GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Georgia Department of Community Health

DRUG UTILIZATION REVIEW BOARD MEETING

Department of Community Health
2 Peachtree Street – 5th Floor Board Room
Atlanta, Georgia 30303

February 4, 2020

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DRUG UTILIZATION REVIEW BOARD MEETING
AGENDA

2 Peachtree Street - 5th Floor DCH Board Room
Atlanta, Georgia 30303
Tuesday, February 4, 2020
10:00 a.m. to 1:00 p.m.

CALL TO ORDER	*Burton L. Lesnick, M.D., FAAP, Chair*
MINUTES FROM PREVIOUS MEETING	*Chair*
EXTERNAL COMMENTS SESSION	*Chair*
CLINICAL REVIEWS ➢ **New Drugs** ● Adakveo ● Oxbryta	*Afzal Mistry, PharmD, NorthStar* *Chad Nicholson, PharmD, NorthStar* *Emily Baker, PharmD, BCPS, NorthStar*
ADJOURNMENT OF OPEN SESSION	*Chair*
EXECUTIVE SESSION	*Nina Bandali, PharmD, Pharmacist Account Manager, Magellan Rx Management*
RECONVENING OF OPEN SESSION	*Chair*
BOARD'S RECOMMENDATIONS AND VOTES	*Chair*
FUTURE AGENDA ITEMS	*Chair*
ADJOURNMENT OF MEETING	*Chair*

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Department of Community Health
Drug Utilization Review Board (DURB)
MINUTES
Tuesday, November 5, 2019

MEMBERS PRESENT
Burton L. Lesnick, M.D., FAAP, Chair
M. Celeste Fowler, Pharm.D., Vice-Chair
Rod M. Duraski, M.D., FACP, MBA
Robyn Lorys, Pharm.D.
J. Russell May, Pharm.D.
Osgood (Drew) A. Miller, R.Ph.
Matthew Perri, R.Ph., Ph.D.
Danny A. Toth, R.Ph.

MEMBERS ABSENT
Doug Collins, M.D.
Alton Condra III, R.Ph.
Gurinder Doad, M.D
Glenda Wrenn Gordon, M.D.
Brent L. Rollins, R.Ph., Ph.D.

Staff
Peter D'Alba, Pharm.D., Pharmacy Director, Pharmacy Services
Gilletta Gray, R.Ph., Clinical Manager, Pharmacy Services
Rebecca Morrison, Pharmacy Program Specialist, Pharmacy Services
Lori Garner, MHS, MBA, R.Ph., Pharmacist, SHBP

NorthStar HealthCare Consulting
Emily Baker, Pharm.D., BCPS, MHA, MBA, President
Afzal "Fez" Mistry, Pharm.D., Clinical Programs Director
Chad Nicholson, Pharm.D., Clinical Pharmacist

OptumRx
Susan McCreight, VP, Government and Public Sector Markets
Mark Hall, MBA, PMP, Assoc. Director, Government and Public Sector Markets
Talmahjia "Tami" Sweat, Pharm.D., Director, Clinical Management

Magellan Rx Management
Chris Andrews, Pharm.D., VP, Pharmacy Pricing and Value Based Purchasing
Nina Bandali, Pharm.D., Pharmacist Account Manager

Care Management Organizations
Turkesia Robertson-Jones, Pharm.D., CareSource

Call to Order
The Drug Utilization Review Board (DURB/DUR Board/Board) held its fourth meeting for the calendar year on November 5, 2019. The Chair, Burton L. Lesnick, M.D., FAAP, called the meeting to order at 10:00am.

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Department of Community Health
Drug Utilization Review Board (DURB)
MINUTES
Tuesday, November 5, 2019

Minutes from the Previous Meeting

Chair Lesnick asked for corrections or changes to the minutes from the August 6, 2019 meeting. A motion was made (Osgood (Drew) A. Miller, R.Ph.), seconded (Rod M. Duraski, M.D., FACP, MBA), and carried to approve the minutes as written.

External Comments Session

External comments were presented to the Board from the following noted below.

- Chad Nicholson, Pharm.D., read a letter submitted by Kelly Maynard (President, Little Hercules Foundation) who wrote about the following (see Attachment A): approved treatments for Duchenne Muscular Dystrophy, coverage policies and discrepancies among the Medicaid Managed Care Organizations, and the option of a conferencing solution for participation in the DURB meetings.

Disclosure forms were completed by Kelly Maynard (has received funding from Sarepta) and were reviewed by the Department.

Exondys 51 Presentation

Chad Nicholson, Pharm.D., presented a clinical overview of clinical trials and PA criteria for Exondys 51. The Board provided comments and raised questions on the following:

- Clinical trial age range of 7-13 years; in this age range there is a loss in pulmonary function (5-6%)
- PeachState does cover Exondys 51
- PA criteria presented is for Fee-for-Service (FFS) only; CMOs usually align with FFS and their criteria can't be more restrictive; age range requirement is for initiating therapy, so if patient turns 14 they can still be allowed to continue therapy
- Discussion and consideration was given to PA criteria removal of Home Infusion requirement, removal of ambulatory requirement and age removal
  Home Infusion
  - Home infusion allowed if tolerated after being on medication for 6 months
  - 6 month timeframe is administrative/procedural to establish tolerability/efficacy
  - Plan of care has to be in place due to potential of hypersensitivity
  - Clinical trials-overall not strong evidence based on methodology limitations
  - Phase 3 confirmatory study has a placebo arm; may not see patients enrolling for placebo
  - Georgia Medicaid has received 8 requests; 4 patients are currently receiving the medication; no discontinuations due to adverse reactions or hypersensitivity; if same physician seeing these patients, they may have a better handle on the patient's situation to determine if 6 months of office administration is too burdensome; challenges with getting nurse to home and plan of care established; no improvement seen in the 4 patients approved, so they do not meet renewal criteria but have been allowed to continue for compassionate reasons.
  - DCH is open to consider other timeframes to allow home infusion use
  - Chronic therapy - expected outcome for patients would be to see a decline at a slower rate
  - Children receiving the medication have an infusion port
  - No data to suggest better outcome with administration in office vs. home
  - 6 month timeframe gives opportunity for patient to be monitored and evaluated against criteria

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- Pulmonary Function Tests – done annually or semiannually
- 6 minute walk test is not routinely performed; it is a research protocol

Removal of Ambulatory Requirement

- No strong clinical evidence of benefit in non-ambulatory patients
- Consider looking at risk vs. benefit ratio
- Concern of risks with putting in an indwelling port and weekly access of the port
- Inconsistency in criteria by waving pulmonary function tests for intellectual disabilities but not the 6 minute walk test

Removal of Age Restriction

- Would appear more experimental
- No evidence to support in younger ages
- Get information from providers as to how often they put in ports

New Drug Reviews

Clinical information for the following new drugs, in the market six months or more, was presented for discussion and recommendations. The complete detailed drug summary is in the New Drugs for Review section of the DUR Board binder.

Therapeutic Class	Drugs	Presenter
Anticoagulants	*Bevyxxa*	Afzal "Fez" Mistry, Pharm.D.
Bone Resorption Suppression and Related Agents	*Evenity*	Chad Nicholson, Pharm.D.
Antiparkinsons Agents	*Inbrija*	Afzal "Fez" Mistry, Pharm.D.
Multiple Sclerosis Agents	*Mavenclad* *Mayzent*	Afzal "Fez" Mistry, Pharm.D.
GI Motility, Chronic	*Motegrity*	Chad Nicholson, Pharm.D.
Cytokine and CAM Antagonists	*Skyrizi*	Chad Nicholson, Pharm.D.
Antidepressants, Other	*Spravato*	Chad Nicholson, Pharm.D.

The Board discussed the drug information, provided comments, and raised questions on the following:

- Evenity – No evidence for repeat of therapy administration
- Bevyxxa – administration time longer than enoxaparin but within guideline recommendations
- Mavenclad – Concerns with PA criteria over patients unable to continue Disease Modifying Therapy (DMT); if patient has progressed to SPMS (Secondary Progressive

Multiple Sclerosis), it doesn't mean they failed DMT; guidelines don't recommend adding on therapy

DCH Decisions

DCH Decisions from the August 2019 DUR Board meeting were provided in the DCH Decision section of the DUR Board binder.

Upcoming Meetings

The following upcoming meetings were published in the DURB binder:

- Drug Utilization Review Board
  2 Peachtree Street NW
  5th Floor Board Room
  Atlanta, Georgia 30303

  Tuesday, February 4, 2020
  Tuesday, May 5, 2020
  Tuesday, August 4, 2020
  Tuesday, November 3, 2020

Disclosure Forms

Disclosure forms were received and reviewed by the Department for completeness for all Board members attending the meeting.

Adjournment of Open Session

The DUR Board voted to close the open meeting pursuant to the Open Meeting Act of Georgia Section 50-14-1 – 50-14-6 and pursuant to Federal Law Section 1396R-8B3D. The individuals recorded in attendance with the Board members were from the Department of Community Health, Magellan Rx Management, NorthStar HealthCare Consulting, and OptumRx. CMO representative, Turkesia Robertson-Jones, Pharm.D. (CareSource) and pharmacy students, Yu Wang (UGA) and Thomas Nguyen (Mercer) also attended the closed session with Board members. A motion was made by (Osgood (Drew) A. Miller, R.Ph.), seconded (Rod M. Duraski, M.D., FACP, MBA to adjourn the open session and approve the closed session. There was a unanimous vote approving the closed session. The Chairman, Burton L. Lesnick, M.D., FAAP, adjourned the open session at approximately 12:39pm, at which time members took a break then reconvened for the executive (closed) session.

Executive Session

The Executive Session was held from 12:48pm to 1:27pm.

Reconvening of Open Session

The DUR Board reconvened for the open session at 1:28pm.

Board's Recommendations to the Department

After all clinical and financial evaluations and discussions, the DUR Board voted and presented the Department with the following recommendations for changes to the Preferred Drug List (PDL) as noted in Attachment B and the below recommendations for Exondys 51. All motions and votes are noted in Attachment C.

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Exondys 51

- No changes in current criteria
- Allow home infusion after 3 months
- Continue to collect evidence of clinical efficacy

Future Agenda Items

There were no future agenda items noted.

Conclusion

At the conclusion of the reconvened open session and no other business for discussion, there was a unanimous decision to adjourn the meeting (motion made by J. Russell May, Pharm.D.and seconded by Osgood (Drew) A. Miller, R.Ph. Chair Lesnick adjourned the meeting at 1:35pm.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS THE _____ DAY OF _____, 2019.

_____

Burton L. Lesnick, M.D., FAAP, Chair

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Sweat, Tami

Sent: Tuesday, November 19, 2019 10:21 AM
Subject: RE: Written testimony for Drug Utilization Review Board Meeting 11/5/19

From: Kelly Maynard [mailto:kelly@littleherculesfoundation.org]
Sent: Monday, November 04, 2019 8:11 PM
To: Hodges, Shirmary <shodges@dch.ga.gov>
Subject: Written testimony for Drug Utilization Review Board Meeting 11/5/19

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

As advocates for Georgia Medicaid members who suffer from Duchenne muscular dystrophy (DMD), we submit the follow comments as public testimony to be included in the meeting record. It is our understanding that a drug to treat DMD is on the agenda for the 11/5/19 DURB Meeting.

1. **Duchenne and Currently Approved Treatments**
   Duchenne is a fatal and rapidly-progressing neuromuscular disease that causes loss of ambulation by age 10-13, and continued overall muscle weakening and deterioration until eventually their hearts and lungs stop working. Most with Duchenne don't live past their early-20s. Currently, there are only 2 FDA approved drugs to treat Duchenne—Exondys51, which is mutation specific and treats approximately 13% of our patients, and Emflaza, which is a commonly-used steroid and a DMD standard of care. Exondys51 was approved by the FDA in September 2016, and is the only treatment proven to slow disease progression by causing the body to produce a critical protein—dystrophin—the absence of which is the underlying cause of DMD. It is well documented that producing even small amounts of dystrophin (up to 5%) changes the course of the disease, resulting in a milder disease progression. Additionally, there is no scientifically-established threshold for how much dystrophin production is necessary to delay progression of DMD. What we DO know is that even small amounts of dystrophin present in muscle fibers can greatly increase muscle function, delay loss of ambulation, and allow patients to delay or avoid altogether more invasive and expensive surgical procedures such as spinal fusion surgery. Families in Georgia have made us aware of access challenges they've experienced with Exondys51.

2. **Georgia Medicaid Coverage Policies for Exondys51**
   Georgia Medicaid Managed Care Organizations (MCO's) have some of the most restrictive coverage criteria of any state we've seen (see below). The criteria for each of these policies is contrary to the FDA label. Additionally, it is unethical to establish these criteria in order to limit access to a drug intended to treat children with a rare, terminal, fast progressing disease. Also, we are aware that every time a patient is denied access to treatments like Exondys51, and that patient proceeds through the appeals process to external review, an overwhelming majority are overturned in favor of the patient (in our estimate this happens in approximately 75-90% of cases). This process can take 3-6-9 months. The end result is that patients ARE eventually getting access to this treatment, but only after the disease has progressed without treatment intervention, resulting in treatment of sicker patients. In no way does this make common or economical sense, and is avoidable. In reviewing the wide disparities in coverage criteria among GA Medicaid MCO's for this treatment, we are left scratching our heads wondering just how patients/caregivers are expected to choose the MCO that best suits their needs. Additionally, we are confused as to how one particular MCO, referenced below, can decide to not cover this treatment at all, since that is in direct violation of CMS MEDICAID DRUG REBATE PROGRAM NOTICE Release No. 185 (attached).

   <u>Fee For Service (FFS): (Uses Optum RX as PBM):</u>

Note: we were unable to locate a publicly available policy of coverage under the FFS program. OptumRX's PA form is here:
https://professionals.optumrx.com/content/dam/optum3/professional-optumrx/resources/pdfs/partd/Exondys51_CMS.pdf

MCO policies:
Caresource (ambulatory only): https://www.caresource.com/documents/medicaid-ga-policy-pharmacy-exondys-51-20190712/
Wellcare (very restrictive policy-under age 14 and over 300 m on 6mwt):
https://www.wellcare.com/~/media/PDFs/CCG/CCG/NA_All_CCG_Exondys_51_eng_08_2018.ashx
Peach State Health Plan (not covered, period):
https://www.pshpgeorgia.com/content/dam/centene/policies/pharmacy-policies/CP.PHAR.288%20Eteplirsen.pdf
Amerigroup Community Care-owned by Anthem: (ambulatory only)
https://www11.anthem.com/provider/noapplication/f0/s0/t0/pw_g350431.pdf

3. **Patient/Caregiver/Expert Clinician Participation in DUR Board and P&T Committee Meetings**
The agenda for this meeting (which added Exondys51 to treat DMD) was updated and made public today, giving patients and advocacy organizations little time to respond and/or participate before the meeting. We encourage patients and advocacy organizations to be heard at these meetings, since the decisions made at these meetings affect their daily lives and the ability to provide the best care for their loved ones and those they serve. In the interest of patient-centered health policy, we respectfully request the state of Georgia incorporate a no-cost conferencing solution, such as freeconferencecall.com, into your public Medicaid meetings so as to allow patients, caregivers and expert clinicians the opportunity to participate where appropriate.

As a DMD patient advocacy organization, and parents of DMD children ourselves, we stand ready to assist the state of Georgia in any way we can. Please feel free to reach out to us with any questions, or how to improve this experience for our community and other rare disease communities. Thank you for your consideration.

Kelly Maynard, President and Founder
Little Hercules Foundation
614.361.4537
littleherculesfoundation.org

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

The Drug Utilization Review (DUR) Board Reviewed the Following New Drugs/Classes on November 5, 2019

Therapeutic Class	Drug Name	DURB Recommendations
Anticoagulants		
	Bevyxxa (Oral) Capsule	NP/PA
Bone Resorption Suppression and Related Agents		
	Evenity (Subcutaneous) Injection	NP/PA (for coverage on the PADL)
Antiparkinsons Agents		
	Inbrija (Inhalation) Capsule ***Apokyn (Subcutaneous) Injection***	NP/PA
Multiple Sclerosis Agents		
	Mavenclad (Oral) Tablet ***Mayzent (Oral) Tablet***	NP/PA
GI Motility, Chronic		
	Motegrity (Oral) Tablet	NP/PA
Cytokine and CAM Antagonists		
	Skyrizi (Subcutaneous) Injection	NP/PA
Antidepressants, Other		
	Spravato (Nasal) Spray	NP/PA (for coverage on the PADL)
Atypical Antipsychotics		
	Rexulti (Oral) Tablet ***Abilify Maintena (Intramuscular) Injection***	NP/PA NP/PA (for coverage on the PDL and PADL)

DURB=Drug Utilization Review Board; P=preferred; NP=non-preferred; PA=prior authorization; PDL=Preferred Drug List; PADL=Providers' Administered Drug List

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Drug Utilization Review Board

Motions - Votes - **New Drugs**

November 6, 2018

	New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments	
	Anticoagulants	**Bevyxxa**	N/A	**NP/PA**		
	Board Members - Present	**Motion**	**Seconded**	**VOTES**		
	(Strike out, when absent)	**Maker (√)**	**By (√)**	**YES (√)**	**NO (√)**	**ABSTAIN (√)**
1	Collins, Douglas, M.D.					
2	Condra III, Alton, R.Ph.					
3	Doad, Gurinder J.S., M.D.					
4	Duraski, Rod, M.D.	√		√		
5	Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6	Gordon, Glenda Wrenn, M.D.					
7	Lesnick, Burton, M.D. - **Chair**					
8	Lorys, Robyn Pharm.D.		√	√		
9	May, J. Russell (Rusty)			√		
10	Miller,Osgood (Drew) A., R.Ph.			√		
11	Perri, Matthew, R.Ph., Ph.D.			√		
12	Rollins, Brent L., R.Ph., Ph.D.					
13	Toth, Danny, R.Ph.			√		
			TOTAL	**7**	**0**	**0**

Drug Utilization Review Board

Motions - Votes - **New Drugs**

November 6, 2018

	New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments	
	Bone Resorption Suppression and Related Agents	**Evenity**	N/A	**PADL-NP/PA**		
	Board Members - Present	**Motion**	**Seconded**	**VOTES**		
	(Strike out, when absent)	**Maker (√)**	**By (√)**	**YES (√)**	**NO (√)**	**ABSTAIN (√)**
1	Collins, Douglas, M.D.					
2	Condra III, Alton, R.Ph.					
3	Doad, Gurinder J.S., M.D.					
4	Duraski, Rod, M.D.			√		
5	Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6	Gordon, Glenda Wrenn, M.D.					
7	Lesnick, Burton, M.D. - **Chair**					
8	Lorys, Robyn Pharm.D.	√		√		
9	May, J. Russell (Rusty)			√		
10	Miller,Osgood (Drew) A., R.Ph.			√		
11	Perri, Matthew, R.Ph., Ph.D.			√		
12	Rollins, Brent L., R.Ph., Ph.D.					
13	Toth, Danny, R.Ph.		√	√		
			TOTAL	**7**	**0**	**0**

Drug Utilization Review Board

Motions - Votes - New Drugs

November 6, 2018

New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments
Antiparkinsons Agents	Inbrija	N/A	NP/PA	
	Apokyn	Preferred	NP/PA	

Board Members - Present (Strike out, when absent)	Motion Maker (√)	Seconded By (√)	VOTES YES (√)	NO (√)	ABSTAIN (√)
1 Collins, Douglas, M.D.					
2 Condra III, Alton, R.Ph.					
3 Doad, Gurinder J.S., M.D.					
4 Duraski, Rod, M.D.			√		
5 Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6 Gordon, Glenda Wrenn, M.D.					
7 Lesnick, Burton, M.D. - **Chair**					
8 Lorys, Robyn Pharm.D.			√		
9 May, J. Russell (Rusty)	√		√		
10 Miller,Osgood (Drew) A., R.Ph.		√	√		
11 Perri, Matthew, R.Ph., Ph.D.			√		
12 Rollins, Brent L., R.Ph., Ph.D.					
13 Toth, Danny, R.Ph.			√		
		TOTAL	7	0	0

New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments
Multiple Sclerosis Agents	Mavenclad Mayzent	N/A	NP/PA	

Board Members - Present (Strike out, when absent)	Motion Maker (√)	Seconded By (√)	VOTES YES (√)	NO (√)	ABSTAIN (√)
1 Collins, Douglas, M.D.					
2 Condra III, Alton, R.Ph.					
3 Doad, Gurinder J.S., M.D.					
4 Duraski, Rod, M.D.			√		
5 Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6 Gordon, Glenda Wrenn, M.D.					
7 Lesnick, Burton, M.D. - **Chair**					
8 Lorys, Robyn Pharm.D.			√		

9	May, J. Russell (Rusty)			√		
10	Miller,Osgood (Drew) A., R.Ph.			√		
11	Perri, Matthew, R.Ph., Ph.D.	√		√		
12	Rollins, Brent L., R.Ph., Ph.D.					
13	Toth, Danny, R.Ph.		√	√		
			TOTAL	7	0	0

New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments	
GI Motility, Chronic	Motegrity	N/A	NP/PA		
Board Members - Present (Strike out, when absent)	Motion Maker (√)	Seconded By (√)	VOTES YES (√)	NO (√)	ABSTAIN (√)
1 Collins, Douglas, M.D.					
2 Condra III, Alton, R.Ph.					
3 Doad, Gurinder J.S., M.D.					
4 Duraski, Rod, M.D.			√		
5 Fowler, M. Celeste, Pharm.D. - **Vice-Chair**		√	√		
6 Gordon, Glenda Wrenn, M.D.					
7 Lesnick, Burton, M.D. - **Chair**					
8 Lorys, Robyn Pharm.D.			√		
9 May, J. Russell (Rusty)			√		
10 Miller,Osgood (Drew) A., R.Ph.	√		√		
11 Perri, Matthew, R.Ph., Ph.D.			√		
12 Rollins, Brent L., R.Ph., Ph.D.					
13 Toth, Danny, R.Ph.			√		
		TOTAL	7	0	0

New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments	
Cytokine and CAM Antagonists	Skyrizi	N/A	NP/PA		
Board Members - Present (Strike out, when absent)	Motion Maker (√)	Seconded By (√)	VOTES YES (√)	NO (√)	ABSTAIN (√)
1 Collins, Douglas, M.D.					
2 Condra III, Alton, R.Ph.					
3 Doad, Gurinder J.S., M.D.					
4 Duraski, Rod, M.D.			√		
5 Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6 Gordon, Glenda Wrenn, M.D.					

7	Lesnick, Burton, M.D. - **Chair**					
8	Lorys, Robyn Pharm.D.		√	√		
9	May, J. Russell (Rusty)			√		
10	Miller,Osgood (Drew) A., R.Ph.			√		
11	Perri, Matthew, R.Ph., Ph.D.			√		
12	Rollins, Brent L., R.Ph., Ph.D.					
13	Toth, Danny, R.Ph.	√		√		
			TOTAL	7	0	0

New Drug	Drug	PDL Status	Motion - Recommendations	Additional Comments
Antidepressants, Other	Spravato	N/A	PADL-NP/PA	

	Board Members - Present (Strike out, when absent)	Motion Maker (√)	Seconded By (√)	VOTES YES (√)	NO (√)	ABSTAIN (√)
1	Collins, Douglas, M.D.					
2	Condra III, Alton, R.Ph.					
3	Doad, Gurinder J.S., M.D.					
4	Duraski, Rod, M.D.			√		
5	Fowler, M. Celeste, Pharm.D. - **Vice-Chair**			√		
6	Gordon, Glenda Wrenn, M.D.					
7	Lesnick, Burton, M.D. - **Chair**					
8	Lorys, Robyn Pharm.D.			√		
9	May, J. Russell (Rusty)	√		√		
10	Miller,Osgood (Drew) A., R.Ph.		√	√		
11	Perri, Matthew, R.Ph., Ph.D.			√		
12	Rollins, Brent L., R.Ph., Ph.D.					
13	Toth, Danny, R.Ph.			√		
			TOTAL	7	0	0

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

MagellanRx MANAGEMENT

Important Update
DCH Decision Document

Listed below are Preferred Drug List changes for the State of Georgia Fee-For-Service Medicaid and PeachCare for Kids Programs

Effective January 1, 2020 (see chart below)*

DCH rebate vendor Magellan Medicaid Administration (MMA) has reviewed 2020 supplemental rebate offers with DCH and also reviewed specific drug categories at the November 2019 DURB meeting. The PDL/PADL decisions or changes for new drugs or categories reviewed are outlined below. Those drugs highlighted in red indicate a change from current PDL status. For a full listing of our PDL, go to www.dch.georgia.gov/pharmacy and select the "preferred product list" option.

PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTICOAGULANTS	
	BEVYXXA
ANTICONVULSANTS	
	OXTELLAR XR
ANTIDEPRESSANTS, OTHER	
	SPRAVATO (PADL)
ANTIPARKINSON'S AGENTS	
	INBRIJA
	APOKYN
ATYPICAL ANTIPSYCHOTICS	
	REXULTI
BIOLOGIC IMMUNOMODULATORS	
	SKYRIZI
BONE RESORPTION SUPPRESSION AND RELATED AGENTS	
	EVENITY (PADL)
GI MOTILITY, CHRONIC	
	MOTEGRITY
HIV/AIDS	
SYMTUZA (effective 10/1/19)	
IRON, ORAL	

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PREFERRED AGENTS	NON-PREFERRED AGENTS
TANDEM PLUS	
MOVEMENT DISORDERS	
AUSTEDO	
MULTIPLE SCLEROSIS AGENTS	
	MAVENCLAD
	MAYZENT
OPHTHALMICS, GLAUCOMA AGENTS	
	SIMBRINZA
PULMONARY FIBROSIS AGENTS	
OFEV	
SPINAL MUSCULAR ATROPHY	
ZOLGENSMA (PADL)	
STIMULANTS AND RELATED AGENTS	
	QUILLICHEW
	QUILLIVANT

*PADL drugs may be subject to a different effective date.

Georgia Department of Community Health (GDCH)
Opportunities for Pharmaceutical Manufacturer Input on Clinical Recommendations and Clinical Management Strategies by the Drug Utilization Review Board

Clinical Information and Clinical Management Strategies relevant to the GDCH Medicaid Fee-For-Service program will be presented to the Drug Utilization Review Board (DURB) at each meeting through OptumRx by its vendor NorthStar HealthCare Consulting (NHC). Manufacturer input on new and existing drugs is welcomed and appreciated using these opportunities. **Please note that new drug entities are generally not reviewed by the DURB until the drug has been on the market for at least 6 months.**

Ongoing Opportunity:

DUR Board Meeting Process: Drugs, therapeutic classes and/or supplemental rebate classes under review will be posted to the DCH website at **http://dch.georgia.gov/durb-meeting-information** approximately 30 days prior to the Manufacturers' Forum. Input specific to the drugs under review from manufacturers are made directly to NHC via **GAMedicaid@nhc-llc.com** and reported as appropriate by NHC at subsequent DURB meetings. NHC will pass relevant manufacturer-submitted electronic materials to the DURB members via a secure FTP site.

Upon review of information, and based on its expertise and discussions, the DURB makes recommendations to GDCH.

Presentation Opportunity:

Manufacturers' Forum: A forum prior to each relevant DURB meeting whereby manufacturers may present:

1) Clinical information relevant to a new drug on the market or a drug that is part of a therapeutic or supplemental rebate class under review by the DURB at the next meeting.
2) Clinical information relevant to ongoing NHC/OptumRx clinical management strategies (e.g. review of drug benefit plan designs, new drugs coming to market, new indications, etc.) as deemed necessary by NHC/OptumRx.

Please see the Manufacturers' Forum Announcement at **http://dch.georgia.gov/durb-meeting-information**.

Opportunity to Appeal to GDCH:

GDCH Review Process: DURB recommendations are reviewed by GDCH for final decisions. Manufacturers may request an appeal meeting directly with GDCH after conclusion of each quarterly DURB meeting and **this appeal meeting must be conducted within 10 business days following the DURB meeting**. **Contact: Shirmary Hodges at (404) 656-4044 or shodges@dch.ga.gov**

Questions not addressed in this document may be sent to NorthStar HealthCare Consulting by e-mail: GAMedicaid@nhc-llc.com

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2020

Upcoming Meetings

Drug Utilization Review Board Meeting

2 Peachtree Street, N.W.

5th Floor Board Room

Atlanta, Georgia 30303

Tuesday, May 5, 2020:	10:00am – 2:00pm
Tuesday, August 4, 2020:	10:00am – 2:00pm
Tuesday, November 3, 2020:	10:00am – 2:00pm

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Drug Utilization Review Board

Board Member	Credentials	Specialty/Area of Expertise	Company Name
Burton L. Lesnick, Chair	M.D., FAAP	Pediatrics/Pediatric Pulmonology	Children's Healthcare of Atlanta
M. Celeste Fowler, Vice-Chair	Pharm.D., HCMBA	340B Pharmacy	Piedmont Henry Hospital
Douglas C. Collins	M.D.	Hematology/Oncology	Metro Hematology-Oncology, PC
Alton Condra III	R.Ph.	HIV/AIDS Pharmacy - Infectious Disease Program	Grady Memorial Hospital
Gurinder J.S. Doad	M.D., Ph.D.	Family Practice	Southwest Georgia Family Medicine and Mercer University School of Medicine
Rod M. Duraski	M.D., FACP, MBA	Internal Medicine	West Georgia Health
Glenda Gordon	M.D.	Psychiatry, Academia - Professor	Morehouse School of Medicine
Robyn Lorys	Pharm.D.	Academia - Professor	Mercer University College of Pharmacy
J. Russell May	Pharm.D.	Academia - Professor	University of Georgia College of Pharmacy
Drew A. Miller	R.Ph.	Retail Pharmacy	Wynn's Pharmacy
Matthew Perri III	Ph.D., R.Ph.	Academia - Professor	University of Georgia College of Pharmacy
Brent L. Rollins	R.Ph., Ph.D.	Academia - Professor	Philadelphia College of Osteopathic Medicine School of Pharmacy
Danny A. Toth	R.Ph.	Pharmacy Benefit Plans	Timber Ridge Consultants, LLC