AGENDA

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

May 4th, 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 March 2020 Minutes .....Dr. Hank Simmons, Jr., Chairman

III. Old Business

a. DCWG Update.....Dr. Sidney Keisner, UAMS

b. 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

July 6th, September 14th, 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
May 4, 2020

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, May 4th, 2020 at 1:00 p.m., via teleconference.

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

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, Mary Massirer, Shay Burleson, Stella Greene, Theresa Huber, EBD; Frances Bauman, Nova Nordisk; Sean Seago, MERCK; Aaron Shaw, BI; Jessica Akins, HA; Sherry Bryant, EBRx/EBD; Octawia DeYoung, EBRx; Elizabeth Montgomery, ACHI; Stephen Carroll, AllCare Specialty; Suzanne Woodall, Brent Flaherty, MI; Jim Chapman, Abbvie; Dustin Pollastro, Milliman; Sam Smothers, Endo Pharmaceuticals; Jonathon Snow; Jim Knott; Nima Nabavi, Amgen; Jim Musick; Treg Long; Charles Hubbard, ASP; Kristie Banks, Mainstream

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 March 2nd, 2020 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*

1. Parenteral Iron Products

Generic	Brand	Medical Coverage
Ferric Carboxymaltose	Injectafer	N/A
Ferumoxytol	Feraheme	N/A
Ferric Derisomaltese	Monoferric	Not launched
Iron Dextran Complex	Infed	N/A
Iron Sucrose	Venofer	N/A

Ferric Gluconate	Ferrlecit/generic	N/A
Ferric Pyrophosphate Citrate	Triferic	N/A

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

Motion Approved.

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

1. Diroximel fumerate (Vumerity) 231mg capsules DR

EBRx Decision 12/13/2019: T4PA, QL of 4/d, block concurrent use of dimethyl fumerate

No action needed.

2. Opthalmic Antihistamines

Recommendation: Exclude drugs per the table below. Several OTC alternatives available for much less cost.

	Brand	**Generic**	**Strength**	**Proposal**
OTC	Pataday	Olopatadine	0.1% & 0.2%	Exclude
RX	Pazeo	Olopatadine	0.7%	Exclude
OTC	Generic	Olopatadine	0.1% & 0.2%	Exclude
OTC	Generic	Azelastine	0.05%	Exclude
OTC	Zaditor, Alaway, Caritin Eye, Refresh Eye Itch Relief, Zyrtec Itchy Eye	Ketotifen	0.035%	Exclude
OTC	Visine-A	Naphazoline 0.25%/pheniramine 0.3%	0.3%	Exclude
OTC	Generic Equate	Ketotifen	0.035%	Exclude
OTC	Naphcon A	Pheniramine/naphazoline		Exclude
OTC	Vasocon-A	Antazoline/naphazoline		Exclude
OTC	Opcon-A	Pheniramine/naphazoline		Exclude
RX	Lastacaft	Alcaftadine	0.25%	Exclude
RX	Bepreve	Bepotastine	1.5%	Exclude
RX	Generic	Epinastine	0.05%	Exclude

Dr. Simmons made a motion to exclude all 13 drugs as recommended. Dr. Kirtley seconded. All were in favor.

Motion Approved.

3. Provenge® (sipuleucel-T)

Recommendation: Exclude from pharmacy and cover with medical PA

4. Reblozyl® (luspatercept-aamt)

Recommendation: Exclude from pharmacy and cover with medical PA

Dr. Kirtley made a motion to accept the recommendations as presented. Dr. McCain 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) REYVOW	LASMIDITAN SUCCINATE	Exclude, Code 10
(2) VYEPTI	EPTINEZUMAB-JJMR	Exclude, Code 13
(3) NEXLETOL	BEMPEDOIC ACID	Exclude, Code 1 & 13
(4) NURTEC ODT	RIMEGEPANT SULFATE	T4PA
(5) TRIJARDY XR	EMPAGLIFLOZ/LINAGLIP/METFORMIN	Exclude, Code 1
(6) PENTACEL	DTAP-IPV	Cover, No copay
(7) XCOPRI	CENOBAMATE	Cover, T3 with QL of 2/day
Specialty Drugs		
(1) RUXIENCE	RITUXIMAB-PVVR	N/A Medical; Exclude pharmacy
(2) TAZVERIK	TAZEMETOSTAT HYDROBROMIDE	Exclude, Code 1
(3) PALFORZIA	PEANUT ALLERGEN POWDER-DFNP	Exclude, Code 1, 8, & 10
(4) TRAZIMERA	TRASTUZUMAB-QYYP	N/A Medical; Exclude pharmacy
(5) ADAKVEO	CRIZANLIZUMAB-TMCA	Exclude, Code 10
(6) ASCENIV	IMMUNE GLOBULIN, GAMMA(IGG)SLRA	N/A Medical; Exclude pharmacy
(7) SARCLISA	ISATUXIMAB-IRFC	Exclude, code 8
(8) SCENESSE	AFAMELANOTIDE ACETATE	Exclude, code 1 and 9 (medical and pharmacy)
(9) HERZUMA	TRASTUZUMAB-PKRB	N/A Medical; Exclude pharmacy

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

Motion Approved.

Dr. Davis asked for the opportunity to pursue rebate contracts for biosimilars such as Retuximab and Herceptin.

Dr. Kirtley made a motion to approve EBRx pursuing rebate opportunities on biosimilar drugs. Dr. Pace seconded. All were in favor.

Motion Approved.

Dr. Davis asked for latitude to pursue rebate contracts on immune globulin products as well.

Dr. Kirtley made a motion to approve EBRx's ability to pursue rebate incentives for immune globulin products. Dr. Pace seconded. All were in favor.

Motion Approved.

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

Motion Approved.

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