State and Public School Life and Health Insurance Board
Drug Utilization and Evaluation Committee Minutes
September 13, 2021

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, September 13th, 2021 at 1:00 p.m.

Voting Members present:
Dr. Scott Pace, Vice-Chairman
Dr. Hank Simmons, Chairman
Dr. Brain Jolly
Dr. John Kirtley
Dr. Laura Mayfield
Dr. Shane David

Non-Voting Members present:
Jake Bleed, EBD Director
Dr. Dwight Davis
Dr. Micah Bard
Dr. Sidney Keisner

Voting Members absent:

Non-Voting Members absent:
Dr. Jill Johnson

OTHERS PRESENT
Jessica Welch, Rhoda Classen, Shay Burleson, Shalada Toles, EBD; Frances Bauman, Aaron Shaw, Marissa Keith, BI; Jessica Akins, Takisha Sanders, HA; Sherry Bryant, EBRx/EBD; Octavia DeYoung, EBRx; Elizabeth Montgomery, Mike Motley, ACHI; Brent Flaherty, Judith Paslaski, MedImpact; James Chapman, Abbvie; Nima Nabavi, Amgen; Ronda Walthall, ARDOT; Matthew Wittma; Robert McQuade; Jim Musick; Robert Pedraza, Robyn Keene, AAEA; Melissa Riffle, BI; Janene Verrant; Brent Parker

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 July 19th, minutes. Dr. Pace made the motion to approve. Dr. Kirtley seconded; all were in favor.
Motion Approved.

I. New Business

A. New Drugs: *Dr. Sidney Keisner, UAMS*

Brand	Generic	Recommendation
Non-Specialty Drugs		
(1) MYFEMBREE	RELUGOLIX/ESTRADIOL/NORETHINDR	Exclude, Code 13
(2) PREVNAR 20	PNEUMOC 20-VAL CONJ-DIP CRM/PF	Tabled until next meeting
(3) AZSTARYS	SERDEXMETHYLPHEN/DEXMETHYLPHEN	Exclude; Code 13
(4) BREXAFEMME	IBREXAFUNGERP CITRATE	Exclude, Code 13
(5) KERENDIA	FINERENONE	Exclude; Code 8,12,13
Specialty Drugs		
(1) LUMAKRAS	SOTORASIB	Exclude; Code 1,13
(2) TRUSELTIQ	INFIGRATINIB PHOSPHATE	Exclude; Code 1,13
(3) RYBREVANT	AMIVANTAMAB-VMJW	Exclude; Code 1,13

(4) ADUHELM	ADUCANUMAB-AVWA	Exclude; Code 1,10
(5) EMPAVELI	PEGCETACOPLAN	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. Kirtley made a motion to approve the specialty drug recommendations as presented. Dr. Pace seconded. All were in favor.

II. Old Business

A. Second Review of Drugs: *Dr. Sidney Keisner, UAMS*

Brand	Generic	Recommendation
(1) STRENSIQ	ASFOTASE ALFA	Exclude, code 2,10
(2) ELMIRON	PENTOSAN POLYSULFATE SODIUM	Exclude code 1 & 13, no grandfathering
(3) TARDIVE DYSKINESIA DRUGS (VALBENAZINE, DEUTETRABENAZINE, TETRABENAZINE)	INGREZZA, AUSTEDO, XENAZINE, AND GINKGO BILOBA	Continue to exclude deutetrabenazine, code 8

Dr. Simmons made a motion to approve the second review of drugs recommendations as presented. Dr. Mayfield. All were in favor.

Motion Approved.

Dr. Simmons discussed letter he received from Representative Spencer Hawk in regards to a member concerning Employee Benefits Division coverage policy for Ofev.

III. Election of New Chair/ Vice-Chair Old Business

Dr. Simmons made the recommendation to table this topic due to the lack of filled seats on the committee.
All committee members were in agreeance.

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