



AGENDA

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

March 2nd, 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 January 2020 MinutesDr. Hank Simmons, Jr., Chairman***
- III. Old Business***
 - a. DCWG Update.....Dr. Sidney Keisner, UAMS***
 - b. Formulary Cleanup..... Dr. Micah Bard, UAMS***
 - c. Second Review of Drugs.....Dr. Micah Bard, Dr. Oktawia DeYoung, UAMS***
- IV. New Business***
 - a. New Drugs..... Dr. Jill Johnson, Dr. Sidney Keisner, UAMS***

2020 Upcoming Meetings

May 4th, July 6th, September 14th

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 2, 2020**

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, March 2nd, 2020 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Voting Members present:

Dr. Scott Pace, Vice-Chairman – proxy - Dr. John Vinson
Dr. Hank Simmons, Chairman
Dr. Keith McCain
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, EBD; Frances Bauman, Nova Nordisk; Sean Seago, MERCK; Aaron Shaw, Marissa Keith, BI; Jessica Akins, HA; Sherry Bryant, EBRx/EBD; Octawia DeYoung, EBRx; Elizabeth Montgomery, ACHI; Stephen Carroll, AllCare Specialty; Brent Flaherty, MI; Doug Wood, ViiV Healthcare; David Large, Biohaven Pharmaceuticals; Jim Chapman, Katie Staggs, Abbvie; Marc Parker, Sunovion; John Poser; Rena, VRTX

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 January 6th, 2020 minutes. Dr. Simmons made the motion to approve. Dr. McCain seconded; all were in favor.

Motion Approved.

I. Old Business

A. DCWG Update: Dr. Sidney Keisner, UAMS

1. Lutetium Lu 177 dotatate (Lutathera):

370 MBq/ml (10 mCi/ml) vial [one vial contains equivalent of 200 mCi)

Recommendation: Add PA to Lutathera. Cover only midgut NETs vs all GEP NETs.

Outcome: Add PA to Lutathera to cover midgut NETs

Dr. McCain made a motion to accept the recommendation as presented. Dr. David seconded. All were in favor.

Motion Approved.

B. Formulary Cleanup: Dr. Micah Bard, UAMS

1. Mupirocin

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
Mupirocin 2% Ointment	Mupirocin	1,394	1,489	\$1.37	\$7.24	\$0.06	
Mupirocin 2% Cream	Mupirocin	51	54	\$241.90	\$16.35	\$10.25	\$12,989
Totals					Quarterly Savings		\$12,989
	Affected Members	51			Annual Savings		\$51,956

***Recommendation: Exclude Mupirocin 2% Cream**

2. Tazarotene

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
Tazorac 0.1% Gel	Tazarotene	1	1	\$1336.46	\$40	\$13.36	\$1,203.68
Tazorac 0.05% Cream	Tazarotene	7	7	\$503.41	\$56.50	\$11.75	\$2,594.41
Tazarotene 0.1% Cream	Tazarotene	9	15	\$132.78	\$35.20	\$4.00	
Totals					Quarterly Savings		\$3,798.09
	Affected Members	8			Annual Savings		\$15,192.36

***Recommendation: Exclude brand-name Tazorac.**

3. Ketoconazole

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
Xolegel 2% Gel	Ketoconazole	1	1	\$582.49	\$145.62	\$12.94	\$549.36
Ketoconazole 2% Cream	Ketoconazole	300	331	\$33.13	\$17.40	\$0.64	
Ketoconazole 2% Shampoo	Ketoconazole	329	384	\$9.65	\$14.46	\$0.08	
Totals						Quarterly Savings	\$549.36
	Affected Members	1				Annual Savings	\$2,197.44

***Recommendation: Exclude Xolegel 2% Gel**

4. Clobetasol

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
CLOBETASOL PROP 0.05% FOAM	Clobetasol	11	15	\$325.50	\$19.76	\$3.76	\$3,544.05
CLOBETASOL EMOLLNT 0.05% FOAM	Clobetasol	1	2	\$267.13	\$15	\$5.34	\$355.80
CLOBETASOL PROP 0.05% SPRAY	Clobetasol	10	12	\$256.35	\$49.28	\$2.27	\$2005.44
CLOBETASOL 0.05% TOPICAL LOTN	Clobetasol	6	6	\$211.79	\$49.48	\$3.08	\$735.36
CLOBETASOL EMOLLIENT 0.05% CRM	Clobetasol	11	12	67.94	\$33.48	\$1.94	
CLOBETASOL 0.05% OINTMENT	Clobetasol	171	193	105.59	\$17.43	\$2.04	
CLOBETASOL 0.05% CREAM	Clobetasol	159	180	84.55	\$19.90	\$1.61	
CLOBETASOL 0.05% SOLUTION	Clobetasol	115	143	77.55	\$22.33	\$1.19	
CLOBETASOL 0.05% GEL	Clobetasol	2	3	\$106.04	\$15	\$2.65	
Totals						Quarterly Savings	\$6,640.65
	Affected Members	28				Annual Savings	\$26,562.60

***Recommendation: Exclude Clobetasol Foam, Spray, and Lotion.**

5. Potassium Chloride

Label Name	Generic Name	Utilizing Member Count	Rx Count	Plan Pd/Rx	Mbr Paid/Rx	Plan Pd/Unit	Total Savings
POTASSIUM CL 20% (40 MEQ/15ML)	Potassium Chloride	3	5	\$791.87	\$21.00	\$0.97	\$3,871.62
POTASSIUM CL 20 MEQ PACKET	Potassium Chloride	7	9	\$463.69	\$46.79	\$6.62	\$4,072.20
POTASSIUM CL 10% (20 MEQ/15ML)	Potassium Chloride	19	36	\$360.16	\$17.90	\$0.55	\$12,716.63
POTASSIUM CL ER 10 MEQ CAPSULE	Potassium Chloride	531	983	\$17.03	\$18.51	\$0.24	
POTASSIUM CL ER 10 MEQ TABLET	Potassium Chloride	945	1644	\$10.72	\$17.17	\$0.17	
POTASSIUM CL ER 10 MEQ TABLET	Potassium Chloride	349	618	\$10.71	\$17.25	\$0.18	
POTASSIUM CL ER 20 MEQ TABLET	Potassium Chloride	1260	2311	\$9.76	\$16.64	\$0.16	
POTASSIUM CL ER 20 MEQ TABLET	Potassium Chloride	226	375	\$8.72	\$18.62	\$0.16	
Totals						Quarterly Savings	\$20,660.45
	Affected Members	29				Annual Savings	\$82,641.80

***Recommendation: Reference Price Potassium Chloride solution and powder packs to tablets. Package insert of tablets provides instructions for dissolving in a glass of water.**

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

Motion Approved.

C. Second Review of Drugs: Dr. Micah Bard, Dr. Oktawia DeYoung, UAMS

1. Lurasidone oral tablets [20,40,60,80,120mg] (Latuda)

EBRx Decision 01/29/2020: T3PA bipolar depression or schizophrenia with QT prolongation

2. Pegfilgrastim/Filgrastim

Recommendation: Remove PA

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

Motion Approved.

II. New Business

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

<u>Brand</u>	<u>Generic</u>	<u>Recommendation</u>
Non-Specialty Drugs		
(1) CONSENSI	AMLODIPINE BESYLATE/CELECOXIB	Exclude, Code 13
(2) TALICIA	OMEPRAZOLE/AMOXICILL/RIFABUTIN	Exclude, Code 12 & 13
(3) ABSORICA LD	ISOTRETINOIN, MICRONIZED	Exclude, Code 13
(4) CAPLYTA	LUMETEPERONE TOSYLATE	Exclude, Code 1
Specialty Drugs		
(1) GIVLAARI	GIVOSIRAN SODIUM	N/A Medical
(2) OXBRYTA	VOXELOTOR	Exclude, Code 1 & 10
(3) VYONDYS-53	GOLODIRSEN	Exclude, Code 1
(4) SECUADO	ASENAPINE	Exclude, Code 13
(5) PADCEV	ENFORTUMAB VEDOTIN-EJFV	Exclude, Code 2
(6) ENHERTU	FAM-TRASTUZUMAB DERUXTECN-NXKI	Exclude, Code 1 & 2
(7) ZIRABEV	BEVACIZUMAB-BVZR	Exclude Pharmacy; N/A Medical
(8) UBRELVY	UBROGEPANT	T4PA
(9) ESPEROCT	FVII REC, B-DOM TRUNC PEG-EXEI	T4PA
(10) AYVAKIT	AVAPRITINIB	Exclude, Code 1 & 2
(11) TEPEZZA	TEPROTUMUMAB-TRBW	Exclude, Code 8

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

Motion Approved.

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

Motion Approved.

Dr. Simmons made a motion to adjourn the meeting. Dr. Vinson 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