

Arkansas Medicaid DRC Meeting Minutes

Date / Time:	November 9, 2022 9:00 AM - 12:00 PM Central		Location:	ZOOM webinar	
Chair:	Cindi Pearson, Pharm.D.		Reports:	Lynn Boudreaux, Pharm.D. Magellan	
		Panelist (voting members)		Panelist (non-voting members)	Organization
		X Melissa Max, Pharm.D.		X Barry Fielder, Pharm.D.	ATC
		X Laurence Miller, M.D.		X Phuong Luu, Pharm.D.	Empower
		X Daniel Pace, M.D.		X Lauren Jimerson, Pharm.D.	Summit
		X Chad Rodgers, M.D.		X Turkesia Robertson-Jones, Pharm. D.	CareSource
		Vacant Pharm.D. position		Elizabeth Pitman	DHS Director
		Vacant Pharm.D. position		X Cindi Pearson, Pharm.D.	DHS, DRC Chair
		Vacant Pharm.D. position		X Cynthia Neuhofel, Pharm.D.	DHS pharmacy
				X Karen Evans, P.D.	Magellan
				X Lynn Boudreaux, Pharm.D.	Magellan
				X Lesley Irons, Pharm.D.	Magellan
Call to order	Meeting held virtually by ZOOM webinar. A quorum was present, and the chair called the meeting to order at 9:05am.				
Public comments	<ol style="list-style-type: none"> 1. Tammy Martin (Biohaven)—Nurtec ODT® 2. Gia McClean, Pharm.D. (Amgen)—Aimovig® 3. Jenna McGowan, Pharm.D. (AbbVie)—Ubrelvy®, Qulipta®, and Creon® 4. Timothy Birner, Pharm.D. (Alkermes)—Vivitrol® 5. Dave Miley, Pharm.D. (Teva)—Ajoyv® and AirDuo Digihaler® 6. Kristin Martin, D.O. (River Valley Medical Wellness)—long-acting injections for MAT 7. Keanna Dandridge, MSN, RN (Novartis)—Kesimpta® 8. Jim Dowdle, PhD (Unite Therapeutics Corp)—Tyvaso DPI® 9. Lindsay Bebout, Pharm.D. (Indivior)—Sublocade® 				
Announcements	<ol style="list-style-type: none"> 1. There were no conflicts of interest by any voting committee member, Dr. Pearson, or Dr. Boudreaux. 2. Notification of Arkansas Medicaid joining NMPI effective 1/1/2023 3. Notification that the new PDL Magellan clinical account manager will be Lesley Irons, Pharm.D. 4. Notification that the DUR Board and DRC will be combined effective January 2023. The request was made for current DRC members to join the combined Board. 5. Update given for decisions made during the May 2022 DRC meeting, the July 2022 DUR Board meeting, and the October 2022 DUR Board meeting. 				
Minutes	Motion to approve May 2022 meeting minutes as presented was made by Dr. Rodgers, seconded by Dr. Pace. All voting members present voted to approve the minutes as written. Dr. Max had a small gap in meeting attendance. Motion passed.				
Class Reviews	<ol style="list-style-type: none"> 1. INHALED ANTIBIOTICS This review is a renewal for the inhaled antibiotics class. Chair provided current indications for all agents in the class, current PDL status, and current approval criteria. Dr. Boudreaux presented a PowerPoint with the following information. <ol style="list-style-type: none"> a) FDA approved indications 				

Arkansas Medicaid DRC Meeting Minutes

- b) Overview of inhaled antibiotics
- c) Cystic Fibrosis Foundation 2013 Pulmonary Guidelines
- d) US insurance claims data study comparing compliance on tobramycin inhaled powder versus tobramycin inhalation solution
- e) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

The Chair recommended that since there is no clinically significant information that stands out about these products that the PDL be based on the best options for the State. No other comments.

ACTION:

Motion was made by Dr. Pace to determine preferred list based on best option for the State; seconded by Dr. Miller; All members present voted to approve the motion. Motion passed.

2. ANTIMIGRAINE (EXCLUDING TRIPTANS)

This review is a renewal for the Antimigraine class. Chair provided FDA indications, current PDL status, and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) International Classification of Headache Disorders Criteria for Migraine Without Aura
- c) International Classification of Headache Disorders Criteria for Migraine With Aura
- d) International Classification of Headache Disorders Criteria for Chronic Migraines
- e) American Headache Society Consensus Statement 2021
- f) 2021 Meta Analysis Comparing New Pharmacologic Agents with Triptans
- g) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

The Chair recommended to possibly add an oral product to the preferred list. Dr. Boudreaux agreed that based on utilization it would be appropriate to add an oral agent especially for patients having issues with injections. But triptan use would be needed prior to a CGRP. The Chair reminded the committee that we would have PA criteria regardless of PDL placement. Dr. Rodgers asked if these products would be preferred agents with criteria which was confirmed by Dr. Boudreaux. Dr. Rodgers noted that adding an oral agent to the preferred list would be desirable, but nothing else stands out on the class as a whole. Dr. Rodgers recommended to add an oral agent as a preferred option with criteria and consider the preferred drug placement on the best option for the State.

ACTION:

Motion was made by Dr. Rodgers to determine preferred list based on best option for the State and adding an oral option; seconded by Dr. Miller; All members present voted to approve the motion. Motion passed.

3. TOPICAL ANTIPARASITICS

This review is a renewal for the topical antiparasitics class. Chair provided current PDL status and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) Medications for Treatment of Lice Comparison
- c) American Academy of Pediatrics Updated Guidance for Head Lice 2022

Arkansas Medicaid DRC Meeting Minutes

d) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

Dr. Rodgers stated that adding Natroba as a preferred option was a good choice last review since it can be used down to 6 months, is less toxic and is ovidical. Dr. Rodgers stated that he doesn't see any reason to add other products as preferred as he has not had any trouble in his practice with the current list.

ACTION:

Motion was made by Dr. Rodgers to continue the current preferred list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.

4. INHALED BRONCHODILATORS

This review is a renewal for the bronchodilators class. Chair provided FDA indications, current PDL, and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) New 2022 GINA Guidelines
- c) 2022 GINA Guidelines for Dosages of Inhaled Corticosteroids
- d) 2022 GOLD Assessment Tool
- e) Initial Pharmacological Treatment
- f) Evidence based medicine take home points
- g) Claims summary from 1/1/2021-12/31/2021

INHALED LABA DISCUSSION:

Dr. Max asked if an inhalation solution should be preferred for those patients with difficulty using the Serevent Diskus. Dr. Boudreaux noted that in those situations we would consider a non-preferred medication. Dr. Rodgers asked if there was an inhalation solution that the committee would support as preferred or preferred with criteria. Dr. Max asked to see the claim count for arformoterol and formoterol which added up to only 11 for the year. Dr. Pace stated that he was not aware of any of his patients having difficulty with the Serevent Diskus. Dr. Pace is fine with the others being non-preferred as long as there is potential with PA review.

ACTION:

Motion made by Dr. Max to continue the current PDL list; seconded by Dr. Miller. All members present voted to approve the motion. Motion passed.

INHALED SABA DISCUSSION:

Dr. Max stated that the current list looks fine but understands there has been some supply issues. Dr. Rodgers has not had any trouble clinically with the current preferred list. Dr. Rodgers and Pace stated that this meets their needs as a clinician.

ACTION:

Motion made by Dr. Max to continue the current PDL list; seconded by Dr. Rodgers. All members present voted to approve the motion. Motion passed.

INHALED LAMA DISCUSSION:

No comments

ACTION:

Motion made by Dr. Max to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.

Arkansas Medicaid DRC Meeting Minutes

INHALED SAMA AND SAMA/SABA DISCUSSION:

Dr. Rodgers gets some requests for Duoneb, but not enough to make this a barrier.

ACTION:

Motion made by Dr. Rodgers to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion with the exception of Dr. Miller who had connection issues. Motion passed.

INHALED ICS DISCUSSION:

Dr. Rodgers does not see any problem with this from a clinical perspective. The Chair asked if the best option for the State was an option. Dr. Rodgers asked to bring it back to the committee if Flovent was removed from preferred status. Dr. Rodgers asked to continue the current PDL.

ACTION:

Motion made by Dr. Rodgers to continue the current PDL list; seconded by Dr. Max All members present voted to approve the motion. Motion passed.

INHALED ICS/LABA DISCUSSION:

The Chair mentioned quantity limits on the preferred products in reference to the GINA guidelines. Dr. Pace stated that the current list has served his practice well.

ACTION:

Motion made by Dr. Pace to continue the current PDL list; seconded by Dr. Rodgers. All members present voted to approve the motion. Motion passed.

INHALED LABA/LAMA DISCUSSION:

No comment

ACTION:

Motion made by Dr. Max to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.

INHALED ICS/LABA/LAMA DISCUSSION:

Dr. Boudreaux mentioned that inhalers do not take up slots. The Chair stated that the patient can use 2 inhalers to get all 3 meds. The Chair recommended to leave both products as non-preferred. Dr. Max was concerned about adherence with multiple inhalers.

ACTION:

Motion made by Dr. Max to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion with the exception of Dr. Miller who had connection issues. Motion passed.

5. GROWTH HORMONES

This review is a renewal for the growth hormone class. Chair provided FDA indications, current PDL status and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) Evidence Based Medicine Take Home Points
- c) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

Dr. Rodgers thinks Genotropin is a good choice with the broad list of indications.

Arkansas Medicaid DRC Meeting Minutes

ACTION:

Motion made by Dr. Rodgers to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.

6. MULTIPLE SCLEROSIS

This review is a renewal for the multiple sclerosis class. Chair provided FDA indications, current PDL status and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) Clinical Course of Multiple Sclerosis
- c) Evidence Based Medicine Take Home Points
- d) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

Dr. Boudreaux stated that expanding the preferred options would help the PDL pharmacists. The Chair stated that we get requests for fast progressors who may not benefit from some of our preferred options. The Chair made the suggestion that we review this class based on cost but also add another oral option and option for progressive disease. Dr. Max mentioned looking at Kesimpta.

ACTION:

Motion made by Dr. Max to provide additional preferred options for progressive disease and oral route of administration while considering net cost; seconded by Dr. Rodgers. All members present voted to approve the motion. Motion passed.

7. PANCREATIC ENZYMES

This review is a renewal for the pancreatic enzymes class. Chair provided FDA indications and current PDL status. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) Evidence Based Medicine Take Home Points
- c) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

No comment

ACTION:

Motion made by Dr. Rodgers to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.

8. PULMONARY HYPERTENSION

This review is a renewal for the pulmonary hypertension class. Chair provided FDA indications, current PDL status and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.

- a) FDA approved indications
- b) Pulmonary Hypertension Classification
- c) Evidence Based Medicine Take Home Points
- d) Claims summary from 1/1/2021-12/31/2021

DISCUSSION:

Arkansas Medicaid DRC Meeting Minutes

	<p>The Chair stated that a lot of Revatio use is in premature babies, and PAH treatment recommendations have not changed with Letairis and Adcirca combination used first line. The Chair stated that she feels we have good options currently with preferred due to multiple mechanisms of action. Dr. Boudreaux agreed, but we will have to see about pump issues with Treprostinil. The Chair asked for a motion to preserve the current PDL.</p> <p>ACTION: Motion made by Dr. Miller to continue the current PDL list; seconded by Dr. Pace. All members present voted to approve the motion. Motion passed.</p> <p>9. MEDICATION ASSISTED TREATMENT</p> <p>This review is a renewal for the medication assisted treatment class. Chair provided current PDL status and PA criteria. Dr. Boudreaux presented a PowerPoint with the following information.</p> <ul style="list-style-type: none"> a) FDA approved indications b) Evidence Based Medicine Take Home Points c) Claims summary from 1/1/2021-12/31/2021 <p>DISCUSSION:</p> <p>The Chair stated that we are looking at our options with these injections as we know that these are time sensitive. Dr. Miller agreed about opening up the criteria and having them more available. Dr. Rodgers agreed that anything we can do to remove the barrier with addiction treatment would be desired.</p> <p>ACTION: Motion made by Dr. Miller to continue the current PDL list (remove barrier with criteria if possible for both products); seconded by Dr. Rodgers. All members present voted to approve the motion. Motion passed.</p>
Comment from Chair	Dr. Pearson wanted to remind the committee that their recommendations will be taken to the state along with the recommendations by the cost committee. Those recommendations will be combined and reviewed by the state.
Adjourn	Meeting adjourned at 11:31am.