DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

February 10, 2021

DRC Meeting
ZOOM Webinar

Board Members Present
Jordan Brazeal, Pharm. D.
Daniel Pace, M.D.
Chadwick Rodgers, M.D.
Melissa Max, Pharm. D.
Tonya Robertson, Pharm.D.

Medicaid Staff Present
Cindi Pearson, Pharm. D., Chair
Annette Jones
Cynthia Neuhofel, Pharm. D.
Elizabeth Pitman, JD

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

Board Members Absent
Laurence Miller, M.D.
Grace Marable, Pharm. 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 9:12 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) Andrew Delgado, Pharm. D.—Bristol Myers Squibb
Eliquis®
2) Laura Hill, Pharm. D.—AbbVie
Mavyret®

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. Brazeal, Rodgers, and Robertson emailed their signed form prior to the meeting. Chair took verbal confirmation from Drs. Pace and Max. No conflicts were declared by the committee members or chair.
2) Update on meeting location—No decision has been made for the May 2021 meeting, but a meeting room is available in the DHS Donaghey South building if needed.
3) Introduction of new committee member--Jordan Brazeal Pharm. D.
4) Meeting minutes for the November 2020 DRC meeting were discussed.
Motion by Dr. Pace to accept the minutes as written; seconded by Dr. Robertson; All members present voted for the motion. Motion passed.
5) Update on PDL implementation from November 12, 2020 DRC meeting and January 2021 DUR meeting:

a. PDL updates were effective 1/1/2021—angiotensin modulators, calcium channel blockers, cytokine and CAM antagonists, immunomodulators for asthma, stimulants and related agents, and thrombopoiesis stimulating proteins.

b. DUR PA manual review drugs were effective immediately; no new POS edits. Isotretinoin, Orilissa®, Oriahnn™, thrombopoiesis stimulating proteins, immunomodulators for asthma, Gavreto™, Ongentys™, and Onureg®.

IV. NEW BUSINESS

1) ANTICOAGULANTS

This review is a renewal of the anticoagulant 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 all anticoagulants
b) Overview of venous thromboembolism (VTE)
c) Pharmacology of the anticoagulant agents
d) Explanation of the clotting cascade
e) 10th American College of Chest Physicians (ACCP) evidence based clinical practice guidelines for VTE 2016
f) Overview of atrial fibrillation
g) Atrial fibrillation ACCP clinical practice guidelines 2018
h) AHA/ American College of Cardiology/ Heart Rhythm Society guidelines for AF 2014
i) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair stated that our current preferred medications have a variety of mechanisms of action. Dr. Brazeal asked to review the expenditures slide again and asked if the expenditures included rebates or if expenditures are gross cost. Dr. Boudreaux responded that the expenditures presented are gross cost only. Dr. Brazeal asked if there were rebates on the products listed with previous claims. Dr. Boudreaux confirmed that products have state supplemental rebates and/or federal rebates. The Chair informed the new committee member that the role of this committee is to review clinical data for safety and efficacy. Dr. Rodgers commented that we want to keep patient care in mind to have a well-rounded list of medications to manage their care, and he feels the current preferred medications should meet most patients' needs. Dr. Max wanted to ensure that apixaban was included on the preferred list due to the improved safety and efficacy profile. Dr. Boudreaux agreed that apixaban is clinically superior in some cases. There was a motion to keep all currently preferred medications if possible, but the preferred list must include apixaban.

ACTION:

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

2) ANTIHYPERURICEMICS

This review is a renewal of the antihyperuricemics 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 antihyperuricemics
b) Overview of hyperuricemia and gout
c) Pharmacology of gout agents
d) American College of Rheumatology (ACR) guidelines for gout 2012
e) American College of Physicians (ACP) clinical guidelines for management of acute and recurrent gout 2017
f) Claims summary from 1/1/2020-12/31/2020

DISCUSSION:

Chair stated that she would recommend a colchicine product and allopurinol remain preferred. Dr. Pace agreed that a colchicine product should be preferred. Dr. Max stated that the current list looks fine.

ACTION:

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

3) ESTROGEN AGENTS—oral, transdermal, and combination

This review is a renewal of the estrogen agent class. Chair provided current criteria for all products. Dr. Boudreaux presented a PowerPoint with the following information.

a) FDA approved indications for estrogen agents
b) Overview of hormone replacement therapy
c) Hormone replacement therapy considerations
d) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair stated that we currently have one preferred estrogen agent and suggested to add a combination product for those with an intact uterus. Dr. Brazeal asked to review a previous slide. Dr. Pace stated that he agreed in adding a combination product. Dr. Brazeal asked if we should include a transdermal product due to cardiovascular risk. Dr. Max asked if we can add to the preferred list and not require a PA. Dr. Boudreaux noted that anything made preferred would process at POS without a PA. Dr. Max recommended to consider the best cost to the state for added transdermal products except for Menostar which is only indicated for osteoporosis. Dr. Robertson made the motion to add a combination product that is most beneficial to the state and a transdermal product that is most beneficial to the state. Dr. Rodgers commented on Premarin cream being added to the PDL list. Dr. Boudreaux stated that Premarin and Estrace cream process without a PA, and we would like to add them to the PDL list.

ACTION:

Motion to approve PDL status that is the best option for the state with addition of combination and transdermal options was made by Dr. Robertson; seconded by Dr. Brazeal. All voting members present voted for the motion. Motion passed.

4) GI MOTILITY AGENTS

This review is a renewal of the GI motility 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 GI motility agents
b) Overview of Irritable Bowel Syndrome (IBS)
c) Overview of constipation
d) Mechanism of action for GI motility agents
e) American Academy of Gastroenterology (ACG) 2021 clinical guidelines for management of IBS
f) Opioid induced constipation guidelines
g) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair stated that we may consider expanding a little since there is only one preferred option. Dr. Max asked if we are combining OIC and IBS. Chair stated that with the different indications, we would have to build POS criteria. Dr. Max stated that the criteria for the preferred agents with criteria do not correspond with 2021 guidelines and do not match best practice. Dr. Max commented that many patients will pay cash for cheap OTC products to save a slot. Dr. Max asked that the requirement of stimulant laxative be removed. Chair stated that this would be taken to the DUR Board for criteria if additional products are added. Dr. Brazeal asked about the decision to move a product to preferred agent; if made POS or manual review. Chair gave an explanation of preferred vs. preferred with criteria. Dr. Max suggested to add preferred choices based on indication with most beneficial to the state. Dr. Brazeal verified there are 4 indications being discussed (CIC, OIC, IBS-D, and IBS-C) and wondered about preferred options for each specifically Xifaxan. Chair and Dr. Boudreaux stated that if medications for an indication are not added to the preferred list that they can still be reviewed manually. Xifaxan would be best manually reviewed due to other indications. Dr. Brazeal added to exclude Relistor as a preferred option due to lower quality of evidence.

ACTION:

Motion to approve adding products as preferred for each indication based on best options for the state was made by Dr. Max; seconded by Dr. Brazeal. All voting members present voted for the motion. Motion passed.

5) HEPATITIS C AGENTS

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

a) FDA approved indications for Hepatitis C agents
b) Overview of Hepatitis C

c) Pharmacology of Hepatitis C direct-acting antiviral (DAA) agents
d) Visual representation of pharmacology
e) American Association for the Study of Liver Disease (AASLD) guidelines for each genotype
f) Claims summary from 1/1/2020-12/31/2020.

DISCUSSION:

Chair has no recommendations to change the current preferred options. Dr. Brazeal asked if different genotypes have varied severities. Dr. Boudreaux stated that many times genotype prevalence varies by areas of the country or world, and no genotype is more severe than another. Chair noted that patients with genotype 3 have a slightly lower cure rate with DAAs than the other genotypes. Dr. Boudreaux stated that our clinical pharmacists consider each patient individually and if a preferred option is not the best option based on guidelines, a nonpreferred may be approved. Dr. Brazeal asked about the amount of treatment experienced patients versus treatment naïve patients in our Medicaid population. But he noted that both Mavyret and Epclusa can be used in experienced or naïve so treatment history is not as important. Chair asked for a motion for the best options for the state with pangenotypic options.

ACTION:

Motion to approve PDL status that is the best option for the state with pangenotypic options was made by Dr. Brazeal; 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 11:06 a.m.