

HANDOUT 2

EBRx Impact Examples
6/2023

As the Formulary advisor to the State of Arkansas Employee Benefits Division (EBD) beginning July 1, 2023, the Evidence-Based Prescription Drug Program (EBRx) at the UAMS College of Pharmacy was asked to review the proposed formulary additions by Navitus for inclusion beginning July 1, 2023. On June 1, 2023 at 10:00pm (Central), we received an Excel spreadsheet from Navitus with 36,132 lines of medications with a different coverage on the Navitus Proposed formulary compared to the current EBD Formulary. Of those 36,132 lines of medications, 8,899 are on different tiers; 1,512 disagree on Prior Authorization (PA) requirements; 68 disagree on step therapy requirements; 35 rely on the pharmacist to enter a diagnosis code instead of traditional PA; and 3,225 medications are currently not covered on the EBD formulary but would be covered on the new Navitus formulary. Of note, the majority of the 3,225 medications designated as currently not covered are either low cost, low volume medications or are different NDCs of products that are currently covered.

Knowing that EBD needs to present the formulary to the various governing bodies, EBRx focused their review on medications with the potential for high impact to the EBD plan because we could not give an exhaustive review of all 36,132 medications. Our review of those high impact medications is below:

Brand	Generic	Rationale for exclusion	Likely impact
Mounjaro	Tirzepatide	<p>Currently EBRx does not recommend coverage for this drug. Navitus covers the drug without a PA and with a RDX designation.</p> <p>This is a drug used for type 2 diabetes and causes significant weight loss. Unlike most other GLP1a's, tirzepatide does not have cardiovascular outcome trial results.</p> <ul style="list-style-type: none"> Ozempic 2mg weekly reduces HbA1C by 2.1% at 40 weeks. Mounjaro reduces it by 2.3% at 40 weeks. <p>Compared to placebo, Ozempic in the SUSTAIN-6 trial reduced major cardiovascular events by an absolute difference of 2.3% or 26% relative decrease.</p>	<p>Mounjaro's AWP cost is \$306.91/0.5mL. Per 4 weeks: \$1227.64 Per year: \$15,959</p> <p>Ozempic 2mg is \$280.73/dose. Per 4 weeks: \$1122.93 Per year: \$14,598.</p> <p><u>With the state of the evidence and without CVOT for tirzepatide, the added \$1,500 per year per member for diabetes is not justifiable.</u> 2023Q1 showed 330 Ozempic utilizers. If 80% switched to Mounjaro, it would require \$396K more than staying on Ozempic, which has shown cardiovascular benefits.</p> <p>The restricted diagnosis (RDX) utilization management means the drug will not require a prior authorization. If the prescriber writes on the prescription that the drug is for diabetes, then the drug will be paid for by the plan; if it is intended for weight loss, the drug would not be paid for by the plan.</p> <p><u>If weight loss becomes a covered use for the GLP1a's, this drug will cause a high financial impact. Considering 40% of the plan would qualify as obese</u></p>

		Weight loss is greater with Mounjaro, but any related health effects attributed to weight loss are still uncertain.	<u>(52,000 members), if only 10% seek Mounjaro or Ozempic for weight loss, the plan would be subject to needing to find ~\$83 million</u> dollars PER YEAR to fund the drug as this would be a new use.
Acthar Gel	Corticotropin	<p>Currently EBRx does not recommend coverage for this drug.</p> <p>Navitus covers the drug at tier 4 with limited distribution and quantity limit of 4 vials per fill through Accredo.</p> <p>Acthar Gel may be used for atopic dermatitis, Collagen diseases such as exacerbations or as maintenance therapy of systemic lupus erythematosus or systemic dermatomyositis, severe erythema multiforme, severe psoriasis, or Stevens-Johnson Syndrome, diuresis in nephrotic syndrome, Infantile spasms, multiple sclerosis, ophthalmic diseases, rheumatic disorders, serum sickness, and pulmonary sarcoidosis.</p> <p>Regarding infantile spasm, a 2015 consensus document from the International League Against Epilepsy (ILAE) concluded that glucocorticoids are probably effective in the short-term control of spasms, but that the optimal preparation, dose, and duration have not been established. Prednisolone is typically used in this case; adverse effects are generally similar with Acthar Gel. Several meta-analyses of randomized trials comparing the effectiveness of ACTH (corticotropin or tetracosactide) with oral glucocorticoids have found no difference between the two forms of hormonal treatment for outcomes including cessation of infantile spasms, hypsarhythmia resolution, adverse effects, relapse rate, or subsequent development of epilepsy. Data from the National Infantile Spasms</p>	<p>Treatments for infantile spasm:</p> <p>Acthar Gel 150 units/m²/d</p> <p>Prednisone 2mg/kg/d for 2w, then tapered over 15 d</p> <p>For a 6.8kg baby (assume 24 inches tall; this would be 0.21m², the treatment costs (AWP) including the 2 week taper would be:</p> <p>1. Acthar Gel: 31.5units/day X2w = 441 units Then taper with 6.3units/d X3d = 18.9 units Then taper more with 2.1 units/d X3d = 6.3 units Then taper more with 2.1 units q2d X6d = 6.3 units. Total 473 units. 80 units/mL is \$7,873.80/mL X 6mL= <u>\$47,243 for one baby with one episode of infantile spasm</u> Navitus allows for 4 vials per fill or 80 units/mL, 5 mL vials. AWP for 1-- 5mL vial is \$39,365. <u>4 vials is \$157,460 per fill.</u> Vs.</p> <p>2. Prednisone solution: 2mg/kg/d is 13.6mg daily X2w= \$198 Then taper over 2 weeks = \$198 <u>Total: \$396 for one baby with one episode of infantile spasm</u></p>

		<p>Consortium prospective multicenter cohort study also support corticotropin and oral glucocorticoids as effective first-line treatments.</p> <p>References:</p> <p>1. Jain, Puneet, et al. "Treatment of children with infantile spasms: A network meta-analysis." <i>Developmental Medicine & Child Neurology</i> 64.11 (2022): 1330-1343.</p> <p>2. UpToDate. Infantile Spasm. 6/2023.</p>	
Ocaliva	Obeticholic acid	<p>EBRx currently does not recommend coverage for Ocaliva. Currently the package insert states:</p> <p>"This (FDA-approved) indication is approved under accelerated approval based on a reduction in alkaline phosphatase (ALP). <u>An improvement in survival or disease-related symptoms has not been established.</u></p> <p>Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials." In addition, a new boxed warning including hepatic decompensation and failure, sometimes fatal or resulting in liver transplant, have been reported with Ocaliva treatment in PBC with either compensated or decompensated cirrhosis. The drug is contraindicated in decompensated cirrhosis.</p> <p>Navitus covers Ocaliva with a PA including limitations for decompensated liver disease; any improvement at this time is based on improvement in the lab value: alkaline phosphatase.</p>	<p>The financial impact is AWP per tablet \$340.77 (5 or 10mg daily) per day.</p> <p><u>Annualized per patient spend: \$124,381 per patient per year.</u></p> <p>The drug has not shown clinical improvement in survival or symptoms, only possible improvement in lab value alk phos.</p>
Xyrem	Sodium oxybate	<p>EBRx currently does not recommend coverage for Xyrem, a drug used for narcolepsy with cataplexy; instead EBRx recommends pitolisant (Wakix). In 2021, EBD allowed EBRx to transition all patients</p>	<p><u>Not covering Xyrem and instead covering Wakix for the narcolepsy with cataplexy patients is associated with a cost savings to EBD of \$545,000 per year.</u></p>

		<p>from Xyrem to Wakix. There was a decrease in plan cost of \$565,042 per year.</p> <p>Both drugs are effective, however Wakix is less costly and does not have known potential illicit use associated with it like Xyrem does (date rape drug). Additionally, Xyrem has an odd dosing schedule whereby a patient must set an alarm after 4 hours to wake and take a second dose each night. Wakix lacks this problematic dosing schedule.</p>	
Idhifa	Enasidenib	<p>FDA approved in 2017 for acute myeloid leukemia and excluded by EBRx as FDA approval was based on a single arm trial that did not demonstrate an overall survival or quality of life benefit compared to other therapies. Ultimately, results of a phase III trial showed no overall survival benefit vs standard therapy.</p> <p>Navitus covers this drug with PA for the FDA indication despite the lack of overall survival benefit demonstrated in the phase 3 trial.</p>	<p>Exclusion has avoided exposure of plan to a costly drug whose initial approval was based on surrogate outcomes and ultimately did not significantly improve clinical outcomes.</p> <p>Cost per month (AWP): \$35,042</p> <p>Average duration of therapy: 5 months</p> <p>Average cost avoidance per patient: \$175,210</p>
Relugolix	Orgovyx	<p>For patients with metastatic prostate cancer. Effective drug but EBRx excluded it to encourage use of lower cost, equally effective alternatives on the medical benefit.</p>	<p>Orgovyx cost per mo (AWP): \$2,916</p> <p>Estimated cost of alternatives (ASP): Leuprolide: \$160 Degarelix: \$300 Zoladex: \$246</p> <p>Notes/Caveats: Providers may be reimbursed more than ASP. ASP calculated from 4/2023 CMS ASP Pricing File.</p>
Inqovi	Decitabine/ Cedazuridine	<p>For treatment of myelodysplastic syndrome (MDS). Effective drug but EBRx excluded it to encourage use of lower cost, equally effective alternatives on the medical benefit.</p>	<p>Inqovi cost per mo (AWP): \$ 9,719</p> <p>Estimated cost of alternative (ASP): Decitabine IV: \$450</p>

			Notes/Caveats: Providers may be reimbursed more than ASP. ASP calculated from 4/2023 CMS ASP Pricing File.
Varubi	Rolapitant	For prevention of chemotherapy induced nausea/vomiting. Effective drug but EBRx excluded to encourage use of lower cost, equally effective alternative on medical benefit.	<p>Varubi cost per dose (AWP): \$397</p> <p>Estimated cost of alternative (ASP): Fosaprepitant IV: \$30</p> <p>Notes/Caveats: Providers may be reimbursed more than ASP. ASP calculated from 4/2023 CMS ASP Pricing File.</p>
Erivedge	Vismodegib	For basal cell carcinoma. Data are limited to a single arm trial demonstrating tumor response only without evidence of improved overall survival or quality of life	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP): \$15,575</p>
Tazverik	Tazemetostat	For follicular lymphoma and epitheloid sarcoma. Data are limited to a single arm trial demonstrating tumor response only without evidence of improved overall survival or quality of life	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP): \$21,112</p>
Tabrecta	Capmatinib	For certain types of lung cancer. Data are limited to a single arm trial demonstrating tumor response only without evidence of improved overall survival or quality of life	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP): \$25,892</p>
Tepmetko	Tepotinib	For certain types of lung cancer. Data are limited to a single arm trial demonstrating tumor response only without evidence of improved overall survival or quality of life	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP): \$25,928</p>
Retevmo	Selpercatinib	For certain types of lung and thyroid cancers and solid tumors. Data are limited to a single arm trial demonstrating tumor response only without evidence of improved overall survival or quality of life	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP): \$23,764</p>
Zejula	Niraparib	For ovarian cancer. Benefit is limited to progression free survival without a benefit in overall survival or quality of life.	<p>Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time.</p> <p>Cost per month (AWP):</p>

			\$29,046
Fotivda	Tivozanib	For renal cell carcinoma. Benefit is limited to progression free survival without a benefit in overall survival or quality of life.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$32,908
Gilotrif	Afatinib	For certain types of lung cancers. Benefit is limited to progression free survival without a benefit in overall survival.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$ 12,448
Iressa	Gefitinib	For certain types of lung cancers. Benefit is limited to progression free survival without a benefit in overall survival.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$ 8,723
Alunbrig	Brigatinib	For certain types of lung cancers. Benefit is limited to progression free survival without a benefit in overall survival or quality of life.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$ 21,415
Zykadia	Ceritinib	For certain types of lung cancers. Benefit is limited to progression free survival without a benefit in overall survival or quality of life.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$ 14,611
Lorbrena	Lorlatinib	For certain types of lung cancers. Benefit is limited to progression free survival without a benefit in overall survival or quality of life.	Exclusion avoids plan exposure to a high cost drug for which clinically significant benefits have not been demonstrated at this time. Cost per month (AWP): \$ 22,568
Caverject	alprostadil	This is an injection for erectile dysfunction. EBRx recommends exclusion due to the availability of generic tablets that the members can purchase without any cost to the plan.	Exclusion avoids coverage of a product for a non-covered benefit. AWP Cost is \$97 for the 10mcg kit or syringe, \$124 for the 20mcg vial, kit, or syringe, and \$164 for the 40mcg vial The price is per dose and can be given up to 3 times per week.

Edex	aloprostadil	<p>This is an injection for erectile dysfunction. EBRx recommends exclusion due to the availability of generic tablets that the members can purchase without any cost to the plan.</p>	<p>Exclusion avoids coverage of a product for a non-covered benefit.</p> <p>AWP Cost ranges from \$193 for the 10mcg kit up to \$1,021 for the 40mcg kit</p> <p>The price is per dose and can be given up to 3 times per week.</p>
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