Arkansas Medicaid DUR/DRC Board Meeting Minutes

Date / Time:	April 19, 2023 8:30 AM– 12:30 PM Central		**Location:**	ZOOM webinar	
Chair:	Cindi Pearson, Pharm.D.		**Reports:**	Lesley Irons, Pharm.D. Magellan Karen Evans, P.D. Magellan	
		Panelist (voting members)		**Panelist (non-voting members)**	**Organization**
		Geri Bemberg, Pharm.D.	X	Barry Fielder, Pharm.D.	ATC
	X	Clint Boone, Pharm.D.	X	Shannon Burke, Pharm.D.	Empower
	X	Lana Gettman, Pharm.D.		Phuong Luu, Pharm.D.	Empower
	X	Florin Grigorian, M.D.	X	Lauren Jimerson, Pharm.D.	Summit
	X	Jill Johnson, Pharm.D.		Turkesia Robertson-Jones, Pharm.D.	CareSource
	X	Brian King, Pharm.D.		Jennifer Chapin, Pharm.D.	CareSource
	X	James Magee, M.D.	X	Ifeyinwa Onowu, Pharm.D.	CareSource
	X	Michael Mancino, M.D.		Elizabeth Pitman	DHS Director
	X	Melissa Max, Pharm.D.	X	Cindi Pearson, Pharm.D.	DHS, DUR Chair
	X	Laurence Miller, M.D.	X	Cynthia Neuhofel, Pharm.D.	DHS pharmacy
		Daniel Pace, M.D.	X	William Golden, M.D.	DHS advisor
	X	Paula Podrazik, M.D.	X	Shane David, Pharm.D.	ADH advisor
	X	Tonya Robertson, Pharm.D.	X	Karen Evans, P.D.	Magellan
		Chad Rodgers, M.D.	X	Lynn Boudreaux, Pharm.D.	Magellan
		Vacant Pharm.D. position	X	Lesley Irons, Pharm.D.	Magellan
Call to order		Meeting held virtually by ZOOM webinar. A quorum was present, and the chair called the meeting to order at 8:38am.			
Public comments		1. Comments read on behalf of Victor Biton, M.D. for Briviact® 2. Bonnie Schneider—Director and Co-Founder, IgA Nephropathy Foundation Donald Frailey Jr., Pharm.D.—Travere Therapeutics John Arthur, M.D., PhD, FASN—UAMS Filspari™ Question from Board member Dr. Johnson. 3. Roxanne Cogil—Epilepsy Foundation Epilepsy in general 4. Erik Schindler, Pharm.D., BCPS—Sanofi Kevzara® 5. Shane Jordan, Pharm.D.—Mirati Therapeutics Krazati™ 6. Nancy Njuguna, Bpharm, MBA—Gilead Sunlenca® 7. Manan Shaw, Pharm.D., PhD—Vertex Pharmaceuticals CFTR modulators			
Announce-ments		1. There were no conflicts of interest by any voting Board member, Dr. Pearson, or Dr. Irons. 2. Reimbursement rates are based on WAC, FUL or NADAC.  Arkansas Medicaid Quarterly Newsletter 3. Quarterly provider newsletter--			
Minutes		Motion to approve January 2023 DUR/DRC meeting minutes was made by Dr. Max, seconded by Dr. Podrazik. All voting members present voted to approve the minutes as written. Motion passed.			

Board Updates		• Discussed opioid utilization and polypharmacy update
PDL Class Review		• **Hypoglycemics** This review is a renewal for the hypoglycemic drug class. Chair provided the current breakdown of the PDL, and she provided the rationale for not adding POS edits (high PA approval rates for non-preferred meds, decreased availability for glucagon kits, and expanded rebates on ready to use products). The chair also provided a statement from Dr. Oden from Arkansas Children's Hospital. Dr. Irons presented a PowerPoint with the following information. a) FDA approved indications b) Product availability c) Overview of hypoglycemia d) Pharmacology for glucagon, dasiglucagon, and diazoxide e) Product information including minimum age, dosing, route of administration, time to recovery, storage requirements and availability f) Treatment guidelines g) Claims summary from 1/1/2022-12/31/2022 **DISCUSSION:** Dr. Pearson stated that making some of the ready-made products preferred will take some burden off our clinical team and make access easier for our beneficiaries. Dr. Pearson reminded the Board that the costs presented do not include rebate so they should keep in mind that net cost will be lower for the state. Dr. Max asked to make Baqsimi® preferred since it is a nasal product, and if there are others that area a cost benefit to the state, we can include them as well. Dr. Golden asked how frequently do we have edits to allow restocking because of expiration of the materials and how many per prescription. Dr. Pearson stated that utilization data didn't see much overuse. We have a max quantity of 2 per claim. Dr. King commented on utilization at outpatient ACH pharmacy. Dr. Pearson states that we will do more investigation on how many claims per year would warrant notification for further review. Dr. Max's recommended was used as a motion. **ACTION:** Motion was made by Dr. Max; seconded by King. All members in attendance voted for the motion. Motion passed.
PDL Class Review with Criteria		**1) Pituitary Suppressive Agents** This review is new for this class. Chair provided a list of current medications and whether they were covered as a medical and/or pharmacy claim. Dr. Irons presented a PowerPoint with the following information. a) FDA approved indications b) Product dosing and availability c) Overview of endometriosis, CPP, prostate cancer, and uterine leiomyomata d) Pharmacology for the GnRH agents e) Clinical trial details for CPP, endometriosis and prostate cancer f) Product comparison summary g) Claims summary from 1/1/2022-12/31/2022 Chair provided current POS and manual review criteria with no or minor recommended changes for each of the indications. **DISCUSSION:** Dr. Golden asked if there is documented morbidity with more frequent injections. Dr. Pearson noted that we get a lot of requests for the 3 months CPP injection, but we would take it into consideration if there was that documentation. Dr. Golden stated that he saw one such request on the medical side. Dr. Johnson suggested that we look at overall next cost of all products and determine if they are better suited for pharmacy claims based on net cost. But if there is no cost advantage, we can leave the list as is. Dr. Boudreaux noted that the only product with a rebate offer was Fensolvi®. Motion to accept the proposed updated criteria and choose the preferred products that are the most beneficial

		for the state and determine if the products should be pharmacy and/or medical based on overall net cost. **ACTION:** Motion was made by Dr. Max to accept the criteria as presented; seconded by Dr. Grigorian All members in attendance voted for the motion. Motion passed.

Criteria Update		**1) CFTR Modulators POS edits**
		
		PROPOSED POS edits:
		Criterion 1:
		• Beneficiary has a billed diagnosis of Cystic Fibrosis in the last 2 years
		• Beneficiary meets the minimum age recommended in the manufacturer's package insert for the specific requested medication
		• Beneficiary is prescribed a maximum dose based on support in manufacturer's package insert
		Criterion 2:
		• Beneficiary Medicaid profile includes a claim for either Kalydeco®, Orkambi®, Symdeko®, or Trikafta® in the last 90 days
		Beneficiaries not meeting the POS edits will require a prior authorization. The prescriber must submit a request with current chart notes documenting a Cystic Fibrosis diagnosis.
		
		DISCUSSION:
		No comments
		
		ACTION:
		Motion was made by Dr. Robertson to accept the criteria as presented; seconded by Dr. Miller. All members in attendance voted for the motion. Motion passed.
		
		2) Kevzara® for Polymyalgia Rheumatica
		
		PROPOSED APPROVAL CRITERIA:
		• Prescribed by or in consultation with a rheumatologist or other specialist
		• Recipient meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
		• Maximum dose based on support in manufacturer's package insert or official Compendia
		• Beneficiary must be diagnosed with polymyalgia rheumatica based on clinical symptoms and supporting lab findings with the following:
		  • Elevated ESR and/or CRP
		  • Pain and morning stiffness about the shoulders, hip girdle, and/or neck
		  • Limited range of motion in shoulders, cervical spine, or hips causing difficulties with activities of daily living (such as pulling on a shirt, putting on socks/shoes, or transfer from lying to seated position)
		• Prescriber must submit the following:
		  • Current chart notes
		  • Documentation of symptoms
		  • Current labs including ESR and CRP
		  • Medical necessity over corticosteroids at maximum tolerated doses
		DISCUSSION:
		Dr. Johnson wanted to add the language of no concomitant TIMs allowed.
		
		ACTION:
		Motion was made by Dr. Mancino to accept the criteria as amended; seconded by Dr. Podrazik. All members in attendance voted for the motion. Motion passed.

		3) POS edits for certain non-preferred anticonvulsants **<u>PROPOSED POINT-OF-SALE EDITS</u>** (pertains to Aptiom®, Briviact®, Fycompa®, and XCopri®) Epidiolex® and Fintepla® remains manual review. Trokendi® will remain non-preferred without POS edits since topiramate IR is available without a PA. **Criterion 1** • Billed diagnosis of seizure in the last 2 years • Beneficiary Medicaid profile contains pharmacy claims for at least 2 different anticonvulsants with different MOA in the last 4 months **Criterion 2** • Beneficiary Medicaid profile includes a claim for Aptiom®, Briviact®, Fycompa®, or XCopri® in the last 90 days **DISCUSSION** Dr. Johnson asked why we would substitute Briviact® for Keppra® since Keppra® is a lot cheaper, and the data does not support superiority. The two products support similar intolerability and efficacy. Dr. Pearson stated that most of our requests had previously been on Keppra®, and we are getting quite a bit of communications about this drug. Dr. Neuhofel stated that she doesn't know how much treatment guidelines are available to support one way or another. Dr. Pearson stated that treatment guidelines are lacking as treatment for seizures is unique from one patient to the next. Dr. Neuhofel stated that the requests require documentation of medical necessity and most have a number of claims, so we're seeing approval for a lot of these. Dr. Robertson stated she would be interested in what we would be approving it for. From her inpatient formulary experience, Dr. Robertson stated that they wouldn't have Briviact® available. Dr. Robertson asked for the rationale these providers are having for switching in the same mechanism of action. Dr. Irons stated that side effects of Keppra® is the biggest reason. Dr. Pearson recommended removing Briviact® from the POS list and voting on the remaining drugs. The Board had no comments. So, the topic was tabled. **ACTION:** Topic tabled

New Business		**1) ALS Medications**
		
		<u>PROPOSED APPROVAL CRITERIA:</u>
		Riluzole tablets
		• No PA required
		• Quantity limit applies
		
		Exservan® and Tiglutik®
		• Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
		• Beneficiary is prescribed a maximum dose based on support in manufacturer's package insert or official Compendia
		• Prescriber must submit the following:
		  • Current chart notes
		  • Documentation of previous and current therapies
		  • Baseline ALS Functional Rating Scale-Revised score
		  • Baseline PFTs
		  • Medical necessity over riluzole tablets
		
		Radicava® ORS (edaravone)
		• Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
		• Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
		• Beneficiary must have a diagnosis of amyotrophic lateral sclerosis (ALS) **<u>OR</u>** a diagnosis consistent with any updated FDA approved indications
		• Beneficiary should meet the following at baseline:

- Beneficiary has a disease duration < 2 years
- Beneficiary has FVC ≥ 80% at baseline
- Baseline ALSFRS-R score documents the retention of functionality for most activities of daily living (defined as scores of 2 points or better on each individual item)

- Prescriber must submit the following:
  - Current chart notes
  - Documentation of previous and current therapies
  - Baseline ALS Functional Rating Scale-Revised score
  - Current PFTs
  - Duration of symptoms
  - Documentation of concomitant meds for ALS (are they planning on riluzole and/or Relyvrio™ as well)

Relyvrio™ (sodium phenylbutyrate/taurursodiol) for suspens

- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed a maximum dose based on support in manufacturer's package insert or official Compendia
- Beneficiary must have a diagnosis of sporadic or familial amyotrophic lateral sclerosis (ALS) **OR** a diagnosis consistent with any updated FDA approved indications
- Beneficiary must not have any of the following:
  - Require bile acid sequestrants, probenecid, or cyclosporine
  - Have moderate to severe renal or hepatic impairment
- Beneficiary should meet the following at baseline:
  - Beneficiary has initial symptoms no longer than 18 months prior to starting medication
  - Beneficiary has a slow vital capacity (SVC) > 60% at baseline
- Prescriber must submit the following:
  - Current chart notes
  - Documentation of previous and current therapies
  - Baseline ALS Functional Rating Scale-Revised score
  - Current PFTs (including SVC)
  - Duration of symptoms
  - Documentation of concomitant meds for ALS (are they planning on riluzole and/or Radicava® ORS as well)

RENEWAL REQUIREMENTS:

- Beneficiary remains compliant on therapy (defined as 75% utilization)
- Beneficiary does not become dependent on invasive ventilation or tracheostomy
- Prescriber must submit the following:
  - Current chart notes
  - Current PFTs
  - Current ALSFRS-R score

QUANTITY EDITS:

Riluzole
#62 per 31 days
Exservan
#62 per 31 days
Tiglutik
#620 mL per 31 days
Radicava ORS
50 mL bottle--#1 per 28 days
70 mL bottle--#1 per 28 days
Relyvrio
#62 per 31 days

DISCUSSION:

Dr. Johnson stated that she is grateful that there are new drugs being developed for this horrible disease as these current products don't do very much for what they cost. She stated that the evidence is not very good or consistent. No comments were made to amend the proposed criteria.

ACTION:
Motion was made by Dr. Mancino to accept the criteria as presented; seconded by Dr. Podrazik. All members in attendance voted for the motion. Motion passed.

2) Krazati™

PROPOSED APPROVAL CRITERIA:

- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
- Beneficiary must be diagnosed with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) and has received at least one prior systemic therapy **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
- Beneficiary must have tried and failed at least one prior systemic therapy
- Beneficiary should not be approved or continue on this therapy with any of the following:
- Requires concomitant use with strong CYP3A inducers
- Requires concomitant use with strong CYP3A4 inhibitors and has not reached steady state adagrasib concentrations
- Requires concomitant use with other products that may prolong the QTc interval. If concomitant use cannot be avoided, monitor electrocardiogram and electrolytes
- Cannot tolerate the minimum dose of 600 mg once daily
- Prescriber must submit **ALL** of the following:
    - Current chart notes
    - Current labs including CBCs and LFTs
    - Baseline ECG if at risk for QT prolongation or diagnosed with congestive heart failure, bradyarrhythmias, or electrolyte abnormalities
    - Test results verifying the KRAS G12C mutation in tumor or plasma specimens
    - Documentation of previous therapies tried including an immune checkpoint inhibitor (anti-PD-1/PD-L1) (e.g., pembrolizumab, atezolizumab) and/or platinum-based chemotherapy (e.g., cisplatin, carboplatin)

RENEWAL REQUIREMENT:

- Prescriber must submit current chart notes and labs
- Prescriber must submit response to therapy (approval requires the lack of disease progression and lack of unacceptable toxicity)
- Beneficiary continues to meet approval criteria

QUANTITY EDITS:
#180/30 days

DISCUSSION:
No comments

ACTION:
Motion was made by Dr. Johnson to accept the criteria as presented; seconded by Dr. Robertson. All members in attendance voted for the motion. Motion passed.

3) Sunlenca®

PROPOSED APPROVAL CRITERIA:

- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication

- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
- Beneficiary must be diagnosed with HIV-1 infection and heavily treatment-experienced with multidrug resistant disease failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
    - Multidrug resistance is defined as resistance to ≥2 agents from ≥3 of the 4 main classes of ARV
    - ARV classes include nucleoside reverse transcriptase inhibitors (NRTI), non-nucleoside reverse transcriptase inhibitors (NNRTI), protease inhibitors (PI) and integrase strand transfer inhibitor (INSTI)
- Beneficiary should not be approved with any of the following:
    - Concomitant administration of strong CYP3A inducers is required
    - Baseline HIV-1 RNA levels < 400 copies/mL
    - Prior to starting SUNLENCA, there is no current antiretroviral therapy
    - Not prescribed a concomitant optimized background regimen
- Prescriber must submit **ALL** of the following:
    - Current chart notes
    - Documentation of previous therapies tried
    - Current labs including viral load
    - Documentation of which regimen prescribed
    - Documentation of concomitant antiretrovirals prescribed
- PA will be approved for 1 year

RENEWAL REQUIREMENTS:

- Beneficiary remains compliant on all antiretroviral medications
- Beneficiary has a demonstrated improvement in viral load
- Prescriber must submit the following:
    - Current chart notes
    - Current labs including viral load

QUANTITY EDITS:

#1 oral tablet pack per year (qty 4 or 5 depending on regimen)
1 injection kit (2 vials) every 6 months

DISCUSSION:

No comments

ACTION:

Motion was made by Dr. Johnson to accept the criteria as presented; seconded by Dr. Mancino. All members in attendance voted for the motion. Motion passed.

4) Jaypirca™

PROPOSED APPROVAL CRITERIA:

- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
- Beneficiary must be diagnosed with relapsed or refractory mantle cell lymphoma (MCL) after at least two lines of systemic therapy, including a BTK inhibitor **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
- Beneficiary with severe renal impairment requires a dose adjustment
- Beneficiary should not be approved with any of the following:
    - Cannot tolerate the minimum daily dose of 50 mg
    - Pregnancy
    - Avoid strong CYP3A inhibitors if possible. If unavoidable, JAYPIRCA dose should be decreased

- Avoid strong or moderate CYP3A inducers if possible. If unavoidable, JAYPIRCA dose should be increased.
- Prescriber must submit **ALL** of the following:
  - Current chart notes
  - Documentation of previous therapies tried
  - Current labs including CBC with differential, renal function

RENEWAL REQUIREMENTS:
- Prescriber must submit current chart notes and labs
- Prescriber must submit response to therapy (approval requires the lack of disease progression and lack of unacceptable toxicity)
- Beneficiary continues to meet approval criteria

QUANTITY EDITS:
- 50 mg—#31/31 days
- 100 mg—#62/31 days

DISCUSSION:
No comments

ACTION:
Motion was made by Dr. Miller to accept the criteria as presented; seconded by Dr. Johnson. All members in attendance voted for the motion. Motion passed.

5) Orserdu™

PROPOSED APPROVAL CRITERIA:
- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
- Beneficiary must be diagnosed with estrogen receptor (ER)+/ human epidermal growth factor receptor (HER2)-, ESR1-mutated advanced or metastatic breast cancer with disease progression following at least one line of endocrine therapy **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
- Beneficiary should not be approved with any of the following:
- Not diagnosed with ER+/HER2- breast cancer
- Does not have the ESR1 mutation
- Cannot tolerate the minimum dose of 172 mg once daily
- Pregnancy
- Requires concomitant strong or moderate CYP3A4 inducers or inhibitors
- Severe hepatic impairment
- Beneficiary must be a postmenopausal female or an adult male
- Prescriber must submit **ALL** of the following:
  - Current chart notes
  - Documentation of previous therapies tried with response
  - Test results documenting ESR1 mutation
  - Current labs including lipid panel (must be monitored periodically)

RENEWAL REQUIREMENTS:
- Beneficiary continues to meet approval criteria
- Beneficiary does not demonstrate disease progression or unacceptable toxicity
- Prescriber must submit the following:
  - Current chart notes
  - Current labs including lipid panel

QUANTITY EDITS:
86 mg tablets--#93/31 days
345 mg tablets--#31/31 days

DISCUSSION:
No comments

ACTION:
Motion was made by Dr. Miller to accept the criteria as presented; seconded by Dr. Mancino. All members in attendance voted for the motion. Motion passed.

6) Dartisla® ODT and Glycate®

PROPOSED APPROVAL CRITERIA:
- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia
- Beneficiary must be diagnosed with peptic ulcer disease and used as an adjunct to other treatment to reduce symptoms **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
- Beneficiary should not be approved if at risk for anticholinergic toxicity (e.g., glaucoma, obstructive uropathies, mechanical obstructive diseases of GI tract, GI motility disorders, active inflammatory or infectious colitis, history of or current toxic megacolon, myasthenia gravis)
- Prescriber must submit the following:
    - Current chart notes
    - Documentation of previous and current therapies
    - Medical necessity of DARTISLA ODT or GLYCATE over regular glycopyrrolate tablets which are available without a PA

RENEWAL REQUIREMENTS:
- Prescriber must submit the following:
- Current chart notes
- Documentation of response to therapy (if asymptomatic, provider rationale for continued use)
- Continued medical necessity of DARTISLA ODT or GLYCATE (over glycopyrrolate tablets)

QUANTITY EDITS:
#124/31 days

DISCUSSION:
No comments

ACTION:
Motion was made by Dr. Max to accept the criteria as presented; seconded by Dr. Miller. All members in attendance voted for the motion. Motion passed.

7) Filspari™

PROPOSED APPROVAL CRITERIA:
- Beneficiary meets the minimum age recommended in the manufacturer's package insert for this FDA approved indication
- Beneficiary is prescribed no more than the maximum dose from the manufacturer's package insert or based on support from the official Compendia

		• Beneficiary is diagnosed with proteinuria associated with primary immunoglobulin A nephropathy (IgAN) **OR** a diagnosis consistent with any new FDA-approved indications or support on the official Compendia
		• Beneficiary must discontinue any prescriptions of renin-angiotensin, aldosterone system (RAAS) inhibitors, endothelin receptor antagonists (ERAs), and aliskiren
		• Beneficiary's urine protein-to-creatinine ratio (UPCR) must be ≥ 1.5 g/g or total urine protein must be ≥ 1 g/day at baseline while on RAAS inhibitor treatment
		• Beneficiary, prescriber, and pharmacy must all be certified with the FILSPARI REMS program
		• Beneficiary should have tried and failed an angiotensin-converting enzyme (ACE) inhibitor or angiotensin-receptor blocker (ARB) at maximally tolerated doses unless contraindicated
		• Beneficiary should not be approved with any of the following:
		  • Baseline elevated aminotransferases > 3x ULN
		  • Pregnancy (should be tested monthly)
		  • eGFR < 30 mL/min/1.73m^2
		  • Prescribed concomitant ACEI or ARB (cannot be on an ACEI or ARB with this med)
		• Prescriber must submit **ALL** of the following:
		  • Current chart notes
		  • Previous therapies
		  • Current labs including LFTs, eGFR, urine protein or UPCR
		  • Confirmation of the IgAN diagnosis with renal biopsy results and labs
		  • Attestation that patient has tested negative for pregnancy if of reproductive potential
		
		RENEWAL REQUIREMENTS:
		• Beneficiary has been compliant with therapy (defined as: 75% utilization based on Medicaid claims)
		• Beneficiary has documented improvement in proteinuria with a reduction in UPCR or urine protein from baseline
		• Prescriber must submit the following:
		  • Current chart notes
		  • Current labs including LFTs, eGFR, urine protein or UPCR
		  • Attestation that patient has tested negative for pregnancy if of reproductive potential
		
		QUANTITY EDITS:
		200 mg—#31/31 days
		400 mg—#31/31 days
		
		DISCUSSION:
		Dr. Max asked for verification of the bullet about trial and failure of ACE inhibitor or ARB. Dr. Pearson noted treatment guidelines about the use of RAS blockade. No other comments.
		
		ACTION:
		Motion was made by Dr. Max to accept the criteria as presented; seconded by Dr. King. All members in attendance voted for the motion. Motion passed.

Reports		• Dr. Pearson gave the ProDUR report for the PASSEs
		• Dr. Evans from Magellan gave the fee-for-service ProDUR report
		• Dr. Irons from Magellan gave the fee-for-service RDUR report
		  o May 2023—criteria 7828 Use of an acute migraine treatment drug without a migraine prevention medication
		  o June 2023—criteria 7948 gabapentin use and no FDA approved indication especially those with at least 2400 mg per day dose
		  o July 2023—criteria 7036 FDA Alert: Medication Guides required to alert patients to possible CV and psychiatric risks with ADHD drug products
		ACTION: Motion was made by Dr. Mancino for the above criteria; seconded by Dr. King. All other members present voted for the motion. Motion passed.

Adjourn		Meeting adjourned at 12:17 pm.