DEPARTMENT OF HUMAN SERVICES

Meeting Minutes: Drug Formulary Committee (DFC) - DRAFT

Date and Time: September 17, 2025: 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: Margaret Artz, RPh, PhD; Erica Barnes; Jacques Beasley; Arthur Beisang, MD; Mary Mescher Benbenek, PhD, APRN; Monica Brands, RPh; Emily Jaeger, PharmD; Katherine Montag Schafer, PharmD; Kelly Ruby, PharmD; Emma Ryan, PharmD; Sheila Scheuer, PharmD; Romie Tinsay, MD; Sandra Widhalm Murphy, RPh; Stuart Williams, JD
- Members absent: Jena Wirt, DO; Julie Wolfgram, DNP, FNP
- DHS staff present: Chad Hope, PharmD; Dave Hoang, PharmD, MBA; Nathan Chomilo, MD; Aaron Drake, RPh
- Others in attendance: Naana Osei-Boateng, PharmD; Chloe Groomes, PharmD; Andrew Wherley, PharmD; Laura Pounders, PharmD

Report of the Chair

- Stuart Williams presided over the meeting. New members Romie Tinsay and Erica Barnes were introduced and welcomed to the DFC.

Approval of Minutes

- The DFC approved the minutes from the June 2025 meeting.

DHS Housekeeping

- None

Old Business

- None

New Business

Select OTC drug coverage

- The committee discussed the proposed Covered OTC Fat-Soluble Vitamins and approved all agents by unanimous vote.

Specialty Drugs for Continued PA

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

- The committee discussed Ctexli and recommended to DHS by a unanimous vote that Ctexli remain on PA with the following amendment to the proposed criteria:

    - Initial approval criteria, bullet point #2, sub bullet one be changed to: "Elevated plasma cholestanol greater than or equal to 5 to 10 times ULN (upper limit of normal) ~~AND~~ OR…"

- The committee discussed Qfitlia and recommended to DHS by a majority vote that Qfitlia remain on PA with the with the following amendments to the proposed criteria proposed criteria:
    - ~~o~~ Initial approval criteria, bullet point #2, be changed to: "Patient has a diagnosis of severe hemophilia A (congenital factor VIII deficiency) or hemophilia B (congenital factor IX deficiency; also known as Christmas Disease) ~~as confirmed by blood coagulation testing (Note: severity defined as a factor VIII level < 1% or factor IX level ≤ 2%);"~~
    - ~~o~~ Under initial approval criteria, bullet point #4, sub bullet two be changed to: Secondary prophylaxis in patients with at least ~~TWO~~ ONE documented episode of spontaneous bleeding ~~into joints~~

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

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

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

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

CONSENT AGENDA ITEMS:

The committee discussed and recommended by unanimous vote that PA criteria for Syngagis and Botulinum toxins in the Consent Agenda Items be approved as presented.

Preferred Drug List (PDL) Review

CONSENT AGENDA ITEMS:

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

DISCUSSION ITEMS:

- The committee discussed the Androgenic Agents therapeutic class and recommended the following to the department by a unanimous vote:
    - TESTOSTERONE GEL (AG) (VOGELXO) (TRANSDERM) and TESTOSTERONE GEL PACKET (AG) (VOGELXO) (TRANSDERM) to be moved on the PDL to PREFERRED.
    - ANDROGEL GEL PUMP (TRANSDERM) to be added to the PDL as NONPREFERRED.

- The committee discussed the GI Motility, Chronic therapeutic class and recommended the following to the department by a majority vote:
    - AMITIZA (ORAL) to be added to the PDL as NONPREFERRED.
- The committee discussed the Glucagon Agents therapeutic class and recommended the following to the department by a unanimous vote:
    - PROGLYCEM SUSPENSION (ORAL) to be added to the PDL as PREFERRED.
    - ZEGALOGUE SYRINGE (SUBCUTANEOUS) and ZEGALOGUE AUTOINJECTOR (SUBCUTANEOUS) to be moved on the PDL to PREFERRED.
    - DIAZOXIDE SUSPENSION (ORAL) and GLUCAGON EMERGENCY KIT (LUPIN) (INJECTION) to be added to the PDL as NONPREFERRED.
    - GLUCAGON (INJECTION) to be removed from the PDL.
- The committee discussed the Glucocorticoids, Inhaled therapeutic class and recommended the following to the department by a unanimous vote:
    - FLUTICASONE FUROATE (ARNUITY ELLIPTA) (AG) (INHALATION) to be added to the PDL as NONPREFERRED.
- The committee discussed the GROWTH HORMONE therapeutic class and recommended the following to the department by a unanimous vote:
    - ZOMACTON VIAL (INJECTION) to be moved on the PDL to PREFERRED.
    - GENOTROPIN CARTRIDGE (INJECTION) and GENOTROPIN DISP SYRIN (INJECTION) to be moved on the PDL to NONPREFERRED.

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

    - INSULIN GLARGINE VIAL (WINTHROP) (SUBCUTANE.), INSULINE GLARGINE SOLOSTAR PEN (SUBCUTANE.), MERILOG VIAL (SUBCUTANE.) and MERILOG SOLOSTAR PEN (SUBCUTANE) to be added to the PDL as NONPREFERRED.

- The committee discussed the Hypoglycemics, SGLT2 therapeutic class and recommended the following to the department by a unanimous vote:

    - INVOKANA (ORAL) to be moved on the PDL to NONPREFERRED.

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

    - ACTOPLUS MET (ORAL) to be added to the PDL as NONPREFERRED.

- The committee discussed the Immunosuppressives, Oral therapeutic class and recommended the following to the department by a unanimous vote:

    - MYHIBBIN SUSPENSION (ORAL) to be added to the PDL as NONPREFERRED.

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

    - OLOPATADINE (NASAL) to be added to the PDL as NONPREFERRED.
    - NASONEX (NASAL), VERAMYST (NASAL) and ZETONNA (NASAL) to be removed from the PDL

- The committee discussed the Leukotriene Modifiers therapeutic class and recommended the following to the department by a unanimous vote:

    - ZAFIRLUKAST (ORAL) to be moved on the PDL to NONPREFERRED.

- The committee discussed the Macrolides/Ketolides therapeutic class and recommended the following to the department by a unanimous vote:

    - ERYTHROMYCIN BASE TABLET (ORAL) and ERYTHROMYCIN BASE TABLET DR (ORAL) to be moved on the PDL to PREFERRED.
    - ERYTHROMYCIN BASE CAPSULE DR (ORAL) to be moved on the PDL to NONPREFERRED.
    - E.E.S. 400 TABLET (ORAL) to be added to the PDL as NONPREFERRED.

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

- DICLOFENAC GEL OTC (TOPICAL), ETODOLAC (ORAL), INDOMETHACIN CAPSULE ER (ORAL) and PIROXICAM (ORAL) to be added to the PDL as PREFERRED.
- DICLOFENAC POTASSIUM TABLET (ORAL), DICLOFENAC POTASSIUM CAPSULE (ORAL), DICLOFENAC SODIUM PUMP (TOPICAL), DICLOFENAC SOLUTION (TOPICAL), DIFLUNISAL (ORAL), ETODOLAC TAB SR (ORAL) , IBUPROFEN 300 MG TABLET (ORAL), INDOMETHACIN ORAL SUSP (ORAL), INDOMETHACIN (RECTAL), KETOPROFEN (ORAL), LOFENA (ORAL), NAPROXEN SUSPENSION (ORAL), TOLMETIN SODIUM CAPSULE (ORAL) and TOLMETIN SODIUM TABLET (ORAL)) to be added to the PDL as NONPREFERRED.
- DICLOFENAC GEL (TOPICAL), MOBIC TABLET (ORAL), ZIPSOR (ORAL) and ZORVOLEX (ORAL) to be removed from the PDL.

- The committee discussed the OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS therapeutic class and recommended the following to the department by a unanimous vote:

  - AZELASTINE (OPHTHALMIC) to be moved on the PDL to PREFERRED.
  - LOTEPREDNOL (OPHTHALMIC) to be added to the PDL as NONPREFERRED.
  - ALOMIDE (OPHTHALMIC) to be removed from the PDL.

- The committee discussed the OPHTHALMICS, ANTI-INFLAMMATORIES therapeutic class and recommended the following to the department by a unanimous vote:

  - BROMFENAC (PROLENSA) (OPHTHALMIC) and PREDNISOLONE SOD PHOSPHATE (OPHTHALMIC) to be added to the PDL as NONPREFERRED.
  - DEXYCU (INTRAOCULAR) to be removed from the PDL.

- The committee discussed the Ophthalmics, Dry Eye Agents therapeutic class (renamed from OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR) and recommended the following to the department by a unanimous vote:

  - TRYPTYR (OPHTHALMIC) to be added to the PDL as NONPREFERRED.

- The committee discussed the Ophthalmics, Glaucoma Agents therapeutic class and recommended the following to the department by a unanimous vote:

  - PILOCARPINE (OPHTHALMIC), PILOCARPINE (VUITY) (OPHTHALMIC) and VUITY (OPHTHALMIC) to be added to the PDL as NONPREFERRED.
  - TRUSOPT (OPHTHALMIC) to be removed from the PDL.

Other Business

- None

Adjournment

- The meeting was adjourned at approximately 12:27 p.m. Central Time.