Steve Sisolak
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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.

Suzanne Bierman, JD, MPH
Administrator

Drug Use Review Board

Draft Meeting Minutes

Date of Meeting:	Thursday, January 28, 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 1:17 p.m. on January 28, 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 Michael Owens, MD ☐ Present ☒ Absent Jim Tran, Pharm.D. ☐ Present ☒ Absent A quorum was present.	**The DHCFP Staff Present were as follows:** Gudino, Antonio, Social Services Program Specialist III Woodrum, Homa, Senior Deputy Attorney General Flowers, Ellen, Program Officer I Young, DuAne, Deputy Administrator Olsen, David, Chief, Pharmacy Services **Managed Care Organization representatives present were as follows:** Bitton, Ryan, Health Plan of Nevada Lim, Luke, Anthem Blue Cross

Agenda Item	Record	Notes
		Beranek, Tom, 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 **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.

Agenda Item	Record	Notes
2. General Public Comment	Dr. Jeffery announced the meeting is being recorded. A comment was made by Dr. Craig McDonald with the University of California, Davis about offering information on exon skipping drugs. Dr. McDonald explained the available studies comparing the natural progression of Duchenne Muscular Dystrophy to golodirsen treatment showing preservation of ambulation as well as upper limb strength and pulmonary strength meaning mechanical ventilation is delayed three to four years. Dr. McDonald advocated for golodirsen to be available to non-ambulatory patients with reasonable pulmonary function and upper limb function. A comment was made by Dr. McKinnon agreeing with the comments from Dr. McDonald repeating the request to have golodirsen available to non-ambulatory patients. Dr. McKinnon explained why non-ambulatory patients were excluded from the clinical trials due to confounding factors during the study design. No further public comment was offered.	
3. Administrative		
a. **<u>For Possible Action</u>**: Review and Approve Meeting Minutes from October 22, 2020	No corrections were offered. Board Member Adeolokun moved to approve the minutes as presented, and Board Member Le 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. ☐ Crystal Castaneda, MD: Yes ☒ No ☐ Abst. ☐ Dave England, Pharm.D.: Yes ☒ No ☐ Abst. ☐ Mohammad Khan, MD: Yes ☒ No ☐ Abst. ☐ Brian Le, DO: Yes ☒ No ☐ Abst. ☐	

Agenda Item	Record	Notes
b. Status Update by DHCFP	Mr. Antonio Gudino updated the Board regarding the scheduled public hearing on January 21, 2021, which included the changes from the past Drug Use Review Board Meeting, and welcomed the newest Board Member Dr. Crystal Castaneda and asked Board Member Castaneda to introduce herself. Board Member Castaneda introduced herself as a pediatrician at Community Health Alliance moving from Chicago to Nevada about a year ago. Deputy Young updated the Board on staffing changes within the DHCFP, Mr. Antonio Gudino was promoted to the manager of the pharmacy program and a new Pharmacy Chief will start Monday. David Olsen comes from the Division of Public and Behavioral Health and was the Quality Improvement Manager for the Chronic Disease Prevention Health Section. Chief Olsen thanked Deputy Young and commented that he is happy to be at the meeting. Deputy Young continued with updates regarding the Legislative Session and the Governor's Budget and the restoration of the rates that were expected and reductions in services with the help of President Biden's intent to continue the public health emergency and the enhanced Federal Match.	
4. Clinical Presentations		
a. **<u>For Possible Action</u>**: Discussion and possible adoption of updated prior authorization criteria and/or quantity limits for anticonvulsants, miscellaneous.		
i. <u>Public comment</u> on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. No written comment was received. No public comment was offered.	

Agenda Item	Record	Notes
ii. Presentation of utilization and clinical information.	Dr. Jeffery presented information regarding Fintepla for Dravet Syndrome, pointing out there was no utilization of this medication. Dr. Jeffery reviewed Dravet Syndrome's presentation, symptoms, onset in patients, treatment goals, and other available treatments. Dr. Jeffery highlighted two clinical trials demonstrating a significant reduction in seizure frequency in the treatment group. Dr. Jeffery outlined the proposed criteria as presented in the binder. Dr. Bitton agreed with the presented criteria and reported no Fintepla utilization. Dr. Lim agreed with the presented criteria and reported no Fintepla utilization. Mr. Beranek proposed changes to the proposed criteria to require at least one other anticonvulsant and reported no Fintepla utilization.	
iii. Discussion by Board and review of utilization data.	Board Member England commented he would support adding a minimum age of two years.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Adeolokun moved to accept the proposed criteria with the addition of a minimum age of two years, and Board Member England seconded. A vote was held: Jennifer Wheeler, Pharm.D., Chair: Yes ☒ No ☐ Abst. ☐ Netochi Adeolokun, Pharm.D., Vice Chair: Yes ☒ No ☐ Abst. ☐ Crystal Castaneda, MD: Yes ☒ No ☐ Abst. ☐ Dave England, Pharm.D.: Yes ☒ No ☐ Abst. ☐ Mohammad Khan, MD: Yes ☒ No ☐ Abst. ☐ Brian Le, DO: Yes ☒ No ☐ Abst. ☐	
b. **For Possible Action**: Discussion and possible		

Agenda Item	Record	Notes
adoption of updated prior authorization criteria and/or quantity limits for agents used in the treatment of Spinal Muscular Atrophy (SMA).		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was 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 on Evrysdi or risdiplam for the treatment of spinal muscular atrophy. Dr. Jeffery reviewed the symptoms, presentation, progression, classification, and outcomes of spinal muscular atrophy. Dr. Jeffery reported no utilization of Evrysdi. Dr. Jeffery highlighted the two available clinical trials demonstrating Evrysdi treatment leading to clinically meaningful outcomes. Dr. Jeffery outlined the proposed criteria. Dr. Bitton agreed with the presented criteria and reported no Evrysdi utilization. Dr. Lim agreed with the presented criteria and reported no Evrysdi utilization. Mr. Beranek agreed with the presented criteria and reported no Evrysdi utilization.	
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	Board Member Adeolokun moved to accept the criteria as presented, and Board Member Castaneda seconded the motion. A vote was held:	

Agenda Item	Record				Notes
authorization criteria.		Yes	No	Abst.	
	Jennifer Wheeler, Pharm.D., Chair	☒	☐	☐	
	Netochi Adeolokun, Pharm.D., Vice Chair	☒	☐	☐	
	Crystal Castaneda, MD	☒	☐	☐	
	Dave England, Pharm.D.	☒	☐	☐	
	Mohammad Khan, MD	☒	☐	☐	
	Brian Le, DO	☒	☐	☐	
c. **For Possible Action**: Discussion and possible adoption of updated prior authorization criteria and/or quantity limits for agents used in the treatment of Duchenne Muscular Dystrophy (DMD).					
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. Comment was offered by Tracy Copeland with Sarepta Therapeutics referencing testimony provided by Drs. McDonald and McKinnon and pointed out the package insert does not list an age restriction or ambulation requirement. Comment was offered by Kelly Maynard on behalf of a patient advocacy organization for Duchenne Muscular Dystrophy advocating for removing an ambulatory requirement because it is not listed in the FDA approved label. The following written public comment is attached hereto: 1. A letter dated January 16, 2021, from the Parent Project Muscular Dystrophy advocating for access to Vyondys 53. The public comment referenced above was highlighted on the record for members of the Board by Dr. Jeffery.				

Agenda Item	Record	Notes
	No further public comment was offered.	
ii. Presentation of utilization and clinical information.	Dr. Jeffery commented the discussion will only include Vyondys 53, Viltepso will be included in a future agenda. Dr. Jeffery presented information on Duchenne's Muscular Dystrophy, including the presentation, cause, symptoms, and outcomes. Dr. Jeffery highlighted the normal administration, the one available study demonstrating efficacy, and the proposed criteria. Dr. Jeffery reported no utilization of Vyondys 53. Dr. Bitton agreed with the presented criteria and reported no Vyondys 53 utilization. Dr. Lim agreed with the presented criteria and reported no Vyondys 53 utilization. Mr. Beranek recommended including requirements for ambulatory function, stable cardiac function, stable pulmonary function, and is prescribed with an oral corticosteroid. Mr. Beranek reported no Vyondys 53 utilization.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked if the age on the proposed criteria comes from the clinical trial data. Dr. Jeffery replied the trials started with patients age six years and older. Chairwoman Wheeler commented the normal onset is at age four years and expressed concern about limiting access for younger members who may benefit. Board Member England commented the age is not listed in the package insert, so should not be included in the criteria. Board Member Castaneda agreed with reducing the age requirement. Board Member Adeolokun asked why the ambulation requirement is in the criteria. Dr. Jeffery replied with information in the original study was in ambulatory patients.	Public comment from Kelly Maynard was taken out of order owing to the full remote nature of the meeting and accommodation of public comment on the new (for DUR purposes) Microsoft Teams platform.

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<tr><th>Agenda Item</th><th>Record</th><th>Notes</th></tr>
<tr><td></td><td>Board Member Castaneda agreed with removing the ambulatory requirement.

Board Member England asked if the six-minute walk test was removed, what criteria would be used to measure outcomes.

Dr. Jeffery offered information on other criteria asking for the clinician’s opinion on treatment efficacy.

Chairwoman Wheeler offered that quality of life should be determined on a patient-by-patient basis.</td><td></td></tr>
<tr><td>iv. Proposed adoption of updated prior authorization criteria.</td><td>Chairwoman Wheeler suggested removing the age requirement entirely from the proposed criteria and removing the documentation requirement that the patient is ambulatory via the six-minute walk test from the initial authorization and reauthorization criteria.

Board Member England agreed and moved to accept the modified criteria.

Dr. Leid asked for clarification around not using the FDA approved age and impact on policy if it is not listed in the criteria.

Dr. Jeffery confirmed the FDA approved indication does not include an age.

Board Member Castaneda seconded the motion.

A vote was held:

<table>
<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>
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<tr><td>d. <u>For Possible Action</u>: Discussion and possible adoption of prior authorization criteria</td><td></td><td></td></tr>
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Agenda Item	Record	Notes
and/or quantity limits for topical neuropathic pain agents.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was 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 highlighted Qutenza clinical information including indication, clinical trials demonstrating Qutenza offered a greater reduction in pain compared to the control group and discussed other common treatments for neuropathic pain. Dr. Jeffery reported no utilization of Qutenza and presented the proposed criteria. Dr. Bitton agreed with the presented criteria and reported no Qutenza utilization. Dr. Lim agreed with the presented criteria and reported no Qutenza utilization. Mr. Beranek agreed with the presented criteria and reported no Qutenza utilization.	
iii. Discussion by Board and review of utilization data.	Board Member England asked for clarification for the three-month interval and if there is a way to stop members from using over the counter capsaicin in between. Dr. Jeffery offered information to clarify that the three-month limit is due to the over-stimulation of the nerve cells due to the higher concentration compared to the over the counter medication.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Adeolokun moved to accept the criteria as presented, and Board Member Castaneda seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair — Yes ☒ No ☐ Abst. ☐	

Agenda Item	Record	Notes
	Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Crystal Castaneda, MD ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Mohammad Khan, MD ☒ ☐ ☐ Brian Le, DO ☒ ☐ ☐	
5. DUR Board Requested Reports		
a. **<u>For Possible Action</u>**: Opioid utilization – top prescribers and members		
i. Discussion by the Board and review of utilization data.	Dr. Jeffery presented the opioid utilization report identifying a downward trend in the count of claims, morphine equivalent dose, and total morphine equivalent dose per day supply. Dr. Jeffery highlighted the top ten members by morphine equivalent dose report calling out the common use of long-acting and short-acting opioids for pain management. Dr. Jeffery discussed the top ten prescribers sorted by total morphine equivalent dose and total morphine equivalent dose per member and per day supply. Dr. Jeffery identified the prescriber listed as a hospitalist is also listed as internal medicine where the rest of the specialties lean toward pain management and mid-level practitioners who frequently handle the refills of opioids. Board Member Le asked about the prescriber listed as a student. Dr. Jeffery replied he will investigate the prescriber and provide details at a future meeting. Dr. Bitton discussed the opioid utilization detailing the flat utilization for total morphine equivalent dose utilization over time, the trend for prescribers in the top ten by morphine equivalent dose over the two quarters, and the top members by morphine equivalent dose with a comparison to the top opioid prescribers. Dr. Lim discussed the opioid utilization detailing the slight increase in claim count in the second quarter but decreased in the third quarter, highlighted the bump in total morphine equivalent dose in April and May, and detailed the top 10 prescribers and members reports.	

Agenda Item	Record	Notes
	Mr. Beranek discussed the opioid utilization calling out the uptick in morphine equivalent dose recently and a new prescriber on the top ten prescriber list recently certified to prescribe buprenorphine driving up the claim counts. No further discussion from the Board.	
ii. Requests for further evaluation or 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 Q2 2020 and Q3 2020 (by Payment and by Claims).	Dr. Jeffery explained the top ten therapeutic class report highlighting the anticonvulsant class and sympathomimetics at the top by claim count and antihemophilic and HIV treatment by total spend in the class. Dr. Jeffery identified the challenge of managing the HIV class with the Nevada Revised Statues limiting any utilization management. Dr. Bitton described the reports including HIV and rheumatoid arthritis treatments are at the top of the pharmacy paid amount while antihemophilic treatment is filled under the medical benefit and does not show on the pharmacy claim information. Dr. Lim highlighted the top claims area by paid amount with Biktarvy trends increasing without taking claims from other treatments within the class and commented on the usual therapies with diabetes and behavioral health. Mr. Beranek outlined antiretroviral utilization is similar to the use of Biktarvy, but the utilization is consistent over the quarters.	

Agenda Item	Record	Notes
b. Concurrent Drug Utilization Review (ProDUR).		
i. Review of Q3 2020. ii. Review of Top Encounters by Problem Type.	Dr. Jeffery explained the concurrent drug utilization review report highlighting drug-drug interactions and duplicate therapies are the top interventions. Dr. Bitton highlighted the concurrent drug use review edits and commented they are similar to the other programs. Dr. Lim identified similar trends with concurrent drug use review with therapeutic duplications and high dose edits being the top. Mr. Beranek described the concurrent drug use review report and commented that therapeutic duplication and early refills are the top alerts for SilverSummit.	
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 initiatives for the SUPPORT Act with combinations of opioids with antipsychotics and opioids with benzodiazepines and a survey asking for provider feedback on continuous glucose monitors. Dr. Bitton highlighted a few pages of retrospective drug use review reports including duplicate therapy, gaps in care for cardiovascular issues, sickle cell disease, and COPD. Mr. Beranek described the retrospective drug use review initiatives with the focus on non-adherent patients using medication for hypertension and respiratory issues and reported a good response rate to the initiatives.	
7. Closing Discussion		
a. Public Comment	Telephonic and web comment was called for, and the phone lines were opened. No public comment was offered.	

Agenda Item	Record	Notes
b. **For Possible Action**: Data and Location of the next meeting	Chairwoman Wheeler stated the next meeting is scheduled for April 22, 2021, and will be held virtually.	
c. Adjournment	The meeting was adjourned at 2:50 p.m.	

Attachment A – Member of the Public in Attendance

Adams, Jill
Bala, Kaysen
Booth, Robert
Colabianchi, Jeana
Copeland, Tracy, Sarepta Therapeutics
Donahue, Cheryl
Duke, Michelle
Einbinder, Karen
Flagg-Brown, Kimberly A.
Germain, Joe
Groppenbacher, Shannon M.
Henry, Lawrence
Hertzberg, Susan
Kapur, Sandra
Kearns, Erica
Kennedy, Stephanie
Kohlhoff, Chi
Maynard, Kelly
McDermott, Lori
McDonald, Craig, University of California
McKinnon, Blaze
Morgan, Suzanne
Nelson, Ann
Omega, Duveneck
Parievsky, Anna
Puyear, Michele
Ritter, Jean
Short, Jeremy
Stratton, Andrea
Vander Zanden, Jeanne
White, Rianna

Attachment B – Submitted Written Comment

Parent Project
Muscular Dystrophy