Drug Use Review Board

Meeting Minutes

Date of Meeting: Thursday, January 27, 2022

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 1:06 p.m. on January 27, 2022. Chairwoman Wheeler took the roll. 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 ☐	**The DHCFP Staff Present were as follows:** Woodrum, Homa, Senior Deputy Attorney General Capurro, Antonina, Deputy Administrator Olsen, David, Social Services Chief III Gudino, Antonio, Social Services Program Specialist (SSPS) III Berntson, Kindra, SSPS II Alegria, Veronica, SSPS I Evins, Jaime, Supervisor Managed Care Contracts

Agenda Item	Record			Notes
	Brian Le, DO	☒	☐	Flowers, Ellen, Program Officer I **Managed Care Organization representatives present were as follows:** Eletreby, Iman, Pharm.D., Anthem Blue Cross Bitton, Ryan, Pharm.D., Health Plan of Nevada Tran, Jimmy, Pharm.D., Molina Healthcare 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 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
	Michael Owens, MD	☒	☐	
	Rebecca Sparks, PA-C	☒	☐	
	Jim Tran, Pharm.D.	☒	☐	
	A quorum was present.			

Agenda Item	Record	Notes
		attendee list's accuracy is not assured.
2. General Public Comment	Telephonic and web comment was called for, and the phone lines were opened. Comment was provided by Mr. John Phoenix, an APRN from the Huntridge Family Clinic, regarding the lack of representation of the nursing profession in the Board. He commented that he would like to update the regulation to permit advanced practice providers and nursing providers to join the Board. Chairwoman Wheeler notified Mr. Phoenix that the first physician assistant was added to the Board, Rebecca Sparks. Comment was provided by Dr. Dana McSherry from Vanda Pharmaceuticals and noted that a written public comment was submitted. The submission was regarding the criteria for Hetlioz. Chairwoman Wheeler noted that written public comment was received. Comment was provided by Dr. Jonathan McKinnon regarding casimersen. He noted he supports criteria to use in ambulatory and non-ambulatory children with Duchenne Muscular Dystrophy. He stated that exon skipping therapy could slow disease progression and assist with other functions that do not relate to ambulation. Comment was provided by Dr. Charlie Lovan with Abbvie Pharmaceuticals stating that he was available for questions should they arise.	
3. Administrative		
a. **<u>For Possible Action</u>**: Review and Approve Meeting Minutes from October 26, 2021	No corrections were offered. Board Member Canty moved to approve the minutes as presented, and Board Member Adeolokun seconded the motion.	

Agenda Item	Record	Notes
	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. ☐ Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ Brian Le, DO — Yes ☒ No ☐ Abst. ☐ Michael Owens, MD — Yes ☒ No ☐ Abst. ☐ Rebecca Sparks, PA-C — Yes ☒ No ☐ Abst. ☐ Jim Tran, Pharm.D. — Yes ☒ No ☐ Abst. ☐	
b. Status Update by DHCFP	Chief David Olsen announced DHCFP is working to establish pharmacists as a new provider type. On January 13, 2022, the Nevada State Board of Pharmacy approved a protocol and regulation of Senate Bill 190. The Board of Pharmacy legislative council will review and revise the protocol. Senate Bill 325 requires a protocol for prescribing and ordering related lab tests for dispensing HIV treatment medications, PEP and PREP, which will be reviewed in March 2022. Due to required approvals and onboarding of a new pharmacy benefit manager (PBM), June 2022 is the earliest expected date for implementing the new provider type. Chief Olsen reported Magellan Medicaid Administration (MMA) as the new PBM beginning July 1, 2022. After that date, Magellan will facilitate the Drug Use Review Board Meetings. Chief Olsen stated that a public meeting would be held on January 28, 2022, at 1:00 p.m. to discuss public insurance. He referenced the DHCFP website for public notice details.	

Agenda Item	Record	Notes
	Mr. Antonio Gudino welcomed new Board Member Rebecca Sparks, PA-C. Rebecca works as a certified physician assistant in a local Community Health Center, where she provides medical care to the underinsured and underserved populations. She also provides services at a local acute care clinic. DHCFP has scheduled a public workshop on February 7, 2022, to discuss a proposed state plan amendment to enroll into the National Medicaid Pooling Initiative (NMPI) for supplemental rebate agreements. The NMPI is a multi-state Medicaid pharmaceutical purchasing pool that allows Nevada Medicaid to consolidate purchasing power to negotiate a lower price for prescription drugs. There are twelve states taking part in NMPI. The DHCFP website was referenced for additional public notice information regarding the workshop.	
4. Clinical Presentations		
a. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for CGRP Products		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. No public comment was provided. No written comment was received.	
ii. Presentation of utilization and clinical information.	Dr. Jill LeCheminant reviewed the new agent Qulipta and discussed the consolidation of criteria. She discussed the efficacy of Qulipta and migraine-free days. She noted that the proposed criteria would be categorized by diagnosis. Dr. Iman Eletreby agreed with the proposed criteria.	

Agenda Item	Record	Notes
	Dr. Ryan Bitton agreed with the proposed criteria and noted an increase in utilization. Mr. Tom Beranek agreed with the proposed criteria.	
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 motioned to approve the criteria as presented. 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. Dave England, Pharm.D. ☒ Yes ☐ No ☐ Abst. Brian Le, DO ☒ Yes ☐ No ☐ Abst. Michael Owens, MD ☒ Yes ☐ No ☐ Abst. Rebecca Sparks, PA-C ☒ Yes ☐ No ☐ Abst. Jim Tran, Pharm.D. ☒ Yes ☐ No ☐ Abst.	
b. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Cystic Fibrosis Agents		

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. Comment was provided by Ms. Lisa Allen with Vertex Pharmaceuticals. She provided clinical information regarding the four available Cystic fibrosis transmembrane conductance regulator (CFTR) modulators. She noted the label updates and expansions to the available agents. Ms. Allen provided post-marketing data and warnings. She asked the Board to continue to provide access to the four CFTR agents based on indication and age. No written comment was received.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant presented information regarding an age update to Trikafta. She noted the previous use was for 12 years of age and older, and the new age is now six years of age and older. She requested the PA criteria be updated from specific age restrictions to age based on appropriate labeling to ensure timeliness for patient use. She provided updates to mutations in CFTR genes that are responsive to Trikafta. Utilization data is relatively steady, with a slight increase in Trikafta. Dr. Eletreby agreed with the proposed criteria and noted that Trikafta is the dominant agent with relatively low utilization. Dr. Bitton agreed with the proposed criteria and noted similar Trikafta utilization. Mr. Beranek agreed with the proposed criteria. He noted utilization of the class products.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	

<table>
<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 Le moved to approve the criteria as presented.

Board Member Owens 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>c. <u>For Possible Action</u>: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Topical Immunomodulators.</td><td></td><td></td></tr>
<tr><td>i. <u>Public comment</u> on proposed clinical prior authorization criteria.</td><td>Telephonic and web comment was called for, and the phone lines were opened.

No written comment was received.

No public comment was offered.</td><td></td></tr>
<tr><td>ii. Presentation of utilization and clinical information.</td><td>Dr. LeCheminant discussed Opzelura topical use in atopic dermatitis. She noted efficacy in clinical trials for mild to moderate atopic dermatitis patients.

Dr. Eletreby agreed with the proposed criteria and noted high utilization of Tacrolimus.</td><td></td></tr>
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<tr><th>Agenda Item</th><th>Record</th><th>Notes</th></tr>
<tr><td></td><td>Dr. Bitton agreed with the proposed criteria but recommended the wording "topical prescription therapies" be updated for clarification.

Mr. Beranek agreed with proposed criteria. He noted the utilization of Tacrolimus and Eucrisa.</td><td></td></tr>
<tr><td>iii. Discussion by Board and review of utilization data.</td><td>Chairwoman Wheeler asked for comments from the Board Members.

The Board discussed options to clarify the wording of the criteria.</td><td></td></tr>
<tr><td>iv. Proposed adoption of updated prior authorization criteria.</td><td>Board Member England moved to accept the proposed criteria with the phrase "topical prescription therapies" changed to "other topical prescription therapies."

Board Member Adeolokun seconded the motion.

A vote was held:

<table>
<tr><th></th><th>Yes</th><th>No</th><th>Abst.</th></tr>
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<tr><td>d. <u>For Possible Action</u>: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Cabenuva.</td><td></td><td></td></tr>
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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. Comment was provided by Dr. Kaitlyn Nguyen from ViiV Healthcare regarding Cabenuva. She discussed the public health challenges of HIV and the national goal of reducing new HIV infections by as much as 90% by 2030. Dr. Nguyen noted the challenges of oral antiretroviral regimens. The advantages of injectable therapy were presented, and the importance of open access to Cabenuva. Comment was provided by Mr. John Phoenix regarding Cabenuva and the effective strategy of injectable treatment for patients that struggle with adherence and pill fatigue. Mr. Phoenix requests that Cabenuva be available without any prior authorization restrictions. He notes the importance of quick access to Cabenuva. Written comment was received regarding Cabenuva.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed the drug Cabenuva, including 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 Cabenuva. Dr. Eletreby agreed with the proposed criteria and reported low but increasing utilization for Cabenuva. Dr. Bitton agreed with the proposed criteria and noted low utilization for Cabenuva. Mr. Beranek agreed with the proposed criteria and discussed utilization of the different strengths for Cabenuva.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members.	

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<tr><td></td><td>Board Member Le and Chairwoman Wheeler asked about the operation process to meet the requirement of provider attestation that the patient would benefit from long-acting therapy. Dr. LeCheminant explained attestation would be submitted on the request for prior authorization. For requests with no attestation provided, outreach attempts would be made to obtain attestation from the provider.

Board Member Le recommends removing the provider attestation requirement from the criteria. Chairwoman Wheeler and Board Member Adeolokun voice agreement as the requirement places an unnecessary burden on providers.

Board Member Canty asks if criteria for other medications include provider attestation. Chairwoman Wheeler does not recall other criteria with an attestation requirement. Dr. LeCheminant notes it is becoming less common to add attestation criterion.</td><td></td></tr>
<tr><td>iv. Proposed adoption of updated prior authorization criteria.</td><td>Board Member Le moved to approve the proposed criteria with the removal that the provider attests the patient would benefit from long-acting injectable therapy over standard oral regimens.

Board Member Tran seconded the motion.

A vote was held:

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Agenda Item	Record	Notes
	Rebecca Sparks, PA-C ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
e. **For Possible Action**: Discussion and possible adoption of prior authorization criteria and/or quantity limits for Targeted Immunomodulators.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. Comment was provided by Dr. David Yurick from Bristol Myers Squibb regarding Orencia. He discussed a new indication for Orencia of prophylaxis of acute graft-versus-host disease. Dr. Yurick requested Orencia remain a first-line therapy in the drug class. No written comment was received.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed a new product to the targeted immunomodulator class, Zeposia, 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. Eletreby agreed with the proposed criteria and reported most utilization is for Humira. Dr. Bitton agreed with the proposed criteria and reported high utilization for Humira. Mr. Beranek disagreed with the proposed criteria and recommended the addition of a documented Mayo Score $\geq$ 6. He reported high utilization for Humira.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members.	

Agenda Item	Record	Notes
	No comments were made.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member England 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: Yes ☒ No ☐ Abst. ☐ Mark Canty, MD: Yes ☒ No ☐ Abst. ☐ Dave England, Pharm.D.: Yes ☒ No ☐ Abst. ☐ Brian Le, DO: Yes ☒ No ☐ Abst. ☐ Michael Owens, MD: Yes ☒ No ☐ Abst. ☐ Rebecca Sparks, PA-C: 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 Respiratory Monoclonal Antibody Agents		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. Comment was provided by Dr. Ben Droese from Amgen Medical Affairs regarding Tezspire. He discussed clinical indication and Tezspire's novel approach to treat severe asthma. Dr. Droese commented on clinical trials demonstrating efficacy. He requested Tezspire be added as a preferred option	

Agenda Item	Record	Notes
	Comment was provided by Dr. Michele Puyear, with Genentech, regarding Xolair. She requested criteria be updated to reflect the new indication of nasal polyps. She noted dosing and clinical efficacy in nasal polyps. Written comment was received regarding Xolair.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed the new indication of Dupixent for treatment of moderate to severe asthma in patients ≥ 6 years of age. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Eletreby agreed with the proposed criteria and highlighted the utilization of Dupixent and Xolair. Dr. Bitton agreed with the proposed criteria and highlighted the high utilization of Dupixent. Xolair utilization via medical is higher than all other agents. Mr. Beranek agreed with the proposed criteria and highlighted the utilization of Dupixent and Xolair.	
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 Le moved to approve the criteria as presented. Board Member Owens 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 ☒ ☐ ☐ Mark Canty, MD ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Brian Le, DO ☒ ☐ ☐ Michael Owens, MD ☒ ☐ ☐ Rebecca Sparks, PA-C ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
g. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Neuropathic Pain and Fibromyalgia Agents.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. No public comment was provided. No written comment was received	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant discussed Qutenza's use for diabetic peripheral neuropathy. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Eletreby agreed with the proposed criteria and highlighted the utilization of Dupixent and Xolair. Dr. Bitton agreed with the proposed criteria and recommended additional step therapy for the amendment to the criteria. Dr. LeCheminant agreed with the addition of step therapy to the criteria.	

Agenda Item	Record	Notes
	Mr. Beranek agreed with the proposed criteria, Dr. Bitton's updates, and provided that no utilization for this product was noted.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. Board Member Canty discussed removing tricyclic antidepressants from the criteria as they are not often used or recommended for neuropathic pain. Dr. LeCheminant clarified the motion that PA criteria would be updated to include the addition of a trial and failure of preferred lidocaine patch and a trial of either gabapentin, pregabalin, or duloxetine.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member England moved to approve the criteria as presented with removing the requirement that the medication must be prescribed by a Neurologist or Pain Specialist. Board Member Le 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. ☐ Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ Brian Le, DO — Yes ☒ No ☐ Abst. ☐ Michael Owens, MD — Yes ☒ No ☐ Abst. ☐ Rebecca Sparks, PA-C — Yes ☒ No ☐ Abst. ☐ Jim Tran, Pharm.D. — Yes ☒ No ☐ Abst. ☐	

Agenda Item	Record	Notes
h. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Duchenne Muscular Dystrophy.		
i. Public comment on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. Public comment was provided by Dr. Tracy Copeland from Sarepta regarding Amondys 45. She provided clinical indication, the rationale for accelerated approval, and clinical trials demonstrating efficacy. Public comment was provided by Dr. Kathryn Lanza, a Medical Science Liaison from NS Pharma, regarding Viltepso. She provided clinical indication, the rationale for accelerated approval, and noted that most patients are treated for symptom management. Dr. Lanza discussed the mechanism of action, safety, efficacy, and tolerability. She noted that complete product information could be found at Viltepso.com. No written comment was received.	
ii. Presentation of utilization and clinical information.	Dr. LeCheminant provided clinical information for Amondys 45. She noted clinical trial information, accelerated approval, dosing, and administration. Dr. LeCheminant reviewed the proposed criteria presented in the binder and discussed the utilization of the medications in the class. Dr. Eletreby agreed with the proposed criteria and noted no utilization.	

Agenda Item	Record	Notes
	Dr. Bitton agreed with the proposed criteria and highlighted a small amount of Exondys use. Mr. Beranek disagreed with the proposed criteria and recommended criteria be added regarding inadequate response despite adherent use of an oral corticosteroid and a requirement for member assessment. He noted no utilization in the drug class.	
iii. Discussion by Board and review of utilization data.	Chairwoman Wheeler asked for comments from the Board Members. No comments were made.	
i. 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 ☒ ☐ ☐ Dave England, Pharm.D. ☒ ☐ ☐ Brian Le, DO ☒ ☐ ☐ Michael Owens, MD ☒ ☐ ☐ Rebecca Sparks, PA-C ☒ ☐ ☐ Jim Tran, Pharm.D. ☒ ☐ ☐	
5. DUR Board Requested Reports		
a. **<u>For Possible Action</u>**: Opioid utilization – top prescriber and members.		

Agenda Item	Record	Notes
i. Presentation of opioid criteria		
ii. Discussion by the Board and review of utilization data.	Dr. Lecheminant presented the opioid utilization report. She summarized the opioid 12-month trend. Dr. Lecheminant discussed the patient diagnoses of the top utilizers. She noted a change in the top three prescribers and that the top prescriber is the same hospitalist that was the top prescriber from the last report in October. Dr. Eletreby presented opioid utilization trends and identified a steady morphine equivalent dosing (MED) level over time. She discussed the top providers and top utilizers. 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.	
iii. Requests for further evaluation of proposed clinical criteria to be presented at a later date.	Board Member Le asked if a cancer diagnosis could be excluded from the report for evaluation. Dr. LeCheminant noted that this might not be possible based on the diagnosis information provided for claims. She stated that she would attempt to review for top members. Dr. LeCheminant inquired if palliative care should also be excluded. Chairwoman Wheeler confirmed from future opioid reporting.	
6. Standard DUR Reports		
a. Review of Prescribing/ Program Trends.		

Agenda Item	Record	Notes
i. Top 10 Therapeutic Classes for Q3 2021 (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. Eletreby 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 (CDUR).		
i. Review of Q3 2021. ii. Review of Top Encounters by Problem Type.	Dr. LeCheminant highlighted the prospective DUR reports and the interventions. Dr. Eletreby discussed the prospective DUR and the interventions. Dr. Bitton pointed out the prospective DUR report and the interventions. Mr. Beranek pointed out the prospective DUR report and the interventions.	
c. Retrospective Drug Utilization Review (RetroDUR).		
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 members concurrently using an opioid, antipsychotic, and benzodiazepine Dr. Eletreby highlighted the retrospective DUR programs, including asthma and diabetic monitoring.	

Agenda Item	Record	Notes
	Dr. Bitton discussed retrospective DUR initiatives and results, highlighting the gap in care initiatives. Mr. Beranek discussed the retrospective DUR program highlighting outreach to providers regarding dangerous three drug combinations, respiratory overuse, MME benchmark, diabetic underuse, and antiepileptic adherence. He noted overall response rates.	
7. Centers for Medicare and Medicaid Services (CMS) Annual Drug Utilization Review Surveys		
a. Fee-for-Service Annual DUR Survey presented by OptumRx.	Dr. LeCheminant discussed member demographics, RetroDUR initiatives, generic and brand claims, and the top therapeutic classes.	
b. Anthem Blue Cross Blue Shield Healthcare Solutions Annual DUR Survey presentation.	Dr. Eletreby summarized RetroDUR initiatives and controlled substance utilization management.	
c. Health Plan of Nevada Annual DUR Survey presentation.	Dr. Bitton discussed the CDUR expansion program and RetroDUR highlights.	
d. Silver Summit Health Plan Annual DUR Survey presentation.	Mr. Beranek noted the top 10 prior authorizations. He provided an overview of RetroDUR outreach and generic drug utilization.	
8. Closing Discussion		
a. Public Comment.	Telephonic and web comment was called for, and the phone lines were opened. Comment was provided by Dr. Kaitlin Nguyen from ViiV Healthcare regarding the proposed Cabenuva criteria. She highlighted that Cabenuva does not require a minimum duration of suppression and could be a treatment switch option regardless of how long they were treatment suppressed. She requested the removal of a minimum duration requirement from the criteria.	

Agenda Item	Record	Notes
b. **For Possible Action**: Date and location of the next meeting.	Chairwoman Wheeler stated the next meeting is scheduled for April 28, 2022.	
c. Adjournment.	The meeting adjourned at 3:23 p.m.	

Attachment A – Members of the Public in Attendance

Allen, Lisa, VRTX
Ashton, Elisa, JNJ
Berry, Kenneth, Alkermes
Booth, Robert, Abbvie
Bouluanne-Larsen, Carla
Canavan, Eric, Sarepta
Oliver, Carmen, Biohaven
Case, Lea, Belzcase
Colabianchi, Jeana, Sunovion
Cooper, Christa, Lily
Cooper,Emily, NS Pharma
Copeland, Tracey, Sarepta
Cowan, Sarah
Crecco, Jason
Donahue, Cheryl
Droese, Ben, Amgen
Duke, Michelle
Dzwilewski, Georgette, Indivior
Germain, Joe, Biogen
Goddard, John, GSK
Gonzales, Becky, ViiV
Hawkins, Tina, Magellan
Heinen, Gina, Novo Nordisk
Henry, Lawrence, Fidelis Rx
Hertzberg, Susan, Gene
Jensen, Kathryne, Artia
Johnson, Tory
Kerr, Camille, Regeneron
Lanza, Kathryn, NS Pharma
Leroue, Chelsea, Biohaven
Lovan, Charlie, AbbVie
Maynard, Kelly
McKinnon, Dr. Jonathan
McSherry, Dana, MWE
Morgan, Suzanne, NS Pharma
Nelson, Ann, Vertex
Nguyen, Kaitlin, ViiV
Nguyen, Bao, JNJ
Odebiyi, Olawemimo, Teva
Ou, Karen, Gilead
Pearce, Robert, Teva
Perkins, Carol, Magellan
Phoenix, John, Huntridge
Puyear, Michele, Genentech
Quon, Warren
Ritter, Jean, Zealand
Robinson, Lovell, AbbVie
Rochelle, Yang, Teva

Roy, Melissa, Otsuka
Santarone, Christopher, BMS
Shear, Jennifer, Teva
Sommers, Melissa, Novartis
Stout, Melissa, Chiesi
Sullivan, Mike, Amagen
Tackes, Pierron
Ward, Samantha, Amagen
White, Rianna, Fidelis Rx
Yamashita, Kelvin
Yang, Rochelle, Teva
Yurick, David, BMS
Zarob, Michael, Alkermes

Attendees with no last name available:
Craig

Attachment B – Submitted Written Comment

- 6086 CABENUVA Product Summary
- Cabenuva Prescribing Information
- Hetlioz_NV DURB 1-27 Public Comment
- Xolair_Public Comment