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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board
Meeting Agenda, Open Session
October 9, 2019 10:00 a.m. – 2:00 p.m.

Meeting Location
DXC Technology, Building #283, Capital Room
6511 SE Forbes Ave, Topeka, KS 66619

Board Members

Moneeshindra Mittal, MD
James Backes, PharmD
Jennifer Clair, MD
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM
Serena Stutzman, APRN
Roger Unruh, MD
LaTonyua Rice, PharmD, CGP
Arthur Snow, MD

KDHE-DHCF Staff

Annette Grant, RPh
Victor Nguyen, PharmD

DXC Technology/KEPRO Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Ariane Casey, PharmD
Harry Vu, PharmD

MCO Staff

Alan Carter, PharmD, **Aetna Better Health of Kansas**
Angie Yoo, PharmD, **Sunflower State Health Plan**
Janette Mueller, RPh, **UnitedHealthcare Community Plan**

I. CALL TO ORDER

A. Announcements

II. OLD BUSINESS

A. Review and Approval of July 10, 2019 Meeting Minutes

III. NEW BUSINESS

A. New Preferred Drug List (PDL) Classes

1. **Acne Agents – Tetracyclines – Oral**
   At the September 2019 PDL meeting, the committee approved the addition of the Acne Agents – Tetracyclines – Oral to the PDL.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Hemophilia A Factor VIII Agents – Long Acting – Prophylaxis Use**
   At the September 2019 PDL meeting, the committee approved the addition of the Hemophilia A Factor VIII Agents – Long Acting – Prophylaxis Use to the PDL.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Hemophilia B Factor IX Agents – Long Acting – Prophylaxis Use**
   At the September 2019 PDL meeting, the committee approved the addition of the Hemophilia B Factor IX Agents – Long Acting – Prophylaxis Use to the PDL.
   i. Non-Preferred PDL PA Criteria
   ii. *Public Comment
   iii. Board Discussion

B. Revised Prior Authorization (PA) Criteria

1. **Adult Rheumatoid Arthritis Agents**
   Prior authorization criteria were initially approved in July 2019. Since that time, Rinvoq™ and Hadlima™ have become FDA-approved for the treatment of adult rheumatoid arthritis. The prior authorization criteria are being revised to ensure appropriate use based upon the FDA-approved labeling information and clinical practice guidelines to provide consistency with similar agents.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Atopic Dermatitis Agents**
   These criteria will combine and supersede all previous criteria for agents used for the treatment of atopic dermatitis. The prior authorization criteria are being revised to ensure appropriate use based upon the FDA-approved labeling information and clinical practice guidelines to provide consistency with similar agents.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Crohn's Disease Agents**
   Prior authorization criteria were initially approved in July 2019. The prior authorization criteria are being revised to make a clarification to the initial approval criteria and revisions to renewal criteria.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **Ulcerative Colitis (UC) Agents**
   Prior authorization criteria were initially approved in July 2019. Per the Board's request, this prior authorization is being brought back to address the previously discussed step therapy.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **Multiple Sclerosis (MS) Agents**
   Prior authorization criteria were initially approved in July 2018. Since that time, Mavenclad® has become FDA-approved for the treatment of Multiple Sclerosis. A correction to the table of disease-modifying therapies has been made. The criteria are being updated to the current format and wording for disease-state PA criteria.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

6. **Opioid Products Indicated for Pain Management**
   Prior authorization criteria were last revised in April 2019. The prior authorization criteria are being updated to include the short-acting opioids butorphanol and opium.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

7. **Blanket Statement – PDL Criteria Inclusion**
   This revision modifies all prior authorization (PA) criteria to include a statement regarding the current PDL agents. This revision will include the statement "For all agents listed, the preferred PDL drug, where applicable, which treats the PA indication, is required unless the patient meets the Non-Preferred PDL PA criteria." No other changes will be made.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

8. **Blanket Statement – List of immunomodulating biologic agents/Janus Kinase Inhibitors**
   This revision updates the tables of immunomodulating biologic agents and Janus kinase inhibitors that are to not be used concurrently. The following prior authorization criteria will be updated: Ankylosing Spondylitis Agents, Asthma Agents, Juvenile Idiopathic Arthritis Agents, Plaque Psoriasis Agents, Psoriatic Arthritis Agents. No other changes will be made.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

C. Mental Health Medication Advisory Committee (MHMAC)

1. **Antidepressant Medications – Safe Use for All Ages**
   Prior authorization criteria were last revised in July 2019. At the August 2019 MHMAC meeting, the committee updated the criteria to include the agents Drizalma Sprinkle™, Symbyax®, and Emsam® as well as revisions to the criteria for the agent Spravato®.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Antipsychotic Medications – Safe Use for All Ages**
   Prior authorization criteria were last revised in April 2019. At the August 2019 MHMAC meeting, the committee updated the criteria for the agent Abilify MyCite®, per the DUR Board's request. Other changes were also made to the "Multiple concurrent use" section of the criteria.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

D. Miscellaneous Items

1. **Fee-for-Service Annual Program Assessment**
   The annual program assessment for the Medicaid fee-for-service population will be presented to show drug trends over the past state fiscal year.
   i. Presentation
   ii. Board Discussion

2. **Prior Authorization (PA) Program Statistics**
   i. Presentation
   ii. Board Discussion

IV. OPEN PUBLIC COMMENT

V. ADJOURN

Lunch will be provided for the DUR Board members.
The next DUR Board meeting is scheduled for January 8, 2020.

*Public comment is limited to five minutes per product; additional time will be allowed at the DUR Board's discretion. Informal comments will be accepted from members of the audience at various points in the agenda.

****THIS AGENDA IS SUBJECT TO CHANGE****