

# State of Illinois Drugs and Therapeutics Advisory Board

## Minutes for July 14, 2022 Meeting

- I. Dr. Patel opened the meeting at 8:41am
- II. Roll Call was taken. Drs. Florence(will participate as she can), Dr. Albers and Dr. Berkowitz were excused from attendance. We do have a quorum.
- III. No conflicts of Interest
- IV. April meeting minutes were unanimously approved.
- V. Election of Officers: Sheri Dolan let the Board know that Dr. Patel and Dr. Albers volunteered their services. Dr. Goyal moved that the Board accept the Nominations of Dr. Patel as Chair and Dr. Albers as Vice Chair. Garry Moreland seconded. The motion passed. We welcome them to office.
- VI. Public Testimony

<b>Speaker</b>	<b>Product</b>	<b>Organization</b>
Dr. Ming Xu	Vraylar	Provena Behavior Health
Dr. Dov Shapiro*	Jornay PM	Associated pediatric Partners
Opeoluwa Fagbemi PharmD.	Qelbree	Supernus
Jared McPhail, PharmD.	Vyvgart	Argenx

- VII. There are no PDL Drug Appeals for this meeting.
- VIII. New Drug Appeals-
  - a. Invega Hafyera(Paliperidone Palmitate ER Susp ) Jenish Patel, Pharm.D-Six-month paliperidone injection. Must be stabilized on Sustenna or Trinza. No new safety issues. SE are upper resp infection, extra pyramidal symptoms, headache, weight increase, injection site reactions. Demonstrates increased adherence. Dr. Patel requested to see the current class and preferred products. Sheri Dolan shared the current PDL. Dr. Vergara-Rodriguez noted that only a few products have long-acting injectables. She expressed support for the Sustenna and Trinza, Dr. Ryan Rodriguez noted that adherence overall is improved with LAIs. No real evidence to show one is any better than another. Other products are injected monthly or every 3 months but no data for 6 months. Dr. Vergara-Rodriguez expressed support as some patients are very hard to get into clinic but not sure it is a game changer. Mary Moody expressed that since patients must be stabilized on Sustenna or Trinza Hafyera sets up perfectly for PA criteria. Helpful for outreach programs? Dr. Vergara-Rodriguez moved to make preferred with PA. Garry Moreland seconded and expressed it seemed logical to have all of the Invega injections PPA. Motion passed. Arvind Goyal abstained.
  - b. Vraylar (Cariprazine HCl)Irena Smith, MSL-Indicated for schizophrenia, acute treatment of manic or mixed bipolar depression and treatment of depressive episodes of Bipolar 1 disorder. Once daily dosing. D3 preferring and has the longest half-life of the class estimated at 2-3 weeks. Less metabolic issues. Request access to this product. Dr. Vergara-Rodriguez expressed that there are very few meds approved officially for Bipolar

1 disorder. Sheri Dolan shared the PDL preferred products and the preferred with PA classes. Garry Moreland asked about preferred with PA that are oral. The others would require a full PA. Dr. Vergara-Rodriguez asked is Vraylar different enough from others in the class to demand moving to PA. Reality is that it's trial and error until you find the right drug. Ryan Rodriguez stated that the different MOA gives just another choice after failure of preferred. Dr. Vergara-Rodriguez moved to review the entire class and to table decision until that happens. Concerns around weight gain issues. Garry Moreland expressed that this is a problem in the pharmacy also. He thinks we may want to look at the class and perhaps make a couple preferred with PA after failure of generic products. It's hard to get patients to stick with treatment until the right drug is found. Dr. Vergara-Rodriguez moves that we table and look at the full class so it can be reviewed in context of the class. Dr. Goyal seconds. Motion passed.

IX. Ryan Rodriguez, PharmD. presented the class monograph.

- a. Hematopoietic Agents-These drugs are broken down in classes by their indications. The Epoetins are used for anemia for cancer and perioperatively to prevent transfusion. The Filgrastims are used for reduction of neutropenia in stem cell mobilization. Reblozyl is used for thalassemia and for anemia in certain myelodysplastic syndromes and the others for procedural thrombocytopenia in patients with chronic liver disease. Direct comparisons are very hard as it is hard to say one is better than another for their respective indication. Boxed warning for cardiovascular events when targeting high hemoglobin levels and there are safety concerns around thrombotic and thromboembolic events related to higher platelet counts. Guidelines do not endorse any agent over another in any of these classes. Epoetin alfa has the most indications as well as Neupogen and Mulpleta.

Dr. Patel asked about not having all available without PAs. There are some safety concerns and cost concerns. Dr. Vergara-Rodriguez believes Epogen should be moved to preferred. Dr. Patel asked about keeping as PA due to safety concerns. Dr. Vergara-Rodriguez has seen epogen abused for body building. Garry Moreland asked if HFS wants to see this white bagged more often than buy and bill. Sheri Dolan discussed the history behind moving it to pharmacy and it is a bit better financially from pharmacy but will not block buy and bill pathway. Dr. Patel requested the number of patients receiving them (1,500). MCOs prefer this remain on PA. Dr. Patel stated that most physicians that prescribe these know about the need for PA and incorporate that into the prescribing process. Cyndi VonSteenburg shared that MCOs have these with PA on both the pharmacy and medical side. So consistent across all lines of business. Dr. Vergara-Rodriguez stated that we do have safety concerns so maybe we should leave it as is. Garry Moreland expressed concern about PA causing hang-ups but not that often. Mary Moody explained that all PAs with proper documentation a decision is made within 24 hours. Dr. Goyal moved to leave class as is and put this on the agenda for the next meeting and request FFS and MCO provide denial numbers and reason ahead of the next meeting and we can discuss at the next meeting. Dr. Albright seconds. Motion passed. Just looking at the epogens.

X. ADHD Discussion Review and Vote:

Sheri Dolan presented the opinions of the Ad Hoc Review Committee that met June 7, 2022. The group went through the agents in groups. Amphetamines, Methylphenidates, Non-Stimulants and Anti-Narcolepsy drugs. The general recommendation for all of the groups was that they wanted to see all dosage forms as preferred or preferred with PA so that there was less delay if a child needed an alternative product form. Dr. Vergara-Rodriguez wanted to see all formulations, as long acting as possible with the exception of the disintegrating tablets. Dr. Goyal made the point that this was an open meeting and that we can share the recommendations for each and discuss only if there are concerns. Dr. Vergara-Rodriguez moves to accept the Amphetamines as is. Dr. Patel seconded. Motion passed. Dr. Albright abstained.

Methylphenidates: Dr. Goyal moves to accept as is. Dr. Patel brought up Dr. Shapiro's testimony on Journey PM. Dr. Vergara-Rodriguez asked what the criteria would be. Both FFS and MCOs currently require failure of 2 preferred agents or medical necessity. Dr. Vergara-Rodriguez thinks we should consider as preferred with PA. Dr. Vergara-Rodriguez motions to accept the class with the change of making Journey PM preferred with PA after failure of 2 preferred agents. Dr. Albright asked about the ability of the Board to set criteria. Sheri Dolan answered that we would take the information back and consider it. Dr. Goyal seconded the motion. Garry Moreland asked how the Board criteria recommendation would affect the rebate offer from the manufacturer. Sheri Dolan responded that the manufacturer can also come in with a criteria suggestion and the Department would weigh the two and negotiate with the manufacturer to reach agreement. Motion passed.

Non-Stimulants-Recommendation is to move atomoxetine to preferred. Garry Moreland moves to accept as is. Dr. Vergara-Rodriguez seconds. Motion passes.

Anti-Narcolepsy Agents-Recommendation is to move modafinil to preferred. Dr. Vergara-Rodriguez moves to accept as is. Dr. Albright seconds. Motion passes.

XI. New Drug Initial Reviews-Dr. Ryan Rodriguez presents with discussion and vote:

- a. Vyvgart (Efgartigimod alfa-fcab)-Indicated for Myasthenia Gravis. IV weekly initially and then no shorter than q 60 days. Improves muscle weakness. MG guidelines from 2020 recommend treatment be initiated with an oral acetylcholinesterase inhibitor and then most patients require an escalation in therapy, then corticosteroids and then Vyvgart for patients who can't tolerate therapy in that algorithm. MCOs would like to see this remain NP with review for medical necessity. Dr. Patel agrees this makes sense. Dr. Patel moves to leave non-preferred. Garry Moreland seconds. Motion passes.
- b. Voxzogo (Vosoritide)-increase linear growth in patients with achondral hyperplasia daily SQ injection and stopped when growth plates close. Increased growth 1.6 cm per year. Approved under accelerated approval. Further studies needed to prove out the indication. No other treatments are currently available. Prevalence is 1:20,000 LIVE BIRTHS. Dr. Albright suggests we leave it NP. Dr. Vergara-Rodriguez moves and Albright seconds. Motion passes.
- c. Recorlev (levoketoconazole)- indicated for treatment of hydrocortisone anemia. Ketoconazole is used off-label currently. No comparative data. Safety signals are similar to ketoconazole. Guidelines do list ketoconazole. Recorlev is mentioned but not listed in

the current guidelines. No real algorithm in the guidelines. They just list meds used and safety concerns for each. No requests to date. Garry Moreland moves to leave NP. Dr. Vergara-Rodriguez seconds. Motion passesd.

- XII. Future Agenda Preview-Sheri Dolan shared that the October meeting will be a review of the Biologic Response Modifiers. She announced that the future meeting dates for 2023 will be:

Jan. 19, 2023  
April 13, 2023  
July 13, 2023  
October 12, 2023

Classes will be announced at a later date. Sheri shared that new CGM Criteria were posted to the website at:[Criteria and Forms | HFS \(illinois.gov\)](#). She thanked Dr. Florence for her service.

- XIII. Provider Requested Reviews- Varenicline Starter kit is already preferred so there is no need to modify it on the PDL.
- XIV. Department Update-no report.
- XV. Adjournment-Dr. Patel adjured the meeting at 10:47am

## Attendees

The names of board members and speakers are bolded.

### Panelist List

1. Alyssa Stephenson
2. Sheri Dolan
3. **Cynthia VanSteenburg**
4. Donna Clay
5. **Arvind Goyal**
6. **Garry Moreland**
7. Ryan Rodriguez
8. **Maurice Shaw**
9. Heather Freeman
10. **Deborah Albright**
11. **Nicole Florence**
12. Mary Moody
13. **Mahesh Patel**
14. **Pamela Vergara-Rodriguez**

## **Attendee List**

1. Alexandra Su
2. Anna Lisa Russell
3. Anne Plouff
4. Catie Ament
5. Chris Stanfield
6. Chad Blomgren
7. Chris Voyiatt
8. Corinne Puchalla
9. Dan Murphy
10. Daphne Ni
11. Derek Morgan
- 12. Dov Shapiro**
13. Huzefa Master
14. Ingrid Ma
- 15. Irina Smith**
16. James Sharp
17. Janelle P
- 18. Jared McPhail**
19. Jason Vandervest
- 20. Jenish Patel**
21. Jenny Carrell
22. John Bullard
23. John Schillo
24. Julie Lair
25. Justin Barnes
26. Kathy Kasiurak
27. Kathy Sarna
28. Ken Ring
29. Kenneth Hammonds
30. Kim Witte
31. Kirk Seleski
32. Lisa Tracz
33. Lori Uildriks
34. Mary Kaneaster
35. Kathy Sarna
36. Matthew Britt
37. Mike Ferko
38. Neelesh Nadkarni
- 39. Ming Xu**
40. Nishil Patel
41. O'HaraKeith
42. Ryan Voyles
- 43. Opeoluwa Fagbemi**

44. Sakib Hassan
45. Santreis Booze
46. Sara Gao
47. Shauna Williams
48. Thomas Erickson
49. Thomas Vayalil
50. Tiawana Parker
51. William Dozier
52. Yvonne Collins
53. Zhen Ou