Division of Health Care Finance
Landon State Office Building
900 SW Jackson, Suite 900 N
Topeka, Kansas 66612-1220

Kansas
Department of Health and Environment

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov

Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board
Meeting Agenda, Open Session
January 8, 2020 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
Kristen Powell, PharmD
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 October 9, 2019 Meeting Minutes

III. NEW BUSINESS

A. Revised Prior Authorization (PA) Criteria

1. **Hepatitis C Agents**
   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.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Lyrica CR® (pregabalin ER)**
   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.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Multiple Sclerosis (MS) Agents**
   Prior authorization criteria were last revised in October 2019. Since that time, Vumerity® has become FDA-approved for the treatment of Multiple Sclerosis (MS).
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

B. New Prior Authorization (PA) Criteria

1. **Minimum Requirements Prior Authorization**
   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.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Narcolepsy Agents**
   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.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

C. Miscellaneous Items

1. **Fee-for-Service Retrospective Drug Utilization Review Topic Selections**
   The DUR Board will select topics, for the two (2) FFS RDUR interventions between February and June 2020.
   i. Topic Presentations
   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 April 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****