Meeting Minutes, Open Session, Drug Utilization Review Board January 20, 2021		
Drug Utilization Review Board *Due to COVID-19, this meeting was held virtually.	**DUR Board Members:** Moneeshindra Mittal, MD, Chair (Absent) James Backes, PharmD, Interim Chair (Present) Jennifer Clair, MD (Present) Katie Burenheide Foster, PharmD, MS, BCPS, FCCM (Present) Kristen Powell, PharmD (Present) LaTonyua Rice, PharmD, BCGP (Present) Arthur Snow, MD (Present) Serena Stutzman, APRN (Absent) Roger Unruh DO (Present) **KDHE/DHCF/Contractor Staff:** Annette Grant, RPh. (Present) Victor Nguyen, PharmD (Present) Carol Arace, Administrative Specialist (Present) **DXC Technology Staff/KEPRO Staff** Karen Kluczykowski, RPh (Present) Kathy Kaesewurm, RN, BSN (Present) Harry Vu, PharmD (Present) Christina Faulkner, PharmD, BCPS (Present) **MCO Staff:** Jan Mueller, RPh, UnitedHealthcare Community Plan (Present) Mark DeMary, PharmD, Aetna Better Health of Kansas (Present) Angie Yoo, PharmD, Sunflower State Health Plan (Present)	**Public Attendees**: Arjun Moorjani, Bill Eicholzer, Brent Young, Chris Guenther, Dave Poskey, Dean Petree, Deron Grothe, Donna Osterlund, Eric Cox, Erin Hohman, Evie Knisely, Eloise Cox, Gibby Rodriguez, Jean Ritter, Jessica Chardoulias, Jim Bauman, Jordan Feuerborn, Julie Dibaise, Kim Walter, Kyle Webster, Laura Hill, Mandi Champ, Mark Kaiser, Mary Stoots, Matt Bradley, Melissa Basil, Melissa DuVall, Mike Nicholson, Patty Laster, Phil King, Rachel Atkinson, Rhonda Clark, Rob Hansen, Rob Kilo, Ricki Roberson, Sam Garas, Sara Hovland, Susie Moroney, Tami Sova, Tara McKinley, Todd Dickerson, Tony Salicos (Only individuals that provided their full name are listed)

TOPIC	DISCUSSION	DECISION
I. Call to Order	Dr. Backes called the meeting to order at 10:06 AM. (no quorum) Quorum achieved at 10:14 AM.	
Announcements and Introductions	The meeting operator informed every one of her role and the process for the meeting. Dr. Backes asked the state for any announcements. The State did not have any announcements.	
II. Old Business **A. Review and Approval of October 14, 2020 Meeting Minutes**	**Board Discussion:** Dr. Backes asked if there were any amendments/changes to the minutes requested.	Dr. Snow motioned to approve. Dr. Foster seconded the motion. The motion was approved unanimously.
III. New Business **A. Revised Prior Authorization (PA) Criteria** **1. Spinal Muscular Atrophy (SMA) Agents**	**Background:** PA criteria were last reviewed in September 2020. This revision includes consolidation of the criteria to the standard format, removal of the requirement of symptoms prior to 6 months for Zolgensma® and clarification that Evrysdi™ must be discontinued before starting Zolgensma®. **Public Comment:** None. **Board Discussion:** None	Dr. Powell motioned to approve. Dr. Snow seconded the motion. The motion was approved unanimously.
2. Oncology Agents (formerly Chemotherapy Agents)	**Background:** These criteria were last revised in October of 2020. This revision includes updates to the list of agents requiring prior authorization and an update to the renewal criteria. **Public Comment:** Susie Moroney with Novartis. Deferred her time back to the Board. **Board Discussion:** Dr. Foster asked if this included biosimilars. The State confirmed this criteria did include biosimilars.	Dr. Clair motioned to approve. Dr. Rice seconded the motion. The motion was approved unanimously.

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3. Asthma Agents	**Background:** This PA criteria was initially approved in July of 2019. This revision includes addition of Trelegy® Ellipta to the list of qualifying medications for step therapy for the asthma biologic agents and updates to Nucala® for age and dosing limits. **Public Comment:** None. **Board Discussion:** Board discussion included clarification of contraindications and working concerning trial use of leukotriene modifiers or LAMA agents. Wording amended to include if contraindication to one then the other must be tried.	Dr. Snow motioned for approval as amended. Dr. Powell seconded the motion. The motion was approved unanimously.
4. Multiple Sclerosis (MS) Agents	**Background:** These criteria were last revised in July of 2020. This revision adds Kesimpta® to the list of agents requiring prior authorization. It also modifies prior authorization (PA) criteria for the fumaric acid derivatives to require a trial of generic dimethyl fumarate before use of other fumaric acid derivatives. **Public Comment:** Evie Knisely with Novartis spoke on behalf of the agent Kesimpta. **Board Discussion:** Board discussion included clarification of step therapy requirements for the fumaric acid derivatives. It was clarified that gastrointestinal side effects not accepted as rationale, even after the 90-day trial. A rationale moving from Tecfidera to Vumerity would have to be something more substantial than that.	Dr. Foster motioned to approve. Dr. Unruh seconded the motion. The motion was approved unanimously.
5. Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents	**Background:** These criteria were initially approved in October 2020. This revision clarifies dosing limits for Soliris®, Uplizna™, and Enspryng® and clarifies criteria related to relapses. **Public Comment:** None.	Dr. Clair motioned to approve. Dr. Rice seconded the motion. The motion was approved unanimously.

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	Board Discussion: None.	
6. Juvenile Idiopathic Arthritis (JIA) Agents	**Background:** These criteria were initially approved in July of 2019. This revision adds the agents Simponi Aria® and Xeljanz® (tablets and oral solution). **Public Comment:** None. **Board Discussion:** None.	Dr. Rice motioned to approve. Dr. Unruh seconded the motion. The motion was approved unanimously
7. Psoriatic Arthritis Agents	**Background:** These criteria were initially approved in July of 2019. This revision adds the agents Simponi Aria® and Xeljanz® (tablets and oral solution). **Public Comment:** None. **Board Discussion:** None.	Dr. Powell motioned to approve. Dr. Snow seconded the motion. The motion was approved unanimously
8. Minimum Requirements Prior Authorization	**Background:** These criteria were last revised in September of 2020. This revision includes updates to Kalydeco®, Trikafta, and Epidiolex®. Additions include Serostim® and Zorbtive®, while Xgeva® is being removed. **Public Comment:** None. **Board Discussion:** Dr. Powell expressed concern with the 'up to 12 months' language in 'Length of Approval. The State revised the language to '12 months, unless otherwise specified'.	Dr. Powell motioned to approve as amended. Dr. Clair seconded the motion. The motion was approved unanimously
9. Diabetes Mellitus - Type 2 Agents (formerly Type 2 Diabetes Mellitus Agents)	**Background:** These criteria were last revised in July of 2020. This revision includes the addition of a lookback window for baseline HbA1c, a 10-year ASCVD	Dr. Snow motioned to approve. Dr. Foster seconded the motion. The motion was approved unanimously

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	risk threshold to indicators of high risk of developing ASCVD and updated dosing limits for Trulicity®. **Public Comment:** None. **Board Discussion:** Clarification on a trademark and criteria for the SGLT2.	
10. Narcolepsy Agents	**Background:** These criteria were last revised in October of 2020. This revision updates the indications for Wakix® and clarifies renewal criteria. **Public Comment:** None. **Board Discussion:** None.	Dr. Unruh motioned to approve. Dr. Claire seconded the motion. The motion was approved unanimously
11. Opioid Use Dependence Agents	**Background:** These criteria were last revised in September of 2020. This revision updates the criteria related to opioid use disorder products and the SUPPORT Act. **Public Comment:** None. **Board Discussion:** There was discussion about the CMS rebate and Covered Outpatient Drug file. It was clarified that prescribers do not need to be concerned about the COD file. Pharmacy providers making pharmacy claims would receive a reject message giving notice that the NDC submitted does not participate in the CMS rebate program. The pharmacy provider would need to bill and dispense for a product from a participating manufacturer. There was also discussion about the history of Subutex being carved out with criteria. It was explained that Subutex's abuse potential and high "street value" warranted the criteria, especially with the availability of better alternatives. It was noted that other states have similar criteria.	Dr. Claire motioned to approve. Dr. Rice seconded the motion. The motion was approved unanimously

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III. New Business **B. New Prior Authorization (PA) Criteria** **1. Oncology - Auxiliary Treatment Agents**	**Background:** These agents are used for supportive care for patients receiving oncology treatment. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and clinical guidelines. **Public Comment:** None. **Board Discussion:** None.	Dr. Powell motioned to approve. Dr. Claire seconded the motion. The motion was approved unanimously
2. Brand Medical Necessity Prior Authorization	**Background:** The prior authorization criteria are being proposed to ensure the appropriate use of brand name products when corresponding generic products are available. **Public Comment:** None. **Board Discussion:** None.	Dr. Unruh motioned to approve. Dr. Claire seconded the motion. The motion was approved unanimously
IV. Adjourn	The meeting adjourned at 12:20pm	Dr. Snow motioned to adjourn. Dr. Rice seconded the motion. Motion to adjourn carried unanimously

The next DUR Board meeting is scheduled for April 21, 2021.

All approved PA criteria are posted to the KDHE website- http://www.kdheks.gov/hcf/pharmacy/pa criteria.htm