Joe Lombardo
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.

Stacie Weeks,
JD MPH
Administrator

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NOTICE OF PUBLIC MEETING – DRUG USE REVIEW BOARD

Date of Publication:	March 21, 2024
Date of Revision:	April 18, 2024
Date and Time of Meeting:	April 18, 2024, at 1:00 PM
Name of Organization:	The State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board (DUR)
Place of Meeting:	The physical location for this meeting which is open to the public is at: Hilton Garden Inn Reno 9920 Double R Blvd Reno, NV 89502 (775) 850-9700 Space is limited at the physical location and subject to any applicable social distancing or mask wearing requirements that may be in effect at the time of the meeting for the county in which the physical meeting is held. Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email rxinfo@dhcfp.nv.gov and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.
Webinar:	**April 2024 DUR** (See final agenda page for full link or employ the shortened link directly below) OR https://tinyurl.com/munx6xjs
Audio:	**(844) 730-9010**
Event Number:	**649 079 043#**

PLEASE DO NOT PUT THIS NUMBER ON HOLD (*hang up and rejoin if you must take another call)*

YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDECONVERSATIONS DURING THE MEETING

This meeting may be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.

AGENDA

1. Call to Order and Roll Call

2. General Public Comment

Public comment is encouraged to be submitted in advance so that it may be included in meeting materials and given attention. No action may be taken upon a matter raised through public comment unless the matter itself has been specifically included on an agenda as an action item. Please provide your name in any comment for record keeping purposes. You may submit comments in writing via email to rxinfo@dhcfp.nv.gov. Written comments will not be read into the record, but written comments are encouraged to be accessible to screen readers. There may be opportunity to take public comment via telephone or the meeting's virtual platform as well as in person opportunities, but phone participants should disconnect their call and re-join if they must take another call. Do not place your phone on hold or you may disrupt the meeting for other participants. Public comment will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record. **Note: this guidance applies for all periods of public comment referenced further in the agenda, such as those related to clinical presentations**.

Public comments may be related to topics on the agenda or matters related to other topics per NRS 241.020(3)(3)(II).

3. Administrative

a. **For Possible Action:** Review and Approve Meeting Minutes from January 18, 2024.
b. Status Update by DHCFP.

4. Clinical Presentations

~~a. **For Possible Action:** Discussion and possible adoption of prior authorization criteria for PDL Exception Criteria for psychiatric agents~~

~~i. Public comment on proposed clinical prior authorization criteria.~~
~~ii. Presentation of utilization and clinical information.~~
~~iii. Discussion by Board and review of utilization data.~~
~~iv. Proposed adoption of updated prior authorization criteria.~~

~~b.~~a. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Casgevy (exagamglogene autotemcel)

i. Public comment on proposed clinical prior authorization criteria.

ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

~~c.~~b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Lyfgenia (lovotibeglogene autotemcel)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

~~d.~~c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Wainua (eplontersen)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

5. DUR Board Requested Reports

a. **For Possible Action**: Opioid utilization – top prescribers, members, and pharmacies

i. Presentation of opioid criteria.
ii. Discussion by the Board and review of utilization data.
iii. Requests for further evaluation or proposed clinical criteria to be presented at a later date.
iv. Request for communication by the Board related to utilization, any reporting related to general outcomes for prior communication, any referrals of prescribers or pharmacy providers suspected of Fraud, Waste, Abuse (FWA) to the appropriate agency (i.e. Surveillance Utilization Review (SUR) Unit, Board of Pharmacy, Board of Medicine) for audit/investigation, if applicable.

6. Standard DUR Reports

a. Review of Prescribing/Program Trends.

i. Top 10 Therapeutic Classes for Q3 2023 and Q4 2023 (by Payment and by Claims).

b. Concurrent Drug Utilization Review (ProDUR).

i. Review of Q4 2023.
ii. Review of Top Encounters by Problem Type.

c. Retrospective Drug Utilization Review (RetroDUR).

i. Status of previous quarter.
ii. Status of current quarter.
iii. Review and discussion of responses.

iv. Recommendations for future topics.

7. Clinical Presentations- Physician Administered Drugs (PAD)

a. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for aflibercept

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

b. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Bavencio (avelumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Beovu (brolucizumab-dbll)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for bevacizumab

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

e. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Darzalex IV (daratumumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

f. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for denosumab

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.

iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

g. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Elaprase (idursulfase)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

h. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Imfinzi (durvalumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

i. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for IVIG (immune globulin IV)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

j. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Kadcyla (ado-trastuzumab emtansine)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

k. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Keytruda (pembrolizumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

l. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Libtayo (cemiplimab-rwlc)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.

iv. Proposed adoption of updated prior authorization criteria.

m. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Ocrevus (ocrelizumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

n. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Opdivo (nivolumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

o. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for paclitaxel albumin-bound

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

p. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for pegfilgrastim

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

q. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for pemetrexed

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

r. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Perjeta (pertuzumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

s. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for ranibizumab

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

t. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for rituximab IV

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

u. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for SCIG (immune globulin SQ)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

v. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Soliris (eculizumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

w. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Tecentriq (atezolizumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

x. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for trastuzumab IV

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

y. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Ultomiris (ravulizumab-cwvz)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

z. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Yervoy (ipilimumab)

i. Public comment on proposed clinical prior authorization criteria.
ii. Presentation of utilization and clinical information.
iii. Discussion by Board and review of utilization data.
iv. Proposed adoption of updated prior authorization criteria.

8. Closing Discussion

a. Public comment.

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name.)

b. **For Possible Action**: Date and location of the next meeting.

c. Adjournment.

PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment will be limited to three minutes.

This notice and agenda have been posted online at http://dhcfp.nv.gov and http://notice.nv.gov as well as Carson City, Las Vegas, and Reno central offices for the Division of Health Care Financing and Policy. Email notice has been made to such individuals as have requested notice of meetings (to request notifications please contact rxinfo@dhcfp.nv.gov, or at 1100 East William Street, Suite 101, Carson City, Nevada 89701).

If you require a physical copy of supporting material for the public meeting, please contact rxinfo@dhcfp.nv.gov,or at 1100 East William Street, Suite 101, Carson City, Nevada 89701). Limited copies of materials will also be available on site at the meeting's physical location. Supporting material will also be posted online at https://nevadamedicaid.magellanrx.com/provider/drug-utilization-review

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or email.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify the Division of Health Care Financing and Policy as soon as possible and ideally at least ten days in advance of the meeting, by email at rxinfo@dhcfp.nv.gov in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701.

Full Microsoft Teams Link:
https://events.teams.microsoft.com/event/e6bb1942-579f-49b5-829a-568d3942f4b9@34c95ba7-5ec6-4527-bc5e-b33b58104992