DEPARTMENT OF HUMAN SERVICES

Meeting Minutes: Drug Formulary Committee

Date & Time:	June 12, 2019; 5:30-9 PM
Minutes prepared by:	Hind Douiki and Dave Hoang
Location:	Elmer Andersen Building, Room 2370, 540 Cedar Street, St. Paul, MN 55101

Attendance

- Members in attendance: Margaret Artz, RPh., PhD.; Monica Brands, RPh.; Al Heaton, RPh.; Kyle Lehenbauer, MD.; Kathryn Lombardo, MD.; Stacey Ness, PharmD.; James Phillips, MD.; Kelly Ruby, PharmD.; Stuart Williams, J.D.; Mary Mescher Benbenek, APRN, PhD., Michael Sprehe, MD.
- Member absent: Ramona Powell, PharmD.
- DHS staff present: Dave Hoang, PharmD., MBA; Sharon Feinstein-Rosenblum, PharmD; Megan Waibel (Pharmacy Student)
- Others in attendance: Hind Douiki, PharmD.; Ariane Casey, PharmD.

Report of the Chair

- Dr. Ness presided over the meeting.

Approval of Minutes

- Minutes from the May 2019 meeting were reviewed and approved.

DHS Housekeeping

- Dave Hoang asked the DFC members to submit their vendor invoices as soon as possible as MN Fiscal Year ends 6/30/2019.

Old Business

- None

New Business

- Dr. Ness made a motion to move the Hepatitis C Direct Acting Antivirals up in the agenda.

Existing Specialty Drugs for Continued PA

- The committee discussed Hepatitis C Direct Acting Antivirals and recommended to the department by a unanimous vote that Hepatitis C Direct Acting Antivirals remain on PA, with the following revision to criterion #1:

- Regimen may be prescribed by a primary care physician/practitioner, except in the following situations:
  - Patient has Hepatitis B co-infection, OR
  - Patient has HIV co-infection, OR
  - Patient has undergone liver transplant in the past, OR
  - Patient has liver cancer, OR
  - Patient has a liver biopsy fibrosis score of F3 or F4, or equivalent chronic liver disease severity using other methods (i.e. FibroScan…etc.)

- The committee also recommended to the department by a unanimous vote to remove the alcohol and the IV drug use abstinence requirements, and to draft language pertaining to the requirement of various level of participation in a substance use disorder treatment program (e.g., enrollment vs. referral). This draft language will be reviewed by the DFC at its next scheduled meeting in July 2019.

Preferred Drug List Review

- The committee recommended to the department by a unanimous vote that the department places/changes preferred/non-preferred status for drugs that are FDA-approved as generics or biosimilars based on cost and without DFC review in order to help members in FFS and MCOs Medicaid have access to the most cost-effective agents within a PDL class as soon as possible.

1. Angiotensin modulator combinations
   a. Benazepril/HCTZ: The committee discussed benazepril/HCTZ and recommended to the department by a unanimous vote that benazepril/HCTZ be preferred.
2. Angiotensin modulators
   a. Aliskiren: The committee discussed aliskiren and recommended to the department by a unanimous vote that aliskiren be nonpreferred.
   b. Irbesartan: The committee discussed irbesartan and recommended to the department by a unanimous vote that irbesartan be preferred.
   c. Irbesartan HCT: The committee discussed irbesartan HCT and recommended to the department by a unanimous vote that irbesartan HCT be preferred.
3. Antiparkinson's agents
   a. Inbrija: The committee discussed Inbrija and recommended to the department by a unanimous vote that Inbrija be nonpreferred.
4. Bladder relaxant preparations
   a. Solifenacin: The committee discussed solifenacin and recommended to the department by a unanimous vote that solifenacin be nonpreferred.
5. Bone resorption suppression and related agents
   a. Evenity: The committee discussed Evenity and recommended to the department by a unanimous vote that Evenity be nonpreferred.
6. COPD agents
   a. Yupelri: The committee discussed Yupelri and recommended to the department by a unanimous vote that Yupelri be nonpreferred.
7. Hypoglycemics, insulin and related agents
   a. Insulin lispro pen/vial: The committee discussed insulin lispro pen/vial and recommended to the department by a unanimous vote that insulin lispro pen/vial be nonpreferred.

8. Immunosuppressives, Oral
    a. Prograf granules pack: The committee discussed Prograf granules pack and recommended to the department by a unanimous vote that Prograf granules pack be nonpreferred.
9. Macrolides/Ketolides
    a. Erythromycin ethylsuccinate 200 and 400 suspension: The committee discussed Erythromycin ethylsuccinate 200 and 400 suspension and recommended to the department by a unanimous vote that Erythromycin ethylsuccinate 200 and 400 suspension be nonpreferred.
10. Ophthalmics, glaucoma agents
    a. Rocklatan: The committee discussed Rocklatan and recommended to the department by a unanimous vote that Rocklatan be nonpreferred.
11. PAH agents, oral and inhaled
    a. Ambrisentan: The committee discussed ambrisentan and recommended to the department by a unanimous vote that ambrisentan be nonpreferred.
    b. Tadalafil: The committee discussed tadalafil and recommended to the department by a unanimous vote that tadalafil be nonpreferred.

Existing Specialty Drugs for Continued PA

- The committee discussed Tecentriq and recommended to the department by a unanimous vote that Tecentriq remain on PA.

New Drugs for Continued PA

- The committee discussed Nuzyra and recommended to the department by a unanimous vote that Nuzyra remain on PA, with the following revision to the criteria:
    1. In the last bullet, requiring that the patient has NOT failed any agent within a tetracycline class rather than just tetracycline
- The committee discussed Motegrity and recommended to the department by a unanimous vote that Motegrity remain on PA, with the following revision to the criteria:
    1. Addition of the criterion: “Patient does not have a history of QT prolongation”

New Specialty Drugs for Continued PA

- The committee discussed Yupelri and recommended to the department by a unanimous vote that Yupelri remain on PA.
- The committee discussed Onpattro and recommended to the department by a unanimous vote that Onpattro remain on PA, with the following revision:
    1. Removal of the third renewal criteria bullet from the first renewal request and placing it in subsequent renewal criteria
- The committee discussed Ultomiris and recommended to the department by a unanimous vote that Ultomiris remain on PA, with the following revision:
    1. Replace the typo “emicizumab” with “eculizumab”

- The committee discussed Elzonris and recommended to the department by a unanimous vote that Elzonris remain on PA.
- The committee discussed Evenity and recommended to the department by a unanimous vote that Evenity remain on PA.

Adjournment

- The meeting was adjourned at approximately 9:24 PM Central Time.