Drug Use Review Board

Draft Meeting Minutes

Date of Meeting: Thursday, April 22, 2021

Name of Organization: The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP), Drug Use Review Board

Agenda Item	Record	Notes
1. Call to Order and Roll Call	Chairwoman Wheeler called the meeting to order at 1:13 p.m. on April 22, 2021. The roll was taken by Chairwoman Wheeler. Jennifer Wheeler, Pharm.D., Chair: Present ☒ Absent ☐ Netochi Adeolokun, Pharm.D., Vice Chair: Present ☒ Absent ☐ Mark Canty, MD: Present ☒ Absent ☐ Crystal Castaneda, MD: Present ☐ Absent ☒ Jessica Cate, Pharm.D.: Present ☒ Absent ☐ Dave England, Pharm.D.: Present ☒ Absent ☐ Mohammad Khan, MD: Present ☐ Absent ☒ Brian Le, DO: Present ☐ Absent ☒	**The DHCFP Staff Present were as follows:** Gudino, Antonio, Social Services Program Specialist III Lither, Gabriel, Senior Deputy Attorney General Flowers, Ellen, Program Officer I Olsen, David, Chief, Pharmacy Services Slamowitz, Beth, Pharm.D., Senior Policy Advisor on Pharmacy

Agenda Item	Record			Notes
	Michael Owens, MD	☒	☐	**Managed Care Organization representatives present were as follows:** Bitton, Ryan, Pharm.D., Health Plan of Nevada Lim, Luke, Pharm.D., Anthem Blue Cross Beranek, Tom, RPh, SilverSummit Health Plan **Gainwell Technology Staff Present were as follows:** Leid, Jovanna, Pharm.D. **OptumRx Staff Present were as follows:** Jeffery, Carl, Pharm.D. Piccirilli, Annette Hansen, Sean Medina, Daniel Kiriakopoulos, Amanda, Pharm.D. Whittington, Kevin, RPh **The public attendee list is included as Attachment A.** **Note**: Participants may not have chosen to reveal their identity, and in the absence of a sign-in sheet, the attendee list's accuracy is not assured.
	Jim Tran, Pharm.D.	☐	☒	
	A quorum was present.			

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2. General Public Comment	Dr. Jeffery announced the meeting is being recorded. Telephonic and web comments were called for, and the phone lines were opened. No written comment was received. No public comment was offered.	
3. Administrative		
a. **For Possible Action**: Review and Approve Meeting Minutes from January 28, 2021	No corrections were offered. Board Member Canty moved to approve the minutes as presented, and Board Member Adeolokun seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable): Jennifer Wheeler, Pharm.D., Chair: Yes ☒ No ☐ Abst. ☐ Netochi Adeolokun, Pharm.D., Vice Chair: Yes ☒ No ☐ Abst. ☐ Mark Canty, MD: Yes ☒ No ☐ Abst. ☐ Jessica Cate, Pharm.D.: Yes ☒ No ☐ Abst. ☐ Dave England, Pharm.D.: Yes ☒ No ☐ Abst. ☐ Michael Owens, MD: Yes ☒ No ☐ Abst. ☐	
b. Status Update by DHCFP	Mr. Antonio Gudino updated the Board on the updated prior authorization process for Zolgensma, explaining all requests for members enrolled in a managed care plan will be reviewed by the State. Mr. Gudino announced the implementation of the electronic prior authorization system available through the web portal or the provider's medical records software. Mr. Gudino	

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	offered well wishes and appreciation to Dr. Khan, who is leaving the Board.	
4. Clinical Presentations		
a. **<u>For Possible Action</u>**: Discussion and possible adoption of updated prior authorization criteria and/or quantity limits for Multiple Sclerosis (MS) Agents.		
i. <u>Public comment</u> on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. No written comment was received. No public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery presented information regarding Kesimpta, including the indication, administration, and clinical trials demonstrating efficacy. Dr. Jeffery indicated no claims have been received for Kesimpta. Dr. Jeffery reviewed the proposed criteria presented in the binder. Dr. Lim agreed with the proposed criteria and reviewed the utilization. Dr. Bitton agreed with the proposed criteria and reviewed the utilization. Mr. Beranek agreed with the proposed criteria and reviewed the utilization.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	

Agenda Item	Record	Notes
iv. Proposed adoption of updated prior authorization criteria	Board Member England moved to approve the proposed criteria as presented, and Board Member Canty seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair: ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair: ☒ Yes ☐ No ☐ Abst. Mark Canty, MD: ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D.: ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D.: ☒ Yes ☐ No ☐ Abst. Michael Owens, MD: ☒ Yes ☐ No ☐ Abst.	
b. **For Possible Action**: Discussion and possible adoption of updated prior authorization criteria and/or quantity limits for Hereditary Angioedema Agents.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. No written comment was received. No public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery summarized hereditary angioedema signs and symptoms. Dr. Jeffery presented the different products within the class, indications, and the proposed criteria. Dr. Jeffery outlined the utilization. Dr. Lim approved the criteria as presented and identified low utilization of the class.	

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	Dr. Bitton approved the criteria as presented, and identified low utilization of the class. Mr. Beranek proposed a policy update to limit a member to one agent within the class at a time. Mr. Beranek identified the low utilization of the class.	
iii. Discussion by Board and review of utilization data.	Dr. Jeffery outlined the proposed changes to the Chapter 1200 criteria. Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
iv. Proposed adoption of updated prior authorization criteria	Board Member Owens moved to accept the criteria as presented and Board Member Adeolokun seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ Yes ☐ No ☐ Abst. Mark Canty, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Michael Owens, MD ☒ Yes ☐ No ☐ Abst.	
c. **For Possible Action**: Discussion and possible adoption of updated prior authorization criteria and/or quantity limits for Platelet Inhibitors.		

Agenda Item	Record	Notes
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. No written comment was received. No public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery discussed utilization in the class and presented the criteria without changes for the Board to reaffirm the criteria. Dr. Lim proposed no changes and discussed the utilization of the class. Dr. Bitton proposed no changes and discussed the utilization of the class. Mr. Beranek proposed no changes and discussed the utilization of the class.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Adeolokun moved to accept the criteria without changes, and Board Member Owens seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Michael Owens, MD ☒ ☐ ☐	

Agenda Item	Record	Notes
d. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Narcolepsy Agents.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. Comment was offered by Deb Profant with Jazz Pharmaceuticals on behalf of Xywav. Ms. Profant highlighted the indication, dosage, benefits of reduced sodium intake with Xywav and requested the prior authorization criteria be consistent with Xyrem. The following written public comment is attached hereto: 1. Written testimony for Xywav as read by Deb Profant with additional references. The public comment referenced above was highlighted on the record for members of the Board by Dr. Jeffery. No further public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery highlighted Xywav's indications, dosage, similarities with Xyrem, and clinical trials demonstrating efficacy. Dr. Jeffery described the utilization of the class. Dr. Lim agreed with the proposed criteria and highlighted the utilization of the class. Dr. Bitton agreed with the proposed criteria and highlighted the utilization of the class.	

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	Mr. Beranek agreed with the proposed criteria and highlighted the utilization of the class. Dr. Jeffery outlined the proposed changes to the prior authorization criteria as presented in the binder.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Adeolokun moved to accept the criteria as presented and Board Member Owens seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ Yes ☐ No ☐ Abst. Mark Canty, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Michael Owens, MD ☒ Yes ☐ No ☐ Abst.	
e. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Anti-Hepatitis Agents.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. Comment was offered by Laura Hill with AbbVie asked to clarify Appendix A for the Mavyret criteria for genotypes 1, 2, 3, 4, 5, or 6 for treatment-naive patients with compensated cirrhosis, the	

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	current duration of treatment is 12 weeks but the labeled duration for that population is eight weeks. No further public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery summarized the proposed changes to remove the products that are no longer available and the references in the criteria. Dr. Jeffery highlighted the limited utilization. Dr. Lim agreed with the proposed criteria and summarized the declining utilization of products in the class. Dr. Bitton agreed with the proposed criteria and highlighted the utilization. Mr. Beranek agreed with the proposed criteria and highlighted the utilization. Dr. Jeffery highlighted the proposed changes to remove Daklinza, Olysio, Technivie, and Viekira XR and change the Mavyret treatment duration to eight weeks for genotypes 1, 2, 3, 4, 5, or 6 for treatment naïve patients with compensated cirrhosis.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
iv. Proposed adoption of updated prior authorization criteria	Board Member England moved to accept the proposed criteria with the addition of changing the treatment duration to eight weeks as indicated. Board Member Adeolokun seconded the motion. A vote was held: Yes No Abst. Jennifer Wheeler, Pharm.D., Chair ☒ ☐ ☐	

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	Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Michael Owens, MD ☒ ☐ ☐	
f. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Calcitonin Gene-Related Peptide (CGRP) Receptor Inhibitor Medications.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. Comment was offered by Laura Hill with AbbVie on behalf of Ubrelvy, advocating for the removal of the triptan trial requirement due to not being effective and frequently pushing members to opioids. Comment was offered by Dr. Morton advocating for Ubrelvy. Dr. Morton highlighted the decreased butalbital, barbiturates, and opioids in migraine patients when treated with Ubrelvy, and efficacy and compliance are improved over the alternatives. Comment was offered by Maria Agapova with Teva Pharmaceuticals advocating for Ajovy. Ms. Agapova referenced submitted written documentation advocating for first-line treatment with CGRP agents and asked the Board to allow access to Ajovy as first-line treatment for migraine.	

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	Comment was offered by Ben Droese with Amgen Medical Affairs advocating for Aimovig. Mr. Droese highlighted the indication, mechanism of action, administration, adverse reactions, clinical trials demonstrating efficacy and asked for Aimovig to be added to the preferred drug list. Comment was offered by [indiscernible name], a neurologist in Las Vegas advocating for Ubrelvy, stating it is effective and asked for open access. The following written public comment is attached hereto: 1. An information sheet for Aimovig was provided by Amgen. The public comment referenced above was highlighted on the record for members of the Board by Dr. Jeffery. No further public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery highlighted the addition of Nurtec ODT to the existing criteria and outlined the utilization of the class. Dr. Lim agreed with the proposed criteria and highlighted the increasing utilization, especially with oral products. Dr. Bitton recommended adding criteria to fail two triptans and requiring additional options for chronic migraine treatment. Dr. Bitton highlighted the increase in utilization. Mr. Beranek recommended adding criteria to limit combinations of CGRP medications. Mr. Beranek highlighted the increasing trend of the medications in the class.	

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iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
iv. Proposed adoption of updated prior authorization criteria	Board Member Adeolokun moved to accept the criteria as presented and Board Member Canty seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ Yes ☐ No ☐ Abst. Mark Canty, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Michael Owens, MD ☒ Yes ☐ No ☐ Abst.	
g. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Anticonvulsants.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comments were called for, and the phone lines were opened. Comment was offered by Raj Sandhar with UCB speaking on behalf of Briviact. Mr. Sandhar highlighted the costs of epilepsy, dosing of Briviact, indication, mechanism of action, clinical trials demonstrating efficacy, and asked for open access for Briviact. Comment was offered by Debbie Sheppe with Neurelis speaking on behalf of Valtoco. Ms. Sheppe asked for the removal of the requirement of rectal diazepam trial before approval of Valtoco.	

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	Ms. Sheppe highlighted the indication, administration, safety information, and superior aspects compared to rectal diazepam gel. Comment was offered by Stephanie Kennedy with Greenwich Biosciences speaking on behalf of Epidiolex. Ms. Kennedy highlighted the indication, clinical trials demonstrating efficacy, and adverse reactions. Ms. Kennedy asked for the criteria to include the TSC indications and removal of the four seizure per month requirement. Comment was offered by Saveen Bangalore, a neurologist in Las Vegas, asking for open access to all antiepileptic medications. Comment was offered by Rachael Gardner a nurse practitioner in Reno speaking on behalf of Briviact. Ms. Gardner advocated for coverage of branded medications and asked for open access to antiepileptic medications. The following written public comment is attached hereto: 1. A list of bullet points advocating for Valtoco supplied by Neurelis. 2. An undated letter from the Hundley Foundation advocating for open access to all antiepileptic medications. 3. Written testimony for Briviact as read by Raj Sandhar advocating for open access to Briviact. 4. Written testimony for Epidiolex as read by Stephanie Kennedy advocating for the additional diagnosis of TSC be added and removal of the four seizures per month requirement.	

Agenda Item	Record	Notes
	5. A letter dated April 4, 2021, from Dr. Gerardo Rodriguez-Gomez advocating for open access to all antiepileptic medications. The public comment referenced above was highlighted on the record for members of the Board by Dr. Jeffery. No further comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery highlighted the purpose of the review is to remove the requirement for consideration of rectal diazepam before approval of Valtoco. Dr. Jeffery discussed the utilization of the medications in the class. Dr. Lim agreed with the proposed criteria and highlighted the utilization. Dr. Bitton agreed with the proposed criteria and highlighted the utilization. Mr. Beranek recommended adding criteria for members to be stabilized on antiepileptic medications prior to Valtoco use. Mr. Beranek highlighted the utilization. Dr. Jeffery discussed the TCS indication is already included in the updated Medicaid Services Manual, and there is no prior authorization requirement for Briviact. Dr. Jeffery highlighted the only change includes removing the requirement to consider rectal diazepam for Valtoco approval.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	

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<tr><th>Agenda Item</th><th>Record</th><th>Notes</th></tr>
<tr><td>iv. Proposed adoption of updated prior authorization criteria</td><td>Board Member Adeolokun moved to accept the criteria as presented and Board Member Owens seconded the motion.

A vote was held:

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<tr><th></th><th>Yes</th><th>No</th><th>Abst.</th></tr>
<tr><td>Jennifer Wheeler, Pharm.D., Chair</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Netochi Adeolokun, Pharm.D., Vice Chair</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Mark Canty, MD</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Jessica Cate, Pharm.D.</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Dave England, Pharm.D.</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Michael Owens, MD</td><td>☒</td><td>☐</td><td>☐</td></tr>
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<tr><td>5. DUR Board Requested Reports</td><td></td><td></td></tr>
<tr><td>a. <u>For Possible Action</u>: Opioid utilization – top prescriber and members</td><td></td><td></td></tr>
<tr><td>i. Discussion by the Board and review of utilization data.</td><td>Dr. Jeffery presented the opioid utilization identifying the consistent decline of total morphine equivalent dose (MED). Dr. Jeffery pointed out a few members with high MED due to fentanyl utilization. Dr. Jeffery highlighted the top prescribers sorted by total MED and MED per member per day supply. Dr. Jeffery described the student specialty on the last report as a residency program.

Dr. Lim presented the opioid utilization identifying a steady MED over time with a small increase in December. Dr. Lim discussed the top providers and top utilizers and pointed out high utilization of oxycodone immediate release.

Dr. Bitton presented the opioid utilization trends with an increase in claim count due to an increase in membership. Dr. Bitton discussed the top prescribers and top members and how the two lists correlate.</td><td></td></tr>
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Agenda Item	Record	Notes
	Mr. Beranek presented the opioid utilization with a slight increase in December, the top opioid prescribers by claim count, and top members who are consistent over the year.	
ii. Requests for further evaluation of proposed clinical criteria to be presented at a later date.	The Board made no requests.	
6. Standard DUR Reports		
a. Review of Prescribing/Program Trends.		
i. Top 10 Therapeutic Classes for Q3 2020 and Q4 2020 (by Payment and by Claims).	Dr. Jeffery presented the top classes with similar results over the quarter with hemostatics on the top by spend amount and anticonvulsants in the top by claim count. Dr. Lim presented the top classes and identified fourth quarter was higher due to the additional membership. Dr. Bitton presented the top classes and identified the consistent amounts in the two quarters. Mr. Beranek presented the top drug classes and identified the consistency over the two quarters.	
b. Concurrent Drug Utilization Review (ProDUR).		
i. Review of Q4 2020. ii. Review of Top Encounters by Problem Type.	Dr. Jeffery highlighted the prospective DUR reports and the interventions but nothing to report out of the ordinary. Dr. Lim discussed the prospective DUR edits. Dr. Bitton pointed out the prospective DUR report without anything out of the ordinary.	

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	Mr. Beranek called out some differences in the prospective DUR compared to other programs but nothing unexpected.	
c. Retrospective Drug Utilization Review (RetroDUR).		
i. Status of previous quarter. ii. Status of current quarter. iii. Review and discussion of responses.	Dr. Jeffery discussed the retrospective DUR initiatives during the last quarter with continuous glucose monitors and albuterol use without a preventative inhaler. Dr. Lim highlighted the retrospective DUR programs, including asthma and behavioral health programs, and their respective outcomes. Dr. Bitton highlighted retrospective DUR initiatives and results, calling out cardiovascular and diabetes initiatives. Mr. Beranek discussed the retrospective DUR program highlighting the opioid program for high opioid prescribers.	
7. Closing Discussion		
a. Public Comment	Telephonic and web comments were called for, and the phone lines were opened. No public comment was offered.	
b. **For Possible Action**: Date and location of the next meeting.	Chairwoman Wheeler stated the next meeting is scheduled for July 22, 2021, and the location is yet to be determined.	
c. Adjournment	The meeting adjourned at 3:03 p.m.	

Attachment A – Member of the Public in Attendance

Aholt, Kevin
Agapova, Maria, Teva
Bailey, Alan, UCB
Bala, Kaysen, Biogen
Bangalore, Saveen
Bannach, Stacey, Gilead
Behnken, Heather, UCB
Booth, Robert, AbbVie
Cardenas, Natalie, UCB

Cochrane, Tim M, Gilead
Colabianchi, Jeana, Sunovion
Cooper, Christa, Lilly
DeFelice, Elaine, UCB
Delgado, Jonathan, Novonordisk
Droese, Ben, Amgen
Duke, Michelle
Einbinder, Karen, Greenwich Pharmaceuticals
Gardner, Rachael
Gaynor, Jennifer
George, Laura
Germain, Joe, Jr., Biogen
Gorzynski, Andrew, Novartis
Gouchenour, Christie, Hometown Health
Grothe, Deron, TevaHertzberg, Susan
Hill, Laura L, AbbVie
Isaki, Steven, Lundbeck
Jackson, Karen, Trividia Health
Kennedy, Stephanie, Greenwich Pharmaceuticals
Kniffin, Jason, Novonordisk
Knisley, Evie, Novartis
Kopp, Adam
Large, David, Biohaven Pharmaceuticals
Leroue, Chelsea, Biohaven Pharmaceuticals
Oliver, Carmen, Biohaven Pharmaceuticals
Omick, John
O'Neill, William, Sunovion
Pearce, Robert, Teva
Phillips, Katherine, Jazz Pharmaceuticals
Profant, Deb, Jazz Pharmaceuticals
Ricafort, Lawford
Robinson, Lovell R, Abbvie
Sandhar, Raj, UCB
Santarone, Christopher, BMS
Semenchuk, Marilyn
Sheppe, Debbie, Pharm.D., Neurelis
Smith, Nathan, UCB
Swett, Alice
Taylor, Trent, Johnson and Johnson
Tran, Jim
Wolin, Jonathan
Yamashita, Kelvin, Sanofi
Attendees with no last name available:
Chris
Joe