Drug Utilization Review Board
Minutes Draft

Name of Meeting:	Drug Utilization Review Board
Date of Meeting:	June 13, 2019
Length of Meeting:	1 hour and 45 minutes
Location of Meeting:	DMAS Conference Room 7B

Members Present:

Rachel Cain, PharmD, Chair
Bill Rock, PharmD
Kathryn Reid, PhD
Avtar Dhillon, MD
Denise Lowe, PharmD
Melissa Chouinard, MD
Michele Thomas, PharmD
Denese Gomes, NP
Wendy Nash, PharmD

Members Not Present:

Chethan Bachireddy, MD, Chief Clinical Innovation Officer, Acting Chief Medical Officer
Randy Ferrance, MD
Seth Brant, MD

DMAS Attendees:

Donna Proffitt, RPh, Pharmacy Program Manager
Maryann McNeil, RPh, Pharmacist
Danielle Adeeb, CPhT, Pharmacy Contract Administrator

Contractors:

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

Visitors:

Paula Pitman-Kupresak, AbbVie
Richard Grossman, Pharma
Ingrid Ma, Sunovion
Jason Richardson, Allergan
Michael Craig, UCB
Kevin Mann, Novo Nordisk
John Bello, Sanofi
John Minneci, ViiV
Jim DeMasters, Xeris
David Large, Supernus
Rob Berringer, MCCVA
Shauna Burns, Sobi
Denise Harris, Lundbeck
Angela Daughtridge, Grifols USA
Mark Vaughan, Pfizer
Mickey Minnick, Otsuka
Christian Reyes, Optima Health
Michelle Hayes, Merck
Joe Kupiec, Virginia Premier
Steven Lam, Virginia Premier

Rebecca Bowers-Lanier, VHF/HACA
Melissa Miculis, Johnson & Johnson
Jonell Lanta, Takeda

Call to Order and Introductions

Dr. Rachel Cain called the meeting to order at 2:00 pm.

Minutes – March 14, 2019

Meeting minutes were approved as submitted.

DUR Board Updates

Dr. Cain welcomed and thanked everyone for attending the meeting.

She shared that Dr. Chethan Bachireddy is the Chair of the DUR Board but was not able to attend the this meeting due to a scheduling conflict and designated Dr. Cain to Chair the meeting.

The board members introduced themselves at the request of Dr. Cain.

RetroDUR Criteria Estimates

Dr. Cain mentioned that last year, she shared a list of DMAS DUR Board retroDUR topics with the Managed Care Organization (MCO) DUR Boards. There are six different MCO plans with each having their own DUR Board programs. Dr. Cain is the DMAS representative that sits on each one of the MCO DUR Boards. The MCO DUR Boards are required to follow the DMAS DUR Board activities.

Dr. Cain stated that this DUR Board's input is very important and provides valuable guidance to the MCO DUR programs.. The MCO DUR Boards will follow the criteria selection and topics chosen from this DUR Board.
Dr. Nancy Eldin reviewed the Criteria Exception Estimates Reports with the DUR Board. The reports were broken down to the Top 40 Criteria Exception Estimates by Members and the Top 40 Criteria Exception Estimates by Total Payment Amount for Fee-For-Service (FFS) and each individual MCO plan.

Dr. Eldin noted two criteria that showed up on ALL the Top 40 Criteria Exception Estimates Reports (FFS and MCOs).

- Criteria number 7735 - Atypical antipsychotics without metabolic testing
- Criteria number 7742 – CNS Polypharmacy

The Board suggested Magellan run these two reports and send letters for the upcoming months of July and August 2019.

Dr. Eldin reviewed the gabapentin doses over 3,600 mg per day reports for both FFS and MCOs. There were five members in the FFS program that had claims for gabapentin doses over 3,600 mg per day and the MCOs had 31 distinct members across all the MCO plans. She also mentioned the recent email blast that was sent on June 8, 2019 from the Virginia Board of Pharmacy about the new scheduling changes to gabapentin. Gabapentin will be classified as a Schedule V controlled substance starting on July 1, 2019.

The DUR Board agreed to letter on the five FFS members with claims for dosing greater than 3,600 mg/day and to also send an educational letter to the prescribers of gabapentin about the upcoming scheduling change to gabapentin.

Dr. Eldin reviewed the Criteria Exception Estimates Report for Lab Values with the DUR Board. The DUR Board discussed the new lab value criterion on HbgA1C > = 8 and no medications for any diabetic drugs which they requested at the March 2019 meeting. Once again, the report showed zero FFS members in this lab result. .

The DUR Board requested a glossary with an expanded description for the Top 40 Criteria Exception Estimates Report since the report only shows a brief criteria description.

The letters mailed to prescribers since the last DUR Meeting were:

- March – Opioids and Gabapentin Concurrent Use
- April – FDA Warning for Increased Risk of Rupture or Tears in the Aorta with Fluoroquinolones in Patients Over 65 Years of Age
- May – Opioids and Pregabalin Concurrent Use

New Drugs

The DUR Board reviewed **Inbrija™** (levodopa inhalation powder).

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. The DUR Board discussed and agreed to label and code the new drug Spravato™ as a Physician Administered Drug since it must be administered in a certified medically supervised healthcare setting.

Antihemophilic Drug Factors

Dr. Cain mentioned that DMAS recommended consolidating all the different antihemophilic drug factors on one Service Authorization (SA) form in order touse consistent clinical criteria on both the Point-of-Sale (POS) and medical side. The

DUR Board reviewed the new Antihemophilic Drug Factors SA fax form. The DUR Board decided to put the new Antihemophilic Drug Factors SA fax form on hold and bring it back to the next DUR Board meeting for further discussions. DMAS will survey the MCO plans to see how they handle the antihemophilic drug factors.

Dr. Eldin noted a recent update to the Hemlibra® (emicizumab-kxwh) indication. Hemlibra® is now indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients ages newborn and older with hemophilia A (congenital factor VIII deficiency) with or **without** factor VIII inhibitors. Hemlibra® initially was indicated only if the patient was with factor VIII inhibitors and now it is indicated with or without factor VIII inhibitors. The motion was made to remove question #2 from the Hemlibra® clinical criteria SA fax form which states: "Confirmation that the member has inhibitors to factor VIII." The motion was also made to survey the MCO plans to see how they handle the antihemophilic drug factors and to bring back the new SA fax form to the next DUR meeting for further discussions. The Board seconded and approved both motions.

Physician Administered Drugs

The DUR Board reviewed the service authorization criteria and utilization for **Immune Globulins, Mozobil®** (plerixafor) and **Imlygic®** (talimogene laherparepvec).

The motion was made to accept the service authorization criteria as written for Immune Globulins, Mozobil® and Imlygic®. The Board seconded and approved the criteria.

DMAS will be reviewing the policy on how the future handling ofthe physician administered drugs.

Specialty Drugs – Children with Peanut Allergy

Dr. Eldin reviewed the reports showing how many members have a peanut allergy and the members total claims across FFS and all the MCO plans.

The DUR Board requested a report on members ages 4 to 11 years old with a diagnosis of peanut allergy and a claim for epinephrine and Emergency Room visits.

The DUR Board requested to add the diagnoses of severe eczema and egg allergy to the member impact report for the new peanut allergy pipeline drug since patients with severe eczema or egg allergy have an increased risk for developing peanut allergy.

Specialty Drugs – MRx Pipeline

The DUR Board reviewed the April 2019 MRx Pipeline.

The DUR Board requested to add the new oral atypical antipsychotic, lumateperone, to the RetroDUR criteria number 7735 – Atypical Antipsychotics without metabolic testing, once it is available on the market.

The DUR Board discussed that for future DUR Board meetings to focus on financially costly drugs or first in class drugs.

The DUR Board requested an impact report for new pipeline oral drug tafamidis meglumine/tafamidis free acid. The report will be looking for members with a diagnosis of transthyretin amyloid cardiomyopathy (ATTR-CM).

Topics for Discussion

Analysis of Compounded Prescriptions – The DUR Board reviewed the different Analysis of Compounded Prescription reports for FFS and MCOs.

Pediatric and Adult Opioid Utilization – Dr. Eldin presented the 1st Quarter 2019 Opioid Utilization reports that included all ages for FFS and MCO populations. Dr. Eldin also presented the 1st Quarter 2019 Pediatric and Adult Narcotic Utilization Summary reports. The utilization reports showed a decline in opioid claims.

The DUR Board requested to notify the MCOs of claims for codeine in members under the age of 6. DMAS will notify those MCOs with claims for codeine in members under the age of 6.

Concurrent Use of Opioids and Benzodiazepines – The DUR Board reviewed Concurrent Use of Opioids and Benzodiazepines utilization reports for FFS and MCOs.

The DUR Board discussed looking at the reports as rate based.

Opioid Use with Risk Factors and No Naloxone – The DUR Board reviewed Opioid Use with Risk Factors and No Naloxone reports for FFS and MCOs. A RetroDUR review was completed and letters were mailed in February 2019.

Antipsychotic Duplication – The DUR Board reviewed the Antipsychotic Duplication with Antipsychotics for FFS and MCOs.

DUR Quarterly Newsletter – The March 2019 newsletter was provided in the binder for review.

Reports

ProDUR, RetroDUR and Utilization Analysis Reports – The DUR Board reviewed the standard ProDUR, RetroDUR and Utilization Analysis reports. These reports are requirements for the CMS Annual Report.

Dr. Cain requested a report to look at accumulation of acetaminophen doses of greater than 4 grams, including the combination products.

The DUR Board requested to expand the Encounter History Description column for Drug to Gender and for Drug to Geriatrics to view the entire description on the ProDUR Top Encounters by Problem Type Report. The DUR Board requested this for the Top 5 encounters in those sections. The DUR Board requested to check to see if these encounter counts are for unique claims. Magellan will check with reporting.

Next DUR Meetings

September 12, 2019

December 12, 2019

March 12, 2020

June 11, 2020

September 10, 2020

December 10, 2020

Dr. Cain mentioned that Dr. Bachireddy will be sending out an email to the DUR Board members with a survey requesting each member's input on some priorities that you might be interested in working on moving forward with the DUR Board.

Meeting was adjourned at 3:45 pm.