DEPARTMENT OF HUMAN SERVICES

Proposed Drug Formulary Committee

Health Care Administration

February 7, 2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $20,000.

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I. Executive summary

In accordance with the mandate from the 2021 Legislature, DHS completed stakeholder engagement regarding the composition of the Drug Formulary Committee (DFC), and provided a summary of the policies and procedures of the committee. Following the stakeholder engagement, DHS is recommending adding another consumer representative, which is a current or former recipient of Medical Assistance, and allowing for the addition of more physician members. DHS also recommends appointing members that increase the diversity of the DFC membership and continuing to explore additional ways of communicating information about open positions to maximize diversity in the applicant pool of candidates. DHS also recommends ensuring the DFC does not sunset so as to allow for public participation to continue with regards to the management of the pharmacy benefit.

II. Legislation

Laws of Minnesota 2021, 1st Special Session, Article 1, Section 35:

Sec. 35. **PROPOSED FORMULARY COMMITTEE.**

By March 1, 2022, the commissioner of human services, after soliciting recommendations from professional medical associations, professional pharmacy associations, and consumer groups, shall submit to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services an overview of the Formulary Committee under Minnesota Statutes, section 256B.0625, subdivision 13c, that includes:

(1) a review of the current composition of and any recommended revisions to the membership of the committee. The review shall ensure the committee is composed of adequate representation of consumers and health care professionals with expertise in clinical prescribing; and

(2) a summary of the committee's policies and procedures for the operation of the committee, opportunities for public input, providing public notice, and gathering public comments on the committee's recommendations and proposed actions.

III. Introduction

The Department of Human Services (DHS) manages the pharmacy benefit for Fee-for-Service (FFS) Medical Assistance (MA) members. DHS is also responsible for creating and maintaining the Preferred Drug List (PDL) to provide consistency in prescription drug benefit across all MA health plans (Fee-for-Service and Managed Care MA health plans). In accordance with federal requirements, DHS must ensure that payments are made for services that medically necessary. The Drug Formulary Committee was created by the Minnesota Legislature to serve as a public-facing advisory body that make recommendations to the DHS Commissioner on drug coverage policies within the pharmacy benefit that conform to standards of medical practice and make the best use of federal and state resources. There is no federal requirement for states to manage their pharmacy benefit in collaboration with a public committee; however, most states follow this same, or a similar, process. In addition, there has been interest in the US Congress to establish minimum standards for these public committees advising state Medicaid programs across the country (e.g., code of conduct, conflict of interest disclosure and transparency requirements, etc.). While the names of these public committees may vary (e.g., some states may refer to these public committees as Pharmacy and Therapeutics Committees or P&T Committees), the operations are similar in that they are comprised of non-state employee clinicians, non-clinicians and are conducted with public observation and participation.

A. Drug Formulary Committee Authorizing Statute

Section 256B.0625, subdivision 13c. **Formulary Committee**. The commissioner, after receiving recommendations from professional medical associations and professional pharmacy associations, and consumer groups shall designate a Formulary Committee to carry out duties as described in subdivisions 13 to 13g. The Formulary Committee shall be comprised of four licensed physicians actively engaged in the practice of medicine in Minnesota, one of whom must be actively engaged in the treatment of persons with mental illness; at least three licensed pharmacists actively engaged in the practice of pharmacy in Minnesota; and one consumer representative; the remainder to be made up of health care professionals who are licensed in their field and have recognized knowledge in the clinically appropriate prescribing, dispensing, and monitoring of covered outpatient drugs. Members of the Formulary Committee shall not be employed by the Department of Human Services, but the committee shall be staffed by an employee of the department who shall serve as an ex officio, nonvoting member of the committee. The department's medical director shall also serve as an ex officio, nonvoting member for the committee. Committee members shall serve three-year terms and may be reappointed by the commissioner. The Formulary Committee shall meet at least twice per year. The commissioner may require more frequent Formulary Committee meetings as needed. An honorarium of $100 per meeting and reimbursement for mileage shall be paid to each committee member in attendance. The Formulary Committee expires June 30, 2023.

B. Current Drug Formulary Committee Composition

Pharmacists

- Margaret Blackstone Artz, R.Ph., Ph.D. – Clinical Analytics Consultant
- Tim Cernohous, Pharm.D., Ph.D. – AmerisourceBergen
- Monica Brands, RPh. – Cub Pharmacy
- Ramona Powell, Pharm.D. – CVS Health
- Kelly Ruby, Pharm. D. – North Point Health and Wellness Center

Licensed health care professionals

- Mary Benbenek, Ph.D., APRN – University of Minnesota School of Nursing
- Tsewang Ngodup, MD, CMD, HMDC – Hennepin County Medical Center

Physicians

- Kyle Lehenbauer, M.D. – Veterans Affairs Medical Center, Minneapolis, MN
- Kathryn Lombardo, M.D. – Olmsted Medical Center
- James R. Phillips, M.D. – Sanford Health
- Michael R Sprehe, M.D., MPH, FACP, FAAP – Children's Hospitals and Clinics of Minnesota

Consumer representative

- Stuart T. Williams

IV. Review of Current Composition of the Drug Formulary Committee

DHS contracted with the Management and Analysis and Development (MAD) Division at the Minnesota Office of Management and Budget to design and conduct stakeholder engagement activities related to this report. While done independently, MAD did consult with DHS staff for technical assistance on the stakeholder feedback process and survey instrument.

A. Public Engagement

The public engagement activities and details are explained in the MAD report, which is included as Appendix A of this report. MAD conducted targeted outreach to 15 stakeholder organizations to provide written comments, facilitated a public meeting to allow for verbal comments, and provided an additional opportunity for the general public to provide written comments following the public meeting. Written and/or verbal comments were received from 14 different stakeholders.

B. Public Feedback and Recommendations

A comprehensive summary of the 14 responses and recommendations submitted to MAD, including both written and/or verbal comments, is included in the MAD report included as Appendix A of this report. The general themes included in the responses from the public and stakeholders organizations were a desire for additional consumer and health care professionals, as well as to maximize diversity of members in both professional expertise and experience and racial diversity.

VI. Summary of Policies and Procedures for the Drug Formulary Committee

A. Operation of the Committee

1. Staffing and Scope

The Drug Formulary Committee (DFC) is staffed by one pharmacist, who is an ex officio non-voting member, employed by DHS. This staff member is the primary administrative staff member responsible for the execution of the logistics of the committee, as well as the primary liaison with the contractor that provides clinical support to the DFC (Magellan Health). The Medicaid Medical Director is also an ex officio non-voting member employed by DHS. The DFC provides independent clinical recommendations to DHS regarding which drugs should be subject to prior authorization as defined in Minnesota Statutes, section256B.0625, subdivision 13f, including the placement of drugs in preferred and non-preferred status on the Preferred Drug List (PDL), which over-the counter drugs should be covered, and the drug formulary as defined in Minnesota Statutes, section 256B.0625, subdivision 13d.

2. Contractor Support

DHS contracts with Magellan Health through a competitive bidding process. Magellan Health, through its contracts with other state Medicaid agencies, establishes the National Medicaid Pooling Initiative (NMPI). The NMPI is approved by the Centers for Medicare and Medicaid Services (CMS) and establishes a mechanism to help state Medicaid programs pool purchasing power to negotiate with pharmaceutical companies. The Preferred Drug List (PDL) is created, in part, as a result of these pricing negotiations, and with clinical input from Magellan and the DFC regarding all clinical aspects of managing a drug, or drug class, within the PDL. As a full service contracted PDL vendor, Magellan Health also provides comprehensive clinical review materials for the DFC. The materials include information regarding PDL classes and non-PDL related clinical prior authorization criteria. The materials are copyrighted and therefore are proprietary, non-public trade secret, data and not able to be shared by DHS with the public.

3. Meeting Materials

Public meeting materials for the DFC meetings are posted online on the DHS website at least 7 days in advance of the DFC meetings: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/. Posted meeting materials include proposed preferred/nonpreferred status of drugs within the PDL, clinical prior authorization criteria and other drug coverage policies. Materials that contain non-public data are not available online and cannot be disclosed by DHS.

4. Agenda

The agenda for the DFC meetings is posted online at least 30 days in advance of the DFC meetings at: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/. Notice that the agenda has been uploaded to the website is also distributed via the Drug Formulary Committee GovDelivery Listserv, to which anyone can subscribe.

5. Meeting Times and Format

The meeting dates and logistics for the meeting are posted online at least 30 days in advance of the DFC meetings at: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/. Prior to COVID-19, the meetings had been in-person only; however, during the COVID-19 pandemic, the meetings have transitioned to an online-only format. Both the in-person meetings and online-only meetings are public meetings. Notice of the meeting dates and times is also distributed via the Drug Formulary Committee GovDelivery Listserv. The DFC conducts its public meeting in accordance with the state's Open Meeting Laws. All members of the public are able to observe DFC meetings in their entirety as there are no closed-door or executive sessions at any DFC meeting. DHS continues to review policies and practices to determine how to host the DFC meetings in the future to maximize public participation, particularly if offering remote options can increase accessibility and participation by the public or promote recruitment and participation of members across all communities in Minnesota.

6. Committee Recommendations

The DFC is an advisory body to DHS. The DFC makes recommendations to DHS about the coverage status of drugs discussed at the DFC meetings. DFC recommendations are only finalized during the public DFC meetings. DFC members with a potential or perceived conflict of interest on an issue under discussion are asked to recuse themselves from the discussion or votes on the issue. Conflicts of interest can vary and range from relatively minor potential conflicts, such as a member having a perceived inability to be objective on a particular drug or topic due to their personal or professional history, to more apparent conflicts, such as a member accepting direct or indirect funding from a drug's manufacturer for research, education, or marketing purposes. Recommendations from the DFC are not immediately effective or implemented by DHS and they are subject to an additional 15 day public comment period following the DFC meeting.

7. Committee Members and Appointments

The DFC committee composition is defined in statute. Recruitment, applications, and appointments are done via the Secretary of State's Board and Commissions website: https://www.sos.state.mn.us/boards-commissions/. Additional outreach about vacancies is also done to the various professional organizations to maximize participation and solicit recommendations of potential candidates.

B. Opportunities for Public Input and Observation

DHS seeks public participation and input at several stages throughout the DFC process. Members of the public are always welcome to submit public comments to the DFC at any time in writing. Written comments received in advance of the DFC meeting are distributed to members with the meeting materials, or in advance of the meeting with as much time as possible depending on when they are submitted. Verbal testimony is taken at the DFC meetings for up to the first hour of every DFC meeting. Following the DFC meetings, an additional 15-day public comment period is set aside to allow for additional comments regarding recommendations from the DFC. All comments are asked to be accompanied by a Conflict of Interest disclosure form; however, any member of the public may still provide written or verbal comments if they are unable, or unwilling, to complete a Conflict of Interest disclosure form.

C. Public Notices

Public notice of the meeting dates and times is distributed via the Drug Formulary Committee GovDelivery Listserv and available online at https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/minnesota-health-care-programs/drug-formulary-committee/.

D. Public Comments on the Committee's Recommendations

Following the public DFC meeting, DHS provides at least an additional 15 day public comment period prior to implementing any of the DFC's recommendations.

VI. Report Recommendations

DHS recommends that the committee composition for the DFC be amended to allow DHS the opportunity to recruit additional physicians by removing the firm cap of four physicians currently established in statute. DHS also recommends adding an additional consumer representative that is either a current or former Medical Assistance member, or a parent or caregiver of a current or former Medical Assistance member. Additionally, DHS would recommend that the DFC's current sunset date be eliminated in order to ensure that the committee remains active into the future so that the public has an opportunity for input and participation in the pharmacy benefit design and administration.

DHS does not recommend specifying a specific place of employment that would qualify health care providers to participate on the DFC as providers can, and do, change jobs while serving on the committee; providers can be associated with multiple institutions and already represent a broader view of the healthcare marketplace than their single working title might imply; and recruitment of providers to volunteer on the committee is already very difficult. To illustrate the difficulty in recruiting volunteer members, the current physician position that expires in May of 2022 was recently posted and failed to generate a single applicant by the date this report was drafted. Maximizing the department's flexibility in recruiting providers helps ensure that DHS can maintain the important, independent, clinical input from the community by filling vacancies as timely as possible.

DHS also recommends, and reaffirms, that diversity in the membership of the DFC is important. Diversity in membership helps provide for diversity being part of the conversations and recommendations coming out of the DFC. Whenever possible, DHS recommends appointing members that increase the diversity of the DFC membership from the applicant pool. This should also be accompanied by a continued focus on disseminating information about the open membership positions not only through professional organizations, but also through other advisory groups like the Cultural and Ethnic Communities Leadership Council.

VII. Proposed Legislative Language

Minnesota Statutes section 256B.0625, subdivision 13c. is amended to read:

Subd. 13c. **Formulary Committee**. The commissioner, after receiving recommendations from professional medical associations and professional pharmacy associations, and consumer groups shall designate a Formulary Committee to carry out duties as described in subdivisions 13 to 13g. The Formulary Committee shall be comprised of <u>at least</u> four licensed physicians actively engaged in the practice of medicine in Minnesota, one of whom must be actively engaged in the treatment of persons with mental illness; at least three licensed pharmacists actively engaged in the practice of pharmacy in Minnesota; and ~~one~~ <u>two</u> consumer representative<u>s, one of which is a current or former medical assistance member or the parent or guardian of a current or former medical assistance member</u>; the remainder to be made up of health care professionals who are licensed in their field and have recognized knowledge in the clinically appropriate prescribing, dispensing, and monitoring of covered outpatient drugs. Members of the Formulary Committee shall not be employed by the Department of

Human Services, but the committee shall be staffed by an employee of the department who shall serve as an ex officio, nonvoting member of the committee. The department's medical director shall also serve as an ex officio, nonvoting member for the committee. Committee members shall serve three-year terms and may be reappointed by the commissioner. The Formulary Committee shall meet at least twice per year. The commissioner may require more frequent Formulary Committee meetings as needed. An honorarium of $100 per meeting and reimbursement for mileage shall be paid to each committee member in attendance. The Formulary Committee ~~expires June 30, 2023.~~ does not expire as provided in section 15.059, subdivision 6.

VIII. Appendix A

Stakeholder Feedback: Composition of the Drug Formulary Committee; December 29, 2021

MANAGEMENT AND BUDGET
MANAGEMENT ANALYSIS AND DEVELOPMENT

Stakeholder Feedback: Composition of the Drug Formulary Committee

Minnesota Department of Human Services
December 29, 2021

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Management Analysis and Development

Management Analysis and Development is Minnesota government's in-house fee-for-service management consulting group. We have over 35 years of experience helping public managers increase their organizations' effectiveness and efficiency. We provide quality management consultation services to local, regional, state, and federal government agencies and public institutions.

Alternative Formats

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Introduction

The Drug Formulary Committee (DFC) is empowered by the Minnesota Legislature (as described in Minnesota Statutes 256B.0625, subd.13) to review and recommend the drugs covered by Medicaid and MinnesotaCare through the Uniform Preferred Drug List (PDL) and determine which drugs require prior authorization to ensure medications are medically necessary for specific patients and appropriate for their situation. The DFC, appointed by the Commissioner of Human Services, is composed of four physicians (one in the treatment of mental illnesses), at least three pharmacists, a consumer representative, and other health care professionals that serve three-year terms.

The 2021 Minnesota Legislature directed the Department of Human Services (DHS) to obtain input and recommendations from professional medical associations, pharmacy associations, and consumer groups on the current composition of the DFC (Laws of Minnesota 2021, 1st Spec. Sess. chapter 7, article 1, section 35).

DHS asked Management Analysis and Development (MAD)[1] to support this activity by administering an online form to collect feedback from stakeholders and by facilitating a public meeting with stakeholders to gain their input and recommendations. This report summarizes the feedback from stakeholders including their recommendations for the DFC.

Stakeholder input process

In total, fifteen stakeholders provided input to DHS through this process. Twelve stakeholders provided written input, one stakeholder provided verbal input, and two stakeholders provided verbal and written input (but are counted only once).

Public meeting

MAD designed and facilitated an online meeting of stakeholders on November 29, 2021. DHS invited stakeholders through the DFC listserv and announced the meeting on the DFC website. Stakeholders were offered the opportunity to provide input at the meeting through a registration process: stakeholders who indicated they wanted to attend the meeting were asked if they wanted to provide comment at the meeting. In all, 48 registered stakeholders were offered the opportunity to provide comment at the meeting. 33 stakeholders joined the meeting, and three of them provided comment.

Written feedback

DHS provided contact information for 16 representatives of professional medical associations, pharmacy associations, and patient organizations. MAD invited these stakeholders to complete an online feedback form (Appendix A) between November 8 and November 22. Five representatives of organizations provided input

[1] MAD is the State of Minnesota's management consulting practice, providing custom-designed services to public sector clients.

through the online form. For a full list of organizations that were invited to complete the form and a list of those who completed the feedback form, refer to Appendix B.

Additionally, MAD provided the online feedback form from November 11 to December 3 for those who wished to provide written comments or who could not attend the public meeting. An additional nine stakeholders provided input.

Stakeholder feedback on membership of the committee

This section of the report provides a summary of participant comments regarding membership of the committee. Where relevant, it includes proportions of participants who provided related comments, using the terms below:

- **A few** is generally two or three.
- **Several** is generally more than a few, but less than one-fourth.
- **Most** is more than half, but less than two-thirds.
- **Nearly all** is greater than 90 percent.

Perceptions of representation

The feedback form described above asked stakeholders two specific questions about representation. Responses to these questions provide context for the summary of narrative input in the following sections. Overall, respondents indicated that the DFC does not have adequate membership in general or adequate membership of health care professionals with expertise in clinical prescribing. All respondents went on to offer input regarding improvements to the committee's membership or other recommendations. Readers should note that this group of respondents does not include those who provided verbal input.

Table 1. Responses to feedback form questions (n=14)

Question	Yes	No	Did not answer
Does the current Committee have adequate representation of members?	2	11	1
Does the current Committee have adequate representation of health care professionals with expertise in clinical prescribing?	4	9	1

Representation of consumers

Most commonly, stakeholders who provided written and verbal input indicated that there are not enough members on the committee, with several specifically saying that the committee lacks consumer or patient representation. While a few said this in more general terms, a few others said that it is important to increase the representation of patients including those who are most impacted by the recommendations of the committee. According to these stakeholders the current consumer representation does not have enough representation of

consumers of Minnesota Health Care programs such as Medicaid and Minnesota Care. A few other stakeholders said that the committee also lacks disease-specific patient representation, including people with rare diseases or complex medical conditions who rely on new drugs, as well as patient advocacy organizations who can speak to the specific challenges of these communities. One stakeholder said that from an equity perspective, the members of the committee are overwhelmingly white and of higher socio-economic status and that the committee needs to be more racially representative of the consumers impacted by their decisions.

According to these stakeholders, this lack of representation leads to recommendations and decisions that do not reflect input from those most impacted by the recommendations or does not account for the patient impact of the drugs that are discussed at the committee.

Representation of health care professionals

Several stakeholders also indicated that there is not enough representation of healthcare providers or larger health care systems on the committee. Several stakeholders specifically discussed the need to increase healthcare professionals' representation including representation of medical and pharmacy professionals of the larger healthcare systems, such as M Health Fairview, Allina, and HealthPartners. According to one participant, many of the larger healthcare systems in the metro area care for Minnesota Health Care program patients, but the current committee does not have any members from these systems.

A few stakeholders also said that the current committee composition does not have enough representation of the healthcare professionals with specialty care or subject matter expertise such as pediatric specialty care, cardiometabolic diseases, and rare diseases. According to one participant, specialty care areas such as rare disease often rely on newly approved drugs or orphan drugs; having providers with expertise and experience diagnosing or treating these conditions would be important. Another participant said that cardiometabolic diseases are the leading cause of death in the US and having representation of providers with expertise in this area would be important.

One stakeholder expressed concern that, without outside specialized expertise, the PDL will not align with the standards of care in the community, resulting in consumers of Minnesota Health Care programs not receiving the same care or treatment options as those with other types of insurance. Another stakeholder also said that the options on the preferred drug list do not allow for patients of bleeding disorders to be treated to the current national and local standards of care.

A few participants also highlighted that it would be challenging or unrealistic to ensure that the composition of the committee has expertise in all the conditions or all new drugs coming into the market. These participants noted that it is unclear if and how outside expertise is consulted in making recommendations.

Recommendations provided by stakeholders

The following list is a summary of recommendations provided by stakeholders in both the public meetings and online feedback forms. (MAD has not evaluated these recommendations.)

- Add more consumer representatives or patient advocate representatives who are voting members to the committee including consumers receiving healthcare through the Minnesota Health Care programs, disease-specific representation (such as consumers with rare diseases, epilepsy, parents of children with disabilities or complex medical conditions), and individuals or representatives of community organizations connected to these issues.
- Increase representation of healthcare professionals engaged in specific practice areas, including those that care for Minnesota Health Care program consumers, treat people with disabilities, diagnose and treat rare diseases, provide pediatric specialty care, and treat complex medical conditions.
- Improve diversity of healthcare professionals to include those with specialization in administrative processes, clinical processes, and regulatory oversight.
- Ensure one of the pharmacists is a clinical pharmacist at a health care system (non-retail pharmacy, non-pharmaceutical industry).
- Improve recruitment process to the committee to ensure diversity in the committee.
- Improve consultation with outside expertise such as through a policy requiring consultation with subject matter experts in the field or add an ad-hoc nonvoting member who is a medical specialist in the disease that the drug is used to treat. This would include consultation with existing resources such as the University of Minnesota's academic medical center and advisory councils (for e.g., Rare Disease Advisory Council). DHS should also be clear about how it defines a subject matter expert.
- Improve transparency of decision-making process of the PDL so healthcare providers and public have improved understanding of reasons and justification for the decision.
- Dissolve the committee and establish a new board reflecting the diversity standards in all other state boards and councils. Emphasis should be placed on creating balance between industry and consumers. Appointment to the board should be made by the Commissioner of Human Services. Term limits would be defined by two, two-year terms, and the board would be chaired on a rotating basis between industry and consumer each year through election by the board.

Appendix A. Drug Formulary Committee composition stakeholder feedback form

The Department of Human Services (DHS) invites you to complete this short form and share your perspectives on the Drug Formulary Committee's current composition.

About this form

The Drug Formulary Committee is empowered by the Minnesota Legislature (as described in Minnesota Statutes 256B.0625, subd.13) to review and recommend the drugs covered by Medicaid and MinnesotaCare through the Uniform Preferred Drug (PDL) list and determine which drugs requires prior authorization to ensure medications are medically necessary for specific patients and appropriate for their situation. The Committee, appointed by the Commissioner of Human Services, is composed of four physicians (one in the treatment of mental illnesses), at least three pharmacists, a consumer representative, and other health care professionals that serve three-year terms.

The 2021 Minnesota Legislature directed DHS to gather input and recommendations from professional medical and pharmacy associations as well as consumer groups on the current composition of the Committee. This form seeks to gather your perspectives about the current composition. We will use your responses to this form to provide an overview of the current composition and any recommended revisions to the chairs and ranking minority members of the legislative committee with jurisdiction over health and human services by March 1, 2022.

DHS also plans to conduct a public meeting to hear stakeholders' perspectives on the current composition of the Committee.

Completing this form is voluntary and will take about 10 minutes to complete.

Data privacy

DHS hired Management Analysis and Development (MAD) to administer this form and compile a summary of the responses. MAD is a separate section of Minnesota Management and Budget that provides neutral management consulting services for the public sector.

Information you provide in this form will be public. There will be no consequence to you if you decide not to complete it, but then we will not get the benefit of your feedback.

Reporting

All responses will be summarized in a report that will be publicly available. Results will be aggregated, but individual-level results may also be reported or shared upon request. If we do not receive a response from you, you may be identified as a non-respondent in the report.

Tips for using this form

· If you cannot complete the form at one sitting, you can use the **"Save"** button on the bottom of the page to save your answers. You can return to complete the form later using the link sent by email.

· To reset your answers, use the **"Reset"** button.

· If you would prefer a text-based version of the form (for example, if you use a screen reader), click on the "text only" link on the center of the top of the screen.

If you have any technical problems accessing the form, please contact Mariyam.Naadha@state.mn.us.

Thank you for your time!

Committee members

Please review the membership of the Committee outlined below prior to answering the questions.

Pharmacists

- Margaret Blackstone Artz, R.Ph., Ph.D. – Clinical Analytics Consultant
- Tim Cernohous, Pharm.D., Ph.D. – AmerisourceBergen
- Monica Brands, RPh. – Cub Pharmacy
- Ramona Powell, Pharm.D. – CVS Health
- Kelly Ruby, Pharm. D. – North Point Health and Wellness Center

Licensed health care professionals

- Mary Benbenek, Ph.D., APRN – University of Minnesota School of Nursing
- Tsewang Ngodup, MD, CMD, HMDC – Hennepin County Medical Center

Physicians

- Kyle Lehenbauer, M.D. – Veterans Affairs Medical Center, Minneapolis, MN
- Kathryn Lombardo, M.D. – Olmsted Medical Center
- James R. Phillips, M.D. – Sanford Health
- Michael R Sprehe, M.D., MPH, FACP, FAAP – Children's Hospitals and Clinics of Minnesota

Consumer representative

- Stuart T. Williams

Questions

Does the current Committee have adequate representation of members?

- Yes
- No

(If selected "No") Please use the space below to say more about your response:

Does the current Committee have adequate representation of health care professionals with expertise in clinical prescribing?

- Yes
- No

(If selected "No") Please use the space below to say more about your response:

What recommendations do you have about the membership of the Committee?

Public comment disclosure form

All comments submitted to DHS must accompany a conflict of interest disclosure form. Please answer the following question prior to submitting your responses. If you have questions about a conflict of interest, please contact: Nikki Thompson, Chief DHS Ethics Officer 651-431-4248

Please disclose the research funding, other funding, or payments made to you, or the organization you are representing, directly or indirectly by pharmaceutical manufacturers during the past 5 years.

(If you are unable or unwilling to provide this information but still wish to provide public comments, please indicate so below. You will still be able to provide comments with the incomplete disclosure form.)

Attestation [required]

- I hereby attest that the answers given above are true, correct, complete, and not intended to mislead.
- I am unwilling or unable to provide this information.

Please select the "Submit" button below to complete the form. Thank you!

Appendix B. List of stakeholders

Representatives of the following organizations *were invited* to provide written input.

- The Aliveness Project
- American Cancer Society Cancer Action Network
- County Based Purchasing Plans
- Epilepsy Foundation of Minnesota
- Gillette Children's Specialty Healthcare
- Hennepin Healthcare System
- Minnesota Association of Community Health Centers
- Minnesota Council of Health Plans
- Minnesota Hospital Association
- Minnesota Medical Association
- Minnesota Pharmacist Association
- Minnesota Rare Disease Advisory Council
- NAMI Minnesota
- Planned Parenthood
- Rainbow Health
- Sickle Cell Foundation of Minnesota

Representatives from the following organizations and individuals *provided* written or verbal input.

- The Aliveness Project
- Epilepsy Foundation of Minnesota
- Chair of the DFC
- Clinical Pharmacist at HealthPartners
- Gillette Children's Specialty Healthcare
- Hennepin Healthcare System
- M Health Fairview (two stakeholders: one provided both written and verbal input, one provided written input)
- Medicaid beneficiary (provided both written and verbal input)
- Minnesota Rare Disease Advisory Council
- NAMI Minnesota
- Novo Nordisk Inc
- Rainbow Health
- University of Minnesota
- University of Minnesota Medical Center