laura Mayfield

Non-Voting Members present:
Chris Howlett, EBD Director – proxy - Shalada Toles
Dr. Micah Bard
Dr. Jill Johnson
Dr. Dwight Davis
Dr. Sidney Keisner

Voting Members absent:

Non-Voting Members absent:

OTHERS PRESENT
Rhoda Classen, Stella Greene, Mary Massirer, Laura Thompson, Shay Burleson, Theresa Huber, EBD; Frances Bauman, Nova Nordisk; Sean Seago, MERCK; Aaron Shaw, Marissa Keith, BI; Jessica Akins, Takisha Sanders, HA; Sherry Bryant, EBRx/EBD; Octawia DeYoung, EBRx; Elizabeth Montgomery, ACHI; Mitch Rouse, TSS; Sheila Weddington, ASE Retiree; Ronda Walthall, ARDOT; Sam Smothers, ARSEBA; Brent Flaherty, Suzanne Woodall, MedImpact; Bridget Johnson; Donna Morey; ARTA; James Chapman, Abbvie; Kristie Banks, Mainstream; Stephen Carroll, AllCare Specialty; Jon Snow; Robin Keene, AAEA

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

APPROVAL OF MINUTES
The request was made by Dr. Simmons to approve the September 14th, 2020 minutes. Dr. Pace made the motion to approve. Dr. McCain seconded; all were in favor.
Motion Approved.

I. Old Business

A. Second Review of Drugs: *Dr. Jill Johnson & Dr. Sidney Keisner, UAMS*

Brand	Generic	Recommendation
(1) LYUMJEV	INSULIN LISPRO-AABC	Cover

II. New Business

A. New Drugs*: by Dr. Jill Johnson and Dr. Sidney Keisner, UAMS*

Brand	Generic	Recommendation
(1) BREZTRI AEROSPHERE	BUDESONIDE, GLYCOPYRROLATE, FORMOTEROL	Cover
(2) SEMGLEE	INSULIN GLARGINE,HUM.REC.ANLOG	Cover

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

Motion Approved.

***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