

May 2023 PDL/DUR Board Meeting Minutes

Date: May 24, 2023

Members Present: Barnhill, Anglim, Blake, Blank, Brown, Caldwell, Jost, McGrane, Nauts, Putsch, Stone

Members Absent: Turnsplenty

Others Present: Shannon Sexauer, Dani Feist, Katie Hawkins (DPHHS); Kathy Novak (Magellan); Bahny, Zody (Mountain Pacific); and representatives from the pharmaceutical industry

Meeting Minute Review: The meeting minutes from the April 26, 2023, PDL meeting were approved as written.

Public Comment: Speaker information is as follows:

- Shirley Quach, Novartis – Kesimpta®
- Rebecca White, St. Peter’s Healthcare – Ingrezza®
- Nicole Orazio, TG Therapeutics – Brumvi®
- Samantha Cicero, Neurocrine Biosciences – Ingrezza®
- Paul Thompson, Alkermes – Lybalvi®
- Erin Nowak, AbbVie – Qulipta®
- Raj Sandhar, UCB Inc. – Nayzilam®
- Mike Dismuke, Santen Inc. – Verkazia®
- Marcus Stanaland, GSK – Nucala®
- John Flatt, Marinus Pharmaceuticals – Ztalmy®
- Sean Hammond, Axsome Therapeutics – Auvelity®
- Uche Mordi, Bristol Myers Squibb – Zeposia®

Department Update: No Department update.

PREFERRED DRUG LIST MEETING

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

CLASS	DRUG NAME	2023 RECOMMENDATIONS	Grandfathered
ALZHEIMER’S AGENTS	ND-Adlarity®	Must have oral donepezil and a transdermal product (<i>new add</i>). Grandfathered class.	Yes
ANTICONVULSANTS	ND-Ztalmy® NI-Diacomit® Fintepla®	CARBAMAZEPINE DERIVATIVES - Must have carbamazepine chewable, oral tablets and suspension, a long-acting carbamazepine and oxcarbazepine immediate release. FIRST GENERATION - Must have phenobarbital, phenytoin, primidone, phenytoin 30mg and 50mg, divalproex	No

		<p>IR and ER, ethosuximide capsules and suspension, valproic acid caps and suspension. Do not add felbamate.</p> <p>SECOND GENERATION AND OTHERS - Must have a rescue product that includes a nasal formulation (<i>with corresponding PA criteria to allow for appropriate access</i>), gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR and zonisamide.</p> <p><i>Remove lamotrigine starter pack as a “must have.”</i></p>	
ANTIDEPRESSANTS, OTHER	ND-Auvelity®	Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. Grandfathered class.	Yes
ANTIMIGRAINE AGENTS	NI-Qulipta®	Must have 1 nasal formulation, 1 injection and 1 short-acting agent (short-acting agents have class effect).	No
ANTIPSYCHOTICS, ATYPICAL	NI-Vraylar®	Must have aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone, lurasidone and clozapine. Continue clinical criteria. Grandfathered class.	Yes
IMMUNOMODULATORS, ASTHMA	New Class – Fasenra®, Nucala®, Tezspire®, Xolair®	Therapeutic alternatives. Grandfathered class.	Yes
SEDATIVE HYPNOTICS	ND-Quviquiq®	<p>Therapeutic alternatives.</p> <p>BENZODIAZEPINES - Must have temazepam, do not add others.</p> <p>BZ-1 SELECTIVE AGENTS - Must have 1 BZ-1 selective agent.</p> <p>Do not add ramelteon.</p>	No
STIMULANTS & RELATED AGENTS	ND-Xelstrym® NI-Evekeo® ODT	<p>NON-STIMULANT ADHD AGENTS - Must have atomoxetine, guanfacine ER and clonidine ER.</p> <p>STIMULANTS - 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>

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. The Board recommendations for Group 2 (Blue category) from 2022 were retained. The recommendations are as follows:

CLASS	2023 RECOMMENDATIONS	Grandfathered
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, SSRI'S	Class effect. Must have a diagnosis of VMS associated with menopause for Brisdelle®. Grandfathered class.	Yes
ANTIPARKINSON'S AGENTS	Must have a dopamine agonist, a COMT inhibitor, a MAO-B inhibitor, trihexyphenidyl, benz tropine, amantadine, IR carbidopa/levodopa, CR carbidopa/levodopa.	No
MOVEMENT DISORDERS	May add with PA criteria. <i>The Board discussed the medications in this category based on the provider letters and information presented during the public comment period. They could not find superiority in either drug listed and felt the prior authorization process addresses those members who have exhibited the need for a non-preferred product. They upheld their prior recommendation of "May add with PA criteria."</i>	No
MULTIPLE SCLEROSIS AGENTS	Must have glatiramer, 1 interferon agent and an oral agent. Grandfathered class. <i>The Board discussed the medications in this category and what options were available to prescribers. They determined the medication in the Physician Administered Drugs Program (PAD) fill in the gaps they were concerned about.</i>	Yes
NEUROPATHIC PAIN	Must have duloxetine and gabapentin. Continue existing specific PA criteria. Grandfathered class.	Yes
NSAIDS	Class effect. Must have 1 oral and 1 topical agent.	No
OPHTHALMIC FOR ALLERGIC CONJUNCTIVITIS	ANTIHISTAMINES - Class effect. MAST CELL STABILIZERS - Class effect.	No
OPHTHALMIC ANTIBIOTICS	Class effect.	No
OPHTHALMIC ANTIBIOTIC-	Class effect.	No

STEROID COMBINATIONS		
OPHTHALMICS, ANTI-INFLAMMATORIES	NSAIDS - Class effect. STEROIDS - Therapeutic alternatives.	No
OPHTHALMICS, ANTI-INFLAMMATORY/IMMUNOMODULATOR	Therapeutic alternatives. May add with PA criteria for appropriate use.	No
OPHTHALMIC GLAUCOMA AGENTS	OPHTHALMIC ALPHA 2 ADRENERGIC AGENTS - Must have brimonidine due to increased efficacy. OPHTHALMIC BETA BLOCKERS - Class effect. GLAUCOMA, OTHERS - Must have 1 single agent. OPHTHALMIC PROSTAGLANDINS - Class effect.	No
OTIC ANTIBIOTICS	Class effect.	No
OTIC ANTI-INFECTIVES & ANESTHETICS	Therapeutic alternatives.	No
OTICS, ANTI-INFLAMMATORY	May add.	No
SKELETAL MUSCLE RELAXANTS	Must have baclofen and cyclobenzaprine. Other agents are therapeutic alternatives.	No
SUBSTANCE USE DISORDER TREATMENTS	OPIOID USE DISORDER TREATMENTS - Therapeutic alternatives. Must have buprenorphine/naloxone film. Do not add buprenorphine monotherapy tablet or buprenorphine/naloxone tablet. OPIOID REVERSAL - Must have injection and nasal naloxone. Do not add high dose nasal naloxone.	
ANTIHYPERTENSIVES, SYMPATHOLYTICS	Therapeutic alternatives. Must have a clonidine product and a guanfacine product.	No

There are no green category drugs to review at this time.

The meeting adjourned at 2:46 p.m.

This is the final PDL meeting of 2023. The next meeting will be the DUR Board meeting, date to be determined, in this same format.