



AGENDA

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

January 6th, 2020

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order..... Dr. Hank Simmons, Jr., Chairman***
- II. I. Approval of November 2019 Minutes Dr. Hank Simmons, Jr., Chairman***
- III. Old Business***
 - a. DCWG Update..... Dr. Sidney Keisner, UAMS***
 - b. Formulary Cleanup..... Dr. Dwight Davis, Dr. Micah Bard, UAMS***
 - c. Second Review of Drugs..... Dr. Jill Johnson, Dr. Sidney Keisner, UAMS***
- IV. New Business***
 - a. New Drugs..... Dr. Jill Johnson, Dr. Sidney Keisner, UAMS***

2020 Upcoming Meetings

March 2nd, May 4th, July 6th

***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
January 6, 2020**

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, January 6th, 2020 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Voting Members present:

Dr. Scott Pace, Vice-Chairman
Dr. Hank Simmons, Chairman
Dr. Keith McCain – proxy – Emily Wilson
Dr. John Kirtley
Dr. Shane David
Laura Mayfield - Teleconference

Non-Voting Members present:

Dr. Jill Johnson
Dr. Dwight Davis
Dr. Micah Bard
Dr. Sidney Keisner
Chris Howlett, EBD Director

Voting Members absent:

OTHERS PRESENT

Rhoda Classen, Theresa Huber, Shay Burlison, Cindy Russom, EBD; Emily Wilson, APA; Frances Bauman, Nova Nordisk; Sean Seago, MERCK; Aaron Shaw, Marissa Keith, BI; Takisha Sanders, Jessica Akins, HA; Sherry Bryant, EBRx/EBD; Octawia DeYoung, EBRx; Elizabeth Montgomery, ACHI; Stephen Carroll, AllCare Specialty; Treg Long, ACS; Marc Bagby, Lilly; Mitch Rouse, TSS; Pranar Amir, ASBP P4 Student

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 November 4th, 2019 minutes. Dr. Kirtley made the motion to approve. Dr. Pace seconded; all were in favor.

Motion Approved.

I. Old Business

A. DCWG Update: Dr. Sidney Keisner, UAMS

Summary of drugs reviewed/actions items: Generic	Brand	Current Coverage	Recommendations
Pertuzumab	Perjeta	medical benefit	Add medical PA
Eribulin	Halaven	medical benefit	Add medical PA
Nab-paclitaxel	Abraxane	medical benefit	Add medical PA
Ixabepilone	Ixempra	medical benefit	Exclude
Aprepitant	Cinvanti	medical benefit	Exclude
Fosnetupitant/palonosetr on	Akynzeo IV	medical benefit	Exclude

Netupitant/palonosetron	Akynzeo	medical benefit	Exclude
Rolapitant	Varubi	medical benefit/T4	Exclude
Aprepitant	Emend	T2	Add age edit (cover if <7 years old)
Fosaprepitant	Emend IV	Medical benefit	No change
Aprepitant	Emend/generic	T2	No change

Note: drugs that fall under “medical benefit” are adjudicated according to coverage policies of Health Advantage

Dr. Pace made a motion to accept all recommendations as presented. Dr. Kirtley seconded. All were in favor.

Motion Approved.

B. Formulary Cleanup: Dr. Dwight Davis and Dr. Micah Bard, UAMS

1. **Skeletal Muscle Relaxants - Background:** The table below provides a summary of the Plan’s utilization of Skeletal Muscle Relaxants for the 3-month period of September 1, 2019 – November 30, 2019.

During this period, the Plan paid \$78,000 for the products in the table below. This category includes adequate supply of generic products. Generally, products in this category are inexpensive. However, the products highlighted in yellow represent expensive outlier products compared to the other products in the category.

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
BACLOFEN 10 MG TABLET	BACLOFEN	422	674	\$9.46	\$13.19	\$0.12	
BACLOFEN 20 MG TABLET	BACLOFEN	89	164	\$19.32	\$13.73	\$0.24	
CARISOPRODOL 250 MG TABLET	CARISOPRODOL	5	5	\$127.62	\$18.40	\$2.30	\$596.41
CARISOPRODOL 350 MG TABLET	CARISOPRODOL	317	614	\$1.44	\$9.58	\$0.02	
CHLORZOXAZONE 500 MG TABLET	CHLORZOXAZONE	23	37	\$19.79	\$14.95	\$0.25	
CYCLOBENZAPRINE 10 MG TABLET	CYCLOBENZAPRINE HCL	2,730	3,920	\$0.67	\$5.48	\$0.01	
CYCLOBENZAPRINE 5 MG TABLET	CYCLOBENZAPRINE HCL	443	561	\$0.55	\$5.30	\$0.02	
DANTROLENE SODIUM 100 MG CAP	DANTROLENE SODIUM	1	3	\$134.32	\$33.58	\$1.48	\$362.01
LORZONE 375 MG TABLET	CHLORZOXAZONE	1	1	\$463.75	\$40.00	\$7.73	\$454.75
LORZONE 750 MG TABLET	CHLORZOXAZONE	1	1	\$501.50	\$40.00	\$8.36	\$492.50
METAXALONE 400 MG TABLET	METAXALONE	2	3	\$193.68	\$15.00	\$4.84	\$563.04
METAXALONE 800 MG TABLET	METAXALONE	176	235	\$99.64	\$18.15	\$1.56	\$21,170.53
METHOCARBAMOL 500 MG TABLET	METHOCARBAMOL	434	597	\$1.62	\$7.55	\$0.03	
METHOCARBAMOL 750 MG TABLET	METHOCARBAMOL	403	579	\$3.79	\$10.39	\$0.06	
ORPHENADRINE ER 100 MG TABLET	ORPHENADRINE CITRATE	37	52	\$14.07	\$13.42	\$0.28	
TIZANIDINE HCL 2 MG CAPSULE	TIZANIDINE HCL	33	43	\$55.76	\$15.54	\$0.86	\$1,978.39
TIZANIDINE HCL 2 MG TABLET	TIZANIDINE HCL	192	267	\$6.49	\$11.74	\$0.11	
TIZANIDINE HCL 4 MG CAPSULE	TIZANIDINE HCL	105	194	\$67.27	\$16.56	\$1.11	\$11,280.23
TIZANIDINE HCL 4 MG TABLET	TIZANIDINE HCL	1,500	2,403	\$5.66	\$11.69	\$0.10	
TIZANIDINE HCL 6 MG CAPSULE	TIZANIDINE HCL	10	15	\$222.95	\$21.00	\$2.08	\$3,102.80

Totals	6,924	Quarterly Savings	\$40,000.66
Affected Members	334	Annual Savings	\$160,002.64

Recommendation:

A. Consider applying Reference-Based Pricing to this category of agents.

B. Use the following agents as the “reference” drugs in the Skeletal Muscle Relaxant category. The “reference” products can be obtained for the Plan’s generic copayment.

- Baclofen
- Carisoprodol 350mg
- Chlorzoxazone
- Cyclobenzaprine
- Methocarbamol
- Tizanidine tablets

C. The reference drugs listed above accounted for 97.2% of the utilizing members, 97.5% of the Rx claims, and 62.4% of the Plan Paid Amount during 4Q2019.

D. The blended “Cost/Unit” of therapy for the Reference drugs listed above is \$0.13. **A reference price of \$0.15/unit is recommended.**

E. Applying \$0.15/unit to the non-reference products listed in the utilization yields an **estimated annualized Plan savings of \$160,000**. This approach would impact approximately **330 members** based on the Plan’s current utilization.

2. Non-Steroidal Anti-Inflammatory Agents – Background: The table below provides a summary of the Plan’s utilization of the Non-Steroidal Anti-Inflammatory Agents (NSAIDs) for the 3-month period of September 1, 2019 – November 30, 2019.

During this period, the Plan paid \$122,000 for the products in the table below. This category includes adequate supply of generic products. Generally, products in this category are inexpensive. However, the products highlighted in yellow represent expensive outlier products compared to the other products in the category.

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
CELECOXIB 200 MG CAPSULE	CELECOXIB	536	932	\$11.38	\$16.35	\$0.25	
CELECOXIB 50 MG CAPSULE	CELECOXIB	2	3	\$20.98	\$15.00	\$0.35	
CELECOXIB 100 MG CAPSULE	CELECOXIB	89	141	\$19.31	\$14.89	\$0.35	
CELECOXIB 400 MG CAPSULE	CELECOXIB	3	4	\$93.60	\$22.50	\$2.08	\$347.40
DICLOFENAC POT 50 MG TABLET	DICLOFENAC POTASSIUM	46	60	\$32.83	\$21.56	\$0.54	\$1,425.10
DICLOFENAC SOD DR 75 MG TAB	DICLOFENAC SODIUM	581	914	\$4.49	\$14.36	\$0.07	
DICLOFENAC SOD EC 75 MG TAB	DICLOFENAC SODIUM	869	1,309	\$3.09	\$13.33	\$0.05	

DICLOFENAC SOD EC 50 MG TAB	DICLOFENAC SODIUM	169	248	\$5.38	\$13.89	\$0.08	
DICLOFENAC SOD DR 50 MG TAB	DICLOFENAC SODIUM	130	189	\$6.64	\$15.50	\$0.11	
DICLOFENAC SOD ER 100 MG TAB	DICLOFENAC SODIUM	108	178	\$56.32	\$20.72	\$1.44	\$8,979.09
DICLOFENAC SOD EC 25 MG TAB	DICLOFENAC SODIUM	12	17	\$72.36	\$20.45	\$0.91	
DICLOFENAC SOD DR 25 MG TAB	DICLOFENAC SODIUM	3	3	\$50.97	\$34.49	\$0.73	
DICLOFENAC-MISOPROST 50-200 TB	DICLOFENAC SODIUM/MISOPROSTOL	6	11	\$118.04	\$15.62	\$2.28	\$1,212.98
DICLOFENAC-MISOPROST 75-0.2 TB	DICLOFENAC SODIUM/MISOPROSTOL	28	42	\$151.04	\$18.89	\$2.11	\$5,893.33
DICLOFENAC-MISOPROST 75-200 TB	DICLOFENAC SODIUM/MISOPROSTOL	13	25	\$155.43	\$19.20	\$2.23	\$3,624.75
DICLOFENAC-MISOPROST 50-0.2 TB	DICLOFENAC SODIUM/MISOPROSTOL	15	27	\$144.92	\$16.82	\$2.37	\$3,665.23
ETODOLAC 400 MG TABLET	ETODOLAC	60	99	\$47.13	\$19.49	\$0.64	\$3,576.40
ETODOLAC 500 MG TABLET	ETODOLAC	29	50	\$56.03	\$16.27	\$0.83	\$2,297.69
ETODOLAC 300 MG CAPSULE	ETODOLAC	13	16	\$55.77	\$26.94	\$0.74	\$712.37
ETODOLAC 200 MG CAPSULE	ETODOLAC	3	3	\$60.16	\$12.14	\$1.00	\$153.49
ETODOLAC ER 400 MG TABLET	ETODOLAC	6	11	\$88.27	\$17.73	\$2.02	\$898.92
ETODOLAC ER 600 MG TABLET	ETODOLAC	5	8	\$98.78	\$26.08	\$2.17	\$735.63
ETODOLAC ER 500 MG TABLET	ETODOLAC	5	8	\$135.76	\$20.03	\$2.22	\$1,012.55
FENOPROFEN 600 MG TABLET	FENOPROFEN CALCIUM	3	7	\$175.23	\$15.00	\$2.73	\$1,159.10
FENOPROFEN 400 MG CAPSULE	FENOPROFEN CALCIUM	1	1	\$305.04	\$15.00	\$3.39	\$291.54
FLURBIPROFEN 100 MG TABLET	FLURBIPROFEN	4	5	\$15.13	\$14.39	\$0.32	\$39.65
IBU 400 MG TABLET	IBUPROFEN	4	4	\$0.00	\$4.82	\$0.00	
IBU 800 MG TABLET	IBUPROFEN	16	18	\$0.58	\$9.02	\$0.01	
IBUPROFEN 400 MG TABLET	IBUPROFEN	37	45	\$0.33	\$5.63	\$0.01	
IBUPROFEN 600 MG TABLET	IBUPROFEN	387	430	\$0.60	\$4.52	\$0.01	
IBUPROFEN 800 MG TABLET	IBUPROFEN	1,220	1,482	\$1.00	\$7.76	\$0.02	
IBU 600 MG TABLET	IBUPROFEN	1	1	\$0.00	\$4.50	\$0.00	
IBUPROFEN 200 MG CAPLET	IBUPROFEN	1	1	\$0.00	\$2.35	\$0.00	
INDOMETHACIN 25 MG CAPSULE	INDOMETHACIN	80	103	\$1.93	\$8.64	\$0.04	
INDOMETHACIN 50 MG CAPSULE	INDOMETHACIN	183	230	\$3.19	\$9.81	\$0.06	
INDOMETHACIN ER 75 MG CAP	INDOMETHACIN	31	53	\$47.16	\$17.58	\$0.90	\$2,081.38
KETOPROFEN ER 200 MG CAP	KETOPROFEN	1	1	\$807.57	\$15.00	\$8.97	\$794.07
KETOROLAC 10 MG TABLET	KETOROLAC TROMETH	501	554	\$8.02	\$14.30	\$0.49	\$3,076.65
MECLOFENAMATE 100 MG CAP	MECLOFENAMATE NA	1	1	\$174.16	\$15.00	\$5.81	\$169.66
MEFENAMIC ACID 250 MG CAP	MEFENAMIC ACID	12	14	\$224.92	\$12.86	\$8.07	\$3,090.41
MELOXICAM 15 MG TABLET	MELOXICAM	3,947	6,298	\$0.48	\$3.92	\$0.01	
MELOXICAM 7.5 MG TABLET	MELOXICAM	950	1,511	\$0.53	\$5.27	\$0.01	
NABUMETONE 500 MG TABLET	NABUMETONE	115	217	\$6.53	\$15.42	\$0.09	
NABUMETONE 750 MG TABLET	NABUMETONE	97	161	\$5.61	\$16.99	\$0.08	
NAPROXEN 250 MG TABLET	NAPROXEN	20	29	\$1.14	\$7.65	\$0.02	
NAPROXEN 500 MG TABLET	NAPROXEN	1,213	1,596	\$0.88	\$7.32	\$0.02	
NAPROXEN 375 MG TABLET	NAPROXEN	76	96	\$1.66	\$6.65	\$0.03	
EC-NAPROXEN DR 375 MG TABLET	NAPROXEN	3	5	\$8.03	\$19.63	\$0.11	
NAPROXEN DR 375 MG TABLET	NAPROXEN	4	9	\$9.45	\$14.61	\$0.16	
EC-NAPROXEN DR 500 MG TABLET	NAPROXEN	6	10	\$9.86	\$14.10	\$0.18	
NAPROXEN DR 500 MG TABLET	NAPROXEN	34	48	\$14.48	\$14.01	\$0.27	
NAPROXEN 125 MG/5 ML SUSPEN	NAPROXEN	1	1	\$172.13	\$0.00	\$1.15	
NAPROXEN SODIUM 275 MG TAB	NAPROXEN SODIUM	1	1	\$5.65	\$15.00	\$0.47	
NAPROXEN SODIUM 550 MG TAB	NAPROXEN SODIUM	83	100	\$37.63	\$19.23	\$0.92	
NAPROXEN SOD CR 500 MG TAB	NAPROXEN SODIUM	1	1	\$514.29	\$15.00	\$8.57	\$505.29
OXAPROZIN 600 MG TABLET	OXAPROZIN	10	16	\$108.34	\$18.75	\$1.60	\$1,571.37

PIROXICAM 20 MG CAPSULE	PIROXICAM	43	86	\$17.91	\$18.24	\$0.52	\$1,094.36
PIROXICAM 10 MG CAPSULE	PIROXICAM	3	5	\$111.75	\$21.00	\$1.33	\$495.75
SULINDAC 150 MG TABLET	SULINDAC	68	133	\$2.59	\$12.67	\$0.05	
SULINDAC 200 MG TABLET	SULINDAC	39	73	\$7.65	\$13.61	\$0.13	
Totals		11,928	17,644			Quarterly Savings	\$48,904.16
	Affected Members	951				Annualized Savings	\$195,616.64

Recommendation:

A. Consider applying Reference-Based Pricing to this category of agents.

B. Use the following agents as the “reference” drugs in the NSAID category. The “reference” products can be obtained for the Plan’s generic copayment.

- Celecoxib
- Diclofenac
- Ibuprofen
- Indomethacin
- Meloxicam
- Nabumetone
- Naproxen
- Sulindac

C. The reference drugs listed above accounted for 93% of the utilizing members, 94.1% of the Rx claims, and 55.3% of the Plan Paid Amount during 4Q2019.

D. The blended “Cost/Day” of therapy for the Reference drugs listed above is \$0.10. **A reference price of \$0.15/unit is recommended.**

E. Applying \$0.15/day to the non-reference products listed in the utilization yields an **estimated annualized savings of \$195,600**. This approach would impact approximately 330 members based on the Plan’s current utilization.

3. Proton Pump Inhibitors, H2 receptor blockers, and Nasal Steroids - **Background:** The Plan has employed Reference-Based Pricing toward the three drug categories below for well many years. When the Plan initiated this approach, these categories represented a significant portion of the prescription drug program’s overall budget. However, these categories of drugs are now available over-the-counter (OTC) and although prescription versions of these products remain, several of these products may be obtained without prescription.

Recommendation: Consider suspending reference-based pricing toward these categories and remove them from coverage since adequate choices are now available OTC.

Note: It is recommended that liquid formulations of the Proton Pump Inhibitors and H2 receptor blockers remain available under the prescription drug program for pediatric patients.

Drug Category	Number of Utilizing Members	Total Plan Spend (past 3 months)	Products Covered by the Plan	OTC Products available
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Proton Pump Inhibitors	12,328 (8,000 are using a product represented by an OTC alternative)	\$29,900	Dexilant (dexlansoprazole), esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole	Omeprazole, esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole/Na Bicarbonate (Zegerid)
H2 Receptor Blockers	2,093	\$7,000	Famotidine (Pepcid), ranitidine (Zantac), cimetidine (Tagamet), nizatidine (Axid)	All are OTC
Nasal Steroids	4,775 (4,753 are using fluticasone)	\$9,200	Fluticasone, mometasone, flunisolide, beclomethasone	Flonase (fluticasone), Nasacort (triamcinolone), Rhinocort (budesonide)
Totals		\$46,100 per 3 months; (\$184,500 annualized)		

4. Misc. Antidiabetic Combination Products - Background: Most of the older anti-diabetic categories include a wide variety of low-cost generic alternatives. Occasionally, the Plan encounters combinations of products that are priced significantly higher than the combined individual components.

The products highlighted below in yellow represent a combination of pioglitazone-glimeperide that is priced significantly more than the individual components combined.

It is recommended that the Plan exclude the combination products and limit coverage to the individual components taken separately.

The estimated annual savings due to this exclusion is \$13,000 and affects three (3) members.

Label Name	Utilizing Member Count	Rx Count	Paid Amount	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
PIOGLITAZONE HCL 15 MG TABLET	214	396	\$521	\$1.32	\$10.39	\$0.03	
PIOGLITAZONE HCL 45 MG TABLET	202	370	\$262	\$0.71	\$14.06	\$0.02	
PIOGLITAZONE HCL 30 MG TABLET	381	696	\$734	\$1.05	\$11.29	\$0.02	
GLIMEPIRIDE 1 MG TABLET	194	371	\$178	\$0.48	\$7.53	\$0.01	
GLIMEPIRIDE 2 MG TABLET	483	894	\$626	\$0.70	\$9.04	\$0.01	
GLIMEPIRIDE 4 MG TABLET	753	1,373	\$1,831	\$1.33	\$12.17	\$0.02	
PIOGLITAZONE-GLIMEPIRIDE 30-2	2	4	\$1,717	\$429.37	\$22.50	\$11.08	\$1,701.96
PIOGLITAZONE-GLIMEPIRIDE 30-4	1	3	\$1,571	\$523.67	\$25.00	\$10.47	\$1,556.00
Totals	2,230	4,107					Quarterly Savings
Affected Members	3						Annualized Savings
							\$3,257.96
							\$13,031.84

5. Misc. Dermatological Products

Label Name	Utilizing Member Count	Rx Count	Paid Amount	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
CLINDAMYCIN PHOS 1% PLEDGET	69	92	\$1,774	\$19.28	\$16.98	\$0.31	

CLINDAMYCIN PH 1% SOLUTION	97	111	\$3,305	\$29.7	\$15.05	\$0.34	
CLINDAMYCIN PH 1% GEL	42	54	\$2,464	\$45.62	\$26.01	\$1.19	
CLINDAMYCIN PHOSP 1% LOTION	58	63	\$4,251	\$67.48	\$23.74	\$1.11	
BENZOYL PEROXIDE 10% GEL	1	1	\$7	\$7.20	\$15	\$0.08	
BENZOYL PEROXIDE 10% WASH	1	1	\$11	\$2.15	\$9.65	\$0.01	
BENZOYL PEROXIDE 5% GEL	5	5	\$3	\$2.75	\$15	\$0.03	
BENZOYL PEROXIDE 5% WASH	1	1	\$0	\$0	\$11.75	\$0.00	
PANOXYL 10% ACNE FOAMING WASH	3	4	\$0	\$0	\$6.82	\$0.00	
CLIND PH-BENZOYL PERO 1.2-2.5%	3	3	\$1,031	\$343.81	\$76.66	\$6.88	\$902.61
CLIND PH-BENZOYL PEROX 1.2-5%	49	56	\$4,554	\$81.33	\$32.11	\$1.81	\$2,149.84
BENZACLIN GEL 50G PUMP	1	1	\$348	\$347.85	\$40	\$6.96	\$305.06
CLINDAMYCIN-BENZOYL PEROX 1-5%	52	64	\$9,287	\$145.11	\$35.99	\$3.44	\$6,538.88
CLINDA-BENZOYL PEROX 1-5% PUMP	13	15	\$5,739	\$382.57	\$23.98	\$6.45	\$5,094.45
CLINDAMYCIN PHOSPHATE 1% FOAM	1	1	\$847.91	\$847.91	\$15	\$4.24	\$847.91
BENZEPRO 6% FOAMING CLOTHS	1	1	\$493	\$493	\$15	\$8.22	\$493
Totals	397	473				Estimated Quarterly Savings	\$16,331.75
Affected Members	120					Estimated Annualized Savings	\$65,327

Recommendations: Exclude combination Benzoyl Peroxide/Clindamycin products. Exclude Benzepro Foaming Cloths and Clindamycin 1% Foam.

Dr. Kirtley made a motion to accept the recommendations as presented for categories 1, 2, 4, and 5 and to table category 3 until next meeting. Dr. Pace seconded. All were in favor.

Motion Approved.

C. Second Review of Drugs: by Dr. Jill Johnson and Dr. Sidney Keisner, UAMS

Pitolisant (Wakix), 4.45 mg and 17.8 mg Tablets

FDA Indication: treatment of excess daytime sleepiness in adult patients with narcolepsy

Background: Key characteristic of narcolepsy is excessive daytime sleepiness. Pitolisant increases histamine within the body which is neurotransmitter that promotes wakefulness.

MOA: H3-receptor antagonist/inverse agonist

BBW: QT Interval Prolongation is a concern w/ drug interactions, contraindicated w/ severe hepatic impairment

Dosing: 8.9 po QD initially, titrate up to 17.8 mg QD after one week (max dose: 35.6 mg po QD)

Costs: 4.45 mg tab \$113.70 per each, 17.8 mg tab \$227.40 per each

EBRx Decision 11/25/19: Exclude Xyrem beginning 6/1/2020; send letters to members and prescribers telling them of Wakix as the alternative.

Dr. Simmons made a motion to approve the recommendations for Wakix as presented with a 90-day start instead of 6/1/2020. Dr. Pace seconded. All were in favor.

Motion Approved.

Comparison of Alternative Treatments for narcolepsy4-5			
Drug	Dosage Form	Max Daily Dose	Drug Schedule
Pitolisant	(4.45 mg, 17.8 mg)	35.6 mg/day	n/a
Modafinil (generic)	Tablet	200 mg/day	IV
Solriamfetol (Sunosi)	Tablet	150 mg/day	IV
methylphenidate	IR tab ER tab	60 mg/day	II
Sodium oxybate (Xyrem)	Oral solution	9g/night	I, illicit use III medical use (REMS)

Notes:

- Solriamfetol risk for abuse was comparable/lower to phentermine in human abuse potential study, produced psychoactive and euphoric effects
- Pitolisant risk of abuse was significantly lower than phentermine use and comparable to placebo in a R 4-period DB crossover design study (n=38)
 - o Drug Liking Emax was greater for phentermine vs pitolisant 35.6 mg (mean diff, 21.4; p < 0.0001) and pitolisant 213.6 mg (mean diff, 19.7; p < 0.0001).

Dr. Kirtley made a motion to remove the PA from armodafinil and modafinil. Reference price armodafinil to modafinil. Dr. Pace seconded. All were in favor.

Motion Approved.

II. New Business

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

Brand	Generic	Recommendation
Non-Specialty Drugs		
(1) RELAFEN DS	NABUMETONE	Exclude, Code 13
(2) DRIZALMA SPRINKLE	DULOXETINE HCL	Exclude, Code 13
(3) OZOBAX	BACLOFEN	Exclude, Code 13
(4) AKLIEF	TRIFAROTENE	Exclude, Code 13
(5) GLOPERBA	COLCHICINE	Exclude, Code 13; Add colchicine capsules T1.
(6) PRETOMANID	PRETOMANID	T3PA, QL 1/1
Specialty Drugs		
(1) ASPARLAS	CALASPARGASE PEGOL-MKNL	Medical Benefit
(2) BEOVU	BROLUCIZUMAB-DBLL	Medical Benefit
(3) XEMBIFY	IMMUNE GLOBULIN, GAMMA(IGG)KLHW	Cover T4PA; Seek Rebates for class
(4) TRIKAFTA	ELEXACAFTOR/TEZACAFTOR/IV ACAFT	Cover T4PA
(5) VUMERITY	DIROXIMEL FUMARATE	Cover T4PA; QL 4/day
(6) OGIVRI	TRASTUZUMAB-DKST	Medical Benefit
(7) REBLOZYL	LUSPATERCEPT-AAMT	Exclude, Code 13
(8) ZIEXTENZO	PEGFILGRASTIM-BMEZ	T4PA Pharmacy and Medical; Seek Rebates

(9) TRUXIMA	RITUXIMAB-ABBS	Medical Benefit
(10) BRUKINSA	ZANUBRUTINIB	Exclude, Code 1 & 13

Dr. Kirtley made a motion to approve all non-specialty drugs recommendations as presented. Dr. Pace seconded. All were in favor.

Motion Approved.

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

Motion Approved.

Dr. Kirtley made a motion to adjourn the meeting. Dr. Pace seconded. All were in favor.

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