DEPARTMENT OF HUMAN SERVICES

Meeting Minutes: Drug Formulary Committee (DFC) - DRAFT

Date and Time:	September 18, 2024; 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 2370

Attendance

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

- Members absent:; James Phillips, MD
- DHS staff present: Chad Hope, PharmD ; Dave Hoang, PharmD, MBA; Nathan Chomilo, MD; Aaron Drake, RPh
- Others in attendance: Julie McKee, PharmD; Naana Osei-Boateng, PharmD; Andrew Wherley, PharmD

Report of the Chair

- Kelly Ruby presided over the meeting.

Approval of Minutes

- The DFC approved the minutes from the July 2024 meeting with the following amendment-
  Under Approval of Minutes, change verbiage to read: The DFC approved the minutes as distributed.

DHS Housekeeping

- DHS shared that the implementation of the new Prime Therapeutics' point-of-sale system will occur on November 4, 2024. With this implementation, there will be 24/7 help desk support for members and providers. Providers will also find it easier to update their prior authorization (PA) requests
- DHS remains in charge of coverage policy for covered outpatient drugs as Prime Therapeutics is NOT the PBM (Pharmacy Benefit Manager) for DHS FFS Medical Assistance.

Old Business

- None

New Business

Existing Specialty Drugs for Continued PA

- The DFC reviewed and unanimously voted to approve the updates to Hepatitis C Treatment Courses PA criteria.

- The DFC reviewed and unanimously voted to approve the updates to Immunomodulators PA criteria.
    - Litfulo was incorrectly listed under the NONPREFERRED section of the class and will be removed.

- The DFC reviewed and unanimously voted to approve the updates Testosterone and GnRH agonists for pubertal suppression PA criteria under the Committee's consent agenda policy.

Specialty Drugs for Continued Prior Authorization (PA)

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

- The committee discussed Winrevair and recommended to DHS by a unanimous vote that Winrevair remain on PA with the following amendments to the proposed criteria:
    - Bullet point # 6 under initial approval amended to read: Patient has a pulmonary vascular resistance ≥ 2 Wood units;
    - Bullet point # 10 under initial approval amended to read: <u>If applicable</u> use an effective method of contraception during treatment and for ≥ 4 months after the final dose;

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

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

- The committee discussed Rezdiffra and recommended to DHS by a unanimous vote that Rezdiffra remain on PA with the with the following amendment to the proposed criteria:
    - Bullet point # 5; third open bullet point under initial approval criteria amended to read: Any other liver disease (e.g., Wilson's disease, hepatocellular carcinoma, <u>viral</u> hepatitis); AND

Preferred Drug List (PDL) Review

- The committee discussed the Anticonvulsants therapeutic class and recommended the following to the department by a unanimous vote:
    - QUDEXY XR (ORAL) and CLOBAZAM SUSPENSION (ORAL) or ONFI SUSPENSION (ORAL) (DHS will select the most cost-effective option) to be moved to the PDL as PREFERRED
    - METHSUXIMIDE (ORAL) to be added to the PDL as NONPREFERRED
    - CARBATROL (ORAL), FELBATOL SUSPENSION (ORAL), GABITRIL (ORAL) and ZONEGRAN (ORAL) 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:
    - LITFULO CAPSULE (ORAL) to be removed from the PDL
    - ADALIMUMAB-RYVK AUTOINJECT (SUBCUTANE.), COSENTYX VIAL (INTRAVENOUS), LITFULO CAPSULE (ORAL), OMVOH PEN (SUBCUTANE.), OMVOH SYRINGE (SUBCUTANE.), OMVOH VIAL (INJECTION), RINVOQ LQ SOLUTION (ORAL), SIMLANDI AUTOINJECTOR (SUBCUTANE.), SPEVIGO SYRINGE (SUBCUTANE.), TYENNE VIAL (INTRAVENOUS), TYENNE PEN (SUBCUTANE.), TYENNE SYRINGE (SUBCUTANE.), TOFIDENCE (INTRAVENOUS), VELSIPITY (ORAL), ZYMFENTRA PEN (SUBCUTANE.) and ZYMFENTRA SYRINGE (SUBCUTANE.) to be added to the PDL as NONPREFERRED.

- The committee discussed the Diabetes Meters, Continuous therapeutic class and recommended the following to the department by a unanimous vote:
    - DEXCOM G7 CGM and FREESTYLE LIBRE 3 READER CGM to be added to the PDL as PREFERRED.

- The committee discussed the Transmitters and Sensors therapeutic class and recommended the following to the department by a unanimous vote:
    - DEXCOM G7 SENSOR and FREESTYLE LIBRE 3 SENSOR PLUS KIT to be added to the PDL as PREFERRED.

- The committee discussed the GI Motility, Chronic therapeutic class (a new class to the PDL) and recommended the following to the department by a unanimous vote:
    - LINZESS (ORAL), LUBIPROSTONE (AG) and (ORAL) LUBIPROSTONE (ORAL) to be added to the PDL as PREFERRED.
    - ALOSETRON (AG) (ORAL). ALOSETRON (ORAL), IBSRELA (ORAL), LOTRONEX (ORAL), MOTEGRITY (ORAL), MOVANTIK (ORAL), RELISTOR (ORAL), RELISTOR SYRINGE (SUBCUTANE.), RELISTOR VIAL (SUBCUTANE.), SYMPROIC (ORAL), TRULANCE (ORAL) and VIBERZI (ORAL) 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:

    - ASMANEX HFA (INHALATION) and QVAR REDIHALER (INHALATION) to be moved to the PDL as PREFERRED.
    - FLUTICASONE (FLOVENT DISKUS) (AG) (INHALATION) to be added to the PDL as NONPREFERRED.
    - AEROSPAN (INHALATION), AIRDUO DIGIHALER (INHALATION), ARMONAIR DIGIHALER (INHALATION) and ASMANEX HFA (INHALATION) to be removed from the PDL.

- The committee discussed the Hepatitis C Agents therapeutic class and recommended the following to the department by a unanimous vote:

    - MAVYRET PELLET PACK (ORAL) to be added to the PDL as PREFERRED
    - Clarification of MAVYRET TABLET (ORAL) under the PREFERRED agents
    - EPCLUSA TABLET (ORAL) and EPCLUSA PELLET PACK (ORAL) to be added to the PDL as NONPREFERRED
    - Clarification of HARVONI PELLET PACK under the NONPREFERRED agents.
    - PEG-INTRON (SUBCUTANE.), PEG-INTRON REDIPEN (SUBCUTANE.), REBETOL SOLUTION (ORAL), RIBAPAK (ORAL), RIBASPHERE 400 MG (ORAL), RIBASPHERE 600 MG (ORAL) and RIBAVIRIN DOSE PACK (ORAL) to be removed from the PDL.
    - VOSEVI (ORAL) to be moved to NONPREFERRED on the PDL.

- The committee discussed the Hypoglycemics, Incretin Mimetics/Enhancers therapeutic class and recommended the following to the department by a unanimous vote:

    - Clarification of LYRAGLUTIDE to read LIRAGLUTIDE
    - LIRAGLUTIDE (SUBCUTANE.), SITAGLIPTIN (ORAL), SITALIPTIN/METFORMIN (ORAL) and ZITUVIO (ORAL) to be added to the PDL as NONPREFERRED.
    - KOMBIGLYZE XR (ORAL), NESINA (ORAL), ONGLYZA (ORAL), ADLYXIN (SUBCUTANE.), KAZANO (ORAL) and OSENI (ORAL) to be removed from the PDL.

- The committee discussed the Hypoglycemics, Insulin and Related Agents therapeutic class and recommended the following to the department by a unanimous vote:

    - INSULIN GLARGINE MAX SOLOSTAR PEN (SUBCUTANE.) and LYUMJEV TEMPO PEN U-100 to be added to the PDL as NONPREFERRED
    - LEVEMIR PENS (SUBCUTANE.), LEVEMIR VIAL (SUBCUTANE.), INSULIN GLARGINE VIAL (SUBCUTANE.), INSULIN GLARGINE MAX SOLOSTAR PEN (SUBCUTANE.), INSULIN GLARGINE SOLOSTAR PEN (SUBCUTANE.) and SEMGLEE PEN to be removed from the PDL.

- The committee discussed the Immunomodulators, Asthma therapeutic class (a new class to the PDL) and recommended the following to the department by a unanimous vote:

- XOLAIR SYRINGE/AUTOINJ (SUB-Q) and XOLAIR VIAL (SUB-Q) to be added to the PDL as PREFERRED
- CINQAIR (INTRAVEN), FASENRA PEN (SUBCUTANEOUS), FASENRA SYRINGE (SUBCUTANEOUS), NUCALA AUTO-INJECTOR (SUBCUTANEOUS), NUCALA SYRINGE (SUBCUTANEOUS), NUCALA VIAL (SUBCUTANEOUS), TEZSPIRE PEN (SUBCUTANEOUS) and TEZSPIRE SYRINGE (SUBCUTANEOUS) to be added to the PDL as NONPREFERRED.

- The committee discussed the Immunomodulators, Atopic Dermatitis therapeutic class and recommended the following to the department by a unanimous vote:
  - ZORYVE 0.15% CREAM (TOPICAL) to be added to the PDL as NONPREFERRED

- The committee discussed the PAH Agents, Oral and Inhaled therapeutic class and recommended the following to the department by a unanimous vote:
  - OPSYNVI TABLET (ORAL) and TADLIQ SUSPENSION (ORAL) to be added to the PDL as NONPREFERRED
  - VENTAVIS (INHALATION) to be removed from the PDL.

- The committee discussed the Sickle Cell Anemia Treatments therapeutic class and recommended the following to the department by a unanimous vote:
  - L-GLUTAMINE (ORAL) to be added to the PDL as NONPREFERRED.

- The committee discussed the Stimulants and Related Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - ADDERALL XR (ORAL) and CONCERTA (ORAL) to be moved to NONPREFERRED on the PDL
  - AMPHETAMINE SALT COMBO ER (MYDAYIS) (ORAL), METHYLPHENIDATE ER (RELEXXII) (ORAL) and RELEXXII (ORAL) to be added to the PDL as NONPREFERRED.

CONSENT AGENDA ITEMS:

The committee discussed and recommended by unanimous vote that all classes in the Consent Agenda Items be passed as presented with no changes.

Other Business

- DHS acknowledged and thanked the speakers for their testimonials.
- Election of DFC chair and vicechair will be held at the December 2024 meeting.

Adjournment

- The meeting was adjourned at approximately 1:08 pm Central Time.