

Arkansas Medicaid DUR Board Meeting Minutes

DUR Board Meeting
April 15, 2020
Department of Human Services
ZOOM Webinar

Voting Board Members Present

Lana Gettman, Pharm. D.
Jill Johnson, Pharm. D.
Laurence Miller, M.D.
Geri Bemberg, Pharm. D.
Brian King, Pharm. D.
James Magee, M.D.
Clint Boone, Pharm. D.
Michael Mancino, M.D.

Non-Voting Board Members Present

Kristen Pohl, Pharm. D. (ATC)
Christopher Page, Pharm. D. (Empower)
Lauren Jimerson, Pharm. D. (Summit)
Suzanne Trautman, Pharm. D. (Summit)
William Golden, M.D. (advisor)

Medicaid Pharmacy Representatives Present

Cinnamon Pearson, Pharm. D., Chair
Cynthia Neuhofel, Pharm. D. (DHS)
Annette Jones, B.S.
Karen Evans, P.D. (Magellan)
Jordan Brazeal, Pharm. D. (RDUR—HID)
Lynn Boudreaux, Pharm. D. (Magellan)

Board Members and Others Absent

Paula Podrazik, M.D.
Nate Smith, M.D. (advisor)
1 pharmacist vacancy
1 physician vacancy

Meeting held in a ZOOM webinar due to COVID-19. A quorum was present, and the chair called the meeting to order at 8:39am.

I. SPEAKERS

The Chair stated there was 1 speaker present to give public comment today:

Spravato® (Shannon Sands, Pharm. D. with Janssen).

Public comments in the form of letters were provided to the Board members prior to the meeting. Board members had no questions for the speaker.

II. UNFINISHED/OLD BUSINESS AND GENERAL ORDERS

A. ANNOUNCEMENTS BY THE CHAIR

- 1) Chair read the disclosure of conflict of interest statement. Chair has no conflicts, and none noted by Board members.
- 2) Chair announced that we are still needing a pharmacist and a physician to fill vacant seats on the Board.

B. REVIEW MINUTES FROM THE JANUARY 2020 QUARTERLY MEETING

Motion by Dr. Johnson to approve the minutes as written; Dr. Mancino seconded the motion. All members present voted by roll call to accept the minutes as written. Motion passed.

C. UPDATE ON SYSTEM EDITS, IMPLEMENTATIONS FROM THE PREVIOUS DUR BOARD MEETINGS AND OTHER UNFINISHED BUSINESS OR FOLLOW-UP ITEMS:

- 1) Chair messaged the Board members on February 13, 2020 concerning the addition of a change to the Bylaws. The DUR Board voted their approval to add the topic for discussion during this meeting.

2) IMPLEMENTATION INFORMATION FROM JANUARY 15, 2020 DUR BOARD MEETING AND FEBRUARY 12, 2020 DRC MEETING

Arkansas Medicaid DUR Board Meeting Minutes

Preferred Drug List changes were effective April 1, 2020; DUR PA manual review drugs' criteria was effective immediately; POS edits were effective April 15, 2020; Asthma POS criteria update will be effective May 13, 2020; Temodar, FEIBA and NovoSeven RT updates were effective April 1, 2020.

3) OPIOID AND BENZODIAZEPINE UTILIZATION UPDATE

Chair provided an update for opioid utilization since January 2016 and benzodiazepine utilization since January 2018. Information for Fee-For-Service and the PASSEs was provided including claim counts, number of unduplicated recipients and gross expenditure.

DISCUSSION:

Dr. Miller asked if each PASSE were consistent in benzodiazepine usage. Chair stated that each PASSE has a different number of recipients, but utilization on a whole was comparable.

Dr. Golden stated that it might be beneficial to monitor average dose per prescription and not just number of prescriptions.

4) UPDATE TO DUR BOARD BYLAWS

Chair noted that permission to bring this update to the Board was approved by Board members in an email in February. Chair suggested that the composition of the physicians on the Board be worded as follows:

- Five (5) licensed and actively practicing physicians, with preferably one psychiatrist, one oncologist, one gerontologist and one pediatrician on the board depending on availability.

DISCUSSION:

No discussion

ACTION:

Motion was made by Dr. Mancino to accept revision as written; seconded by Dr. Bemberg. All members present voted by roll call to accept the update to Bylaws as written. Motion passed.

D. PROPOSED CHANGES TO EXISTING CRITERIA, INCLUDING POINT OF SALE (POS) CRITERIA, MANUAL REVIEW PA CRITERIA OR CLAIM EDITS:

1) Lovaza® (omega-3-acid ethyl esters) capsules

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Remove manual review status
- Make point-of-sale (POS) approval criteria
 - Diagnosis in Medicaid medical history in previous 3 years of hypertriglyceridemia (ICD-10 code E78.1); AND
 - Triglyceride level \geq 500mg/dL in the last 180 days; AND
- Recipient's Medicaid pharmacy drug history indicates at least three (3) claims of fibric acid derivatives in the last 365 days; AND
- Recipient's Medicaid pharmacy drug history indicates at least one (1) paid claim for one of the following in the past 14-60 days with > 7 days overlap with a fibric acid derivative:
 - Maximally tolerated statin dose
 - Ezetimibe

Manual review PA will be on a case-by-case basis if the above requirements are not found in the Medicaid system for POS approval. Prescriber must submit a letter explaining the medical necessity and submit documentation to support the diagnosis not found.

QUANTITY EDITS: #120/30 days

DISCUSSION:

Dr. Mancino asked if Lovaza was available as 1gm tablets. Chair confirmed this strength.

Arkansas Medicaid DUR Board Meeting Minutes

ACTION:

Motion was made to accept criteria as presented by Dr. Mancino; seconded by Dr. Johnson. All members present voted by roll call to accept as written. Motion passed.

2) Lysteda® (tranexamic acid) capsule

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Remove manual review status
- Make point-of-sale (POS) approval criteria
 - Diagnosis in Medicaid medical history in previous 3 years of cyclic heavy menstrual bleeding (ICD-10 code N92 and N93??); AND
 - Recipient's Medicaid pharmacy drug history indicates paid claims of contraceptives or hormonal therapy with any of the following; AND
 - 84 days' supply of oral, vaginal or patch contraceptive claims from 30-180 days in profile history (three pharmacy claims); OR
 - 90 days' supply of injectable birth control from 90-180 days in profile history (one pharmacy claim); OR
 - 91 days' supply for extended cycle oral contraceptive from 90-180 days in profile history (one pharmacy claim)
 - Recipient's lab results in the Magellan system for the previous 30 days indicates a hemoglobin (Hgb) level of ≤ 12 g/dL.

Manual review PA will be on a case-by-case basis if the above requirements are not found in the Medicaid system for POS approval. Prescriber must submit a letter explaining the medical necessity and submit documentation to support the diagnosis not found.

DENIAL CRITERIA:

- Medicaid profile indicates a pharmacy claim for a combination hormonal contraception (includes estrogen and Progestin) in the last 30 days

QUANTITY EDITS: #30/21 days

DISCUSSION:

Dr. Johnson asked if anticoagulants present on profile should be added to the denial criteria for implied risk of thrombosis. Chair asked Dr. Evans if adding denial criteria for concomitant anticoagulants usage was possible in the POS system. Dr. Evans confirmed that adding anticoagulants was possible. Chair stated that an anticoagulant look-back of 30 days will also be performed.

ACTION:

Motion was made to accept criteria as amended by Dr. Johnson; seconded by Dr. Miller. All members present voted by roll call to accept as amended. Motion passed.

III. NEW BUSINESS

A. PROPOSED NEW CLINICAL POINT OF SALE CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS. NONE

B. MANUAL REVIEW PROPOSED CRITERIA WITH OR WITHOUT ADDITIONAL CLAIM EDITS

1) Brukinsa™ (zanubrutinib) 80mg capsules

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Recipient ≥ 18 years of age; AND
- Diagnosis of Mantle Cell Lymphoma (MCL) or diagnosis consistent with FDA indication; AND

Arkansas Medicaid DUR Board Meeting Minutes

- Recipient must have disease which has relapsed, or is refractory, following at least one line of systemic or targeted therapy; **AND**
- Prescriber must provide the following:
 - Liver function tests including AST, ALT, Bilirubin, and INR
 - Complete blood count with differential
 - Current chart notes with documentation of previous treatments
 - Baseline computed tomography (CT) scan (if available)
- Dose reduction recommended for severe hepatic impairment (Child-Pugh C) **OR** concomitant use of moderate or strong CYP3A inhibitors **OR** grade 3 or grade 4 cytopenias; **AND**
- Consider prophylaxis for herpes simplex virus, pneumocystis jiroveci pneumonia and other infections for patients with increased risk of infection (e.g. patients with low neutrophil counts or taking immunosuppressants); **AND**
- Prescriber must provide plan for monitoring patients that require concomitant antiplatelet or anticoagulant medications; **AND**
- Initial approval for 3 months; renewal timeframe will be determined by tolerance and response to therapy

DENIAL CRITERIA:

- Recipient does not meet the FDA approved indication; **OR**
- Recipient has no history of at least one prior therapy; **OR**
- Recipient requires concomitant use of CYP3A inducers; **OR**
- Recipient is pregnant or lactating women; **OR**
- Prescriber should discontinue for any grade of intracranial hemorrhage; **OR**
- Recipient has disease progression or unacceptable toxicity that cannot be resolved by decreasing the dose

CONTINUATION CRITERIA:

- Recipient has evidence of disease response or stabilization (complete or partial response); **AND**
- Provider must submit current chart notes; **AND**
- Provider must submit current labs including CBC with differential and LFTs

QUANTITY EDITS: #120/30 days

DISCUSSION:

No discussion

ACTION:

Motion was made to accept criteria as presented by Dr. Mancino; seconded by Dr. Gettman. All members present voted by roll call to accept as written. Motion passed.

2) Tazverik™ (tazemetostat) 200mg tablet

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Recipient ≥ 16 years of age; **AND**
- Recipient is diagnosed with metastatic or locally advanced epithelioid sarcoma not eligible for complete resection or diagnosis consistent with FDA indication; **AND**
- Female recipients must not be pregnant or breastfeeding and attest to using effective contraception if of reproductive potential. Male recipients with female partners of reproductive potential must attest to using effective contraception.; **AND**
- Prescriber must submit the following:
 - Liver function tests including AST, ALT, Bilirubin, and INR
 - Complete blood count with differential
 - Current chart notes with documentation of previous treatments
 - Results of any recent MRI, CT or biopsy
- Initial PA for 3 months

DENIAL CRITERIA:

- Recipient does not meet approval criteria; **OR**

Arkansas Medicaid DUR Board Meeting Minutes

- Recipient must be able to tolerate the minimum dose of 400mg twice daily; **OR**
- Recipient must not be pregnant or breastfeeding

CONTINUATION CRITERIA:

- Provide current chart notes with previously required labs; **AND**
- Recipient must be progression free with overall response according to Response Evaluation Criteria in Solid Tumors (RECIST v1.1); **AND**
- Recipient must be able to tolerate the minimum dose of 400mg twice daily

QUANTITY EDITS: #240/30 days

DISCUSSION:

Dr. Johnson agreed with the short duration of PA approval. Based on analysis, FDA reviewers stated that overall response rate across cohorts may not provide sufficient evidence over other options including doxorubicin. The study results leaves concerns about progression free survival.

ACTION:

Motion was made to accept criteria as presented by Dr. Mancino; seconded by Dr. Johnson. All members present voted by roll call to accept as written. Motion passed.

3) Ayvakit™ (avapritinib) 100mg, 200mg and 300mg tablets

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Recipient \geq 18 years of age; **AND**
- Recipient is diagnosed with unresectable or metastatic GIST harboring a platelet-derived growth factor receptor alpha (PDGFRA) exon 18 mutation, including PDGFRA D842V mutations or diagnosis consistent with FDA indication; **AND**
- ECOG score 0-2; **AND**
- Prescriber should provide the following
 - Current chart notes
 - Documentation of previous therapies tried (imatinib is considered category 1 for unresectable or metastatic GIST)
 - Is resection possible?
 - Current labs including CBC with differential, comprehensive metabolic panel (CMP) and LFTs
 - Documentation of measurable lesion

DENIAL CRITERIA:

- Recipient cannot tolerate the minimum dose of 100mg daily; **OR**
- Recipient must take moderate or strong CYP3A inhibitors or inducers; **OR**
- Recipient has severe intracranial hemorrhage; **OR**
- Reduce dose or discontinue for severe central nervous system effects; **OR**
- Recipient is pregnant or breastfeeding; **OR**
- Recipient has platelet count $<$ 90,000/mL; **OR**
- Recipient has severe renal impairment (CLCr $<$ 29mL/min) or severe hepatic impairment (Total bilirubin $>$ 3 times ULN and any AST)

CONTINUATION CRITERIA:

- Provide current chart notes with previously required labs; **AND**
- Recipient must be progression free; **AND**
- Recipient must be able to tolerate the minimum dose of 100mg daily

QUANTITY EDITS: #30/30 days for each strength

DISCUSSION:

Chair stated an incorrect quantity during explanation. Dr. Johnson verified that this medication has multiple strengths, so quantity would be one per day. Dr. Mancino was questioning the procedure if could not tolerate a higher dose and needed to step down.

Arkansas Medicaid DUR Board Meeting Minutes

Chair verified that this is manual review and each PA would be entered for a specific dose. The thought of allowing 100mg tablets #90 for a taper was discussed. Dr. Johnson stated that there is no mention of tapering up on the dose in the package insert. It would be more beneficial to the State if the lower dose PA was entered at the time of the request instead of allowing #90 of the 100mg which would triple the cost. Dr. Mancino asked if there would be a time when the patient has no record of the mutation. Chair stated that patients with this mutation are rare, causing them to be treated with a different regimen like imatinib. Dr. Mancino stated that previous treatment would not impact the decision on this medication review. We should not require documentation of previous imatinib if previously taken.

ACTION:

Motion was made to accept criteria as amended by Dr. Johnson; seconded by Dr. Mancino. All members present voted by roll call to accept as amended. Motion passed.

4) Revlimid® (lenalidomide) 2.5mg, 5mg, 10mg, 15mg, 20mg and 25mg capsules

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Recipient ≥ 18 years of age; **AND**
- Recipient is diagnosed with one of the following or diagnosis consistent with FDA indication:
 - Multiple Myeloma
 - Myelodysplastic Syndrome
 - Mantle Cell Lymphoma
 - Follicular Lymphoma
 - Marginal Zone Lymphoma
- Prescriber must submit the following:
 - Current chart notes with documentation of specific diagnosis; **AND**
 - Documentation of previous therapies tried; **AND**
 - Documentation that the prescriber and pharmacy are certified with the Revlimid REMS program and provide a patient-physician agreement form that the patient will comply with REMS requirements; **AND**
 - Current labs including CBC with differential and comprehensive metabolic panel (CMP); **AND**
 - Female patients of childbearing potential must have two (2) negative pregnancy tests before initiating Revlimid; **AND**
 - Female patients of childbearing potential must use 2 methods of reliable birth control simultaneously; Male patients must always use condoms during sexual contact with females of childbearing potential; **AND**
 - Dose required as prior authorization will be entered for specific dose; **AND**
- Prior authorizations should be approved monthly until documented lab stability; **AND**
- Requirements for individual diagnoses:
 - Multiple Myeloma recipient must be taking dexamethasone concomitantly
 - Maintenance dosing for MM patients post autologous hematopoietic stem cell transplant
 - Mantle Cell Lymphoma recipients—provide documentation of two (2) prior failed therapies and one should be bortezomib
 - Follicular Lymphoma recipients—provide documentation taking a rituximab product concomitantly and documentation of previous therapy
 - Marginal Zone Lymphoma recipients—provide documentation taking a rituximab product concomitantly and documentation of previous therapy

DENIAL CRITERIA:

- Recipient is diagnosed with Chronic Lymphocytic Leukemia; **OR**
- Recipient is pregnant or breastfeeding; **OR**
- Recipient cannot tolerate the minimum required doses for their individual indication; **OR**
- REMS program requirements have not been met by either prescriber, pharmacy or recipient

CONTINUATION CRITERIA:

- Recipient is tolerating at least the minimum required doses for their individual indication; **AND**
- Recipient has no indication of disease progression; **AND**
- Prescriber must submit current chart notes and previously required labs; **AND**
- Prescriber must submit current dose needed; **AND**

Arkansas Medicaid DUR Board Meeting Minutes

- Prior authorization approved for 3 months once documented lab stability

QUANTITY EDITS: #1 per day for any strength

DISCUSSION:

Dr. Mancino asked if there is a timeframe on pregnancy tests. Dr. Johnson clarified that one negative test must be 10-14 days prior to beginning therapy and one negative test must be within 24 hours of starting therapy. Dr. Johnson stated that asking for this information would be redundant since it is required in the REMS program. Chair stated that we are not asking for additional testing, we just ask that the provider send that documentation. Dr. Golden is concerned about therapy billed as medical benefit and pharmacy benefit (i.e. Sarclisa with Revlimid). Coordination with medical benefit for ensuring proper treatment is needed.

ACTION:

Motion was made to accept criteria as presented by Dr. King; seconded by Dr. Gettman. All members present voted by roll call to accept as written. Motion passed.

5) Spravato® (esketamine) solution

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- Recipient must be between ages 18 and 64 years old; **AND**
- Recipient must be diagnosed with treatment resistant depression (TRD); **AND**
- Prescriber must provide current chart notes and documentation of previous therapies failed; **AND**
- Recipient must have failed treatment with a minimum of THREE (3) separate therapeutic trials including antidepressants from at least TWO (2) different drug classes (SSRI, SNRI and bupropion) as well as at least ONE (1) trial of augmentation therapy with one of the following:
 - Atypical antipsychotic
 - Lithium
 - Antidepressant from a different class
- Recipient profile will be reviewed for compliance on previous therapies with at least EIGHT (8) weeks EACH for the nonconcurrent monotherapies at maximally tolerated doses; **AND**
- Recipient profile must indicate a current fill of oral antidepressant at maximally tolerated dose; **AND**
- Prescriber must provide a baseline depression assessment using a validated depression rating scale; **AND**
- Prescriber must be a psychiatrist who is enrolled as a Spravato REMS-certified provider; **AND**
- Recipient must be enrolled in the Spravato REMS program; **AND**
- Medication must be administered under the direct supervision of a healthcare provider with post-administration observation for a minimum of 2 hours; **AND**
- Prescriber must make arrangements with the recipient's pharmacy for delivery of Spravato; **AND**
- Recipient must be receiving concurrent oral antidepressant therapy; **AND**
- Prescriber must provide documentation of treatment plan for possible serious cardiac adverse event during treatment session (i.e. access to emergency care); **AND**
- Prescriber must review the recipient PDMP for evidence of abuse potential and attest that the recipient will be monitored for signs of abuse or misuse; **AND**
- Initial approval for 4 weeks only

DENIAL CRITERIA:

- Recipient does not meet the approval criteria; **OR**
- Recipient is pregnant or breastfeeding; **OR**
- Recipient has active moderate to severe substance or alcohol use disorder; **OR**
- Recipient has a contraindication
 - Aneurysmal vascular disease
 - History of intracerebral hemorrhage
 - Hypersensitivity to esketamine, ketamine or any of the components of the medication

CONTINUATION CRITERIA:

Arkansas Medicaid DUR Board Meeting Minutes

- Recipient must be compliant on Spravato and oral antidepressant; **AND**
- Recipient must have a positive clinical response with improvement of symptoms over baseline depression assessment score; **AND**
- Prescriber must submit current chart notes

QUANTITY EDITS:

Initial PA (weeks 1-4)—2 kits/week

Renewal PA (week 5 and after)—1 kit/week

DISCUSSION:

Dr. Johnson asked if Medicaid covers IV Ketamine for TRD. Chair replied that she doesn't believe IV Ketamine is payable for TRD as a medical benefit since not actually FDA indicated for this. Dr. Johnson stated there is data to support the use. Chair stated that this is probably not an option. Dr. Golden stated that patients prescribed this medication may possibly be in the PASSEs, and therefore covered by their third party. Dr. Golden stated that administration may also be in-patient which would be billed as part of a per diem. Dr. Mancino brought up the fact that IV Ketamine itself may be less expensive, but other administrative needs such as anesthesia adds to the cost. Dr. Miller asked if we were considering adding the IV Ketamine requirement. Chair stated we would not be able to require. Dr. Miller said the Spravato provider should know if the patient had trialed IV Ketamine. We can ask for documentation if patient had trialed or trialed/failed IV Ketamine, but not require a trial.

ACTION:

Motion was made to accept criteria as amended by Dr. Miller; seconded by Dr. Gettman. All members present voted by roll call to accept as amended. Motion passed.

C. PROPOSED NEW CLAIM EDITS

1. Leucovorin tablets and vials

DENIAL CRITERIA:

- Recipient has a billed diagnosis of autistic disorder (ICD-10 code F84.0) would cause a point-of-sale denial requiring manual review

QUANTITY EDITS:

Tablets #30/30 days

Vials—no edits since based on BSA

DISCUSSION:

Dr. Johnson referenced a study in Molecular Psychiatry based out of ACH. Patients with Positive Folate Receptor Alpha Antibody status shows improvement in verbal communication skills. Dr. Johnson suggested that during manual review, autistic children with positive FRAA status should be considered. Dr. Mancino asked about availability of test for FRAA. Dr. Mancino feels that specialist should be treating these patients. Dr. Magee informed the Board that currently there is no autism specialist at ACH. Dr. Miller stated that we have seen claims for autistic children from ACH. But there are no actual autism specialists at Children's. Dr. Boudreaux said we should consider this an experimental use in a Medicaid program which we do not cover. Dr. Mancino suggests we leave the denial criteria as is, and we should monitor for additional studies and support in MicroMedex for use in autism patients.

ACTION:

Motion was made to accept criteria as presented by Dr. Mancino; seconded by Dr. Miller. All members present voted by roll call to accept as presented. Motion passed.

2. Targeted Immune Modulators age edits

SUGGESTED AGE EDITS

Indicated for ≥ 2 years of age

- ADALIMUMAB (HUMIRA)

Arkansas Medicaid DUR Board Meeting Minutes

- ETANERCEPT (ENBREL)
- ABATACEPT (ORENCIA)
- TOCILIZUMAB (ACTEMRA)
- CANAKINUMAB (ILARIS)

Indicated for ≥ 12 years of age

- USTEKINUMAB (STELARA)

Indicated for ≥ 18 years of age

- ANAKINRA (KINERET)
- APREMILAST (OTEZLA)
- CERTOLIZUMAB (CIMZIA)
- GOLIMUMAB (SIMPONI)
- IXEKIZUMAB (TALTZ)
- SECUKINUMAB (COSENTYX)
- TOFACITINIB (XELJANZ)
- GUSELKUMAB (TREMIFYA)
- SARILUMAB (KEVZARA)
- BRODALUMAB (SILIQ)
- RISANKIZUMAB-RZAA (SKYRIZI)
- UPADACITINIB (RINVOQ ER)
- BARICITINIB (OLUMIANT)

DISCUSSION:

No discussion

ACTION:

Motion was made to accept criteria as presented by Dr. Johnson; seconded by Dr. King. All members present voted by roll call to accept as written. Motion passed.

3. Gabapentin Dose Edits

SUGGESTED CRITERIA:

APPROVAL CRITERIA:

- For Neurontin (gabapentin), limit to 3600mg per day.
- For Gralise, limit to 1800mg per day.
- For Horizant, limit to 1200mg per day.

QUANTITY EDITS:

Gabapentin 100mg capsule—Used for titration??

Gabapentin 250mg/5ml –3 bottles (1410ml) per 30 days

Gabapentin 300mg capsule –372/31 days

Gabapentin 400mg capsule –279/31 days

Gabapentin 600mg capsule –186/31 days

Gabapentin 800mg capsule –140/31 days

Gralise 300mg tablet—155/31 days

Gralise 600mg tablet—93/31 days

Horizant 300mg tablet—31/31 days

Horizant 600mg tablet—62/31 days

DISCUSSION:

Dr. Johnson agreed with the proposal and limit the 100mg capsules to 8 per day.

Arkansas Medicaid DUR Board Meeting Minutes

ACTION:

Motion was made to accept criteria as presented by Dr. Johnson; seconded by Dr. Gettman. All members present voted by roll call to accept as written. Motion passed.

D. ProDUR Report

Dr. Evans presented a summary ProDUR report for the last year along with an explanation of the ProDUR program. Chair provide a ProDUR report for the PASSEs for the last year.

E. RDUR Report

Dr. Brazeal gave a presentation on the department's Retrospective Drug Utilization Review Report including a top prescriber report (opioids, benzodiazepines, muscle relaxers, CII stimulants and gabapentin), provided feedback on the impact of RDUR interventions performed 6 months ago, and consulted with the Board on RDUR educational intervention criteria recommendations.

- Criteria recommendations for January, February and March 2020; motion to approve as presented was made by Dr. Bemberg; seconded by Dr. Mancino—all members approved; motion passed.
- RetroDUR Quarterly Summary report 4Q19 (March, April and May 2019) with intervention outcome reports and review of prescribing outliers. Dr. Golden wants to discuss with PCMH. Dr. Brazeal discussed report cards are used in some states. Dr. Golden stated we are using report cards, but financial incentives seem to be more effective. Dr. Mancino states this explains why Arkansas is still number two in the nation with prescribing opioids. Change will not be seen unless we incentivize providers to prescribe differently. Education will not be effective.

F. Meeting adjourned at 11:15m.