AGENDA

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

March 4th, 2019

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

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

II. Approval of January 7th, 2019 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

2019 Upcoming Meetings

May 6th, 2019, July 8th, 2019, Sept. 9th, 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
March 4, 2019

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, March 4, 2019 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. Keith McCain
Dr. John Kirtley
Dr. William Golden
Dr. Appathurai Balamurugan - Proxy - David Vrundy
Shalada Toles, EBD Deputy Director

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

Voting Members absent:
Laura Mayfield

OTHERS PRESENT
Rhoda Classen, Theresa Huber, Eric Gallo, EBD; Frances Bauman, Kathi Earls, Nova Nordisk; Sherry Bryant UAMS/EBD; Sean Seago, MERCK; Angie Brown, Aaron Shaw, Marissa Keith, BI; Ronda Walthall, ARDOT; Jim Chapman, Abbvie; Mark Adkison, AllCare Specialty; Sidney Keisner, UAMS; Brent Flaherty, MI; Charlotte Downs, Marcy Ross, Sanofi; Brian Strickland, Gilead; Doug Wood, ViiV; Jenna Bailey, RxResults

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 January 7, 2019 minutes. Dr. Kirtley made the motion to approve. Dr. McCain seconded; all were in favor.

Minutes Approved.

I. Old Business

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

Brand	Generic	Recommendation
*Vizimpro*â	*Dacomitinib*	T4PA
Neupro	Rotigotine	T3PA
Apokyn	Apomorphine	T4 remove PA
Azilect generics	Rasagiline	T1 Gen
Stalevo generics	Levodopa+ carbidopa+ entacapone	T1 Gen
Tasmar generics	tolcapone	T1 Gen

Dr. Kirtley made a motion to approve the recommendations for the second review of drugs as presented. Dr. McCain seconded. All were in favor.

Motion Approved.

B. Formulary Cleanup: *by Dr. Micah Bard*

Brand	Generic	Recommendation
Fenoprofen 200mg Capsules	Fenoprofen Calcium	Exclude Fenoprofen 200mg Capsules
Oxistat 1% Lotion	Oxiconazole Nitrate	Exclude oxiconazole nitrate lotion
Methyltestosterone 10mg Capsules	Methyltestosterone	All indications for methyltestosterone are covered by testosterone injectables. Exclude methyltestosterone.
Trianex 0.05% ointment	Triamcinolone acetonide	Exclude Trianex ointment
Zytiga 500mg Tablet	Abiraterone acetate	Exclude brand name Zytiga 500mg tablets

Dr. Kirtley made a motion to approve the recommendations for the second review of drugs as presented. Dr. Golden seconded. All were in favor.

Motion Approved.

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

Brand	Generic	Recommendation
Non-Specialty Drugs		
ABILIFY MYCITE	ARIPIPRAZOLE	Exclude, code 13
SEYSARA	SARECYCLINE HCL	Exclude, code 13
NUZYRA	OMADACYCLINE TOSYLATE	Exclude, code 13
AEMCOLO	RIFAMYCIN SODIUM	Cover T4PA
SYMJEPI	EPINEPHRINE	Cover T2, QL 4 per year
DIVIGEL	ESTRADIOL	Cover, T3
XELPROS	LATANOPROST EMULSION	Cover, T3
Specialty Drugs		
DAURISMO	GLASDEGIB MALEATE	Cover, T4PA
XOSPATA	GILTERITINIB FUMARATE	Exclude, Revisit Jan 2020
VITRAKVI	LAROTRECTINIB SULFATE	Exclude, Code 2 & 8
OXERVATE	CENEGERMIN-BKBJ	Exclude, Code 1, Revisit Jan 2020
UDENYCA	PEGFILGRASTIM-CBQV	T4PA
FIRDAPSE	AMIFAMPRIDINE PHOSPHATE	Exclude, Code 13
ULTOMIRIS	RAVULIZUMAB-CWVZ	Cover Medical w/PA

Dr. Simmons made a motion to approve all non-specialty drugs recommendations as presented. Dr. Kirtley

seconded. All were in favor.

Motion Approved.

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

Motion Approved.

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