

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

November 12, 2020

**DRC Meeting  
ZOOM Webinar**

**Board Members Present**

Laurence Miller, M.D.  
Daniel Pace, M.D.  
Chadwick Rodgers, M.D.  
Melissa Max, Pharm. D.  
Grace Marable, Pharm. D.  
Tonya Robertson, Pharm.D.

**Board Members Absent**

Jordan Brazeal, Pharm. D.

**Medicaid Staff Present**

Cindi Pearson, Pharm. D., Chair  
Annette Jones  
Cynthia Neuhofer, Pharm. D.  
Elizabeth Pitman, JD

**Magellan Staff Present**

Lynn Boudreaux, Pharm. D.  
Karen Evans, P.D.

**PASSE Members Present**

Kristen Pohl, Pharm. D.  
Shannon Burke, Pharm. D.  
Lauren Jimerson, Pharm. D.

Meeting held virtually by ZOOM Webinar. All committee members, Medicaid staff and Dr. Boudreaux were considered panelists. A quorum was present, and the Chair called the meeting to order at 9:06 a.m.

**I. GENERAL ANNOUNCEMENTS**

- a. Public meeting was recorded. All visitors/attendees were muted.
- b. Committee members and DHS were able to speak at any time.
- c. Robert's Rules of Order were used to conduct business.
- d. Voting on motions was performed by roll call.

**II. SPEAKERS**

- 1) Bev Incedon, Ph.D.—Ironshore Pharmaceuticals and Development, Inc  
**Jornay PM®**
- 2) Anabelle Keohane, Pharm. D.—Sanofi Genzyme  
**Dupixent®**
- 3) Anabelle Keohane, Pharm. D.—Sanofi Genzyme  
**Kevzara®**
- 4) Alice Kelly Morgan, Pharm. D.—Pfizer  
**Xeljanz®/Xeljanz XR®**
- 5) Mandi Champ, Pharm. D.—Amgen  
**Enbrel®**
- 6) Mandi Champ, Pharm. D.—Amgen  
**Otezla®**
- 7) Crystal Chang, Pharm.D.—Adlon Therapeutics, L.P.  
**Adhansia® XR**
- 8) Andrew Howe, Pharm.D.—Novartis  
**Promacta®**

**DRC members had no questions for any speakers.**

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### III. UNFINISHED/OLD BUSINESS OR GENERAL INFORMATION

- 1) Chair read the Disclosure of Conflicts of Interest Statement. Drs. Marable, Rodgers, Max, and Robertson emailed their signed form prior to the meeting. Chair took verbal confirmation from Drs. Pace and Miller. No conflicts were declared by the committee members or chair.
- 2) Update on meeting location—no decision has been made for the February 2021 meeting.
- 3) Meeting minutes for the August 2020 DRC meeting were discussed.  
Motion by Dr. Rodgers to accept the minutes as written; seconded by Dr. Pace; All members present voted for the motion. Motion passed.
- 4) Update on PDL implementation from August 12, 2020 DRC meeting and October 2020 DUR meeting:
  - a. PDL updates were effective 10/1/2020—antidiabetic agents, long-acting antipsychotics and PCSK-9 inhibitors
  - b. DUR PA manual review drugs were effective immediately; no new POS edits. CII stimulant criteria form and updates will be effective 02/10/2021; refill-too-soon early refill threshold update will be effective 01/20/2021.

### IV. NEW BUSINESS

#### 1) Angiotensin modulators and combination products and calcium channel blockers

This review is a renewal of the angiotensin and calcium channel blocker classes. Chair provided current criteria and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications for ACE inhibitors and combination products
- b) FDA approved indications for angiotensin receptor blockers (ARBs) and combination products
- c) Mechanism of action for angiotensin modulators
- d) Mechanism of action for Entresto®
- e) FDA approved indications for calcium channel blockers (CCBs)
- f) Mechanism of action for calcium channel blockers
- g) Overview of hypertension
- h) AAFP JNC-8 guidelines for the management of HTN
- i) Claims summary from 1/1/2019-12/31/2019

#### **DISCUSSION:**

##### Angiotensin modulators

Chair states that the current preferred lists for all products are sufficient based on clinical data. Dr. Pace does not have a problem with the current list. Dr. Rodgers doesn't have as much experience with hypertension, but he is happy with this list. The chair asked about Entresto as this medication is a higher cost per claim but has support on treatment guidelines as first line.

##### Calcium channel blockers

Chair states that the current preferred lists for all products are sufficient based on clinical data except for nimodipine which currently approved at POS and not on PDL. Nimodipine will be added to have a complete list.

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### **ACTION:**

Angiotensin modulators

Motion to approve as current PDL status or best options for the state was made by Dr. Pace; seconded by Dr. Rodgers. All voting members present voted for the motion. Motion passed.

Calcium channel blockers

Motion to approve as current PDL status or best options for the state was made by Dr. Max; seconded by Dr. Pace. All voting members present voted for the motion. Motion passed.

### **2) Cytokine and CAM antagonists**

This review is a renewal of the cytokine and CAM antagonist class. Chair provided current POS criteria and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications for cytokine and CAM antagonists
- b) Overview of cytokines
  - 1) Overview of tumor necrosis factor
  - 2) Overview of interleukins
- b) Overview of cell adhesion molecules (CAMs)
- c) Evidence-based medicine recommendations for ankylosing spondylitis
- d) Evidence-based medicine recommendations for Crohn's disease
- e) Evidence-based medicine recommendations for juvenile idiopathic arthritis
- f) Evidence-based medicine recommendations for plaque psoriasis
- g) Evidence-based medicine recommendations for psoriatic arthritis
- h) Evidence-based medicine recommendations for rheumatoid arthritis
- i) Evidence-based medicine recommendations for ulcerative colitis
- j) Claims summary from 1/1/2019-12/31/2019

### **DISCUSSION:**

Chair stated that this class is difficult given the many different indications for various products. The chair states that the 2 preferred agents meet most of our needs, and we do have the capability of manually reviewing any non-preferred medication. Dr. Rodgers stated that requests are received on the physician administered side (AFMC), and we need to make sure we are aligned for patient continuity of care. Dr. Boudreaux commented that Remicade is not covered on the pharmacy side and may be available on the medical side. Dr. Rodgers stated he doesn't typically prescribe these medications but has experience through AFMC. Dr. Rodgers agreed that the current two preferred medications do seem to meet most of our needs. Dr. Miller asked if claims on the expenditure slide were submitted claims or approved claims. Dr. Boudreaux stated that this data represents the number of paid claims. Dr. Rodgers suggested that Orenzia, Xeljanz, and Cosentyx be looked at closer since approved more as non-preferred agents, but he is happy with what we have now. Dr. Marable asked about infliximab, and the chair stated that the infusion is excluded from the pharmacy program and requires review as a medical claim by AFMC. Dr. Rodgers stated that requests for infliximab would typically require a trial of another agent. The chair asked for a motion to approve what is overall best for the

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state but include a few preferred options. Dr. Marable asked if a prior authorization would still be needed for inpatient use of infliximab. Dr. Rodgers stated he believed that to be the case, but Dr. Marable could reach out to him separately after the meeting. Dr. Robertson asked to include average cost per year of medications under review. Dr. Boudreaux clarified that cost per year is taken into consideration during DCC review.

### **ACTION:**

Motion to approve as current PDL status or best options for the state was made by Dr. Robertson; seconded by Dr. Rodgers. All voting members present voted for the motion. Motion passed.

### **3) Immunomodulators for asthma**

This review is a new class added to the PDL. Chair provided current criteria for all products. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications for asthma immunomodulators
- b) Overview of asthma
- c) Mechanism of action for asthma immunomodulators
- d) 2020 GINA guidelines
- e) Claims summary from 1/1/2019-12/31/2019

### **DISCUSSION:**

Dr. Rodgers stated that this class crosses over to the medical side as well, and criteria is in place including requests must be made by an immunologist/allergist. Chair clarified that Xolair dosing is based on weight and eosinophil levels. Dr. Rodgers feels this class of drug still needs manual review. The chair stated she didn't have a preference for any of products, but if we were concerned about indications, Dupixent and Xolair both have multiple indications. Dr. Rodgers asked if these would be considered preferred with criteria. The chair confirmed that all 4 products have specific criteria, and they would continue to be manually reviewed based on that criteria. Dr. Boudreaux reminded the committee that this class of medications would be used for severe asthma patients. Dr. Rodgers has seen good results with Xolair.

### **ACTION:**

Motion to approve PDL status that is the best option for the state based on contract bids was made by Dr. Marable; seconded by Dr. Miller. All voting members present voted for the motion. Motion passed.

### **4) Stimulants and related agents for ADHD**

This review is a renewal of the stimulant class. Chair provided current criteria and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications for stimulants and related agents
- b) Overview of ADHD
- c) Evidence-based medicine recommendations for ADHD from American Academy of Pediatrics
- d) Claims summary from 1/1/2019-12/31/2019

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### **DISCUSSION:**

Dr. Boudreaux stated that the expenditures for these agents is misleading as they do not account for supplemental rebates. Dr. Miller stated he wished the AAP would add trauma review to the recommendations for treatment of ADHD. Symptoms from ADHD and those due to trauma mimic each other. The chair mentioned new point-of-sale criteria for the treatment of ADHD will be added in hopes to decrease the potential for use outside of label indications. Dr. Rodgers requested to add a longer acting methylphenidate like Concerta to the preferred list. Dr. Max agreed. Dr. Miller noted that AAP updated their guidelines in 2019.

### **ACTION:**

Motion to approve as current PDL status with the addition of a long-acting methylphenidate product was made by Dr. Rodgers; seconded by Dr. Max. All voting members present voted for the motion. Motion passed.

### **5) Thrombopoiesis stimulating proteins**

This review is a new class added to the PDL. Chair provided current criteria for all products. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications for thrombopoiesis stimulating proteins
- b) Overview of thrombocytopenia
- c) Overview of idiopathic thrombocytopenia
- d) Mechanism of action for thrombopoiesis stimulating agents
- e) Evidence-based medicine recommendations for management of ITP
- f) Claims summary from 1/1/2019-12/31/2019

### **DISCUSSION:**

The chair stated that Promacta has been out the longest and has the most indications. The chair made the recommendation to consider the options best for the state while considering indications and overall cost, as they will continue to be manually reviewed and other therapies tried will be taken into consideration.

### **ACTION:**

Motion to approve PDL status that is the best option for the state based on contract bids and indications was made by Dr. Robertson; seconded by Dr. Pace. All voting members present voted for the motion. Motion passed.

**V. Chair provided schedule of future DRC meeting dates.**

**VI. Meeting adjourned at approximately 10:49 a.m.**