

OKLAHOMA HEALTH CARE AUTHORITY
REGULAR SCHEDULED BOARD MEETING
January 10, 2019 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 December 13, 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 Recognition
 - October All-Star – Jennifer Brown, MFP Clinical Nurse
 - b) Certified Healthy Business Award – Katie Cummings, Civil Rights and Wellness Coordinator
 - c) Financial Update – Aaron Morris, Chief Financial Officer
 - d) Medicaid Director’s Update – Melody Anthony, Deputy State Medicaid Director
 - i. Insure Oklahoma – Melissa McCully, Insure Oklahoma Director
 - e) Pharmacy Overview – Burl Beasley, Pharmacy Director
 - i. Value Based Contracting – Kerri Wade, Pharmacy Operations Manager
 - ii. Rebate Process Update – Stacy Hale, Drug Rebate Manager
 - f) Medicaid Member Views – Joni Bruce, Oklahoma Family Network Executive Director and Terry Kinder

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 Kimberely Helton, Professional Services Contracts Manager

5. Action Item – Consideration and Vote of Authority for Expenditure of Fund for:
 - a) Consulting Services
 - b) Electronic Health Record (EHR) Auditing Services

Item to be presented by Burl Beasley, Pharmacy Director

6. 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 **Onpattro™ (Patisiran) and Tegsedi™ (Inotersen)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - b) Consideration and vote to add **Zemdri™ (plazomicin vial for IV infusion), Xerava™ (eravacycline vial for IV infusion), Nuzyra™ (omadacycline tablet and vial for IV infusion), and Seysara™ (sarecycline tablet)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - c) Consideration and vote to add **Signifor® LAR (Pasireotide)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
 - d) Consideration and vote to add **Symdeko® (Tezacaftor/Ivacaftor)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

Item to be presented by Anthony Armstrong, Chairman

7. 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 Pending Declaratory Litigation
8. New Business
9. ADJOURNMENT

NEXT BOARD MEETING
February 14, 2019
Oklahoma Health Care Authority
Oklahoma City, OK

MINUTES OF A REGULAR BOARD MEETING
OF THE HEALTH CARE AUTHORITY BOARD
December 13, 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 December 12, 2018 at 1:00 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 December 10, 2018 at 11:44 a.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 1:07 p.m.

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

BOARD MEMBERS ABSENT: Member McVay

OTHERS PRESENT:

Weston Glenn, OHCA
Will Widman, DXC
Mike Herndon, OHCA
Karen Beam, OHCA
Harvey Reynolds, OHCA
Gwen Williams, FEI Systems
Garth Splinter
Katherine Leidy, Red River Youth Academy
Karlton James, OHCA
Jason Ince, OHCA
LeKenya Antwine, OHCA
Tyler Telley, eCap
Aaron Morris, OHCA
Marlene Asmussen, OHCA
Kyle Janzen, OHCA
Irene Sanders, OHCA
David Ward, OHCA
Kevin Kelley, OHCA

OTHERS PRESENT:

Lisa Spain, DXC
Kelli Brodersen, OHCA
Katelynn Burns, OHCA
Brian Hail, Cherokee Nation Health Services
Rick Henley, FEI Systems
Mike Fogarty
Carolyn Reconnu-Shoffner, OHCA
Tony Russell, OHCA
Daryn Kirkpatrick, OHCA
Monika Lutz, OHCA
Gerald Elrod, OHCA
Meg Wingerter, The Oklahoman
Dwynna Vick, OHCA
Jennifer Brown, OHCA
Lynn Puckett, OHCA
MaryAnn Martin, OHCA
Tewanna Edwards, OHCA

DISCUSSION AND POSSIBLE VOTE ON APPROVAL OF BOARD MINUTES OF THE REGULAR SCHEDULED BOARD MEETING HELD OCTOBER 11 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 October 11, 2018 board meeting minutes as published. The motion was seconded by Member Case.

FOR THE MOTION: Chairman Armstrong, Member Bryant

ABSTAINED: Vice-Chairman Yaffe, Member Nuttle

BOARD MEMBERS ABSENT: Member McVay

ITEM 3A /EMPLOYEE RECOGNITION

The following OHCA employee was recognized

- September All-Star – Daryn Kirkpatrick, Director of the Office of Creative Media & Design

ITEM 3B / FINANCIAL UPDATE

Aaron Morris, Chief Financial Officer

Mr. Morris gave a brief update on OHCA's October financials. OHCA has a positive \$3.6 million state dollar variance, \$0.6 million dollars less than the prior month. The largest variance in physicians and drug spending, combined, is \$12 million dollars under budget. In nursing facilities and dental with a combined variance, was \$24.5 million dollars over budget. The agency is under budget in program spending by \$2.5 million state dollars and under budget in administrative spending by \$1.6 million state dollars. OHCA continues to run over budget in drug rebates by \$0.9 million state dollars and tobacco tax revenues by \$2.4 million state dollar. OHCA is running over budget in medical refunds by \$1 million state dollars. For more detailed information, see Item 3b in the board packet.

ITEM 3C / SFY 20 BUDGET REQUEST

Tasha Black, Senior Director of Financial Services

Ms. Black provided an update for the SFY 2020 budget request. For more detailed information, see item 3c in the board packet.

ITEM 3D / MEDICAID DIRECTOR'S UPDATE

Melody Anthony, Deputy State Medicaid Director

Ms. Anthony provided an update for October 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 trend for providers, monthly enrollment and a monthly trend in enrollment for Choice, Traditional and Insure Oklahoma and trend for total members and how it relates to the unemployment rate. For more detailed information, see Item 3d in the board packet.

ITEM 3E / 2018 NAMD FALL CONFERENCE UPDATE

Becky Pasternik-Ikard, Chief Executive Officer; Nicole Nantois, Chief of Legal Services

Ms. Pasternik-Ikard and Ms. Nantois gave a brief update regarding their recent trip to Washington, DC to attend the 2018 NAMD Fall Conference. Ms. Nantois also spoke briefly regarding the meeting with CMS, during which they discussed a few items pertaining to the agency. During their last day of the trip, Ms. Pasternik-Ikard and Ms. Nantois met with several Oklahoma Congressmen, including: Representative Mullin, staff from Senator Inhofe's office and Representative Lucas.

ITEM 3F / OHCA/DHS COLLABORATIVE INITIATIVE

Tony Russell, OHCA Manager of Behavioral Health Services, Cody Inman, DHS Special Assistant to Director Ed Lake and Jimmy Arias, DHS Program Administrator

Mr. Russell gave a brief overview of the several collaborative initiatives that OHCA and DHS share. Mr. Inman and Mr. Arias spoke regarding the time and effort it took to complete the Laura Dester transition and the plans will be moving forward.

ITEM 3G / AN OVERVIEW OF CHEROKEE NATION SERVICES AND OSU PARTNERSHIP

Brian Hail, Chief Executive Officer of Cherokee Nation W.W. Hastings Hospital

Mr. Hail gave an update on the Cherokee Nation and OSU partnership, which included information about their current facility locations, their long range health plan, key initiatives, how they can expand scope of services, progress photos of their new facility, their Tahlequah Health Campus JV, services provided, continued improvement, overview of contract health and important takeaways. For more detailed information, see item 3g 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 5A / CONSIDERATION AND VOTE OF THE AUTHORITY FOR EXPENDITURE OF FUND

Kimberly Wilson, Procurement & Contracts Development Director

a) Care Management System

MOTION: Member Case moved for approval of item 5a as published. The motion was seconded by Member Bryant

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

BOARD MEMBERS ABSENT: Member McVay

ITEM 6A / CONSIDERATION AND VOTE UPON THE RECOMMENDATIONS OF THE STATE PLAN AMENDMENT RATE COMMITTEE

Carrie Evans, Deputy Chief Executive Officer

- a) Consideration and Vote for a rate change to align CPT code 80050 (general health panel) to a rate that is equal to the combined rate total of CPT codes 80053 (comprehensive metabolic panel), 84443 (thyroid stimulating hormone), and 85025 (automated complete blood count [CBC] and white blood cell count [WBC]). CPT code 80050 is a panel code that combines CPT codes 80053, 84443 and 85025 into a single code. The default rate for CPT 80050 was set in 1993 and has never been increased or decreased; CMS does not cover this panel code and therefore does not set a rate. The default rates for CPT codes 80053, 85025 and 84443 have gradually decreased over time, as per CMS pricing, which has resulted in the rate for the panel code to be greater than the total of the individual components combined. The estimated budget impact for the remainder of SFY2019 will be a decrease of \$150,000 total; of which \$56,430 is state share. The estimated budget impact for SFY2020 will be a decrease of \$300,000 total; of which \$104,670 is state share.

MOTION: Vice-Chairman Yaffe moved for approval of emergency rulemaking for Item 6a.a as published. The motion was seconded by Member Hupfeld.

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

BOARD MEMBERS ABSENT: Member McVay

ITEM 7A-I / 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) **Jynarque™ (Tolvaptan)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- b) **Siklos® (Hydroxyurea Tablets) and NutreStore® (L-Glutamine)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- c) **Palynziq™ (Pegvaliase-pqpz)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- d) **Galafold™ (migalastat)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- e) **Qbrexza™ (glycopyrronium)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- f) **Orilissa™ (Elagolix)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- g) **Yescarta® (Axicabtagene)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- h) **Braftovi™ (Encorafenib), Mektovi® (Binimetinib), and Libtayo® (Cemiplimab-rwlc)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).
- i) **Krystexxa® (Pegloticase)** to the utilization and scope prior authorization program under OAC 317:30-5-77.2(e).

MOTION: Member Hupfeld moved for approval of Item 7a-i. The motion was seconded by Member Nuttle.

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

BOARD MEMBERS ABSENT: Member McVay

ITEM 8 / CONSIDERATION AND VOTE UPON THE OKLAHOMA HEALTH CARE AUTHORITY BOARD MEETING DATES, TIMES AND LOCATION FOR CALENDAR YEAR 2019

MOTION: Vice-Chairman Yaffe moved for approval of Item 8 as published. The motion was seconded by Member Hupfeld

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

BOARD MEMBERS ABSENT: Member McVay

ITEM 9 / ELECTION OF THE OKLAHOMA HEALTH CARE AUTHORITY 2017-2018 BOARD OFFICERS

MOTION: Member Case moved for approval of Anthony Armstrong as Chairman. The motion was seconded by Member Bryant.

FOR THE MOTION: Member Hupfeld, Member Nuttle

ABSTAINED: Chairman Armstrong, Vice-Chairman Yaffe

BOARD MEMBERS ABSENT: Member McVay

MOTION: Member Case moved for approval of Alex Yaffe as Vice-Chairman. The motion was seconded by Member Bryant.

FOR THE MOTION: Member Hupfeld, Member Nuttle

ABSTAINED: Chairman Armstrong, Vice-Chairman Yaffe

BOARD MEMBERS ABSENT: Member McVay

ITEM 10 / 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 Nuttle

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

BOARD MEMBERS ABSENT: Member McVay

ITEM 11 / NEW BUSINESS

There was no new business.

ITEM 12 / ADJOURNMENT

MOTION:

Member Hupfeld moved for approval for adjournment. The motion was seconded by Vice-Chairman Yaffe.

FOR THE MOTION:

Chairman Armstrong, Member Bryant, Member Case, Member Nuttle

BOARD MEMBERS ABSENT:

Member McVay

Meeting adjourned at 3:22 p.m., 12/13/2018

NEXT BOARD MEETING
January 10, 2019
Oklahoma Health Care Authority
Oklahoma City, OK

Martina Ordonez
Board Secretary

Minutes Approved: _____

Initials: _____

DRAFT



FINANCIAL REPORT

For the Five Months Ended November 30, 2018
Submitted to the CEO & Board

- Revenues for OHCA through November, accounting for receivables, were **\$1,790,715,723** or **.9% under** budget.
- Expenditures for OHCA, accounting for encumbrances, were **\$1,826,163,136** or **.8% under** budget.
- The state dollar budget variance through November is a negative **\$1,011,339**.
- The budget variance is primarily attributable to the following (in millions):

Expenditures:	
Medicaid Program Variance	3.3
Administration	2.3
Revenues:	
Drug Rebate	(4.4)
Medical Refunds	.9
Taxes and Fees	(3.1)
Total FY 18 Variance	\$ (1.0)

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 2019, For the Five Month Period Ending November 30, 2018

REVENUES	FY19 Budget YTD	FY19 Actual YTD	Variance	% Over/ (Under)
State Appropriations	\$ 435,767,440	\$ 435,767,440	\$ -	0.0%
State Appropriations - GME Appropriated Funds	\$ 45,851,800	\$ 45,851,800	\$ -	0.0%
Federal Funds	1,017,501,179	1,013,768,672	(3,732,507)	(0.4)%
Tobacco Tax Collections	21,383,254	18,363,483	(3,019,771)	(14.1)%
Quality of Care Collections	33,069,889	32,714,794	(355,095)	(1.1)%
Prior Year Carryover	11,000,000	11,000,000	-	0.0%
Federal Deferral - Interest	98,975	98,975	-	0.0%
Drug Rebates	114,983,240	103,382,028	(11,601,212)	(10.1)%
Medical Refunds	14,061,274	16,499,510	2,438,236	17.3%
Supplemental Hospital Offset Payment Program	109,080,695	109,080,695	-	0.0%
Other Revenues	3,962,349	4,188,327	225,978	5.7%
TOTAL REVENUES	\$ 1,806,760,095	\$ 1,790,715,723	\$ (16,044,371)	(0.9)%
EXPENDITURES	FY19 Budget YTD	FY19 Actual YTD	Variance	% (Over)/ Under
ADMINISTRATION - OPERATING	\$ 24,347,408	\$ 20,025,082	\$ 4,322,326	17.8%
ADMINISTRATION - CONTRACTS	\$ 43,740,728	\$ 40,638,798	\$ 3,101,929	7.1%
MEDICAID PROGRAMS				
<u>Managed Care:</u>				
SoonerCare Choice	16,394,671	16,307,159	87,512	0.5%
<u>Acute Fee for Service Payments:</u>				
Hospital Services	391,270,715	389,668,623	1,602,092	0.4%
Behavioral Health	8,217,294	7,665,788	551,506	6.7%
Physicians	172,924,597	162,401,946	10,522,651	6.1%
Dentists	54,497,591	56,173,030	(1,675,439)	(3.1)%
Other Practitioners	22,893,387	23,305,971	(412,584)	(1.8)%
Home Health Care	9,020,591	9,994,560	(973,969)	(10.8)%
Lab & Radiology	11,420,175	11,099,361	320,814	2.8%
Medical Supplies	22,131,266	22,353,658	(222,392)	(1.0)%
Ambulatory/Clinics	97,721,234	100,576,613	(2,855,379)	(2.9)%
Prescription Drugs	266,102,167	261,162,578	4,939,589	1.9%
OHCA Therapeutic Foster Care	70,412	527	69,885	0.0%
<u>Other Payments:</u>				
Nursing Facilities	232,613,675	237,312,461	(4,698,786)	(2.0)%
Intermediate Care Facilities for Individuals with Intellectual Disabilities Private	26,137,663	26,703,219	(565,556)	(2.2)%
Medicare Buy-In	72,782,112	72,413,977	368,135	0.5%
Transportation	29,704,927	29,468,470	236,457	0.8%
Money Follows the Person-OHCA	146,806	174,664	(27,858)	0.0%
Electronic Health Records-Incentive Payments	1,497,055	1,497,055	-	0.0%
Part D Phase-In Contribution	46,815,123	46,540,067	275,056	0.6%
Supplemental Hospital Offset Payment Program	240,296,305	240,296,305	-	0.0%
Telligen	4,561,225	4,526,633	34,592	0.8%
Total OHCA Medical Programs	1,727,218,991	1,719,642,662	7,576,328	0.4%
OHCA Non-Title XIX Medical Payments	37,243	4,794	32,448	0.0%
OHCA Non-Title XIX - GME	45,851,800	45,851,800	0	0.0%
TOTAL OHCA	\$ 1,841,196,169	\$ 1,826,163,136	\$ 15,033,032	0.8%
REVENUES OVER/(UNDER) EXPENDITURES	\$ (34,436,074)	\$ (35,447,413)	\$ (1,011,339)	

OKLAHOMA HEALTH CARE AUTHORITY
Total Medicaid Program Expenditures
by Source of State Funds
SFY 2019, For the Five Month Period Ending November 30, 2018

Category of Service	Total	Health Care Authority	Quality of Care Fund	HEEIA	SHOPP Fund	BCC Revolving Fund	Other State Agencies
SoonerCare Choice	\$ 16,345,019	\$ 16,303,016	\$ -	\$ 37,860	\$ -	\$ 4,143	\$ -
Inpatient Acute Care	495,103,558	248,278,217	202,786	1,355,310	178,894,597	260,203	66,112,445
Outpatient Acute Care	196,482,971	138,669,193	17,335	2,090,018	53,465,536	2,240,889	-
Behavioral Health - Inpatient	18,276,796	4,293,126	-	175,875	7,059,648	-	6,748,147
Behavioral Health - Psychiatrist	4,249,185	3,372,661	-	-	876,524	-	-
Behavioral Health - Outpatient	6,633,430	-	-	-	-	-	6,633,430
Behavioral Health-Health Home	20,399,387	-	-	-	-	-	20,399,387
Behavioral Health Facility- Rehab	91,295,071	-	-	-	-	39,970	91,295,071
Behavioral Health - Case Management	1,130,591	-	-	-	-	-	1,130,591
Behavioral Health - PRTF	26,012,049	-	-	-	-	-	26,012,049
Behavioral Health - CCBHC	21,496,367	-	-	-	-	-	21,496,367
Residential Behavioral Management	4,588,972	-	-	-	-	-	4,588,972
Targeted Case Management	29,465,278	-	-	-	-	-	29,465,278
Therapeutic Foster Care	527	527	-	-	-	-	-
Physicians	191,470,355	160,547,747	24,209	2,246,848	-	1,829,990	26,821,561
Dentists	56,193,542	56,168,858	-	20,512	-	4,172	-
Mid Level Practitioners	860,943	857,083	-	3,635	-	225	-
Other Practitioners	22,664,839	22,223,650	185,985	216,176	-	39,027	-
Home Health Care	10,002,002	9,992,281	-	7,442	-	2,279	-
Lab & Radiology	11,429,633	11,025,691	-	330,272	-	73,670	-
Medical Supplies	22,459,357	21,210,524	1,129,805	105,700	-	13,328	-
Clinic Services	101,596,437	97,968,635	-	709,049	-	104,151	2,814,601
Ambulatory Surgery Centers	2,578,803	2,499,233	-	74,975	-	4,594	-
Personal Care Services	4,439,732	-	-	-	-	-	4,439,732
Nursing Facilities	237,312,461	144,416,229	92,896,231	-	-	-	-
Transportation	29,461,414	28,308,034	1,051,649	43,723	-	58,009	-
IME/DME	35,780,881	-	-	-	-	-	35,780,881
ICF/IID Private	26,703,219	21,829,339	4,873,881	-	-	-	-
ICF/IID Public	8,087,541	-	-	-	-	-	8,087,541
CMS Payments	118,954,043	118,763,190	190,853	-	-	-	-
Prescription Drugs	266,579,416	260,087,743	-	5,416,839	-	1,074,835	-
Miscellaneous Medical Payments	50,780	47,272	-	-	-	3,508	-
Home and Community Based Waiver	87,463,628	-	-	-	-	-	87,463,628
Homeward Bound Waiver	33,748,479	-	-	-	-	-	33,748,479
Money Follows the Person	174,664	174,664	-	-	-	-	-
In-Home Support Waiver	10,338,038	-	-	-	-	-	10,338,038
ADvantage Waiver	59,174,061	-	-	-	-	-	59,174,061
Family Planning/Family Planning Waiver	1,797,959	-	-	-	-	-	1,797,959
Premium Assistance*	24,390,482	-	-	24,390,481.73	-	-	-
Telligen	4,526,633	4,526,633	-	-	-	-	-
Electronic Health Records Incentive Payments	1,497,055	1,497,055	-	-	-	-	-
Total Medicaid Expenditures	\$ 2,301,215,596	\$ 1,373,060,603	\$ 100,572,733	\$ 37,224,716	\$ 240,296,305	\$ 5,752,992	\$ 544,348,217

* Includes \$24,198,179.59 paid out of Fund 245

OKLAHOMA HEALTH CARE AUTHORITY
Summary of Revenues & Expenditures:
Other State Agencies
SFY 2019, For the Five Month Period Ending November 30, 2018

REVENUE	FY19 Actual YTD
Revenues from Other State Agencies	\$ 248,892,880
Federal Funds	336,999,636
TOTAL REVENUES	\$ 585,892,516
EXPENDITURES	Actual YTD
Department of Human Services	
Home and Community Based Waiver	\$ 87,463,628
Money Follows the Person	-
Homeward Bound Waiver	33,748,479
In-Home Support Waivers	10,338,038
ADvantage Waiver	59,174,061
Intermediate Care Facilities for Individuals with Intellectual Disabilities Public	8,087,541
Personal Care	4,439,732
Residential Behavioral Management	2,862,771
Targeted Case Management	25,739,266
Total Department of Human Services	231,853,516
State Employees Physician Payment	
Physician Payments	26,821,561
Total State Employees Physician Payment	26,821,561
Education Payments	
Indirect Medical Education	34,965,572
Direct Medical Education	815,309
Total Education Payments	35,780,881
Office of Juvenile Affairs	
Targeted Case Management	915,089
Residential Behavioral Management	1,726,201
Total Office of Juvenile Affairs	2,641,290
Department of Mental Health	
Case Management	1,130,591
Inpatient Psychiatric Free-standing	6,748,147
Outpatient	6,633,430
Health Homes	20,399,387
Psychiatric Residential Treatment Facility	26,012,049
Certified Community Behavioral Health Clinics	21,496,367
Rehabilitation Centers	91,295,071
Total Department of Mental Health	173,715,042
State Department of Health	
Children's First	278,975
Sooner Start	902,125
Early Intervention	1,781,356
Early and Periodic Screening, Diagnosis, and Treatment Clinic	823,223
Family Planning	140,218
Family Planning Waiver	1,651,251
Maternity Clinic	964
Total Department of Health	5,578,112
County Health Departments	
EPSDT Clinic	257,140
Family Planning Waiver	6,489
Total County Health Departments	263,630
State Department of Education	67,745
Public Schools	682,848
Medicare DRG Limit	60,000,000
Native American Tribal Agreements	831,149
Department of Corrections	158,706
JD McCarty	5,953,739
Total OSA Medicaid Programs	\$ 544,348,217
OSA Non-Medicaid Programs	\$ 35,270,430
Accounts Receivable from OSA	\$ (6,273,868)

OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 205: Supplemental Hospital Offset Payment Program Fund
SFY 2019, For the Five Month Period Ending November 30, 2018

REVENUES	FY 19 Revenue
SHOPP Assessment Fee	108,991,771
Federal Draws	\$ 145,537,897
Interest	86,641
Penalties	2,283
State Appropriations	(15,100,000)
TOTAL REVENUES	\$ 239,518,592

EXPENDITURES	Quarter	Quarter	Quarter	Quarter	FY 19 Expenditures
	7/1/18 - 9/30/18	10/1/18 - 12/31/18	1/1/19 - 3/31/19	4/1/19 - 6/30/19	
Program Costs:					
Hospital - Inpatient Care	84,988,728	93,905,869			\$ 178,894,597
Hospital -Outpatient Care	25,649,937	27,815,599			53,465,536
Psychiatric Facilities-Inpatient	3,352,856	3,706,792			7,059,648
Rehabilitation Facilities-Inpatient	416,290	460,234			876,524
Total OHCA Program Costs	114,407,810	125,888,494	-	-	\$ 240,296,305

Total Expenditures	\$ 240,296,305
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CASH BALANCE	\$ (777,712)
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*** Expenditures and Federal Revenue processed through Fund 340

a
OKLAHOMA HEALTH CARE AUTHORITY
SUMMARY OF REVENUES & EXPENDITURES:
Fund 230: Nursing Facility Quality of Care Fund
SFY 2019, For the Five Month Period Ending November 30, 2018

REVENUES	Total Revenue	State Share
Quality of Care Assessment	\$ 32,697,423	\$ 32,697,423
Interest Earned	17,371	17,371
TOTAL REVENUES	\$ 32,714,794	\$ 32,714,794

EXPENDITURES	FY 19 Total \$ YTD	FY 19 State \$ YTD	Total State \$ Cost
Program Costs			
Nursing Facility Rate Adjustment	\$ 91,367,780	\$ 36,415,073	
Eyeglasses and Dentures	115,011	45,849	
Personal Allowance Increase	1,413,440	563,882	
Coverage for Durable Medical Equipment and Supplies	1,129,805	450,860	
Coverage of Qualified Medicare Beneficiary	430,315	171,721	
Part D Phase-In	190,853	190,853	
ICF/IID Rate Adjustment	2,251,490	897,657	
Acute Services ICF/IID	2,622,391	1,044,714	
Non-emergency Transportation - Soonerride	1,051,649	419,571	
Total Program Costs	\$ 100,572,733	\$ 40,200,181	\$ 40,200,181
Administration			
OHCA Administration Costs	\$ 225,112	\$ 112,556	
DHS-Ombudsmen	27,092	27,092	
OSDH-Nursing Facility Inspectors	35,001	35,001	
Mike Fine, CPA	-	-	
Total Administration Costs	\$ 287,205	\$ 174,649	\$ 174,649
Total Quality of Care Fee Costs	\$ 100,859,938	\$ 40,374,830	
TOTAL STATE SHARE OF COSTS			\$ 40,374,830

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 2019, For the Five Month Period Ending November 30, 2018

REVENUES	FY 18 Carryover	FY 19 Revenue	Total Revenue
Prior Year Balance	\$ 12,902,064	\$ -	\$ 6,997,587
State Appropriations	(6,000,000)	-	-
Tobacco Tax Collections	-	15,103,182	15,103,182
Interest Income	-	104,994	104,994
Federal Draws	208,931	15,099,126	15,099,126
TOTAL REVENUES	\$ 7,110,995	\$ 30,307,302	\$ 37,304,888

EXPENDITURES	FY 18 Expenditures	FY 19 Expenditures	Total State \$ YTD
Program Costs:			
Employer Sponsored Insurance		\$ 24,198,180	\$ 24,198,180
College Students/ESI Dental		192,302	76,744
Individual Plan			
SoonerCare Choice		\$ 36,810	\$ 14,689
Inpatient Hospital		1,352,032	541,027
Outpatient Hospital		2,030,793	814,090
BH - Inpatient Services-DRG		165,735	65,809
BH -Psychiatrist		-	-
Physicians		2,219,052	886,881
Dentists		20,484	8,006
Mid Level Practitioner		3,439	1,373
Other Practitioners		213,509	85,257
Home Health		7,442	2,991
Lab and Radiology		324,806	129,155
Medical Supplies		105,182	41,925
Clinic Services		684,874	272,821
Ambulatory Surgery Center		74,975	30,098
Prescription Drugs		5,244,921	2,089,319
Transportation		43,017	17,088
Premiums Collected		-	(236,605)
Total Individual Plan		\$ 12,527,073	\$ 4,763,923
College Students-Service Costs		\$ 307,162	\$ 120,871
Total OHCA Program Costs		\$ 37,224,716	\$ 29,159,717
Administrative Costs			
Salaries	\$ 24,543	\$ 944,487	\$ 969,030
Operating Costs	9,662	52,400	62,062
Health Dept-Postponing	-	-	-
Contract - HP	79,204	315,921	395,125
Total Administrative Costs	\$ 113,409	\$ 1,312,808	\$ 1,426,217
Total Expenditures			\$ 30,585,934
NET CASH BALANCE	\$ 6,997,587		\$ 6,718,954

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

**Fund 250: Belle Maxine Hilliard Breast and Cervical Cancer Treatment Revolving Fund
SFY 2019, For the Five Month Period Ending November 30, 2018**

REVENUES	FY 19 Revenue	State Share
Tobacco Tax Collections	\$ 301,450	\$ 301,450
TOTAL REVENUES	\$ 301,450	\$ 301,450

EXPENDITURES	FY 19 Total \$ YTD	FY 19 State \$ YTD	Total State \$ Cost
Program Costs			
SoonerCare Choice	\$ 4,143	\$ 1,155	
Inpatient Hospital	260,203	72,021	
Outpatient Hospital	2,240,889	624,230	
Inpatient Services-DRG	-	-	
Psychiatrist	-	-	
TFC-OHCA	-	-	
Nursing Facility	-	-	
Physicians	1,829,990	516,965	
Dentists	4,172	1,156	
Mid-level Practitioner	225	62	
Other Practitioners	39,027	10,891	
Home Health	2,279	637	
Lab & Radiology	73,670	20,630	
Medical Supplies	13,328	3,668	
Clinic Services	104,151	29,205	
Ambulatory Surgery Center	4,594	1,243	
Prescription Drugs	1,074,835	299,818	
Transportation	58,009	16,240	
Miscellaneous Medical	3,508	935	
Total OHCA Program Costs	\$ 5,713,021	\$ 1,598,856	
OSA DMHSAS Rehab	\$ 39,970	11,163	
Total Medicaid Program Costs	\$ 5,752,992	\$ 1,610,018	
TOTAL STATE SHARE OF COSTS			\$ 1,610,018

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 January 10, 2019 (November 2018 Data)

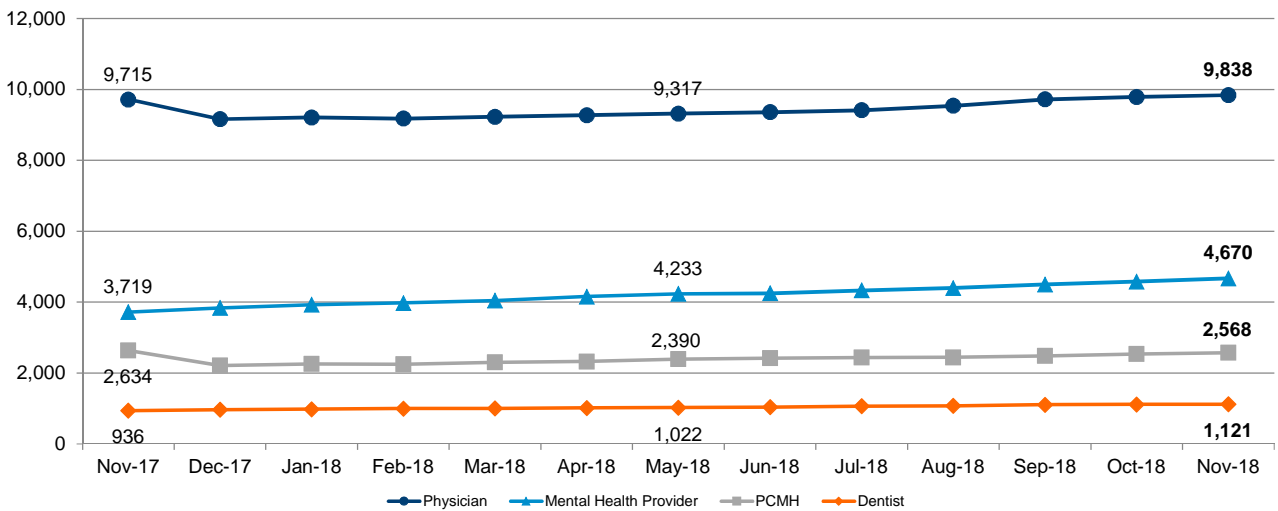
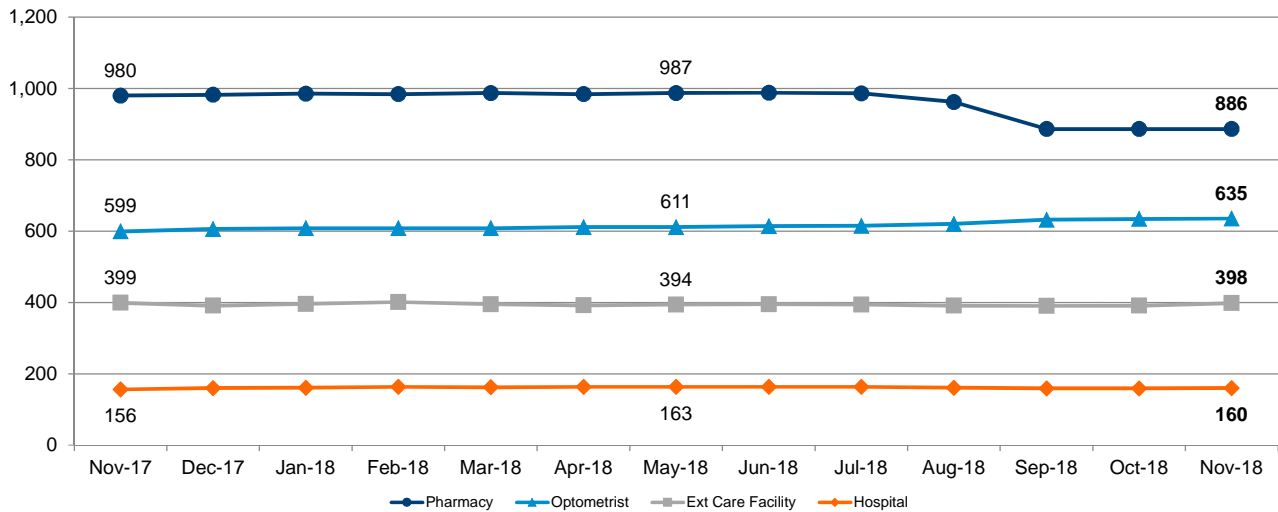
SOONERCARE ENROLLMENT/EXPENDITURES

Delivery System		Enrollment November 2018	Children November 2018	Adults November 2018	Enrollment Change	Total Expenditures November	PMPM November 2018
SoonerCare Choice Patient-Centered Medical Home		533,939	443,143	90,796	244	\$161,144,845	
Lower Cost	<i>(Children/Parents; Other)</i>	491,202	429,883	61,319	837	\$115,056,895	\$234
Higher Cost	<i>(Aged, Blind or Disabled; TEFRA; BCC)</i>	42,737	13,260	29,477	-593	\$46,087,950	\$1,078
SoonerCare Traditional		232,548	84,507	148,041	-1,311	\$171,081,424	
Lower Cost	<i>(Children/Parents; Other; Q1; SLMB)</i>	117,106	79,801	37,305	-1,296	\$40,613,396	\$347
Higher Cost	<i>(Aged, Blind or Disabled; LTC; TEFRA; BCC & HCBS Waiver)</i>	115,442	4,706	110,736	-15	\$130,468,028	\$1,130
Insure Oklahoma		18,872	545	18,327	53	\$7,607,988	
Employer-Sponsored Insurance		13,711	326	13,385	36	\$5,234,864	\$382
Individual Plan		5,161	219	4,942	17	\$2,373,125	\$460
SoonerPlan		30,032	2,461	27,571	558	\$234,023	\$8
TOTAL		815,391	530,656	284,735	-456	\$340,068,280	

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.

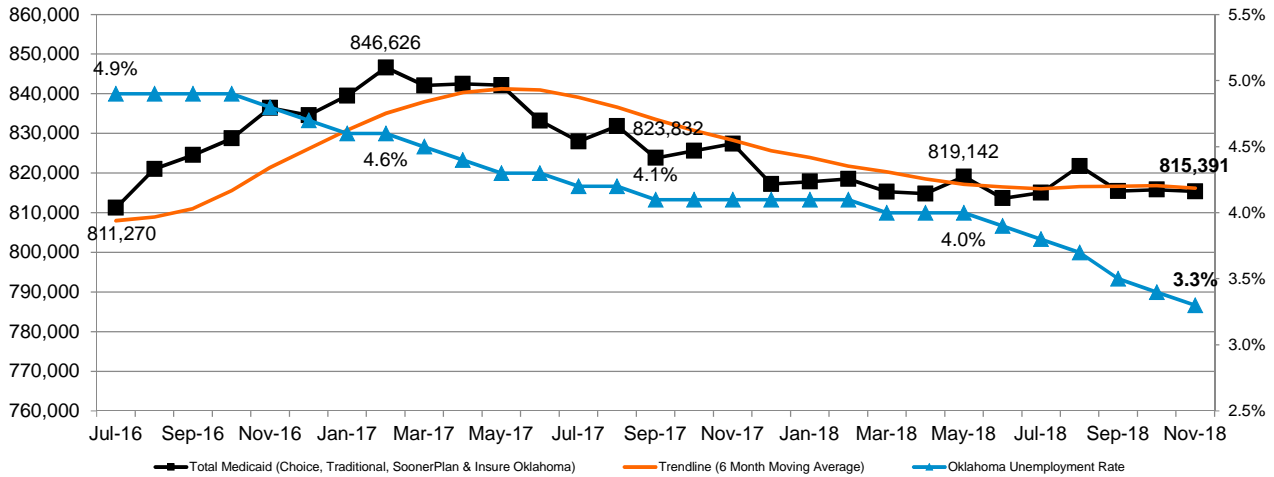
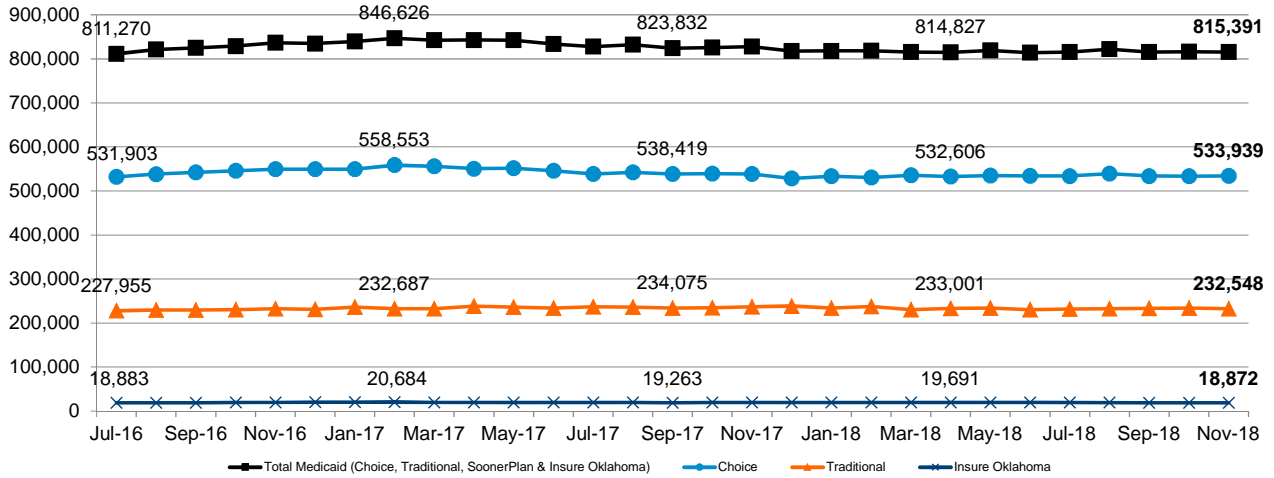
IN-STATE CONTRACTED PROVIDERS

Total In-State Providers: 33,458 (+292) (In-State Providers counted multiple times due to multiple locations, programs, types, and specialties)



*In general, decreases are due to contract renewal. Decrease during contract renewal period is typical during all renewal periods.

ENROLLMENT BY MONTH



Oklahoma Unemployment Rate is from the Bureau of Labor Statistics 'Local Area Unemployment Statistics' (<https://www.bls.gov/lau/>) and is seasonally adjusted. Data was extracted on August 22, 2018. In June 2017 there were changes to the passive renewal system criteria that reduced the number of passively renewed members by 2/3rds.

Pharmacy Department Overview

Oklahoma Health Care Authority (OHCA)
4345 N Lincoln Blvd, Oklahoma City OK 73105
Pharmacy@okhca.org

Overview

Title XIX of the Social Security Act established Medicaid. This joint State and Federally funded program provides medical and pharmacy coverage to eligible individuals. The Pharmacy Services Department at the Oklahoma Health Care Authority administers the covered outpatient drug program under this law. This is done with the following programs, policies, services:

- ❖ Prescription Drug Coverage
- ❖ Pharmacy Benefits Administrator
- ❖ Select Over the Counter Drugs
- ❖ Diabetic Supplies
- ❖ Managing SoonerCare Drug Use and Costs
- ❖ Prescription Limits
- ❖ Generic Utilization
- ❖ Drug Rebates
- ❖ State Max Allowable Cost (SMAC)
- ❖ Prior Authorization (Product Based)
- ❖ Patient Review and Restriction - Lock in Program
- ❖ Prospective, Retrospective Drug Utilization Review
- ❖ Medication and Disease Therapy Management
- ❖ Physician administered drugs

Pharmacy By the Numbers (SFY2018)	
5,994,420 Total Drug Claims Paid	
561,762 members utilize pharmacy services	\$603 Million Reimbursement
\$100 Average cost per claim	\$364 Million Rebate Collected
91% Generic Utilization Rate	60.3% of Total Drug Spend recovered from Rebate

SoonerCare Pharmacy Benefit Trend

SFY	Members	Average Monthly Enrollment	Utilizers*	Claims	Reimbursement	Days	Cost/Claim	Cost/Day
2015	1,021,359	819,193	541,116	5,842,175	\$461,040,791	144,683,680	\$78.92	\$3.19
2016	1,052,826	802,916	542,290	5,891,156	\$495,171,030	149,086,518	\$84.05	\$3.32
2017	1,014,983	813,969	541,021	5,897,218	\$514,062,769	150,979,625	\$87.17	\$3.40

*Total number of unduplicated utilizers.
Reimbursement does not reflect rebated costs or net costs.

The SoonerCare pharmacy benefit administrator program, Oklahoma Medicaid statistics were compared to Medicaid statistics of the largest pharmacy benefits manager (PBM) in the United States, Express Scripts (ESI). ESI would have resulted in a 67-69% increase in costs which would result in over \$359 million more in pharmacy spending. Data shown below. [Source:](#) OHCA DUR April, 2018

Adjusted Per Member Per Year (PMPY) CY2016-2017

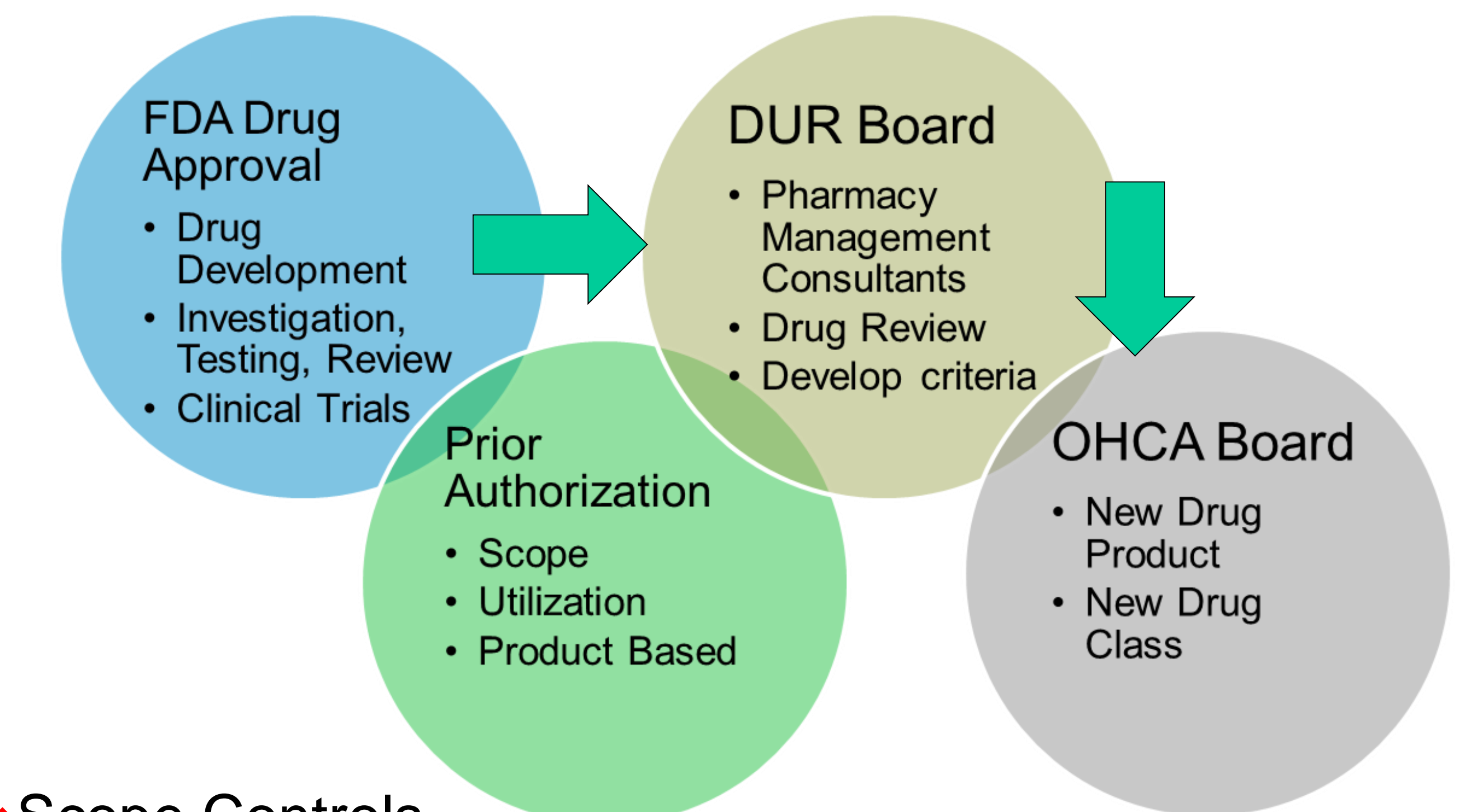
Calendar Year	ESI	OHCA	Percent Difference
2016	\$1,196	\$715	67%
2017	\$1,241	\$735	69%



Pharmacy Services

OKC Metro: 405-522-6205, Option 4
Statewide Toll-Free: 800-522-0114, Option 4

Drug Utilization Review



- ❖ Scope Controls
To insure that drugs are used for approved indications and therapeutically appropriate
- ❖ Utilization Controls
Used to limit the quantity of medication dispensed or limit duration of use
- ❖ Product Based Controls
Divides certain therapeutic categories of drugs into two or more levels called tiers.

Pharmacy Contracts

- ❖ Pharmacy Management Consultants (PMC)
 - ❖ Helpdesk
 - ❖ Drug Utilization Review
 - ❖ Academic Detailing
 - ❖ Value Based Contracting - Alternate Payment Model
- ❖ Sovereign States Drug Consortium (SSDC)
- ❖ Glass Box Analytics

Drug Rebate (5 programs)

- ❖ Medicaid Drug Rebate Program (MDRP)
 - ❖ 23.1% - brand name/innovator
 - ❖ 17.1% - pediatric & clotting factors
 - ❖ 13% - generic – non-innovators
- ❖ 340B
- ❖ Diabetic Supplies
- ❖ Value Based Contracting Rebate
- ❖ Supplemental Rebate Program

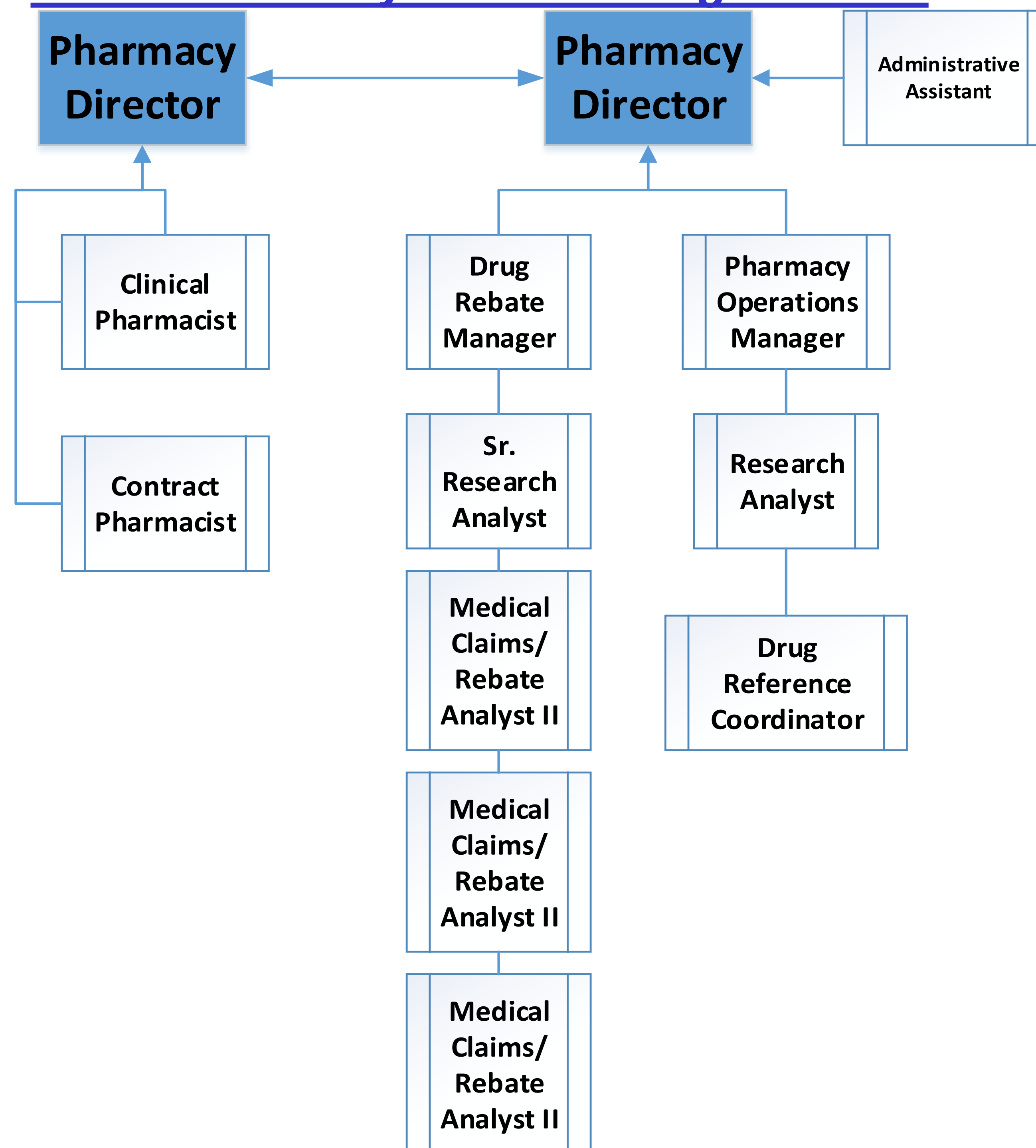
Other

- ❖ Specialty Drugs – High cost drugs
- ❖ Substance Use Stewardship
- ❖ Electronic Prior Authorizations – 2020
- ❖ Medication Therapy Management Pilot 2019

Disclosure

Prepared by Burl Beasley, Pharmacy Director; Kerri Wade, Pharmacy Operations Manager; Stacey Hale, Drug Rebate Manager, January 2019

OHCA Pharmacy Staff and Organization



Pharmacy Department Overview

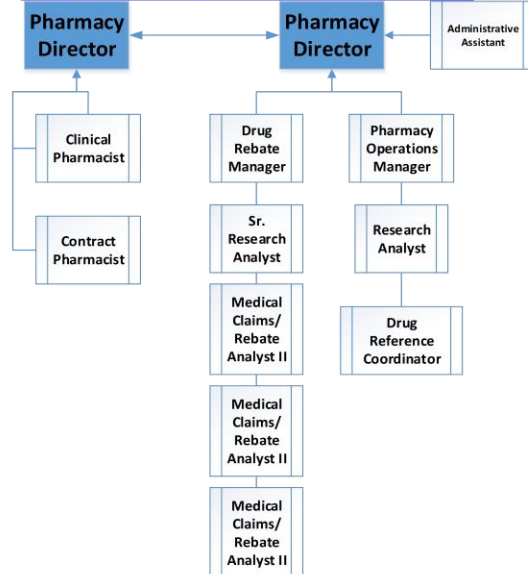
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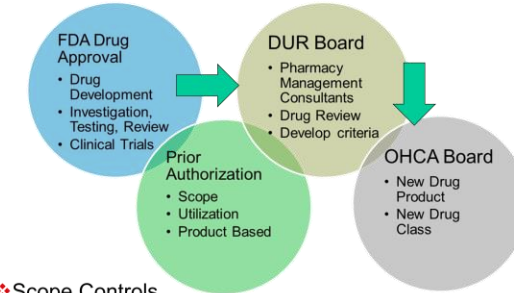
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Oklahoma
HealthCare
Authority

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Pharmacy Contracts

- ❖ Pharmacy Management Consultants (PMC)
 - ❖ Helpdesk
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 - ❖ Academic Detailing
 - ❖ Value Based Contracting - Alternate Payment Model
- ❖ Sovereign States Drug Consortium (SSDC)
- ❖ Glass Box Analytics

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- ❖ Diabetic Supplies
- ❖ Value Based Contracting Rebate
- ❖ Supplemental Rebate Program

Other

- ❖ Specialty Drugs – High cost drugs
- ❖ Substance Use Stewardship
- ❖ Electronic Prior Authorizations – 2020
- ❖ Medication Therapy Management Pilot 2019

Disclosure

Prepared by Burl Beasley, Pharmacy Director; Kerri Wade, Pharmacy Operations Manager; Stacey Hale, Drug Rebate Manager, **January 2019**

Pharmacy Operations

- ❖ Claims processing
- ❖ Supplemental Rebate Contracting
- ❖ Value Based Contracting
- ❖ Vendor Contracts
 - ❖ Pharmacy Management Consultants (PMC)
 - ❖ Helpdesk/Prior Authorizations
 - ❖ Drug Utilization Review
 - ❖ Academic Detailing
 - ❖ Glass Box Analytics
 - ❖ Sovereign States Drug Consortium (SSDC)

Drug Rebate

❖ 5 Programs

❖ Federal

- 23.1% - brand name/innovator drugs
- 17.1% - pediatric & blood clotting
- 13% - generic – non-innovators

❖ Supplemental Rebate Program

❖ 340B

❖ Value Based Contracting

❖ Diabetic Supplies

SoonerCare Member Involvement

TERRI KINDER, COTTON COUNTY

MATF MEMBER 8/2016 TO PRESENT, PARENT OF TWO CHILDREN WITH SOONERCARE





Meeting with National Family Leaders

Julie Beckett.....Advocated Nationally for TEFRA and Katie Beckett Waivers

Nora Wells.....National Family Voices

National Family Leaders and Advocates

...told their stories
of how Medicaid
has supported
their constituents!





Panel Interviews





A Little Sightseeing.....
Arlington National Cemetery



Opportunities Since the Conference

- COMMITTEE WORK.....
- NOMINATION FOR MATHEMATICA POLICY RESEARCH CHILD AND ADULT CORE SET ANNUAL REVIEW WORKGROUP
- NOMINATION FOR ROBERT WOOD JOHNSON FOUNDATION STORYTELLING EFFORT, CALLED "THAT'S MEDICAID"
- THANK YOU FOR YOUR SUPPORT OF THE MEMBER ADVISORY TASK FORCE



Consulting Services

BACKGROUND

OHCA maintains agreements with three (3) contractors to provide consulting services on various policy, audit and rate-setting issues.

The current environment requires more data-driven decision making and independent evaluation of performance and costs, therefore resulting in a greater need for these services.

SCOPE OF WORK

- Provide expert opinion, recommendations, and information relevant to OHCA
- Obtain expertise from contractors related to best practices from both public and private health care sectors to enhance OHCA's operations and services.
- Analyze impact of policy changes on cost, access and quality of services
- Develop state plan amendments or waivers as needed
- Evaluate OHCA programs and recommend improvements
- Provide financial services including budget neutrality calculations, cost impacts, program feasibility, return on investment, and rate setting for new or existing services
- Assess data vulnerability and provide gap analysis of available data versus needed data
- Provide reports and presentations as necessary on the above issues

CONTRACT PERIOD

July 1, 2013 through June 30, 2019 with seven renewable options

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Awarded through competitive bidding conducted by OHCA
- Federal matching percentage varies depending on the project
- Not-to-exceed \$1,320,00.00 for the period of July 1, 2019—June 30, 2020
- Not-to-exceed \$15 million for the period July 1, 2019 – June 30, 2026

RECOMMENDATION

- Board approval to expend funds for the services discussed above.



Electronic Health Record (EHR) Auditing Services

BACKGROUND

Conduct risk based audits (desk and/or field) to ensure OHCA complies with CMS requirements regarding the Adoption/Implementation/Upgrade and Meaningful Use components of the Medicaid EHR Incentive Payment Program. The following requirements shall be applied to eligible professionals and eligible hospitals, as defined in 42 CFR Part 495, Subpart A, Subsection 495.4 that received an EHR Incentive payment for years 2015 through 2021.

SCOPE OF WORK

- Conduct risk based audits in accordance and compliance with 42 CFR Part 495, Subpart D and OHCA's CMS approved audit strategy to ensure OHCA complies with CMS requirements regarding the Adoption/Implementation/Upgrade and Meaningful Use components of the Medicaid EHR Incentive Payment Program
- Review and recommend potential changes/modifications to OHCA's CMS approved audit strategy to OHCA within 90 days of contract award.
- Provide all necessary information and assist as needed with provider appeals (this may include sending staff to OHCA for the appeal);
- Coordinate audits with other OHCA audit activities;
- Promptly respond to inquiries from OHCA and providers;
- Immediately notify OHCA of issues of non-response of requests made of providers.
- Draft reports to OHCA notifying us of adverse findings and recommendation within 30 days of the completion of field work;
- Upon OHCA approval of adverse findings or upon contractor's positive findings, a findings report to the provider notifying them of outcome and any actions they need to take, if applicable;
- Report a monthly audit status report to OHCA to support federal and state reporting requirements. The report shall include a list of providers and hospitals being audited along with their current status in the audit process.

CONTRACT PERIOD

July 1, 2019 through June 30, 2020 with four (4) renewable options

CONTRACT AMOUNT AND PROCUREMENT METHOD

- Awarded through competitive bidding conducted by OHCA
- 90% federal matching percentage
- Not-to-exceed \$471,280 for the period of July 1, 2019—June 30, 2020
- Not-to-exceed \$2.5 million for the period July 1, 2019 – June 30, 2024

- **RECOMMENDATION**

Board approval to expend funds for the services discussed above.

Oklahoma Health Care Authority Board Meeting – Drug Summary

Drug Utilization Review Board – Drug Summary December 12, 2018

Recommendation	Drug	Used for	Cost*	Notes
1	Onpattro™ Tegsedi™	polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis	\$484,500.00/year \$449,800.52/year	IV infusion/ wt. based dosing SQ injections
2	Zemdri™ Xerava™ Nuzyra™ Seysara™	Anti-infective UTI, intra-abdominal infection, community-acquired bacterial pneumonia, bacterial skin structure infections. Acne vulgaris	<ul style="list-style-type: none"> • AG -\$4410 for 7 days IV • Tetracycline - \$2450 x 14 days IV • Tetracycline - \$ N/A for Nuzyra • Oral - \$ N/A 	Other aminoglycosides (AG), macrolides or tetracycline class antibiotics available at a lower cost.
<u>3</u>	Signifor® LAR	Acromegaly, Cushing's , pituitary tumor unresponsive to surgery	\$12,308.80 / 28 days	IM q 4 weeks
4	Symdeko®	Cystic Fibrosis	N/A	Oral therapy for CF 12 years or older

*Costs do not reflect rebated prices or net costs. Costs based on National Average Drug Acquisition Costs (NADAC) or Wholesale Acquisition Costs (WAC) in NADAC unavailable.

N/A = not available at the time of publication.



Recommendation 1: Vote to Prior Authorize Onpattro™ (patisiran) and Tegsedi™ (inotersen)

The Drug Utilization Review Board recommends the prior authorization of Onpattro™ (patisiran) and Tegsedi™ (inotersen) with the following criteria:

Onpattro™ (Patisiran) Approval Criteria:

1. An FDA approved indication for the treatment of polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis; and
2. Diagnosis confirmed by the following:
 - a. Tissue (fat pad) biopsy confirming amyloid deposits; and
 - b. Genetic confirmation of transthyretin (*TTR*) gene mutation (e.g., Val30Met); and
3. Onpattro™ must be prescribed by or in consultation with a cardiologist, geneticist, or neurologist or an advanced care practitioner with a supervising physician who is a cardiologist, geneticist, or neurologist; and
4. Prescriber must confirm the member will take the recommended daily allowance of vitamin A; and
5. Prescriber must confirm that member will be pre-medicated with intravenous (IV) corticosteroid, oral acetaminophen, IV histamine-1 (H₁) antagonist, and IV histamine-2 (H₂) antagonist 60 minutes prior to Onpattro™ administration to reduce the risk of infusion-related reactions; and
6. Onpattro™ will not be approved for concomitant use with Tegsedi™; and
7. 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; and
8. Onpattro™ approvals will be for the duration of 6 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

Tegsedi™ (Inotersen) Approval Criteria:

1. An FDA approved indication for the treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis; and
2. Diagnosis confirmed by the following:
 - a. Tissue (fat pad) biopsy confirming amyloid deposits; and
 - b. Genetic confirmation of transthyretin (*TTR*) gene mutation (e.g., Val30Met); and
3. Tegsedi™ must be prescribed by or in consultation with a cardiologist, geneticist, or neurologist or an advanced care practitioner with a supervising physician who is a cardiologist, geneticist, or neurologist; and

4. Prescriber must confirm the member will take the recommended daily allowance of vitamin A; and
5. Prescriber must agree to monitor ALT, AST, and total bilirubin prior to initiation of Tegsedi™ and every 4 months during treatment; and
6. Prescriber must confirm the first injection of Tegsedi™ administered by the patient or caregiver will be performed under the guidance of a health care professional; and
7. Prescriber must confirm the patient or caregiver has been trained by a health care professional on the subcutaneous (sub-Q) administration and proper storage of Tegsedi™; and
8. Tegsedi™ will not be approved for concomitant use with Onpattro™; and
9. Prescriber, pharmacy, and member must be enrolled in the Tegsedi™ Risk Evaluation and Mitigation Strategy (REMS) program and maintain enrollment throughout therapy; and
10. Tegsedi™ approvals will be for the duration of 6 months. Reauthorization may be granted if the prescriber documents the member is responding well to treatment; and
11. A quantity limit of four syringes per 28 days will apply.

Recommendation 2: Vote to Prior Authorize Zemdri™ (Plazomicin), Xerava™ (Eravacycline), Nuzyra™ (Omadacycline), Seysara™ (Sarecycline) with the following criteria:

The Drug Utilization Review Board recommends the prior authorization of Zemdri™ (plazomicin vial for IV infusion), Xerava™ (eravacycline vial for IV infusion), Nuzyra™ (omadacycline tablet and vial for IV infusion), and Seysara™ with the following criteria:

Zemdri™ (Plazomicin) Approval Criteria:

1. An FDA approved diagnosis of complicated urinary tract infection (cUTI), including pyelonephritis, caused by designated susceptible microorganisms; and
2. A patient-specific, clinically significant reason why the member cannot use an appropriate alternative aminoglycoside (e.g., gentamicin, tobramycin) or other cost-effective therapeutic equivalent alternative(s); and
3. 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.

Xerava™ (Eravacycline) Approval Criteria:

1. An FDA approved diagnosis of complicated intra-abdominal infections (cIAI) caused by designated susceptible microorganisms; and
2. Member must be 18 years of age or older; and
3. A patient-specific, clinically significant reason why the member cannot use an appropriate penicillin/beta lactamase inhibitor combination (e.g., piperacillin/tazobactam), a carbapenem (e.g., ertapenem, meropenem, imipenem/cilastatin), a cephalosporin (e.g., ceftriaxone, ceftazidime) in combination with metronidazole, or other cost-effective therapeutic equivalent alternative(s); and

4. 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.

Nuzyra™ (Omadacycline) Approval Criteria [Community-Acquired Bacterial Pneumonia (CABP)

Diagnosis]:

1. An FDA approved diagnosis of CABP caused by designated susceptible microorganisms; and
2. Member must be 18 years of age or older; and
3. A patient-specific, clinically significant reason why the member cannot use an appropriate beta-lactam (e.g., ceftriaxone, cefotaxime, ceftaroline, ertapenem, ampicillin/sulbactam) in combination with a macrolide (e.g., azithromycin, clarithromycin) or doxycycline, monotherapy with a respiratory fluoroquinolone (e.g., levofloxacin, gemifloxacin), or other cost-effective therapeutic equivalent alternative(s); and
4. Approval quantity will be based on Nuzyra™ prescribing information and FDA approved dosing regimen(s).
 - a. For Nuzyra™ vials, an initial quantity limit of 4 vials for a 3-day supply will apply. Continued authorization will require a patient-specific, clinically significant reason why the member cannot switch to the oral tablet formulation for the remainder of therapy.

Nuzyra™ (Omadacycline) Approval Criteria [Acute Bacterial Skin and Skin Structure Infections (ABSSSI)

Diagnosis]:

1. An FDA approved diagnosis of ABSSSI caused by designated susceptible microorganisms; and
2. Member must be 18 years of age or older; and
3. A patient-specific, clinically significant reason why the member cannot use vancomycin, linezolid, doxycycline, trimethoprim/sulfamethoxazole, or other cost-effective therapeutic equivalent alternative(s); and
4. Use of Nuzyra™ vials will require a patient-specific, clinically significant reason why the member cannot use the oral tablet formulation; and
5. Approval quantity will be based on Nuzyra™ prescribing information and FDA approved dosing regimen(s).

Seysara™ (Sarecycline) Approval Criteria:

1. An FDA approved diagnosis of inflammatory lesions of non-nodular, moderate-to-severe acne vulgaris; and
2. Member must be 9 years of age or older; and
3. Seysara™ is not covered for members older than 20 years of age; and
4. A patient-specific, clinically significant reason why the member cannot use minocycline, doxycycline, tetracycline, or other cost-effective therapeutic equivalent alternative(s); and

5. The member's recent weight must be provided on the prior authorization request in order to authorize the appropriate strength according to package labeling; and
6. A quantity limit of 30 tablets per 30 days will apply.

Recommendation 3: Vote to Prior Authorize Signifor® LAR (Pasireotide) with the following criteria:

The Drug Utilization Review Board recommends the prior authorization of Signifor® LAR (Pasireotide) with the following criteria:

Signifor® LAR (Pasireotide) Approval Criteria:

1. An FDA approved diagnosis of one of the following:
 - a. Members with acromegaly who have had an inadequate response to surgery or for whom surgery is not an option; or
 - b. Members with Cushing's disease from a pituitary tumor for whom pituitary surgery is not an option or has not been curative; and
2. For a diagnosis of acromegaly, the member must have a documented trial with octreotide long-acting or lanreotide depot with an inadequate response or have a patient-specific, clinically significant reason why the other long-acting somatostatin analogs (SSAs) are not appropriate for the member; and
3. Pasireotide LAR must be prescribed by an endocrinologist or in consultation with an endocrinologist; and
4. Pasireotide LAR must be administered by a health care professional; and
5. Prescriber must document that the member has had an inadequate response to surgery or is not a candidate for surgery; and
6. Prescriber must verify liver function tests (LFTs) (e.g., ALT, AST, bilirubin) will be monitored when starting treatment and periodically thereafter; and
7. Authorizations will be for the duration of 12 months; and
8. Reauthorization may be granted if the prescriber documents the member is responding well to treatment.

Recommendation 4: Vote to Prior Authorize Symdeko® (Tezacaftor/Ivacaftor) with the following criteria:

The Drug Utilization Review Board recommends the prior authorization of Symdeko® (Tezacaftor/Ivacaftor) with the following criteria:

Symdeko® (Tezacaftor/Ivacaftor) Approval Criteria:

1. An FDA approved diagnosis of cystic fibrosis (CF) in patients who are homozygous for the *F508del* mutation or who have at least 1 mutation in the CF transmembrane conductance regulator (*CFTR*) gene detected by genetic testing that is responsive to tezacaftor/ivacaftor based on *in vitro* data and/or clinical evidence; and

2. If the patient's genotype is unknown, an FDA-cleared CF mutation test should be used to detect the presence of a *CFTR* mutation followed by verification with bi-directional sequencing, when recommended by the mutation test instructions for use; and
3. Member must be 12 years of age or older; and
4. Members using Symdeko® must be supervised by a pulmonary specialist; and
5. If the member is currently stabilized on Orkambi® (lumacaftor/ivacaftor) and experiencing adverse effects associated with Orkambi® use, the prescriber must indicate that information on the prior authorization request; and
6. The prescriber must verify that the member has been counseled on proper administration of Symdeko® including taking with a fat-containing food; and
7. The prescriber must verify that ALT, AST, and bilirubin will be assessed prior to initiating Symdeko®, every 3 months during the first year of treatment, and annually thereafter; and
8. Members must not be taking any of the following medications concomitantly with Symdeko®: rifampin, rifabutin, phenobarbital, carbamazepine, phenytoin, and St. John's wort; and
9. A quantity limit of 2 tablets per day or 56 tablets per 28 days will apply.

Initial approval will be for the duration of 3 months, after which time compliance will be required for continued approval. After 6 months of utilization, compliance and information regarding efficacy, such as improvement in FEV₁, will be required for continued approval. Additionally after 6 months of utilization, information regarding efficacy as previously mentioned or fewer adverse events must be provided for members who switched from Orkambi® to Symdeko®.