

OKLAHOMA HEALTH CARE AUTHORITY  
REGULAR SCHEDULED BOARD MEETING  
August 9, 2018 at 1:00 P.M.  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
OKC, OK

**AGENDA**

**Items to be presented by Anthony Armstrong, Chairman**

1. Call to Order / Determination of Quorum
2. Action Item – Approval of the June 28, 2018 OHCA Board Meeting Minutes

**Item to be presented by Becky Pasternik-Ikard, Chief Executive Officer**

3. Discussion Item – Chief Executive Officer’s Report
  - a) All-Star Introduction
    - April All-Star – Pam Jackson, Care Management Supervisor (Melody)
    - June All-Star – Martina Ordonez, Executive Assistant (Becky)
  - b) Financial Update – Aaron Morris, Chief Financial Officer
  - c) Medicaid Director’s Update – Melody Anthony, Deputy State Medicaid Director
  - d) ABD Wraparound Initiative – Della Gregg, HMP Manager
  - e) Community Engagement Update – Tywanda Cox, Chief of Federal and State Policy
  - f) Regional Strategy Forum Update – Beth Van Horn, Strategic Planning & Reform Director

**Item to be presented by Nicole Nantois, Chief of Legal Services**

4. Announcements of Conflicts of Interest Panel Recommendations for All Action Items Regarding This Board Meeting.

**Item to be presented by Burl Beasley, Assistant Director of Pharmacy Services**

5. Action Item – Consideration and Vote Regarding Recommendations Made by the Drug Utilization Review Board Under 63 Oklahoma Statutes 5030.3.
  - a) Consideration and vote to add **Crysvita® (Burosumab-twza)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
  - b) Consideration and vote to add **Imfinzi® (Durvalumab)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
  - c) Consideration and vote to add **Erleada™ (Apalutamide) and Yonsa® (Abiraterone)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

- d) Consideration and vote to add **Lyrica® CR (Pregabalin Extended-Release), Restasis MultiDose® (Cyclosporine 0.05% Ophthalmic Emulsion), Sinuva™ (Mometasone Furoate Sinus Implant), and ZTlido™ (Lidocaine 1.8% Topical System)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e)

**Item to be presented by Anthony Armstrong, Chairman**

6. Discussion Item – Proposed Executive Session as Recommended by the Chief of Legal Services and Authorized by the Open Meetings Act, 25 Oklahoma Statutes § 307(B)(1),(4) and (7).

Discussion of Pending Contractual Litigation  
Discussion of Declaratory Litigation

7. New Business

8. ADJOURNMENT

NEXT BOARD MEETING  
September 13, 2018  
Oklahoma Health Care Authority  
Oklahoma City, OK

MINUTES OF A REGULAR BOARD MEETING  
OF THE HEALTH CARE AUTHORITY BOARD  
June 28, 2018  
Oklahoma Health Care Authority Boardroom  
Oklahoma City, Oklahoma

Manner and Time of Notice of Meeting: A statutorily required public meeting notice was placed on the front door of the Oklahoma Health Care Authority on June 27, 2018 at 12:15 p.m. Advance public meeting notice was provided to the Oklahoma Secretary of State. In addition to the posting of the statutory public notice, the agency placed its agenda on its website on June 22, 2018 at 1:09 p.m.

Pursuant to a roll call of the members, a quorum was declared to be present, and Chairman Armstrong called the meeting to order at 1:01 p.m.

BOARD MEMBERS PRESENT: Chairman Armstrong, Vice-Chairman Yaffe, Member Bryant, Member Case, Member Hupfeld

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

OTHERS PRESENT:

Miranda Kieffer, DHS-MSU	Brenda Lambeth, DHS-MSU
Tyler Talley, eCap	Robert Groeneveld, Coduent GHS
Traylor Rains-Sims, ODMHSAS	Jerry Cothran, CoP
Yuan Tian, OMES	Ray Hester, OKDHS
Beverly Crutcher, OKDHS	LeKenya Antwine, OHCA
Marty Wafford, Chickasaw Nation	Fred Mensah, OHCA
Jimmy Witcosky, OHCA	Bill Garrison, OHCA
David Ward, OHCA	Dwynya Vick, OHCA
Shelly Patterson, OHCA	Kevin Kelley, OHCA
Katelynn Burns, OHCA	David Dude, American Cancer Society
Meg Wingerter, The Oklahoman	Samantha Galloway, OCP
David Oakley, Legis OK	Aaron Morris, OHCA
Will Widman, DXC	Jennifer, OHCA
Daryn Kirkpatrick, OHCA	Dana Northrup, OHCA
Gloria LaFitte, OHCA	Janet Byas, OHCA
Brent Wilborn, OKPCA	Robert Dorrell, BCBS OK
Monika Lutz, OHCA	

**DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULAR SCHEDULED BOARD MEETING HELD MAY 10, 2018.**

The Board routinely reviews and approves a synopsis of all its meetings. The full-length recordings of the meetings of the Board are retained at the Board Offices and may be reviewed upon written request.

MOTION: Member Hupfeld moved for approval of the May 10, 2018 board meeting minutes as published. The motion was seconded by Vice-Chairman Yaffe.

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Case,

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

**ITEM 3A / EMPLOYEE RECOGNITION**

The following OHCA employees were recognized

- March All-Star – Tammy Hanchey, Docket Clerk
- May All-Star – Sheila Bertleson, System Analyst III

**ITEM 3B / FINANCIAL UPDATE**

Aaron Morris, Chief Financial Officer

Mr. Morris gave a brief update on OHCA's April financials. OHCA has a positive \$0.5 million state dollar variance; about \$5.3 million lower than March. The agency is over budget in program spending by \$10.5 million state dollars and under budget in administrative spending by \$4.5 million state dollars. OHCA continues to run over budget in drug rebates by \$4.8 million state dollars and tobacco tax revenues by \$2.6 million state dollar. OHCA is running under budget in medical refunds by \$0.9 million state dollars. For May, OHCA will continue to run over budget in program spending and projections show we'll have a positive state variance. For more detailed information, see Item 3b in the board packet.

**ITEM 3C / MEDICAID DIRECTOR'S UPDATE**

Melody Anthony, Deputy State Medicaid Director

Ms. Anthony provided an update for April 2018 data that included a report on the number of SoonerCare enrollees in different areas of the Medicaid program and total in-state providers. Ms. Anthony also presented charts showing monthly enrollment and monthly change in enrollment for Choice, Traditional and Insure Oklahoma. For more detailed information, see Item 3c in the board packet.

**ITEM 3D / VALUE BASED CARE SOONERCARE PHARMACY**

Burl Beasley, Assistant Director of Pharmacy Services

Mr. Beasley gave Value Based Care SoonerCare Pharmacy update, which included information on SoonerCare Pharmacy background, drug approval trends, payment strategies, alternative payment model and next steps. For more detailed information, see item 3d in the board packet.

**ITEM 3E / OHCA AND TRIBAL PARTNERSHIPS**

Dana Miller, Tribal Government Relations Director

Ms. Miller gave an OHCA and Tribal Partnership update, which included information on the OHCA Tribal Government Relations mission statement, the team, annual report, Indian health and SoonerCare, impact, Tribal Consultation, Tribal Partnership action plan, collaborative governance, partnership and engagement and successful partnership over the last ten years. For more detailed information, see item 3e in the board packet.

**ITEM 3F / FEDERAL & STATE AUTHORITIES**

Sandra Manzo de Puebla, Health Policy Director

Ms. Puebla gave a Federal and State Authority update, which included an overview of authorities, similarities and public processes, approval processes, duration of authority, lead time for implementation of changes, and SFY18 amendments. For more detailed information, see item 3f in the board packet.

**ITEM 4 / ANNOUNCEMENTS OF CONFLICTS OF INTEREST PANEL RECOMMENDATIONS FOR ALL ACTION ITEMS**

Nicole Nantois, Chief of Legal Services

There were no recommendations regarding conflicts.

**ITEM 5 / CONSIDERATION AND VOTE OF THE AUTHORITY FOR EXPENDITURE OF FUND**

Kimberely Helton, Professional Services Contract Manager

- a) SoonerCare Call Center – Maximus

**MOTION:**

Member Hupfeld moved for approval of Item 5 as published. The motion was seconded by Member Bryant

**FOR THE MOTION:**

Chairman Armstrong, Vice-Chairman Yaffe, Member Case

**BOARD MEMBERS ABSENT:**

Member McVay, Member Nuttle

**ITEM 6 / CONSIDERATION AND VOTE OF THE STATE FISCAL YEAR 2019 BUDGET WORK PROGRAM**

Tasha Black, Director of Budget and Fiscal Planning

For more detailed information, see item 6 in the board packet.

**MOTION:** Member Bryant moved for approval of item 6 as published. The motion was seconded by Member Hupfeld

**FOR THE MOTION:** Chairman Armstrong, Vice-Chairman Yaffe, Member Case

**BOARD MEMBERS ABSENT:** Member McVay, Member Nuttle

**ITEM 7A-L / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE**

Tywanda Cox, Chief of Federal and State Policy

- a) Consideration and Vote for a rate change to increase the base rate component to \$107.98 for Regular Nursing Facilities and update the pool amount for these facilities in the state plan for the "Other" and "Direct Care" components to \$158,938,847. In SFY2019, this change has an estimated total dollar increase of \$3,031,836, of which \$1,169,379 is state share coming from the increased Quality of Care Fee, which is paid by the facilities.
- b) Consideration and Vote for a rate change to increase the base rate component to \$201.32 for the Acquired Immune Deficiency Syndrome (AIDS) rate for Nursing Facilities. In SFY2019, this change has an estimated total dollar increase of \$6,603 of which \$2,547 is state share coming from the increased Quality of Care Fee, which is paid by the facilities.

**MOTION:** Member Case moved for approval of items 7a-b as published. The motion was seconded by Vice Chairman Yaffe

**FOR THE MOTION:** Chairman Armstrong, Member Bryant, Member Hupfeld

**BOARD MEMBERS ABSENT:** Member McVay, Member Nuttle

- c) Consideration and Vote for a rate change to increase the rates for Freestanding Psychiatric Hospitals by 3.00%. In SFY2019, this change has an estimated total dollar increase of \$334,498 of which \$129,016 is state share paid by ODMHSAS.
- d) Consideration and Vote for a rate change to increase the rates for Psychologists in Independent Practice by 3.00%. In SFY2019, this change has an estimated total dollar increase of \$212,195 of which \$81,844 is state share paid by ODMHSAS.

**MOTION:** Member Case moved for approval of items 7c-d as published. The motion was seconded by Member Bryant

**FOR THE MOTION:** Chairman Armstrong, Vice-Chairman Yaffe, Member Hupfeld

**BOARD MEMBERS ABSENT:** Member McVay, Member Nuttle

- f) Consideration and Vote for a rate change to increase the rates for ADvantage Waiver and State Plan Services by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of \$10,186,341 of which \$3,832,101 is state share paid by OKDHS. In SFY2019, this change has an estimated total dollar increase for the State Plan Services of \$397,352 of which \$149,484 is state share paid by OKDHS.
- g) Consideration and Vote for a rate change to increase the rates for Habilitation Training Specialist (HTS) and Intensive Personal Supports (IPS) services to \$4.05 per 15-minute unit. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of \$7,560,000 of which \$2,844,072 is state share paid by OKDHS.

- h) Consideration and Vote for a rate change to increase the rates for Homemaker services to \$3.85 per 15-minute unit. The estimated annual change is cost neutral. Other services that are more expensive are provided when Homemaker services are not available. The increase in the rate will allow for better recruitment and retention of Homemaker staff.
- i) Consideration and Vote for a rate change to increase the rates for Developmental Disabilities Services by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of \$12,300,816 of which \$4,627,567 is state share paid by OKDHS.
- j) Consideration and Vote for a rate change to increase the rates for Community Living Group Home by the various amounts listed on the briefs located in the Board packets. In SFY2019, this change has an estimated total dollar increase for the Waiver Services of \$2,033,079 of which \$764,844 is state share paid by OKDHS.
- k) Consideration and Vote for a rate change to increase the rates for Respite Services by the various amounts listed on the briefs located in the Board packets. The estimated annual change is cost neutral. Other services that are more expensive are provided when Respite is not available. The increase in the rate will allow for better recruitment and retention of Respite providers.

MOTION: Member Bryant moved for approval of items 7f-k as published. The motion was seconded by Member Case

FOR THE MOTION: Chairman Armstrong, Vice-Chairman Yaffe, Member Hupfeld

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

- l) Consideration and Vote for a rate methodology change to clarify language in the State Plan on how vaccinations are priced. Vaccinations will be priced using Medicare Part B Average Sales Price (ASP) plus 6%. When ASP pricing is unavailable, an equivalent price is calculated using Wholesale Acquisition Cost (WAC). If no WAC pricing is available, the price will be calculated based on invoice cost. There will be no budget impact due to the methodology is already in use today.

MOTION: Member Case moved for approval of items 7l as published. The motion was seconded by Vice-Chairman Yaffe

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Hupfeld

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

**ITEM 8A-D / CONSIDERATION AND VOTE REGARDING RECOMMENDATIONS MADE BY THE DRUG UTILIZATION REVIEW BOARD UNDER 63 OKLAHOMA STATUTES 5030.3.**

Burl Beasley, Assistant Director of Pharmacy Services

- a) **Clenpiq™ (Sodium Picosulfate/ Magnesium Oxide/Anhydrous Citric Acid)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- b) **Admelog® (Insulin Lispro), Fiasp® (Insulin Aspart), and Humulin® R U-500 Vials (Insulin Human 500 Units/mL)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- c) **Prexxartan® (Valsartan Oral Solution), Tekturna® (Aliskiren Oral Pellets), and CaroSpir® (Spironolactone Oral Suspension)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- d) **Benznidazole** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Vice-Chairman Yaffe moved for approval of item 8a-d as published. The motion was seconded by Member Case

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Hupfeld

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

**ITEM 9 / PROPOSED EXECUTIVE SESSION AS RECOMMENDED BY THE CHIEF OF LEGAL SERVICES AND AUTHORIZED BY THE OPEN MEETINGS ACT, 25 OKLAHOMA STATUTES §307(B) (4)**

Nicole Nantois, Chief of Legal Services

Chairman Armstrong entertained a motion to go into Executive Session at this time.

MOTION: Vice-Chairman Yaffe moved for approval to move into Executive Session. The motion was seconded by Member Hupfeld

FOR THE MOTION: Chairman Armstrong, Member Bryant, Member Case,

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

**ITEM 10 / NEW BUSINESS**

There was no new business.

**ITEM 11 / ADJOURNMENT**

MOTION: Member Hupfeld moved for approval for adjournment. The motion was seconded by Member Case

FOR THE MOTION: Chairman Armstrong, Vice-Chairman Yaffe, Member Bryant

BOARD MEMBERS ABSENT: Member McVay, Member Nuttle

Meeting adjourned at 3:15 p.m., 6/28/2018

NEXT BOARD MEETING  
August 9, 2018  
Oklahoma Health Care Authority  
Oklahoma City, OK

*Martina Ordonez*  
*Board Secretary*

*Minutes Approved:* \_\_\_\_\_

*Initials:* \_\_\_\_\_



## FINANCIAL REPORT

For the Eleven Months Ended May 31, 2018  
Submitted to the CEO & Board

- Revenues for OHCA through May, accounting for receivables, were **\$3,812,507,272** or **.7% over** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$3,826,897,513** or **.4% over** budget.
- The state dollar budget variance through May is a positive **\$12,978,894**.
- The budget variance is primarily attributable to the following (in millions):

<b>Expenditures:</b>	
Medicaid Program Variance	(3.1)
Administration	4.0
<b>Revenues:</b>	
Drug Rebate	8.7
Medical Refunds	(1.2)
Taxes and Fees	4.5
<b>Total FY 18 Variance</b>	<b>\$ 12.9</b>

### ATTACHMENTS

Summary of Revenue and Expenditures: OHCA	1
Medicaid Program Expenditures by Source of Funds	2
Other State Agencies Medicaid Payments	3
Fund 205: Supplemental Hospital Offset Payment Program Fund	4
Fund 230: Quality of Care Fund Summary	5
Fund 245: Health Employee and Economy Act Revolving Fund	6
Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund	7



**OKLAHOMA HEALTH CARE AUTHORITY**  
**Summary of Revenues & Expenditures: OHCA**  
**SFY 2018, For the Eleven Month Period Ending May 31, 2018**

REVENUES	FY18 Budget YTD	FY18 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 936,659,162	\$ 936,659,162	\$ -	0.0%
Federal Funds	2,124,790,849	2,128,605,936	3,815,087	0.2%
Tobacco Tax Collections	44,306,500	48,855,903	4,549,403	10.3%
Quality of Care Collections	71,530,460	71,385,139	(145,321)	(0.2)%
Prior Year Carryover	44,249,967	44,249,967	-	0.0%
Federal Deferral	12,895,799	12,895,799	-	0.0%
Drug Rebates	270,864,453	291,961,444	21,096,991	7.8%
Medical Refunds	35,014,245	32,047,077	(2,967,168)	(8.5)%
Supplemental Hospital Offset Payment Program	230,337,953	230,337,953	-	0.0%
Other Revenues	15,381,729	15,508,892	127,163	0.8%
<b>TOTAL REVENUES</b>	<b>\$ 3,786,031,117</b>	<b>\$ 3,812,507,272</b>	<b>\$ 26,476,155</b>	<b>0.7%</b>

EXPENDITURES	FY18 Budget YTD	FY18 Actual YTD	Variance	% (Over)/ Under
<b>ADMINISTRATION - OPERATING</b>	<b>\$ 52,884,023</b>	<b>\$ 45,439,681</b>	<b>\$ 7,444,342</b>	<b>14.1%</b>
<b>ADMINISTRATION - CONTRACTS</b>	<b>\$ 98,909,262</b>	<b>\$ 95,964,977</b>	<b>\$ 2,944,285</b>	<b>3.0%</b>
<b>MEDICAID PROGRAMS</b>				
<u>Managed Care:</u>				
SoonerCare Choice	38,013,423	37,506,484	506,940	1.3%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	830,405,719	840,381,046	(9,975,327)	(1.2)%
Behavioral Health	19,998,599	17,779,857	2,218,742	11.1%
Physicians	371,212,630	367,298,748	3,913,882	1.1%
Dentists	115,024,922	115,167,322	(142,400)	(0.1)%
Other Practitioners	49,722,145	48,523,000	1,199,145	2.4%
Home Health Care	17,204,373	18,132,506	(928,133)	(5.4)%
Lab & Radiology	26,782,067	24,701,975	2,080,092	7.8%
Medical Supplies	46,730,225	47,259,411	(529,186)	(1.1)%
Ambulatory/Clinics	192,974,899	201,493,421	(8,518,522)	(4.4)%
Prescription Drugs	563,916,970	567,689,239	(3,772,269)	(0.7)%
OHCA Therapeutic Foster Care	11,000	56,226	(45,226)	0.0%
<u>Other Payments:</u>				
Nursing Facilities	504,474,150	503,353,376	1,120,774	0.2%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	56,584,352	56,380,551	203,801	0.4%
Medicare Buy-In	160,556,615	159,471,040	1,085,575	0.7%
Transportation	60,066,671	61,770,801	(1,704,130)	(2.8)%
Money Follows the Person-OHCA	218,592	313,410	(94,819)	0.0%
Electronic Health Records-Incentive Payments	8,826,613	8,826,613	-	0.0%
Part D Phase-In Contribution	101,994,359	111,828,182	(9,833,823)	(9.6)%
Supplemental Hospital Offset Payment Program	487,101,331	487,101,331	-	0.0%
Telligen	9,697,930	10,440,827	(742,897)	(7.7)%
<b>Total OHCA Medical Programs</b>	<b>3,661,517,584</b>	<b>3,685,475,365</b>	<b>(23,957,781)</b>	<b>(0.7)%</b>
OHCA Non-Title XIX Medical Payments	89,382	17,490	71,892	0.0%
<b>TOTAL OHCA</b>	<b>\$ 3,813,400,252</b>	<b>\$ 3,826,897,513</b>	<b>\$ (13,497,262)</b>	<b>(0.4)%</b>
<b>REVENUES OVER/(UNDER) EXPENDITURES</b>	<b>\$ (27,369,135)</b>	<b>\$ (14,390,241)</b>	<b>\$ 12,978,894</b>	

**OKLAHOMA HEALTH CARE AUTHORITY**  
**Total Medicaid Program Expenditures**  
**by Source of State Funds**  
**SFY 2018, For the Eleven Month Period Ending May 31, 2018**

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 37,608,262	\$ 37,496,282	\$ -	\$ 101,778	\$ -	\$ 10,202	\$ -
Inpatient Acute Care	1,052,519,937	554,089,994	446,130	3,103,755	366,039,962	826,503	128,013,593
Outpatient Acute Care	390,598,887	282,122,327	38,137	3,875,996	101,704,472	2,857,955	-
Behavioral Health - Inpatient	39,819,020	10,056,019	-	325,871	17,883,336	-	11,553,794
Behavioral Health - Psychiatrist	9,197,399	7,723,838	-	-	1,473,561	-	-
Behavioral Health - Outpatient	14,052,590	-	-	-	-	-	14,052,590
Behavioral Health-Health Home	48,062,510	-	-	-	-	-	48,062,510
Behavioral Health Facility- Rehab	213,503,759	-	-	-	-	73,894	213,503,759
Behavioral Health - Case Management	5,737,393	-	-	-	-	-	5,737,393
Behavioral Health - PRTF	42,887,753	-	-	-	-	-	42,887,753
Behavioral Health - CCBHC	42,496,757	-	-	-	-	-	42,496,757
Residential Behavioral Management	12,795,383	-	-	-	-	-	12,795,383
Targeted Case Management	60,755,963	-	-	-	-	-	60,755,963
Therapeutic Foster Care	56,226	56,226	-	-	-	-	-
Physicians	431,321,623	362,842,787	53,259	4,905,926	-	4,402,702	59,116,949
Dentists	115,215,725	115,156,817	-	48,403	-	10,505	-
Mid Level Practitioners	2,182,192	2,166,753	-	14,928	-	512	-
Other Practitioners	46,820,922	45,842,413	409,167	465,187	-	104,155	-
Home Health Care	18,142,424	18,123,452	-	9,918	-	9,054	-
Lab & Radiology	25,401,177	24,522,939	-	699,202	-	179,037	-
Medical Supplies	47,551,809	44,749,159	2,485,571	292,398	-	24,680	-
Clinic Services	203,389,599	194,899,121	-	1,356,708	-	158,216	6,975,552
Ambulatory Surgery Centers	6,588,744	6,430,349	-	152,661	-	5,735	-
Personal Care Services	10,132,797	-	-	-	-	-	10,132,797
Nursing Facilities	503,353,376	306,006,238	197,330,329	-	-	16,808	-
Transportation	61,754,471	59,400,702	2,142,576	99,041	-	112,152	-
IME/DME	40,069,752	-	-	-	-	-	40,069,752
ICF/IID Private	56,380,551	45,967,962	10,412,589	-	-	-	-
ICF/IID Public	11,952,992	-	-	-	-	-	11,952,992
CMS Payments	261,767,182	261,256,840	510,342	-	-	-	-
Prescription Drugs	579,546,123	565,386,956	-	11,856,884	-	2,302,283	-
Miscellaneous Medical Payments	115,371	111,588	-	-	-	3,783	-
Home and Community Based Waiver	180,392,674	-	-	-	-	-	180,392,674
Homeward Bound Waiver	70,134,226	-	-	-	-	-	70,134,226
Money Follows the Person	313,410	313,410	-	-	-	-	-
In-Home Support Waiver	21,984,934	-	-	-	-	-	21,984,934
ADvantage Waiver	148,263,996	-	-	-	-	-	148,263,996
Family Planning/Family Planning Waiver	4,125,061	-	-	-	-	-	4,125,061
Premium Assistance*	54,709,883	-	-	54,709,883	-	-	-
Telligen	10,440,827	10,440,827	-	-	-	-	-
Electronic Health Records Incentive Payments	8,826,613	8,826,613	-	-	-	-	-
<b>Total Medicaid Expenditures</b>	<b>\$ 4,890,970,293</b>	<b>\$ 2,963,989,613</b>	<b>\$ 213,828,100</b>	<b>\$ 82,018,539</b>	<b>\$ 487,101,331</b>	<b>\$ 11,098,175</b>	<b>\$ 1,133,008,429</b>

\* Includes \$54,321,405.13 paid out of Fund 245

**OKLAHOMA HEALTH CARE AUTHORITY**  
**Summary of Revenues & Expenditures:**  
**Other State Agencies**  
**SFY 2018, For the Eleven Month Period Ending May 31, 2018**

<b>REVENUE</b>	<b>FY18 Actual YTD</b>
Revenues from Other State Agencies	\$ 581,140,268
Federal Funds	691,479,621
<b>TOTAL REVENUES</b>	<b>\$ 1,272,619,889</b>
<b>EXPENDITURES</b>	<b>Actual YTD</b>
<b>Department of Human Services</b>	
Home and Community Based Waiver	\$ 180,392,674
Money Follows the Person	-
Homeward Bound Waiver	70,134,226
In-Home Support Waivers	21,984,934
ADvantage Waiver	148,263,996
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	11,952,992
Personal Care	10,132,797
Residential Behavioral Management	7,827,489
Targeted Case Management	53,309,624
<b>Total Department of Human Services</b>	<b>503,998,731</b>
<b>State Employees Physician Payment</b>	
Physician Payments	59,116,949
<b>Total State Employees Physician Payment</b>	<b>59,116,949</b>
<b>Education Payments</b>	
Indirect Medical Education	34,013,202
Direct Medical Education	6,056,550
<b>Total Education Payments</b>	<b>40,069,752</b>
<b>Office of Juvenile Affairs</b>	
Targeted Case Management	2,087,396
Residential Behavioral Management	4,967,894
<b>Total Office of Juvenile Affairs</b>	<b>7,055,290</b>
<b>Department of Mental Health</b>	
Case Management	5,737,393
Inpatient Psychiatric Free-standing	11,553,794
Outpatient	14,052,590
Health Homes	48,062,510
Psychiatric Residential Treatment Facility	42,887,753
Certified Community Behavioral Health Clinics	42,496,757
Rehabilitation Centers	213,503,759
<b>Total Department of Mental Health</b>	<b>378,294,557</b>
<b>State Department of Health</b>	
Children's First	945,574
Sooner Start	2,877,048
Early Intervention	4,116,023
Early and Periodic Screening, Diagnosis, and Treatment Clinic	1,499,886
Family Planning	193,738
Family Planning Waiver	3,890,882
Maternity Clinic	5,386
<b>Total Department of Health</b>	<b>13,528,538</b>
<b>County Health Departments</b>	
EPSDT Clinic	614,196
Family Planning Waiver	40,440
<b>Total County Health Departments</b>	<b>654,636</b>
<b>State Department of Education</b>	<b>106,693</b>
<b>Public Schools</b>	<b>190,653</b>
<b>Medicare DRG Limit</b>	<b>119,103,673</b>
<b>Native American Tribal Agreements</b>	<b>1,979,036</b>
<b>Department of Corrections</b>	<b>1,094,785</b>
<b>JD McCarty</b>	<b>7,815,135</b>
<b>Total OSA Medicaid Programs</b>	<b>\$ 1,133,008,429</b>
<b>OSA Non-Medicaid Programs</b>	<b>\$ 129,839,903</b>
<b>Accounts Receivable from OSA</b>	<b>\$ (9,771,556)</b>

**OKLAHOMA HEALTH CARE AUTHORITY**  
**SUMMARY OF REVENUES & EXPENDITURES:**  
Fund 205: Supplemental Hospital Offset Payment Program Fund  
SFY 2018, For the Eleven Month Period Ending May 31, 2018

REVENUES	FY 18 Revenue
SHOPP Assessment Fee	\$ 230,140,273
Federal Draws	287,107,916
Interest	149,658
Penalties	48,023
State Appropriations	(30,200,000)
<b>TOTAL REVENUES</b>	<b>\$ 487,245,869</b>

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 18 Expenditures
	7/1/17 - 9/30/17	10/1/17 - 12/31/17	1/1/18 - 3/31/18	4/1/18 - 6/30/18	
<b>Program Costs:</b>					
Hospital - Inpatient Care	98,870,820	100,810,689	81,365,975	84,992,478	\$ 366,039,962
Hospital -Outpatient Care	25,537,046	26,042,806	24,474,682	25,649,937	101,704,472
Psychiatric Facilities-Inpatient	7,574,695	4,905,352	2,050,433	3,352,856	17,883,336
Rehabilitation Facilities-Inpatient	328,886	335,409	392,978	416,290	1,473,561
<b>Total OHCA Program Costs</b>	<b>132,311,447</b>	<b>132,094,256</b>	<b>108,284,068</b>	<b>114,411,560</b>	<b>\$ 487,101,331</b>

<b>Total Expenditures</b>	<b>\$ 487,101,331</b>
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<b>CASH BALANCE</b>	<b>\$ 144,538</b>
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**OKLAHOMA HEALTH CARE AUTHORITY**  
**SUMMARY OF REVENUES & EXPENDITURES:**  
**Fund 230: Nursing Facility Quality of Care Fund**  
**SFY 2018, For the Eleven Month Period Ending May 31, 2018**

<b>REVENUES</b>	<b>Total Revenue</b>	<b>State Share</b>
Quality of Care Assessment	\$ 71,348,697	\$ 71,348,697
Interest Earned	36,443	36,443
<b>TOTAL REVENUES</b>	<b>\$ 71,385,139</b>	<b>\$ 71,385,139</b>

<b>EXPENDITURES</b>	<b>FY 18 Total \$ YTD</b>	<b>FY 18 State \$ YTD</b>	<b>Total State \$ Cost</b>
<b>Program Costs</b>			
Nursing Facility Rate Adjustment	\$ 193,971,575	\$ 79,644,729	
Eyeglasses and Dentures	248,194	101,908	
Personal Allowance Increase	3,110,560	1,277,196	
Coverage for Durable Medical Equipment and Supplies	2,485,571	1,020,575	
Coverage of Qualified Medicare Beneficiary	946,693	388,712	
Part D Phase-In	510,342	209,547	
ICF/IID Rate Adjustment	4,903,638	2,013,434	
Acute Services ICF/IID	5,508,950	2,261,975	
Non-emergency Transportation - Soonerride	2,142,576	879,742	
<b>Total Program Costs</b>	<b>\$ 213,828,100</b>	<b>\$ 87,797,818</b>	<b>\$ 87,797,818</b>
<b>Administration</b>			
OHCA Administration Costs	\$ 477,564	\$ 238,782	
DHS-Ombudsmen	241,540	241,540	
OSDH-Nursing Facility Inspectors	549,389	549,389	
Mike Fine, CPA	19,200	9,600	
<b>Total Administration Costs</b>	<b>\$ 1,287,693</b>	<b>\$ 1,039,311</b>	<b>\$ 1,039,311</b>
<b>Total Quality of Care Fee Costs</b>	<b>\$ 215,115,793</b>	<b>\$ 88,837,129</b>	
<b>TOTAL STATE SHARE OF COSTS</b>			<b>\$ 88,837,129</b>

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

**OKLAHOMA HEALTH CARE AUTHORITY**

**SUMMARY OF REVENUES & EXPENDITURES:**

**Fund 245: Health Employee and Economy Improvement Act Revolving Fund  
SFY 2018, For the Eleven Month Period Ending May 31, 2018**

<b>REVENUES</b>	<b>FY 17 Carryover</b>	<b>FY 18 Revenue</b>	<b>Total Revenue</b>
Prior Year Balance	\$ 7,673,082	\$ -	\$ 4,811,312
State Appropriations	(3,000,000)	-	-
Tobacco Tax Collections	-	40,182,757	40,182,757
Interest Income	-	166,402	166,402
Federal Draws	307,956	33,695,541	33,695,541
<b>TOTAL REVENUES</b>	<b>\$ 4,981,038</b>	<b>\$ 74,044,700</b>	<b>\$ 78,856,012</b>

<b>EXPENDITURES</b>	<b>FY 17 Expenditures</b>	<b>FY 18 Expenditures</b>	<b>Total \$ YTD</b>
<b>Program Costs:</b>			
Employer Sponsored Insurance		\$ 54,321,405	\$ 54,321,405
College Students/ESI Dental		388,478	159,509
<b>Individual Plan</b>			
SoonerCare Choice		\$ 98,544	\$ 40,462
Inpatient Hospital		3,072,332	1,261,499
Outpatient Hospital		3,816,581	1,567,088
BH - Inpatient Services-DRG		313,499	128,723
BH -Psychiatrist		-	-
Physicians		4,906,273	2,014,516
Dentists		46,134	18,943
Mid Level Practitioner		14,672	6,024
Other Practitioners		459,966	188,862
Home Health		9,918	4,072
Lab and Radiology		685,254	281,365
Medical Supplies		288,211	118,340
Clinic Services		1,320,950	542,382
Ambulatory Surgery Center		152,661	62,683
Prescription Drugs		11,622,652	4,772,261
Transportation		98,306	40,364
Premiums Collected		-	(563,902)
<b>Total Individual Plan</b>		<b>\$ 26,905,953</b>	<b>\$ 10,483,683</b>
<b>College Students-Service Costs</b>		<b>\$ 402,704</b>	<b>\$ 165,350</b>
<b>Total OHCA Program Costs</b>		<b>\$ 82,018,539</b>	<b>\$ 65,129,947</b>
<b>Administrative Costs</b>			
Salaries	\$ 40,359	\$ 1,972,850	\$ 2,013,209
Operating Costs	25,578	170,542	196,120
Health Dept-Postponing	-	-	-
Contract - HP	103,788	1,186,996	1,290,784
<b>Total Administrative Costs</b>	<b>\$ 169,725</b>	<b>\$ 3,330,388</b>	<b>\$ 3,500,113</b>
<b>Total Expenditures</b>			<b>\$ 68,630,060</b>
<b>NET CASH BALANCE</b>	<b>\$ 4,811,312</b>		<b>\$ 10,225,952</b>

**OKLAHOMA HEALTH CARE AUTHORITY  
SUMMARY OF REVENUES & EXPENDITURES:**

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund  
SFY 2018, For the Eleven Month Period Ending May 31, 2018**

<b>REVENUES</b>	<b>FY 18 Revenue</b>	<b>State Share</b>
Tobacco Tax Collections	\$ 801,869	\$ 801,869
<b>TOTAL REVENUES</b>	<b>\$ 801,869</b>	<b>\$ 801,869</b>

<b>EXPENDITURES</b>	<b>FY 18 Total \$ YTD</b>	<b>FY 18 State \$ YTD</b>	<b>Total State \$ Cost</b>
<b>Program Costs</b>			
SoonerCare Choice	\$ 10,202	\$ 2,932	
Inpatient Hospital	826,503	237,537	
Outpatient Hospital	2,857,955	821,376	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	16,808	4,831	
Physicians	4,402,702	1,265,337	
Dentists	10,505	3,019	
Mid-level Practitioner	512	147	
Other Practitioners	104,155	29,934	
Home Health	9,054	2,602	
Lab & Radiology	179,037	51,455	
Medical Supplies	24,680	7,093	
Clinic Services	158,216	45,471	
Ambulatory Surgery Center	5,735	1,648	
Prescription Drugs	2,302,283	661,676	
Transportation	112,152	32,232	
Miscellaneous Medical	3,783	1,087	
<b>Total OHCA Program Costs</b>	<b>\$ 11,024,281</b>	<b>\$ 3,168,378</b>	
<b>OSA DMHSAS Rehab</b>	<b>\$ 73,894</b>	<b>\$ 21,237</b>	
<b>Total Medicaid Program Costs</b>	<b>\$ 11,098,175</b>	<b>\$ 3,189,616</b>	
<b>TOTAL STATE SHARE OF COSTS</b>			<b>\$ 3,189,616</b>

Note: Expenditure amounts are for informational purposes only. Actual payments are made from Fund 340. Revenues deposited into the fund are transferred to Fund 340 to support the costs, not to exceed the calculated state share amount.

# OHCA Board Meeting August, 2018 (June 2018 Data)

## SOONERCARE ENROLLMENT/EXPENDITURES

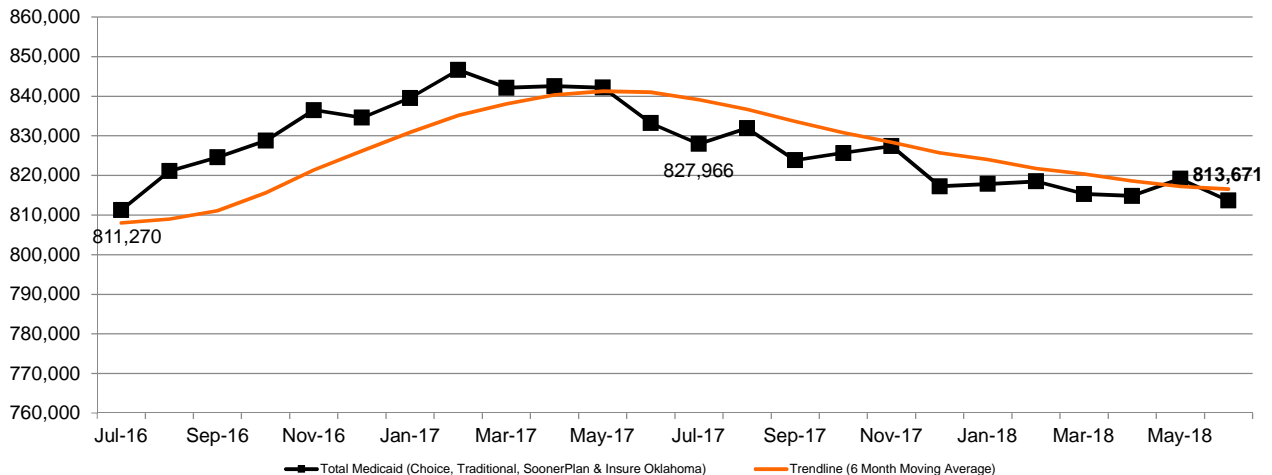
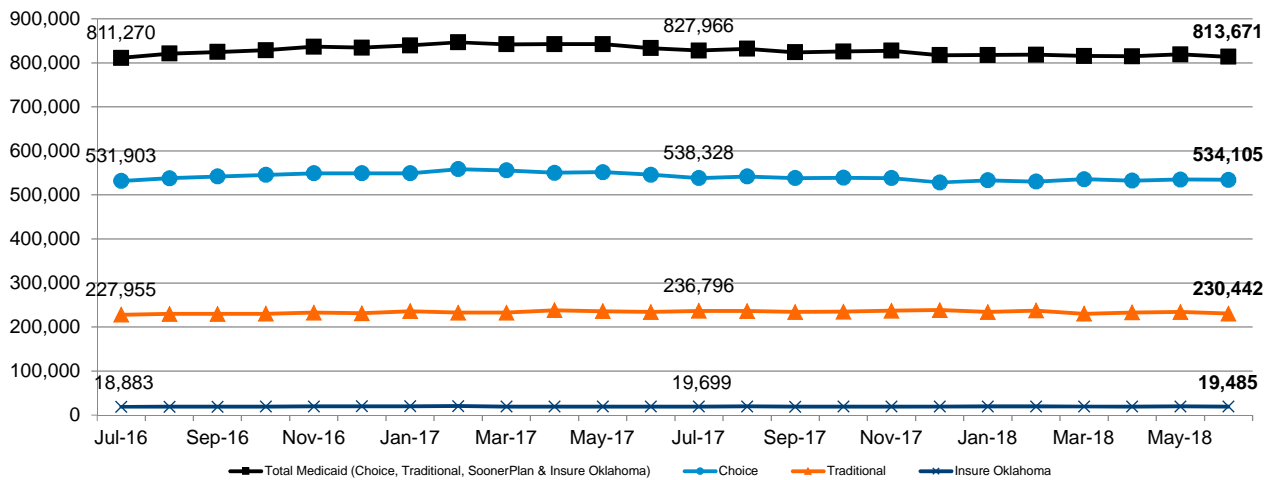
Delivery System		Enrollment June 2018	Children June 2018	Adults June 2018	Enrollment Change	Total Expenditures June 2018	PMPM June 2018
<b>SoonerCare Choice Patient-Centered Medical Home</b>		<b>534,105</b>	<b>441,993</b>	<b>92,112</b>	<b>-731</b>	<b>\$146,221,254</b>	
Lower Cost	<i>(Children/Parents; Other)</i>	490,142	428,039	62,103	-38	\$103,752,392	\$212
Higher Cost	<i>(Aged, Blind or Disabled; TEFRA; BCC)</i>	43,963	13,954	30,009	-693	\$42,468,863	\$966
<b>SoonerCare Traditional</b>		<b>230,442</b>	<b>84,059</b>	<b>146,383</b>	<b>-3,664</b>	<b>\$163,508,723</b>	
Lower Cost	<i>(Children/Parents; Other; Q1; SLMB)</i>	115,645	79,272	36,373	-3,208	\$38,459,139	\$333
Higher Cost	<i>(Aged, Blind or Disabled; LTC; TEFRA; BCC &amp; HCBS Waiver)</i>	114,797	4,787	110,010	-456	\$125,049,584	\$1,089
<b>Insure Oklahoma</b>		<b>19,485</b>	<b>512</b>	<b>18,973</b>	<b>-454</b>	<b>\$7,115,157</b>	
Employer-Sponsored Insurance		14,100	307	13,793	-407	\$4,914,310	\$349
Individual Plan		5,385	205	5,180	-47	\$2,200,847	\$409
<b>SoonerPlan</b>		<b>29,639</b>	<b>2,541</b>	<b>27,098</b>	<b>-622</b>	<b>\$268,681</b>	<b>\$9</b>
<b>TOTAL</b>		<b>813,671</b>	<b>529,105</b>	<b>284,566</b>	<b>-5,471</b>	<b>\$317,113,815</b>	

Enrollment totals include all members enrolled during the report month. Members may not have expenditure data. Children are members aged 0 - 20 or for Insure Oklahoma enrolled as Students or Dependents. Dual Eligibles (Medicare & Medicaid) are in the Traditional delivery system in both the Low Cost (Q1 & SLMB) and High Cost (ABD) groups. OTHER includes DDSD, PKU, Q1, Refugee, SLMB, STBS and TB.

Total In-State Providers: 31,666 (-121) <span style="float: right;">(In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)</span>								
Physician	Pharmacy	Dentist	Hospital	Mental Health	Optometrist	Extended Care	Total PCPs*	PCMH
9,356	988	1,039	163	4,251	614	395	6,671	2,416

\*PCPs consist of all providers contracted as a Certified Registered Nurse Practitioner, Family Practitioner, General Pediatrician, General Practitioner, Internist, General Internist, and Physician Assistant.

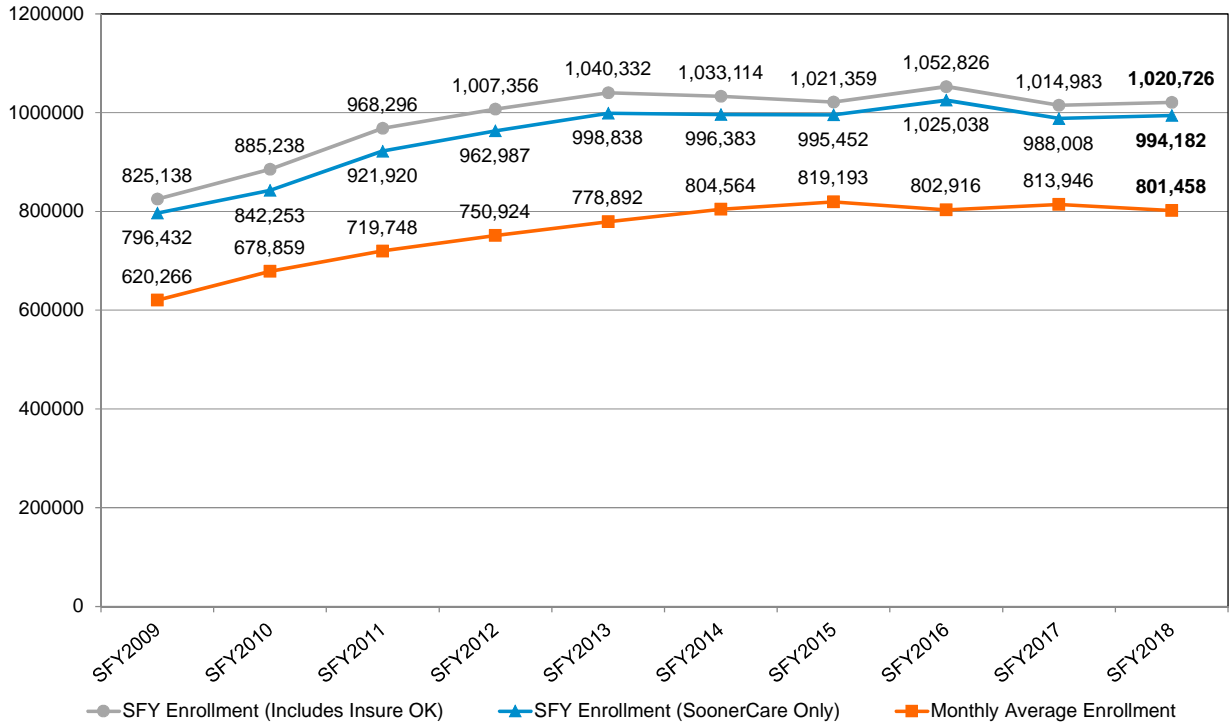
## ENROLLMENT BY MONTH



\*In June 2017 there were changes to the passive renewal system criteria that reduced the number of passively renewed members by 2/3rds.



## ENROLLMENT BY STATE FISCAL YEAR



State Fiscal Year (SFY) is July - June. Enrollment is unduplicated. Monthly Average Enrollment excludes Insure OK.



# ABD Wraparound Initiative

August 9, 2018

# Overview

- Background
- Structure
- Status report
- Future

# ABD Care Coordination – June 2017

- 43,186 SoonerCare Choice ABD members
- 43% were aligned with existing care coordination services
- Focus to engage an estimated 5,000 additional ABD members with greatest needs
- Utilizing existing resources and partnerships
  - 3 Health Access Networks
  - Health Management Program
  - Chronic Care Unit
  - Case Management Unit

# ABD Care Coordination

- Member identification
- Motivational interviewing techniques
- Health coaching to develop self-management skills
- Deployed social determinant screening
- Project launched September 1, 2017

# Social Determinant Screening Questions

- **In the last 12 months has the electric, gas, oil or water company threatened to shut off services in your home?**
  - Yes
  - No
  - Already shut off
- **Within the last 12 months, you worried that your food would run out before you got money to buy more.**
  - Often true
  - Sometimes true
  - Never true

Complete screening tool can be found at  
<https://innovation.cms.gov/Files/worksheets/ahcm-screeningtool.pdf>

2,234

ABD members  
participating in care  
coordination

2,583

Social determinant  
screenings  
completed

2,867

Referrals made due  
to needs identified  
on screening

Common needs  
identified among  
participating  
members

Food

Transportation

Housing/Utilities

Clothing

Behavioral Health Services

Dental Services

Medication Assistance

Health Education

# In Development

- Standardization of care plans
- Independent evaluation



# Questions?

## Contacts:

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Melinda Thomason

Director, Health Care Systems Innovation

[Melinda.Thomason@okhca.org](mailto:Melinda.Thomason@okhca.org)

# *It Takes A Community*

A Discussion of Proposed Work/Community Engagement  
Requirements for SoonerCare Members



*To best serve our members,  
the Oklahoma Health Care Authority  
needs input and feedback from the community  
on the proposed waiver*



# *Background*

*January 2017:* The federal government granted states flexibility in their work requirements for Medicaid members

*September 2017:* The Oklahoma State Innovation- Work & Training Requirements Committee was formed

*Spring 2018:* Gov. Mary Fallin signed an executive order directing the Oklahoma Health Care Authority to apply for a waiver that would allow the state to implement work requirements

*May 2018:* Gov. Fallin signs HB 2932, directing the agency to apply for the waiver so that gaining SoonerCare coverage is conditional upon documentation of certain education, skills training, work or job activities

# *Who will be impacted?*

- Non-exempted individuals between ages 19 and 50
- Parents/caretakers of children ages six or older

# *Who is exempt?*

## **Members who are:**

- Under age 19 and over 50
- A pregnant or postpartum woman
- Certified mentally or physically unable to work
- A parent or caretaker of children less than age six
- A parent or caretaker for an incapacitated person
- A person with a disability under the Americans with Disabilities Act (ADA)

## **Or members who are:**

- In compliance with Temporary Assistance for Needy Families (TANF) work registration requirements
- In substance abuse treatment
- A student enrolled at least part time
- Employed and working at least 30 hours a week
- Self-employed and working at least 30 hours a week

# *Additional proposed exemptions*

- American Indians and Alaska Natives
- Oklahoma foster care parents
- Members who were formerly in foster care
- Members enrolled in Oklahoma Cares, the OHCA Breast and Cervical Cancer Program
- Those enrolled in SoonerPlan, the OHCA family planning program
- Insure Oklahoma members
- Those released from incarceration within the last six months

# *Timeline*

- The public comment period closes Sept. 3
- OHCA will submit the plan to the federal government in October
- November and December are a negotiating period between the federal government and OHCA
- The application then moves to CMS for consideration
- Implementation efforts can begin upon CMS approval



# Regional Forums

- Follow up on the OKC Strategy Forum
- Offer more opportunities for input
- Both invited guests and walk-ins
- Focus on community participation
- Use both structured and open formats
- Email summary document to participants
- Incorporate feedback into the 2019 update

# Tentative Schedule

- OKC – Wednesday, October 24
- Woodward – Thursday, October 25
- Enid – Friday, October 26
- Muskogee – Monday, October 29
- Durant – Thursday, November 1
- Tulsa – Monday, November 5
- Lawton – Friday, November 9

Drug Utilization Review Board – Drug Summary July 2018

Recommendation	Drug	Used for	Cost	Notes
1	Crysvita®	hypophosphatemia	\$3,400-\$10,200/vial	
2	Imfinzi®	Small cell lung cancer	N/A	
3	Erleada™ Yonsa®	prostate cancer	\$364 / day \$306 /day	Used in combination with other therapies.
4	Lyrica® CR Restasis MultiDose®  Sinuva™  ZTlido™	Special formulation Special formulation  Sinus Implant	\$353 /30 days  \$2550 90-day implant  N/A	Possible. market exclusivity to remain on patent



### **Recommendation 1: Prior Authorize Crysvida® (Burosumab-twza)**

The Drug Utilization Review Board recommends the prior authorization of Crysvida® (burosumab-twza) with the following criteria:

#### **Crysvida® (Burosumab-twza) Approval Criteria:**

1. An FDA approved indication for the treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 1 year of age and older. Diagnosis of XLH must be confirmed by one of the following:
  - a. Genetic testing; or
  - b. Elevated serum fibroblast growth factor 23 (FGF23) level; and
2. Member's serum phosphorus level must be below the normal range for member age; and
3. Member's XLH symptoms must not be adequately controlled on phosphate and calcitriol supplements. Members experiencing adverse effects related to these treatments may also be considered for approval. Detailed information regarding adverse effects must be documented on the prior authorization request; and
4. Member must not have any contraindications to taking Crysvida® including the following:
  - a. Concomitant use with oral phosphate and active vitamin D analogs; and
  - b. Serum phosphorus within or above the normal range for member age; and
  - c. Severe renal impairment or end-stage renal disease; and
5. Crysvida® must be administered by a health care professional. Approvals will not be granted for self-administration. Prior authorization requests must indicate how Crysvida® will be administered; and
  - a. Crysvida® must be shipped via cold chain supply to the facility where the member is scheduled to receive treatment; and
6. Member must have clinical signs and symptoms of XLH (symptoms beyond hypophosphatemia alone); and
7. Every two week dosing will not be approved for members 18 years of age or older; and
8. The prescriber must agree to assess serum phosphorus levels on a monthly basis for the first 3 months of treatment, and thereafter as appropriate; and

9. Crysvida® must be prescribed by a nephrologist, endocrinologist, or specialist with expertise in the treatment of XLH (or be an advanced care practitioner with a supervising physician who is a nephrologist, endocrinologist, or specialist with expertise in the treatment of XLH); and
10. Initial authorizations will be for the duration of 6 months, at which time the prescriber must verify the member is responding to the medication as demonstrated by serum phosphorus levels within the normal range for member age or clinically significant improvement in bone-related symptoms; and
11. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate amount of drug required according to package labeling.

### **Recommendation 2: Prior Authorize Imfinzi® (Durvalumab)**

#### **Imfinzi® (Durvalumab) Approval Criteria [Non-Small Cell Lung Cancer (NSCLC) Diagnosis]:**

1. A diagnosis of stage III NSCLC; and
2. Disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy.

#### **Imfinzi® (Durvalumab) Approval Criteria [Urothelial Carcinoma Diagnosis]:**

1. A diagnosis of locally advanced or metastatic urothelial carcinoma; and
2. Progressed on or following platinum-containing chemotherapy.

### **Recommendation 3: Prior Authorize Erleada™ (Apalutamide) and Yonsa® (Abiraterone)**

#### **Erleada™ (Apalutamide) Approval Criteria:**

1. A diagnosis of non-metastatic prostate cancer; and
2. Castration-resistant or disease progression while on androgen deprivation therapy; and
3. Prostate specific antigen doubling time of  $\leq 10$  months; and
4. Concomitant treatment with a gonadotropin-releasing hormone (GnRH) analog or prior history of bilateral orchiectomy.

#### **Yonsa® (Abiraterone) Approval Criteria:**

1. A diagnosis of metastatic, castration-resistant prostate cancer (CRPC); and
2. Concomitant treatment with a gonadotropin-releasing hormone (GnRH) analog or prior history of bilateral orchiectomy.
3. Abiraterone must be used in combination with a corticosteroid.

### **Recommendation 4: Prior Authorize Lyrica® CR (Pregabalin Extended-Release), Restasis MultiDose® (Cyclosporine 0.05% Ophthalmic Emulsion), Sinuva™ (Mometasone Furoate Sinus Implant), and ZTlido™ (Lidocaine 1.8% Topical System)**

**Lyrica® CR (Pregabalin Extended-Release) Approval Criteria:**

1. An FDA approved diagnosis of one of the following:
  - a. Neuropathic pain associated with diabetic peripheral neuropathy (DPN); or
  - b. Neuropathic pain associated with postherpetic neuralgia (PHN); and
2. A patient-specific, clinically significant reason (beyond convenience) why the member cannot use the immediate-release formulation must be provided; and
3. For a diagnosis of DPN, current Lyrica® immediate-release criteria will also apply; and
4. Requests exceeding once daily dosing will not be approved.

**Restasis MultiDose® (Cyclosporine 0.05% Ophthalmic Emulsion) Approval Criteria:**

1. A patient-specific, clinically significant reason why the member cannot use Restasis® in the individual dosage formulation (single-use vials) must be provided.

**Sinuva™ (Mometasone Furoate Sinus Implant) Approval Criteria:**

1. An FDA approved indication of nasal polyps in adults 18 years of age and older who have had ethmoid sinus surgery; and
2. Date of ethmoid sinus surgery must be provided; and
3. Sinuva™ must be prescribed and implanted by a physician specializing in otolaryngology; and
4. Failure of intranasal corticosteroids after at least a three month trial at the maximum recommended dose in combination with a 14-day trial of oral corticosteroids within the last six months (if not contraindicated); and
5. Prescriber must confirm the member has recurrent nasal obstruction/congestion symptoms and recurrent bilateral sinusitis or chronic sinusitis due to nasal polyps; and
6. A quantity limit of 2 implants per member will apply.

**ZTlido™ (Lidocaine 1.8% Topical System) Approval Criteria:**

1. An FDA approved diagnosis of pain due to postherpetic neuralgia (PHN); and
  2. Documented treatment attempts, at recommended dosing, of at least one agent from two of the following drug classes that failed to provide adequate relief or contraindication(s) to all of the following classes:
    - a. Tricyclic antidepressants; or
    - b. Anticonvulsants; or
    - c. Topical or oral analgesics; and
  3. A patient-specific, clinically significant reason why the member cannot use lidocaine 5% topical patch(es), which are available without prior authorization, must be provided; and
- A quantity limit of 3 patches per day with a maximum of 90 patches per month will apply.