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PHARMACY AND THERAPEUTICS COMMITTEE

Meeting Minutes

Date and Time of Meeting: Thursday, September 28, 2017 at 1:00 PM

Name of Organization: The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting:

North Nevada Location:
Division of Public & Behavioral Health
4150 Technology Way, Rm 301
Carson City, NV 89701

South Nevada Location:
Springs Preserve
333 S. Valley View Blvd
Las Vegas, NV 89107

Please check with staff to verify room location

Webinar Registration:

<https://optum.webex.com/optum/onstage/g.php?MTID=e698cdc3c4cbcc31d4c379331a1f8cebe>

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www.webex.com, select “Join”, enter Meeting Number 644 525 531, your name and email and then select, “Join”.

A Password should not be necessary, but if asked, enter, “9MMZuC88”

OR

Audio Only:

1-763-957-6300

Event Number: 644 525 531

Event Number:

644 525 531

Follow the instructions that appear on your screen to join the teleconference. Audio will also be broadcast over the internet (VoIP).

Attendees

Board Members (Present)

Shamim Nagy, MD, Chair
Mark Decerbo, Pharm.D.
Adam Zold, Pharm.D.
Joseph Adashek, MD
Chris Highley, DO
Evelyn Chu, Pharm.D.

Board Members (Absent)

Michael Hautekeet, RPh

DHCFP:

Duane Young, Chief, DHCFP
Holly Long, Social Services Program Sp

Gabe Lither, DAG

DXC:

Beth Slamowitz, Pharm.D.

OptumRx:

Carl Jeffery, Pharm.D.
Kevin Whittington, RPh

Rob Earnest, Pharm.D., JD
Daniel Medina

Public (Las Vegas):

Toya Malone Davis, MD, Neurology
Rob Bigham, Shire
Mark Schwartz, GSK
Nick Casale, Indivior
George Dzwikaski, Indivior
Krystal Joy, Otsuka
Cynthia Albert, Merck
Charissa Anne, J&J
Cathy Gross, Purdue
Chet Steckler, Purdue
Jill Sugg, USB
Chioma Ezenduka, UCB
Fern Leal, UCB
Elaine Defelice, UCB
Kelvin Yamebute, Sanofi
Zulma Schlossberg, Tris Pharma
Karen Nguyen, Allergan

Jane Stephan, Allergan
Fatima Sadut, Otsuka
Rupa Shah, Purdue Pharma
Christian Heirner, Rhodes
Nana Numapan, BI
Dan Tubridy, BI
William Lam, BI
Lee Stout Chiesi
Patrick Moty, Horizon
Jennifer Lauper, BMS
Nindhana Paranthaman, BMS
Tony Locke, Tris Pharma
Melissa Walsh, Novartis
Lovell Robinson, Abbvie
Jignesa Patel, Novo
Karen Jackson, Trividia
Danielle Marano, Epilepsy Foundation

Steven Zona, Janssen
Ryan Bitton, HPN
Karen Enbinder, Novo
Kaysen Bala, Biogen
Christy Lemons, Orexo
Sandy Sierawski, Pfizer

Mark Rueckert, Pfizer
Mike Markette, Pfizer
Lori Howarth, Bayer
James Marx, MD
James Kotusky, Gilead
Michael Virtuoso, Student

Public (Carson City):

Aimee Doran, United Therapeutics

Public (Teleconference):

Dave West
Rhigel Tan
Kim Jacoby, Lundbeck
Chad MacGregor
Robert Horn
Vanessa Castillo
Tanya Phares

Colin Carey
Tom Beranek, SilverSummit
Jeannine Murray, Amerigroup
Rob Bigham, Shire
Michael Faithe, Amgen
Jaclyn Weise, Genentech

1. Call to Order and Roll Call

Dr. Nagy called the Meeting to order at 1:00PM. Roll call was taken and a quorum established.

2. Public Comment

Dr. Nagy called for public comment. None

3. Administrative

- a. **For Possible Action:** Review and Approve Meeting Minutes from March 23, 2017

A motion was made to approve the minutes as submitted, the motion was seconded. The Board voted to accept the minutes. The motion carried.

- b. Status Update by DHCFP
i. Public Comment

Mr. Young provides an update from DHCFP. Gave an overview of new Behavior Health programs that were effective July 1, 2017. The legislation from the current session allowed for rate changes and adding services to the State plan will be effective January 1, 2018. Mental Health Parity assessment was completed and the State was found in compliance.

Dr. Nagy called for public comment.

4. Annual Review - Established Drug Classes Being Reviewed Due to the Release of New Drugs

a. Analgesics - Opiate Agonists

Dr. Nagy called for public comment.

Dr. Rupa Shaw, clinical pharmacist with Purdue Pharma. Provided comment for Hysingla ER.

Dr. Jeffery notified Dr. Shaw the abuse deterrent opioids will be reviewed in December.

Dr. Shaw had no further comments.

Dr. Jeffery provided overview of the generic buprenorphine patch. Dr. Jeffery reminded the board the abuse deterrent opioids will be reviewed in December. Optum recommended the class be considered clinically and therapeutically equivalent.

A motion was made, seconded and voted to approve. The motion carried.

Dr. Jeffery recommended the generic buprenorphine patch be considered non-preferred, the rest of the class remain the same.

A motion was made, seconded and voted to approve. The motion carried.

b. Anti-infective Agents - Antivirals - Influenza Agents

Dr. Nagy called for public comment

Dr. Jeffery provided information for the generic Tamiflu, an AB rated generic. Optum recommended the board consider the drugs in the class clinically and therapeutically equivalent.

A motion was made to accept the recommendation, seconded and voted to approve. The motion carried.

Dr. Jeffery recommended to the board the generic remain non-preferred and the brand as preferred.

A motion was made to accept Optum's recommendation, seconded and voted to approve. The motion carried.

c. Anti-infective Agents - Quinolones - Quinolones - 3rd Generation

Dr. Nagy asked for public comment.

Dr. Jeffery gave an overview of moxifloxacin generic. Another new agent, also available, Baxdela was briefly discussed. It has similar cure rates, but not available yet on the market. Optum recommended the board consider the drugs in this class clinically and therapeutically equivalent.

A motion was made to accept Optum's recommendation, seconded and voted to approve. The motion carried.

Dr. Jeffery recommended to the board the generic moxifloxacin and Baxdela be considered non-preferred.

A motion to accept Optum's recommendations was made, seconded and voted as approved. The motion carried.

d. Autonomic Agents - Sympathomimetics - Self-Injectable Epinephrine

Dr. Nagy asked for public comment.

Dr. Jeffery gave an overview of the changes to the class including the authorized generic from Teva for EpiPen. The new generic is made by the same company as EpiPen. The generic is BX rated, so not interchangeable at the pharmacy. Auvi Q is available again after being off the market for some time. Dr. Jeffery recommended the board consider the products in this class clinically and therapeutically equivalent.

A motion to accept Optum's recommendation was made, seconded and voted as approved. The motion carried.

Dr. Jeffery recommended moving Auvi-Q, EpiPen and EpiPen Jr. to non-preferred and list the generic epinephrine auto injector as preferred.

A motion to accept the recommendation was made, seconded and voted as approved. The motion carried.

e. Biologic Response Modifiers - Immunomodulators - Targeted Immunomodulators

Dr. Nagy asked for public comment.

Nindhana Paranthaman from the Medical Affairs team at Bristol Myers Squibb offered information on two new updates for Orencia with new indications. Covered dosing and studies of efficacy.

Sandy Sierawski, a pharmacist with Pfizer in the medical outcomes division, provided information for Xeljanz and Xeljanz XR.

Steven Zona with medical outcomes from Janssen, presented information for Stelara and Tremfya and asked the Board to consider adding them to the preferred drug list. Provided information on Stelara, including mechanism of action, dosing and administration, studies showing efficacy and safety information. Provided information for Tremfya including mechanism of action, dosing and administration, studies showing superiority to Humira in psoriasis, adverse drug events and warnings.

Dr. Jeffery presented information on new agents, Kevzara an IL6 indicated for rheumatoid arthritis, Renflexis, a biosimilar to Remicade, Siliq an IL17 for plaque psoriasis and Tremfya an IL23 for plaque psoriasis. Recommended the board consider the drugs in the class be considered clinically and therapeutically equivalent.

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A motion was made to accept Optum's recommendation, the motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended to the board the new agents Kevzara, Renflexis, Siliq and Tremfya be considered non-preferred.

Dr. Decerbo asked if failure of only one agent is required before moving to a non-preferred agent.

Dr. Jeffery answered that two preferred agents would have to be tried first.

Mr. Lither suggested the board defer changing the requirement to failing a single agent to a future meeting.

Dr. Adashek requested this topic be on the next agenda to consider requiring only a single preferred agent before getting a non-preferred agent.

A motion was made to accept the proposed drug list by Optum. The motion was seconded and voted as approved. The motion carried.

f. Biologic Response Modifiers - Multiple Sclerosis Agents - Injectable

Dr. Nagy called for public comment.

Dr. Jeffery started by reminding the board that only one preferred agent trial be tried first. Presented information on a new agent in the class Ocrevus. Gave an overview of administration and indication. Recommended the board consider this class clinically and therapeutically equivalent.

A motion is made to accept the recommendation from Optum. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended to the board Ocrevus be listed as preferred.

Dr. Decerbo asked how Ocrevus will be billed.

Dr. Jeffery responded that specialty pharmacies may bill and then ship to the provider for administration rather than the physician's office billing for it directly.

A motion was made to accept Optum's recommendation. The motion was seconded and voted as approved. The motion carried.

g. Cardiovascular Agents - Antilipemics - Cholesterol Absorption Inhibitors

Dr. Nagy asked for public comment.

Dr. Jeffery provided information on the new AB rated generic of Zetia. Optum recommends the board consider these agents clinically and therapeutically equivalent.

A motion was made to accept the recommendation from Optum. The motion was seconded and voted as approved, the motion carried.

Dr. Jeffery recommended brand Zetia remain preferred and ezetimibe be listed as non-preferred.

A motion was made to accept Optum's recommendation. The motion was seconded and voted as approved. The motion carried.

h. Cardiovascular Agents - Antilipemics - HMG-CoA Reductase Inhibitors (Statins)

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the new AB rated generic Vytorin and Crestor. Recommended the board consider the medications in this class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved, the motion carried.

Dr. Jeffery recommended the generic ezetimibe-simvastatin and rosuvastatin be considered non-preferred.

A motion to accept the recommendation was made. The motion was seconded and voted as approved, the motion carried.

i. Dermatological Agents - Antipsoriatic Agents - Topical Vitamin D Analogs

Dr. Nagy called for public comment.

Dr. Jeffery provided information for some new products, Enstilar. Recommended the board consider the agents in this class clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended some changes to include Sorilux, Taclonex, Vectical ointment be considered preferred and Calcipotriene, calcipotriene/betamethasone and Enstilar as non-preferred.

A motion was made to accept the recommendations. The motion was seconded and voted as approved. The motion carried.

j. Dermatological Agents - Topical Anti-infectives - Topical Antivirals

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the new agent Xerese and Zovirax ointment. Discussed national guidelines and OTC availability. Recommended these agents be considered clinically and therapeutically equivalent.

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Dr. Adeshk asked if there are any studies comparing the oral agents vs the topical agents.

Dr. Jeffery responded that he was not aware of any head-to-head studies.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the new product Xerese be preferred and Acyclovir ointment and Denavir as non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

k. Dermatological Agents - Topical Anti-infectives - Topical Scabicides

Dr. Nagy called for public comment.

Dr. Jeffery provided information for Ulesfia and spinosad. Recommended the board consider these clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as preferred. The motion carried.

Dr. Jeffery recommended Ulesfia be moved to preferred and spinosad be non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

l. Gastrointestinal Agents - Antiulcer Agents - Proton Pump Inhibitors (PPIs)

Dr. Nagy called for public comment.

Dr. Jeffery presented information on the new generics of esomeprazole. Recommended the agents in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the new generic esomeprazole be non-preferred, everything else remain the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

m. Gastrointestinal Agents - Gastrointestinal Anti-inflammatory Agents

Dr. Nagy called for public comment.

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Dr. Jeffery provided information on new generics for Lialda and Asacol, both mesalamine. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended moving brand names Apriso, Asacol HD and Lialda as preferred and the Melalamine, generics for Lialda and Asacol HD as non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

n. Hematological Agents - Anticoagulants - Injectable

Dr. Nagy called for public comment.

Dr. Jeffery stated there are no changes recommended to the class. The class will be included with the review at the end.

o. Hormones and Hormone Modifiers - Antidiabetic Agents - Biguanides

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the new generic for Glumetza. Reminded the board of the statute of anything on the market before June 30, 2010 has to be preferred. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the generic Glumetza metformin be considered non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

p. Hormones and Hormone Modifiers - Antidiabetic Agents - Incretin Mimetics

Dr. Nagy called for public comment.

Dr. Jeffery provided information on some new medication in the class, Adlyxin, Soliqua and Xultophy. Covered administration and product details. Discussed rationale for including the combination products, Soliqua and Xultophy in the class. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the new agents Adlyxin, Soliqua and Xultophy be considered non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

q. Hormones and Hormone Modifiers - Antidiabetic Agents - Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors

Dr. Nagy called for public comment.

Nana Numapau with Boehringer Ingelheim in the health economics and outcomes group. Provided information for Synjardy and Synjardy XR. Reminded the board Synjardy is the only agent to reduce cardiovascular death. Covered other studies and outcomes. Covered other agents, Glyxambi, Synjardy and Synjardy XR. Asked the board the add Synjardy and Synjardy XR as preferred because of the available data.

Steven Zona offered to answer any questions from the board about Invokana.

Dr. Jeffery provided information on Synjardy XR. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended keeping the combination agents as non-preferred and keeping Synjardy XR as non-preferred. Reminded the board that only a single preferred agent needs to be tried before getting a non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

r. Musculoskeletal Agents - Bone Resorption Inhibitors - Bisphosphonates

Dr. Nagy called for public comment.

Dr. Jeffery recommended no changes to the class and include with the global approval section at the end.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

s. Neurological Agents - Anti-Migraine Agents - Serotonin-Receptor Agonists

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the generic Relpax, eletriptan. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended making the new generic eletriptan non-preferred and keeping the rest of the class the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

t. Ophthalmic Agents - Ophthalmic Anti-infectives - Ophthalmic Quinolones

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the new generic for Vigamox, moxifloxacin. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the new generic moxifloxacin be added as non-preferred and keep the rest of the class the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

u. Psychotropic Agents - ADHD Agents

Dr. Nagy called for public comment.

Christina Heiner, representing Rhodes Pharmaceuticals, asked the board to consider adding Aptensio XR to the preferred drug list. Covered indications, dosage forms, administration, pharmacokinetics, and clinical studies.

Dr. Jeffery provided information on the new products in the class, Cotelpla XR, Mydayis, Vyvanse Chewable and generic atomoxetine. Discussed the different dosage forms and clinical differences. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended Intuniv be moved to non-preferred and the generic guanfacine ER to preferred. Atomoxetine, Cotelpla XR and Mydayis will be added as non-preferred. The new dosage form of Vyvnase be included with the other Vyvanse products already listed as preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

v. Psychotropic Agents - Antipsychotics - Atypical Antipsychotics - Oral

Dr. Nagy called for public comment.

Karen Nguyen, a pharmacist and scientific liaison at Allergan. Provided information on Vraylar including mechanism of action, indications, clinical studies, clinical guidelines and asked Vraylar be preferred for Nevada Medicaid.

[Name unintelligible] psychiatrist in Las Vegas. Provided clinical experience with Vraylar in his practice.

Dr. Jeffery referred the board to the letters regarding Vraylar passed out at the meeting. Provided information on generic quetiapine ER and Vraylar. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended to the Board to make quetiapine XR preferred and brand Seroquel XR as non-preferred.

Dr. Adashek referenced the letters from the physicians asking for Vraylar to be made preferred, asked if there was any reason to not make it preferred.

Dr. Jeffery responded that it is a good medication, but there are other medications that are also effective.

Dr. Decerbo asked if this class only requires the failure of a single preferred agent before getting a non-preferred. They would just need to fail a single preferred agent.

Dr. Jeffery responded just one preferred agent must be tried.

A motion was made to make Vraylar preferred and accept the remainder of the recommendation. The motion was seconded.

Dr. Decerbo asked to make separate motions.

A motion was made to make Vraylar preferred. The motion was seconded, voted as approved, the motion carried.

A motion was made to accept the rest of the recommendations. The motion was seconded and voted as approved. The motion carried.

- w. Respiratory Agents - Respiratory Anti-inflammatory Agents - Leukotriene Receptor Antagonists

Dr. Nagy called for public comment.

Dr. Jeffery provided information for Zylflo, Zylflo CR and a generic zileuton ER. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended Zyflo, Zyflo CR be made preferred and zileuton ER be non-preferred, and keep the rest of the class the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

- x. Respiratory Agents - Respiratory Corticosteroid/Long-Acting Beta-Agonist Combinations

Dr. Nagy called for public comment.

Dr. Jeffery provided a brief overview of the new agents in the class, Airduo and fluticasone propionate/salmeterol. The same ingredients as in Advair, but a different delivery mechanism. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the new agents Airduo and fluticasone propionate/salmeterol be made non-preferred and keep the rest of the class the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

5. Annual Review – Established Drug Classes

- a. Cardiovascular Agents - Antihypertensive Agents - Angiotensin II Receptor Antagonists

Dr. Jeffery recommended this class be included in the review with no recommended changes.

Dr. Nagy agreed and moved the agenda item to the no recommended changes.

- b. Cardiovascular Agents - Antihypertensive Agents - Calcium-Channel Blockers

Dr. Jeffery recommended this class be included in the review with no recommended changes.

Dr. Nagy agreed and moved the agenda item to the no recommended changes.

- c. Cardiovascular Agents - Antihypertensive Agents - Vasodilators – Oral

Dr. Nagy called for public comment.

Dr. Jeffery provided a brief overview of the class. Letairis is in the same class as Tracleer, a preferred medication. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended Letairis move to non-preferred and grandfather anyone currently on Letairis to continue without PA requirements.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

d. Gastrointestinal Agents - Antiemetics - Miscellaneous

Dr. Jeffery recommended this class be included in the review with no recommended changes.

Dr. Nagy agreed and moved the agenda item to the no recommended changes.

e. Hematological Agents - Anticoagulants - Oral

Dr. Nagy called for public comment.

Dr. Jeffery provided information on the new agent in the class, Bevyxxa. Covered indication and dosing. Recommended the medications in the class be considered clinically and therapeutically equivalent.

Dr. Decerbo asked if Yosprala, aspirin/omeprazole should be included.

Dr. Jeffery answered that medication is included in another class, the antiplatelets.

A motion was made to accept the recommendation minus the Yosprala. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended Bevyxxa be made non-preferred due to the limited indications.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

f. Hematological Agents - Platelet Inhibitors Public Comment

Dr. Nagy called for public comment.

Dr. Jeffery provided an overview of the new agents, prasugrel and Yosprala. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended prasugrel and Yosprala be made non-preferred and the rest of the class remain the same.

Dr. Decerbo asked for clarification that brand Effient will remain non-preferred as with the new generic prasugrel.

Dr. Jeffery confirmed.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

- g. Hormones and Hormone Modifiers - Pituitary Hormones - Growth hormone modifiers

Dr. Jeffery recommended this class be included in the review with no recommended changes.

Dr. Nagy agreed and moved the agenda item to the no recommended changes.

- h. Neurological Agents - Anticonvulsants

Dr. Nagy called for public comment.

Danielle Marano, executive director for the Epilepsy Foundation of Nevada. Asked the board to open access to all anti-epileptics so patients do not have to fail or try other agents first.

Toya Malone Davis, neurologist and epileptologist in Las Vegas. Asked to board to open access to all medications. Explained difficulty of having to step through preferred agents for certain patients. Advocated to have as open access as possible.

Fern Leal, Medical Director with UCB Pharma. Provided information on Briviact, including epilepsy basics, treatment guidelines, pharmacokinetics of different drugs, drug interactions and mechanisms of actions. Clinical studies were presented. Informed the board of new indications including monotherapy. Asked the Board to provide access to Briviact.

Dr. Jeffery asked if the indication was updated to include monotherapy.

Dr. Leal responded that Briviact is indicated for monotherapy.

Dr. Jeffery provided information on the change of indication for Fycompa that included monotherapy. Briviact also was mentioned with the updated indication for monotherapy. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended to move Fycompa and Briviact to preferred to keep consistent with drugs with indications for monotherapy.

Dr. Decerbo offered information that there are several products available and moving Briviact will keep the list consistent with practices of the past to have monotherapy products as preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

i. Ophthalmic Agents - Ophthalmic Anti-infective/Anti-inflammatory Combinations

Dr. Nagy called for public comment.

Dr. Jeffery provided information of why this class is being reviewed. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended the board move Tobradex Suspension preferred and the generic tobramycin/dexamethasone suspension as non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

j. Psychotropic Agents - Anxiolytics, Sedatives, and Hypnotics

Dr. Nagy called for public comment.

Dr. Jeffery provided a brief overview of Zolpimist, the nasal spray of zolpidem. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended moving Zolpimst to non-preferred.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

k. Respiratory Agents - Nasal Antihistamines

Dr. Nagy called for public comment.

Dr. Jeffery provided a brief overview of Astepro and olopatadine. Recommended the medications in the class be considered clinically and therapeutically equivalent.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

Dr. Jeffery recommended Astepro be moved from preferred to non-preferred and the rest of the class remain the same.

A motion was made to accept the recommendation. The motion was seconded and voted as approved. The motion carried.

1. Respiratory Agents - Respiratory Anti-inflammatory Agents - Nasal Corticosteroids

Dr. Jeffery recommended this class be included in the review with no recommended changes.

Dr. Nagy agreed and moved the agenda item to the no recommended changes.

6. Annual Review – Drug Classes Without Proposed Changes

Dr. Nagy called for public comment.

Dr. Jeffery reviewed the classes with no recommended changes.

- a. Public Comment
- b. Presentation of Recommendations for Preferred Drug List (PDL) Inclusion by OptumRx and the division of Health Care Financing and Policy Without Changes
 - i. Analgesics - Analgesic/Miscellaneous - Neuropathic Pain/Fibromyalgia Agents
 - ii. Analgesics - Analgesic/Miscellaneous - Tramadol and Related Drugs
 - iii. Analgesics - Opiate Agonists - Abuse Deterrent
 - iv. Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral
 - v. Antihistamines - H1 blockers - Non-Sedating H1 Blockers
 - vi. Anti-infective Agents - Antivirals - Alpha Interferons
 - vii. Anti-infective Agents - Antivirals - Anti-hepatitis Agents - Polymerase Inhibitors/Combination Products
 - viii. Anti-infective Agents - Antivirals - Anti-hepatitis Agents - Ribavirins
 - ix. Anti-infective Agents - Antivirals - Anti-Herpetic Agents
 - x. Anti-infective Agents - Cephalosporins - Second-Generation Cephalosporins
 - xi. Anti-infective Agents - Cephalosporins - Third-Generation Cephalosporins
 - xii. Anti-infective Agents - Macrolides
 - xiii. Anti-infective Agents - Quinolones - Quinolones - 2nd Generation
 - xiv. Biologic Response Modifiers - Multiple Sclerosis Agents - Oral
 - xv. Biologic Response Modifiers - Multiple Sclerosis Agents - Specific Symptomatic Treatment
 - xvi. Cardiovascular Agents - Antihypertensive Agents - Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)
 - xvii. Cardiovascular Agents - Antihypertensive Agents - Beta-Blockers
 - xviii. Cardiovascular Agents - Antihypertensive Agents - Direct Renin Inhibitors
 - xix. Cardiovascular Agents - Antihypertensive Agents - Vasodilators - Inhaled
 - xx. Cardiovascular Agents - Antilipemics - Bile Acid Sequestrants
 - xxi. Cardiovascular Agents - Antilipemics - Fibric Acid Derivatives
 - xxii. Cardiovascular Agents - Antilipemics - Niacin Agents
 - xxiii. Cardiovascular Agents - Antilipemics - Omega-3 Fatty Acids

- xxiv. Dermatological Agents - Topical Analgesics
- xxv. Dermatological Agents - Topical Anti-infectives - Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products
- xxvi. Dermatological Agents - Topical Anti-infectives - Impetigo Agents: Topical
- xxvii. Dermatological Agents - Topical Anti-infectives - Topical Antifungals (onychomycosis)
- xxviii. Dermatological Agents - Topical Anti-inflammatory Agents - Immunomodulators: Topical
- xxix. Dermatological Agents - Topical Antineoplastics - Topical Retinoids
- xxx. Electrolytic and Renal Agents - Phosphate Binding Agents
- xxxi. Gastrointestinal Agents - Antiemetics - Serotonin-receptor antagonists/Combo
- xxxii. Gastrointestinal Agents - Antiulcer Agents - H2 blockers
- xxxiii. Gastrointestinal Agents - Functional Gastrointestinal Disorder Drugs (New)
- xxxiv. Gastrointestinal Agents - Gastrointestinal Enzymes
- xxxv. Genitourinary Agents - Benign Prostatic Hyperplasia (BPH) Agents - 5-Alpha Reductase Inhibitors
- xxxvi. Genitourinary Agents - Benign Prostatic Hyperplasia (BPH) Agents - Alpha-Blockers
- xxxvii. Genitourinary Agents - Bladder Antispasmodics
- xxxviii. Hematological Agents - Erythropoiesis-Stimulating Agents
- xxxix. Hormones and Hormone Modifiers - Androgens
 - xl. Hormones and Hormone Modifiers - Antidiabetic Agents - Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.
 - xli. Hormones and Hormone Modifiers - Antidiabetic Agents - Dipeptidyl Peptidase-4 Inhibitors
 - xl.ii. Hormones and Hormone Modifiers - Antidiabetic Agents - Insulins (Vials, Pens and Inhaled)
 - xl.iii. Hormones and Hormone Modifiers - Antidiabetic Agents - Meglitinides
 - xl.iiii. Hormones and Hormone Modifiers - Antidiabetic Agents - Sulfonylureas
 - xl.v. Hormones and Hormone Modifiers - Antidiabetic Agents - Thiazolidinediones
 - xl.vi. Hormones and Hormone Modifiers - Progestins for Cachexia
- xlvi. Musculoskeletal Agents - Antigout Agents
- xlvii. Musculoskeletal Agents - Bone Resorption Inhibitors - Nasal Calcitonins
- xlviii. Musculoskeletal Agents - Restless Leg Syndrome Agents
 - l. Musculoskeletal Agents - Skeletal Muscle Relaxants
- li. Neurological Agents - Alzheimers Agents
- lii. Neurological Agents - Anticonvulsants - Barbiturates
- liii. Neurological Agents - Anticonvulsants - Benzodiazepines
- liv. Neurological Agents - Anticonvulsants - Hydantoins
- lv. Neurological Agents - Antiparkinsonian Agents - Non-ergot Dopamine Agonists
- lvi. Ophthalmic Agents - Antiglaucoma Agents - Carbonic Anhydrase Inhibitors/Beta-Blockers
- lvii. Ophthalmic Agents - Antiglaucoma Agents - Ophthalmic Prostaglandins
- lviii. Ophthalmic Agents - Ophthalmic Antihistamines
- lix. Ophthalmic Agents - Ophthalmic Anti-infectives - Ophthalmic Macrolides

- ix. Ophthalmic Agents - Ophthalmic Anti-inflammatory Agents - Ophthalmic Corticosteroids
 - lxi. Ophthalmic Agents - Ophthalmic Anti-inflammatory Agents - Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
 - lxii. Ophthalmic Agents - Ophthalmics for Dry Eye Disease
 - lxiii. Otic Agents - Otic Anti-infectives - Otic Quinolones
 - lxiv. Psychotropic Agents - Antidepressants - Other
 - lxv. Psychotropic Agents - Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)
 - lxvi. Psychotropic Agents - Psychostimulants - Narcolepsy Agents
 - lxvii. Respiratory Agents - Respiratory Anti-inflammatory Agents - Respiratory Corticosteroids
 - lxviii. Respiratory Agents - Respiratory Anti-inflammatory Agents - Phosphodiesterase Type 4 Inhibitors
 - lxix. Respiratory Agents - Respiratory Antimuscarinics
 - lxx. Respiratory Agents - Respiratory Beta-Agonists - Long-Acting Respiratory Beta-Agonist
 - lxxi. Respiratory Agents - Respiratory Beta-Agonists - Short-Acting Respiratory Beta-Agonist
 - lxxii. Respiratory Agents - Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations
 - lxxiii. Toxicology Agents - Antidotes - Opiate Antagonists
 - lxxiv. Toxicology Agents - Substance Abuse Agents - Mixed Opiate Agonists/Antagonists
- c. **For Possible Action:** Committee Discussion and Approval of the Drug Classes without Changes

A motion was made to accept the drug classes without changes. The motion was seconded and voted as approved. The motion carried.

7. Report by OptumRx on New Drugs to Market, New Generic Drugs to Market, and New Line Extensions

Dr. Jeffery referenced some agents that will be coming out in the immunomodulator classes.

8. Closing Discussion

Dr. Nagy called for public comment.

The date of the next meeting will be December 7th. The location is to be determined.

Dr. Nagy adjourned the meeting 3:15PM.