Utah Department of Health & Human Services

Drug Utilization Review Board

Meeting Minutes

Thursday, March 9, 2023
7:15 a.m. to 8:10 a.m.
Google Meet

Board Members Present:

Eric Cannon, PharmD, FAMCP, Board Chair
Colby Hancock, PharmD
Jennifer Brinton, MD
Judith Turner, DVM, PharmD
Katherine Smith, PharmD
Kumar Shah, MSc, PEng
Michelle Hofmann, MD
Neal Catalano, PharmD
Sharon Weinstein, MD
Susan Siegfreid, MD

Board Members Excused:

Dept. of Health/Div. of Health Care Financing Staff Present:

Lisa Angelos, PharmD, Pharmacy Director
Andrea Rico, CPhT, CPC
Bryan Larson, PharmD
James Stamos, Office Director
Jennifer Strohecker, PharmD, Medicaid Director
Joe Busby, RPh, MBA
Julie Armstrong, CPhT
Luis Moreno, PharmD
Ngan Huynh, PharmD
Stephanie Byrne, PharmD

University of Utah Drug Regimen Review Center Staff Presenter:

Valerie Gonzales, PharmD U of U DRRC

Other Individuals Present:

Adrian Lau, PharmD Janssen
Heidi Goodrich, Molina Healthcare
Kelvin Yamashita, Sanofi Genzyme
Kenneth Berry, Alkermes
Kevin Gallagher
Kimberly Simpson, PharmD United Therapeutics
Lisa Hafker
Lori Howarth, Bayer
Matt Call, UUHP
Michael Zarob, Merck
Miles Rooney, Change Healthcare
Monet Luloh, PharmD U of U DRRC
Peter Barrio, United Therapeutics
Todd Dickerson, Jazz Pharmaceuticals

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Meeting conducted by: Eric Cannon

1. **Welcome:** Ngan Huynh opened the meeting and reminded everyone who attended the meeting to identify themselves via meeting chat or by sending an email to medicaidpharmacy@utah.gov. Ngan Huynh announced a quorum.

2. **Housekeeping:** Ngan Huynh welcomed Colby Hancock, PharmD from the Utah Cancer Specialist Program. Colby Hancock attended the University of Utah and has worked as a pharmacist for twelve years.

3. **Review and Approval of February Minutes:** Kumar Shah motioned to approve the minutes from February as drafted. Neal Catalano seconded the motion. Unanimous approval. Eric Cannon, Michelle Hofmann, and Sharon Weinstein were not present for vote.

4. **Adult Pulmonary Arterial Hypertension:**
    a. **Information:** Valerie Gonzales, PharmD from the University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) presented peer-reviewed research regarding indications for use, treatment guidelines, considerations for prior authorization criteria, and utilization for approved therapies for the treatment of pulmonary arterial hypertension in adults. Pulmonary arterial hypertension (PAH) is a rare disorder caused by vasculopathy of the pulmonary arterial vasculature and classified as group one out of five groups with additional sub-classes. Severity is determined by the World Health Organization Functional Class for Pulmonary Hypertension, exercise capacity, and echocardiographic, laboratory, and hemodynamic variables. Signs and symptoms of pulmonary arterial hypertension (PAH) may include dyspnea, reduction in physical performance, fatigue, weakness, palpitations, lightheadedness, edema, ascites, abdominal distention, hemoptysis, arrhythmias, enlarged jugular veins, tachycardia, and pleural effusion. Patients diagnosed with pulmonary arterial hypertension (PAH) should be managed by providers in pulmonary hypertension centers of excellence. Pulmonary arterial hypertension (PAH) can lead to heart failure,

reduced quality of life, and premature death if not properly treated. Therapies that have been approved by the Food and Drug Administration (FDA) for the treatment of pulmonary arterial hypertension (PAH) include epoprostenol, iloprost, treprostinil, selexipag, ambrisentan, bosentan, macitentan, sildenafil, tadalafil, and riociguat. Treprostinil and riociguat are also approved for non-pulmonary arterial hypertension indications. Recommendations for treatment guidelines were reviewed from the 2022 European Society of Cardiology and the European Respiratory Society and the 2019 American College of Chest Physicians. High-dose calcium channel blockers and vasoreactivity testing are only recommended for patients with certain subtypes of pulmonary arterial hypertension (PAH). Dual or triple therapy may be appropriate in patients without cardiopulmonary comorbidities. Recommended modifications to the current prior authorization criteria include clarification of which mean pulmonary arterial pressure (mPAP) measurement is being requested, consideration for patients that may not undergo right heart catheterization or be a candidate for vasoreactivity testing, consideration for patients with a history of but not currently classified as WHO-FC II or worse in order to receive pulmonary arterial hypertension (PAH) therapy, extending re-authorization frequency to minimize treatment interruptions, and consider additional markers for positive clinical response. Twenty-four adults utilized a pulmonary arterial hypertension (PAH) drug in the Medicaid Fee-for-service population in 2022 with a total of 127 claims. Kumar Shah inquired about the cost of approved therapies. Eric Cannon stated it is safe to assume that the non-generic therapies can be very expensive.

b. **Public Comment:** Kimberly Simpson, PharmD from United Therapeutics provided testimony on the clinical information for TYVASO (Treprostinil) and Tyvaso DPI.
   Adrian Lau, PharmD from Janssen Pharmaceuticals provided testimony on the clinical information for Uptravi (selexipag).
c. **Board Discussion:** Kumar Shah inquired how regional number of incidents compared to Utah. Valerie Gonzales stated regional numbers were not available due to pulmonary arterial hypertension (PAH) being a rare disease and approved therapies having multiple

approved indications. Sharon Weinstein inquired if the task of the board is to make sure the updated guideline recommendations are included in the prior authorization criteria due to the complexity of pulmonary arterial hypertension (PAH) and possible complications including altitude and lung disease or pulmonary complications post COVID. Katherine Smith inquired if most Medicaid patients are managed by specialists. Joe Busby stated the University of Utah and Intermountain Healthcare are the two centers of excellence in Utah. Jennifer Strohecker stated all patients are managed at a center of excellence by pulmonologists and cardiologists with care coordination options provided for those living in rural locations. Jennifer Brinton stated pulmonary arterial hypertension (PAH) patients may benefit from telehealth for care coordination.

d. **Board Action:** Ngan Huynh will email the Drug Utilization and Review Board a copy of the University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) presentation from today's meeting and the currently published Pulmonary Arterial Hypertension prior authorization criteria form to be reviewed at the April meeting.

5. **Meeting Chat Transcript:**

6. **The next meeting scheduled for Thursday, April 13, 2023** Pediatric Pulmonary Arterial Hypertension.

7. **Public Meeting Adjourned:** Katherine Smith motioned to adjourn the meeting. Neal Catalano seconded the motion. Unanimous approval.

Audio recordings of DUR meetings are available online at: https://medicaid.utah.gov/pharmacy/drug-utilization-review-board?p=DUR%20Board%20Audio%20Recordings/