



# **HHSC: Drug Utilization Review Board, July 24<sup>th</sup>, 2020**



The [Drug Utilization Review Board](#) develops and submits recommendations for the preferred drug list, suggests clinical prior authorizations on outpatient prescription drugs, recommends education interventions for Medicaid providers, and reviews drug usage across Medicaid programs.

The DUR board is composed of 20 total members: 18 physicians and pharmacists providing services across the entire population of Medicaid and representing different specialties; two representatives from Medicaid managed care organizations as nonvoting members; and a consumer advocate representing people enrolled in the program.

#### **Physician/pharmacist positions**

- Robert L. Hogue, M.D., F.A.A.F.M. (Brownwood) (**Chair**)
- J. Nile Barnes, Pharm. D., BCPS (Dripping Springs)
- Scott Blaszczyk, Pharm.D., BCGP (Dallas)
- Deborah E. Briggs, M.D. (Austin)
- Marlo Brawner, M.D. (Livingston)
- Deeatra S. Craddock, Pharm. D, BCACP (Carrollton)
- Jennifer Fix, Pharm. D (Burleson)
- Connie Gelineau, Pharm.D. (Richardson)
- Heather Holmes, M.D. (Amarillo)
- Summer A. Keener, Pharm. D (San Antonio)
- Alejandro D. Kudisch, M.D., D.F. A.P.A. (McAllen)
- Jill N. Lester, Pharm. D. (Dallas)
- Thanh hao T. Ngo, Pharm. D. (Austin)
- Richard Noel, M.D. (Spring)
- Kim Pham, D.O. (Dallas)

#### **Managed care positions**

- Salil V. Deshpande, M.D., M.B.A. (Sugar Land)
  - UnitedHealthcare
- Joseph J. Vazhappilly, Pharm. D., M.B.A. (Irving)
  - Molina Healthcare of Texas

#### **Consumer advocate position**

- Dennis A. Borel (Austin)

***Texas Insight only covers the public comment on drug classes to be reviewed for the Medicaid PDL and subsequent Board recommendations. For the second part of the meeting, only the meeting materials are provided.***

**Call to Order.** The meeting was called to order by the Chair, Dr. Robert Hogue. Initially, a quorum was not established.

**Approval of minutes from May 22, 2020.** Once a quorum had been established, the minutes were approved as drafted.

**Chair and Vice-Chair Election.** Dr. Robert Hogue was nominated to continue as Chair and was elected. Dr. Alejandro D. Kudisch was nominated for Vice Chair and was elected.

**Announcement: New Preferred Drug List (PDL) Classes for October Drug Utilization Review (DUR) Board Meeting:** The [Texas Drug Utilization Review Board](#) will perform a clinical review at their Oct. 23, 2020, meeting of anticonvulsants, antihemophilic, antineoplastic (i.e., anti-cancer), antiretroviral (i.e., anti-HIV), and medications used to treat multiple sclerosis. These are protected drug classes not currently reviewed on the Texas Medicaid Preferred Drug List (PDL). All medications within these newly-reviewed drug classes will be preferred and continue to be available without prior authorization.

Medications within these new drug classes do not currently undergo clinical review for efficacy, clinical significance, or safety. Including these new drug classes on the PDL will allow the DUR Board to perform a clinical review of all medications in the following categories:

- Anticonvulsants
- Antihemophilic
- Antineoplastic (anti-cancer)
- Antiretroviral (anti-HIV)
- Medications used to treat multiple sclerosis

All medications within these newly-reviewed drug classes will have a preferred status on the PDL after board review and will continue to be available without prior authorization. The July 24, 2020, board meeting will include an announcement regarding the new drug classes planned for review at the Oct. 23 meeting.

**Additional Announcement.** The [Texas Drug Utilization Review Board](#) met Friday, May 22 to make recommendations about drugs to be included on the Medicaid preferred drug list. The approved list of decisions is [now available](#). Decisions from both the Jan. and May 2020 board meetings will be incorporated into the July 2020 release of the preferred drug list.

**Public Comment on Drug Classes to be Reviewed for the Medicaid (PDL):**

[Alzheimer's agents.](#) Alzheimer's disease is an irreversible, progressive brain disease that slowly destroys memory and thinking skills, and eventually even the ability to carry out the simplest tasks. In most people with Alzheimer's, symptoms first appear after age 60. Estimates vary, but experts suggest that as many as 5.1 million Americans may have Alzheimer's disease.

Alzheimer's disease is the most common cause of dementia among older people. Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral

abilities, to such an extent that it interferes with a person's daily life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of daily living.

**Public Comment.** No Comment Offered.

[Antihistamines, minimally sedating](#). This class addresses both rhinitis and Urticaria. Rhinitis is inflammation of the membranes lining the nose and is characterized by nasal congestion, rhinorrhea, sneezing, itching of the nose, and/or postnasal drainage. Although rhinitis may be caused by non-allergic (infectious, hormonal, occupational) factors, allergic rhinitis (AR) is the most common form. Urticaria is transient appearance of hives with the condition commonly affecting the trunk and extremities, sparing the palms and soles. Urticaria may affect any epidermal or mucosal surface.

**Public Comment.** No Comment Offered.

[Antihypertensives, sympatholytics](#). According to NIH, Antihypertensive drugs with pharmacological action due to sympatholytic activity have been second only to diuretics in their use and efficacy in normalizing blood pressure. Their pharmacological actions have resulted in the notable absence of chemical toxicity, but because of symptomatic side effects, their use has been limited relative to some of the newer antihypertensive agents. Most prominent among undesirable side effects are the central nervous system findings of sedation, altered thought process, depression, and orthostatic or exercise hypotension. Sexual problems, especially in men, are also prominent. Special toxicity is discussed with reference to methyldopa, clonidine, monoamine oxidase inhibitors, and metyrosine.

**Public Comment.** No Comment Offered.

[Antimigraine agents, other](#). Antimigraine agents are used to treat [migraine](#) headaches. Migraines are different from other headaches because they occur with symptoms such as [nausea](#), [vomiting](#), or sensitivity to light. Some people who get migraines have warning symptoms, called an aura, before the actual [headache](#) begins. Pain relieving drugs can be taken as soon as the pain begins and include agents in the drug classes such as ergots, triptans and NSAID's.

**Public Comment.**

**David Miley, Teva Pharmaceuticals**, provided information on [Ajovy](#) related to safety issues found in long-term studies.



**Chelsea LaRue, Biohaven Pharmaceuticals**, spoke in support of [Nurtec ODT](#), providing information from the package insert. No water is needed to take the medication.

**Gloria Simms, Neurologist**, spoke on behalf of her patients supporting Triptans, but cautioned against overuse. The main limitations are with patients who have cardiac risk. She stated that she was excited about Nurtec, which keeps people out of the emergency room, and supported its inclusion on the PDL.

**Jennifer Ward, Eli Lilly**, spoke in support of [Reyvow](#), providing company information.

**Patricia Jacobs** (resource)

**Scott Bourgeois, Amgen Medical Affairs**, spoke in support of [Aimovig](#) requesting to maintain it on the PDL.

**Toby Yaltho, Neurologist**, spoke in support of [Ubrelvy](#), stating that the medication has a low side-effect profile.

[Calcium channel blockers](#).

**Public Comment.** No Comment Offered.

[Cephalosporins and related antibiotics](#). According to Emed Expert, The cephalosporins are the largest and most diverse family of beta-lactam antibiotics. They are structurally and pharmacologically related to the penicillins. Cephalosporins have a beta-lactam ring structure, infused to a 6-membered dihydrothiazine ring, thus forming the cephem nucleus.

Cephalosporin compounds were first isolated from cultures of bacteria *Cephalosporium acremonium* found in a sewage outfall off the Sardinian coast in 1948 by Italian scientist Giuseppe Brotzu. The first agent cephalothin (cefalotin) was launched by Eli Lilly in 1964. Cephalosporins are bactericidal agents (which means that they kill bacteria) and have the same mode of action as other beta-lactam antibiotics (such as penicillins). All bacterial cells have a cell wall that protects them. Cephalosporins disrupt the synthesis of the peptidoglycan layer of bacterial cell walls, which causes the walls to break down and eventually the bacteria die.

**Public Comment.** No Comment Offered.

[Cytokine and cell adhesion module antagonists](#) Cytokines are a broad and loose category of small proteins (~5–20 kDa) important in cell signaling. Cytokines are peptides and cannot cross the lipid bilayer of cells to enter the cytoplasm. Cytokines have been shown to be involved in autocrine, paracrine and endocrine signaling as immunomodulating agents.

Cytokines include [chemokines](#), [interferons](#), [interleukins](#), [lymphokines](#), and [tumour necrosis factors](#), but generally not hormones or [growth factors](#) (despite some [overlap in the terminology](#)). Cytokines are produced by a broad range of cells, including immune cells like [macrophages](#)

#### **Public Comment.**

##### **Jennifer Ward, Eli Lilly,**

- spoke in support of Olumiant.
- spoke in support of [Taltz](#), providing information from company website and package inserts.

**Daniel Ting, Pfizer,** spoke in support of [Xeljanz and Xeljanz XR](#) from company website and package inserts.

##### **Mr. Borel** asked two questions:

- Difference between the two Xeljanz? *XR means extended release used once a day*
- What is the advantage of oral delivery? *Xeljanz is a small molecule that can be taken orally, and is good for people on the go and those who do not like injectables.*

**Kevin Burkell<sup>1</sup>, Sanofi-Aventis,** spoke in support of [Kevzara](#), citing studies that supported his position.

[Fluoroquinolones, oral.](#) According to Wikipedia, Fluoroquinolones are broad-spectrum antibiotics (effective for both gram-negative and gram-positive bacteria) that play an important role in treatment of serious bacterial infections, especially hospital-acquired infections and others in which resistance to older antibacterial classes is suspected. Because the use of broad-spectrum antibiotics encourages the spread of multidrug-resistant strains and the development of *Clostridium difficile* infections, treatment guidelines from the Infectious Disease Society of America, the American Thoracic Society, and other professional organizations recommend minimizing the use of fluoroquinolones and other broad-spectrum antibiotics in less severe infections and in those in which risk factors for multidrug resistance are not present.

Fluoroquinolones are featured prominently in the American Thoracic Society guidelines for the treatment of hospital-acquired pneumonia. The Society recommends fluoroquinolones not be used as a first-line agent for community-acquired pneumonia, instead recommending macrolide or doxycycline as first-line agents. The Drug-Resistant *Streptococcus Pneumonia* Working Group recommends fluoroquinolones be used for the ambulatory treatment of

<sup>1</sup> Spelling uncertain.

community-acquired pneumonia only after other antibiotic classes have been tried and failed, or in those with demonstrated drug-resistant *Streptococcus pneumoniae*.

Fluoroquinolones are also often used for genitourinary infections, and are widely used in the treatment of hospital-acquired infections associated with urinary catheters. In community-acquired infections, they are recommended only when risk factors for multidrug resistance are present or after other antibiotic regimens have failed. However, for serious acute cases of pyelonephritis or bacterial prostatitis where the patient may need to be hospitalized, fluoroquinolones are recommended as first-line therapy

**Public Comment.** No Comment Offered.

[Glucocorticoids, oral.](#) Oral corticosteroids are emergency medicines used to restore control of asthma after a serious episode. These are very strong medications that should only be taken for a short time [3-7 days], and only when other medications cannot get asthma symptoms under control. Oral corticosteroids can be taken as pills or syrup and will take about three hours to start working. They are most effective six to twelve hours after they are swallowed. These agents are used for allergic, dermatologic, gastrointestinal, hematologic, ophthalmologic, nervous system (multiple sclerosis exacerbation), renal, respiratory, and neoplastic and rheumatologic conditions, as well as for specific infectious diseases and organ transplantation. Additional uses include the treatment of certain endocrine conditions and palliation of certain neoplastic diseases. Budesonide (Entocort EC) is indicated only for treatment and maintenance of remission of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon. According to the National Adrenal Diseases Foundation, hydrocortisone or cortisone are the glucocorticoid agents of choice for Addison's disease or secondary adrenocortical insufficiency. The Endocrine Society recommendations for treatment of primary adrenal insufficiency (Addison's disease) include glucocorticoids (hydrocortisone or cortisone acetate) and fludrocortisone in adults and hydrocortisone in children.

**Public Comment.** No Comment Offered.

[Immunosuppressives, oral.](#) According to Wikipedia, immunosuppressive drugs or immunosuppressive agents or antirejection medications are drugs that inhibit or prevent activity of the immune system. They are used in immunosuppressive therapy to:

- Prevent the rejection of transplanted organs and tissues (e.g., bone marrow, heart, kidney, liver)
- Treat autoimmune diseases or diseases that are most likely of autoimmune origin (e.g., rheumatoid arthritis, multiple sclerosis, myasthenia gravis, systemic lupus erythematosus, sarcoidosis, focal segmental glomerulosclerosis, Crohn's disease, Behcet's Disease, pemphigus, and ulcerative colitis).
- Treat some other non-autoimmune inflammatory diseases (e.g., long term allergic asthma control).

A common side-effect of many immunosuppressive drugs is immunodeficiency, because the majority of them act non-selectively, resulting in increased susceptibility to infections and decreased cancer immunosurveillance. There are also other side-effects, such as hypertension, dyslipidemia, hyperglycemia, peptic ulcers, lipodystrophy, moon face, liver and kidney injury. The immunosuppressive drugs also interact with other medicines and affect their metabolism and action. Actual or suspected immunosuppressive agents can be evaluated in terms of their effects on lymphocyte subpopulations in tissues using immunohistochemistry.

Immunosuppressive drugs can be classified into five groups:

- glucocorticoids
- cytostatics
- antibodies
- drugs acting on immunophilins
- other drugs.

#### **Public Comment.**

**Carmelina Tyler, Veloxis Pharmaceuticals**, spoke in support of [Envarsus XR](#) providing information from the company website.

**Scott Bourgeois , Amgen**, requested that [Enbrel](#) remain a preferred agent on the PDL. He provided some research supporting his position. He also spoke on [Otezla](#) which is now an Amgen product, and he requested that it remain on the PDL.

[Iron, oral](#). According to the Mayo Clinic, Iron is a mineral that the body needs to produce red blood cells. When the body does not get enough iron, it cannot produce the number of normal red blood cells needed to keep you in good health. This condition is called iron deficiency (iron shortage) or iron deficiency anemia.

Although many people in the U.S. get enough iron from their diet, some must take additional amounts to meet their needs. For example, iron is sometimes lost with slow or small amounts of bleeding in the body that you would not be aware of and which can only be detected by your doctor. Your doctor can determine if you have an iron deficiency, what is causing the deficiency, and if an iron supplement is necessary.

Lack of iron may lead to unusual tiredness, shortness of breath, a decrease in physical performance, and learning problems in children and adults, and may increase your chance of getting an infection.

Some conditions may increase your need for iron. These include:



- Bleeding problems
- Burns
- Hemodialysis
- Intestinal diseases
- Stomach problems
- Stomach removal
- Use of medicines to increase your red blood cell count

In addition, infants, especially those receiving breast milk or low-iron formulas, may need additional iron.

**Public Comment.** No Comment Offered.

[Leukotriene modifiers](#). Leukotriene modifiers (leukotriene antagonists) are medicines used to manage allergic rhinitis or allergies, as well as prevent asthma. These novel drugs work by blocking the action of leukotrienes.

Leukotrienes are inflammatory chemicals the body releases after coming in contact with an allergen or allergy trigger. Leukotrienes cause tightening of airway muscles and the production of excess mucus and fluid. These chemicals play a key role in allergies or allergic rhinitis and also cause a tightening of your airways, making it difficult to breathe.

**Public Comment.** No Comment Offered.

[Non-steroidal anti-inflammatory drugs \(NSAIDs\)](#). Nonsteroidal anti-inflammatory drugs, usually abbreviated to NSAIDs but also referred to as nonsteroidal anti-inflammatory agents/analgesics (NSAIDs) or nonsteroidal anti-inflammatory medicines (NSAIDs)—are a class of drugs that provides analgesic (pain-killing) and antipyretic (fever-reducing) effects, and, in higher doses, anti-inflammatory effects. The term nonsteroidal distinguishes these drugs from steroids, which, among a broad range of other effects, have a similar eicosanoid-depressing, anti-inflammatory action. As analgesics, NSAIDs are unusual in that they are non-narcotic and thus are used as a non-addictive alternative to narcotics.

**NSAID identification on label of generic Ibuprofen an OTC NSAID.** The most prominent members of this group of drugs, aspirin, ibuprofen and naproxen, are all available over the counter in most countries. Paracetamol (acetaminophen) is not considered an NSAID because it has only little anti-inflammatory activity. It treats pain mainly by blocking COX-2 mostly in the central nervous system, but not much in the rest of the body.

**Public Comment.** No Comment Offered.

[Ophthalmic antibiotics](#). Generally, antibiotics provide local antibacterial activity and selection of the antibiotic should depend on the known or suspected organisms involved in the potential or present infection. Bacterial infection of the eye present in several ways, ranging from mild, self-limiting conditions to those that could be extremely serious and visually threatening. The prevalence of these infections and the responsible bacterial organisms varies with the age of the patient and his or her geographic location. For example, bacterial infections are more common in urban hospital settings than in rural hospitals when compared to viral eye infections. Further, children and elderly patients are more susceptible to infection by bacteria than are young and middle-aged adults.

In some instances, management of patients with bacterial eye disease may involve nothing more than supportive and palliative therapy; however, in other instances, it may require aggressive intervention with antimicrobial and anti-inflammatory agents. A wide variety of antibiotic and combination antibiotic-steroid therapeutic topical agents are available to combat bacterial infections. Selecting the best drug for each patient requires a thorough understanding of the properties of each drug and the natural history of the disease.

**Public Comment.** No Comment Offered.

[Ophthalmic antibiotic-steroid combinations](#) (see above)

**Public Comment.** No Comment Offered.

[Ophthalmic for allergic conjunctivitis](#) (See above)

**Public Comment.** No Comment Offered.

[Ophthalmic, anti-inflammatories](#) (See above)

**Public Comment.** No Comment Offered.

[Ophthalmic, anti-inflammatories/immunomodulator](#) (See above)

**Public Comment.**

**Curtis Griffith, Horizon Therapeutics**, spoke in support of Tepezza, citing the package insert and studies supporting his position.

**Speaker representing Novartis** spoke in support of Xiidra, citing information from the package insert and studies supporting her position.

[Ophthalmic, glaucoma agents](#) (See above)

**Public Comment.** No Comment Offered.

[Otic antibiotics.](#) According to Medscape, the standard treatment for otitis media (AOM) has been the use of systemic antibiotics while topical (otic) therapy antibiotic is generally used for otitis externa. Topical antibiotics such as ofloxacin (Floxin Otic) and ciprofloxacin with dexamethasone (Ciprodex) may help to decrease adverse reactions and reduce the potential for antibiotic resistance. In treating ear infections with antibiotics, topical delivery has a number of advantages over systemic delivery. These advantages include the following:

- A vastly higher concentration of antibiotic can be delivered to the site of infection.
- Medications delivered topically have no systemic effects.
- Topical delivery allows alteration of the local microenvironment.

Otological medications are usually less expensive than comparable systemic medications

**Public Comment.** No Comment Offered.

[Otic anti-infectives and anesthetics.](#) The standard treatment for acute otitis media (AOM) is the use of systemic antibiotics while topical (otic) therapy antibiotic is recommended for uncomplicated otitis externa. Otitis externa (OE) is an inflammation or infection of the external auditory canal (EAC), the auricle, or both. This condition can be found in all age groups.

**Public Comment.** No Comment Offered.

[Penicillins.](#) Penicillin V is an antibiotic in the penicillin group of drugs. It fights bacteria in your body. Penicillin V is used to treat many different types of infections caused by bacteria, such as ear infections. Penicillin V may also be used for other purposes not listed in this medication guide.

**Public Comment.** No Comment Offered.

[Progestational agents.](#) Progestins are a group of steroid hormones used to treat conditions such as secondary amenorrhea, abnormal uterine bleeding, endometriosis, endometrial hyperplasia, and endometrial carcinoma. They are also used during assisted reproductive technology (ART) therapy and for the prevention of preterm birth.

**Public Comment.** No Comment Offered.

[Rosacea agents, topical.](#) Topical anti-[rosacea](#) agents are used for the treatment of inflammatory papules, pustules and [erythema](#) of rosacea. The topical anti-rosacea agents exert their effect by being antibacterial, antiprotozoal, keratolytic, comedolytic or

vasoconstrictors. Some topical anti-rosacea agents therapeutic activity is due to a combination of these effects.

**Public Comment.** No Comment Offered.

[Skeletal muscle relaxants](#). Skeletal muscle relaxants are FDA-approved to treat two different types of conditions: muscular pain or spasms from peripheral musculoskeletal conditions and spasticity from upper motor neuron syndromes. Both conditions affect patients' mobility and affect independence in activities of daily living and work.

**Public Comment.** No Comment Offered.

[Steroids, topical](#). According to AAFP.org, topical corticosteroids are one of the oldest and most useful treatments for dermatologic conditions. There are many topical steroids available, and they differ in potency and formulation. Successful treatment depends on an accurate diagnosis and consideration of the steroid's delivery vehicle, potency, frequency of application, duration of treatment, and side effects. Although use of topical steroids is common, evidence of effectiveness exists only for select conditions, such as psoriasis, vitiligo, eczema, atopic dermatitis, phimosis, acute radiation dermatitis, and lichen sclerosis. Evidence is limited for use in melasma, chronic idiopathic urticaria, and alopecia areata.

Topical steroids are available in a variety of potencies and preparations. Physicians should become familiar with one or two agents in each category of potency to safely and effectively treat steroid-responsive skin conditions. When prescribing topical steroids, it is important to consider the diagnosis as well as steroid potency, delivery vehicle, frequency of administration, duration of treatment, and side effects. The usefulness and side effects of topical steroids are a direct result of their anti-inflammatory properties, although no single agent has been proven to have the best benefit-to-risk ratio.

**Public Comment.** No Comment Offered.

[Ulcerative colitis agents](#). According to Wikipedia, Ulcerative colitis (Colitis ulcerosa, UC) is a form of inflammatory bowel disease (IBD). Ulcerative colitis is a form of colitis, a disease of the colon (the largest portion of the large intestine), that includes characteristic ulcers, or open sores. The main symptom of active disease is usually constant diarrhea mixed with blood, of gradual onset. IBD is often confused with irritable bowel syndrome (IBS).

Ulcerative colitis shares much in common with Crohn's disease, another form of IBD, but Crohn's disease can affect the whole gastrointestinal tract while ulcerative colitis only attacks the large intestine, and while ulcerative colitis can be cured by performing a total colectomy (i.e., removing the entire large intestine), surgery for Crohn's disease involves removing the damaged parts of the intestine and reconnecting the healthy parts, which does not cure

Crohn's, as it can recur after surgery, mostly at the site of the intestinal anastomosis (connection) or in other areas. Ulcerative colitis is an intermittent disease, with periods of exacerbated symptoms, and periods that are relatively symptom-free. Although the symptoms of ulcerative colitis can sometimes diminish on their own, the disease usually requires treatment to go into remission. Ulcerative colitis has an incidence of 1 to 20 cases per 100,000 individuals per year, and a prevalence of 8 to 246 per 100,000 individuals

**Public Comment.** No Comment Offered.

**Public comment and therapeutic and clinical drug reviews on new drugs to be reviewed for the Medicaid PDL:**

[Palforzia Maintenance Sachet \(Oral\)](#), [Palforzia Titration Capsule \(Oral\)](#) / [Anti-allergens, oral](#)  
PALFORZIA is a treatment for people who are allergic to peanuts and can help reduce the severity of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. Palforzia may be started in patients aged 4 through 17 years old. If you turn 18 years of age while on Palforzia treatment you should continue taking Palforzia unless otherwise instructed by your doctor. Palforzia does NOT treat allergic reactions and should not be given during an allergic reaction. You must maintain a strict peanut-free diet while taking this medication

A company spokesperson, Amanda Chancey, spoke in support of the drug being added to the PDL.

[Caplyta \(Oral\)](#) / [Antipsychotics](#). CAPLYTA is a once-daily capsule that is proven to help control symptoms of schizophrenia. Schizophrenia symptoms improved for people taking Caplyta compared to people taking a sugar pill and showed an improvement in the overall severity of their condition, measured on a schizophrenia rating scale.

A company spokesperson, William S. Rowell, spoke in support of the drug being added to the PDL.

[Trijardy XR \(Oral\)](#) / [Hypoglycemics, incretin mimetics/enhancers](#) Trijardy XR contains a combination of [empagliflozin](#), [linagliptin](#), and [metformin](#). Empagliflozin, linagliptin, and metformin are all oral diabetes medicines that help control blood sugar levels.

Trijardy XR medicine used together with diet and exercise to improve blood sugar control in adults with type 2 [diabetes mellitus](#). Trijardy XR is also used to lower the risk of death from [heart attack](#), stroke, or [heart failure](#) in adults with [type 2 diabetes](#) who also have heart disease. Trijardy XR is not for treating [type 1 diabetes](#).



A company spokesperson, Maria Dugondozic,<sup>2</sup> spoke in support of the drug being added to the PDL.

[Riomet extended release Suspension \(Oral\) / Hypoglycemics, metformin](#) Riomet ([metformin](#)) is used to treat [type 2 diabetes](#). Riomet is less popular than other biguanides and is available in generic and brand versions.

No presenter.

[Hizentra Syringe \(Subcutaneous\) / Immune globulins](#) Hizentra ([immune globulin](#)) is a sterilized solution made from human plasma. It contains the antibodies to help your body protect itself against infection from various diseases. Hizentra subcutaneous injection (for injection under the skin) is used to treat primary immunodeficiency diseases. This includes, but is not limited to, the humoral immune defect in congenital agammaglobulinemia, common variable immunodeficiency, X-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies.

Hizentra is also used to treat chronic inflammatory demyelinating polyneuropathy (an autoimmune disorder in which the immune system attacks the nerves, causing muscle weakness and [numbness](#)).

No presenter.

[Nexletol \(Oral\) / Lipotropics, other](#) NEXLETOL is a once-daily, nonstatin pill for adults. It is used to help lower your bad cholesterol (LDL-C) when you add it to a healthy diet and other lipid-lowering medicines. Nexletol is for adults who have:

- heterozygous familial hypercholesterolemia (an inherited condition that causes high levels of bad cholesterol) and/or
- known cardiovascular disease due to high levels of bad cholesterol

It is not known if Nexletol can decrease problems related to high cholesterol, such as heart attacks or stroke.

No presenter.

**Executive work session:** Pursuant to Texas Government Code Section 531.071, and in accordance with Texas Administrative Code Title 1, Part 15, Subchapter F, Section 354.1941(c)(2), the DUR Board may meet in executive session on one or more items listed under new business as permitted by the Texas Open Meetings Act.

<sup>2</sup> Spelling uncertain.

**Announcements of drugs recommended for the Medicaid PDL: Matt Lennertz, Pharm. D., Magellan Medicaid Administration.**

**Alzheimer's agents**

- Exelon Transderm - PDL
- Rivastigmine AG Transderm - NPD
- Rivastigmine Transderm - NPD

**Antihistamines, minimally sedating** - No changes

**Antihypertensives, sympatholytics** - No Changes

**Antimigraine agents, other**

- Ajovy Auto Injector - NPD
- Ubrelvy Oral - PDL
- Nurtec - NPD

**Calcium channel blockers** - No Changes

**Cephalosporins and related antibiotics**

- AmoxicillinXR (oral) - NPD

**Cytokine and cell adhesion molecule antagonists** - No Changes

**Fluoroquinolones, oral** - No Changes

**Glucocorticoids, oral** - No Changes

**Immunosuppressives, oral** - No Changes

**Iron, oral**

- Nephron FA Tablet Oral - NPD

**Leukotriene modifiers** - No Changes

**Non-steroidal anti-inflammatory drugs (NSAIDs)**

- Diclofenac Gel (Topical) - NPD
- Diclofenac Potassium (Oral) - NPD
- Naproxen (Oral) - PDL

**Ophthalmic antibiotics**

- Moxeza (Ophthalmic) - NPD

**Ophthalmic antibiotic-steroid combinations** - No Changes

**Ophthalmic for allergic conjunctivitis**

- Pataday OTC Ophthalmic - NPD
- Zerviate Ophthalmic - NPD

**Ophthalmic, anti-inflammatories**

- Flurbiprofin - NPD

**Ophthalmic, anti-inflammatories/immunomodulator**

- Lotemax Drops (Ophthalmic) - NPD
- Lotemax Ointment (Ophthalmic) - PDL
- Nevanec (Ophthalmic) - NPD

**Ophthalmic, glaucoma agents** - No Changes

**Otic antibiotics**

- Ciprofloxacin (Otic) - NPD
- Ofloxacin (Otic) - PDL

**Otic anti-infectives and anesthetics** - No Changes

**Penicillins** - No Changes

**Progestational agents** - No Changes

**Rosacea agents, topical** - New Class

Metronidazole Cream (Topical) - PDL

Metronidazole Gel AG (Topical) - PDL

Metronidazole Gel (Topical) - PDL

Other items were all nonpreferred

**Skeletal muscle relaxants** - No Changes

**Steroids, topical**

- Sila III Kit (Topical) - NPD
- Mometasone Furgate Solution (Topical) - PDL

**Ulcerative colitis agents**

- Lialda (Oral) - PDL

**Of the single product reviews**, only **Trijardy XR (Oral)**/Hypoglycemics, incretin mimetics/enhancers were recommended for PDL. All other products were recommended for Non-preferred.

**MOTION:** *Accept the recommendations as presented - prevailed.*

**Meeting Part Two: Materials only can be accessed by following the live links.**

[Retrospective DUR: Mariya Baranova, Pharm. D., MCMP-II, Conduent, LLC](#)

- a. Report on recent retrospective DUR interventions:
  - i. Diabetes management
  - ii. Attention-Deficit/Hyperactivity Disorder medication management
- b. Report on recent retrospective DUR intervention outcomes:
  - i. Anticonvulsants drug use evaluation
  - ii. Influenza Prevention
  - iii. Cough and cold medication management in children
- c. Retrospective DUR proposals (vote required)
  - i. [Appropriate use of antibiotics](#)
  - ii. [Contraceptives drug use evaluation](#)
  - iii. [Gabapentinoids drug use evaluation](#)

[Prospective prior authorization proposals \(clinical edits\)](#): Christina Faulkner, Pharm. D., BCPS, KEPRO, LLC

[Acthar - revision](#)

[Oxervate - new criteria](#)

[Palforzia - new criteria](#)

[Spravato - new criteria](#)

[Retrospective drug use, criteria for outpatient use in Vendor Drug Program](#): Justin Pedigo, Pharm. D., The University of Texas at Austin College of Pharmacy

[Immune globulins](#)

[Non-sedating antihistamines](#)

[Oral fluoroquinolones](#)

[Oral/Rectal NSAIDs](#)

[Rifaximin \(Xifaxan®\)](#)

[Sickle cell disease products](#)

[Skeletal muscle relaxants](#)

**Next meeting date:** October 23, 2020

**Adjourn.** There being no further business, the meeting was adjourned.

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