MEMO

Date: 04/24/2024

RE: Medicaid DURB and P&T Meetings for Sickle Cell Disease (SCD)

March 5, 2024: Wisconsin DURB *Sickle Cell Medication Underutilization*

According to the committee, there has been a concern about the utilization of SCD therapies and opioid prescriptions for SCD patients.

- In June 2023, the committee discussed a possible intervention to measure opioid prescriptions for patients with SCD and measure the utilization of SCD disease-modifying treatments (DMTs).
- In December 2023, the committee presented a plan to measure the underutilization of SCD DMTs (Endari, Oxbryta, and Hydroxyurea).
- If one of the SCD therapies has not been prescribed in a certain number of days, an alert is sent to the prescribing physician.
- An additional alert is sent to the prescribing physician for opioids if the patient is requesting an opioid and does not refill an SCD therapy in a certain amount of days.
- Endari™, Oxbryta®, and Hydroxyurea® were measured for underutilization.

March 22, 2024: Florida P&T *Sickle Cell Anemia Treatments*

This meeting focused on the current treatments for SCD and their current PDL placement.

- Endari™ and Siklos® stayed on the preferred drug list with Auto Prior Authorization.
- The meeting for the gene therapies will be next quarter on June 14, 2024.

April 11, 2024 - Illinois P&T *Siklos*®

The meeting was focused on accessing Siklos® as *non-preferred* to *preferred*.

- There was a large discussion about how some providers have questions and concerns about dosing Droxia®.
- A representative from Viking Pharmaceuticals presented how the dosing of Siklos® is better for adolescents whose weight gain fluctuates.
- Currently, 270 beneficiaries in Illinois have prescriptions for Hydroxyurea.
- There was a suggestion to move Siklos® from non-preferred to preferred with Prior Authorization. However, the **overall motion was to have Siklos® preferred.**
- There was a suggestion to move Droxia® to non-preferred however, since Droxia® is not on the agenda, that cannot be moved.
    - It is important to note that the providers and committee members were confused about the standards for prescribing Droxia®.

April 11, 2024 - Utah DURB *Oxbryta*®

This meeting focused on reviewing Oxbryta®

- The committee voted on implementing prior authorization for Oxbryta® based on the following criteria, which align with the FDA label:
    - Patient age requirement: 4 years or older
    - Diagnosis of Sickle Cell Disease (SCD)
    - Prescription provided by a hematologist specializing in SCD treatment or under their consultation
    - Presence of symptomatic or severe anemia despite at least 4 months of treatment with a maximally tolerated dose of hydroxyurea, documented with a chart note and page number
    - Hemoglobin level of 10.5g/dl or less, supported by chart documentation
    - Absence of red blood cell transfusions within the past 30 days
    - Reauthorization is up to 1 year
- The committee agreed to implement the prior authorization. However, it was discussed that the prior authorization will not be implemented immediately. We hypothesize this will be implemented next quarter.

April 16, 2024 - Missouri DURB *Gene Therapies for Sickle Cell Disease and Beta-thalassemia*

This meeting focused on reviewing Casgevy® and Lyfgenia® for SCD.

- These therapies were presented to the Rare Disease Advisory Council (RDAC).
    - There was a motion for Lyfgenia® and Casgevy® to be **preferred**.
- The committee motion voted for **Casgevy® to be preferred** and **Lyfgenia® to be non-preferred.**
    - The committee agreed that the location would be considered with Lyfgenia® due to the few centers participating in Missouri.
- These decisions will go into effect **July 11, 2024.**

April 18, 2024 - Nevada DURB *Gene Therapies for Sickle Cell Disease and Beta-thalassemia*

This meeting focused on reviewing Casgevy® and Lyfgenia® for SCD.

- Two Sick Cells Ambassadors gave public testimony, giving the importance of these gene therapies being covered equitably under Medicaid and the lived experience of SCD.
- The Lyfgenia® presentation included:
    - A representative from bluebird bio supported that the requirement of trying and failing (step therapy) DMTs and hydroxyurea will create a barrier to access.
    - The committee agreed on the revision of one of the criteria identifiers:

        - *"Patient has symptomatic disease despite treatment with hydroxyurea **and/or** add-on therapy (e.g. crizanlizumab, voxelotor), unless contraindicated…"*
- The Casgevy® presentation included:
    - The committee agreed on the revision of one of the criteria identifiers:
        - *"Patient has symptomatic disease despite treatment with hydroxyurea **and/or** add-on therapy (e.g. crizanlizumab, voxelotor), unless contraindicated…"*