Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: May 17, 2012
Length of Meeting: 1 hour 45 minutes
Location of Meeting: DMAS 13th Floor Board Room

Members Present:
Randy Ferrance, MD, Chair
Bill Rock, PharmD
Avtar Dhillon, MD
Mary Basco, MD
Jamie Haight, RPh
Sandra Dawson, RPh,
Jane Settle, NP, Vice Chair
Michele Thomas, PharmD

Members Not Present:
Renita Driver, PharmD
Cynthia Fagan, FNP
Jonathan Evans, MD

DMAS Attendees:
Rachel Cain, PharmD
Donna Francioni-Proffitt, RPh, Pharmacy Program Manager
Bryan Tomlinson, Health Care Services Division Director
Keith Hayashi, RPh
Tyrone Wall
Scott Cannady
Kayla Anderson
Vanea Preston

Contractors:
Robert Berringer, PharmD, Senior Clinical Director, Xerox
Felicia Epps, RPh, Clinical Pharmacy Manager, Xerox
Eboni Washington, Administrative Assistant, Xerox

Vendors:
Nancy Eldin, PharmD, Magellan Health Services

Visitors:
Rick Meidlinger, J and J
Kay Barry, RN, Shire
Paula Pittman-Kupresak, Takeda
Mike Suto, Genentech
Pam Harwood, MedImmune
Brenda Evans, UCB
Scott Triplett, UCB
Paul Purdy, Amgen
Drew Bernstein, MedImmune

Call to Order and Introductions

Dr. Ferrance called the meeting to order at 2:03 pm. He welcomed everyone and asked the Board members to introduce themselves since it had not been done in some time.

Minutes—March 15, 2012 Meeting

Dr. Ferrance asked if there were any additions or deletions to the minutes from the March 15, 2012 meeting. Ms. Settle made the motion for the March 15, 2012 meeting minutes to be approved as written. Ms. Dawson seconded; the motion was adopted.

Bryan Tomlinson acknowledged Cynthia Fagan for receiving the state award for Nurse Practitioner Advocate from the American Academy of Nurse Practitioners for making contributions for increasing awareness and acceptance of Nurse Practitioners.

New Drugs

Bydureon® (exenatide) – Ms. Epps presented the ProDUR and RetroDUR criteria. Dr. Cain stated this drug is in a therapeutic class on the Virginia Medicaid Preferred Drug List (PDL); therefore, the responsibility of the DUR Board is to make sure the edits are in place. Ms. Settle made the motion to accept these criteria as written; Ms. Dawson seconded. The motion was accepted.

Erivedge® (vismodegib) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Settle mentioned the price of this drug and asked how long an individual would be on this drug. Ms. Haight noted that the package insert reported the average duration of treatment was 10 months. Dr. Cain asked Ms. Epps to run a utilization report for the next meeting. Ms. Dawson made the motion to accept these criteria as written. Ms. Haight seconded the motion; the motion was accepted.

Inlyta™ (axitinib) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Thomas questioned the classification. Dr. Berringer stated that it is a FDB classification listing for oral kinase inhibitors. Ms. Dawson made the motion to accept the criteria, Ms. Haight seconded; the motion was accepted.

Intermezzo® (zolpidem) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. She noted the dose for men and women are different with 3.5mg per day as the high dose for a male. Ms. Epps added she was unable to break down the dosage for females and males in the MMIS system. For women and geriatric patients, 1.75 mg per day is the maximum dose. Dr. Berringer explained edits can be placed in the system on age per dose but not by gender. Dr. Cain stated that this medication is PDL eligible and will be non-preferred requiring a

SA. Ms. Dawson made the motion to accept the criteria. Dr. Thomas seconded; the motion was accepted.

Jentadueto® (linagliptin and metformin) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Ferrance recommended including renal impairment after hepatic impairment under Severity 1. Dr. Ferrance stated that renal impairment should be added to the edits for metformin and any medication combined with metformin. Dr. Cain indicated that this medication is also PDL eligible, but the DUR Board will need to assign appropriate edits. Ms. Dawson motioned to accept the criteria with addition of renal impairment under Severity 1. Ms. Settle seconded; the motion was accepted.

Omontys® (peginesatide) –The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Cain indicated that this medication is also on the PDL. Ms. Settle moved to accept the criteria as presented. Ms. Haight seconded; the motion was accepted.

Picato® (ingenol) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Ferrance suggested a therapeutic duplication for imiquimod and fluorouracil to be added to the edits. Ms. Dawson moved to accept the criteria with the therapeutic duplications as mentioned. Ms. Settle seconded; the motion was accepted.

Rectiv™ (nitroglycerin) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. The Board discussed the strength and absorption of the various nitroglycerin products and whether to leave “nitrates” as a therapeutic duplication edit. Ms. Dawson moved to accept the criteria with the therapeutic duplication of nitrates to only message at the point-of-sale. Ms. Thomas seconded; the motion was accepted.

Subsys® (fentanyl) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Ferrance asked if this medication was PDL eligible. Dr. Cain said fentanyl is PDL eligible, however, the Pharmacy and Therapeutics (P&T) Committee voted no SA required since it must be obtained from a specialty pharmacy. Ms. Epps stated that there was no package insert available online at this time and other fentanyl products had precautions and drug-drug interactions not found on Subsys® package insert sent from the company. Dr. Ferrance suggested this medication have the same edits as the other formulations of fentanyl. Dr. Ferrance felt this medication would not be used often because of the cost and felt that the edits were appropriate. Ms. Settle moved to accept the criteria as presented. Ms. Haight seconded; the motion was accepted.

Zioptan™ (tafluprost) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Epps then stated that she would change the high dose edit to one (1) drop daily each eye. Dr. Ferrance felt this alert would be appropriate as a

message. Ms. Dawson moved to accept the criteria as presented. Ms. Haight seconded; the motion was accepted.

Old Business

Eylea™ (afibercept) – This drug was presented during the March 15, 2012, meeting and is being re-reviewed because the Board requested the cost of the drug. No additional information was presented. Dr. Ferrance asked if this medication was PDL eligible. Dr. Cain responded that it was not, but the drug must be administered by a physician. Ms. Dawson motioned to accept the criteria as presented; Dr. Thomas seconded; the motion was accepted.

Asclera® (polidocanol) – During the March 15, 2012 DUR meeting, the Board requested additional information and utilization report on Asclera and other antisclerosing agents. The Board voted to deny these products through pharmacy point-of-sale which will require the physician to procure the medication when the procedure is scheduled since it is not a self-administered medication. Ms. Settle motioned that this be denied at point-of-sale. Ms. Dawson seconded; the motion was accepted.

Dr. Rock questioned whether eye medications, such as Eylea, should go through medical or allow it to be billed through point-of-sale and taken to the physician's office for administration.

The Board questioned the guidelines on a medication going through point-of-sale versus having the physician procure the medication. Ms. Proffitt stated that the only thing that prevents a medication from processing at the point-of-sale is if there is no manufacturer rebate or if there is coding in the system to stop it. Dr. Cain indicated that the service should be billed by the person administering the drug. Dr. Thomas made a motion to revisit the ocular products and non-self-administered products with the same guidelines. Dr. Ferrance added that the Board would like to deny Eylea at the point-of-sale and have this medication go through medical. Ms. Dawson seconded; the motion was accepted.

Ms. Settle asked how to identify the non-self-administered medications that are paid through point-of-sale. Dr. Ferrance and Ms. Settle requested a report to identify the intravenous, bisphosphonates and intraocular medications that are available through point-of-sale and how many are being dispensed.

Reports

ProDUR and RetroDUR – Ms. Epps reviewed the reports included in the binder.

Other Business

Atypical antipsychotics in children < 6 years of age: Dr. Berringer explained the status: New – member had a claim recently but did not have a claim prior to that. Old – means the member had a prescription filled for the drug in the current month as well as previously. Prior – means the member has been on the drug in the past but is not currently on it. Ms. Epps will include a legend and also insert the time frame for "old". Ms. Proffitt shared that the number of service authorization requests should increase over the next couple of months since the DUR Board allowed a six (6) month service authorization (SA) for members already on the drug; therefore, SAs for these members are just now being requested.

Dr. Thomas asked if it was possible to include children that have aged out (i.e., children that have a birthday and are now age six). Dr. Cain stated that the same report could be run, but increase the age up to an age indicated by the Board. Dr. Ferrance asked for the report to include a grand total number for as far back as we have our data. Ms. Settle requested an overall report every 6 months from the consulting psychiatrist to show what progress is being made (how many cases received and reviewed).

Future Topics

Ms. Epps proposed Diabetes Mellitus Disease Management for a monthly topic. She discussed the purpose and performance indicators and asked if this was of any interest. Ms. Settle asked if this included children. Dr. Berringer indicated that this was only for adult patients with type 2. Dr. Ferrance proposed that the report included type 1 and type 2 for all ages. Ms. Epps confirmed this report will include all ages and will look at both type 1 and 2.

Ms. Epps also proposed Psychotropic Medication Utilization in Children and Adolescents as a monthly topic. Dr. Cain asked what the difference would be between this report and what is typically done; Dr. Berringer explained this is a larger age range and would include all psychotropic medications. Ms. Epps confirmed that Intuniv (guanfacine) and clonidine will be included on the drug list for all the indicators.

Meeting was adjourned at 3:51pm.

The next DUR Board Meeting is tentatively scheduled on August 16th.