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Janet Stanek, Secretary

Laura Kelly, Governor

Drug Utilization Review Board Meeting
Agenda, Open Session January 18, 2023
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:

Computer Audio Enabled Zoom Meeting:
https://us02web.zoom.us/j/87254963991?pwd=d2FQRW1XQ0plVngvNWx0TzRaNk9HZz09
Required Passcode: 799854 **Audio Dial in:** 1 312 626 6799 US Toll-free
Meeting ID: 872 5496 3991

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 11, 2023). Please email the completed form to Annette.Grant@ks.gov.

Board Members

Moneeshindra Mittal, MD (Chair)
James Backes, PharmD
Gregory Burger, PharmD, CPPS, FASHP, EMT
Daryl J. Callahan, D.O., M.S.S.
Jennifer Clair, MD
Cori Durall, PharmD
Kristen Powell, PharmD
Michele Reisinger, DNP, APRN, FNP-BC
Arthur Snow, MD

KDHE-DHCF Staff

Annette Grant, RPh
Victor Nguyen, PharmD
Sridevi Donepudi, MD, MMM, FAAFP
Crystal Blackmon, Sr. Administrative Specialist

Gainwell Technologies Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Harry Vu, PharmD
Debra Illions-Clark, LPN

MCO Staff

Mark DeMary, PharmD – Aetna Better Health of Kansas
Angie Yoo, PharmD – Sunflower State Health Plan
Sunny Bounyalath, PharmD – 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 19, 2022 Meeting Minutes

III. NEW BUSINESS

A. Executive Sign-off Agenda Items – Revised Prior Authorization (PA) Criteria

1. **Adult Rheumatoid Arthritis Agents**
   This revision includes the addition of Riabni™ to the list of agents requiring prior authorization and updates a blanket statement regarding cosmetic use and other non-covered indications.

2. **Atopic Dermatitis Agents**
   This revision updates a blanket statement regarding cosmetic use and other non-covered indications.

3. **Minimum Requirements Prior Authorization (MRPA)**
   This revision includes the addition of Tegsedi®, Onpattro®, Ultomiris® and Amvuttra™ to the list of agents requiring prior authorization. Removal of Banzel.and updates a blanket statement regarding cosmetic use and other non-covered indications.

4. **Oncology - Auxiliary Treatment Agents**
   This revision includes the addition of Rolvedon™, Pedmark®, Fylnetra® and Stimufend® to the list of agents requiring prior authorization and updates a blanket statement regarding cosmetic use and other non-covered indications.

   i. Review of agenda items for Executive Sign-off
   ii. Board Discussion

B. Revised Prior Authorization (PA) Criteria

1. **Diabetes Mellitus - Type 2 Agents**
   This revision includes the addition of Mounjaro®, removal of discontinued products, labeling updates for several agents and an update to a blanket statement regarding cosmetic use and other non-covered indications.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Hypercholesterolemia Agents**
   This revision includes the addition of Leqvio® to the list of agents requiring prior authorization, changes to initial authorization criteria and an update to a blanket statement regarding cosmetic use and other non-covered indications.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

C. New Prior Authorization (PA) Criteria

1. **Hemgenix® (etranacogene dezaparvovec-drlb)**
   Hemgenix® (etranacogene dezaparvovec-drlb) is an adeno-associated virus vector-based gene therapy recently approved for the treatment of Hemophilia B. 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

D. Tentative Agenda Items

1. **MHMAC Meeting (January 17, 2023)**

A. Antidepressant Medications – Safe Use for All Ages
   -Possible revision of renewal criteria and other updates.
      i. Prior Authorization Criteria
      ii. Public Comment
      iii. Committee Discussion

B. Antipsychotics Medications – Safe Use for All Ages
   -Possible revision of prior authorization criteria and other updates.
      i. Prior Authorization Criteria
      ii. Public Comment
      iii. Committee Discussion

C. ADHD Medications – Safe Use for All Ages
   -Possible revision of renewal criteria and other updates.
      i. Prior Authorization Criteria
      ii. Public Comment
      iii. Committee Discussion

D. Benzodiazepine Medications – Safe Use for All Ages
   -Revision/clarification of dosing table.
      i. Prior Authorization Criteria
      ii. Public Comment
      iii. Committee Discussion

2. **PDL Meeting (January 17, 2023)**

   A. New Drug Class- Iron Deficiency Anemia: Feraheme®, Injectafer®, Monoferric®, Triferic® and Triferic Avnu®
      i. Prior Authorization Criteria
      ii. Public Comment
      iii. Committee Discussion

   B. Oral Non-Statins: Zetia®, Nexletol®, Nexlizet®
      iv. Prior Authorization Criteria
      v. Public Comment
      vi. Committee Discussion

IV. ADJOURN

The next DUR Board meeting is scheduled for April 19, 2023.

*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****