MO HEALTHNET DRUG UTILIZATION REVIEW BOARD
October 21, 2020
VIA WEBEX ONLY

DUR BOARD MEMBERS PRESENT
Susan Abdel-Rahman Pharm D
Kenneth Haller, MD
Rick Kegler
Ginger Nicol, MD, CEDS
Jennifer Passanise, FNP
Lisa Pierce, MD
Sandra Bollinger, Pharm D
Stacy Mangum, Pharm D

DUR BOARD MEMBERS ABSENT
Charlene Heyde, RPH

MHD STAFF PRESENT
Joshua Moore, Director of Pharmacy
Mark Roaseau, RPh, Clinical Pharmacist
Angela Wilson, Pharmacy Operations Manager
Lisa E. Smith, Program Development Specialist
Elizabeth Sissom, RN, Clinical Management
Carmen Burton, Administrative Assistant
Dr. Timothy Kling, MD, Acting Medical Director
Jackie Hickman, Drug Rebate Unit Supervisor
Keri Ballew, Drug Rebate Medicaid Specialist
Connie Sutter, Fiscal Manager
Elizabeth Short, Program Specialist
Olivia Rush, Program Integrity Pharmacist

CONDUENT STAFF PRESENT
Jennifer Colozza, Conduent
Luke Boehmer, Pharm D, Conduent
Katie Wilbers, Pharm D, Conduent
Megan Fast, Conduent
Janelle Sheen, Conduent
April Ash, Conduent
Chelsea Pendleton, Wipro
Valerie Schmitz, Wipro
Geri Roling, Wipro
Shelbie Patel, Wipro
Karen Powell,

OTHERS IN ATTENDANCE
Ashley Polce
Audrey Rattan
Bill Eicholzer
Brad Willie
Brian Strickland
Christina Brandmeyer
Diana Klakotskaia
Doug Wood
Erin Hohman
Evie Knisely
Frank Alvarado
Gina Heinen
James Baumann
J.D. Eason
Jennifer Wilbanks
Jessica Petrie
Jonathan Leesman
Jonell Lanta
Justin Barnes
Karen Floeder
Kevin Aholt
Kfrye
Kurt
Lori
Lucy Hernandez
Maggie Murphy
Mandy Schnelten
Matthew Bradley

Matthew T. Wright
Melissa Basil
Michael Holmes
Michael LaFond
Michele Shirley
Michelle Busse
Mike C.
J. Payne
Ricki Roberson
Robert Pearce
Rodney Cobb
Terry Ahlers
Tina Rhinehart
Tomy Guyer
Tyler Alberson

Welcome, Introductions and Opening Remarks	Susan Abdel-Rahman, called the meeting to order. Joshua Moore, the MHD Director of Pharmacy, facilitated the meeting on behalf of the MO HealthNet Division (MHD). Introductions were made all around.
Minutes Review and Approval	Minutes of the April 2020 DUR Board meeting were reviewed and approved as submitted. (See Roll Call Votes)
Pharmacy Program/Budget Update	Elizabeth Short presented a brief power point. The presentation contained graphs representing demographic information about MHD participants, drug expenditures by participant groups, drug class, and program.
Drug PA Meeting and Public Hearing	Joshua Moore discussed the Drug PA's meeting on Covid-19, co-pays waved at the pharmacies, clinical edits and PDL edits with the committee.
New Drug Review	Joshua Moore reviewed the new drug products that came out and moved several into various edits. A listing of products recommended for open access, clinical edits, preferred drug list (PDL) products, or continued prior authorization was provided in the Members' meeting packet, along with the Drug Prior Authorization Committee's actions/decisions. This listing was also provided to all attending.

Clinical Edits	
Transthyretin-Mediated Amyloidosis (ATTR) Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the renewal clinical edit and what was spent for the last year. Removing inferred heart failure to the documented diagnosis of heart failure. Limiting Vyndamax to 30 capsules every 30 days. For the Denial Criteria adding Vyndamax to Vyndaqel. No further changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Botulinum Toxin Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for renewal clinical edit and what was spent for this year. Added approval of Diagnosis of upper limb Spasticity to Dysport. Changes made to Xeomin allowing participant's age 2 years and older. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Elagolix Clinical Edit *(formerly Orilissa® Clinical Edit)*	• **Discussion –** Josh Moore reviewed the renewal criteria document and the cost per month. Approval Criteria changes state must be prescribed by or in consultation with an obstetrician, gynecologist, or other specialist in the treated disease state. Oriahnn was added with dosing limitations of 2 capsules per day. Recommends no other changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Emsam Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review. No other changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Equetro Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the new clinical edit, also the cost of the drug. No recommended changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Fintepla Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the new clinical edit. Initial Therapy requirement of participants age 2 years and older. No other changes at this time. • **Decision –** This edit was accepted and added to the block voted. (See Roll Call Vote)

Immunoglobulins (IVIG and SCIG) Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review and the cost. Recommend no changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Lambert-Eaton Myasthenic Syndrome (LEMS) Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document and the cost. Recommends no changes to the edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Narcolepsy Inhibitors Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document and the cost. Approval Criteria include documented diagnosis of one of the following diagnosis listed on the clinical edit. Documented trial of a stimulant in the past year and other required documentation. For Wakix Approval Criteria include participant age 18 or younger and document diagnosis of narcolepsy, documented trial of Modafinil or Armodafinil in the past year, document trial of a stimulant in the past year, and document trial of Solriamfetol in the past year. Denial Criteria for Wakix include document diagnosis of severe hepatic impairment. Wakix max units per day will be 2 tablets. No other recommended changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Nuedexta Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review and cost. Recommending no changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Oxandrin Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document and the cost. Recommends no changes to the edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Palforzia Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review and the cost. Recommends no changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)

Ranexa Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review and cost. No changes at this time to the edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Clinical Edit	• **Discussion –**. Josh Moore reviewed the criteria document for annual review and cost. No changes at this time to the edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for annual review and cost. No changes at this time to the edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Uplizna Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the edit. Recommended no changes at this time. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the new edit. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Xcopri Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the new edit. This is for Rare Disease. Age is 18 years or older and requires documentation of lab results, progress notes and other documentation. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)
Zometa Clinical Edit	• **Discussion –** Josh Moore reviewed the criteria document for the new edit. Recommended change to remove inferred, requiring documented diagnosis of cancer. • **Decision –** This edit was accepted and added to the block vote. (See Roll Call Vote)

Preferred Drug List (PDL)	
ACE Inhibitors and ACE inhibitors/ Diuretic Combinations PDL	• **Discussion** – Josh Moore reviewed the criteria and recommended for Qbrelis or Epaned Clinical Consultant Review for participants aged 10 years or older. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ACE Inhibitor/ Calcium Channel Blocker Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ADHD: Amphetamines, Long Acting PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document and recommended Amphetamine ER Susp (generic Adzenys ER) be moved to the Non-Preferred Agents. Also adding Narcolepsy to the list of approval indications. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ADHD: Amphetamines, Short Acting PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended for participants aged 6 years and older confirmed diagnosis of ADHD using one of the standardized rating scales listed in the approval Criteria of the PDL edit. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ADHD: Methylphenidate, Long Acting PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended Aptensio XR and Methylphenidate ER Caps (gen Aptensio XR) be listed under the Non- Preferred Agents. As well as Narcolepsy be added under approved indications. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ADHD: Methylphenidate, Short Acting PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended for participants aged 6 years and older confirmed diagnosis of ADHD using one of the standardized rating scales listed in the approval Criteria of the PDL edit. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
ADHD Non-Stimulant Agents PDL Edit	● **Discussion** – Josh Moore reviewed the criteria, added Kapvay to Non-Preferred. No other changes recommended at this time. ● **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)

Anticoagulant Agents, Oral and Subcutaneous PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Anticonvulsants, Rescue Agents PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Antiplatelet Agents PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Recommended adding Aspirin/ Dipyridamole to the Preferred Agents. Aggrenox to Non-Preferred Agents. Removing Ticlopidine from the Approval Criteria under Clopidogrel, aspirin/extended-release dipyridamole. Recommended no other changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Angiotensin Receptor Blockers and Angiotensin Receptor Blocker/ Diuretic Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Angiotensin Receptor Blocker/ Calcium Channel Blocker Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Beta Adrenergic Blockers and Beta Adrenergic Blockers/ Diuretic Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document and added for Sotylize and Kapspargo Sprinkle Clinical Consultant Review for participants aged 10 years or older. Recommended no other changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Calcium Channel Blockers (Dihydropyridines) PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document, recommended Consensi moved to Non-Preferred Agents. For Katerzia, Clinical Consultant Review for participants aged 10 years or older. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Calcium Channel Blockers (Non- Dihydropyridine) PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document and added Tiadylt ER to Non-Preferred Agents. No other changes made at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)

Direct Renin Inhibitors and Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Dry Eye Disease Agents PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Homozygous Familial Hypercholesterolemia (HFHC) Products PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Niacin Derivatives PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Pulmonary Arterial Hypertension (PAH) Agents: Endothelin Receptor Antagonists (ETRAs) PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Recommended for Opsumit Clinical Consultant Review. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Pulmonary Arterial Hypertension (PAH) Agents: Phosphodiesterase-5 (PDE5) and Soluble Guanylate Cyclase (SGC) Stimulators PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Revatio was added to Non-Preferred Agents. Sildenafil Injection/ tabs (generic Revatio) added to Preferred Agents. Under Approval Criteria for injectable Revatio: Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents, with one being generic sildenafil injection. For Adempas: Documented diagnosis of chronic thromboembolic pulmonary hypertension. Under Denial Criteria Revatio 10mg/12.5 ML Vial max dosing limitation of 3 vials per day. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Pulmonary Arterial Hypertension (PAH) Agents: Prostacyclin Pathway Agonists, Inhaled PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)

Pulmonary Arterial Hypertension (PAH) Agents: Prostacyclin Pathway Agonists, Injectable PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Recommended Remodulin Infusion/SQ be added to Preferred Agents. Under Approval Criteria adding Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents, with one being generic epoprostenol. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Pulmonary Arterial Hypertension (PAH) Agents: Prostacyclin Pathway Agonists, Oral PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Proprotein Convertase Subtilisin Kexin Type 9 (PCSK9) Binders PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Proton Pump Inhibitors (PPIs) PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Recommended adding Pantoprazole Suspension to Non-Preferred Agents. No other recommended changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Statins (HMG-CoA Reductase Inhibitors) and Combinations PDL Edit	• **Discussion** – Josh Moore reviewed the criteria document. Recommended Nexletol and Nexlizet be added to the Non-Preferred Agents. No other recommended changes to criteria at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Sympatholytic Agents PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)
Triglyceride Lowering Agents PDL Edit	• **Discussion** – Josh Moore reviewed the criteria and recommended no changes at this time. • **Decision** – This edit was accepted and added to the block vote. (See Roll Call Votes)

Preferred Drug List Announcement	A handout of therapeutic categories to be reviewed for inclusion on the Preferred Drug List for the next phase and meeting was included in the meeting packet to the board members. This handout will be posted to the Division's web page: http://dss.mo.gov/mhd/cs/pharmacy/pdf/pdla.pdf
Conduent Update	Katie Wilbers gave a report on Missouri DUR Board Proposed Retrospective DUR Interventions; June 2020 Post- Traumatic Stress Disorder were mailed out. June 2020 High-Risk Influenza were also mailed out. High-Risk Covid-19 patients very important to get influenza vaccination.
Program Utilization: Top 25 Drugs Summary	Jennifer Colozza discussed Top 25 Drugs Summary Reports for the 4th quarter 2020. Two versions were presented: one report ranked drug spend by dollars and the other by claims.
Call Center Statistics Clinical Edit Summary and New Drug Summary Report	A handout detailing pharmacy help desk call center activity was provided for all attending. Cyber Access Active User Counts and Logging Information reports detailing activity were also provided. Olivia Rush also presented on the updated Call Center Statistics and New Drug Summary.
Adjourn	Sandra Bollinger made a motion to move to close the meeting under Section 610.021 (5), (14). The next DUR Board meeting is scheduled for January 20, 2021, via WebEx.

Roll Call Votes – October 21, 2020

MEMBER	MEETING MINUTES	ALL RECOMMENDATIONS BLOCK VOTE-CLINICAL EDITS & PDL EDITS	CLOSE SESSION PURSUANT TO SECTION 610.021 Subsection (14), (5)	ADJOURN
Susan Abdel-Rahman	Y	Y	Y	Y
Charlene Heyde	A	A	A	A
Sandra Bollinger	Y	Y	SY	MY
Kenneth Haller	MY	Y	Y	Y
Lisa Pierce	Y	MY	Y	SY
Jennifer Passanise	Y	Y	Y	Y
Stacy Mangum	Y	SY	MY	Y
Ginger Nicol	Y	Y	Y	Y
Rick Kegler	SY	Y	Y	Y

A-Absent
M-Motion
S-Second the Motion
Y-yes for the vote