P&T Committee Meeting Minutes
Commercial/Exchange/CHIP
August 2023 e-Vote

DRUG REVIEWS

TRIVISC, TRILURON, SYNOJOYNT (sodium hyaluronate)

Review: TriVisc is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen. The dose of TriVisc is 25 mg (2.5 mL) intra-articularly weekly for 3 injections (1 cycle). TriVisc is supplied as a sterile, non-pyrogenic solution in a 3 mL pre-filled syringe.

Triluron is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen. The dose of Triluron is 20 mg (2 mL) intra-articularly weekly for 3 injections (1 cycle). Triluron is supplied as a sterile, non-pyrogenic solution in a 2 mL vial or a 2 mL pre-filled syringe.

Synojoynt is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics, e.g., acetaminophen. The dose of Synojoynt is 20 mg (2 mL) intra-articularly weekly for 3 injections (1 cycle). Synojoynt is supplied as a sterile, non-pyrogenic solution in a 2 mL pre-filled syringe.

TriVisc is a sterile, viscoelastic non-pyrogenic solution of purified, high molecular weight sodium hyaluronate. The sodium hyaluronate is derived from bacterial fermentation and is a poly-saccharide containing repeating disaccharide units of glucuronic acid and N-acetylglucosamine. Triluron is a viscous solution of a fraction of high molecular weight sodium hyaluronate. The sodium hyaluronate is extracted from rooster combs and is a long-chain polymer containing repeating disaccharide units of Na-glucuronate-N-acetylglucosamine. Synojoynt is a viscous solution of hyaluronate in buffered physiological sodium chloride. The sodium hyaluronate is a high molecular weight fraction of a natural complex sugar polymer with repeating disaccharide units in Na-glucuronate-N acetylglucosamine.

Synovial fluid helps to lubricate and cushion the joint during movement. The major component of synovial fluid is hyaluronic acid, which is normally present in very high amounts acting as a lubricant and “shock absorber” in the joints. In osteoarthritis (OA), there is a wearing down of cartilage and loss of quality of synovial fluid in the joints. By injecting sodium hyaluronate, synovial fluid is thought to return to a healthier state and thereby reduce the pain caused by OA.

TriVisc, Triluron, and Synojoynt are 3 of 16 hyaluronic acid (HA) preparations indicated for the treatment of pain in osteoarthritis of the knee. The higher molecular weights of Euflexxa, Hymovis, Synvisc and Orthovisc more closely mimic endogenous hyaluronic acid compared to other HA products, however insufficient evidence exists to indicate that higher molecular weight HA products produce superior clinical outcomes. A combination product of hyaluronic acid and triamcinolone, Cingal, is currently in Phase 3 development.

A summary of the 2019 American College of Rheumatology (ACR)/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee is below and in Table 5. The 2019 guidelines conditionally recommend against the use of intra-articular hyaluronic acid for knee osteoarthritis. The review found that benefit was restricted to studies with a higher risk of biases. A met-analysis showed the effect size of hyaluronic acid compared to saline approaches zero in the trials with low risk of bias. The guidelines go on to state that in clinical practice, after inadequate response to nonpharmacologic therapies, topical and oral NSAIDs, and intraarticular steroids, the choice to use intraarticular hyaluronic acid for the knee is viewed more favorably than offering no intervention.

The 2021 American Academy of Orthopedic Surgeons' (AAOS) guidelines for the Treatment of Osteoarthritis of the Knee (3rd edition) are summarized below and in Table 6. The reviewing group does not recommend the routine use of hyaluronic acid (HA) intra-articular injections in the treatment of symptomatic osteoarthritis of the knee. Their rationale is based on 28 studies (17 high strength, 11 moderate strength) assessing HA injections and is a "moderate" recommendation.

A meta-analysis in meaningfully important difference (MID) units showed an effect of less than 0.5 MID, indicating a low likelihood that an appreciable number of patients achieved clinically important benefits after intra-articular HA injections. Some studies showed statistical benefit with HA injections but did not reach significance for a minimally clinical meaningful difference. The strength of this recommendation was downgraded from strong (in 2013) to moderate due to a lack of generalized results. The workgroup felt that a specific subset of patients might benefit from use of HA.

A Clinical Review including Clinical Information, Efficacy Evidence, Safety Evidence, Other Considerations and a Financial Review Based on Cost Analysis were presented.

Clinical Recommendations: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Financial Recommendations: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Outcome: TriVisc, Triluron, and Synojoynt are medical benefits requiring prior authorization. If processed at a specialty pharmacy, TriVisc, Triluron, and Synojoynt will process at the Specialty tier or the Brand Non-preferred tier for members with a three tier benefit. It is recommended TriVisc, Triluron, and Synojoynt be added to the medical benefit policy MBP 13.0 Viscosupplementation as non-preferred agents requiring prior authorization, as outlined below:
Gel-One, GenVisc 850, Hyalgan, Hymovis, Monovisc, Orthovisc, Synojoynt, Triluron, TriVisc, and Visco-3 require Prior Authorization and will be considered medically necessary for the commercial, exchange, and CHIP lines of business when all of the following criteria are met: ~~(Note: The Medicare line of business is reviewed according to Centers for Medicare and Medicaid Services [CMS] Local Coverage Determination [LCD])~~

- Physician documented symptomatic osteoarthritis of the knee, defined as knee pain associated with radiographic evidence of osteophytes in the knee joint provided the clinical presentation is not that of "bone-on-bone", morning stiffness of less than or equal to 30 minutes in duration, crepitus on range of motion; **AND**
- Physician documented knee joint pain sufficient to interfere with ambulatory functional activities; **AND**
- Physician documentation of non-pharmacologic modalities, e.g., weight loss, quadriceps muscle strengthening, other physical therapy modalities, or exercises that have not promoted satisfactory symptomatic relief; **AND**
- Physician documentation that there has been no significant improvement following pharmacologic therapy with a full-dose nonsteroidal anti-inflammatory drug (NSAID) regimen, with or without supplemental acetaminophen, over a 10-12 week period of time or if NSAID's are contraindicated, a failure of daily acetaminophen regimen over a 4 to 6 week period; **AND**
- Physician documentation that there has been no significant improvement following standard dose intra-articular corticosteroid injection(s) e.g., a satisfactory clinical response of greater than or equal to 3 months; this requirement does not apply if the use of corticosteroids might increase the risk of local or systemic bacterial infection, e.g., diabetes mellitus; **AND**
- Physician documentation of failure on, intolerance to or contraindication to three (3) of the following: Durolane, Euflexxa, Gelsyn-3, Synvisc, and/or Synvisc One

AUTHORIZATION DURATION/QUANTITY LIMIT: Initial approval will be for **six (6) months** and will be **limited to one (1) treatment course** to the affected knee(s) (bilateral injections may be allowed if both knees meet the required coverage criteria). Subsequent approvals will be for six (6) months and will be limited to one (1) treatment course to the affected knee(s) when members meet the following criteria:

- Repeat treatment cycles are considered medically necessary when ALL of the following criteria are met:
    1. Medical record documentation of significant improvement in pain and function following the previous injection; **AND**
    2. Documented reduction of the doses of nonsteroidals or analgesics during the six-month period following the last injection in the previous series as well as no need for accompanying intra-articular steroid injections; **AND**
    3. Six months or longer have elapsed since the last injection in the previous series.

LIMITATIONS:

- Durolane treatment course is limited to 1 injection in a 6-month period
- Euflexxa treatment course is limited to 3 injections, one week apart, in a 6-month period
- Gel-One treatment course is limited to 1 injection in a 6-month period.
- Gelsyn-3 treatment course is limited to 3 injections in a 6-month period.
- GenVisc 850 treatment course is limited to 5 injections in a 6-month period.
- Hyalgan (sodium hyaluronate) treatment course is limited to 5 injections in a 6-month period.
- Hymovis treatment course is limited to 2 injections in a 6-month period.
- Monovisc treatment course is limited to 1 injection in a 6-month period.
- Orthovisc treatment course is limited to 4 injections in a 6-month period.
- Supartz treatment course is limited to 5 injections in a 6-month period.
- Synojoynt treatment course is limited to 3 injections in a 6-month period.
- Synvisc (Hylan G-F 20) treatment course is limited to 3 injections in a 6-month period.
- Synvisc One treatment is limited to 1 injection in a 6-month period.
- Triluron treatment course is limited to 3 injections in a 6-month period.
- TriVisc treatment course is limited to 3 injections in a 6-month period.
- Visco-3 treatment course is limited to 3 injections in a 6-month period.
- Treatment requires referral to and should be rendered by a participating Orthopedic surgeon or Rheumatologist.
- Bilateral injections may be allowed if both knees meet the required coverage criteria.

CONTRAINDICATIONS:

- The use of these products for injection into any joint other than the knee.
- Injection of these products for indications other than the diagnosis of osteoarthritis
- Documented allergy to chickens or eggs.
- Knee joint infection, skin disease or infection around the area where the injection will be given.
- The insured individual has known sensitivity or contraindication to the use of either sodium hyaluronate or hylan G-F 20, e.g., crystal synovitis or hypersensitivity to hyaluronan preparations

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

FAST FACTS

EVKEEZA (evinacumab-dgnb)

Clinical Summary: Evkeeza is now indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 5 years and older, with homozygous familial hypercholesterolemia (HoFH). HoFH is an ultra-rare inherited disorder that occurs when children inherit two copies of the familial hypercholesterolemia gene. This results in dangerously high levels of LDL-C (usually higher than 400 mg/dl). Prior to the approval of Evkeeza, individuals under 5 years of age had limited treatment options available if a diagnosis of HoFH was confirmed. Without proper diagnosis and treatment, those with HoFH are at high risk for premature atherosclerotic disease and cardiac events, even in their teenage years.

The three-part, single-arm, open-label trial evaluated Evkeeza added to other lipid-lowering therapies in pediatric patients with HoFH aged 5 to 11 years. Part A (n=6) was a Phase 1b trial designed to assess the pharmacokinetics (PK), safety and tolerability of Evkeeza. Part B (n=14) evaluated the efficacy of Evkeeza during a 24-week treatment period and enrolled patients with an average age of 9 years. Among them, 86% were on statins, 93% were on ezetimibe, 50% were on LDL apheresis and 14% were on lomitapide. The average LDL-C was 264 mg/dl. Patients received Evkeeza 15 mg/kg every four weeks delivered intravenously alongside their lipid-lowering treatment regimen. The primary endpoint was change in LDL-C at week 24. Secondary endpoints included the effect of Evkeeza on other lipid parameters (i.e., apolipoprotein B, non-high-density lipoprotein cholesterol, lipoprotein[a] and total cholesterol), efficacy by mutation status, safety and tolerability, immunogenicity and PK.

With the addition of Evkeeza, the overall LDL-C was reduced by 48% at week 24, allowing the studies primary endpoint to be met. The secondary endpoints were also met with significant reductions in apolipoprotein B (ApoB), non-high-density lipoprotein cholesterol (non-HDL-C) and total cholesterol.

The safety profile of Evkeeza was consistent with the safety profile observed in adults and pediatric patients aged 12 years and older, with the additional adverse reaction of fatigue. Fatigue was reported in 3 (15%) patients. The recommended dose of Evkeeza is the same as that previously suggested: 15 mg/kg administered by intravenous (IV) infusion over 60 minutes once monthly.

Current Formulary Status: Medical benefit, prior authorization required.

Recommendation: There are no changes recommended to the formulary placement for Evkeeza. The following changes are recommended to the prior authorization criteria in Medical Benefit Policy 242:

- Medical record documentation of a diagnosis of homozygous familial hypercholesterolemia (HoFH) **AND**
- Medical record documentation of one of the following:
    - Genetic testing to confirm diagnosis showing a mutation in the low-density lipoprotein (LDL) receptor (LDLr) gene, apolipoprotein B (ApoB) gene, proprotein convertase subtilisin/kexin type 9 (PCSK9) gene, or LDL protein receptor adaptor 1 (LDLRAP1) gene **OR**
    - Diagnosis made based on history of an untreated low-density lipoprotein cholesterol (LDL-C) greater than 500 mg/dL **AND** either xanthoma before 10 years of age **OR** evidence of heterozygous familial hypercholesterolemia (HeFH in both parents)

AND

- Medical record documentation that Evkeeza is prescribed by a lipidologist or cardiologist **AND**
- Medical record documentation of age greater than or equal to 5 years **AND**
- Medical record documentation of failure to adequately control low-density lipoprotein (LDL) levels with combination of maximum tolerated statin dose AND ezetimibe defined as:
    - Greater than or equal to 130 mg/dL in pediatric patients greater than or equal to 5 years of age and less than 18 years of age **OR**
    - Greater than or equal to 100 mg/dL in adult patients without cardiovascular disease **OR**

    - Greater than or equal to 70 mg/dL in adult patients with established cardiovascular disease

AND

- Medical record documentation of Evkeeza to be used in adjunct with maximum tolerated statin dose **AND**
- For members greater than or equal to 10 years of age, medical record documentation of therapeutic failure on, intolerance to, or contraindication to one formulary proprotein convertase subtilisin kexin type 9 (PCSK9) inhibitor **AND**
- If the request is for use in combination with Juxtapid:
    - Medical record documentation of failure to adequately control low-density lipoprotein (LDL) levels with a minimum 6-month trial of maximum tolerated Juxtapid dose without the concomitant use of Evkeeza

Note: Repatha is the only FDA approved PCSK9 inhibitor approved for children 10 years and older.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

HYQVIA [immune globulin infusion 10% (Human) with recombinant human hyaluronidase]

Clinical Summary: Hyqvia is now indicated for the treatment of Primary Immunodeficiency (PI) in adult and pediatric patients 2 years of age and older. Previously, it was only indicated for adults.

A prospective, open-label, non-controlled, multi-center trial of 44 pediatric patients with PI was conducted to assess safety and efficacy. The patients enrolled were 2-15 years of age and had previously received IVIG or SCIG treatment prior to the trial. Treatment intervals/doses were gradually increased in a ramp-up phase to an interval of 3 or 4 weeks. The primary endpoint was the rate of acute serious bacterial infections (aSBIs), defined as bacteremia/sepsis, bacterial meningitis, osteomyelitis/septic arthritis, bacterial pneumonia, and visceral abscess per subject per year. Secondary analyses included the annual rate of other infections and health resource utilization outcome measures (i.e., days out of work/school/daycare). During the 12-month period, the mean aSBI rate was 0.04 (with an upper 1-sided 99% confidence interval of 0.21, $p<0.001$) which met the predefined success rate of less than one aSBI per subject per year. Only one subject experienced two aSBIs but no other episodes were reported in the trial. The mean rate of other infections per subject-year was 3.20 (upper limit of 95% CI of 4.05). The pediatrics patients missed a mean of 5.0 (95% CI) days of work/school/daycare. Results are comparable to the adult trial.

The safety profile in pediatrics was similar to the safety profile of adults.

Current Formulary Status: Hyqvia is a medical benefit requiring prior authorization. If processed at a specialty pharmacy, it processes at the Specialty tier or the Brand non-preferred tier for members with a three-tier benefit.

Recommendation: There are no changes recommended to the formulary placement, authorization duration, or prior authorization criteria for MBP 004. These polices do not specify approved ages for any individual IVIG product. Specific age restrictions are addressed in the prior authorization criteria for individual indications, where applicable. Therefore, no changes to the current policy are recommended for the new indication for pediatric patients in PI.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

LIVMARLI (maralixibat)

Clinical Summary: Livmarli is an ileal bile acid transporter (IBAT) inhibitor indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 3 months of age and older. It was previously indicated in patients 1 year of age and older.

The safety and effectiveness of Livmarli for the treatment of cholestatic pruritus in ALGS have been established in pediatric patients aged 3 months of age and older. Use of Livmarli in this population is supported by evidence from a study of patients 1 to 15 years of age (N=31) that included 18 weeks of open-label treatment followed by a 4 week placebo-controlled randomized withdrawal period and a subsequent 26-week open-label treatment period. Additional safety information was obtained from four studies in patients up to 21 years of age (N=55). Use of Livmarli in patients 3 to <12 months of age is supported by an open-label, multicenter study of Livmarli which showed a similar safety, tolerability and pharmacokinetic profile to patients with ALGS ≥12 months of age. The safety and effectiveness of Livmarli have not been established in patients less than 3 months of age.

Current Formulary Status: Pharmacy Benefit available at the Specialty tier, prior authorization required.

Recommendation: There are no changes to formulary status, quantity limits, or authorization duration at this time. It is recommended to update policy 694.0 to remove age requirement:

- Medical record documentation that Livmarli is prescribed by or in consultation with a hepatologist or gastroenterologist **AND**
- Medical record documentation of diagnosis of Alagille Syndrome (ALGS) **AND**
- Medical record documentation of the presence of moderate to severe pruritus **AND**
- ~~Medical record documentation of age greater than or equal to 1 year AND~~
- Medical record documentation that the member is receiving an appropriate dose* based on the member's weight **AND**
- Medical record documentation of therapeutic failure on, intolerance to, or contraindication to ursodiol **AND** one of the following: cholestyramine, rifampin, naltrexone, sertraline

NOTE:

Patient Weight (kg)	Days 1-7 (190 mcg/kg once daily)		Beginning Day 8 (380 mcg/kg once daily)	
	Volume QD (mL)	Dosing dispenser size (mL)	Volume QD (mL)	Dosing dispenser size (mL)
5 to 6	0.1	0.5	0.2	0.5
7 to 9	0.15		0.3	
10 to 12	0.2		0.45	
13 to 15	0.3		0.6	1
16 to 19	0.35		0.7	
20 to 24	0.45		0.9	
25 to 29	0.5		1	
30 to 34	0.6	1	1.25	3
35 to 39	0.7		1.5	
40 to 49	0.9		1.75	
50 to 59	1		2.25	
60 to 69	1.25	3	2.5	
70 or higher	1.5		3	

MEDISPAN AUTHORIZATION LEVEL: GPI-12

QUANTITY LIMIT: *No QLs need to be entered within the authorization unless the requested quantity exceeds the QL.*

- QL for letter only: 3 mL per day, 30 day supply per fill

RE-AUTHORIZATION CRITERIA: Initial approval will be for 6 months or less if the reviewing provider feels it is medically appropriate. Subsequent approvals will be for an additional 6 months or less if the reviewing provider feels it is medically appropriate and will require the following:

- Medical record documentation of improvement in pruritus from baseline **AND**
- Medical record documentation that the member is receiving an appropriate dose* based on the patient's weight

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

LYNPARZA (olaparib)

Clinical Summary: Lynparza is now indicated in combination with abiraterone and prednisone, for the treatment of adult patients with deleterious or suspected deleterious BRCA-mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC).

The dosage for the treatment BRCA-mutated metastatic castration-resistant prostate cancer in combination with abiraterone and prednisone 300 mg twice daily, until disease progression, or unacceptable toxicity. Patients should also receive a gonadotropin-releasing hormone analog or have had bilateral orchiectomy.

The safety and efficacy of Lynparza in combination with abiraterone and prednisone were assessed in PROpel (NCT03732820), a randomized, double-blind, placebo-controlled, multi-center study which compared the efficacy to placebo plus abiraterone for patients with mCRPC. Patients were randomized 1:1 to receive Lynparza 300 mg twice daily in combination with abiraterone 1000 mg daily or placebo plus abiraterone. There were 399 patients in the Lynparza group and 397 patients in the placebo group. All patients received either prednisone or prednisolone 5 mg twice daily, and a GnRH analog or prior bilateral orchiectomy. Patients that had been previously treated with abiraterone were excluded from this study. Patients were stratified by type of metastases and whether they received docetaxel treatment at mHSPC stage or not. Patients were treated until objective radiological disease progression or unacceptable toxicity. BRCA gene mutation status was assessed after randomization and before primary analysis by both NGS-based tumor tissue and ctDNA tests. The primary efficacy outcome was investigator-assessed rPFS according to RECIST v1.1 and Prostate Cancer Working Group (PCWG3) bone criteria. Overall survival (OS) was an additional efficacy outcome measure. The study observed a statistically significant improvement in rPFS for Lynparza/abiraterone compared to placebo/abiraterone in the intention to treat (ITT) population, an exploratory analysis in the subgroup of patients without an identified BRCAm, indicating that the improvement in the ITT population was primary attributed to the results of the patients with BRCAm.

The most common adverse reactions occurring in ≥10% of patients for this patient population included anemia, fatigue, nausea, diarrheas, decreased appetite, lymphopenia, dizziness, and abdominal pain. No new warnings, contraindications, or black box warnings were identified.

Current Formulary Status: Pharmacy Benefit on the Oral Oncology Brand NP tier, requires a prior authorization.

Recommendation: No changes are recommended to the formulary placement of Lynparza. The following criteria should be added to Commercial Policy 362.0 for Lynparza to incorporate the new indication:

For Metastatic Castration-Resistant Prostate Cancer

- Medical record documentation that Lynparza is prescribed by an oncologist or hematologist **AND**
- Medical record documentation of age greater than or equal to 18 years **AND**
- Medical record documentation of one of the following:
  - Medical record documentation of deleterious or suspected deleterious germline or somatic homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC) **AND**
  - Medical record documentation of progression following prior treatment with Xtandi or Zytiga **AND**
  - Medical record documentation that a gonadotropin-releasing hormone (GnRH) analog will be used concurrently **OR** member has had bilateral orchiectomy

OR

  - Medical record documentation of deleterious or suspected deleterious BRCA-mutated (BRCAm) metastatic castration-resistant prostate cancer (mCRPC) **AND**
  - Medical record documentation that Lynparza will be used in combination with abiraterone and prednisone or prednisolone

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

QELBREE (viloxazine hydrochloride)

Clinical Summary: Qelbree is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in adults 18 to 65 years of age. Previous approval was in pediatric patients 6 to 17 years of age. The recommended dosing for the treatment of ADHD in adults 18 to 65 years of age is 200 mg once daily as a starting dose with titration after 1 week by 200 mg to the maximum recommended dosage of 600 mg once daily. Max daily dose for pediatrics is 400 mg once daily.

There are no updates on administration. However, as a reminder, the capsules may be opened, and the entire contents sprinkled onto applesauce or pudding for patients who cannot swallow the capsules. Do not cut, chew, or crush the capsule.

Efficacy of Qelbree was evaluated in a multicenter, randomized, double -blind, placebo-controlled, flexible-dose, parallel-group monotherapy trial in adults 18 to 65 years of age with ADHD. Total duration of treatment was 6 weeks, starting dose was 200 mg once daily week 1 with titration to 400 mg once daily week 2. Dose was adjusted once a week to a minimum of 200 mg once daily and maximum of 600 mg once daily. Patients were randomized to receive Qelbree 200 mg to 600 mg or placebo, given once daily as a single dose. The average dose at the end of the study was 504 mg per day. The primary endpoint was the change from baseline to the end of study on the total score on the ADHD Investigator Symptom Rating Scale (AIRS) which is an 18-item scale corresponding to 18 symptoms of ADHD with higher AIRS score reflecting more severe symptoms. The secondary endpoint was the change from baseline in the Clinical Global Impression-Severity of Illness score (CGIS-S) at the end of the study. The change from baseline, reduction in the AIRS Total score in addition to a reduction in the CGI-S score, was statistically significantly greater in adults treated with Qelbree than in adults receiving placebo.

Current Formulary Status: Qelbree is a pharmacy benefit on the brand non preferred tier requiring prior authorization.

Recommendation: Recommend increasing the quantity limit of Qelbree 200 mg from 2 capsules per day to 3 capsules per day based on the adult max dose of 600 mg daily

After follow up discussion, suggestion to add dosing bullet so medication is not used above daily dose of 400 mg for members ages 6 to 17 years of age:

- Medical record documentation of a prescribed dose that is consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature. [max daily dose is 600 mg for ages 18 to 65; max daily dose is 400 mg for ages 6-17]

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

TOUJEO (insulin glargine injection)

Clinical Summary: Toujeo is now indicated to improve glycemic control in adults and pediatric patients 6 years of age and older with diabetes mellitus. Previously Toujeo was approved for the treatment of adult patients only. The recommended starting dose of Toujeo in insulin-naïve pediatric and adult patients with type 1 diabetes is approximately one-third to one-half of the total daily insulin dose. The remainder of the total daily insulin dose should be given as short-acting insulin and divided between daily meals. In general, 0.2 to 0.4 units of insulin per kilogram of body weight can be used to calculate the initial total daily insulin dose in insulin-naïve patients with type 1 diabetes. The recommended starting dose in insulin naïve patients with type 2 diabetes is 0.2 units per kilogram of body weight once daily.

The efficacy of Toujeo in pediatric patients was evaluated in a 26-week, randomized, open-label trial in 463 pediatric patients with type 1 diabetes mellitus. Patients were randomized to basal-bolus treatment with Toujeo or Lantus for 26 weeks. At week 26, the difference in HbA1c reduction from baseline between Toujeo and Lantus was 0.02% with a 95% confidence interval, meeting the prespecified noninferiority margin. The safety profile of Toujeo in pediatric patients was consistent with those of adult patients and no new safety concerns were identified.

Current Formulary Status: Brand Preferred, Age Limit 18 years

Recommendation: No changes are recommended for the formulary placement of Toujeo. It is recommended that the age limit be removed for Commercial, Marketplace, & GHP Kids to incorporate the new indication.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

TRIUMEQ AND TRIUMEQ PD (abacavir, dolutegravir, and lamivudine)

Clinical Summary: Triumeq and Triumeq PD are a combination of dolutegravir (integrase strand transfer inhibitor [INSTI]), abacavir, and lamivudine (both nucleoside analogue reverse transcriptase inhibitors). Triumeq and Triumeq PD are now approved for the treatment of HIV-1 infection in adults and in pediatric patients aged at least 3 months and weighing at least 6kg. They were previously approved for the treatment of HIV-1 infection in adults and in pediatric patients weighing at least 10kg.

Triumeq tablets contain 600 mg of abacavir, 50 mg of dolutegravir, and 300 mg of lamivudine and are recommended in adults and pediatric patients weighing at least 25 kg. Triumeq PD tablets for oral suspension contain 60 mg of abacavir, 5 mg of dolutegravir, and 30 mg of lamivudine and are

recommended in pediatric patients weighing 6 kg to less than 25 kg. The dosage and dosage form recommended for pediatric patients varies by weight.

Dosing recommendations for Triumeq PD with co-administered medications have been updated to reflect the new weight range (6 to less than 10kg) that has been approved. When Triumeq PD is co-administered with efavirenz, fosamprenavir/ritonavir, tipranavir/ritonavir, carbamazepine, or rifampin, pediatric patients weighing 6 to less than 10kg should receive an additional 15mg dose of dolutegravir (3 Tivicay PD tablets for oral suspension) 12 hours after Triumeq PD. The dosing recommendations have also been updated to include that Triumeq and Triumeq PD are not recommended in pediatric patients with a similar degree of renal impairment of patients with a creatinine clearance less than 30mL/min based on age-appropriate renal function assessment. There is no data available on the use of lamivudine in pediatric patients with renal impairment.

The efficacy of Triumeq, Triumeq PD, and/or their individual components for the treatment of HIV-1 infection has now been evaluated in pediatric patients enrolled in three trials – IMPAACT 2019 trial (NCT03760458), ARROW trial (NCT02028676), and IMPAACT P1093 trial (NCT01302847). IMPAACT 2019 was an open-label, multicenter clinical trial that evaluated treatment-naive or treatment-experienced, HIV-1–infected subjects younger than 12 years. Subjects were stratified by weight band and enrolled in one of five groups. Fifty-seven subjects, with a median age of 6.4 years (range: 1 to 11.3) and median weight of 17 kg (range: 8.2 to 39.3), received the recommended dose (determined by weight) and formulation, and contributed to the efficacy analysis at Week 48. At this timepoint, 79% of subjects achieved HIV-1 RNA less than 50 copies/mL and 95% achieved HIV-1 RNA less than 200 copies/mL.

Dolutegravir (Tivicay or Tivicay PD), in combination with other antiretroviral drugs, was evaluated in treatment-naive or treatment-experienced, INSTI-naive, HIV-1–infected subjects aged at least 4 weeks to 18 years in an ongoing open-label, multicenter, dose-finding clinical trial, IMPAACT P1093. Subjects were stratified by age, from 4 weeks to younger than 18 years, and enrolled in one of five age cohorts. Thirty-six subjects weighing at least 6 kg who received the recommended dose (determined by weight and age) and formulation contributed to the efficacy analysis at Week 48. At this timepoint, 72% (26/36) of subjects weighing at least 6 kg achieved HIV-1 RNA <50 copies/mL.

No updates to warnings and precautions have been made regarding Triumeq and Triumeq PD.

Current Formulary Status: Triumeq and Triumeq PD are a pharmacy benefit on the brand tier with a quantity limit.

Recommendation: No changes recommended to the formulary placement of Triumeq and Triumeq PD.

Outcome: The committee unanimously voted to accept the recommendations as presented. None were opposed.

Additional evidence of the criteria used to make this decision can be found in the drug review presented to the committee.

Voting responses were received from 26 of 51 members. The vote was unanimously approved.

The next bi-monthly scheduled meeting will be held on September 19th, 2023 at 1:00 p.m.

Meeting will be held virtually via phone/Microsoft Teams.