

**State and Public School Life and Health Insurance Board
Drug Utilization and Evaluation Committee Minutes
July 19, 2021**

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, July 19th, 2021 at 1:00 p.m.

Voting Members present:

Dr. Scott Pace, Vice-Chairman
Dr. Hank Simmons, Chairman
Dr. Keith McCain -- teleconference
Dr. John Kirtley
Laura Mayfield - teleconference
Dr. Shane David - teleconference

Non-Voting Members present:

Shalada Toles, EBD Deputy Director
Dr. Dwight Davis
Dr. Micah Bard
Dr. Jill Johnson

Voting Members absent:

Non-Voting Members absent:

Dr. Sidney Keisner

OTHERS PRESENT

Rhoda Classen, Mary Massirer, Shay Burleson, Lauren Ballard, Laura Thompson, EBD; Frances Bauman, Nova Nordisk; Aaron Shaw, Jessica Akins, Takisha Sanders, HA; Sherry Bryant, EBRx/EBD; Octavia DeYoung, EBRx; Elizabeth Montgomery, ACHI; Brent Flaherty, Judith Paslaski, Suzanne Woodall, MedImpact; James Chapman, Abbvie; Nima Nabavi, Amgen; Trisha Grantham, AstraZeneca; Ronda Walthall, ARDOT; Mitch Rouse, Brooke Hollowoa, TSS, Autumn Sanson, AR Treasury, Debbie Rogers, DFA, Brent Parker, MERCK; Lance Johnson, Bi-Partisan Strategies; Lori Bowen, BLR; Stephen Carroll, AllCare Pharmacy; Kristie Banks, Mainstream; Robyn Keene, AAEA; Matt Kersting, Segal; Melissa Rifle, AGFC; Doug Wood, Viiv Healthcare

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 8th, 2021 minutes. Dr. Kirtley made the motion to approve. Dr. Pace seconded; all were in favor.

Motion Approved.

I. 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) VERQUVO | VERICIGUAT | Exclude, Code 8 |
| (2) ELEPSIA XR | LEVETIRACETAM | Exclude, Code 13 |
| (3) ROSZET | EZETIMIBE/ROSUVASTATIN CALCIUM | Exclude, Code 13 |
| (4) QELBREE | VILOXAZINE HCL | Exclude, Code 13 |

| | | |
|----------------------------|-----------------------------|----------------------|
| (5) ZEGALOGUE AUTOINJECTOR | DASIGLUCAGON HCL | Exclude, Code 13 |
| (6) NEXTSTELLIS | DROSPIRENONE/ESTETROL | Exclude, Code 13 |
| (7) ACCRUFER | FERRIC MALTOL | Exclude, Code 13 |
| Specialty Drugs | | |
| (1) CABENUVA | CABOTEGRAVIR/RILPIVIRINE | Exclude, Code 4, 13 |
| (2) VOCABRIA | CABOTEGRAVIR | Exclude, Code 12, 13 |
| (3) LUPKYNIS | VOCLOSPORIN | Exclude, Code 13 |
| (4) TEPMETKO | TEPOTINIB HCL | Exclude, Code 1,13 |
| (5) UKONIQ | UMBRALISIB TOSYLATE | Exclude, Code 1,13 |
| (6) EVKEEZA | EVINACUMAB-DGNB | Exclude, Code 1,13 |
| (7) COSELA | TRILACICLIB DIHYDROCHLORIDE | Cover w/PA |
| (8) AMONDYS-45 | CASIMERSEN | Exclude |
| (9) PEPAXTO | MELPHALAN FLUFENAMIDE HCL | Exclude, Code 1,13 |
| (10) MARGENZA | MARGETUXIMAB-CMKB | Exclude, code 8, 13 |
| (11) FOTIVDA | TIVOZANIB HCL | Exclude, code 13 |
| (12) PONVORY | PONESIMOD | Exclude, code 13 |
| (13) JEMPERLI | DOSTARLIMAB-GXLY | Exclude, code 1 |
| (14) ZYNLONTA | LONCASTUXIMAB TESIRINE-LPYL | Exclude, code 13 |

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

Motion Approved.

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

Motion Approved.

II. Old Business

A. Second Review of Drugs: Dr. Jill Johnson, UAMS

| <u>Brand</u> | <u>Generic</u> | <u>Recommendation</u> |
|----------------------|------------------------------------|--|
| (1) VUMERITY | DIROXIMEL FUMARATE | Exclude, Code 13 |
| (2) DARZALEX FASPRO | DARATUMUMAB AND HYALURONIDASE-FIHJ | Cover w/PA |
| (3) ICLUSIG | PONATINIB | Cover w/PA |
| (4) REVCOVI® | ELAPEGADEMASE-LVLR | Cover w/PA, specialty |
| (5) BENLYSTA | BELIMUMAB | Cover w/PA for only lupus nephritis |
| (6) SGLT2 INHIBITORS | | Remove PA from covered SGLT2; Rebid the class of SGLT2's |

| | | |
|----------------------------|---------------------------|--|
| (7) PDE5 ENZYME INHIBITORS | SILDENAFIL (REVATIO) | Cover PO susp w/brand penalty (no PA or QL) - Age edit (<7y only) |
| | TADALAFIL | QL (6/30) on all strengths except 20 mg. |
| (8) XPOVIO | SELINEXOR | Cover w/PA (Selinexor/dex indication only) |
| (9) BLENREP | BELANTAMAB MAFODOTIN-BLMF | Covered w/PA (medical drug); revisit 1 year |
| (10) PADCEV | ENFORTUMAB VEDOTIN-EJFV | N/A Medical; Revisit 1 year |
| (11) KRYSTEXXA | PEGLOTICASE | Exclude from pharmacy and medical |
| (12) SIKLOS | HYDEOXYUREA | Exclude, Code 13 |
| (13) BLINCYTO | BLINATUMOMAB | Cover w/PA for relapsed/refractory indication only (medical drug) |

Dr. Kirtley made a motion to approve the recommendations as presented and add the opportunity to go out to bid for the SGLT2 class. Dr. Pace seconded. All were in favor.

Motion Approved.

b. Ticagrelor (Brilinta): 60, 90mg Tablets

- i. EBRx Decision 4/22/21 regarding EBD plans: Exclude Ticagrelor, code 13 (alternative is clopidogrel)

Dr. Kirtley made a motion to accept the recommendation to exclude Ticagrelor (Brilinta) 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:**

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| 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 |