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Massachusetts Department of Public Health
Minutes of the Drug Formulary Commission
Meeting of Thursday, March 17, 2016
 Henry I. Bowditch Public Health Council Room, 2nd Floor
 250 Washington Street, Boston, MA

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Date of Meeting: Thursday, March 17, 2016
Beginning Time: 9:04 AM
Ending Time: 11:20 AM

Advisory Council Members Present: The following eleven (11) appointed members of the Drug Formulary Commission attended on March 17, 2016, establishing the required simple majority quorum (9) pursuant to Massachusetts Open Meeting Law (OML): DPH Interim Director Bureau Health Care Safety and Quality Eric Sheehan (Chair); Dr. Douglas Brandoff; Cheryl Campbell; Ray Campbell; Dr. Joanne Doyle-Petrongolo; Stephen Feldman; Dr. Kenneth Freedman; Dr. Paul Jeffrey; Dr. Theoharis Theoharides; Tammy Thomas; and Cindy Steinberg.

1. Welcome and Introductions

Department of Public Health (DPH) Bureau of Health Care Safety and Quality Interim Director Chair Eric Sheehan called the meeting to order at 9:04AM and provided brief introductory remarks.

Mr. Sheehan reminded the attendees that this is a recorded, public hearing, and confirmed that no one in audience was recording.

Mr. Sheehan summarized the March 3, 2016 meeting. He noted that the Commission at their last meeting continued their work of evaluating each drug product for placement on the formulary as a potential substitute. The Commission discussed Zohydro ER and voted to defer consideration of this drug product. At the February 4, 2016, meeting the Commission approved two of the drug products, Oxaydo and Nucynta ER, and denied Opana ER. Continuing, Mr. Sheehan noted at previous meetings that the Commission also approved OxyContin, Embeda and Hysingla ER to be considered in Component 3 of the process, and denied consideration of Targiniq and any other drug products that are not marketed on the United States.

Mr. Sheehan also noted that the work achieved at the last meeting enabled the Commission to complete Component 2 of the Evaluation and Review process. Referring to the overview slide for today's presentation, Mr. Sheehan noted that Component 1 (determining which groups of drugs should be designated as having a heightened public health risk), was complete. Moving on to Component 2, Mr. Sheehan noted that the Commission determined that five (5) drug products

should be identified as potential substitutes for the drugs with a heightened public health risk. The monograph used for the evaluation of these drugs was approved by the Commission at its November 5, 2016, meeting. The evaluation of drug products according to criteria began in December 2015 and was completed at the last meeting.

Moving onto Component 3, Mr. Sheehan noted that the Commission will now work toward completing a crosswalk and developing a Formulary of therapeutically equivalent substitutes for drugs determined to have a heightened public health risk. Following completion of Component 3, the Commission will have a draft Formulary.

Mr. Sheehan reminded the Commission that the Formulary is guidance for prescribers and is not mandatory. It will be another tool that prescribers can use but it will not be mandated to substitute drugs just because the formulary recommends that action.

Concluding, Mr. Sheehan set forth the goals of today's meeting which is to begin the process of cross-walking.

Mr. Sheehan called for approval of the minutes from the March 3, 2016 meeting.

- Mr. Feldman noted a change on page 4, which he handed to Lauren Nelson for correction.
- Motion to approve: Dr. Theoharides
- Second: Mr. Feldman
- All in favor: 10 in favor; 0 opposed; 1 abstention.
Dr. Jeffrey abstained as he was not present at the March 3rd meeting

2. Consideration of Substitution Criteria for Crosswalk

Mr. Sheehan noted that at the last meeting, the Commission applied the criteria that we determined should be utilized to evaluate if a drug product should be placed on the Formulary as a potential substitute. Upon application of the criteria, the Commission determined that OxyContin, Hysingla ER, Embeda, Oxaydo and Nucynta ER should proceed to the next phase of evaluation, that Zohydro ER should be deferred for further review of its abuse deterrent efficacy, and that Opana ER, and Targiniq should not proceed, nor should other drugs that are not available on the US market.

Mr. Sheehan stated the Commission now has a list of Drug Products that it has advanced to Component 3 for consideration in the crosswalk process. The Commission's work at today's meeting will be the foundation to prepare for the Crosswalk activities in the upcoming meetings.

Referring to the overview slides for today's presentation, Mr. Sheehan noted that the list the Commission put together is called List A and that there are five potential formulary substitutes on this list. The Commission is aware that there are more drug products proceeding through the FDA approval process. Not long after the initial work of the Commission is complete, the Department will ask the Commission to reconvene to consider

adding more potential substitutes to List A. The Formulary will be a living document, requiring nurturing by the Commission. The goal of the crosswalk in Component 3 is to determine whether a drug product on List A should be substituted for one or more drug products on List B, which is comprised of 28 generic drug products.

Next, Mr. Sheehan reviewed the definition for “Chemically Equivalent Substitution.” Mr. Sheehan noted that **chemically equivalent substitution** is not defined in the statute, and there is no standard definition, leaving it to the Commission to determine the criteria with which to judge the drug products under this term.

Chemically Equivalent Substitution is a term typically used in reference to generic formularies, with respect to insurance coverage of generic substitutions for brand name drug products. However, the term is occasionally used interchangeably with other equivalent substitution terms like: Bioequivalent; Pharmaceutical Equivalent; Pharmaceutical Alternative; Therapeutic Equivalent; and Clinical Equivalent.

Mr. Sheehan reminded the Commission that at the last meeting, they asked to see a list of possible definitions to assist them in making this determination. This list was prepared and distributed to the members. Opening up the floor for discussion, Commission members offered the following observations, comments, suggestions and recommendations:

- Ms. Steinberg asked why Morphabond, an FDA approved abuse deterrent medication in October 2015 was not considered by the Commission. Mr. Sheehan thanked Ms. Steinberg for her question and indicated that this drug would be presented in a future meeting. Mr. Sheehan also encouraged members to bring new drugs with ADF properties to our attention.
- Dr. Freedman stated that the goal of the definition is to guide the crosswalk so it is important to come up with a definition that won't change over time.
- Dr. Theoharides noted that the FDA definition appeared most reasonable and he felt comfortable starting with this definition.
- Ms. Campbell commented that using the word, “same” makes a stringent definition and doesn't allow the possibility to compare. This wouldn't allow us to consider the other factors required by the statute.
- Mr. Feldman stated that in thinking of the future, we may have drugs with the same chemical but different salts and different milligrams. We need to be careful to not lock ourselves in.
- Dr. Jeffrey agreed and stated that we are going to see drugs that are not chemically similar but convey same active ingredient when absorbed into the body. The dosages may also be different.
- Dr. Theoharides commented that we need to look at the “therapeutically equivalent” definitions- not chemical.
- Dr. Freedman stated that we may want to consider a definition with exceptions.
- Dr. Brandoff stated that the term “chemical equivalent” doesn't factor in the totality of what we are supposed to do.
- Dr. Freedman suggested using the word, “comparable” versus “similar” and there was agreement.

- Dr. Jeffrey asked if the Commission would be interested in a comparable product with different dosage forms. They may result in an equivalent effect but different types of dosage. Right now, the definition reads that the administration needs to be equivalent.
- Ms. Campbell asked if the current draft definition allows consideration of the factors that are required by the statute. Mr. Sheehan stated that the consideration of these factors will occur during the crosswalk.
- Mr. Feldman suggested keeping the definition as a working one to see how it is applied in the crosswalk.
- Dr. Jeffrey suggested deferring the vote until we can do an example.

Before we move on, I'd like us to take a 10 minute break. The time is now 10:00 AM and I'd like us all to be back to move on to our next agenda item by 10:10 AM.

Break 10:00 AM to 10:12 AM

Mr. Sheehan welcomed the Commission back and asked Mr. Thompson to provide a scenario for the Commission to consider as part of the development of the definition.

Mr. Thompson presented the following scenario for discussion. Both MS Contin and Embeda both contain the same active ingredient, both have the same route of administration and both have the same dosage strength. However, they differ in dosage form. MS Contin is a tablet and Embeda is a capsule. Would Embeda be considered a chemically equivalent substitute for MS Contin?

Further comments on the definition included:

- Dr. Theoharides noted that he is still comfortable with using the term “biologic effect.”
- Mr. Feldman stated that we could put out guidance as when looking at the just the definition, it can mean different things down the line for different drugs.
- Dr. Doyle-Petrongolo suggested including in the definition that changes to it may be needed in the future. Dr. Jeffrey didn't believe it was necessary. Mr. Sheehan responded by stating that if the definition gets changed in the future, then the new definition would need to be applied to those drugs that you have already reviewed. Once the definition is approved, we can put out guidance about what it means.
- Dr. Brandoff remained concerned about the use of the word “equivalent” when referring to strength or concentration. Maybe use the word, “comparable”?
- Ms. Campbell stated that there is case law supporting the definition of equivalent as “one equals one.” Would recommend using “comparable.”
- Dr. Jeffrey noted that we want to have precision in the definition so it would be best not to use “comparable.” Dr. Doyle-Petrongolo agreed that prescribers will want to see the science so best to use “equivalent.”

Mr. Sheehan read the developed definition for the term “chemically equivalent” and there were no further comments. Mr. Sheehan called for a motion to approve the new definition.

- Motion to approve: Dr. Theoharides
- Second: Dr. Jeffrey
- All in favor: 10 in favor; 1 opposed; 0 abstention

Approved definition: “Chemically Equivalent Substitution”, for the purpose of creating a formulary of drugs with abuse deterrent properties that the commission has determined may be appropriately substituted for opiates that have been determined to have a heightened public health risk due to the drugs’ potential for abuse and misuse, shall mean drug products which contain the same active ingredients, and are equivalent in strength or concentration, dosage form, and route of administration, and produce a comparable biologic effect. Prodrugs or ingredients without analgesic effect that are used solely for abuse deterrent formulations need not be equivalent.

Next, there was further discussion of the crosswalk criteria. Mr. Jon Mundy presented the draft drug product criteria, which is designed to offer the members information about the cost and accessibility of drug products. This will assist with providing available data to assist in determining appropriate pairings at future meetings. To guide this process, staff developed a draft checklist. The checklist was discussed by the members.

Mr. Feldman suggested adding a subtotal for the costs for each drug for all strengths. Dr. Jeffrey recommended adding a column for “price per day.”

Dr. Doyle-Petrongolo asked if every insurance company has to cover the recommended substitutes or are they considered non-formulary and the patient needs to get approval? Lauren Nelson responded that the statute states that if the plan already covers the drug on List A, then it has to cover the recommended substitute on list B. However, Medicare Part D is not included in the legislation. Mr. Sheehan responded stating that we would come back with an update on insurance coverage.

The final criterion discussed was Abuse Deterrent Property Efficacy. Mr. Mundy presented a form to determine the strength of the evidence of ADP for each of the five drug products on List B. Mr. Mundy explained that the form was created by staff and other expert consultants to demonstrate the various evidence and studies leading to a determination that each drug product had some level of ADP.

Mr. Sheehan asked if there was any discussion on the ADP Efficacy form. Members made supportive comments, and Mr. Sheehan asked for a motion to approve the form.

- Motion to approve: Stephen Feldman
- Second: Dr. Theoharides
- All in favor: unanimous

Closing Remarks

Mr. Sheehan thanked the Commission members for their participation today and the progress that was made and reminded Commission members that the next meeting is scheduled for April 7th from 2:00 PM to 5:00 PM at 250 Washington Street.

Eric noted that at the next meeting, the Commission will be provided with a brief presentation on the Opioid Bill that the Governor signed on Monday. Among other important provisions, this legislation requires this Commission to perform some additional tasks.

Mr. Sheehan reminded the Commission that meetings cannot be held if there is no quorum and asked if there were a change to your schedule that would prevent you from attending to contact Lauren Nelson.

Please add any documents you received today to your binders and take them with you when you leave here. These binders will be helpful at home and in future meetings, so we encourage you to bring them with you each time, as you will be provided with more materials to add.

Having no further business before the Commission, Mr. Sheehan asked for a motion to adjourn.

- Motion: Dr. Brandoff
- Second: Ms. Campbell
- All in favor: unanimous

The Drug Formulary Commission meeting concluded at 11:20 AM.

Documents Presented to DFC at the *March 17, 2016 Meeting*

- DFC Minutes from March 3, 2016
- DFC PowerPoint presentation
- Cost Information on Short-Acting and Long-Acting Opioids
- Draft ADF Efficacy Form

Documents can be found at:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/drug-formulary-commission.html>