DEPARTMENT OF HUMAN SERVICES

Meeting Minutes: Drug Formulary Committee - DRAFT

Date and Time:	December 7, 2023; 9:15 a.m. – 1:30 p.m. (Central Time)
Minutes prepared by:	Naana Osei-Boateng and Dave Hoang
Location:	Virtual Meeting via Zoom or In-person Meeting at Elmer Andersen Building, Room 2360

Attendance

Members in attendance: Stuart Williams, JD; Jacques Beasley; Arthur Beisang, MD; Mary Mescher Benbenek, PhD, APRN; Margaret Artz, RPh, PhD; Tim Cernohous, PharmD, PhD; Emily Jaeger, PharmD; Kathryn Lombardo, MD; Kathryn Montag-Schafer, PharmD; Kelly Ruby, PharmD; Sheila Scheuer, PharmD; Sofia Shrestha, PharmD; Sandra Widhalm Murphy, RPh; Jena Wirt, DO; Julie Wolfgram, DNP, FNP

- Members absent: Monica Brands, RPh; Amirala Pasha, DO, JD; James Phillips, MD
- DHS staff present: Dave Hoang, PharmD, MBA; Chad Hope, PharmD; Nathan Chomilo, MD
- Others in attendance: Julie McKee, PharmD; Jessica Czechowski, PharmD; Naana Osei-Boateng, PharmD

Introductions

- Drug Formulary Committee (DFC) members, DHS Staff and vendors introduced themselves.

Elections

- DFC elected Stuart Williams as Chair.
- DFC elected Kelly Ruby as Vice-Chair.

Report of the Chair

- Stuart Williams presided over the meeting.

Conflict of Interest Policy

- Stuart Williams reviewed the Conflict of Interest policy with the DFC.

Approval of Minutes

- The committee reviewed and accepted the Minutes from the March 2023 meeting with the following changes:

Correction of the spelling of the name of DFC member Kathryn Montag-Schafer, PharmD
Removal of this language: *with the following changes:* under bullet #8 of Specialty Drugs for Continued Prior Authorization (PA) section.

Consent Agenda Policy

The DFC unanimously voted to approve the revision to the Consent Agenda Policy presented.

Nonpreferred Drug Prior Authorization Criteria Policy

The DFC unanimously voted to approve the revision to the Nonpreferred Drug Prior Authorization Criteria Policy presented with the following amendment to bullet #5:

- The preferred drugs are <u>currently</u> experiencing documented drug shortages or recalls from a wholesaler, manufacturer, the ASHP (American Hospital of Health-System Pharmacist) Drug Shortage web page or the US Food and Drug Administration OR…

Existing Specialty Drugs for Continued Prior Authorization (PA)

- The DFC discussed Synagis and recommended to the Department of Human Services (DHS) by a unanimous vote that Synagis remain on PA with the proposed criteria.
- The committee discussed Vyepti and recommended to DHS by a unanimous vote that Vyepti remain on PA with the proposed criteria.

Specialty Drugs for Continued Prior Authorization (PA)

- The committee discussed Tzield and recommended to DHS by a unanimous vote that Tzield remain on PA with the proposed criteria.
- The committee discussed Daybue and recommended to DHS by majority vote that Daybue remain on PA with the proposed criteria.
- The committee discussed Qalsody and recommended to DHS by a unanimous vote that Qalsody remain on PA with the proposed criteria.
- The committee discussed Elfabrio and recommended to DHS by a unanimous vote that Elfabrio remain on PA with the proposed criteria.
- The committee discussed Roctavian and recommended to DHS by a unanimous vote that Roctavian remain on PA with the proposed criteria.

- The committee discussed Vyjuvek and recommended to DHS by a unanimous vote that Vyjuvek remain on PA with the proposed criteria.

Preferred Drug List (PDL) Review

- The committee discussed the Anticoagulants therapeutic class and recommended the following to the department by a unanimous vote:
    - All strengths of XARELTO (ORAL) and XARELTO DOSE PACK (ORAL) to be moved to the PDL as PREFERRED
    - DABIGATRAN (ORAL) and PRADAXA PELLET PACK (ORAL) to be added to the PDL as NONPREFERRED
    - BEVYXXA (ORAL) to be removed from the PDL.

- The committee discussed the Anticonvulsants therapeutic class and recommended the following to the department by a unanimous vote:
    - EPRONTIA SOLUTION (ORAL), EQUETRO (ORAL), MOTPOLY XR (ORAL), TOPIRAMATE ER (QUDEXY) (ORAL), TOPIRAMATE ER (TROKENDI) (ORAL), ZONISADE (ORAL) and ZTALMY (ORAL) to be added to the PDL as NONPREFERRED
    - PEGANONE (ORAL) and POTIGA (ORAL) to be removed from the PDL.

- The committee discussed the Antidepressants, Other therapeutic class and recommended the following to the department by a unanimous vote:
    - VIIBRYD (ORAL) to be moved to the PDL as PREFERRED
    - AUVELITY (ORAL) and VILAZODONE (ORAL) to be added to the PDL as NONPREFERRED
    - DESVENLAFAXINE FUMARATE ER (ORAL), KHEDEZLA (ORAL), OLEPTRO ER (ORAL) VIIBRYD DOSE PACK (ORAL) and VENLAFAXINE ER CAPSULES (ORAL) to be removed from the PDL.

- The committee discussed the Antifungals, Oral therapeutic class and recommended the following to the department by a unanimous vote:
    - BREXAFEMME (ORAL) and VIVJOA CAPSULE (ORAL) to be added to the PDL as NONPREFERRED
    - DIFLUCAN TABLET (ORAL) to be removed from the PDL.
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- The committee discussed the Antimigraine Agents, Triptans therapeutic class and recommended the following to the department by a unanimous vote:
    - ZOLMITRIPTAN TABLET (ORAL) and ZOMIG (NASAL) to be moved to the PDL as PREFERRED
    - IMITREX (NASAL), ONZETRA XSAIL (NASAL), ZECUITY (TRANSDERM) and ZOMIG ZMT (ORAL) to be removed from the PDL.
- The committee discussed the Antipsychotics therapeutic class and recommended the following to the department by a unanimous vote:

- ABILIFY ASIMTUFII (INTRAMUSC) and PERSERIS (SUBCUTANEOUS) to be added to the PDL as PREFERRED
- LURASIDONE to be moved to the PDL as PREFERRED
- LATUDA (ORAL) to be moved to the PDL as NONPREFERRED
- RYKINDO (INTRAMUSC.) and UZEDY (SUBCUTANEOUS) to be added to the PDL as NONPREFERRED

- The committee discussed the Bone Resorption Suppression and Related Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - EVENITY (SUBCUTANEOUS) to be added to the PDL as NONPREFERRED.

- The committee discussed the Bronchodilators, Beta Agonist therapeutic class and recommended the following to the department by a unanimous vote:
  - ARCAPTA NEOHALER (INHALATION), PROAIR HFA (INHALATION), PROVENTIL HFA (INHALATION), XOPENEX NEB SOLN (INHALATION), XOPENEX NEB SOLN CONC (INHALATION) to be removed from the PDL.

- The committee discussed the COPD Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - ROFLUMILAST (ORAL) to be added to the PDL as PREFERRED
  - TIOTROPIUM (SPIRIVA) (INHALATION) to be added to the PDL as NONPREFERRED
  - LONHALA MAGNAIR (INHALATION), SEEBRI NEOHALER (INHALATION) and UTIBRON NEOHALER (INHALATION) to be removed from the PDL.

- The committee discussed the Cytokine and CAM Antagonists therapeutic class and recommended the following to the department by a unanimous vote:
  - INFLIXIMAB (INJECTION) and OTEZLA (ORAL) to be moved to the PDL as PREFERRED
  - ABRILADA SYRINGE (SUBCUTANE.), ABRILADA PEN (SUBCUTANE.), ADALIMUMAB-ADAZ SYRINGE (SUBCUTANE.), ADALIMUMAB-ADAZ PEN (SUBCUTANE.), ADALIMUMAB-ADBM SYRINGE (SUBCUTANE.), ADALIMUMAB ADBM PEN (SUBCUTANE.), ADALIMUMAB-FKJP SYRINGE (SUBCUTANE.), ADALIMUMAB-FKJP PEN (SUBCUTANE.), AMJEVITA SYRINGE (SUBCUTANE.), AMJEVITA AUTOINJECTOR (SUBCUTANE.), ARCALYST (SUBCUTANE.), BIMZELX SYRINGE (SUBCUTANE.), BIMZELX AUTOINJECTOR (SUBCUTANE.), CYLTEZO SYRINGE (SUBCUTANE.), CYLTEZO PEN (SUBCUTANE.), ENTYVIO PEN (SUBCUTANE.), HADLIMA SYRINGE (SUBCUTANE.), HADLIMA PUSHTOUCH (SUBCUTANE.), HULIO SYRINGE (SUBCUTANE.), HULIO PEN (SUBCUTANE.), HYRIMOZ SYRINGE(SUBCUTANE.), HYRIMOZ PEN (SUBCUTANE.), IDACIO SYRINGE (SUBCUTANE.), IDACIO PEN (SUBCUTANE.), SKYRIZI VIAL (INTRAVEN.), SOTYKTU (ORAL), SPEVIGO (INTRAVEN.), YUFLYMA SYRINGE (SUBCUTANE.), YUFLYMA AUTOINJECTOR (SUBCUTANE.), YUSIMRY PEN (SUBCUTANE.) to be added to the PDL as NONPREFERRED.
- The committee discussed the Epinephrine, Self-Injected therapeutic class and recommended the following to the department by a unanimous vote:

- AUVI-Q (INTRAMUSC) to be added to the PDL as NONPREFERRED

- The committee discussed the Glucocorticoids, Inhaled therapeutic class and recommended the following to the department by a unanimous vote:
  - ARNUITY ELLIPTA (INHALATION) to be moved to the PDL as PREFERRED
  - AIRSUPRA (INHALATION), BREYNA (INHALATION), FLUTICASONE HFA (AG) (INHALATION), FLUTICASONE/SALMETEROL (ADVAIR HFA) (INHALATION) and FLUTICASONE/VILANTEROL (BREO) (INHALATION)to be added to the PDL as NONPREFERRED
  - FLOVENT DISKUS (INHALATION), FLOVENT HFA (INHALATION) and ARMONAIR RESPICLICK (INHALATION) to be removed from the PDL.

- The committee discussed the Hypoglycemics, Incretin Mimetics/Enhancers therapeutic class and recommended the following to the department by a unanimous vote:
  - JANUMET XR (ORAL), JENTADUETO XR (ORAL), NESINA (ORAL and OZEMPIC (SUBCUTANE.) to be moved to the PDL as PREFERRED
  - MOUNJARO (SUBCUTANE.), SAXAGLIPTIN (ORAL) and SAXAGLIPTIN/METFORMIN ER (ORAL) and to be added to the PDL as NONPREFERRED

- The committee discussed the Hypoglycemics, Insulin and Related Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - INSULIN LISPRO PROTAMINE MIX KWIKPEN (AG) (SUBCUTANEOUS) to be moved to the PDL as NONPREFERRED
  - BASAGLAR TEMPO PEN (SUBCUTANE.), FIASP PUMPCART (SUBCUTANE.), HUMALOG TEMPO PEN (SUBCUTANE.) and REZVOGLAR KWIKPEN (SUBCUTANE.) to be added to the PDL as NONPREFERRED

- The committee discussed the Multiple Sclerosis Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - FINGOLIMOD (ORAL) to be moved to the PDL as PREFERRED
  - TERIFLUNOMIDE TABLET (ORAL) to be added to the PDL as PREFERRED
  - AUBAGIO (ORAL) and GILENYA (ORAL) to be moved to the PDL as NONPREFERRED
  - BRIUMVI (INTRAVEN.) and TASCENSO ODT (ORAL) to be added to the PDL as NONPREFERRED

- The committee discussed the Opiate Dependence Treatments therapeutic class and recommended the following to the department by a unanimous vote:
  - NARCAN SPRAY (OTC) (NASAL) to be added to the PDL as PREFERRED
  - BRIXADI MONTHLY (SUBCUTANEOUS), BRAXADI WEEKLY (SUBCUTANEOUS)and OPVEE SPRAY (NASAL) to be added to the PDL as NONPREFERRED
- The committee discussed the Otic Antibiotics therapeutic class and recommended the following to the department by a unanimous vote:

- CIPROFLOXACIN/DEXAMETHASONE (OTIC) and CIPROFLOXACIN/DEXAMETHASONE (AG) (OTIC) to be moved to the PDL as PREFERRED
- CIPRODEX (OTIC) and OTOVEL (OTIC) to be removed from the PDL.

CONSENT AGENDA ITEMS:

The committee discussed and recommended by unanimous vote that all classes in the Consent Agenda Items be passed with no changes, however, the committee requested that the Androgenic Agents and the Ophthalmic For Allergic Conjunctivitis therapeutic classes be reviewed at the next meeting.

PDL Management Guidance

- The draft guidance will be presented and reviewed at the next DFC Meeting.

Adjournment

- The meeting was adjourned at approximately 2:14 p.m. Central Time.