Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: December 13, 2018
Length of Meeting: 2 hours and 19 minutes
Location of Meeting: DMAS Conference Room 13th Floor

Members Present:
Bill Rock, PharmD, Chair
Kathleen Sardegna, MD
Rachel Cain, PharmD
Melissa Chouinard, MD
Michele Thomas, PharmD
Seth Brant, MD
Denese Gomes, NP
Kathryn Reid, PhD
Wendy Nash, PharmD
Sandra Dawson, RPh

Members Not Present:
Avtar Dhillon, MD, Vice Chair
Randy Ferrance, MD
Denise Lowe, PharmD

DMAS Attendees:
Kate Neuhausen, MD, Chief Medical Officer
Chethan Bachireddy, MD, Chief Clinical Innovation Officer
Donna Proffitt, RPh, Pharmacy Program Manager
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:
Melissa Micalis, Johnson & Johnson
Gina McKnight-Smith, AbbVie
Paula Pitman-Kupresak, AbbVie
Mark Hickman, Commonwealth Strategy Group
Jon Yochum, AMAG
John Minneci, ViiV
Mark Vaughan, Pfizer
Michelle Hayes, Merck

Elizabeth Brusig, Optima
Christian Reyes, Optima
Jim Tippie, Relypsa
Brad Burmeister, Gilead
Katherine Klem, Gilead
Rob Berringer, MCC

Call to Order and Introductions

Dr. Rock called the meeting to order at 2:01 pm.

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Meeting minutes were approved as submitted.

By-Law Changes and DUR Board Updates

Dr. Bill Rock discussed the changes to the DUR Board By-Laws. The motion was made to accept the By-Law changes as written. The Board seconded and approved the By-Law changes which are effective immediately.

Dr. Kate Neuhausen, CMO mentioned the DUR Board's work will become more essential with Medicaid Expansion starting on January 1, 2019. With Medicaid Expansion, DMAS will enroll an estimated 400,000 adult lives after January 1st. Dr. Neuhausen introduced new DUR Board member Dr. Melissa Chouinard, Assistant Professor of Internal Medicine and Attendant Hospitalist at VCU. Dr. Chouinard has a background in medication safety, medication reconciliation, emergency response and code blue response.

Dr. Neuhausen introduced Dr. Chethan Bachireddy, Chief Clinical Innovation Officer at DMAS. Dr. Bachireddy is a board certified Internist and a buprenorphine waivered physician with a background in addiction medicine, research fellowship from the University of Pennsylvania and National Clinical Scholar's Program. Dr. Bachireddy has done a lot of work around introducing buprenorphine into the Philadelphia County Jail and the University of Pennsylvania Emergency Department.

Dr. Neuhausen delegated her DUR Board Chair responsibilities to Dr. Kathleen Sardegna effective immediately. Dr. Sardegna is the Pediatric Medical Director at DMAS and is a double boarded pediatrician and pediatric nephrologist.

RetroDUR Criteria Estimates

Dr. Rachel Cain reviewed the Criteria Exception Estimates Report and the Criteria Exception Estimates Report for Lab Values with the DUR Board. The DUR Board discussed the new Lab Value Criteria on HbgA1C > 9 and no medications for diabetes. Fee for service (FFS) had no results and the Managed Care Organizations (MCOs) had 1,955 members hitting this criteria. DMAS will check with the MCOs in reference to this criteria.
The DUR asked if the Criteria Exception Estimates report can include severity levels for the criteria. Magellan will research if this is an option that can be included on the report.

The DUR Board expressed interest in running the criteria "Members with 6 or more Narcotic Claims, with Diagnosis for Substance Abuse or Overdose, and No Claims for Naloxone in 180 Days". The DUR Board requested to change this criteria and look for no claims for naloxone in the last 1 year.

Prior Authorization Consensus Statement

Dr. Wendy Nash reviewed the Prior Authorization Consensus Statement which came out at the beginning of 2018 by the American Hospital Association, America's Health Insurance Plans, American Medical Association, American Pharmacists Association, BlueCross BlueShield Association and the Medical Group Management Association. They partnered together to identify opportunities to improve the prior authorization process.

Dr. Nash presented a table to use to document DMAS' status on the specifics from the consensus statement to improve the prior authorization process.

Dr. Nash recommended for the next DUR newsletter to communicate to providers that DMAS does take the prior authorization process seriously and to explain how DMAS is monitoring the prior authorization process very closely. The DUR Board recommended to send the DUR newsletters to the Virginia Medical Society, the Virginia Pharmacist Association, the Virginia Council of Nurse Practioners, the Virginia Board of Nursing and the Board of Medicine.

DMAS will continue the ongoing systematic review of all the service authorizations. In reference to transparency and communication regarding service authorizations, DMAS communicates all new information and updates in a very timely manner to the providers. With the move towards Medicaid Expansion and the Common Core Formulary, DMAS has provided a lot of communication to the providers and everything is on the DMAS website.

In addition, all service authorization fax form requests require a response back within 24 hours. This metric is in compliance 100% of the time. There are pharmacists and contracted physicians available 24 hours a day/ 7 days a week to meet this metric.

DMAS does protect continuity of care during transitions to avoid disruptions in therapy. For example, if a member has an active service authorization in Anthem and moves to Aetna, that service authorization will follow the member. With members moving from FFS to MCO or vice versa, there is a 30 day continuity of care requirement.

New Drugs

The DUR Board reviewed **Ajovy™** (fremanezumab-vfrm), **Braftovi™** (encorafenib), **Delstrigo™** (doravirine/lamivudine/ tenofovir disoproxil fumarate), **Doptelet®** (avatrombopag), **Galafold™** (migalastat), **Lokelma™** (sodium zirconium cyclosilicate), **Mektovi®** (binimetinib), **Mulpleta®** (lusutrombopag), **Orilissa™** (elagolix), **Pifeltro™** (doravirine), **Poteligeo®** (mogamulizumab-kpkc), **Symtuza™** (darunavir/ cobicistat/ emtricitabine/ tenofovir alafenamide) and **Tibsovo®** (ivosidenib).

Dr. Cain mentioned that Jivi®, the antihemophilic factor drug, will not be reviewed during this meeting. Currently the antihemophilic factor drugs are on the medical side with criteria. DMAS is in the process of reviewing all antihemophilic factor drugs to make the service authorization criteria consistent on both the medical and the point-of-sale pharmacy side. Jivi® will be reviewed with all the antihemophilic factor drugs in that class. Dr. Cain will share this information with the DUR Board once completed.

The DUR Board discussed the service authorization criteria for Symtuza™. The Board requested to remove the question asking if the member is on other antiretroviral treatment medications from the service authorization criteria for Symtuza™ due to possible resistance. The motion was made to accept the criteria as written for Ajovy™, Braftovi™, Delstrigo™, Doptelet®, Galafold™, Mektovi®, Mulpleta®, Orilissa™, Pifeltro™, Poteligeo®, Symtuza™ (with the removal of the question asking if the member is on other antiretroviral treatment medications) and Tibsovo®. The Board seconded and approved the criteria with changes.

New Drugs: DUR Drugs with New Generics; DUR Drugs with New Dosage Forms, Strengths, or Biosimilar; New PDL-Eligible Drugs and New Physician Administered Drugs

The DUR Board reviewed the new drugs in this section and had no questions.

Physician Administered Drugs

The DUR Board reviewed the service authorization criteria and utilization for Onpattro™ (patisiran) and Soliris® (eculizumab). The motion was made to accept the criteria as written for Onpattro™ and Soliris®. The Board seconded and approved the criteria.

The physician administered drugs to be reviewed at the March 2019 DUR meeting are Ilumya™ (tildrakizumab-asmn) and Crysvita® (burosumab-twza). Magellan will include utilization reporting for these physician administered drugs being reviewed.

Specialty Drugs

The DUR Board reviewed this section and had no questions.

Topics for Discussion

Analysis of Compounded Prescriptions – Dr. Cain mentioned the updated compound edit to make the maximum per compound drug set at $250 and $500 maximum for all compounds per 30 days was implemented on November 26, 2018. The compound utilization reports are showing that compounds are continuing to decline. The DUR Board reviewed the utilization report for Compounding Medications with Bumetanide, Vasopressin and Nicardipine. There were no compound claims containing these drugs for both FFS and MCO. Dr. Cain reviewed the Buprenorphine and Naloxone Compound Claims report for 3rd Quarter of 2018. DMAS will follow-up with the Board of Pharmacy in reference to the compound claims containing buprenorphine and naloxone since this is a commercially available drug. The DUR Board decided to review compound utilization in one year.

Opioid Utilization – The DUR Board reviewed the utilization reports for pediatric FFS and MCO populations. Dr. Nancy Eldin presented the Opioid Utilization and Alternative Treatment reports for Chronic Pain which included specific demographic details. There was discussion in reference to the definition of chronic pain and the Board decided to expand the chronic pain list of ICD-10 codes to include different types of pain diagnoses such as chronic back pain as well as muscular skeletal pain. In addition, a list of covered alternative treatments will be provided by DMAS to use for this report. DMAS will meet with Magellan to discuss and define the parameters required for this report.

Dr. Eldin presented the Concurrent Opioid and Benzodiazepine report with Top 25 Diagnoses, Procedures, Prescribers and Geographic Locations for FFS and MCOs.

Long-Acting Reverse Contraception (LARC) – The DUR Board reviewed the LARC reports for FFS and MCOs and the utilization is plateauing and decreasing. This is a priority for the Governor and DMAS is closely monitoring. Dr. Neuhausen requested to separate the different contraception forms/routes and to have the Depo-Provera drugs on a separate chart.

Stimulant Utilization – The DUR Board discussed Stimulant Use by Age report. There is a concern over stimulant use under the age of 3 which is not FDA indicated. DMAS and Magellan will drill down on the members under age of 3 on stimulants and review the patient profiles. Dr. Neuhausen requested to look at the utilization of stimulants in age brackets and over a long period of time in a

chart format. The DUR Board reviewed Stimulant Utilization over the last 5 years for FFS and MCO and the Stimulant Claims by State Comparison Benchmark. The DUR Board also reviewed Stimulant Use in Adults with Approved Indications and Stimulant Use in Adults with Unapproved Indications. Magellan recommended educational letters be sent to the prescribers of those adult members on stimulants with an FDA approved indication.

Naloxone Utilization – The DUR Board reviewed the Naloxone Utilization for FFS and MCO. The DUR Board reviewed the "Members on Opioids and No Naloxone with Risk Factors" report for FFS and MCO. A non-patient specific letter will be sent to prescribers as an informational reminder that DMAS covers Naloxone, and review in 6 months.

Antipsychotic Duplication – The DUR Board reviewed the Antipsychotic Duplication with Antipsychotics for FFS and MCO. A RetroDUR review and letter was completed on antipsychotic duplication for December 2018.

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

Reports

ProDUR, RetroDUR and Utilization Analysis Reports – Dr. Cain stated that moving forward these reports will be condensed to match the chart that is presented on the Annual Report to CMS.

Next DUR

For the next DUR meeting, all the reports will be back in the notebook due to security issues with the Protected Health Information (PHI) materials being on the webportal. The specific clinical drug information and non-PHI materials will remain on the webportal.

Dr. Cain mentioned that a survey was sent out last spring to all the Medicaid states in reference to cannabidiol oil coverage and only 3 states respondedthey are covering it. The white paper/decision brief was written last June and the decision brief is still in-house and has not been signed yet. There is a new cannabidiol drug on the market named Epidiolex®, which is an oral solution. Epidiolex® will be presented at the next P&T Meeting.

The DUR Board Meetings for 2019 are scheduled for March 14, June 13, September 12, and December 12. A motion was made to accept these dates for the 2019 DUR Meetings. The Board seconded and approved these dates.

Meeting was adjourned at 4:20 pm.