

**Drug Utilization Review Board Meeting  
Agenda, Open Session January 20, 2021  
10:00 a.m. – 2:00 p.m.**

**Meeting Location\***

\*Due to COVID-19, this meeting will be held virtually. Please use the information below to join the meeting:

**Public/Participant Line: Dial: (312) 626-6799, Meeting ID: 890 5744 0563**

**Zoom Meeting: <https://us02web.zoom.us/j/89057440563>**

Members of the general public are required to complete a conflict of interest form if they intend to provide public comments to the Board. To assist the operator in coordinating public comment, completed forms are due 1 week prior to the meeting (January 13, 2021). Please email the completed form to [Annette.Grant@ks.gov](mailto:Annette.Grant@ks.gov).

**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, DO  
LaTonyua Rice, PharmD, CGP  
Arthur Snow, MD

**KDHE-DHCF Staff**

Annette Grant, RPh  
Victor Nguyen, PharmD  
Kyle Shrewsbury

**Gainwell Technologies/KEPRO Staff**

Karen Kluczykowski, RPh  
Kathy Kaesewurm, RN, BSN

Christina Faulkner, PharmD, BCPS  
Harry Vu, PharmD

**MCO Staff**

Mark DeMary, 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**

This meeting will be operator-assisted. An opportunity for public comment was given at the top of the agenda.

## II. OLD BUSINESS

### A. Review and Approval of October 14, 2020 Meeting Minutes

## III. NEW BUSINESS

### A. Revised Prior Authorization (PA) Criteria

#### 1. Spinal Muscular Atrophy (SMA) Agents

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®.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

#### 2. Oncology Agents (formerly Chemotherapy Agents)

This revision includes updates to the list of agents requiring prior authorization and an update to the renewal criteria.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

#### 3. Asthma Agents

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.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

#### 4. Multiple Sclerosis (MS) Agents

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.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

#### 5. Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents

This revision clarifies dosing limits for Soliris®, Uplizna™, and Enspryng® and clarifies criteria related to relapses.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

#### 6. Juvenile Idiopathic Arthritis (JIA) Agents

This revision adds the agents Simponi Aria® and Xeljanz® (tablets and oral solution).

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **7. Psoriatic Arthritis Agents**

This revision updates age/dosing limits for Simponi Aria® and adds the biosimilar Avsola™.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **8. Minimum Requirements Prior Authorization**

This revision includes updates to Kalydeco®, Trikafta, and Epidiolex®. Additions include Serostim® and Zorbtive®, while Xgeva® is being removed.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **9. Diabetes Mellitus - Type 2 Agents (formerly Type 2 Diabetes Mellitus Agents)**

This revision includes the addition of a lookback window for baseline HbA1c, a 10-year ASCVD risk threshold to indicators of high risk of developing ASCVD and updated dosing limits for Trulicity®.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **10. Narcolepsy Agents**

This revision updates the indications for Wakix® and clarifies renewal criteria.

- i. Revised PA Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **11. Opioid Use Dependence Agents**

This revision updates the criteria related to opioid use disorder products and the SUPPORT Act.

- i. Prior Authorization Criteria
- ii. \*Public Comment
- iii. Board Discussion

## **B. New Prior Authorization (PA) Criteria**

### **1. Oncology - Auxiliary Treatment Agents**

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.

- i. Prior Authorization Criteria
- ii. \*Public Comment
- iii. Board Discussion

### **2. Brand Medical Necessity Prior Authorization**

The prior authorization criteria are being proposed to ensure the appropriate use of brand name products when corresponding generic products are available.

- i. Prior Authorization Criteria
- ii. \*Public Comment
- iii. Board Discussion

**V. ADJOURN**

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

\*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\*\***