Drug Utilization Review Board
Minutes Draft

Name of Meeting:	Drug Utilization Review Board
Date of Meeting:	May 10, 2018
Length of Meeting:	2 hours and 3 minutes
Location of Meeting:	DMAS Training Room 7th Floor

Members Present:

Bill Rock, PharmD, Chair
Avtar Dhillon, MD, Vice Chair
Randy Ferrance, MD
Kathryn Reid, PhD
Wendy Nash, PharmD
Rachel Cain, PharmD
Denise Lowe, PharmD
Michele Thomas, PharmD
Kathleen Sardegna, MD
Seth Brant, MD
Sandra Dawson, RPh

Members Not Present:

Denese Gomes, NP
Jonathan Evans, MD

DMAS Attendees:

Donna Proffitt, RPh, Pharmacy Program Manager
Matthew Keats, MD, Behavioral Health Medical Director
Dean Beuglass, RPh, Senior Pharmacy Policy and Data Strategist
Danielle Adeeb, CPhT, Pharmacy Contract Administrator
Maryann McNeil, RPh, Pharmacist
Keith Hayashi, RPh, Pharmacist

Contractors:

Debbie Moody, RPh, Pharmacist Account Executive, Magellan Health Services
Nancy Eldin, PharmD, Clinical Manager, Magellan Health Services

Visitors:

John Rublein, Gilead
Jon Yochum, AMAG
Debbie Stephens, Anthem
Brad Burmeister, Gilead
Robert Wright, Indivior
Jason Richardson, Allergan
Elizabeth Brusig, Optima Health Plan
Katherine Klem, Gilead

Call to Order and Introductions

Dr. Rock called the meeting to order at 2:04 pm.

Minutes – March 22, 2018

Meeting minutes were approved as submitted.

Auto Prior Authorization (PA)

Dr. Rachel Cain mentioned that from the March 2018 Drug Utilization Review (DUR) meeting, an auto PA was not placed on Prevymis™ (letermovir) and Proton Pump Inhibitors (PPIs). An auto PA can not be applied to clinical criteria with a set or maximum duration limit. Prevymis™ and PPIs will be subject to routine service authorization (SA) processes which includes the prescriber submitting a fax form, calling the Magellan Call center or electronic prior authorization. ,

In addition, Dr. Cain stated that no auto PA or service authorization criteria were applied to Ximino™ (minocycline). DMAS has reviewed the different minocycline products and will consider this class for the Preferred Drug List (PDL).

Debbie Moody provided a detailed explanation of the Auto PA functionality to the Board..

Topics from March 22, 2018 DUR Board Meeting

Hemlibra® (emicizumab-kxwh) – The DUR Board members discussed and made a motion to add to the clinical criteria for Hemlibra® that the ≥ 2 documented episodes of spontaneous bleeding into joints needs to be within the last 24 weeks. The Board seconded and approved the updates to the Hemlibra® criteria.

New Meeting Format

Dr. Cain explained some changes to the current meeting format.

- The New Drugs review section will now include a table with a summary of all the new DUR drugs. The New Drug Update, SA fax form (if applicable), and drug package insert will continue to be provided. The table will include the brand name, generic name, indications, and if an SA is recommended. This is the table that will be reviewed during the DUR meeting and the details for each drug should be reviewed prior to attending the DUR meeting.
- Some of the current DUR topics are no longer an issue and will be removed from future discussions during the DUR meeting but will continue to be monitored by DMAS and Magellan. If any issues arise, that topic will be brought back to the DUR meeting for discussions. The topics that will

be removed from the binder but will continue to be monitored by DMAS and Magellan are the Orphan Drugs and Atypical Antipsychotics (AAP).

New Initiatives

Dr. Cain mentioned some upcoming new initiatives.

- Additional new reports on the current DUR topics have been requested.
- Adding basic member letters/messaging to the member portal.
- Annette Paul, Pharmacy Programs Director at Magellan RX, will be attending the September 2018 DUR meeting to present a demonstration in reference to the new lab values data that can be incorporated into the RetroDUR criteria.
- Benchmarking prescribing habits for Virginia Medicaid prescribers across other Medicaid states.
- Begin to review the physician administered drugs at the DUR Board meetings and create criteria. These can be implemented using the original service authorization process or by Direct Data Entry (DDE). Debbie Moody summarized the functionality of Direct Data Entry.
- The DUR meeting dates will be moved to better capture all the data per each quarter. The future meeting dates will be during the months of March, June, September, and December.

New Drugs

The DUR Board reviewed **Biktarvy®** (bictegravir, emtricitabine, and tenofovir alafenamide), **Erleada™** (apalutamide), **Symdeko™** (tezacaftor and ivacaftor), and **Symfi Lo™** (efavirenz, lamivudine and tenofovir disoproxil fumarate).

The DUR Board discussed the current lactation ProDUR Edit for Biktarvy® and Symfi Lo™. The First Data Bank (FDB) ProDUR Edit for lactation states these drugs are an absolute contraindication and these drugs should not be given. The Board discussed changing the message to state that breast feeding should be avoided NOT the drug should be avoided. Since the message is directly from FDB, Magellan will need to research for options in the ability to change the messaging.

The DUR Board discussed the service authorization clinical criteria for Biktarvy® and Symfi Lo™. For Biktarvy®, the clinical criteria requires the creatinine clearance (CrCl) to be ≥ 30 mL/min and for Symfi Lo™, the CrCl should be ≥ 50 mL/min. The question was how old can the CrCl level be. The clinical studies will be reviewed to determine the time frame limit in which to accept the CrCl level.

The motion was made to accept the criteria as written for Erleada™ and Symdeko™. The Board seconded and approved the criteria.

The motion was made to accept the criteria as written for Biktarvy® and Symfi Lo™ and to research the clinical studies in reference to how old the CrCl level can be. The motion was also made that if the clinical studies do not show the maximum limit of how old the CrCl level should be, then 30 days will be used for that limit. The Board seconded and approved the criteria with the addition of researching the clinical studies on how old the CrCl level can be and if that information is not available, then the CrCl level needs to be within the last 30 days.

New Drugs: DUR Drugs with New Generics; New Dosage Form or Strength; PDL-Eligible; Physician-Administered Injectables – The DUR Board reviewed the new drugs in this section and had no questions.

Topics for Discussion

Analysis of Compounded Prescriptions – The DUR Board reviewed fee-for-service (FFS) and managed care organization (MCO) paid claims for compounded prescriptions over a three month period (January through March 2018). On October 1st, 2017, DMAS implemented a service authorization requirement for compounded prescriptions over $500. Dr. Nancy Eldin provided the first quarter 2018 results since the implementation of the compounded prescriptions over $500 service authorization. The motion was made that the maximum per compound drug will be $250 and $500 maximum for all compounds per 30 days. This will include oral and topical compounds and exclude injectable compounds. Compound claims over these limits will be forwarded to the DMAS physicians for review and approval/denial. The motion was made to make the maximum per compound drug set at $250 and $500 maximum for all compounds per 30 days. The motion was also made that these will be reviewed and approved/denied by the DMAS physicians. The Board seconded and approved.

Proton Pump Inhibitors – The DUR Board reviewed the FFS and MCO claims analysis for acute dosing of PPIs and had no questions.

Opioid Utilization – The DUR Board reviewed the utilization reports for adult and pediatric FFS and MCO populations. Data included: Monthly dosages/units over the past 24 months through March 2018, standard first quarter 2018 opioid utilization report for the adult population, pediatric opioid utilization summary from first quarter 2016 through first quarter of 2018, first quarter of 2018 pediatric utilization reports broken down by less than 14 days and greater than 14 days medication dispensed and diagnosis information for the pediatric patients receiving greater than 14 days' supply of opioids.

The DUR Board discussed the new FDA warning for opioid-containing cough and cold products in patients less than 18 years of age. DMAS and Magellan will research this further and bring back to the next DUR meeting for additional discussions.

Naloxone Utilization – Reviewed FFS and MCO utilization and comparison of the Naloxone products for first quarter 2018. Magellan will work on a report showing members on opiates and no claims for naloxone.

A copy of the Fatal Drug Overdose Quarterly Report, 4th Quarter 2017 from VDH – Office of the Chief Medical Examiner was included in the DUR Board meeting binder.

Orphan Drugs – The DUR Board reviewed the list of Orphan Drugs and the FFS and MCO utilization reports of approved Orphan Drugs for the first quarter of 2018. The Orphan Drugs utilization reports included each member's diagnoses. DMAS and Magellan will continue to monitor the orphan drugs reports but the reports will no longer be provided in the binders since no evident issues with orphan drugs.

DUR Quarterly Newsletter – March 2018 newsletter, no questions from the Board.

RetroDUR Criteria Estimates

Dr. Cain explained the details of the Criteria Exception Estimates Report for March 2018 and discussed several ideas for upcoming RetroDUR criteria topics. The Board selected several RetroDUR topics for the next few months.

Reports

ProDUR and RetroDUR – Standard reporting, no questions from the Board.

Utilization Analysis Reports – Standard reporting, no questions from the Board.

Top Diagnosis by Age – For the next DUR meeting look back 2 years and Magellan will check the member counts and the top diagnoses.

AAP Report – The DUR Board decided for DMAS and Magellan to continue to monitor the atypical antipsychotic reports and to remove from the binders.

Web portal

For the next DUR meeting and moving forward the materials will be available by web portal to the Board members. Binders will also be available for the September 2018 DUR meeting.

Physician Administered Drugs

At the next DUR meeting and moving forward, DMAS would like to review five physician administered drugs selected by the DUR Board. Magellan will work on creating clinical service authorization criteria for the five physician administered drugs and bring back to each DUR meeting for discussions and approval.

The five physician administered drugs for review at the September 2018 DUR meeting are:

1. Xolair®
2. Kymriah™
3. Spinraza®
4. Nucala®
5. Avastin®

Consensus Statement on Improving the Prior Authorization Process

Dr. Wendy Nash made a request to have the "Consensus Statement on Improving the Prior Authorization Process" added to the DUR binders and to discuss further at the next DUR meeting.

Donna Proffitt explained how the Pharmacy & Therapeutics Committee has been working on making the service authorization process easier for the prescribers and pharmacists when dealing with Medicaid and managed care organizations by using the Common Core Formulary.

Meeting was adjourned at 4:07 pm.

Next DUR Board meeting scheduled for September 2018.