Drug Use Review Board

Meeting Minutes

Date of Meeting: Thursday, October 26, 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	It was announced the meeting is being recorded. Chairwoman Wheeler called the meeting to order at 1:03 p.m. on October 26, 2021. Chairwoman Wheeler took the roll. Present / Absent Jennifer Wheeler, Pharm.D., Chair ☒ ☐ Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ Mark Canty, MD ☒ ☐ Crystal Castaneda, MD ☒ ☐ Jessica Cate, Pharm.D. ☒ ☐ Dave England, Pharm.D. ☒ ☐	**The DHCFP Staff Present were as follows:** Woodrum, Homa, Senior Deputy Attorney General Capurro, Antonina, Deputy Administrator Gudino, Antonio, Social Services Program Specialist III Berntson, Kindra, Social Services Program Specialist II Flowers, Ellen, Program Officer I

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	Brian Le, DO	☐	☒	**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 Technologies Staff Present were as follows:** Leid, Jovanna, Pharm.D. **OptumRx Staff Present were as follows:** LeCheminant, Jill, Pharm.D. Piccirilli, Annette Hansen, Sean Medina, Daniel Kiriakopoulos, Amanda, Pharm.D. **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.
	Michael Owens, MD	☐	☒	
	Rebecca Sparks, PA-C	☐	☒	
	Jim Tran, Pharm.D.	☒	☐	
	A quorum was present.			

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2. General Public Comment	Dr. Jill LeCheminant referenced submitted written public comment that was previously provided to the Board. Telephonic and web comment was called for, and the phone lines were opened. No public comment was offered.	
3. Administrative		
a. **<u>For Possible Action</u>**: Review and Approve Meeting Minutes from July 22, 2021	No corrections were offered. Board Member Adeolokun moved to approve the minutes as presented, and Board Member Canty seconded the motion. A vote was taken, 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. Crystal Castaneda, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Jim Tran, Pharm.D. ☒ Yes ☐ No ☐ Abst.	
b. Status Update by DHCFP	Dr. Antonina Capurro commented that a new managed care organization, Molina Healthcare, will be joining Nevada Medicaid beginning January 1, 2022. Medicaid recipients will be randomly distributed across the four managed care organizations, and the recipients will have 90 days to determine if they would like to change their MCO enrollment. Dr. Capurro informed the Board that the Synagis season began early due to a rise in RSV cases and the Synagis season is open from September 1, 2021, through	

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	March 31, 2022. Dr. Capurro reviewed legislative updates, including Assembly Bill 177 that requires pharmacies to provide information regarding a prescription in languages other than English. Dr. Capurro noted that the Board of Pharmacy is working on adopting the regulations. She covered Assembly Bill 178, which addresses early prescription renewals by pharmacists due to natural disasters earlier this month. Dr. Capurro also provided information regarding the creation of a new provider type for pharmacists along with Senate Bill 190 that allows pharmacists to prescribe self-administered hormonal contraceptives and Senate Bill 325, which permits pharmacists to prescribe drugs to prevent the acquisition of human immunodeficiency virus (HIV) and perform specific laboratory tests related to HIV testing. The public hearing for the State Plan Amendment for the new provider type was September 28, and implementation is scheduled for January 1, 2022. She commented that the public notices are available on the website for additional information. Dr. Capurro announced that Magellan Medicaid Administration will start on July 1, 2022, as Nevada's new pharmacy benefit manager (PBM). She noted that Magellan would begin facilitating the Silver State Scripts Board meetings at that time. Dr. Tina Hawkins from Magellan was present at the meeting to introduce herself. Dr. Hawkins commented that they were joining today to listen to the current process of meetings. Chairwoman Wheeler announced the agenda item of the informational update from DHCFP counsel was moved to the DUR Board requested reports section.	
4. Clinical Presentations		
a. **<u>For Possible Action</u>**: Discussion and possible adoption of prior authorization criteria and/or quantity limits		

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for sacubitril/valsartan (Entresto®).		
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. Comment was made by Dr. Melissa Sommers, representing Novartis, requesting the requirement that Entresto is prescribed by a cardiologist be removed from the criteria.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant reviewed the updated indication for Entresto and highlighted key points from the 2021 Update to the ACC Expert Consensus Decision Pathway. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed utilization. Dr. Luke Lim agreed with the proposed criteria and highlighted a trend of increasing Entresto utilization. Dr. Ryan Bitton proposed a policy update to require beta-blocker therapy only in specific populations. Dr. Bitton highlighted a trend of increasing Entresto utilization. Mr. Tom Beranek proposed a policy update of reduced left ventricular ejection fraction and concomitant use of aliskiren for any member diagnosed with diabetes. He highlighted steady utilization for Entresto.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler discussed the benefits of removing the requirement for Entresto to be prescribed by a cardiologist. She asked for comments from the Board Members. Board Member Canty and Board Member England agreed with the comments made by Chairwoman Wheeler.	

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iv. Proposed adoption of updated prior authorization criteria.	Board Member Canty motioned to approve the criteria as presented with removal that a cardiologist prescribes the requested medication. Board Member England seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Crystal Castaneda, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
b. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Immunomodulator Drugs.		
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. LeCheminant presented information regarding Skyrizi and discussed the new indication for Humira. Dr. LeCheminant reviewed the proposed Humira criteria presented in the binder and discussed utilization.	

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	Dr. Lim agreed with the proposed criteria and noted Humira had the highest use of the immunomodulator agents. Dr. Bitton agreed with the proposed criteria and discussed the volume of claims for Humira. Mr. Beranek agreed with the proposed criteria and stated that the majority of Humira claims were for the Humira pen.	
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 Tran moved to approve the criteria as presented. Board Member Adeolokun seconded the motion. A vote was held: Jennifer Wheeler, Pharm.D., Chair ☒ Yes ☐ No ☐ Abst. Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Crystal Castaneda, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
c. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Growth Hormones.		

Agenda Item	Record	Notes
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. LeCheminant discussed various diagnoses and clinical studies supporting the efficacy of growth hormone agents. The criteria were presented with no proposed changes, and growth hormone agent utilization was reviewed. Dr. Lim agreed with the proposed criteria and highlighted the use of Norditropin. Dr. Bitton agreed with the proposed criteria and highlighted the use of Zomacton. Mr. Beranek agreed with the proposed criteria and discussed the use of growth hormone agents.	
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 maintain the proposed criteria as presented. 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 ☒ ☐ ☐ Crystal Castaneda, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
d. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Gastrointestinal Prokinetic 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. LeCheminant discussed the new product, Gimoti, the mechanism of action, indication, administration, and clinical trial demonstrating efficacy. She noted the limitations of use for metoclopramide. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Lim agreed with the proposed criteria and reported no utilization for Gimoti. Dr. Bitton agreed with the proposed criteria and reported no utilization for Gimoti.	

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	Mr. Beranek agreed with the proposed criteria and reported no utilization for Gimoti.	
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 Castaneda moved to approve the proposed criteria as presented. Board Member Canty seconded the motion. A vote was held: Yes / No / Abst. Jennifer Wheeler, Pharm.D., Chair ☒ ☐ ☐ Netochi Adeolokun, Pharm.D., Vice Chair ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Crystal Castaneda, MD ☒ ☐ ☐ Jessica Cate, Pharm.D. ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
e. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Alzheimer's 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.	

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	Comment was provided by Dr. Jeff Cummings, Professor of Brain Health at the University of Nevada and the former director of the UCLA Alzheimer's Disease Research Center. Dr. Cummings discussed the use of CDR and RBANS assessments as clinical trial tools and noted they are not commonly used in clinical practice. He recommended the MoCA, a widely used assessment tool, as an alternative. Comment was provided by Dr. Kaysen Bala, a Medical Value Liaison representing Biogen. Dr. Bala discussed the impact of Alzheimer's disease. He noted that Aduhelm treats the declining pathology of the disease. Dr. Bala described the use of CDR and RBANS assessments as clinical trial tools and the use of the MoCA as a well-established tool in clinical practice. He noted that PET imaging is considered investigational for Alzheimer's disease. Dr. Bala offered to answer any questions on Aduhelm clinical data.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed the new product, Aduhelm, the mechanism of action, indication, administration, and clinical trial demonstrating efficacy. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Lim agreed with the proposed criteria and reported no utilization for Aduhelm. Dr. Bitton agreed with the proposed criteria and reported no utilization for Aduhelm. Mr. Beranek agreed with the proposed criteria and reported no utilization for Aduhelm.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members.	

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	Board Member Castaneda noted the benefit of the MoCA and suggested adding the MoCA to the list of exams and require completion of two of the four exams listed. The Board discussed the different exams and how they are used to identify patients with mild cognitive impairment.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Canty moved to approve the criteria as presented with the addition of the MoCA to the list of exams and to require two of the four exams to be completed. 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. Crystal Castaneda, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Jim Tran, Pharm.D. ☒ Yes ☐ No ☐ Abst.	
f. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for CGRP Receptor Inhibitors.		
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.	

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	Comment was provided by Dr. Charlie Lovan, a Medical Science Liaison representing AbbVie, stating she is available to answer questions regarding CGRP migraine products. Comment was provided by Mr. Ben Droese, with Amgen Medical Affairs, regarding Aimovig and its most common adverse reactions. He requested clarification on the Aimovig criteria to require a trial of two preferred products. Mr. Droese discussed a study that shows half of the migraine visits occur in the primary care setting and requested the removal of the prescriber specialty from the criteria.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed the new indication for Nurtec of preventative treatment of migraine and clinical trial demonstrating efficacy. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Lim agreed with the proposed criteria and highlighted that some of the utilization of Ubrelvy has shifted to Nurtec. Dr. Bitton agreed with the proposed criteria and highlighted high utilization of Aimovig and Emgality and increasing utilization of Nurtec. Mr. Beranek agreed with the proposed criteria and highlighted increased utilization of Nurtec and Emgality.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. Board Member Castaneda commented on the benefit of removing the requirement for the prescriber to be a Pain Specialist or Neurologist and noted CGRP products are often prescribed in a	

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	primary care setting as there may be access issues for a specialist visit. Board Member, England is in favor of removing the prescriber specialty requirement.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Castaneda moved to approve the criteria as presented with the removal of the requirement that the medication must be prescribed by a Neurologist or Pain Specialist. 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. Crystal Castaneda, MD ☒ Yes ☐ No ☐ Abst. Jessica Cate, Pharm.D. ☒ Yes ☐ No ☐ Abst. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Jim Tran, Pharm.D. ☒ Yes ☐ No ☐ Abst. Chairwoman Wheeler requested the CGRP agents be reviewed at the next DUR meeting to ensure consistency within the criteria.	
5. DUR Board Requested Reports		
a. **For Possible Action**: Opioid utilization – top prescriber and members.		
i. Information update from DHCFP Counsel	Ms. Homa Woodrum, Senior Deputy Attorney General, provided Board Requested information related to possible actions available to the Board relating to opioid utilization reports.	

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	Senior Deputy Attorney General Woodrum provided the option for the Board to move and vote to direct DHCFP to send a letter directly to the providers identified as prescribing high amounts of opioids with an option to follow up with a notice. If the prescribing trend continues, a request can be submitted to DHCFP to make a referral to the Surveillance, Utilization, and Review team. Board Member England expressed concern that previously, when prescriber letters have been sent, there is no follow-up. Senior Deputy Attorney General Woodrum explained the process of tracking which prescribers have been sent a letter and the option to escalate instances of providers that continue to prescribe high amounts of opioids to the Medicaid Fraud department.	
ii. Presentation of opioid criteria	Dr. LeCheminant reviewed the Chapter 1200 opioid criteria, and no changes were proposed.	
iii. Discussion by the Board and review of utilization data.	Dr. Lecheminant presented the opioid utilization identifying the addition of morphine equivalent dose (MED) per day information to the report. She summarized the opioid 12-month trend. Dr. Lecheminant discussed the patient diagnoses of the top utilizers. Dr. Lim presented opioid utilization trends and identified a steady MED level over time. He discussed the top providers and top utilizers and noted a lack of trend in the prescription count. Dr. Bitton presented opioid utilization trends. He noted a slight downward trend in opioid scripts and discussed the top prescribers, top members, and how the two lists correlate. Mr. Beranek presented opioid utilization trends highlighting a decrease in utilization. He noted little change in the top ten prescribers and discussed member diagnosis for the top ten utilizers.	

Agenda Item	Record	Notes
iv. 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. LeCheminant presented the top classes with similar results over the quarter, with hemostatic agents on the top by spend amount and anticonvulsants in the top by claim count. Dr. Lim presented the top classes and highlighted viral vaccines as the top class by claim count. Dr. Bitton presented the top classes and identified viral vaccines as the top class by claim count. Mr. Beranek presented the top drug classes and identified viral vaccines as the top class by claim count.	
b. Concurrent Drug Utilization Review (ProDUR).		
i. Review of Q4 2020. ii. Review of Top Encounters by Problem Type.	Dr. LeCheminant highlighted the prospective DUR reports and the interventions. Dr. Lim discussed the prospective DUR and the interventions. Dr. Bitton pointed out the prospective DUR report and the interventions. Mr. Beranek called out some differences in the prospective DUR compared to other programs but nothing unexpected.	
c. Retrospective Drug Utilization Review (RetroDUR).		

Agenda Item	Record	Notes
i. Status of previous quarter. ii. Status of current quarter. iii. Review and discussion of responses.	Dr. LeCheminant discussed the retrospective DUR initiatives during the last quarter with long-term PPI use and montelukast utilizers less than 21 years without an Asthma diagnosis. Dr. Lim highlighted the retrospective DUR programs, including asthma and behavioral health programs. Dr. Bitton discussed retrospective DUR initiatives and results, highlighting the gap in care initiatives. Mr. Beranek discussed the retrospective DUR program highlighting outreach to members who are nonadherent on their antiepileptic medications.	
7. Closing Discussion		
a. Public Comment.	Telephonic and web comment was 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 January 27, 2022, and the location is yet to be determined.	
c. Adjournment.	The meeting adjourned at 4:02 p.m.	

Attachment A – Members of the Public in Attendance

Ashton, Elisa, Johnson & Johnson
Bala, Kaysen, Biogen
Belen, Valerie, Belz & Case
Belz, Jeanette, Belz & Case
Booth, Robert, AbbVie
Colabianchi, Jeana, Sunovion
Cummings, Jeffrey, CNS Innovations
De Rosa, Regina, WellPoint
Delgado, Jonathan, Novonordisk
Diebes, Tressa, Takeda
Droese, Ben, Amgen
Germain, Joe, Biogen
Glover, Jon, Pfizer
Gonzales, Becky, VIIV Healthcare
Grothe, Deron, Teva
Hawkins, Tina, Magellan
Hertzberg, Susan, Roche
Levin, Amy, WellPoint
Lovan, Charlie, AbbVie
Miller, Temyka, WellPoint
Nelson, Ann, Vertex
Nguyen, Bao, Janus
Ou, Karen, Gilead
Pearce, Robert, Teva
Powell, Natasha, WellPoint
Roa, Ryan, Merck
Robinson, Lovell, AbbVie
Santarone, Christopher, Bristol Myers Squibb
Smith, Olivia
Solomon, Adele, WellPoint
Sommers, Melissa, Novartis
Sullivan, Mike, Amgen
Tran, Jim, Uhsinc
Triola, Olga, Merck
Wright, Mathew, Artia Solutions
Yamashita, Kelvin
Zarob, Michael, Alkermes

Attendees with no last name available:
Alex
Jenny
Zanyae

Attachment B – Submitted Written Comment

Antipsychotics 1
Antipsychotics 2