Drug Utilization Review Board
APPROVED Meeting Minutes
January 20, 2023
9:00 a.m.

Hybrid Meeting:
TEAMS Virtual Meeting – John H. Winters Building, Public Hearing Room 125

Table 1: Drug Utilization Review Board member attendance at the Friday, January 20, 2023, meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Dr. Scott Blaszczyk	X		Dr. Sarah Kubes	X	
Mr. Dennis Borel	X		Dr. Alejandro Kudisch	X	
Dr. Marlo Brawner		X	Dr. Jill Lester	X	
Dr. Dominique Brewster	X		Dr. Brigetta Martinez	X	
Dr. Deborah Briggs	X		Dr. Richard Noel	X	
Dr. Salil Deshpande		X	Dr. Kim Pham		X
Dr. Jennifer Fix	X		Dr. Lisa Sprenger	X	
Dr. Robert Hogue		X	Dr. Natalie Vanek	X	
Dr. Heather Holmes	X		Dr. Kathryn Velasquez		X
Dr. Joshua Tonche-Johns		X	Dr. Carlos Omar Viesca	X	

Table 2: Drug Utilization Review Board state agency staff attendance at the Friday, January 20, 2023, meeting.

STATE AGENCY STAFF NAME	YES	NO	STATE AGENCY STAFF NAME	YES	NO
Priscilla Parilla	X		Maribel O. Castoreno	X	
Julie Nieto	X		Eddy Tinajero	X	
Nahid Assadi, RPh	X		Dr. Ryan Van Ramshorst		X
Diantha Gonzales, Pharm D	X		Mitchell Abramsky	X	
Justin Luong, PharmD	X				

Table 3: Drug Utilization Review Board contractor attendance at the Friday, January 20, 2023, meeting.

CONTRACTOR NAME	YES	NO	CONTRACTOR NAME	YES	NO
Amy Cully, Pharm.D.(Conduent)	X		Kathryn Novak, RPh (Magellan Medicaid Administration)	X	
Christina Faulkner, Pharm.D. (Kepro, LLC.)	X		Kristen Haloski, PharmD (Magellan Medicaid Administration)	X	
Justin Pedigo, Pharm.D.(University of Texas College of Pharmacy)	X				

Agenda Item 1: Call to Order
Dr. Alejandro Kudisch, Drug Utilization Review Board (DURB) Chair, called the meeting to order at 9:02 a.m. Dr. Kudisch turned the floor over to Mr. John Chacón, HHSC, Advisory Committee Coordination Office, Facilitator. Mr. Chacón read meeting logistics and conducted the roll call. Mr. Chacón noted there was a quorum.

Agenda Item 2: Consideration of October 21, 2022, draft meeting minutes
Dr. Alejandro Kudisch, Chair, turned the floor to Mr. Chacón to facilitate the vote for approval of the October 21, 2022 meeting minutes as presented. The floor was open for discussion. Hearing none, Dr. Kudisch requested a motion.

MOTION: Mr. Dennis Borel motioned to approve the October 21, 2022, DURB minutes as presented with Dr. Richard Noel second the motion. A roll call vote was conducted by Mr. John Chacón, and the motion carried by a majority vote with twelve approvals, no disapprovals, and one abstention from Dr. Deborah Briggs.

Dr. Alejandro Kudisch, Chair, announced the October preferred drug list (PDL) recommendations were accepted and approved by HHS Executive Commissioner and are available on Vendor Drug Program (VDP) website.

Agenda Item 3: HHS Ethics Policy overview

Dr. Alejandro Kudisch, Chair, turned the floor over to David Reisman, HHSC Chief Ethics Officer for the ethics policy overview. Mr. Reisman referenced the PowerPoint titled "*Ethics Training Drug Utilization Review Board January 20, 2023".*

Agenda Item 4: Public Comment on the drug classes to be reviewed for the Medicaid Preferred Drug List (PDL):
Dr. Alejandro Kudisch, Chair, opened the floor to public comment on the drug classes on the therapeutic and clinical drug review for the Medicaid Preferred Drug List. Mr. John Chacón read Public Comment Announcement to members of the Board and members of the public.

Dr. Kudisch, Chair announced the classes of drugs for public comment. The following individuals provided testimony to the Board and answered questions:

Speaker	Representing	Recommendations	PDL Class
"*" denotes written testimony provided to Board members prior to the meeting and name announced at the public meeting "" denotes both oral and written public testimony**			
David Miley	Teva	Ajovy	Antimigraine Agents, other
Bharathy Sundaram	TX.Institute for Neurologist Disorders	Ubrelvy	Antimigraine Agents, other
Christy Griffin	Pfizer	Nurtec ODT	Antimigraine Agents, other
Nathan Blake	AbbVie	Ubrelvy	Antimigraine Agents, other
Bukola Oladokun	Xerish Pharma	Gvoke Hypopen,Gvoke Kit, Gvoke PFS Syr	Glucagon Agents
David Miley	Teva	Austedo	Movement Disorders
John Deason	Neurocrine Biosciences	Ingrezza	Movement Disorders
Lyssette Galvan	Practitioner	Tardive Dyskinesia	Movement Disorders
Holly Reames	CTI BioPharma	Vonjo (pacritinib)	Oncology, Oral – Hematologic
Lauren Devine	United Pharma	Tyvaso DPI	PAH Agents, oral & inhaled
****Rob Accetta**	Practitioner	Tadliq	PAH Agents, oral & inhaled
****Jigna Bhalla**	AstraZeneca	Brilinta	Platelet Aggregation Inhibitors
****Jigna Bhalla**	AstraZeneca	Lokelma	Phosphate Binders
Stephanie Duhoux, PhD	Tris Pharma, Inc	Dyanaval XR	Stimulants and Related Agents
Daniel Tan	Practitioner	Jornay PM	Stimulants and Related Agents
Patrick Harvey	Supernus Pharma	Qelbree	Stimulants and Related Agents
* Joseph Scamardo		Ubrelvy	Antimigraine Agents, Triptans
*Ranjana Regunatha Sarma	Pediatric Endocrine and Diabetes Assoc.	Glucagon	Glucagon Agents

Speaker	Representing	Recommendations	PDL Class
*Jacob Jameson	Practioner	Opsumit	PAH Agents, oral and inhaled
*H David Williams	CMP Pharma	Tadliq	PAH Agents, oral and inhaled
*Jacob Jameson	Janssen Scientific Affairs	Uptravi	PAH Agents, oral and inhaled

Dr. Kudisch, Chair, opened the floor to the Board for comments and questions.

Discussion:

Mr. Dennis Borel asked presenter Bukola Oladokun what is the difference between the Gvoke pen and the Syring. The presenter responded it's just a different mode of delivery and that the pen is more commonly an emergency delivery device.

Dr. Scott Blaszczyk asked presenter Rob Accetta about the overlap between dysphagia and those with PAH and how frequently that occurs.
The presenter responded No, but we can find that information for you if available.

Dr. Jennifer Fix asked presenter Jigna Bhalla what is the typical duration of use for Brilinta. The presenter responded in the controlled trials it was over 12 months.

Mr. Borel asked the presenter, Dr. Daniel Tan, about his comment about wanting to see other products to be moved to the preferred drug list. The presenter responded yes, there are other brands of products that can help our children. Dyanavel XR is in liquid form so you can fine-tune the dosage with that type of medicine and as the children grow out of the liquid, they can transition to tablets. Also, Azstarys is the actual methylphenidate version of Vyvanse. It's only one dose and that is also good. Also, Qelbree is a non-stimulant ADHD medication.

Dr. Blaszczyk asked presenter Patrick Harvey about the mechanism of action of Qelbree, and what is the mindset of summers off in regards to Qelbree. The presenter's response was Qlbree does not cause any tolerance or addition so we do not recommend any drug holiday.

Dr. Sarah Kubes asked if there have been any head-to-head trials comparing Qelbree to Strattera. Mr. Harvey replied there have been no head-to-head trials with Strattera.

Dr. Kudisch, Chair, called for a 10-minute break at 10:37. Dr. Kudisch reconvened the Committee at 10:50 am. Public testimony continued.

Agenda Item 5: Public comment on single new drugs to be reviewed for the Medicaid PDL:
Dr. Alejandro Kudisch, Chair, opened the floor to public comment on the single new drugs/drug classes on the therapeutic and clinical drug review for the Medicaid Preferred Drug List.

Speaker	Representing	Drug Name	PDL Class
**John Flatt	Marinus Pharmaceuticals, Inc.	Ztalmy	Anticonvulsants
Bernhard Suter	Practioner	Ztalmy	Anticonvulsants
M. Scott Perry	Practioner	Ztalmy	Anticonvulsants
Zachariah Thomas	Axsome Therapeutics, Inc	Auvelity	Antidepressants, other
Andrew Delgado	Bristol Myers Squibb	Sotyktu	Cytokine and CAM Antagonists
Rafik Marouf	Medunik,Inc	Pheburane	Urea Cycle Disorders, Oral

Dr. Kudisch, Chair, opened the floor to the Board for comments and questions.

Discussion:
Dr. Deborah Briggs asked John Flatt if there are any drug-drug interactions or issues with ketogenic diet. Mr. Flatt response was no, this is a ketogenic diet friendly drug. In terms of drug-drug interaction the only one is with Cyp3A4 inducers that can reduce the levels of Zetalmy. Patient can adjust their dosage but no higher that recommended dosage regimen.
Dr. Sarah Kubes asked Rafik Marouf asked if kids can take his product by g-tube. Mr. Flatt response was no.

Agenda Item 6: Therapeutic and clinical drug reviews and updates: Magellan Medicaid Administration

Dr. Alejandro Kudisch, Chair, turned the floor over to Kathy Novak, RPh, Magellan Medicaid Administration (MMA). Ms. Novak reviewed points of the classes that have not been brought up by Public Comment or previous meetings.

Agenda Item 7: Executive Work Session
Dr. Alejandro Kudisch, Chair, announced the Board will go into closed session at 11:40 a.m. Dr. Kudisch read the legislation granting the Board the ability to meet in executive session.

Agenda Item 8: Announcements of drugs recommended for the Medicaid PDL: Magellan Medicaid Administration

Dr. Alejandro Kudisch, Chair, reconvened the meeting from the executive session at 1:24 p.m. Mr. John Chacón conducted a roll call and announced that there was a quorum present. Mr. Chacón read the Public Comment Announcement to members of the Board and members of the public. Dr. Kudisch turned the floor over to Kathy Novak, RPh, Magellan Medicaid Administration (MMA). Ms. Novak reviewed, for the record, the proposed recommendations decided by the Board in the executive session. Ms. Novak referenced the PowerPoint, *Texas Medicaid Drug Utilization Review Board January 20, 2023*.

Dr. Kudisch requested a motion.

MOTION: Mr. Dennis Borel motioned to approve and accept the proposed recommended drug list. R. Natalie Vanek seconded the motion. A roll call was conducted by Mr. John Chacon, and the proposed recommended drug list was approved unanimously with twelve approvals, no disapprovals, and no abstentions. Th motion carried.

Agenda Item 9: Retrospective drug utilization review (DUR): Conduent, LLC

Dr. Alejandro Kudisch, Chair, introduced Dr. Amy Cully, Conduent, LLC. for presentation. Dr. Cully referenced the PowerPoint, *Texas DUR Board Proposed Retrospective – DUR Interventions January 20, 2023.*

a: Report on recent retrospective DURB interventions:

Dr. Cully covered the report of recent interventions:

i. Influenza Prevention – Vaccine and Education (2022-2023): letters were mailed out on 10/17/22 to 204 providers, impacting 234 patients

b: Report on recent retrospective DURB intervention outcomes

Dr. Cully reported on the cost savings and the clinical outcomes associated with the following interventions:

i. Attention-Deficit/Hyperactivity Disorder Management: mailed 02/17/22 The 12-month state savings of $236,117.00 with a total baseline of 191, 6 months (Sept 2022) post-intervention of change to 138 with an overall -27.7%
ii. Hypertension Disease Management: mailed 12/21/21 with 12-month state savings of $5,559.30. A total baseline of 1,648, 6 months (July 2022) post-intervention of 1,120, with an overall -32.0% change in the clinical indicators

c. Potential RetroDUR interventions (vote required)

Dr. Cully proceeded with retrospective DURB intervention proposals.

i. Appropriate Use of Antibiotics: Dr. Cully stated the purpose of the intervention, why the issue was selected, the setting and population, the

type of intervention, and outcome measures. Dr. Cully presented the proposed performance indicators.

Member Discussion: Dr. Sarah Kubes asked how is the dermination made that members had a bacterial infection.

Dr. Cully responded there is a look for that and if there is not then we do versus the Broad spectrum. look at the broad-spectrum antibiotics use in the letter it describes the guidance for a standard for augmentin as an option compared to a broad-spectrum.

Dr. Kubes asked what are considered broad-spectrum antibiotics.

Dr. Cully responded stated broad-spectrum antibiotics include azithromycin, clarithromycin, 2nd/3rd generation cephalosporins, linezolid, and fluoroquinolones.

Dr. Kubes asked if this was for all age groups. Dr. Cully confirmed it was for all age groups and added the letter has information about adults and children.

Dr. Kudisch, Chair, requested a motion to approve the Appropriate Use of Antibiotics RetroDUR intervention as presented.

Motion: Dr. Scott Blaszczyk moved to approve the Appropriate Use of Antibiotics RetroDUR intervention as presented. Dr. Carlos Viesaca seconded the motion. A roll call vote conducted by Mr. Chacón and the recommended intervention in the Appropriate Use of Antibiotics was approved unanimously with a vote of eleven approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Cully continued to the next potential RetroDURB intervention.

ii. Combined Use of Opioids and Central Nervous System (CNS) Depressants Management: Dr. Cully stated the purpose of the intervention, why the issue was selected, the setting and population, the type of intervention, and the outcome measures. Dr. Cully presented the proposed performance indicators.

Dr. Alejandro Kudisch, Chair, opened the floor for discussion on the Combined Use of Opioids and CNS Depressants Management RetroDUR intervention.

Member Discussion: Dr. Scott Blaszczyk asked how is the prescribing by multiple prescribers handled. Dr. Cully responded that those with different prescribers are handled by the one of the one medication will get a letter as well as the other medication of the other. For example, if there were opioid and benzodiazepine prescribed by two different providers, one letter will go to the prescriber of opioid and one will go to the prescriber of the benzodiazepine.

Dr. Sarah Kubes asked how ER visits are assessed in addressing continuity of care. Dr. Cully responded that they are looking for five days or greater of combination drugs, because even with that small amount of overlay there still is a risk of some

respiratory depression and this will make providers both aware that a combination has been done. Dr. Cully asked the Board if a greater day supply is necessary for ER visits. Dr. Kubes stated in her experience for those with chronic pain and chronic medication use, it's common to see gabapentinoid use if they have neuropathic pain and possibly an opioid she should not speak affirmatively on adults

Dr. Kubes asked what will be done with the information collected and if those with sickle cell or hematology medications be excluded. Dr. Cully responded there will be a comparison to see if there's a decreased and to see if the 5-day overlay is too short or would it need to be tightened a little more. Dr. Cully, also, confirmed that patients with cancer, sickle cell, or in a patient in hospice care are excluded from this intervention.

Dr. Kudish asked if including antipsychotics was a CMS mandatear. Dr. Cully responded the Support Act included antipsychotics and combinations with opioids or in combination with benzodiazepines. Dr. Kudisch commented on what a difficult task to treat for example a schizophrenic patient who might be on antipsychotics concurrently with opioids for pain and asked how productive a physician's review of these letters on this topic would be or how DURB can help. Dr. Cully responded a benefit may bring awareness to a physician prescribing antipsychotics that was not aware that the patient was also on an opioid which may be impacted by monitoring for CNS or respiratory depression and patient education.

Dr. Kubes asked if Dr. Cully has looked at the rate of prescribing opioids analgesics with naloxone. Dr. Cully said she would research and bring numbers back to be shared with members.

Dr. Jennifer Fix added pharmacies are not seeing a lot of use of naloxone and stated we need physicians to help coach patients and the importance of it. Dr. Fix asked if letters include recommended actions clinicians may take. Dr. Cully confirmed that recommendations are included such as where to find more information, the FDA's recommendation to avoid the use of opioids concurrently with benzodiazepines, monitoring and modifying therapy, promoting the use of naloxone in patients using opioids with other CNS depressants, and other best practices.

Ms. Nahid Assadi (VDP), stated in October 2022 there was an intervention for naloxone use in high-risk patients with performance indicators on opioid use in patients at high risk of respiratory depression/opioid overdose without naloxone, Opioid use in patients with a history of overdose without naloxone, History of medication-assisted treatment (MAT) without naloxone. Ms. Assadi asked if the Board had any other indicators to suggest, that can be added for future interventions.

Dr. Kubes recommended seeing what number of patients are actually being discharged with opioid with a prescription for naloxone regardless of any risk factors because this could be a silent risk and the patient may not be aware of the

risk of respiratory depression and may overdose. Dr. Carlos Viasca agreed to see the number of patients discharged with a naloxone prescription and added from the pain management arena seeing how many patients have also concurrent use of benzodiazepines may help avoid the most dangerous drug combination. Dr. Kudisch asked if there was a way to look at the numbers of discharged patients with opioid and naloxone prescriptions as Dr. Viasca suggested. Dr. Cully said it is possible to will be brought back to the meeting.

Dr. Kudisch, Chair, asked if there were any other questions from the members. Hearing none, requested for a motion.

Motion: Dr. Carlos Viasca moved to approve the recommended Combined Use of Opioids and CNS Depressants Management RetroDUR intervention as presented; Dr. Sarah Kubes seconded the motion. A roll call vote was conducted by Mr. Chacón, and the recommended intervention in Combined Use of Opioids and CNS Depressants Management was approved unanimously with a vote of twelve approvals, no disapprovals, no abstentions. The motion carried.

Dr. Kudisch, Chair, asked Dr. Cully to continue with the third potential RetroDUR intervention, Opioid Use During Pregnancy Management.

iii. Opioid Use During Pregnancy Management: Dr. Cully stated the purpose of the intervention, why the issue was selected, the setting and population, the type of intervention, and outcome measures. Dr. Cully presented the proposed performance indicators. Dr. Cully reported that the system did not capture any candidates and asked DUR Board members for their input on how to modify search criteria in order to capture more patients. Also, she asked the Board if this should be reported to the CMS as one of the interventions for this year since no intervention letters can be mailed to any prescribers.

Member Discussion: Dr. Carlos Viesca commented we should report to CMS to show Medicaid is trying to gather information on this topic and that he has not seen many cases in the last year. Dr. Cully responded she was glad to hear data reflects what is being seen in the real world.

Dr. Sarah Kubes asked what specific opioids are being looked at and if a specific trimester was included in the intervention. Dr. Cully responded no specific trimester is included because of the timing of when the medical data is available in the proposal and the use of anything across the board for opioids.

Dr. Heather Holmes commented that being an obstetrician (OB) and Maternal Fetal Medicine (MFM) physician she would want to know because sometimes prescriptions are not given by OB or even medical providers. They are using other individuals' prescriptions or obtaining opioids differently and asked if there is a way to go back for the neonate if they are given the diagnosis of neonatal abstinence or neonatal withdrawal syndrome and go back to the mother to look at her prescription history or evaluate some way to cross-reference those two populations in the neonatal and obstetrics.

Dr. Cully stated they have had a difficult time linking the infant back to the mother but will take another look and give an update next time.

Dr. Cully asked for additional questions. Hearing none, Dr. Kudisch, Chair, requested a motion to approve Opioid Use During Pregnancy Management RetroDUR intervention as presented.

Motion: Dr. Natalie Vanek moved to approve recommended intervention of Opioid Use During Pregnancy Management as presented; Dr. Sarah Kubes seconded the motion. A roll call vote was conducted by Mr. John Chacón, and the recommended intervention in Opioid Use During Pregnancy management was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried. Ms. Nahid Assadi, RPh (Health and Human Services Commission) added this topic is not a true intervention as no letters will be sent to prescribers, it is a retrospective review of claims. This is more of a monitoring drug use review.

Agenda Item 10: Prospective prior authorization proposal (clinical edits): KEPRO, LLC.

Dr. Alejandro Kudisch, Chair, introduced and turned the floor over to Dr. Christina Faulkner, Kepro. Dr. Faulkner referenced the PowerPoint, *Texas HHSC DUR Board Meeting Prospective Prior Authorization Proposals January 20, 2023.*

a. Antiseizure Agents - Ztalmy (ganaxolone) new criteria

Dr. Faulkner presented an overview of Ztalmy of the Antiseizure Agents' clinical prior authorization (CPA) criteria. The overview presented included indications, recommended age, dosage form, dosing, pricing, number of patients identified with specific indications, and the proposed revised CPA approval criteria. Also, she asked if the Board would recommend an automated PA renewal criteria for stable therapies, by looking for 90 days of therapy in the past 120 days.

Dr. Faulkner opened the floor to comments and member questions.

Member Discussion:

Dr. Sarah Kubes asked for renewal if it is just by looking at fill history, and what if it’s for a dose escalation. Dr. Faulkner responded it is based on fill history.

Dr. Alejandro Kudisch, Chair, requested a motion to approve the new criteria as presented.

Motion: Dr. Carlos Viesca made the motion to approve the new criteria for Antiseizure Agents - Ztalmy (ganaxolone) clinical prior authorization criteria as presented, Dr. Deborah Briggs seconded the motion. A roll call vote was conducted by Mr. John Chacón, and the Antiseizure Agents - Ztalmy (ganaxolone) clinical

prior authorization criteria was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Faulkner continued to the next agenda item.

b. Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder (ADD/ADHD) – revision of current non-stimulants

Dr. Faulkner presented an overview of the proposed revised criteria for non-stimulants for ADD/ADHD clinical prior authorization criteria. Dr. Faulkner presented the proposed revised criteria for Atomoxetine including checks for diagnosis of bipolar disorder in the last 365 days while on a mood stabilizer, no diagnosis of suicidal ideation or suicide attempt found in the last 180 days, no history of therapy with a monoamine oxidase (MAO) inhibitor in the last 14 days, and no history of severe cardiovascular disease, pheochromocytoma, or narrow-angle glaucoma found in the last 365 days. Dose and age checks will be kept.

Dr. Kudisch, Chair, opened the floor to comments and questions.

Discussion:

Dr. Lisa Sprenger commented how 90% of these prior authorizations (PA) get denied because the provider is not using the agent-specific form, just uses the standard PA forms which results in the clinical criteria not being checked, and denials for PDL PAs triggering the provider to complete the standard PA form. Dr. Faulkner responded with fee-for-services both clinical and PDL PAs are processed electronically and no form is required if a standard PA form is submitted, the automation still checks for both PDL and clinical PA criteria.

Dr. Jennifer Fix asked can MCOs can add a link to the specific PA form. Dr. Sprenger responded MCOs do have specific links for clinical PA forms but prescribers still use the standard PA form.

Ms. Nahid Assadi asked the discussion be taken internally and will reach out to Dr. Sprenger directly.

Dr. Alejandro Kudisch, Chair, opened the floor to comments and questions. Hearing none. Dr. Kudisch, Chair, asked for a motion

Motion: Dr. Jennifer Fix moved to approve the revisions to Atomoxetine criteria of the ADD/ADHD non-stimulants CPA as presented. Dr. Scott Blaszczyk seconded the motion. A roll call vote was conducted by Mr. John Chacón and the motion to approve the revised criteria for Atomoxetine of the ADD/ADHD non-stimulants CPA was approved unanimously with the recommended changes. The motion was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Faulkner continued.

c. Cytokine and CAM Antagonists – Olumiant (baricitinib) revision

Dr. Faulkner presented an overview of the revision to Olumiant (baricitinib) criteria of the Cytokine and CAM Antagonists clinical prior authorization criteria. Dr. Faulkner reviewed the indications, dosing, pricing, and guidelines for the treatment of Alopecia Areata and the revised approval criteria to include a check for diagnosis of alopecia areata found in the last 730 days. Safety checks will remain.

Dr. Alejandro Kudisch, Chair, opened the floor to comments and questions.
Hearing none. Dr. Kudisch, Chair, asked for a motion

Motion: Dr. Natalie Vanek made the motion to approve the revision to Olumiant (baricitinib) criteria of the Cytokine and CAM Antagonists clinical prior authorization criteria as presented, and Dr. Scott Blaszczyk and Dr. Carlos Viasca seconded the motion. A roll call vote was conducted by Mr. John Chacón, and the revision to Olumiant (baricitinib) criteria of the Cytokine and CAM Antagonists clinical prior authorization criteria were approved as presented. The motion was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Faulkner continued.

d. Multiple Sclerosis Agents – new criteria for Tascenso ODT (fingolimod)

Dr. Faulkner presented an overview of the new CPA criteria for Tascenso ODT (fingolimod) CPA of the Multiple Sclerosis (MS) Agents CPA criteria including indications, dosing, and pricing. Dr. Faulkner mentioned the current safety checks for all MS drugs will remain and presented the proposed new approval criteria for Tascenso. Additionally, Dr. Faulkner asked the Board if they would recommend for an automated check for a paid medical claim for a pacemaker, or should she add a manual check for a functioning pacemaker.

Dr. Alejandro Kudisch, Chair, opened the floor to any other comments and questions.
Hearing none. Dr. Kudisch, Chair, asked for a motion.

Member Discussion:

Dr. Sarah Kubes recommended a manual step for a functioning pacemaker.

Dr. Faulkner also asked Board if the renewal criteria be added by checking for stable medication. Dr. Deborah Briggs asked if the stable medication check will be for MS condition is stable or if the patient stable on this drug. Dr. Faulkner replied that the stable medication check will be for the stable use of Tascenso. Dr. Jennifer Fix mentioned she supports the renewal check.

Dr. Kudisch, Chair, opened the floor to comments and questions.
Hearing none, Dr. Kudisch, Chair, asked for a motion.

Motion: Dr. Sarah Kubes made the motion to approve the new criteria for Tascenso ODT (fingolimod) of the Multiple Sclerosis Agents clinical prior authorization criteria

as presented with recommendations. Dr. Deborah Briggs seconded the motion. A roll call vote was conducted by Mr. John Chacón new criteria for Tascenso ODT (fingolimod) of the Multiple Sclerosis Agents clinical prior authorization criteria were approved as presented with recommendations. The motion was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Faulkner continued.

e. Opioid/Benzodiazepine/Muscle Relaxant Combinations - revision

Dr. Faulkner presented an overview of the revision for the Opioid/Benzodiazepine/Muscle Relaxant Combinations CPA criteria including current approval criteria and the requested change to the update to a seven day overlap in the last 35 days.

Discussion:
Dr. Alejandro Kudisch, Chair, opened the floor to comments and questions.

Dr. Sarah Kubes asked how pediatric patients on medications for a seizure disorder or cerebral palsy are handled. Dr. Faulkner responded muscle relaxants for the treatment of spasticity and benzodiazepine for seizure disorders are excluded from the prior authorization criteria.

Dr. Dominique Brewster asked how many more reviews would be received if the date span is shortened to seven days. Dr. Faulkner responded the number is unsure.

Ms. Nahid Assadi provided the background of the development of current criteria being based on a safety measure and moving to seven days would match up with the Centers of Disease Control and Prevention (CDC).

Dr. Carlos Viasca stated he agreed the change may not find much of a difference but Medicaid should stay vigilant on the topic of this combination.

Dr. Kubes recommended maybe a change to more than ten days to address those prescribed for acute pain.

Dr. Jennifer Fix agreed and motioned to accept the change to ten days. Dr. Jill Lester seconded the motion. Dr. Carlos Viasca approved but modified the motion to have a report of activity due to the change be provided a report at the next meeting to consider changing back to seven days.

Hearing the motion, Dr. Kudisch, Chair, asked for a roll call vote.

Motion: Dr. Jennifer Fix made the motion to approve the revision to the Opioid/Benzodiazepine/Muscle Relaxant Combinations clinical prior authorization criteria with recommended changes and request for a report. Dr. Sarah Kubes

seconded the motion. A roll call vote was conducted by Mr. John Chacón, and the revisions to Opioid/Benzodiazepine/Muscle Relaxant Combinations' clinical prior authorization criteria were approved with recommendations and a request for a report. The motion was approved unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Dr. Faulkner continued.

f. Topical Immunomodulators - Opzelura

Dr. Faulkner presented an overview of the proposed CPA criteria revision for Opzelura of the Total Topical CPA including Opzelura indications, dosing, pricing, and guidelines for the additional treatment of Nonsegmental Vitiligo. Dr. Faulkner presented the proposed approval criteria.

Dr. Alejandro Kudisch, Chair, opened the floor to comments and questions. Hearing none. Dr. Kudisch, Chair, asked for a motion

Motion: Dr. Sarah Kubes made the motion to approve Topical Immunomodulators - Opzelura clinical prior authorization criteria as presented. Dr. Brigetta Martinez seconded the motion. A roll call vote was conducted by Mr. John Chacón, and Topical Immunomodulators - Opzelura clinical prior authorization criteria were approved as presented unanimously with a vote of twelve approvals, no disapprovals, and no abstentions. The motion carried.

Agenda Item 11: Retrospective drug use criteria for outpatient use in Vendor Drug Program: The University of Texas at Austin College of Pharmacy

Dr. Alejandro Kudisch, Chair, introduced and turned the floor over to Dr. Justin Pedigo, Pharm. D, The University of Texas at Austin College of Pharmacy. Dr. Pedigo referred to the PowerPoint, *Texas Medicaid Vendor Drug Program Drug Utilization Review Board Meeting-Retrospective Drug Use Criteria Proposals January 20, 2023.*

Dr. Pedigo presented:

a. Angiotensin II Receptor Blockers
b. Angiotensin-Converting Enzyme Inhibitors
c. Platelet Aggregation Inhibitors
d. Proton Pump Inhibitors
e. Sedative / Hypnotics
f. Serotoin 5-HT1B/1D Receptor Agonists

Dr. Kudisch, Chair, opened the floor to comments and questions. Hearing none, Dr. Kudisch asked for a motion.

Member Discussion: None

Motion: Mr. Scott Blaszczyk moved to approve collectively agenda items 11a-11f as presented. Dr. Carlos Viesca seconded. A roll call vote was conducted by Mr. John Chacón and the motion to approve collectively agenda items 11a-11f as presented was approved unanimously with a vote of eleven approvals, no disapprovals, and no abstentions. The motion carried.

Agenda Item 12: Review of action items for the next meeting:
The agenda has the date of next meeting incorrect. The next meeting is set tentatively for April 28, 2023, at 9:00 a.m. following COVID-19 guidelines that will dictate the platform and/or venue.

Agenda Item 13: Dr. Alejandro Kudisch, Chair, adjourned the meeting at 3:12 pm

Below is the link to the archived video of the January 20, 2023, Drug Utilization Review Board meeting that will be available for viewing approximately two years from the date of the meeting posted on the website and in accordance with the HHS records retention schedule.

Drug Utilization Review Board (DURB) Agenda