Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: May 11, 2017
Length of Meeting: 1 hour and 40 minutes
Location of Meeting: DMAS Board Room 13th Floor

Members Present:
Randy Ferrance, MD, Chair
Bill Rock, PharmD, Vice Chair
Avtar Dhillon, MD
Sandra Dawson, RPh
Denise Lowe, PharmD
Kathleen Sardegna, MD
Wendy Nash, PharmD
Kathryn Reid, PhD
Rachel Cain, PharmD

Members Not Present:
Michele Thomas, PharmD
Seth Brant, MD
Jonathan Evans, MD
Denese Gomes, NP

DMAS Attendees:
Donna Proffitt, RPh, Pharmacy Program Manager
Keith Hayashi, RPh
Danielle Adeeb, CPhT

Contractors:
MaryAnn McNeil, RPh, Clinical Pharmacy Manager, Conduent
Tina Carter, CPhT, Conduent

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

Visitors:
Michelle Stantz, Synergy
Jon Yochum, AMAG
Mickey Minnick, Otsuka
Jay Harding, ViiV
Jonell Lanta, Shire
Steve Patterson, Alkermes
Bob Gustafson, Avexis
Alice Bowman, Sunovion
Erik Hecht, NNI
Moses Allen, Magellan

Call to Order and Introductions

Dr. Ferrance called the meeting to order at 2:10 pm.

Minutes – February 9, 2017

Meeting minutes were approved as submitted.

By-Laws

Revisions to the DUR Board By-Laws were shared with the members at the February meeting. The revision allows for the membership to include the DMAS clinical pharmacist and the DMAS Chief Medical Officer or designee. The Board unanimously approved the revised By-laws. Rachel Cain, PharmD and Kathleen Sardegna, MD were welcomed as new Board members with voting authority.

NEW DrugsEmflaza™ (deflazacort) – Removed from New Drug Update/Review due to P&T Committee review.

Eucrisa™ (crisaborole) – Removed from New Drug Update/Review due to P&T Committee review.

Kisqali® (ribociclib) – M. McNeil presented the drug information and service authorization criteria recommendations for Kisqali. The motion was made to accept the criteria as written. The Board seconded and approved the criteria.

Trulance™ (plecanatide) – M. McNeil presented the drug information with no service authorization recommendations. No questions from the Board. No action required by the Board.

Xermelo™ (telotristat ethyl) – M. McNeil presented the drug information with no service authorization recommendations. No questions from the Board. No action required by the Board.

New Drugs: PDL Eligible; Physician-administered - M. McNeil presented the drug information for New Physician-administered Drugs and PDL Eligible Drugs. No action required by the Board.

Service Authorizations

Imbruvica® (ibrutinib) – M. McNeil presented new FDA approved recommendations. The Board seconded and approved the new additional criteria.

Revlimid® (lenalidomide) – M. McNeil presented new FDA approved recommendations. The Board seconded and approved the new additional criteria.

Topics for Discussion

Insulin and Incretin Mimetics – M. McNeil presented information on the Standards of Medical Care in Diabetes – Type 1 and Type 2 Diabetes; Insulin Products and Incretin Mimetics Utilization along with Pharmacologic Approaches to Glycemic Treatment. M. McNeil suggested the Board may want to consider placing quantity limitations on insulin products. The Board requested Conduent to provide additional information forthe next DUR Board meeting including MCO's quantity limitations on these products. Also a request was made for additional member review based on diagnosis codes for outlier members and patterns of unusual prescription dispensing quantities by pharmacies.

Analysis of Compounded Prescriptions – M. McNeil presented further analysis of compounded prescriptions that was tabled from the February meeting. M. McNeil presented the service authorization fax form for compounds over $500 with criteria recommendations. The Board seconded and approved the criteria as written. The Board requested additional reporting once implemented. The May Retro DUR intervention will be a targeted mailing to prescribers with members who will be affected by the new $500 limit service authorization requirement.

M. McNeil presented another compound ingredient, Tranilast for review by the Board. Tranilast is not approved in the United States in any form. There were no submitted claims in the first quarter of 2017 but 12 claims were submitted and paid in 2016. The recommendation was made to deny claims for Tranilast as previously done for Ketamine claims. The Board seconded and approved this recommendation.

Opioid Utilization – M. McNeil presented the utilization report for the first quarter of 2017 for adult and pediatric populations. On January 1, 2017 DMAS expanded the limit for opioid prescriptions to a 14 day supply, an increase in the original limit of a 10 day supply, which began in July 2016. A slight increase in total units dispensed was observed as expected.

On April 1, 2017 DMAS began the Addiction Recovery Treatment Services (ARTS) in the pharmacy benefit for Medicaid members. The goal of this program is to provide a collaborative response to the addiction crisis in the Commonwealth. All claims for buprenorphine and buprenorphine/naloxone will deny after an initial 7 day supply unless prescribed by a DMAS approved prescriber. Also prospective DUR edits were added to AlertSpace in the point of sale system. Severity level 1 edits for concomitant utilization of buprenorphine and buprenorphine/naloxone products dispensed along with opioids, carisprodol or benzodiazepines were effective on April 18, 2017.

The claims analysis for pediatric narcotic utilization is broken down according to therapy duration- for acute treatment (less than 14 days supply) and maintenance treatment (greater than 14 days supply). The new FDA recommendations were presented for tramadol and codeine in children. The Board voted to deny claims for tramadol and codeine products dispensed for members 12 and under in the point of sale system. The Board seconded and approved the recommendation. For members ages 13-18, the

Board requested a continuance of current coverage of each product to allow for prescribers to change current therapies for these medications based on new FDA recommendations. The Board requested continued reporting for the next DUR Board meeting.

HIV / AIDS Medication Utilization – M. McNeil presented these drugs as a protected drug class from the P & T Committee with no limitations or service authorizations. The utilization presented was based on paid claims over the past nine months. The Board does not want to change the current coverage of these products and requested no further review.

Synagis Update – M. McNeil reported on utilization from the tabled February meeting and the current May meeting. The consultant clinical review had a measurable impact in Medicaid expenditures. There has been a notable shift directed to patients up to 2 years of age with physician clinical review.

DUR Quarterly Newsletter – M. McNeil reviewed highlights of the DUR quarterly newsletter from March 2017.

Reports

ProDUR and RetroDUR- M. McNeil reviewed reports and asked the DUR Board for RetroDUR topic recommendations for the next quarter. Suggestions: Naloxone Utilization, Opioid Death Rate, Benzodiazepines and Opioids in Adults and Children, Diagnosis of ADHD for Children on Antipsychotic Drugs.

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

Top Diagnoses by Age – Standard reporting, no questions from the Board.

AAP Report- M. McNeil reviewed the reports provided in the DUR Board binder which included a trending report as requested. The Board would like to continue with the trending report.

Meeting was adjourned at 3:50 pm.

Next DUR Board meeting scheduled for August 10, 2017.