



# DRUG PRIOR AUTHORIZATION COMMITTEE AGENDA

**Date:** June 17, 2021    **Time:** 10:00am – 3:00pm (CST)    **Location:** Webex

[Join Webex Meeting](#)

Meeting number (access code): 177 207 9660

**Join From a Video System/Application**

Dial [1772079660@stateofmo.webex.com](mailto:1772079660@stateofmo.webex.com)

Or dial 173.243.2.68 and enter the meeting number

**Join From a Mobile Device (attendees only)**

[1-650-479-3207](tel:1-650-479-3207) Call-in toll number (US/Canada)

**[\\* Click HERE for Meeting Documents \\*](#)**

## Opening Statements/Updates

10:00 – 10:05	Welcome, Announcements and Introductions	Chairperson
10:05 – 10:15	Minutes Review	Discussion/Approval
10:15 – 10:25	Pharmacy Program/Budget Update	Elizabeth Short
10:25 – 10:35	Review of Prior Authorization Meeting and Public Hearing	Josh Moore

## Old Business

10:35 – 10:45	Implementation Schedule – Criteria for Previously Approved Clinical Edits, Step Therapies and PA's	Josh Moore
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## New Business

10:45 – 11:00	Proposed Actions - New Drug/Product Review (See Website and Attached Summary)	Josh Moore				
	<table border="0"> <tr> <td>i. Open Access</td> <td>iii. PDL Agents</td> </tr> <tr> <td>ii. Clinical Edit/Step Therapy</td> <td>iv. Prior Authorization</td> </tr> </table>	i. Open Access	iii. PDL Agents	ii. Clinical Edit/Step Therapy	iv. Prior Authorization	
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ii. Clinical Edit/Step Therapy	iv. Prior Authorization					

## Clinical and Fiscal Edit Review

11:00 – 11:45	<u>Existing Criteria</u>	Josh Moore												
	<table border="0"> <tr> <td>i. Ampyra</td> <td>vii. Reblozyl</td> </tr> <tr> <td>ii. Elagolix</td> <td>viii. Synagis</td> </tr> <tr> <td>iii. Gamifant</td> <td>ix. Tepezza</td> </tr> <tr> <td>iv. Koselugo</td> <td>x. Tolvaptan</td> </tr> <tr> <td>v. Luxturna</td> <td>xi. Zometa</td> </tr> <tr> <td>vi. Oxervate</td> <td></td> </tr> </table>	i. Ampyra	vii. Reblozyl	ii. Elagolix	viii. Synagis	iii. Gamifant	ix. Tepezza	iv. Koselugo	x. Tolvaptan	v. Luxturna	xi. Zometa	vi. Oxervate		
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### New Criteria or Revision of Existing Criteria

i. CAR-T Cell	viii. Iron, Injectable
ii. Crysvida	ix. Nulibry - <i>NEW</i>
iii. Duchenne Muscular Dystrophy	x. Oxazolidinone - <i>NEW</i>
iv. Entresto	xi. Palynziq
v. Extended Supply - <i>NEW</i>	xii. PTH Agents
vi. HBV Nucleotide Analog - <i>NEW</i>	xiii. Verquvo - <i>NEW</i>
vii. Imcivree - <i>NEW</i>	xiv. Zokinvy - <i>NEW</i>



**Preferred Drug List Edit Review**

11:45 – 1:00 Existing Criteria Josh Moore

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|--|--|
| i. Amylin Analogs                                    | viii. Insulin, Mixed                                     |
| ii. Antibiotics, Vaginal                             | ix. Insulin, Non-Analogs                                 |
| iii. Bile Salt Agents                                | x. Penicillin Agents                                     |
| iv. Cephalosporin Agents                             | xi. Sulfonylureas, Second Generation                     |
| v. Electrolyte Depleting Agents, Phosphate Lowering  | xii. Targeted Immune Modulators, IL6 Receptor Inhibitors |
| vi. Electrolyte Depleting Agents, Potassium Lowering | xiii. Thrombocytopenia Agents                            |
| vii. Fluoroquinolone Agents, Oral                    |  |

New Criteria or Revision of Existing Criteria

- |   |   |
|---|---|
| i. Alpha-Glucosidase Inhibitors                                       | xvii. LHRH/GnRH Agents, Non-Oral – <i>NEW</i>                             |
| ii. Antibiotics, GI Oral  | xviii. Macrolides   |
| iii. Antibiotics, Mupirocin Topical – <i>NEW</i>                      | xix. Meglitinides   |
| iv. Antihyperuricemic Agents  | xx. Methotrexate Agents   |
| v. Benign Prostatic Hyperplasia (BPH) Agents                          | xxi. Multiple Sclerosis Agents, Injectable                                |
| vi. Biguanides & Combinations   | xxii. Multiple Sclerosis Agents, Oral                                     |
| vii. Bone Ossification Agents   | xxiii. SGLT2 Inhibitors & Combinations                                    |
| viii. Colony Stimulating Factors                                      | xxiv. Targeted Immune Modulators, IL17 Antibody/IL17 Receptor Antagonists |
| ix. Cryopyrin-Associated Periodic Syndrome Agents                     | xxv. Targeted Immune Modulators, IL23 Inhibitors & IL23/IL12 Inhibitors   |
| x. DPP-IV Inhibitors & Combinations                                   | xxvi. Targeted Immune Modulators, JAK Inhibitors                          |
| xi. Erythropoiesis Stimulating Agents                                 | xxvii. Targeted Immune Modulators, Select Agents                          |
| xii. GLP-1 Receptor Agonists & Combinations                           | xxviii. Targeted Immune Modulators, TNF Inhibitors                        |
| xiii. Growth Hormone Agents, Somatropin                               | xxix. Tetracycline Agents   |
| xiv. Growth Hormone & Growth Hormone Releasing Factors, Select Agents | xxx. Thiazolidinediones & Combinations                                    |
| xv. Insulin, Long Acting  | xxxi. Urinary Tract Antispasmodics  |
| xvi. Insulin, Rapid Acting  |   |

**Break**

1:00 – 1:15 Lunch

**Program Utilization Information – Conduent Update**

1:15 – 1:30 Reports Jennifer Colozza

i. Call Center Statistics	iii. New Drug Statistics
ii. CyberAccess User Statistics	iv. “Top 25” Drugs by Cost/Claims

**Other Business/Closing Comments**

1:30 – 1:50 **Other Business**



*Informal comments will be accepted from members of the audience at various points in the agenda.  
Times noted are approximate, agenda may move more quickly.*

**NEXT MEETING: September 16, 2021**

**\*Beginning July 2021, unless otherwise notified, the Drug Prior Authorization Committee (DPAC) and Drug Utilization Review (DUR) meetings will allow in-person attendance for only board members and associated MO HealthNet staff. Webex will still be available for all other attendees.**

***Motion to Close:*** *I move that this meeting be closed, and that all records and votes pertaining to and/or resulting from this closed meeting be closed, under Section 610.021 Subsection (14),(5) RSMo for proceedings required pursuant to a disciplinary order concerning medical, psychiatric, psychological, or alcoholism or drug dependency diagnosis or treatment of specific licensees.*