

# March 2020 PDL/DUR Board Meeting Minutes

**Date:** March 25, 2020

**Members Present:** King, Sather, Blank, Brown, Caldwell, Jost, Maxwell, McGrane, Miller, Nauts, Putsch, Stone

**Members Absent:** Anglim

**Others Present:** Sexauer, Feist, Peterson (DPHHS); Artis, Barnhill, Doppler, Opitz, Woodmansey (MPQHF); and representatives from the pharmaceutical industry.

Lisa Sather opened the meeting.

**Public Comment:** The public had an opportunity to address the committee regarding non-agenda items and make other social comments. There were no comments.

**Meeting Minutes Review:** Minutes from the January 2020 DUR Board meeting were reviewed and approved as written.

## Department Update:

Dani Feist, Pharmacy Program Officer presented the following Department update:

In regard to COVID-19, we are submitting an 1135 emergency waiver. An 1135 waiver allows the state to relax some limitations, prior authorization requirements, and provider enrollment requirements. This is still in the works and we don't know yet how this may affect the pharmacy program. We will notice everyone when the final draft of the 1135 has been submitted.

Also, please be prepared for all of our PDL meetings to be in this format. This has not yet been confirmed but we are anticipating that we will need to do it this same way for the next 2 meetings scheduled for April and May. Just be aware of that.

## PREFERRED DRUG LIST MEETING

Results of the Board review of Group 3 (Red category):

| CLASS                           | DRUGS Reviewed                            | 2020 RECOMMENDATIONS  | Grandfather |
|---------------------------------|---|---|-------------|
| ANGIOTENSIN MODULATORS & Combos | NI-Entresto®                              | <u>ACE Inhibitors and Diuretic Combinations</u> -Class effect, Do not add Tekturna® or Tekturna HCT® (due to aliskiren).<br><u>ARBs and Diuretic Combinations</u> -Therapeutic alternatives. <i>Revisit Entresto criteria at future DUR Board meeting (cardiologist input).</i><br><u>Angiotensin Modulator Combos</u> -Therapeutic alternatives. | <b>NO</b>   |
| ANTICOAGULANTS                  | ND-Bevyxxa®<br>NI-Fragmin®<br>NI-Xarelto® | Must have one LMWH, warfarin, Eliquis®, and Xarelto®. May add others.   | <b>NO</b>   |

| CLASS                                       | DRUGS Reviewed                               | 2020 RECOMMENDATIONS  | Grandfather |
|---|--|---|-------------|
| ERYTHROPOIESIS STIMULATING FACTORS          | ND-Reblozyl®                                 | Therapeutic alternatives.   |             |
| GI MOTILITY, CHRONIC                        | ND-Motegrity®                                | Therapeutic alternatives for each of the following categories:<br><u>OIC</u> : Movantik®, Relistor®, Amitiza®, Symproic®<br><u>IBS-D</u> : Alosetron, Viberzi®,<br><u>IBS-C/CIC</u> : Amitiza®, Linzess®, Trulance®, Motegrity®<br>Continue PA Criteria.<br><i>Modify Virberzi® PA criteria to no longer require trial of alosetron. Trial of loperamide will continue to be required.</i>      | <b>NO</b>   |
| HYPOGLYCEMICS, INCRETIN MIMETICS/ ENHANCERS | ND-Rybelsus®<br>NI-Victoza®<br>NI-Qtern®     | <u>DPP-IV</u> -Therapeutic alternatives, must have one single-ingredient agent. Do not add sitagliptin products.<br><u>GLP-1</u> -Therapeutic alternatives, must have one single-ingredient agent. Must have an agent with cardiovascular benefit. Do not add exenatide.<br><i>Delay implementation of PDL changes until a reasonable time with regard to the current healthcare situation.</i> | <b>NO</b>   |
| HYPOGLYCEMICS, INSULINS                     | NI-Toujeo®                                   | Class effect for each group. Must have one from each. (Human R, N, Rapid-acting, Long-Acting, Rapid/Intermediate, Reg/Intermediate Combos). Must have U-500 pen, do not add U-500 vial. Must add Toujeo® or Tresiba®.   | <b>NO</b>   |
| HYPOGLYCEMICS, SGLT-2                       | NI-Invokana®<br>NI-Farxiga®<br>NI-Xigduo XR® | Must have one agent with cardiovascular disease benefit, all others class effect. Continue existing PA criteria for class.  | <b>NO</b>   |
| LIPOTROPICS: Others                         | NI-Praluent®<br>NI-Vascepa®                  | Must have gemfibrozil and one fenofibrate. May add others.<br><i>Study and revisit Vascepa® PA criteria.</i>  | <b>NO</b>   |
| LIPOTROPICS, STATINS                        | NI-Livalo®                                   | Must have 1 high potency agent. May add others.   | <b>NO</b>   |

| <b>CLASS</b>                 | <b>DRUGS Reviewed</b> | <b>2020 RECOMMENDATIONS</b>  | <b>Grandfather</b> |
|------------------------------|-----------------------|--|--------------------|
| PAH AGENTS, Oral and Inhaled | NI-Orenitram®         | Must have one ERA and one PDE-5. May add others. Retain GF & existing PA criteria. | <b>YES</b>         |

The Board reviewed the blue category in advance of the meeting- Kathy from Magellan reported on new doses and discontinued items in this category. This category of drugs has no new clinically significant information since last review. Board recommendations for Group 2 (Blue category) from 2019 were retained. They are as follows:

| <b>CLASS</b>  | <b>2020 RECOMMENDATIONS</b>   | <b>Grandfather</b> |
|---|---|--------------------|
| ANDROGENIC AGENTS, TOPICAL                          | Class effect.   | <u>NO</u>          |
| ANTIEMETIC  | Must have one 5-HT3 agent and one metoclopramide product. May add others. Continue with existing prior authorization criteria.  | <u>NO</u>          |
| ANTIHYPERURICEMICS                                  | Must have allopurinol and a single ingredient colchicine product. May add others. Continue with existing prior authorization criteria.  | <u>NO</u>          |
| ANTI-ANGINAL/ ANTI-ISCHEMIC AGENTS                  | May add with PA criteria.   | <u>NO</u>          |
| BETA-BLOCKERS                                       | Must have metoprolol ER and carvedilol in some form. All other single ingredient agents have a class effect. Do not add combo agents containing diuretics-not first line agents and issues of concern with thiazides. | <u>NO</u>          |
| BILE SALTS  | Must have one ursodiol.   | <u>NO</u>          |
| BONE RESORPTION SUPPRESSION & RELATED AGENTS        | Class effect with existing PA criteria.   | <u>NO</u>          |
| CALCIUM CHANNEL BLOCKERS (DHP & non-DHP) and COMBOS | Must have a long-acting diltiazem and a long-acting verapamil. Must have amlodipine. All others are class effect.   | <u>NO</u>          |
| COLONY STIMULATING FACTORS                          | Therapeutic alternatives.   | <u>NO</u>          |
| ESTROGEN, Oral & Transdermal                        | Class effect. Must have one topical and one oral.   | <u>NO</u>          |
| GROWTH HORMONE                                      | Therapeutic alternatives.   | <u>NO</u>          |
| HAE   | Therapeutic alternatives. Continue with prior authorization criteria.   | <u>NO</u>          |
| HYPOGLYCEMICS: Alpha Glucosidase Inhibitors         | Class effect.   | <u>NO</u>          |
| HYPOGLYCEMICS: Meglitinides                         | Class effect.   | <u>NO</u>          |
| HYPOGLYCEMICS: Metformins                           | Must have metformin IR. Class effect for others.  | <u>NO</u>          |
| HYPOGLYCEMICS: Sulfonylureas 2nd gen                | Class effect.   | <u>NO</u>          |
| HYPOGLYCEMICS: TZDs                                 | Class effect. Continue with existing PA criteria.   | <u>NO</u>          |
| PANCREATIC ENZYMES                                  | Class effect with patients being grandfathered on current treatment.  | <u>YES</u>         |
| PLATELET AGGREGATION                                | Must have immediate release aspirin. Must have one of   | <u>YES</u>         |

|                               |   |           |
|-------------------------------|---|-----------|
| INHIBITORS                    | prasugrel, clopidogrel, ticagrelor, or vorapaxar. Class effect for other agents. Grandfathered. |           |
| PROGESTINS FOR CACHEXIA       | Class effect.   | <u>NO</u> |
| PROTON PUMP INHIBITORS        | Class effect.   | <u>NO</u> |
| ULCERATIVE COLITIS AGENTS     | Class effect. Must have more than one route.  | <u>NO</u> |
| VAGINAL ESTROGEN PREPARATIONS | Therapeutic alternatives.   | <u>NO</u> |

Meeting adjourned at 3:50 PM.

Next meeting will be April 22, 2020. It is currently set for the same format. Additional information will be posted by the Department.