STATE OF KANSAS

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GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

Drug Utilization Review Board
Meeting Agenda, Open Session
July 11, 2018 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
Tim Heston, DO
Katie Foster-Burenheide, MS, PharmD, BCPS, FCCM
John Kollhoff, PharmD
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP

KDHE-DHCF Staff/Contractor

Annette Grant, RPh
Roxanne Chadwell, PharmD, CSP
Dr. Greg Lakin, Chief Medical Officer
Margaret L. O'Donnell, Medicaid Pharmacy Meeting Transcriptionist

DXC Technology/HID Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Taylor DeRuiter, PharmD

MCO Staff

Angie Zhou, PharmD, Sunflower State Health Plan
Jennifer Murff, RPh, UnitedHealthcare Community Plan
Lisa Todd, RPh, Amerigroup

I. CALL TO ORDER

A. Announcements and Introductions

II. OLD BUSINESS

A. Review and Approval of January 10, 2018 Meeting Minutes

B. Review and Approval of April 11, 2018 Meeting Minutes

III. NEW BUSINESS

A. Medicaid Pharmacy Program Manager overview of requested prior authorization changes

B. New Preferred Drug List (PDL) Class

1. **Alpha Adrenergic Agonists - Ophthalmic**
   At the June 2018 PDL meeting, the committee approved the addition of ophthalmic alpha adrenergic agonist agents to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

2. **Beta Blockers – Ophthalmic**
   At the June 2018 PDL meeting, the committee approved the addition of ophthalmic beta blocker agents to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

3. **Corticosteroids – Oral**
   At the June 2018 PDL meeting, the committee approved the addition of oral corticosteroid agents to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

4. **Desmopressin Products**
   At the June 2018 PDL meeting, the committee approved the addition of desmopressin products to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

5. **Non-steroidal Atopic Dermatitis Agents**
   At the June 2018 PDL meeting, the committee approved the addition of non-steroidal atopic dermatitis agents to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

6. **Glaucoma Combination Products- Ophthalmic**
   At the June 2018 PDL meeting, the committee approved the addition of combination ophthalmic agents used for the treatment of glaucoma to the PDL. Requesting DUR Board final approval for this PDL class addition to the Master PDL.
   i. *Public Comment
   ii. Board Discussion

C. Revised Prior Authorization (PA) Criteria

1. Non-Preferred Preferred Drug List (PDL) Prior Authorization
   The PDL criteria were last updated in January 2017. Revisions include editorial updates, as well as adding requirements for documentation of previous trials and specific criteria for non-preferred, oral, non-solid dosage formulations.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Exondys 51™ (eteplirsen)**
   Exondys 51 is an antisense oligonucleotide indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients who have a confirmed mutation of the DMD gene that is amenable to exon 51 skipping. Prior authorization criteria were last revised in April 2017. Discussion and possible revision of criteria is being proposed.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Makena® (hydroxyprogesterone caproate)**
   Makena is a progestin indicated for the prevention of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. The criteria was last revised in January 2018. The prior authorization criteria are being revised to include quantity limits for the subcutaneous formulation of Makena.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **Opioid Products Indicated for Pain Management**
   This criteria covers all short and long-acting opioids. The criteria was last reviewed in April 2018. The prior authorization criteria are being revised to address patients living in facilities where unit dose packaging and custodial care is being given, as well as outlier situations where a secondary prescriber of opioids would be approved. Both requests are based upon provider feedback.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **Opioid Dependence Agents**
   This criteria was last revised in April 2017. Buprenorphine/naloxone combination agents are being removed from PA, therefore requiring criteria revision of the single agent buprenorphine (Subutex®).
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

D. New Prior Authorization (PA) Criteria

1. **Diabetic Agents**
   This criteria will combine and supersede all previous criteria for diabetic agents including SGLT2 Inhibitors, GLP-1 Receptor Agonists, and their combination products. The criteria also includes updates from prescribing information of the above mentioned products as well as criteria for Steglatro. The prior authorization criteria are being consolidated to ensure criteria consistency between similar agents and ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Immunomodulators for Inflammatory Conditions**
   This criteria will combine and supersede all previous criteria for immunomodulator agents and their biosimilar products including Actemra, Amevive, Cimzia, Cosentyx, Enbrel, Entyvio, Humira, Inflectra, Kevzara, Kineret, Orencia, Otezla, Remicade, Rituxan, Siliq, Simponi, Stelara, Taltz, Tremfya, Tysabri, and Xeljianz. The criteria also includes updates to indications of the above mentioned products as well as criteria for the new immunomodulatory products Ilaris, Ilumya, Ixifi, and Olumiant. The prior authorization criteria are being consolidated to ensure criteria consistency between similar agents and ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Multiple Sclerosis Agents**
   This criteria will combine and supersede all previous criteria for multiple sclerosis agents including Ampyra, Aubagio, Avonex, Betaseron, Copaxone, Extavia, Gilenya, Lemtrada, Ocrevus, Plegridy, Rebif, Tecfidera, and Tysabri. The criteria also includes updates from product labeling of the above mentioned products as well as criteria for the Glatopa. The prior authorization criteria are being consolidated to ensure criteria consistency between similar agents and ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **Chemotherapy Agents**
   This criteria will combine and supersede all previous criteria for chemotherapy agents including oral and injectable chemotherapy agents. The criteria ensures the requested product is being used for FDA-approved indications and in accordance with all dosing and safety recommendations provided in manufacturer labeling. The prior authorization criteria are being consolidated to ensure criteria consistency between similar agents and ensure appropriate use.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **Step-Therapy Criteria**
   This criteria will combine and supersede all previous criteria for agents requiring step-therapy including Amrix, Avandaryl, Bonjesta, Diclegis, Dymista, Fortamet, Glumetza, GoNitro, Motofen, nitroglycerin sublingual spray, non-steroidal atopic dermatitis agents, proton-pump inhibitors, Vimovo, Yosprala, and Zegerid. Newly added step-therapy required agents include Aimovig (erenumab-aooe), Consensi (amlodipine/celecoxib), Esomep-EZS (esomeprazole), and the carbinoxamine products Arbinoxa, Karbinal ER, and RyVent. The criteria contains agent-specific criteria for diagnosis and safety, as well as required step-therapy for each agent.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

6. Hepatitis C Agents
   This criteria will combine and supersede all previous criteria for hepatitis C agents including Daklinza, Epclusa, Harvoni, Mavyret, Olysio, Sovaldi, Technivie, Viekira Pak, Viekira XR, Vosevi, and Zepatier. Additional changes are being proposed as well.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

E. Mental Health Medication Advisory Committee (MHMAC)

1. **ADHD Medications – Safe Use for All Ages**
   At the May 2018 MHMAC meeting, the committee approved criteria that combines and supersedes all previous criteria for ADHD products. The criteria has been revised to allow for an initial written peer-to-peer consultation when needed, and includes the newer agents Adzenys ER, Adzensys XR-ODT, Mydayis, and Cotempla XR-ODT.
      i. Prior Authorization Criteria
      ii. *Public Comment
      iii. Board Discussion

2. **Antidepressant Medications – Safe Use for All Ages**
   At the May 2018 MHMAC meeting, the committee approved criteria that combines and supersedes all previous criteria for antidepressants. The criteria has been revised to allow for an initial written peer-to-peer consultation when needed, and includes the newer agents Khedezla, Prozac Weekly, Luvox CR, and Trintellix.
      i. Prior Authorization Criteria
      ii. *Public Comment
      iii. Board Discussion

3. **Antipsychotic Medications – Safe Use for All Ages**
   At the May 2018 MHMAC meeting, the committee approved criteria for use of antipsychotic agents that combines and supersedes all previous MHMAC criteria. The criteria has been revised to allow for an attestation of attempts to gather needed lab values, and includes the newer agents Abilify Discmelt, Versacloz, and Loxitane. This revision also includes a criteria for use in the Long-Term Care setting.
      i. Prior Authorization Criteria
      ii. *Public Comment
      iii. Board Discussion

4. **Benzodiazepine Medications – Safe Use for All Ages**
   At the May 2018 MHMAC meeting, the committee approved criteria that combines and supersedes all previous criteria for benzodiazepines. The criteria has further been revised to allow for an initial written peer-to-peer consultation when needed.
      i. Prior Authorization Criteria
      ii. *Public Comment
      iii. Board Discussion

F. Miscellaneous Items

1. **Managed Care Organization Annual Reports**
   Amerigroup, United Healthcare, and Sunflower will present reports detailing utilization trends and provider education efforts for 2017.
      i. Overall MCO Utilization Data – Annette Grant, RPh
      ii. Sunflower Individual Report – Angie Zhou, PharmD
      iii. United Healthcare Individual Report – Jennifer Murff, RPh
      iv. Amerigroup Individual Report – Lisa Todd, RPh
      v. *Public Comment
      vi. Board Discussion

IV. Open Public Comment

V. Adjourn

ACRONYMS: CDC = Center for Disease control, CMS = Centers for Medicaid and Medicare services, KDHE = Kansas Dept. of Health and Environment, KDADS = Kansas Department for Aging and Disability Services, MCO = Managed Care Organization

Lunch will be provided for the DUR Board members.
The next DUR Board meeting is scheduled for October 10, 2018.

*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****