DRUG UTILIZATION REVIEW (DUR) BOARD MEETING MINUTES
Hybrid: Brown Auditorium & Zoom Conference
June 2, 2022

Members Present: Pamela Beahm, MD; William McCormick, PharmD; Melissa Myers, MD; Kaitlyn Simoneau, PharmD; Keith Stahl, MD

Members Absent: Susan DeLeo, RPh

Presenters and Professional Staff: Margaret Clifford, RPh; Lise Farrand, RPh; Honesty Peltier, PharmD, Clinical Manager, Magellan RX Management

Agenda: Attached

2:05 PM, Ms. Clifford opened the public comment and presented the DUR policy for the public hearing.

Speaker	Company	Topic
Dave Miley, PharmD	Teva	Austedo®
Gene Muise, RPh, MS	Amgen	Tezspire™
Renee Bomar, MS	Novartis	Zolgensma
Mark Golick, PharmD, MS	Neurocrine	Ingrezza®
Mariola Vazquez, PharmD, CDES	Leo	Adbry™

Meeting called to order at 2:26 PM

I. INTRODUCTIONS AND WELCOME TO BOARD MEMBERS

II. OLD BUSINESS

a. Dr. McCormick presented the committee with the draft minutes from the December 2, 2021 meeting.
b. Board Discussion
  i. No comments.

MOTION	To accept the proposed draft minutes from the December 2, 2021 DUR meeting with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

III. NEW BUSINESS

A. DUR Business Operations

1. **Overview of Drug Utilization Patterns for the New Hampshire Medicaid Fee-for Service Program**
    a. Overview of Drug Utilization Program and Patterns for New Hampshire Medicaid was presented.
2. **Prospective DUR Reports**
    a. Approximately 600 to 850 claims each month generated ProDUR messages from August 2021 to April 2022.
    b. The prospective DUR report for August 2021 to April 2022 was presented and reviewed. The top 5 encounters of the ProDUR modules were reviewed for each category:
        i. Drug-Drug Interactions
            1. Clozapine - Oxcarbazepine
            2. Bupropion - Quetiapine
            3. Sertraline - Trazodone
            4. Oxcarbazepine - Zonisamide
            5. Lacosamide - Lamotrigine
        ii. Duplicate Ingredient
            1. Divalproex
            2. Guanfacine
            3. Sertraline
            4. Quetiapine
            5. Dexmethylphenidate
        iii. Duplicate Therapy
            1. Sertraline – Sertraline
            2. Fluoxetine – Fluoxetine
            3. Guanfacine – Guanfacine
            4. Divalproex – Divalproex
            5. Bupropion – Bupropion
        iv. Early Refill
            1. Guanfacine
            2. Oxcarbazepine
            3. Gabapentin
            4. Quetiapine
            5. Polyethylene Glycol
    c. The Early Refill (ER) report from August 2021 to April 2022 was reviewed with the report broken down by reason for request. COVID was added as a reason for early refill requests beginning in March 2020 due to the pandemic. There have been no early refill requests due to COVID since March 2020. The most consistent reasons for requesting early refills were Increased/Variable Dose followed by Lost or Stolen and Vacation.

3. **Utilization Reports**
    a. Two utilization analysis reports were presented on data from August 2021 to April 2022. The first set of reports contained the claims for COVID vaccines and OTC Home COVID test kits. There were 41,018 total claims with an average payment per claim of $236.70. COVID vaccines skew the utilization toward SSB (single source brands) while the OTC Home COVID test kits skew utilization toward MSB (multiple source brands). The second set of reports remove all COVID vaccine and OTC Home COVID test kits to focus on the trends within FFS. During August 2021 to April 2022, there were 11,410 claims with an average payment per claim of $739.02. The average generic drug rate was consistently over 85% throughout the 9 months.
4. **Retrospective DUR Reports**
    a. RetroDUR quarterly review for August 2021 to April 2022 was presented showing a total of 11 topics which had been completed. The report showed a breakdown of each topic by # of letters mailed to prescribers, # of affected members, # of responses to letters received and the % of responses received. It was noted that some activities are for the purpose of education and do not request feedback from the prescriber which impacts the response rate for these activities.
    b. RetroDUR activities that occurred August to November 2021 were further summarized and presented to the DUR Board for consideration. Six months following the RetroDUR activity, the claims for impacted members were reviewed for changes to prescribing. The claim adjustments were summarized showing additional impact to patient care that may not be captured in the letter response.
5. **RetroDUR Interventions**
    a. The board reviewed the list of possible RetroDUR intervention topics for implementation beginning June 2022. The board decided on the following interventions:

Summary Criteria ID	Criteria Desc	Estimated # of Exceptions
7735	Atypical Antipsychotics without metabolic testing • Review letter for 15040 (Patient has claims for one or more typical antipsychotic in last 90 days and no claims for metabolic testing in last 180 days) • Review age range of members included in 7735 to determine if 7984 (Use of antipsychotics in children < 18 without metabolic testing) needs to be completed in addition to 7735 to cover all members.	39
8026	Diabetes medication claims and no claims for Blood Glucose Monitoring supplies	32

	• Review medication inclusion list for insulins. Include activity 8028 (Insulin claims in the last 120 days without any claims for blood glucose monitoring supplies – pharmacy claims only), if needed to include insulins. • Exclude members with only metformin as the diabetic medication in the history.	
7548	Medications that increase the risk of falls in the elderly	14
7980	Members 18 or older with Stimulant type ADHD meds and no ADHD diagnosis • Exclude members who have a diagnosis of any other FDA-approved indication for stimulants.	12
7777	Non-compliance with Inhaled Corticosteroids_10 day gap	6
6359	Benzodiazepines dupe w/ Benzodiazepines	5

B. COVID-19 Status Update

1. COVID vaccines have been available for adjudication through the pharmacy claims system since mid-December 2020. All Medicaid recipient's vaccine claims are covered through the Fee-for-Service Program if the claim is billed through POS. There were 26,658 paid claims for COVID vaccines for Medicaid recipients from August 1, 2021 through April 30, 2022. There were 19,624 unique Medicaid IDs with claims for at least 1 vaccine dose. This does not account for all vaccine administration for Medicaid recipients, as the state sites did not bill insurances. Over-the-Counter Home COVID test kits have been covered through the Fee-for-Service Program since January 2022. There were 3,067 claims for 21,409 test kits billed through POS.

C. Review of Current Clinical Prior Authorization Criteria with Proposed Changes

1. **Anti-Fungal Medication for Onychomycosis**
   a. Addition of brand name Ciclodan for ciclopirox 8% topical solution.
   b. Removal of products that are not covered for onychomycosis or have been discontinued (Pedipak, CNL-8).
   c. Reorganization alphabetically by generic name for all charts (not noted as a change).
   d. Addition of duration of therapy of 48 weeks for the use of ciclopirox 8% topical solution for onychomycosis.
   e. Removal of pulse therapy of itraconazole for toenails. Replacement with the approved dosing of itraconazole.
   f. Board Discussion
      i. No comments.

MOTION	To accept the Anti-Fungal Medication for Onychomycosis Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Asthma/Allergy Immunomodulator**
   a. Update FDA-approved indication for Nucala® to include add-on maintenance treatment of adults with chronic rhinosinusitis with nasal polyps and an inadequate response to nasal corticosteroids.
   b. Add Tezspire™ to the criteria for add-on maintenance treatment of patients with severe asthma who are ≥ 12 years old.
   c. Reorganization of age restrictions for each diagnosis as the approved age is variable based on the indication for use for the drugs included in this critiera.
   d. Removed the eosinophil pretreatment range requirement for Xolair®. Eosinophil testing was not included in the requirement for other drugs and the range was not consistent with new product labeling that considers age as well.
   e. Added language regarding the pending potential placement of all drugs in the class on the PDL.
   f. Board Discussion
      i. Reformat 7d "Inadequately controlled asthma despite medium-to-high doses of corticosteroid (inhaled or oral) in combination with:" to 8. The medication list below will be numbered 1 to 3.

MOTION	To accept the Asthma/Allergy Immunomodulator Criteria as presented with amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Atopic Dermatitis**
   a. Add Cibinqo™ (abrocitinib), a tablet for the treatment of adults with refractory, moderate-to-severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.
   b. Add Opzelura™ (ruxolitinib), for FDA-approved indication, a cream for second-line therapy for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients ≥ 12 years of

age who have failed to respond adequately to other topical prescription treatments or when those treatments are not advisable.

c. Add Adbry™ (tralokinumab-ldrm), a subcutaneous injection for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
d. Add Rinvoq® (upadacitinib), a tablet approved for the treatment of adults and pediatric patients ≥ 12 years of age with refractory, moderate to severe atopic dermatitis whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is not advisable.
e. Add a Topical Therapy subheading to differentiate therapy routes.
f. Add a Systemic Therapy subheading with criteria specific to new systemic treatment options.
g. Add Systemic Therapy criteria to align with Dupixent® criteria for Atopic Dermatitis indication.
h. Board Discussion
    i. Adjust the approved age for 0.03% ointment for patients ≥ 2 years of age.
    ii. Adjust the approved age for 0.1% ointment for patients ≥ 16 years of age.

MOTION	To accept the Atopic Dermatitis Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **Buprenorphine/Naloxone and Buprenorphine (Oral)**
    a. Update available strengths of Suboxone® film.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Dupixent® (dupilumab) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Carisoprodol and Combination Medication**
    a. Remove Vanadom® as it is not rebate eligible.

b. Board Discussion
    i. No comments.

MOTION	To accept the Carisoprodol and Combination Medication Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

6. **CNS Stimulant and ADHD/ADD Medications**
    a. Update minimum age for Evekeo® and Evekeo® ODT and the available strengths.
    b. Update available strengths for Azstarys®.
    c. Board Discussion
        i. No comments.

MOTION	To accept the CNS Stimulant and ADHD/ADD Medications Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

7. **Duloxetine**
    a. Add Cymbalta® indication for the treatment of GAD in pediatric patients ≥ 7 years of age.
    b. Add Drizalma® Sprinkle indication for the treatment of fibromyalgia in adults.
    c. Remove Irenka® brand name.
    d. Board Discussion
        i. No comments.

MOTION	To accept the Duloxetine Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

8. **Fibromyalgia**
    a. Remove reference to Cymbalta® Criteria; renamed Duloxetine Criteria.
    b. Remove reference to Lyrica® Criteria; proposal to rename to Pregabalin Criteria.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Fibromyalgia Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

9. **Hetlioz®**
    a. Remove requirement that patient is blind.
    b. Board Discussion
        i. Remove age upper limit for use of Hetlioz LQ®.

MOTION	To accept the Hetlioz® Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

10. **Human Growth Hormone**
    a. Add Skytrofa® for FDA-approved indication for treatment of pediatric patients 1 year and older who weigh at least 11.5 kg and have growth failure due to inadequate secretion of endogenous growth hormone.
    b. Add Idiopathic Short Stature (ISS) indication for Omnitrope®.
    c. Remove dosage forms that are no longer available.
    d. Add requirement for trial of short-acting somatropin to access Skytrofa®.
    e. Board Discussion
        i. Remove the limitation for prescriber type in the Adult (Over 18) Criteria.

MOTION	To accept the Human Growth Hormone Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

11. **Inhaled Insulin**
    a. Replace ‘fast-acting’ with ‘rapid-acting’ to describe the insulin subclass.
    b. Adjust the trial/failure requirements to include additional newer treatments for Type 2 Diabetes.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Inhaled Insulin Criteria as presented with no amendments.

MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

12. **Long-Acting Opioid**
    a. Add language indicating when the brand names are no longer available.
    b. Add the 100 mg tablet strength to Hysingla® ER.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Long-Acting Opioid Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

13. **Lyrica®**
    a. Change name of criteria to Pregabalin Criteria.
    b. Standardize how pregabalin (Lyrica®) is listed within indications.
    c. Remove limitations for diabetic peripheral neuropathy (DPN) diagnosis as both formulations are approved for this indication.
    d. Board Discussion
        i. No comments.

MOTION	To accept the Lyrica® Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

14. **Methadone (Pain Management Only)**
    a. Remove methadone formulations that are not approved for use in pain management.
    b. Update the concentration of methadone solution available for pain management.
    c. Board Discussion
        i. No comments.

MOTION	To accept the Methadone (Pain Management Only) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

15. **Movement Disorders**
    a. Add the 60 mg strength for Ingrezza®.

b. Remove additional requirement of trial of Austedo® to access Ingrezza® for Tardive Dyskinesia.
c. Board Discussion
    i. No comments.

MOTION	To accept the Movement Disorders Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

16. **Oral Isotretinoin**
    a. Remove discontinued strengths of Amnesteem®.
    b. Board Discussion
        i. No comments.

MOTION	To accept the Oral Isotretinoin Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

17. **Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9)**
    a. Extend the indication of Repatha™ to pediatric patients ≥ 10 years of age for heterozygous familial hypercholesterolemia (HeFH) and homozygous familial hypercholesterolemia (HoFH).
    b. Board Discussion
        i. No comments.

MOTION	To accept the Proprotein Convertase Subtilisin/Kexin Type 9 (PCSK9) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

18. **Restless Leg Syndrome**
    a. Change the name to Horizant® Criteria.
    b. Add additional 300 mg strength for Horizant®.
    c. Add FDA-approved indication of post-herpetic neuralgia with prior therapy requirements matching Pregabalin Criteria in addition to trial of pregabalin.
    d. Board Discussion
        i. No comments.

MOTION	To accept the Restless Leg Syndrome Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

19. **Systemic Immunomodulator**
    a. Update strengths and formulations for medication list.
    b. Add FDA-approved indication for Arcalyst® (rilonacept) for recurrent pericarditis in patients ≥ 12 years old.
    c. Extend Cosentyx® (secukinumab) indication for psoriatic arthritis to include patients ≥ 2 years of age.
    d. Add FDA-approved indication for Cosentyx® (secukinumab) for active enthesitis-related arthritis in patients ≥ 4 years of age.
    e. Add FDA-approved indication for Orencia® (abatacept) for acute graft versus host disease in combination with calcineurin inhibitor and methotrexate in patients ≥ 2 years old undergoing hematopoietic stem cell transplantation.
    f. Add FDA-approved indication for Rinvoq® (upadacitinib) for treatment of PsA in adults, moderate to severe atopic dermatitis in patients ≥ 12 years old, and moderate to severe ulcerative colitis in adults.
    g. Add FDA-approved indication for Skyrizi™ (risankizumab-rzaa) for the treatment of psoriatic arthritis in adults.
    h. Add FDA-approved indication for Xeljanz®/XR (tofacitinib) for active ankylosing spondylitis in adults.
    i. Include note to redirect prescribers to the Atopic Dermatitis Criteria for Rinvoq® (upadacitinib) requests for atopic dermatitis indication.
    j. Board Comments
        i. There was an observation that the size of the criteria increases every meeting due to the increase in indications noted for the drugs contained in the criteria.

MOTION	To accept the Systemic Immunomodulator Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

20. **Zolgensma**
    a. Add avoidance of combination therapy with risdiplam.
    b. Board Comments
        i. Replace “Patient does not have pre-existing hepatic insufficiency” with “Patient does not have hepatic

impairment as assessed by pre-treatment liver function tests (bilirubin, prothrombin time, AST, ALT)."

MOTION	To accept the Zolgensma Criteria as presented with amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

D. Review of Current Clinical Prior Authorization Criteria with No Proposed Changes

1. **Adenosine Triphosphate Citrate Lyase Inhibitor**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Adenosine Triphosphate Citrate Lyase Inhibitor Criteria as presented with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Brand Name Multiple Source Prescription Drug Product**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Brand Name Multiple Source Prescription Drug Product Criteria as presented with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Morphine Milligram Equivalent**
   a. Board Discussion
      i. No comments.

MOTION	To accept the Morphine Milligram Equivalent Criteria as presented with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **New Drug Product**
   a. Board Discussion
      i. No comments.

MOTION	To accept the New Drug Product Criteria as presented with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

5. **Psychoactive Medication for Children (5 years and younger)**
    a. Board Discussion
        i. Remove limitation for evidence that patient is receiving care by or on the wait list for a "child" psychiatrist. Expand access to care by any psychiatrist.

MOTION	To accept the Psychoactive Medication for Children (5 years and younger) Criteria as presented with amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

6. **Psychotropic Medication Duplicate Therapy (Patients 6 years and older)**
    a. Board Discussion
        i. No comments.

MOTION	To accept the Psychotropic Medication Duplicate Therapy (Patients 6 years and older) Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

7. **Symlin®**
    a. Board Discussion
        i. No comments.

MOTION	To accept the Symlin® Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

8. **Synagis®**
    a. Board Discussion
        i. No comments.

MOTION	To accept the Synagis® Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

E. Proposal of Clinical Prior Authorization Criteria to Retire

1. Oral NSAIDs and Combinations Legend (Rx Required)
2. Topical NSAIDs Legend (Rx Required)
3. Board Discussion
    a. No comments.

F. Proposal of New Clinical Prior Authorization Criteria

1. **Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease**
    a. Will follow Medicare coverage decision for dual eligible beneficiaries.
    b. Aduhelm™ (aducanumab) is a human immunoglobulin gamma 1 (IgG1) monoclonal antibody directed against aggregated soluble and insoluble forms of amyloid beta. The accumulation of amyloid plaques and neurofibrillary/tau tangles are hallmark indicators of Alzheimer's disease.
    c. Requires baseline testing necessary to determine patient has mild cognitive impairment or mild Alzheimer's disease.
    d. Requires PET scan or FDA approved test to confirm amyloid beta plaques (based on the recent approval of the Lumipulse G beta-amyloid ratio test).
    e. Reviews baseline risk factors for potential adverse effects of aducanumab.
    f. Requires prescriber be or in consult with neurologist or gerontologist.
    g. Requires MRI monitoring at baseline and throughout therapy.
    h. Requires provider to inform the patient of the known or potential risks and minimal established clinical benefit based on clinical trials to date with Aduhelm™ treatment.
    i. Board Discussion
        i. None

MOTION	To accept the Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease Criteria as presented with no amendments.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

2. **Second-Line Antifungal**
    a. New criteria to include the antifungals removed from the Anti-Fungal Medication for Onychomycosis; luliconazole and oxiconazole.
    b. Recommend naftifine for addition as it would be considered second-line for the treatment of tinea infections.
    c. Requires the trial and failure of an over-the-counter or prescription topical antifungal prior to use of one of these agents.
    d. Allows immediate access if there is an intolerance to all first line topical antifungals.
    e. Board Discussion
        i. No comments

MOTION	To accept the criteria for Second-Line Antifungal Criteria with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

3. **Verquvo®**
    a. New criteria for Verquvo® approved to reduce the risk of cardiovascular (CV) death and heart failure (HF) hospitalization following hospitalization for HF or need for outpatient intravenous (IV) diuretics in adults with symptomatic chronic HF and ejection fraction (EF) < 45%.
    b. Requires age and diagnosis information aligned with FDA approved indication.
    c. Requires avoidance of serious drug interactions and fetal risk.
    d. Board Discussion
        i. No comments

MOTION	To accept the criteria for Verquvo® Criteria with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

4. **Vuity™**
    a. New criteria for Vuity™ (pilocarpine ophthalmic) approved for the treatment of presbyopia in adults.
    b. Prescriber is an optometrist or ophthalmologist (or one has been consulted).
    c. Requires contraindication or failure of corrective lenses to resolve presbyopia.

d. Requires avoidance of conditions that increase the risk of adverse reactions to ophthalmic pilocarpine.
e. Board Discussion
    i. No comments

MOTION	To accept the criteria for Vuity™ Criteria with no amendment.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

G. Proposal of Additions to Preferred Drug List (PDL)

1. Colony Stimulating Factors – several drugs that act on hematopoietic cells to stimulate proliferation and differentiation to increase neutrophils. The drugs cover multiple indications to decrease risks associated with neutropenia.
2. Asthma Immunomodulators – four drugs that are indicated as add on maintenance treatment of severe asthma of the eosinophilic or allergic type.
    a. Board Discussion
        i. No comments

MOTION	To accept the addition of Colony Stimulating Factors and Asthma Immunomodulators as a managed classes on the Preferred Drug List.		
MOTION PASSED	In favor	Opposed	Abstained
	5	0	0

Meeting was adjourned at 4:36 PM