Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: September 13, 2013
Length of Meeting: 2.20 Hours
Location of Meeting: DMAS 13h Floor Board Room

Members Present:
Randy Ferrance, MD, Chair
Jane Settle, NP, Vice Chair
Bill Rock, PharmD
Avtar Dhillon, MD
Sandra Dawson, RPh
Cynthia Fagan, FNP
Jamie Haight, RPh
Rhonda Bass, MD

Members Not Present:
Michele Thomas, PharmD
Jonathan Evans, MD

DMAS Attendees:
Donna Proffitt, RPh
Tyrone Wall
Kim Richardson
Rachel Cain, PharmD
Maryanne Paccione

Contractors:
Eboni Washington, Administrative Assistant, Xerox
Twyanda Overton-Wynn, RPh, Clinical Pharmacy Manager Assistant, Xerox
Robert Heffron, Data Warehouse/ESS, Xerox
Robert Berringer, Xerox
Anson Williams, Xerox

Vendors:
Nancy Eldin, PharmD, Magellan Health Services
Debbie Moody, RPh, Magellan Health Services

Visitors:
Jason Richardson, Forest Pharmaceuticals
Mary Fullerton, Pfizer
Ann Powell, Johnson and Johnson
Ronnie DePue, Boehringer Ingelheim
Lisa Pompa, Vertex
Fred Whitten, BI
Deborah Mance, Hyperion
Mark Stephens, Pfizer
Lindsay Walter, Macaulay & Burtch
J. Huffman, Novartis
Mary Stewart, Johnson and Johnson

Call to Order and Introductions
Dr. Randy Ferrance called the meeting to order at 2:10 pm. The Board reviewed the reports compiled by Xerox until a quorum was met.

Minutes—May 16, 2013

The May 16, 2013 meeting minutes were reviewed. Ms. Fagan made a motion for the meeting minutes to be approved as written, which was seconded by Dr. Dhillon. The Board voted unanimously to approve the minutes.

New Drugs

At the previous DUR Board meeting, Jane Settle requested that Xerox place a statement in the Non-Self-Administered Medication section of the member's' notebooks to indicate that these medications will not process at the point-of-sale. Ms. Overton-Wynn presented language for non-self administered medications which was adopted by the Board.

Cystaran™ (cysteamine) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Procysbi™ (cysteamine bitartrate) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Invokana™ (canagliflozin) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Liptruzet™ (ezetimibe and atorvastatin) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Osphena™ (ospemifene) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of endometrial cancer as a severity 1, MC edit (Drug-Disease).

Sirturo™ (bedaquiline) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of changing Torsades de pointes and long QT syndrome from severity 2 to a severity 1.

Tecfidera™ (dimethyl fumarate) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Tobi Podhaler® (tobramycin inhalation powder) – A motion was made, seconded and approved by the Board to accept the criteria as presented. .

Vecamyl™ (mecamylamine hydrochloride) – The criteria were presented to the Board. Ms. Overton-Wynn agreed to bring back additional information regarding the antibiotic Drug-Drug interaction. This will be discussed and voted on during the next meeting.

Simbrinza™ (brinzolamide and brimonidine tartrate) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Diclegis® (doxylamine succinate and pyridoxine hcl) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Namenda XR™ (memantine hydrochloride) – A motion was made and seconded to approve the criteria as presented. The Board approved and requested that the same edits be applied to all memantine dosage forms.

Afinitor Disperz® (everolimus) – A motion was made and seconded to approve the criteria as presented. The Board approved and requested that the same edits be applied to all Afinitor® dosage forms with exception of the age edits.

Simponi® (golimumab) – A motion was made and seconded to approve the criteria as presented. The Board approved and requested that the same edits be applied to all Simponi® dosage forms.

Tafinlar® (dabrafenib) – A motion was made and seconded to approve the criteria as presented. The Board approved with the addition of a service authorization to include the criteria presented, as well as, asking if the prescriber is an oncologist on the service authorization.

Belviq® (lorcaserin hydrochloride) – A motion was made and seconded to approve the criteria as presented which was approved by the Board. Dr. Cain stated that this will be added to the weight loss drug program which includes a service authorization.

Doryx® (doxycycline hyclate) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Mekinist™ (trametinib) – A motion was made and seconded to approve the criteria as presented. The Board approved with the addition of a service authorization to include the criteria presented and to require the prescriber to be an oncologist

Suprax® (cefixime) – A motion was made, seconded and approved by the Board to accept the criteria as presented.

Revlimid® (lenalidomide) – A motion was made and seconded to approve the criteria as presented. The Board approved with the addition of a service authorization to include the criteria presented.

Old Business

Ravicti® Update – Ms. Overton-Wynn explained that this medication was brought back because the Board asked for a clarification on the age edit of 2 years old. The package insert (PI) discusses the use of Ravicti® in both 2 year old children and 2 month old children. Ms. Overton-Wynn distributed documentation to assist with the clarification. According to the PI, patients less than two months of age should not take Ravicti® because it may not be digested and that it is unknown whether Ravicti® is

safe and effective in children two months to less than two years of age. Dr. Cain requested a geneticist be added to the approved service authorization as a prescriber along with pediatric endocrinologist. A motion was made seconded and approved to add geneticist along with pediatric endocrinologist to the service authorization criteria.

Reports

ProDUR and RetroDUR – Ms. Overton-Wynn shared with the DUR Board the ProDUR Report which documents the historical and non-historical alerts that process through the point-of-sale system.

The RetroDUR reports were discussed. The reports summarize the RetroDUR topics conducted each month.

Ms. Overton-Wynn referred to the RetroDUR Letter Response Report by Response Code and noted Ms. Settle's request for a breakdown of the types of responses that are categorized in the "Other" category. Prescriber responses for the topics Asthma Disease Management (January 2013), Poly-Pharmacy (February 2013), GI DUE (February 2013), and Beers (March 2013) were evaluated and shared with the Board.

Utilization Analysis -- Ms. Overton-Wynn provided a brief overview of reports 11 through 13.

Future Topics

Bipolar Disorder Management proposal – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria.

Heart Failure proposal – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria.

Other Business

Dr. Cain explained that approved service authorizations will be reviewed annually for new medication updates. Updated service authorization forms for Xalkori®, Jakafi™, and Promacta® previously approved in 2012 were reviewed by the Board. A motion was made, seconded and approved to accept the criteria as presented.

Truvada® Update – Ms. Overton-Wynn presented the report and concluded that of the five (5) members on Truvada®, four (4) had a diagnosis for HIV and one (1) did not. From this, it has been concluded that there is a possibility that (1) patient may have been using Truvada® for prophylaxis. Currently, only (1) member is FFS, and has not filled Truvada® since September 2012. Ms. Proffitt stated that the initial concern with Truvada® was that it may be used indiscriminately after the pre-exposure prophylaxis was approved. From the report, it does not appear that there is an issue of improper use within Virginia Medicaid.

Antipsychotics in Dementia – Mr. Anson Williams presented the Antipsychotics in Dementia report. Issues surrounding the dual eligible population were discussed.

Somatostatin Analogues – During the last meeting Dr. Evans asked for other uses for Octreotide. Ms. Overton-Wynn shared an article mentioning alternate uses for Octreotide and the report showing members on somatostatin analogues and diagnoses on the member profiles. Dr. Ferrance suggested checking if the patients are still currently on the medication and, if so; send a letter to the prescriber asking for the patient's diagnosis.

Atypical Antipsychotic (AAPs) in Children < 6 Years Historical Review – Dr. Sonenklar reviewed the project report and the use of antipsychotics in children under the age of six appears to have decreased. Dr. Bass asked if there was a way to determine the number of children in foster care. Ms. Proffitt said the historical data is not helpful with this, but as of earlier this year, the ability to track foster children is accurate.

Ms. Proffitt asked Dr. Sonenklar if the service authorization requirement could be deterring physicians from prescribing atypical antipsychotic in children under the age of six (6) that may benefit from these drugs. Dr. Sonenklar said he has not heard any complaints in regards to this.

Dr. Dhillon mentioned one concern being patients switching from Atypical Antipsychotics to Typical Antipsychotics in an attempt to avoid the service authorization process. Dr. Sonenklar said he has not heard anything relative to this at this point.

Bisphosphonates – Mr. Anson Williams presented the Bisphosphonates report. Ms. Settle mentioned her concern about the number of young individuals on this class of medications. It was decided to pull the diagnosis of those patients in the 0 - 10 year old age group. Dr. Ferrance also mentioned the elderly population is a concern due to the lack of "good" data. The board decided to letter those patients on bisphosphonates >5 years to see if they are still taking the medication, having bone marrow density studies and if they have a diagnosis of osteoporosis or osteopenia.

Synagis® Seasonal Overview and Service Authorization - Dr. Cain distributed the Synagis® Seasonal Overview and proposed updates to the current service authorization form. A motion was made and seconded to accept the revisions.

Atypical Antipsychotic (AAPs) in Children < 6 Years-- Ms. Proffitt distributed a graph of Psychotropic Drug Utilization Post Implementation of Service Authorization Requirement for AAP in children less than 6 indicating that there has been no increased utilization or is there any evidence that alternative, possible less effective drug therapies were prescribed in place of the AAPs.

Ms. Proffitt stated that DMAS has discussed increasing the age edit from 6 years to 12 years or even 18 years of age. Magellan provided DMAS with a breakdown of the number of unique patients in each age category from age 4 to 12 years old that are receiving these medications from April 15, 2013 to July 15, 2013. Dr. Ferrance recommended Dr. Sonenklar be invited to the December 12, 2013 meeting to discuss the impact of evaluating additional patients.

Meeting was adjourned at 4:30 pm.

The next DUR Board Meeting is scheduled to take place on December 12, 2013.