

May 2022 PDL/DUR Board Meeting Minutes

Date: May 25, 2022

Members Present: Barnhill, Anglim, Blake, Brown, Caldwell, Jost, Maxwell, McGrane, Nauts (arrived 1:30pm), Stone

Members Absent: Blank, Putsch

Others Present: Shannon Sexauer, Dani Feist, Katie Hawkins (DPHHS); Kathy Novak (Magellan); Artis, Bahny, Erickson, Opitz, (MPQH); and representatives from the pharmaceutical industry.

Introductions: Marcella Barnhill opened the meeting.

Meeting Minute Review: The meeting minutes from the April 27, 2022 PDL meeting were approved as written.

Public Comment: Speaker information is as follows:

1. Lance Lewis, Corium Inc. - Azstarys®
2. Olawemimo "Mimo" Odebiyi, Teva Pharmaceuticals - Austedo®
3. Sophia Yun, Janssen Scientific Affairs – Invega Hafyera®
4. Mark Golick, Neurocrine Biosciences - Ingrezza®
5. Janis Pruett, Myovant - Myfembree®
6. Katie Lee, UCB - Fintepla®
7. Kellie Murry, Neurelis - Valtoco®

Department Update: No Department update.

PREFERRED DRUG LIST MEETING

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

| CLASS | DRUG NAME | 2022 RECOMMENDATIONS | Grandfathered |
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| ANTICONVULSANTS | ND-Eprontia® NI-Briviact®, Fintepla®, Vimpat® | <u>CARBAMAZEPINE DERIVATIVES</u> - Must have carbamazepine chewable, oral tablets and suspension, a long-acting carbamazepine, and oxcarbazepine immediate release. <u>FIRST GENERATION</u> - - Must have phenobarbital, phenytoin, primidone, phenytoin 30mg and 50mg, divalproex IR and ER, ethosuximide capsules and suspension, valproic acid caps and suspension. Do not add felbamate. <u>SECOND GENERATION AND OTHERS</u> - Must have a rescue product that includes a nasal formulation (<i>with corresponding</i> | No |

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| | | <i>PA criteria to allow for appropriate access), gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR, zonisamide, and lamotrigine starter pack.</i> | |
| ANTIMIGRAINE AGENTS | ND-Trudhesa [®] , Qulipta [®] NI-Nurtec [®] ODT | Must have 1 nasal formulation, 1 injection, and 1 short acting agent (short-acting agents have class effect). | No |
| ANTIPSYCHOTICS, ATYPICAL | ND-Lybalvi [®] , Invega Hafyera [®] NI-Adasuve [®] | Must have aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone, lurasidone and clozapine.-Continue clinical criteria. Grandfathered class. <i>The Board requests further discussion for long-acting injectable therapies, regarding criteria requirements and utilization, at a future DUR board meeting.</i> | Yes |
| MULTIPLE SCLEROSIS AGENTS | ND-Ponvory [®] NI-Zeposia [®] | Must have glatiramer, 1 interferon agent, and an oral agent. Exclude Physician Administered Drugs. Grandfathered class. | Yes |
| NEUROPATHIC PAIN | NI-Drizalma [®] | Must have duloxetine and gabapentin. Continue existing specific PA criteria. Grandfathered class. | Yes |
| NSAIDS | NI-Zipzor [®] | Class effect. Must have 1 oral and 1 topical agent. | No |
| OPHTHALMICS, ANTI- INFLAMMATORY/ IMMUNOMODULATOR | ND-Tyrvaya [®] | Therapeutic alternatives. May add with PA criteria for appropriate use. | No |

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| OPHTHALMIC GLAUCOMA AGENTS | ND-Vuity® | <p><u>OPHTHALMIC ALPHA 2 ADRENERGIC AGENTS</u>- Must have brimonidine due to increased efficacy.</p> <p><u>OPHTHALMIC BETA BLOCKERS</u>- Class effect.</p> <p><u>GLAUCOMA, OTHERS (Formerly- OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS)</u> Must have 1 single agent.</p> <p><u>OPHTHALMIC PROSTAGLANDINS</u>- Class effect.</p> | No |
| STIMULANTS & RELATED AGENTS | ND-Azstarys®, Qelbree®, NI-Evekeo® ODT, Dyanavel® XR | <p><u>NON-STIMULANT ADHD AGENTS</u>-Must have atomoxetine, (<i>adding</i>) guanfacine ER, and clonidine ER.</p> <p><u>STIMULANTS</u>-Trial of 2 preferred agents required. Must have 1 long-acting agent and 1 short-acting agent each of a methylphenidate-like product and an amphetamine-like product. Grandfathered class only applies to stimulants.</p> | <p>NON-STIMULANTS: No</p> <p>STIMULANTS: Yes</p> |
| SUBSTANCE USE DISORDER TREATMENTS | ND-Kloxxado®, Zimhi® | <p><u>OPIOID USE DISORDER TREATMENTS</u>- Therapeutic alternatives. Must have buprenorphine/naloxone film. Do not add buprenorphine monotherapy tablet or buprenorphine/naloxone tablet.</p> <p><u>OPIOID REVERSAL</u>-Must have injection and nasal naloxone. (<i>Adding</i>) Do not add high dose nasal naloxone.</p> <p><i>The Board requests that criteria be reviewed for high dose opioid reversal products at a future meeting.</i></p> | No |
| UTERINE DISORDER TREATMENTS | ND-Myfembree®, Oriahnn®, Orilissa® | <p>Therapeutic alternatives.</p> <p><i>The Board requested further discussion and possible criteria development at a future meeting, due to increased risk of suicide.</i></p> | No |

The Board reviewed the **blue category** in advance of the meeting. Kathy from Magellan reported on new generics in this category. This category of drugs has no new clinically significant information since last review. Board recommendations for Group 2 (Blue category) from 2021 were retained, with the exception of removing the “*May Add Others*” to classes where it was mentioned in past meetings, per the Board’s request. The recommendations are as follows:

| CLASS | 2022 RECOMMENDATIONS | Grandfathered |
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| ALZHEIMER’S AGENTS | Must have donepezil. Continue PA criteria on memantine products. Grandfathered class. | Yes |
| ANALGESICS, NARCOTIC LONG ACTING | Must have 1 long-acting formulation of morphine or oxycodone. Must have buprenorphine transdermal formulation. Continue clinical criteria. Grandfathered class. | Yes |
| ANTIDEPRESSANTS, OTHERS | Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. Grandfathered class. | Yes |
| ANTIDEPRESSANTS, SSRI’S | Class effect. Must have a diagnosis of VMS associated with menopause for Brisdelle®. Grandfathered class. | Yes |
| ANTIHYPERTENSIVES, SYMPATHOLYTICS | Therapeutic alternatives. Must have a clonidine product and a guanfacine product. | No |
| ANTIPARKINSON'S AGENTS | Must have a dopamine agonist, a COMT inhibitor, a MAO-B inhibitor, trihexyphenidyl, benztropine, amantadine, IR carbidopa/levodopa, CR carbidopa/levodopa. | No |
| MOVEMENT DISORDERS | May add with PA criteria | No |
| OPHTHALMIC ALLERGIC CONJUNCTIVITIS | <u>ANTIHISTAMINES</u> - Class effect. <u>MAST CELL STABILIZERS</u> - Class effect. | No |
| OPHTHALMIC ANTIBIOTICS | Class effect. | No |
| OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS | Class effect. | No |
| OPHTHALMICS, ANTI-INFLAMMATORIES | <u>NSAIDS</u> - Class effect. <u>STERIODS</u> - Therapeutic alternatives. | No |
| OTIC ANTIBIOTICS & COMBINATIONS | Class effect. | No |
| OTIC ANTI-INFECTIVES & ANESTHETICS | Therapeutic alternatives. | No |
| OTICS, ANTI-INFLAMMATORY | May add. | No |

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| SEDATIVE HYPNOTICS | Therapeutic alternatives. <u>BENZODIAZEPINES</u> - Must have temazepam, do not add others. <u>BZ-1 SELECTIVE AGENTS</u> - Must have 1 BZ-1 selective agent. Do not add ramelteon. | No |
| SKELETAL MUSCLE RELAXANTS | Must have baclofen and cyclobenzaprine. Other agents are therapeutic alternatives. | No |

One **green category** was not reviewed as all chemical entities are preferred at this time.

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| Class |
| PITUITARY SUPPRESSIVE AGENTS, LHRH |

Meeting adjourned at 2:55pm.

This is the final PDL meeting of 2022. The next meeting will be the DUR Board meeting on July 13th, 2022 at 1pm, in this same format.