Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: August 10, 2017
Length of Meeting: 2 hours
Location of Meeting: DMAS Board Room 13th Floor

Members Present:
Bill Rock, PharmD, Vice Chair
Avtar Dhillon, MD
Denise Lowe, PharmD
Wendy Nash, PharmD
Rachel Cain, PharmD
Denese Gomes, NP
Sandra Dawson, RPh
Kathleen Sardegna, MD
Kathryn Reid, PhD
Jonathan Evans, MD

Members Not Present:
Randy Ferrance, MD
Michele Thomas, PharmD
Seth Brant, MD

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

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

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

Visitors:
Jon Yochum, AMAG
Chris Saliba, Magellan RX
Alice Bowman, Sunovion
Ken Jennings, BMS
Elizabeth Brusig, Optima Health
Paula Pitman-Kupresak, Abbvie
Kelli Gaudreau, H & W, LLP
Evonne Stellato, Allergan
Matt Sheffield, Theratech
Emily Holmes, Indivior
Jim Tippie, Relypsa
Dave Kodluk, Synergy

Bill Bruffey, Takeda
Lindsay Walton, Macaulay & Jamerson, PC
Carolyn McMicken, Neurocrine
Darren Ray, NBIX
Gabrielle Williams, Magellan CC VA
Lisa Price Stevens, MD, CMO-Magellan CC VA
Art Shumsky, Takeda

Call to Order and Introductions

Dr. Rock called the meeting to order at 2:08 pm.

Minutes – May 11, 2017

Meeting minutes were approved as submitted.

By-Laws

In accordance to the DUR Board by-laws, the Board nominated and elected officers for fiscal year 2018. its membership for the coming DMAS fiscal year.

Dr. Evans mnominated Dr. Randy Ferrance for Chair and Dr. Bill Rock for Vice Chair. Dr. Ferrance was not present to accept the nomination; therefore a second nomination was made in the event Dr. Ferrance declined the nomination. , Dr. Evans nominated Dr. Bill Rock for Chair and Dr. Avtar Dhillon for Vice Chair. The Board voted unanimously in approval of Randy Ferrance, MD, Chair and Bill Rock, PharmD, Vice Chair.

New Drugs

Alunbrig™ (brigatinib) – M. McNeil presented the drug information and service authorization criteria recommendations for Alunbrig. The motion was made to accept the criteria as written with exceptions to initial prescription fill; remove the word “suggest” and change 14 to 7 days supply. The Board seconded and approved the criteria.

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

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

Kisqali-Femara Copak® (Ribociclib-letrozole) – M. McNeil presented the drug information and service authorization criteria recommendations for Kisqali-Femara Copak. The motion was made to accept the criteria as written with the exception of the statement, "If approved suggest initial prescription fill by 14 days supply to ensure patient tolerance. Additional refills may be up to 34 days supply". The Board seconded and approved the criteria.

Rydapt® (midostaurin) – M. McNeil presented the drug information and service authorization criteria recommendations for Rydapt. The motion was made to accept the criteria as written with the following exceptions: remove the word "suggest" from initial prescription fill and remove the yes/no box for the statements, "Monitor pulmonary function for interstitial lung disease or pneumonitis", and "Review drug profile for CYP3A inhibitors and CYP3A Inducers". The Board seconded and approved the criteria.

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

Zejula™ (niraparid) – M. McNeil presented the drug information and service authorization criteria recommendations for Zejula. The motion was made to accept the criteria as written with the following exceptions: remove the statements "If approved suggest initial prescription fill by 14 days supply to insure patient tolerance.Additional refills may be up to 34 days supply." and remove the yes/no boxes for the statements "CBC weekly for first month and monthly thereafter." and "Monitor blood pressure and heart rate monthly." The Board seconded and approved the criteria.

Orphan Drugs

M. McNeil presented an article from Bloomberg Businessweek regarding Alexion as a powerhouse in the market for orphan drugs, a fast-growing pocket of the pharmaceutical industry that focuses on rare diseases.

The Board requested utilization reports of approved Orphan Drugs. Dr. Evans agreed to assist the clinical account pharmacist as a consultant on this project.

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.

Topics for Discussion

Proton Pump Inhibitors - M. McNeil presented claims analysis for acute dosing of Proton Pump Inhibitors(PPI). Conduent recommends a 90 day limit on acute dosing of PPIs. The Board requested lettering to physicians and further reporting to determine shift before requiring a service authorization. The Board also requested that Barrett's Esophagus be added as a valid diagnosis for service authorization override.

Gender Edits – M. McNeil presented First DataBank gender edit recommendations for medications to be used exclusively by males or females. Conduent recommends that these edits be added to the new Point of Sale pharmacy claims processing system to validate that the prescriptions are dispensed according to FDA approved indications for the appropriate sex of the member. Dr. Evans recommended focusing on Diagnosis Code vs. Gender Edits. The Board requested a report of pharmacist overrides for these drugs for the November meeting.

Analysis of Compounded Prescriptions – M. McNeil reported on paid claims for compounded prescriptions over a three month period (April through June 2017). The edit for a service authorization for all claims over $500 has not been implemented in the Virginia Medicaid Management Information System (VAMMIS), however physicians have been lettered and provided with a service authorization request form.

Opioid Utilization – M. McNeil presented the utilization report for the second quarter of 2017 for adult and pediatric populations. Data included: Monthly dosages/units over the past 16 months through May 2017, standard first quarter report for the adult FFS population, pediatric opioid utilization averages and PMPM, pediatric utilization 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.

In order to align with the Virginia Board of Medicine Regulations governing prescribing of opioids and buprenorphine, DMAS made the following changes effective July 1, 2017: Service Authorizations are required for all long acting opioids, service authorizations are required for all short acting opioids prescribed for greater than 7 days' supply or two prescriptions for a 7 day supply in a 60 day period. Virginia Board of Medicine requires limit of treatment for acute pain with opioids to a 7 day supply and all post-op pain to no more than a 14 days' supply, service authorization are required for any cumulative opioid prescription exceeding 120 morphine milligram equivalents (MME) per day. Quantity limits apply to each drug.

A copy of the new service authorization request form was provided in the DUR board meeting binder.

Naloxone Utilization – Reviewed comparison reports of Naloxone products used from 7/1/15 to 6/30/16 and 7/1/16 to 6/30/17. M. McNeil provided a Fatal Drug Overdose Quarterly Report, 4th Quarter 2016 from VDH – Office of the Chief Medical Examiner.

The board requested a report on the utilization of Naloxone and related deaths if possible. In addition, the board is interested in reviewing any preliminary reports regarding the DMAS Addiction and Recovery Treatment Services (ARTS) program.

Synagis Update – M. McNeil presented the service authorization criteria recommendations for Synagis. The motion was made to accept the criteria as written with the removal of "Gestational age less than 35 weeks". The Board seconded and approved the criteria.

DUR Quarterly Newsletter – June 2017 newsletter, no questions from the Board.

Reports

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

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.

Meeting was adjourned at 4:08 pm.

Next DUR Board meeting scheduled for November 9, 2017.