DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 12, 2021

DRC Meeting
ZOOM Webinar

Board Members Present
Grace Marable, Pharm. D
Daniel Pace, M.D.
Chadwick Rodgers, M.D.
*Melissa Max, Pharm. D.
Laurence Miller, M.D.

Board Members Absent
2 pharmacist positions vacant

Medicaid Staff Present
Cindi Pearson, Pharm. D., Chair
Cynthia Neuhofel, Pharm. D.

Magellan Staff Present
Lynn Boudreaux, Pharm. D.
Karen Evans, P.D.
Lesley Irons, Pharm. D.

PASSE Members Present
Kristen Pohl, Pharm. D.
Shannon Burke, Pharm. D.
Lauren Jimerson, Pharm. D.

***Denotes Board member left the meeting early**

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 9:04 a.m.

I. GENERAL ANNOUNCEMENTS

a. Public meeting was recorded. All visitors/attendees were muted.
b. Committee members and DHS staff 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) Dave Miley, Pharm. D.—Teva
Granix®
2) Scott Farris, Pharm. D.—Amgen
Neulasta® Onpro®

DRC members had no questions for any speakers.

III. UNFINISHED/OLD BUSINESS OR GENERAL INFORMATION

1) Chair read the Disclosure of Conflicts of Interest Statement. Drs. Marable and Max emailed their signed form prior to the meeting. Chair took verbal confirmation from Drs. Miller, Pace, and Rodgers. No conflicts were declared by the committee members or chair.
2) Update on meeting location—No decision has been made for the August 2021 meeting, but a meeting room is available in the DHS Donaghey South building if needed.
3) Resignation of Tonya Robertson, Pharm D and Jordan Brazeal, Pharm D
4) Meeting minutes for the February 2021 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.

5) Update on PDL implementation from February 2021 DRC meeting and update from April 2021 DUR meeting:
   a. PDL updates were effective 4/1/2021—anticoagulants, GI motility agents, antihyperuricemics, estrogen agents, and hepatitis C agents
   b. DUR PA manual review drugs were effective immediately: Ukoniq™, Nexletol™, Cabenuva, Bronchitol®, Tepmetko®, Lupkynis™, Benlysta®, Orgovyx™, Orladeyo™, and SGLT-2 inhibitors for heart failure.
   c. DUR POS edits effective July 14, 2021: Otezla® and GI motility agents

IV. NEW BUSINESS

1) COLONY STIMULATING FACTORS

This review is a renewal of the colony stimulating factors. Chair provided drug indications and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

a) FDA approved indications for all colony stimulating factors
b) Overview of colony stimulating factors
c) Pharmacology of the CSF agents
d) NCCN guidelines for hematopoietic growth factors
e) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair clarified that there were medical claims in addition to the pharmacy claims presented in the claim summary. Dr. Rodgers stated that he felt the current list meets most of our clients' needs, and he made a motion to approve the current PDL list.

ACTION:

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

2) LIPOTROPICS: STATINS

This review is a renewal of the lipotropics (statins) class. Chair provided drug indications, criteria for simvastatin 80 mg, and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

a) FDA approved indications for statins
b) 2018 guidelines on management of blood cholesterol from the American College of Cardiology/American Heart Association Task Force
c) Categories of statins
d) Effects on LDL-lowering by non-statin therapies
e) Information on ACSVD and treatment recommendations

f) Claims summary from 1/1/2020-12/31/2020

DISCUSSION:

Chair stated that we have not reviewed this class in a long time, and the current preferred agents have been fine. But now that Crestor (rosuvastatin) has a generic option, this might be the time to add another high intensity option to the preferred list. Dr. Max agreed that we should add the rosuvastatin to the preferred list for tolerability and drug interactions and made the motion. Drs. Pace and Marable agreed. Dr. Marable asked why we have criteria for simvastatin 80 mg. That criteria had been put in place many years ago, but it was probably implemented to limit the 80 mg usage due to the higher risk of intolerable side effects. The 80 mg dose would still be available for those needing it as a continuation of therapy. Dr. Max stated that current recommendations do not support initiating therapy with the 80 mg dose due to adverse effects, and she thinks that would not apply to a 40 mg atorvastatin dose. Dr. Marable stated she would expect patients to switch to a different product before being placed on the 80 mg simvastatin dose.

ACTION:

Motion to approve PDL status that is the best option for the state with addition of rosuvastatin as a preferred option was made by Dr. Max; seconded by Dr. Pace. All voting members present voted for the motion. Motion passed.

3) NARCOLEPSY AGENTS (Provigil and Nuvigil)

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

a) FDA approved indications for Nuvigil and Provigil
b) Overview of sleep disorders
c) Pharmacology of modafinil and armodafinil
d) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair stated that we occasionally get a CII stimulant request for narcolepsy or OSA which may be reviewed with Dr. Miller. Dr. Marable stated that the list is probably fine with the way we have it. Dr. Rodgers asked if there are restrictions by age for these products. Chair confirmed that these products are indicated for adults. Any request for a child is reviewed on a case-by-case basis. Dr. Rodgers notes that some children are placed on a stimulant, but Nuvigil/Provigil may be a more appropriate choice. Chair stated that the clinical team refers to the package insert, MicroMedex, and treatment guidelines when reviewing off-label.

ACTION:

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

4) PHOSPHATE BINDERS

This review is a renewal of the phosphate binder's class. Chair provided FDA indications and current PDL list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

a) FDA approved indications for phosphate binder agents
b) Overview of hyperphosphatemia of CKD
c) Pharmacology of phosphate binders
d) National Kidney Foundation 2017 clinical practice guidelines
e) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Dr. Marable asked if there would be access to a chewable form or powder pack for pediatrics. Chair stated that we would take that into consideration when reviewing the request of a non-preferred product. Dr. Rodgers does not feel the current list is too restrictive, and the current list meets most of our needs. Dr. Pace agreed.

ACTION:

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

5) PLATELET AGGREGATIN INHIBITORS

This review is a renewal of the platelet aggregation inhibitor's class. Chair provided FDA indications and current preferred drug list for all products. Dr. Boudreaux presented a PowerPoint with the following information.

a) FDA approved indications for platelet aggregation inhibitors
b) Overview of antiplatelet inhibitors
c) Pharmacology of antiplatelet aggregation inhibitors
d) Mechanism of action for antiplatelets
e) Guideline recommendations for primary prevention of CVD
f) Guideline recommendations for acute coronary syndrome treatment and prevention
g) Guideline recommendations for treatment and prevent of stroke/TIA
h) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair stated that clopidogrel should remain a preferred agent since it is listed in the treatment guidelines, and there seems to be an overlap in treatment with the anticoagulant and antiplatelet classes. Dr. Pace asked if we should keep Brilinta as preferred due to shown superiority. Dr. Marable states that Brilinta may have a higher risk of bleed, but she made the motion to accept the current PDL list but take into account the best option for the state.

ACTION:

Motion to approve as current PDL status or best options for the state with Brilinta as a preferred agent was made by Dr. Marable; 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 10:14 a.m.