.Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: August 16, 2012
Length of Meeting: 1 hour 56 minutes
Location of Meeting: DMAS 13th Floor Board Room

Members Present:
Randy Ferrance, MD, Chair
Bill Rock, PharmD
Avtar Dhillon, MD
Michele Thomas, PharmD
Sandra Dawson, RPh,
Jane Settle, NP, Vice Chair
Jonathan Evans, MD

Members Not Present:
Cynthia Fagan, FNP
Mary Basco, MD
Jamie Haight, RPh

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

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
Debbie Moody, Magellan Health Services

Visitors:
Rick Meidlinger, J and J
Kay Barry, RN, Shire
Scott Cullins, Astellas Pharma
Paula Pittman-Kupresak, Takeda
Susan M. Matthews, MedImmune
Denise Cubbi, AmeriGroup
Kenna C. Ray, Otsuka America
John Scott, Novo Nordisk
Patti Denman, Novo Nordisk
Brian Gillespie, Pfizer
Paul Purdy, Amgen
Cindy Snyder, GSK
Sharon Yeske, AmeriGroup

Call to Order and Introductions
Dr. Ferrance called the meeting to order at 2:07 pm.

Minutes—May 17, 2012
Dr. Ferrance asked if there were any requested additions or deletions to the minutes from the May 17, 2012 meeting. Ms. Dawson made the motion for the May 17, 2012 meeting minutes to be accepted as written. Ms. Settle seconded; the motion was accepted.

New Drugs
Qnasl® (beclomethasone dipropionate) – Ms. Epps presented the ProDUR and RetroDUR criteria; Ms. Settle suggested adding potent CYP3A inhibitors to the drug-drug interactions under DUR criteria as a sev 2. Ms. Dawson moved to accept. Ms. Settle seconded. The motion was accepted.

Zetonna® (ciclesonide) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Settle made a motion to accept the criteria as written. Dr. Evans seconded; the motion was accepted.

Korlym® (mifepristone) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. SA criteria were proposed to be accepted with change of a "hard stop" for anyone less than 18 years old. Ms. Dawson motioned to accept. Dr. Thomas seconded. The motion was accepted.

Perjeta® (pertuzumab) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Cain pointed out that this medication is not a self-administered medication. Ms. Settle asked for clarification of the indication. Is the medication for patients who have never received chemotherapy at all (chemo naïve) or for patients who have not received chemotherapy for metastatic disease but may have received chemotherapy for the primary disease? This drug was put on hold until further clarification is received regarding the indication. This will be revisited during the next meeting.

Potiga® (ezogabine) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. It was pointed out that this medication does have a Risk Evaluation and Mitigation Strategy (REMS) program and at this time no claims are in the system. Dr. Evans suggested that anticholinergic medications should be added as a drug-drug interaction since the medication may cause urinary problems. Dr. Ferrance clarified that the proposed SA criteria would be used as presented and renewed after a year. Also, anticholinergic medications would be added to the drug-drug interactions. Dr. Thomas moved to accept this motion. Dr. Evans seconded; the motion was accepted.

Voraxaze® (glucarpidase) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. It was pointed out that this medication is not a self-administered medication, but will process at the point-of-sale right now. The process of putting a block on a medication at the point-of-sale was discussed by Dr. Cain. Dr. Ferrance motioned to add SA criteria to deny at the point of sale. Dr. Cain suggested reviewing the utilization then revisit during the next meeting. Ms. Settle made the motion to accept the table containing the proposed edits as presented and discuss SA criteria at the next meeting. The motion was seconded by Dr. Rock. The motion was accepted.

Dymista® (azelastine/fluticasone) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. It was pointed out that this medication is "non-preferred" on the Preferred Drug List (PDL). Dr. Evans motioned to accept the criteria as written and Ms. Dawson seconded. The motion was accepted.

Elelyso® (taliglucerase alfa) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Ferrance noted that this medication is not self-administered and asked if there were any additional suggestions for SA criteria. Age restrictions were discussed. Dr. Thomas made the motion to accept changes to the SA criteria (including, diagnosis, restricting the age to greater than 17 years old and limiting the SA approval to a year). The motion was seconded by Ms. Settle and accepted.

Truvada® (emtricitabine and tenofovir disoproxil fumarate) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Cain shared information from other states and their management of Truvada® (e.g., edits and SA criteria). Utilization was reviewed and the Board requested a second utilization report containing diagnosis and whether the medication is being used as monotherapy or in combination with other medications for treatment for the November meeting. A suggestion was made to change the severity of hepatomegaly to 2 as opposed to 1 under the proposed "MC" ProDUR edit. Dr. Evans motioned to accept the ProDUR edits as presented and SA criteria will be reviewed at the next meeting once the utilization data is presented. Ms. Settle seconded. The motion was accepted.

Old Business

Erivedge® (vismodegib) - This drug was presented during the May 17, 2012 meeting. It was brought back because the Board requested to see a **utilization** report. The utilization report was presented and showed no claims.

Inlyta® (axitinib) - This drug was presented during the May 17, 2012 meeting. It was brought back to review the **FDB classification** of V1Q. This FDB classification is for Systemic Antineoplastic agents.

Reports

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

Other Business

Atypical antipsychotics in children < 6 years of age: A summary report was requested during the May 17, 2012, meeting and presented. Ms. Epps discussed the data presented in the report. After reviewing the data from January to July 2012, Dr. Cain noted the numbers on Xerox's report are trending down. Dr. Thomas requested more clarification (e.g., specifying if the numbers involved are from the same prescribers and same patients). Dr. Cain stated that this AAP report is provided from Xerox to DMAS monthly and that there is also a weekly report provided by Magellan on the service authorizations for AAP. In addition, Xerox provides a second report that covers the behavioral health aspect. Each of these reports is slightly different. The Board recommended Dr. Sonenklar give an update at the November DUR meeting. Dr. Cain will also follow up with Xerox and review the three mentioned reports. The Board also requested other drugs be included on this report such as mood stabilizers and typical antipsychotics to see if a change in therapy has been made from the atypical antipsychotics because of the SA criteria.

Future Topics

Ms. Epps proposed Asthma Disease Management and Anticonvulsants: Drug Usage Evaluation for future monthly topics. She discussed the purpose and performance indicators and asked if this was of any interest.

Ms. Settle motioned to accept the Future Topics as presented and Dr. Thomas seconded. The motion was accepted.

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Meeting was adjourned at 3:04pm.

The next DUR Board Meeting is tentatively scheduled on November 15th.