Drug Utilization Review Board
APPROVED Meeting Minutes
April 28, 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, April 28, 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		Audrey Walper	X	
Nahid Assadi, RPh	X		Renee Goertz	X	
Diantha Gonzales, Pharm D	X		Dr. Ryan Van Ramshorst		X
Justin Luong, PharmD	X		Mitchell Abramsky	X	

Table 3: Drug Utilization Review Board contractor attendance at the Friday, April 28, 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 9:01 a.m. Dr. Kudisch turned the floor over to Ms. Jacqueline Thompson, facilitator with the Health and Human Services Commission (HHSC), Advisory Committee Coordination Office (ACCO), announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and conducted the member roll call. Ms. Thompson announced the presence of quorum.

Agenda Item 2: Consideration of January 20, 2023, draft meeting minutes
Dr. Alejandro Kudisch, Chair, turned the floor to Ms. Thompson to facilitate the vote for approval of the January 20, 2023 meeting minutes as presented. The floor was open for discussion. Hearing none, Dr. Kudisch requested a motion.

MOTION: Dr. Deborah Briggs moved to approve the January 20, 2023 minutes as presented. The motion was seconded by Dr. Natalie Vanek. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised the chair, Dr. Alex Kudisch, the motion passed by a vote of eleven approvals, no disapprovals, two abstentions, and four absents (Dr. Robert Hogue, Dr. Joshua Tonche-Johns, Dr. Richard Noel, and Dr. Carlos Viesca).

Dr. Alejandro Kudisch, Chair, announced the January preferred drug list (PDL) recommendations were not approved by HHS Executive Commissioner yet but would be available on Vendor Drug Program (VDP) website once approved.

Agenda Item 3: Public Comment on the drug classes to be reviewed for the Medicaid Preferred Drug List (PDL):
Dr. Alex Kudisch recognized Ms. Jacqueline Thompson, ACCO Facilitator, HHSC to read public comment statement for the record. The following individuals to provide public comment on drug classes to be reviewed for the Medicaid Preferred Drug List (PDL):

Speaker	Representing	Drug	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**			
Peter Peter	TX Children's Health Plan	All	Anti-Allergens, oral
Peter Peter	TX Children's Health Plan	tobramycin	Antibiotics; inhaled
Andrew Delgado	Bristol Myers Squibb	Eliquis	Anticoagulants
**Zachariah Thomas	Axsome Therapeutics	Auvelity	Antidepressants, other
Peter Peter	TX Children's Health Plan	Wellbutrin XR, XL, buproprion SR, XL, venlafaxine ER	Antidepressants, other
Peter Peter	TX Children's Health Plan	citalopram, sertraline, fluoxetine	Antidepressants, SSRIs
Dean A Juge	Horizon Therapeutics	pegloticase (KRYSTEXXA)	Antihyperuricemics
Peter Peter	TX Children's Health Plan	oseltamivir	Antivirals, oral
Peter Peter	TX Children's Health Plan	Inderal LA/XL, Innopran XL, Hemangeol (propanolol)	Beta-Blockers
**Krystal Devine	Mirum Pharmaceuticals	Livmarli	Bile Salts
Stacey Sandate	Albireo Pharm	Bylvay	Bile Salts
Peter Peter	TX Children's Health Plan	ursodial	Bile Salts
Peter Peter	TX Children's Health Plan	All	Bronchodilators, beta agonist
Peter Peter	TX Children's Health Plan	Guaifenesin/PSE/Codeine syrup	Cough and Cold, cold
Peter Peter	TX Children's Health Plan	Guaifenesin/PSE/Codeine syrup	Cough and Cold, narcotic
Peter Peter	TX Children's Health Plan	Rescon-DM liquid, DM/APAP/Doxylamine	Cough and Cold, non-narcotic
Kimberly Bracket	Abbvie	Rinvoq, Skyrizi	Cytokine and CAM Antagonists

Speaker	Representing	Drug	PDL Class
Nathan Blake (withdrew testimony request)	AbbVie	Skyrizi (risankizumab) & Rinvoq (upadacitinib)	Cytokine and CAM Antagonists
**Ash Dave	Amgen	Otezla (apremilast)	Cytokine and CAM Antogonists
Vidhi Desai	CSL Behring	Hemgenix	Hemophilia Treatment
Jigna Bhalla	AstraZeneca	Fasenra	Immunomodulators, Asthma
Joseph Diaz	Allergy SA – Medicaid Patients	Fasenra	Immunomodulators, Asthma
Bob Lanier	American Society of Allergy Professions	Fasenra	Immunomodulators, Asthma
Kheelan Gopal	LEO Pharma	Adbry	Immunomodulators, Atopic Dermatitis
Krostome Bicasas	Pfizer	abrocitinib (Cibinqo), crisaborole (Eucrisa)	Immunomodulators, Atopic Dermatitis
Peter Peter	TX Children's Health Plan	Dupixent, Opzelura, pimecrolimus	Immunomodulators, Atopic Dermatitis
Peter Peter	TX Children's Health Plan	linezolid suspension	Lincosamides/Oxazolidinones/Streptogramins
**Nancy Nguyen	Amgen	Repatha	Lipotropics, other
Peter Peter	TX Children's Health Plan	Fenofibrate, Niacin ER	Lipotropics, other
Akima Harrigan	Regeneron	evinacumab (Evkeeza)	Lipotropics, other
Peter Peter (withdrew testimony request)	TX Children's Health Plan	All	Lipotropics, statins
Peter Peter	TX Children's Health Plan	Floriva Chew, Poly-Vi-Flor Chew/Drops, Poly-Vi-Flor with Iron chew/drops, and Tri-Vi-Floro drops	Pediatric Vitamin Preparations
Keith Powell	Idorsia Pharmaceuticals	QUVIVIQ (daridorexant)	Sedative Hypnotics
Peter Peter	TX Children's Health Plan	temazepam	Sedative Hypnotics

Speaker	Representing	Drug	PDL Class
Brigette Pierre	Pfizer	Oxbryta	Sickle Cell Anemia Treatments
Todd Young	Rigel Pharmaceuticals Inc.	Tavalisse	Thrombopoiesis Stimulating Proteins
**Amanda Haikalis	Medunik USA	Pheburane	Urea Cycle Disorder, oral
Nicole Tran	Recordati Rare Diseases	Carbaglu	Urea Cycle Disorder, oral
Corey Hicks	Horizon Therapeutics	Ravicti	Urea Cycle Disorder, oral
Markey McNutt	Practitioner	Pheburane, Ravicti, Buphenyl	Urea Cycle Disorder, oral
Peter Peter	TX Children's Health Plan	sodium phenylbutyrate powder, Ravicti	Urea Cycle Disorder, oral
*Kimberly Allen	Depression & Bipolar Sppt Alliance Nat'l office	Auvelity	Antidepressants, other
*Kheelan Gopal	Leo Pharma	Adbry	Immunomodulators, Atopic Dermatitis
*Erica Scott	Emmaus Medical, Inc.	Endari, Siklos	Sickle Cell Anemia Treatments
*Emma Andelson	Sickle Cells	Hydroxyurea, Droxia, Siklos, Endari	Sickle Cell Anemia Treatments
*Melissa Frei-Jones	Self	Hydroxyurea, Endari, Oxbryta, Adakveo	Sickle Cell Anemia Treatments

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

Discussion:

Dr. Sarah Kubes asked the speaker, Dr. Peter, what happens in cases where a patient requires therapy with inhaled amikacin. Dr. Peter responded that when a non-preferred denial is received, [Texas Children's Health Plan] approves the request if it is clinically appropriate. Dr. Kubes followed up with a question inquiring whether [Texas Children's Health Plan] is primarily using this therapy for the CF population or for anyone that has MAC. Dr. Peter replied that he would check and send a follow-up email with that detail.

Dr. Natalie Vanek asked Dr. Peter to clarify what he was asking of the Board. Dr. Peter replied that he is proposing moving inhaled amikacin and the tobramycin generics to preferred status.

Mr. Dennis Borel asked the speaker, Mr. Andrew Delgado, to expand on more recent studies regarding economic analysis. Mr. Delgado expanded on recent studies of economic analysis related to Eliquis.

Dr. Lisa Sprenger, DUR Board member from Driskoll Health Plan, commented that she agreed with speaker, Dr. Peter, to allow both fluoxetine capsules and tablets from the Antidepressants, SSRI PDL class to be recommended as preferred.

Dr. Sprenger, DUR Board member from Driskoll Health Plan, commented after speaker, Dr. Peter, on the Bronchodilators, beta-agonist PDL class, and shared that she believes there is currently only one option for short-acting rescue inhalers on the PDL.

In response to speaker, Dr. Peter's request to make all cough and cold products preferred, Dr. Kubes raised a concern for the added risk of medical errors. Dr. Peter responded that products in this class are over-the-counter.

Mr. Borel asked the speaker, Ms. Kimberly Bracket if it is uncommon amongst the Cytokine and CAM Antagonists class to administer once every 12 weeks.
Ms. Bracket responded that it is uncommon but beneficial for the patient from an adherence prespective. Mr. Borel asked if other medications are administered daily. Ms. Bracket responded that there are medications that are administered more frequently than every 12 weeks.

Dr. Kubes asked if having an oral option would be more beneficial for patients versus an injection. Ms. Bracket responded it would be more beneficial for patients from an adherence perspective. Dr. Kubes asked if Skyrizi is given in clinic or at home. Ms. Bracket responded that therapy with Skyrizi begins with intravenous infusion in a clinic setting for induction dosing. Patients are then trained by a health care professional to self-administer for maintenance dosing.

10 Minute Break
The Drug Utilization Review Board took a short break from 10:10 a.m. until 10:20 a.m. Dr. Alex Kudisch, chair called the meeting to order. Ms. Jacqueline Thompson, ACCO Facilitator, HHSC called roll and confirmed a quorum was present.

Discussion continued:

Mr. Borel asked the speaker, Ms. Brigette Pierre, if there are any problems for patients with accessing Oxbryta or any other drugs in the Sickle Cell Anemia Treatment class. Ms. Pierre responded that in Texas patients have been able to access drugs well in comparison to other states.

Mr. Borel asked speaker, Mr. Peter, who provided testimony in the Urea Cycle Disorder, Oral PDL class if there are any ways to reduce the high cost of expenditures due to hospitalizations. Mr. Peter responded that as more expensive biologics become available the state should consider looking at efficacy outcomes based on alternative payment models.

Agenda Item 4: 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	Drug/PDL Class
Peter Peter	TX Children's Health Plan	Noxafil suspension powder packet (oral)	Antifungals, oral
Porsha Showers	Gilead Sciences	Sunlenca tablet (oral)	HIV/AIDS
Peter Peter	TX Children's Health Plan	Sunlenca tablet (oral)	HIV/AIDS

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

Discussion:
Dr. Natalie Vanek asked what age group Sunlenca is indicated for. Speaker, Dr. Porsha Showers, responded that Sunlenca is indicated for adult patients twelve years of age and older.

Agenda Item 5: Therapeutic and clinical drug reviews and updates: Magellan Medicaid Administration

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

Agenda Item 6: Executive Work Session
Dr. Alejandro Kudisch, Chair, announced the Board will go into closed session at 11:54 a.m. Dr. Kudisch read the legislation granting the Board the ability to meet in executive session.

Roll Call – After Executive Work Session
The Drug Utilization Review Board reconvened at 2:05 p.m. The meeting was called to order by the Chair, Dr. Alex Kudisch. Ms. Jacqueline Thompson, ACCO Facilitator, HHSC, called the roll and advised the chair a quorum was present. Dr. Alex Kudisch recognized Ms. Jacqueline Thompson, ACCO Facilitator, HHSC, to read the Public

Comment statement. Ms. Thompson turned the floor over to Dr. Alex Kudisch, Chair.

Agenda Item 7: Announcements of drugs recommended for the Medicaid PDL: Dr. Alex Kudisch, Chair, and Ms. Kathy Novak, RPh, MMA
Ms. Novak reviewed, for the record, the proposed recommendations from the Board. Ms. Novak referenced the PowerPoint, *Texas Medicaid Drug Utilization Review Board April 28, 2023*. Dr. Alex Kudisch, chair requested a motion to approve the recommendations as presented by Ms. Kathy Novak, RPh, MMA.

MOTION: Dr. Sarah Kubes moved to approve the recommendations as presented. The motion was seconded by Dr. Kim Pham. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fifteen approvals, no disapprovals, no abstentions, and two absents (Mr. Dennis Borel and Dr. Joshua Tonche-Johns).

Agenda Item 8: Retrospective drug utilization review (DUR): Conduent, LLC: Presenter Dr. Amy Cully, Conduent, LLC
Dr. Cully referenced the PowerPoint, *Texas DUR Board Proposed Retrospective – DUR Interventions April 28, 2023.*

Dr. Cully provided follow-up information from questions asked during the January 20, 2023, DURB meeting. Dr. Cully shared that a review of data over the last two years was performed and a total of 599 fee-for-service members had filled opioids and had naloxone prescribed as well. The second question was regarding the number of patients with a diagnosis of neonatal abstinence syndrome over the last two years. There were a total of 17 fee-for-service members, but unfortunately they were not able to link the baby back to the mother with the claims data available.

a: Report on recent retrospective DURB interventions:
Dr. Cully covered the report of recent interventions:

i. Hypertension Disease Management letters were mailed 3/17/23 to 679 providers, impacting 773 patients
ii. Management of Psychotropic Drugs in Adults letters were mailed 3/22/23 to 129 providers, impacting 133 patients
iii. Naloxone for High-Risk Patients letters were mailed 02/17/23 to 38 providers, impacting 28 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. Combined Use of Opioids and Central Nervous System Depressants: mailed 04/08/2022 The 12-month state savings of $6,104.44 with a total

baseline of 48, 6 months (October 2022) post-intervention of change to 32 with an overall -33.3%

ii. Management of Psychotropic Drugs in Pediatric Patients 2022: mailed 04/28/2022 with 12-month state savings of $29,374.70. A total baseline of 454, 6 months (November 2022) post-intervention of 334, with an overall -26.4% change in the clinical indicators

c. Potential RetroDUR interventions (vote required)

Dr. Cully proceeded with retrospective DURB intervention proposals.

i. Single Maintenance and Reliever Therapy (SMART): Dr. Cully stated the purpose of the intervention is to provide prescribers with an educational tool to better communicate with their patients regarding the treatment of asthma, specifically the newer smarter alternative. As for the reason why the issue was selected, Dr. Cully stated the US Department of Health and Human Services Centers for Disease Control and Prevention found that in 2019, asthma accounted for 1.5 million. Emergency department visits. Both the global initiative for asthma and the National Heart, Lung, and Blood Institute recently updated their guidelines on asthma management and recommended use of the single maintenance and reliever therapy for some patients with asthma. Dr. Cully stated providers who have 1 or more patient(s) >/=12 years of age with a diagnosis of asthma chronic obstructive pulmonary disease (COPD) and cystic fibrosis (CF) patients are eliminated and have filled 3 or more short-acting bets-agonists (SABA) in the last 180 days will be the setting and population for this intervention proposal. Dr. Cully added this would be an educational letter with recommendations from current treatment guidelines regarding SMART with outcome measures deferred due to the anticipated unavailability of claims data post-intervention since this will be mailed to providers and not regarding specific patients. Dr. Cully presented the proposed performance indicator and estimated number of 214 provider letters for SMART Alternative for Patients with Asthma.

Hearing no questions from the DURB members, Dr. Alex Kudisch, chair requested a motion to approve Agenda Item 8c. Potential RetroDUR interventions – 8c. (i) Single Maintenance and Reliever Therapy (SMART) as presented.

Motion: Dr. Deborah Briggs moved to approve the Potential RetroDUR interventions (SMART) as presented. The motion was seconded by Dr. Sarah Kubes. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

Agenda Item 9: Prospective prior authorization proposal (clinical edits): KEPRO, LLC. Presenter Dr. Christina Faulkner, Kepro.
Dr. Faulkner referenced the PowerPoint, *Texas HHSC DUR Board Meeting Prospective Prior Authorization Proposals April 28, 2023.*

Dr. Faulkner provided follow-up information regarding Dr. Carlos Viesca's question from the January 20, 2023, DURB meeting regarding the trilogy edit and the number of prior authorizations for a 10-day versus 7-day overlap of each drug (opioids, benzodiazepines, and muscle relaxants) within the last 35 days. Dr. Faulkner stated that based on 2022 claims information, a decrease from a 14-day to a 10-day overlap would increase the prior authorization requests anywhere from 11% to 14%. A decrease from 14-day to 7-day overlap would increase prior authorization from about 22% to 27% and the opioid and benzodiazepine overlap would increase the most. Dr. Viesca stated the 7-day overlap would be advantageous to make patients taking these drugs more aware.

a. Antimigraine Agents - Ergot derivatives new criteria

Dr. Faulkner presented an overview of the Antimigraine Agents - Ergot derivatives clinical prior authorization (CPA) criteria for Dihydroergotamine 1mg/mL injection and Dihydroergotamine nasal spray (including Migranal 0.5mg/actuation and Trudhesa 0.725mg/actuation). The overview included dosing, indications, pricing, and CPA approval criteria.

Member Discussion:

Dr. Briggs asked how many headaches per week could be treated with the proposed limitations for the nasal spray. Dr. Faulkner responded Migranal treats two headaches per week and Trudhesa treats three headaches a week with a max of 12 per month.

Hearing no further questions, Dr. Kudisch announced there was written testimony submitted by Texas Children's Health Plan and asked for a motion to approve with no changes.

Motion: Dr. Deborah Briggs moved to approve the Potential Agenda Item 9a. Antimigraine Agents and Ergot Derivatives as presented. The motion was seconded by Dr. Heather Holmes. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

b. Cytokine and CAM Antagonists – revisions

i. Sotyktu (listed as 9b.iii. on agenda but presented first)

Dr. Faulkner presented an overview of the proposed added criteria for Sotyktu of the Cytokine and CAM Antagonists clinical prior authorization criteria. Dr. Faulkner presented the proposed revised criteria for Sotyktu including checks

for diagnosis of plaque psoriasis found in the last 730 days, age greater than or equal to 18 years, no concurrent therapy with a Janus kinase inhibitor (JAK), biologic disease-modifying antirheumatic drug (DMARD), or potent immunosuppressant, no diagnosis of severe hepatic impairment in the last 365 day, no history of serious active infection in the last 180 days, and the requested dose is less than or equal to 1 tablet daily

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

Discussion:

Dr. Kubes asked how potent immunosuppressants are defined in the proposed check. Dr. Faulkner responded that the immunosuppressants are listed in the handouts that were provided to members before the meeting.
Dr. Kubes asked if steroids were included. Dr. Faulkner responded steroids were not included. Dr. Kubes and Dr. Faulkner discussed what dose, duration, of steroid therapy should be added. Dr. Kubes's final recommendation was to add a check of 14 days or more of greater than 80mg of prednisone equivalent therapy for over 18 years of age.

Having no public testimony, Dr. Kudisch, asked for a motion to approve the presented CPA for Sotyktu of the Cytokine of CAM Antagonists with the added check of 14 days or more of greater than 80mg prednisone equivalent therapy for over 18 years of age.

Motion: Dr. Carlos Viesca moved to approve t Agenda Item 9. (iii) Sotyktu with clinical edits as recommended by Dr. Sarah Kubes. The motion was seconded by Dr. Deborah Briggs. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

ii. Rinvoq (upadacitinib) (listed as 9b.i. on agenda but presented second)

Dr. Faulkner presented an overview of Rinvoq, a JAK inhibitor, of the Cytokine and CAM Antagonists clinical prior authorization (CPA) criteria. The overview included current indications, the new indication for non-radiographic axial spondylitis (nr-axSpA), dosing, and pricing information. A proposed revised CPA approval criteria to include a check for diagnosis of non-radiographic axial spondylitis (nr-axSpA) found in the last 730 days was also presented.

Dr. Faulkner continued with presenting Skyrizi.

iii. Skyrizi (listed as 9b.ii. on agenda but presented third)

Dr. Faulkner presented an overview of Skyrizi of the Cytokine and CAM Antagonists clinical prior authorization (CPA) criteria. The overview included

current indications, the new indication for treatment of adults patients with moderately to severely active Crohn's disease, dosing, and pricing information. A proposed revised CPA approval criteria to include a check for diagnosis of Crohn's found in the last 730 days was also presented.

Hearing no questions from members, Dr. Kudisch, Chair, opened the floor to public testimony speaker, Kimberly Brackett representing AbbVie, speaking on Rinvoq and Skyrizi.

Dr. Kudisch, Chair, opened the floor for questions, hearing none, he requested for a motion.

Motion: Dr. Carlos Viesca moved to approve the Rinvoq and Skyrizi CPA proposals (9b. (i and ii)) as presented with no recommended changes. The motion was seconded by Dr. Natalie Vanek. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, Chair the motion passed by a vote of thirteen approvals, no disapprovals, no abstentions, and five absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, Dr. Joshua Tonche-Johns, and Dr. Kathryn Velasquez).

c. Erythropoiesis-Stimulated Agents

i. Mircera (new criteria)

Dr. Faulkner presented an overview of Mircera of the Erythropoiesis-Stimulated Agents (ESA) clinical prior authorization (CPA) criteria. The overview included indication, treatment, dosing, and pricing. Dr. Faulkner also presented proposed approval criteria for adults including a check for chronic kidney disease (CKD) found in the last 730 days, a check for greater than or equal to 18 years of age, a check if the client has a claim for an ESA in the last 90 days either with a history of a complete blood count (CBC) in the last 90 days or history of ferritin and iron binding capacity (IBC) tests in the last 180 days. Dr. Faulkner presented the proposed pediatric approval criteria including a check for diagnosis of CKD found in the last 730 days, age greater than or equal to 5 years and less than 18 years, currently on dialysis, check for a claim for an ESA other than Mircera in the last 60 days, check for a history CBC in the last 90 days, and a check for a history of IBC tests in the last 180 days.

Discussion:
Dr. Kubes asked why the pediatric approval criteria has a check for a claim for another ESA while the adult approval criteria does not. Dr. Faulkner responded that Mircera is not indicated for initial therapy in pediatrics but is for pediatric patients switching from another ESA.

Motion: Dr. Sarah Kubes moved to approve Agenda Item 9c.(i) Mircera recommendations as presented by Dr. Christine Faulkner. The motion was seconded by Dr. Carlos Vieca. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

ii. Reblozyl (new criteria)

Dr. Faulkner presented an overview of Reblozyl of the Erythropoiesis-Stimulated Agents (ESA) clinical prior authorization (CPA) criteria. An overview was provided for the indication treatment, dosing, and pricing. Dr. Faulkner also presented proposed approval criteria including a check for adults age 18 years and older, diagnosis of beta thalassemia found in the last 730 days, or diagnosis of MDS-RS or MDS/MPD-RS-T found in the last 365 days, check for a history of a complete blood count (CBC) in the last 90 days, check history of ferritin and iron binding capacity (IBC) tests in the last 180 days and check for requested dose is ≤ 1.25 mg/kg every 3 weeks.

Discussion:

Dr. Kubes asked if the dosing per kilo is based on actual or ideal adjusted weight. Dr. Faulkner responded that per kilo is mentioned in the package insert. She will research further and bring back to the Board and will clarify it in the approval criteria as well.

Motion: Dr. Brigetta Martinez moved to approve Agenda Item 9c.(ii) Reblozyl clinical edits as presented by Dr. Christine Faulkner. The motion was seconded by Dr. Deborah Briggs. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

d. Gattex (teduglutide)

Dr. Faulkner presented an overview of Gattex clinical prior authorization (CPA) criteria. An overview was presented regarding the indication treatment, dosing, and pricing. Dr. Faulkner also presented the proposed initial approval criteria including checks for client age greater than or equal to one year of age, for the diagnosis of short bowel syndrome in the last 730 days, for current dependency on parenteral support, if the client is greater than or equal to 18 years of age, if client has had a colonoscopy in the last 180 days, if the client is greater than or equal to one year and less than 18 years of age, if the client has had fecal occult blood testing in the last 180 days, for diagnosis of intestinal or stomal obstruction not found in the last 180 days, and if a diagnosis of moderate to severe renal impairment or ESRD is found in the last 365 days, the requested dose is ≤ 0.025 mg/kg daily, or if the renal

impairment diagnoses are not found, the requested dose is ≤ 0.05 mg/kg daily. Dr. Faulkner also presented the proposed renewal criteria including checks for client age greater than or equal to one year of age, for a diagnosis of short bowel syndrome in the last 730 days, for current dependency on parenteral support, and for continued receipt of clinical benefit from treatment.

Hearing no questions from the Board, Dr. Kudisch, Chair, asked for a motion to approve as presented.

Motion: Dr. Sarah Kubes moved to approve Gattex new clinical prior authorization criteria as presented by Dr. Christina Faulkner. The motion was seconded by Dr. Deborah Briggs. Ms. Jacqueline Thompson, ACCO Facilitator conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, and four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

Agenda Item 10: Retrospective drug use criteria for outpatient use in Vendor Drug Program: The University of Texas at Austin College of Pharmacy 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 April 28, 2023.*

Dr. Pedigo presented:

a. Aerosolized Agents - Metered-Dose Inhalers (MDIs): Anti-Cholinergic Drugs
b. Aerosolized Agents - Metered-Dose Inhalers (MDIs): Anti-Inflammatory Drugs
c. Aerosolized Agents - Metered-Dose Inhalers (MDIs): Beta2 Adrenergic Drugs (long-acting)
d. Aerosolized Agents - Metered-Dose Inhalers (MDIs): Beta2 Adrenergic Drugs (short-acting)
e. Anti-Depressants, Oral (other)
f. Anti-Depressants, Selective Serotonin Reuptake Inhibitors

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

Motion: Dr. Natalie Vanek made the motion to approve revisions as presented by Dr. Justin Pedigo. The motion was seconded by Dr. Sarah Kubes. Ms. Jacqueline Thompson, ACCO Facilitator, conducted a roll call vote. Ms. Thompson advised Dr. Alex Kudisch, chair the motion passed by a vote of fourteen approvals, no disapprovals, no abstentions, four absents (Mr. Dennis Borel, Dr. Marlo Brawner, Dr. Dominique Brewster, and Dr. Joshua Tonche-Johns).

Agenda Item 11: Review of action items for the next meeting:
The next meeting is set tentatively for July 21, 2023, at 9:00 a.m. following COVID-19 guidelines that will dictate the platform and/or venue. Dr. Kudisch announced July's meeting will only include Retrospective DUR, Prospective DUR, and Retrospective drug use criteria updates. It will not include the PDL review. July's PDL classes will be reviewed at the October's DURB meeting scheduled for October 12 and 13, 2023.

Agenda Item 12: Dr. Alejandro Kudisch, Chair, adjourned the meeting at 3:32 p.m.

Below is the link to the archived video of the April 28, 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