Meeting Minutes, Open Session, Drug Utilization Review Board January 8, 2020		
Drug Utilization Review Board Meeting Location: DXC Technology, Building #283, Capital Room 6511 SE Forbes Ave, Topeka, KS 66619	**DUR Board Members:** Moneeshindra Mittal, MD, Chair (Absent) James Backes, PharmD (Interim Chair) Jennifer Clair, MD (Phone) Katie Burenheide Foster, PharmD, MS, BCPS, FCCM Kristen Powell, PharmD LaTonyua Rice, PharmD, BCGP (Phone) Arthur Snow, MD Serena Stutzman, APRN (Absent) Roger Unruh, DO **KDHE/DHCF/Contractor Staff:** Annette Grant, RPh. Victor Nguyen, PharmD John Esslinger, M.D. (Absent) **DXC Technology Staff/KEPRO Staff** Karen Kluczykowski, RPh Kathy Kaesewurm, RN, BSN Ariane Casey, PharmD Harry Vu, PharmD **MCO Staff:** Janette Mueller, RPh, UnitedHealthcare Community Plan Alan Carter, PharmD, Aetna Better Health of Kansas Aaron Dold, PharmD, Sunflower State Health Plan (Sitting for Angie Yoo, PharmD)	**Public Attendees**: Brent Hildebrand; Gilead, Marc Parker; Sunovion, Brent Young; GBT, Janie Huff; Tricida, Phil King; Pfizer; Robert Kilo, LeAnn Fryer; Biogen, Laura Hill, Melissa Basil; AbbVie, Ethan Leiker; Pharmacy Intern at The University of Kansas. *Illegible names on the sign-in sheet were not included.

TOPIC	DISCUSSION	DECISION
I. Call to Order	Dr. Backes called the meeting to order at 10:02 a.m. (Quorum met)	
Announcements and Introductions	Ms. Grant introduced the new DUR Board member, Kristen Powell, PharmD.	
II. Old Business **A. Review and Approval of October 9, 2019 Meeting Minutes**	**Board Discussion:** Dr. Backes asked for updates or changes needed to the minutes. None requested.	Dr. Snow moved to approve the minutes as stands. Dr. Foster seconded the motion. The motion was approved with Dr. Powell abstaining from the vote since she was not present.
III. New Business **A. Revised Prior Authorization (PA) Criteria** 1. Hepatitis C Agents	**Background:** This revision modifies prior authorization (PA) criteria to update to the new format, remove agents that have been removed from the market, change initial PA approval to eight weeks, and add an FDA warning. Treatment-experienced patients also have additional criteria needed for treatment. **Public Comment:** Brent Hildebrand spoke on behalf of Gilead. **Board Discussion:** The Board requested information on the change of approval duration from 4 to 8 weeks. The State discussed that 4 weeks was initially used to assess adherence, but patients have overall been adherent so now the goal is to decrease the provider PA burden for these medications.	Dr. Snow moved to approve. Dr. Foster seconded motion. The motion was approved unanimously.

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	The Board requested information on the cohort of patients needing treated for Hepatitis C. The State noted that the number of treated patients has decreased, based upon reports. This is most likely due to less requests/less cases. Laura Hill from AbbVie also stated that there is an overall decrease in the number of new cases and the patients that are being treated are usually naive to treatment. The Board asked whether providers (APRN, PA, PharmD) under collaborative practice agreements with infectious disease specialist would be able to prescribe to treatment-experienced patients. The State informed them that these provider types would be required to consult with an infectious disease specialist, mark the consultation box and list the specialist's name on the prior authorization form. Currently, pharmacists are not included in the list of Medicaid provider types. Dr. Dold requested information on the word use of treatment versus initial treatment when treating non-experienced patients. The State explained that the treatment criteria would also apply to the treatment-experienced patients. The State stated that the prior authorization form will guide providers to the additional criteria for treatment-experienced patients.	
2. Lyrica CR ® (pregabalin ER)	**Background:** This revision modifies prior authorization (PA) criteria to update to the new format, remove the PA requirement for Lyrica IR, and add step therapy to Lyrica CR. **Public Comment:** None. **Board Discussion:** The Board requested both CR and ER (not just ER) be added to the pregabalin generic name so it would cover similar products that may come out in the future. The State checked to ensure current formulations were listed and stated that adding CR along with ER would not be a problem.	Dr. Foster motioned to approve. Dr. Snow seconded motion. The motion was approved unanimously.

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3. Multiple Sclerosis (MS) Agents	**Background:** Prior authorization criteria were last revised in October 2019. Since that time, Vumerity® has become FDA-approved for the treatment of Multiple Sclerosis (MS). **Public Comment:** None. **Board Discussion:** The Board requested information on pricing of the new agent, Vumerity®. The Board requested more information on how the State handles new agents. The State presented the pharmacy website and went through the internal Advanced Medical Hold Manual Review PA process.	Dr. Unruh motioned to approve. Dr. Snow seconded motion. The motion was approved unanimously.
B. New Prior Authorization (PA) Criteria 1. Minimal Requirements Prior Authorization	**Background:** The criteria for the single agents listed on this PA will be limited to the age, dose, and indication as listed on the product package insert, with the exception of indications that are non-covered per the 1927 SSA guidelines. Some agents may have been previously listed as a single agent PA or in a class PA. **Public Comment:** None **Board Discussion:** Board wanted to know which drugs on the list had a current prior authorization and which did not. The State provided this information. The Board requested more information on what the state is looking to be approved and what the intention of the minimal requirement prior authorization was moving forward. The State stated that for drugs where the potential for off label use (safety and inappropriate use concern) and high dollar drugs with limited indications, this was a simpler way to manage versus creating lengthy PA criteria for each. Both the State and the Board agreed with the need to decrease provider burden while still ensuring appropriate use with some medications.	Dr. Snow moved to approve. Dr. Unruh seconded the motion. The motion was approved unanimously.

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2. Narcolepsy Agents	**Background:** These criteria will combine and supersede all previous criteria for agents used for the treatment of narcolepsy. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and guidelines. Xyrem® was the only medication on the list with a previous prior authorization. Renewal PA length was also increased. **Public Comment:** None. **Board Discussion:** The Board inquired about the patient volume for narcolepsy agents as well as if we look at concurrent medications that could contribute to restlessness. The State provided information on the current agent utilization and stated that Xyrem® has a REMS program that looks at interacting drugs. The State and Board also discussed step therapy and cost of agents used in the treatment of narcolepsy.	Dr. Foster moved to approve. Dr. Snow seconded the motion. The motion was approved unanimously.
C. Miscellaneous Items 1. Fee-for-Service Retrospective Drug Utilization Review Topic Selections	**Background:** The DUR Board will select topics, for two FFS RDUR interventions between February and June 2020. Possible interventions: • The use of atypical antipsychotics may increase the risk of developing type II diabetes mellitus or impaired glucose tolerance. • Antipsychotic agents may cause or exacerbate convulsive disorders. • Therapeutic duplication of antipsychotic agents may be occurring. • Life-threatening pancreatitis risk in patients receiving valproate. • Therapeutic duplication of antidepressant agents may be occurring. • The use of proton pump inhibitors may increase the risk of developing osteoporosis and/or experiencing a fracture. • The use of proton pump inhibitors may increase the risk of developing hypomagnesemia. • HMG-CoA reductase inhibitors (statins) can cause hepatotoxicity. Patients should have baseline liver function tests (LFT's) performed before starting statin therapy and as clinically indicated thereafter. •	Dr. Snow moved to table the discussion. Dr. Foster seconded the motion The motion to table the discussion for the April 8th was approved unanimously.

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	Public Comment: None. **Board Discussion:** The State clarified that this data only pertains to the Fee-For-Service (FFS) population and this portion of the program requirements is managed by the DUR pharmacist. The Board requested information on how many patients are managed by FFS. The State gave the general makeup of the FFS population and stated that roughly 4% of the total Medicaid population are FFS beneficiaries. The Board wanted to make sure information from the selected topics would go to a provider and would be useful to the provider. The State agreed that meaningful information and outcomes are the intention. The State discussed the possibility of coming back in April with adjusted topics and possible action items from the DUR pharmacist. The Board agreed.	
IV. Open Public Comment	None.	
V. Adjourn	The meeting adjourned at 11:27 a.m.	Dr. Snow moved to adjourn. Dr. Foster seconded the motion. The motion to adjourn was approved unanimously.

The next DUR Board meeting is scheduled for April 8, 2020.

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