

## Meeting Minutes: Drug Formulary Committee (DFC) - DRAFT

Date and Time: March 19, 2025: 9:15 a.m. – 1:30 p.m. (Central Time)  
Minutes prepared by: Naana Osei-Boateng and Dave Hoang  
Location: Virtual Meeting via Zoom or In-person Meeting at Elmer Andersen Building, Room 2370

### Attendance

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Members in attendance: Jacques Beasley; Arthur Beisang, MD; Emily Jaeger, PharmD; Kathryn Lombardo, MD; Kelly Ruby, PharmD; Sheila Scheuer, PharmD; Sandra Widhalm Murphy, RPh; Margaret Artz, RPh, PhD; Stuart Williams, JD; Katherine Montag Schafer, PharmD; Julie Wolfgram, DNP, FNP

Members absent: Amirala Pasha, DO, JD; Monica Brands, RPh; Mary Mescher Benbenek, PhD, APRN; Sofia Shrestha, PharmD; Jena Wirt, DO

DHS staff present: Chad Hope, PharmD; Dave Hoang, PharmD, MBA; Nathan Chomilo, MD; Aaron Drake, RPh

- Others in attendance: Naana Osei-Boateng, PharmD; Chloe Groomes, PharmD; Andrew Wherley, PharmD

### Report of the Chair

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- Stuart Williams presided over the meeting.

### Approval of Minutes

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- The DFC approved the minutes from the December 2024 DFC meeting.

### DHS Housekeeping

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- DHS reminded all in attendance that the DFC webpage offers the option to sign up to receive DFC related materials and communication via email from DHS.

### Old Business

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- None

### New Business

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## Specialty Drugs for Continued Prior Authorization (PA)

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- The committee discussed Yorvipath and recommended to DHS by a unanimous vote that Yorvipath remain on PA with the following amendment to the proposed criteria:
  - The removal of bullet point No. 11 under the initial approval criteria- ~~Patient will NOT be using the requested agent in combination with any bisphosphonate (e.g., alendronate, ibandronate, risedronate), denosumab, estrogen, raloxifene, romosozumab, or cinacalcet (Sensipar) for the requested indication;~~
- The committee discussed Duvyzat and recommended to DHS by a unanimous vote that Duvyzat remain on PA with the proposed criteria.
- The committee discussed Tryvio and recommended to DHS by a unanimous vote that Tryvio remain on PA with the proposed criteria.
- The committee discussed Miplyffa and recommended to DHS by a unanimous vote that Miplyffa remain on PA with the with the following amendment to the proposed criteria:
  - Bullet point No. 7 under initial approval criteria: Prescriber is a specialist in the area of the patient's diagnosis (e.g., geneticist, neurologist) or prescriber has consulted with a specialist in the area of patient's diagnosis.
  - Bullet point No. 3 under renewal criteria: Prescriber is a specialist in the area of the patient's diagnosis (e.g., geneticist, neurologist) or prescriber has consulted with a specialist in the area of patient's diagnosis.
- The committee discussed Aqneursa and recommended to DHS by a unanimous vote that Aqneursa remain on PA with the following amendment to the proposed criteria:
  - Bullet point No. 6 under initial approval criteria: Prescriber is a specialist in the area of the patient's diagnosis (e.g., geneticist, neurologist) or prescriber has consulted with a specialist in the area of patient's diagnosis.
  - Bullet point No. 3 under renewal criteria: Prescriber is a specialist in the area of the patient's diagnosis (e.g., geneticist, neurologist) or prescriber has consulted with a specialist in the area of patient's diagnosis.
- The committee discussed Xolremdi and recommended to DHS by a unanimous vote that Xolremdi remain on PA with the proposed criteria.

## Existing Specialty Drugs for Continued PA

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- The DFC reviewed and unanimously voted to approve updates to the Zolgensma PA criteria under the DFC's existing consent agenda policy.

## Preferred Drug List (PDL) Review

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### CONSENT AGENDA ITEMS:

The committee discussed and recommended by unanimous vote that all classes in the Consent Agenda Items except for Anticonvulsants and Opiate Dependence Treatments be approved as presented with no changes.

- The committee discussed the Anticonvulsants therapeutic class and recommended the following to the department by a unanimous vote:
  - LACOSAMIDE SUSPENSION (ORAL) to be added to the PDL as PREFERRED.
  - LEVETIRACETAM TABLETS (AG) (ORAL) to be added to the PDL as NONPREFERRED.
    - DHS clarified this levetiracetam is the generic of Spritam.
- The committee discussed the Opiate Dependence Treatments therapeutic class and recommended the following to the department by a majority vote:
  - No changes to be made to the PDL.
- The committee discussed the Antiparkinson's Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - VYALEV (SUBCUTANE.) to be added to the PDL as NONPREFERRED.
- The committee discussed the Antipsychotics therapeutic class and recommended the following to the department by a unanimous vote:
  - ERZOFRI (INTRAMUSC.), OPIZA FILM (ORAL) and RISPERIDONE (INTRAMUSC.) to be added to the PDL as NONPREFERRED.
  - FAZACLO (ORAL), RISPERDAL ODT (ORAL) and SYMBYAX (ORAL) to be removed from the PDL.
- The committee discussed the Cytokine and CAM Antagonists therapeutic class and recommended the following to the department by a unanimous vote:
  - ADALIMUMAB-AACF SYRINGE (SUBCUTANE.), ADALIMUMAB-AACF PEN (SUBCUTANE.), ADALIMUMAB-AATY SYRINGE (SUBCUTANE.), ADALIMUMAB-AATY PEN (SUBCUTANE.), SIMLANDI SYRINGE (SUBCUTANE.), STEQEYMA SYRINGE (SUBCUTANEOUS), WEZLANA VIAL (SUBCUTANE.), WEZLANA VIAL (INTRAVENOUS), WEZLANA SYRINGE (SUBCUTANE.), YESINTEK SYRINGE (SUBCUTANE.) and YESINTEK VIAL (SUBCUTANE.) to be added to the PDL as NONPREFERRED.

- The committee discussed the Hypoglycemics, Incretin Mimetics/Enhancers and recommended by unanimous vote that the discussion of the class be tabled to the June 2025 DFC meeting.
  
- The committee discussed the Multiple Sclerosis Agents therapeutic class and recommended the following to the department by a unanimous vote:
  - OCREVUS ZUNOVO (SUBCUTANE.) to be added to the PDL as NONPREFERRED.
  - EXTAVIA KIT (SUBCUTANE.) and EXTAVIA VIAL (SUBCUTANE.) to be removed from the PDL.

### **Other Business**

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- None

### **Adjournment**

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- The meeting was adjourned at approximately 12:16 p.m. Central Time.