Drug Use Review

Board Meeting Minutes

Date of Meeting: Thursday, July 28, 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. Chairperson Wheeler called the meeting to order at 1:06 p.m. on July 28, 2022. Chairperson 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 ☐ • Brain Le, DO — Present ☒ Absent ☐ • Michael Owens, MD — Present ☒ Absent ☐ • Rebecca Sparks, PA-C — Present ☐ Absent ☒ • Jim Tran, Pharm.D. — Present ☒ Absent ☐	**DHCFP Staff Present were as follows:** • Griffin, Karen, Senior Deputy Attorney General • Capurro, Antonina, DMD, MPH, MBA, Deputy Administrator • Olsen, David, Chief of Pharmacy Services • Gudino, Antonio, Manager of Pharmacy Services • Prada, Vanessa, Social Services Program Specialist (SSPS) II, Managed Care Unit • Berntson, Kindra, SSPS II, Pharmacy Unit • Flowers, Ellen, Program Officer I, Pharmacy Unit **Magellan Rx Staff Present were as follows:** • Mishra, Raj, Pharm.D., Clinical Account Manager • Kim, James, Pharm.D., Dir. Clinical Account Services

		• Soto, Claudia, Sr. Dir. Account Management • Martinez, Chris, Sr. Business Analyst **Managed Care Organization representatives present were as follows:** • Eletreby, Iman, Pharm.D., Anthem • Bitton, Ryan, Pharm.D., Health Plan of Nevada • Tran, Jimmy, Pharm.D., Molina Healthcare • Silver Summit Health Plan (Absent) **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.
2. General Public Comment	Telephonic and web comment was called for, and the phone lines were opened. No public comment was provided. No written comment was received.	
3. Administrative		
a. For Possible Action: Review and Approve Meeting Minutes from April 28, 2022	Board Member Le moved to approve the minutes as presented, and Board Member Wheeler seconded the motion. A vote was taken, and the results were as follows from members in	

	attendance (in favor, against, and abstentions where applicable): 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. ☒ ☐ ☐ • Brain Le, DO ☒ ☐ ☐ • Michael Owens, MD ☒ ☐ ☐ • Rebecca Sparks, PA-C ☐ ☐ ☒ • Jim Tran, Pharm.D. ☒ ☐ ☐	
b. Status Update by DHCFP	Chief of Pharmacy Services David Olsen provided four announcements. • Nevada Medicaid recently completed a project which established this licensed pharmacist as a new provider type. The license pharmacist provider type allows for pharmacists to prescribe and dispense HIV prevention medication, such as prep and PEP, and be able to order certain labs. It also allows pharmacists to dispense self-administered oral contraception without a prescription. • Nevada Medicaid received approval from CMS to move forward joining the National Medicaid Pooling Initiative. Also known as NMPI. This change will occur on October 1st of this year. For more information regarding NMPI you can contact two individuals at Magellan Medicaid Administration. They are Eileen Zimmer and her e-mail address is eezimner@magellanhealth.com and Kristen Haloski and her e-mail is kmhaloski@magellanhealth.com.	

	• Holding a public workshop regarding specialty decision administered drug management that will be held August 8, 2022 at 10:00 AM. For more information you can go to our public notices, the public notices website is listed on the agenda. You can also go to DHCFP website which is dhcfp.nv.gov/public. • Recruiting for board members for our Silver State Scripts Board. Physicians, pharmacists, and other providers are welcome to send resumes to Medicaid Pharmacy services at our general inbox or e-mail which is rxinfo@dhcfp.nv.gov. That e-mail address is also listed on the agenda.	
4. Clinical Presentations		
a. For Possible Action: Discussion and possible adoption of prior authorization criteria and/or quantity limits for ANTIPSYCHOTICS: ATYPICAL – INVEGA TRINZA, INVEGA HAFYERA.		
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. Raj Mishra discussed the new indication for Paliperidone palmitate (Invega Hafyera™). • Administered once every six months IM into the gluteal muscle by a healthcare professional. Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Paliperidone palmitate (Invega	

	Hafyera™). • Dr. Iman Eletreby, approved of the proposed criteria and utilization was presented. • Dr. Ryan Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Jimmy Tran, approved of the proposed criteria and had no utilization.	
iii. Discussion by Board and review of utilization data.	Chairperson 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 approve the criteria as presented by Magellan, 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): 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. ☒ ☐ ☐ • Brain Le, DO ☒ ☐ ☐ • Michael Owens, MD ☒ ☐ ☐ • Rebecca Sparks, PA-C ☐ ☐ ☒ • Jim Tran, Pharm.D. ☒ ☐ ☐	

b. For Possible Action: Discussion and possible adoption of prior authorization criteria and/or quantity limits for BREXAFEMME (IBREXAFYNGERP)		
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. Mishra discussed the new drug update for Ibrexafungerp (Brexafemme®). • Ibrexafungerp (Brexafemme) is a triterpenoid antifungal indicated for the treatment of adult and postmenarchal pediatric females with vulvovaginal candidiasis (VVC). Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Ibrexafungerp (Brexafemme®). • Dr. Eletreby, approved of the proposed criteria and had no utilization. • Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and had no utilization. • Dr. Tran, Jimmy, approved of the proposed criteria and had no utilization.	

iii.	Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Comment by Board Member Castaneda was made of why the age of 12 and older. At this point, I'm seeing a lot of younger patients closer to 10 and 11. The board discussed how a prior authorization can be requested for those patients under the age of 12. Board Member Wheeler proposed to go to vote to approve criteria and then bring this back and look at usage utilization in six months to a year to see what it looks like. Board Members agreed.	
iv.	Proposed adoption of updated prior authorization criteria.	Board Member Casteneda moved to approve the criteria as presented by Magellan, 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. ☐ • Crystal Castaneda, MD — Yes ☒ No ☐ Abst. ☐ • Jessica Cate, Pharm.D. — Yes ☐ No ☐ Abst. ☒ • Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ • Brain 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. ☐	

c. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for PONVORY (PONESIMOD).		
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 Amy Hale pharmacist located in Southern Nevada, attending on behalf of Janssen Scientific Affairs. A written comment was received from by Amy Hale pharmacist located in Southern Nevada, attending on behalf of Janssen Scientific Affairs.	
ii. Presentation of utilization and clinical information.	Dr. Mishra discussed the new drug update for Ponesimod (Ponvory™). Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Ponesimod (Ponvory™). • Dr. Eletreby, approved of the proposed criteria and utilization was presented. • Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Tran, approved of the proposed criteria and utilization was presented.	
iii. Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Comment made from Board Member Canty. Proposed to reduce the	

	number failure agents from 2 to 1. Comment from Board Member England no opposition.	
iv. Proposed adoption of updated prior authorization criteria.	Chairperson Wheeler proposed to move to approve criteria with the change of failure of 1 agent instead of 2. Board Member Canty moved to approve the criteria as presented by Magellan with the changes of the number of failure agents, 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): 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. ☒ ☐ ☐ • Brain Le, DO ☒ ☐ ☐ • Michael Owens, MD ☒ ☐ ☐ • Rebecca Sparks, PA-C ☐ ☐ ☒ • Jim Tran, Pharm.D. ☒ ☐ ☐	
d. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for BYLVAY (ODEVIXIBAT).		

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. Bailey Pat in behave of Albireo Pharma. Written comment was received Karen Evenson on behave of Albireo Pharma.	

ii. Presentation of utilization and clinical information.	Dr. Mishra discussed the new drug update for odevixibat (Bylvay™)
	
	Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of odevixibat (Bylvay™)
	
	• Dr. Eletreby, approved of the proposed criteria and had no utilization.
	• Dr. Bitton, Ryan, approved of the proposed criteria and had no utilization.
	• Silver Summit Health Plan disapprove of the proposed criteria and had no utilization.
	  ○ Recommend adding the following criteria:
	  ▪ Failure of Urso deoxycholic acid, unless clinically significant adverse effects are experienced or contraindicated.
	  ▪ Failure of an agent used for symptomatic relief of pruritus (e.g., antihistamine, rifampin, cholestyramine), unless clinically significant adverse effects are experienced, or all are contraindicated.
	• Dr. Tran, approved of the proposed criteria and had no utilization.
	  ○ Recommend adding the following:
	  ▪ Patient does NOT have any of the following: Fat-soluble vitamin (FSV) deficiency;	

iii. Discussion by Board and review of utilization data.	Chairperson 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 by Magellan, and Board Member Canty 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. ☐ • Crystal Castaneda, MD — Yes ☒ No ☐ Abst. ☐ • Jessica Cate, Pharm.D. — Yes ☐ No ☐ Abst. ☒ • Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ • Brain 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. ☐	
e. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for LIVMARLI (MARALIXIBAT).		
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. Written comment was received from BSN RN April LaRow on behave	

	of Mirum Pharmaceuticals.	

ii. Presentation of utilization and clinical information.	Dr. Mishra discussed the new drug update for Maralixibat (Livmarli™).
	
	Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Maralixibat (Livmarli™).
	
	• Dr. Eletreby, approved of the proposed criteria and had no utilization.
	• Dr. Bitton, approved of the proposed criteria and had no utilization.
	• Silver Summit Health Plan disapproved of the proposed criteria and had no utilization.
	  ○ Recommend adding the following criteria:
	  ▪ 1. Evidence of cholestasis that is met by ≥ 1 of the following (a – e):
	  ▪ a. Total serum bile acid > 3 times upper limit of normal (ULN) for age;
	  ▪ b. Conjugated bilirubin > 1 mg/dL;
	  ▪ c. Fat-soluble vitamin deficiency otherwise unexplainable;
	  ▪ d. Gamma-glutamyl transferase > 3 times ULN for age; e. e. Intractable pruritus explainable only by liver disease;
	• Dr. Tran, approved of the proposed criteria and had no utilization.
	  ○ Recommend adding the following: • Patient does NOT have any of the following:
	  ▪ An alanine aminotransferase (ALT) or total bilirubin (TB) level more than 10 times the upper limit of normal (ULN); AND	

	▪ Fat-soluble vitamin (FSV) deficiency; AND	
iii. Discussion by Board and review of utilization data.	Chairperson 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 approve the criteria as presented by Magellan, and Board Member Canty 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. ☐ • Crystal Castaneda, MD — Yes ☒ No ☐ Abst. ☐ • Jessica Cate, Pharm.D. — Yes ☐ No ☐ Abst. ☒ • Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ • Brain 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 OPZELURA (RUXOLITINIB).		
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 public comment was provided. No written comment was received.	
ii.	Presentation of utilization and clinical information.	Dr. Mishra discussed the new drug update for Ruxolitinib (Opzelura™). Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Ruxolitinib (Opzelura™). • Dr. Eletreby, approved of the proposed criteria and utilization was presented. • Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Tran, approved of the proposed criteria and had no utilization.	
iii.	Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Chairperson Wheeler commented regarding Eucrisa having a trail and failure of two topical steroids. Suggested to be placed in an agenda for next meeting to make sure it is not prohibited.	
iv.	Proposed adoption of updated prior authorization criteria.	Board Member Adeolokun moved to approve the criteria as presented by Magellan, and Board Member Owens seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable): 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. • Brain 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 SKYTROFA (LONAPEGSOMATROPIN-TCGD).					
i. <u>Public comment</u> on proposed clinical prior authorization criteria.	Telephonic and web comment was called for, and the phone lines were opened. Public comment was provided by Tracy Maravilla national director and field director for Ascendis Pharma. Written comment was received from Ascendis Pharma.				
ii. Presentation of utilization and clinical information.	Dr. Mishra discussed the indication for Lonapegsomatropin-tcgd (Skytrofa™). Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of Lonapegsomatropin-tcgd (Skytrofa™). • Dr. Eletreby, approved of the proposed criteria and utilization was presented.				

	• Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Tran, approved of the proposed criteria and has no utilization.	
iii. Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Board Member Canty comment regarding the exclusion criteria of the intolerance to short-acting growth hormone. Comment from Chairperson Wheeler no opposition.	
iv. Proposed adoption of updated prior authorization criteria.	Board Member Canty moved to approve the criteria as presented by Magellan with the removal of the criteria of intolerance to short-acting growth hormone, 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. ☐ • Crystal Castaneda, MD — Yes ☒ No ☐ Abst. ☐ • Jessica Cate, Pharm.D. — Yes ☐ No ☐ Abst. ☒ • Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ • Brain 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. ☐	

h. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for Analgesics Immediate-Release Fentanyl 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. Mishra discussed the indication for IMMEDIATE RELEASE FENTANYL.
	
	Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of IMMEDIATE RELEASE FENTANYL.
	
	• Dr. Eletreby, approved of the proposed criteria and utilization was presented.
	• Dr. Bitton, approved of the proposed criteria and had no utilization.
	• Silver Summit Health Plan disapproved of the proposed criteria and had no utilization.
	  ○ Recommend adding: A treatment plan is required, including:
	  ▪ a. Pain intensity (scales or ratings).
	  ▪ b. Functional status (physical and psychosocial).
	  ▪ c. Patient`s goal of therapy (level of pain acceptable and/or functional status).
	  ▪ d. Current analgesic (opioid and adjuvant) regimen
	  ▪ e. Current non-pharmacological treatment.	

		▪ f. Opioid-related side effects. ▪ g. Indications of medical misuse. ▪ h. Action plan if analgesic failure occurs. • Dr. Tran, approved of the proposed criteria and had no utilization.	
iii.	Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Board Member Le comment on the criteria. Proposed to have trail and failure of two medications removed for malignancy. Board Member Canty had no objections and provided comment. Chairperson Wheeler proposed to move to approve the criteria as presented with the change to intolerant to just one immediate release opioid.	
iv.	Proposed adoption of updated prior authorization criteria.	Board Member England moved to approve the criteria as presented by Magellan with the change to intolerant to just one immediate release opioid, and Board Member Canty seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable): 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. ☒ ☐ ☐ • Brain Le, DO ☒ ☐ ☐	

	• Michael Owens, MD • Rebecca Sparks, PA-C • Jim Tran, Pharm.D.	☒ ☐ ☒	☐ ☐ ☐	☐ ☒ ☐	
i. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for TRUDHESA.					
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. Mishra discussed the new drug update for Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of • Dr. Eletreby, approved of the proposed criteria and had no utilization. • Dr. Bitton, approved of the proposed criteria and had no utilization. • Silver Summit Health Plan approved of the proposed criteria and had no utilization. • Dr. Tran, approved of the proposed criteria and had no utilization.				
iii. Discussion by Board and review of utilization data.	Chairperson 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 approve the criteria as presented by Magellan, and Board Member Tran 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. ☐ • Crystal Castaneda, MD — Yes ☒ No ☐ Abst. ☐ • Jessica Cate, Pharm.D. — Yes ☐ No ☐ Abst. ☒ • Dave England, Pharm.D. — Yes ☒ No ☐ Abst. ☐ • Brain 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. ☐	
j. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for ONYCHOMYCOSIS.		
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 public comment was provided. No written comment was received.	

ii. Presentation of utilization and clinical information.	Dr. Mishra discussed updates for ONYCHOMYCOSIS. Dr. Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of ONYCHOMYCOSIS. • Dr. Eletreby, approved of the proposed criteria and utilization was presented. • Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Tran, approved of the proposed criteria and utilization was presented.	
iii. Discussion by Board and review of utilization data.	Chairperson 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 approve the criteria as presented by Magellan, and Board Member Owens seconded the motion. A vote was taken, and the results were as follows from members in attendance (in favor, against, and abstentions where applicable): 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. ☒ ☐ ☐ • Brain Le, DO ☒ ☐ ☐	

	• Michael Owens, MD ☒ ☐ ☐ • Rebecca Sparks, PA-C ☐ ☐ ☒ • Jim Tran, Pharm.D. ☒ ☐ ☐	
k. **For Possible Action:** Discussion and possible adoption of prior authorization criteria and/or quantity limits for NARCOLEPSY.		
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 public comment was provided. No written comment was received.	
ii. Presentation of utilization and clinical information.	Dr. Mishra discussed for updates to NARCOLEPSY. Dr. Raj Mishra reviewed the proposed criteria presented in the binder and discussed the utilization of NARCOLEPSY. • Dr. Eletreby approved of the proposed criteria and utilization was presented. • Dr. Bitton, approved of the proposed criteria and utilization was presented. • Silver Summit Health Plan approved of the proposed criteria and utilization was presented. • Dr. Tran, approved of the proposed criteria and utilization was presented.	
iii. Discussion by Board and review of utilization data.	Chairperson Wheeler asked for comments from the Board Members. Board Member Canty comment regarding the criteria to have	

	Provigil and Nuvigil approved. Suggested to have additional criteria requirements for members with diagnoses of Obstructive Sleep Apnea (OSA). Chairperson Wheeler not opposed to tabling this change to have additional research to see what other states requirements are. The Board discussed the criteria and would like additional research to draw some guidelines and proposed to add to the agenda for October.	
iv. Proposed adoption of updated prior authorization criteria.	No action taken.	
5. DUR Board Requested Reports		
a. Opioid Reports: i. Opioid Trends ii. Count of Claims iii. Med Trend iv. Top Members v. Top Ten Prescribers vi. MED	1) Dr. Mishra presented opioid utilization reports. 2) Dr. Eletreby, presented opioid utilization reports. 3) Dr. Bitton, Ryan, presented opioid utilization reports. 4) Raj presented Silver Summit Health Plan opioid utilization reports. 5) Dr. Tran, presented opioid utilization reports.	
b. Standard DUR Reports: i. Top 10 Classes by amount paid ii. By Claim Count iii. cDUR Quarterly Report iv. cDUR Detail Activity Summary v. cDUR Detailed Saving Outcome vi. Retro DUR	• Dr. Mishra presented Standard DUR Reports • Dr. Eletreby, presented Standard DUR Reports. • Dr. Bitton, presented Standard DUR Reports • Dr. Mishra presented Silver Summit Health Plan Standard DUR Reports • Dr. Tran, presented Standard DUR Reports.	
6. Closing Discussion		

a. Public Comment	Telephonic and web comment was called for, and the phone lines were opened. Public comment from Mr. Joe Germaine, regional account director with Biogen for Ponvory.	
b. For Possible Action: Date and location of the next meeting.	Chairperson Wheeler stated the next meeting is scheduled for October 20, 2022. Chief Olsen informed we do have full capabilities back for anyone that would like to attend, we do have the space for them.	
c. Adjournment	The meeting adjourned at 2:58 p.m.	

Attachment A – Members of the Public in Attendance

Artia Solutions	Hale, Amy [JANUS]	Maria Reyes
Ashton, Elisa [SCGUS]	Hardesty, Kellie	Michael Zarob
Becky Gonzales	Jason Strong (Guest)	Rianna White
Craig (Guest)	Jenny Ebert	Roa, Ryan A
David Large (Guest)	Jody Legg	Rochelle Yang
Dillon, Bryan	Jonkey, Ashley	Roy, Melissa
Domingo, Michelyn Y	Ken Riddle	Tracey Maravilla
Yamashita, Kelvin	Lawrence Henry	Vanessa Dunn
Georgetter (Guest)	Lea Case	Vanessa Dunn
Groppenbacher, Shannon M.	Lovan, Charlie R Susan Hertzberg GNE (Guest)	

Attachment B – Submitted Written Comment

Bylvay Ponvory SKYTROFA