Drug Utilization Review Board
Minutes Draft

Name of Meeting:	Drug Utilization Review Board
Date of Meeting:	March 10, 2022
Length of Meeting:	2 hours
Location of Meeting:	DMAS Board Room 102

Members Present:
John Morgan, MD, Chief Clinical Innovation Officer, Chair
Rachel Cain, PharmD
Melissa Chouinard, MD
Michele Thomas, PharmD
Seth Brant, MD
Randy Ferrance, MD
Kristi Fowler, RPh
Matthew Estes, PharmD

Members Not Present:
Denese Gomes, NP
Kathryn Reid, PhD
Denise Lowe, PharmD
Wendy Nash, PharmD

DMAS Attendees:
MaryAnn McNeil, RPh, Pharmacy Manager
Nettie Emmelhainz, PharmD, Senior Pharmacy Policy and Data Analyst
JoeMichael Fusco, PharmD, Common Core Formulary Pharmacist
Kiara Jasper, MHA, CPhT, Pharmacy Systems Administrator

Contractors:
Debbie Moody, RPh, Director, Clinical Account Services, Magellan Health Services
Nancy Eldin, PharmD, Pharmacist Account Executive, Magellan Health Services
Jeni Hodzic, CPhT, Lead Formulary Analyst, Magellan Health Services

Visitors:
Dana Hicks
Heidi Dix
Joe Kupiec
Katherine Klem
Laurie Mauthe
Robert Wright

Call to Order and Introductions

Dr. John Morgan welcomed and thanked everyone for attending the DUR meeting.

Dr. Morgan called the meeting to order at 1:00 pm.

Minutes – December 1, 2021

Dr. Melissa Chouinard motioned to approve the December 1, 2021 meeting minutes as submitted. Dr. Michele Thomas seconded the motion.

COVID-19 Update

The DUR Board reviewed molnupiravir and Paxlovid™ (nirmatrelvir + ritonavir). The molnupiravir and Paxlovid™ clinical criteria were presented and reviewed with the DUR Board.

Service Authorization (SA) and Utilization Management (UM)

- **PDL Class - HIV Quantity Limits**
  The DUR Board reviewed the new quantity limits for select HIV drugs. The HIV PDL Class is a Closed Class.

New Drugs

The DUR Board reviewed Besremi® (ropeginterferon alfa-2b-njft), Livtencity™ (maribavir), Scemblix® (asciminib), Tavneos™ (avacopan) and Voxzogo™ (vosoritide). The Impact Reports and the report for the utilization of these 5 new DUR drugs for FFS and MCOs was reviewed.

The DUR Board discussed the service authorization (SA) criteria for Besremi®. The DUR Board members agreed in adding a question asking if Besremi® is "Prescribed by or in consultation with a hematologist?" Dr. Rachel Cain motioned to accept the service authorization criteria with the addition of a question asking if Besremi® is "Prescribed by or in consultation with a hematologist?" Dr. Morgan seconded the motion.

The DUR Board discussed the SA criteria for Livtencity™. The DUR Board members discussed adding to question number 7 that the member will also be monitored for clinically important drug interactions that could result in an increase in the concentration of the concomitant therapy. Question number 7 already states that the member will be monitored for clinically important drug interactions that could result in decreased therapeutic effects of maribavir. The DUR Board

also discussed removing question number 10 (Is there confirmation that the member has NOT experienced any treatment-restricting adverse effects (e.g., dysgeusia, diarrhea, nausea, and recurrence of underlying disease)?). Dr. Morgan motioned to accept the service authorization criteria with adding to question number 7 that the member will also be monitored for clinically important drug interactions that could result in an increase in the concentration of the concomitant therapy and removing question number 10 (Is there confirmation that the member has NOT experienced any treatment-restricting adverse effects (e.g., dysgeusia, diarrhea, nausea, and recurrence of underlying disease)?). Dr. Thomas seconded the motion.

The DUR Board discussed the SA criteria for Tavneos™. The DUR Board members discussed adding to question number 3 to continue to monitor and follow for reactivation of hepatitis B. Question number 3 already states that the member will be evaluated and screened for the presence of hepatitis B virus (HBV) prior to initiating treatment. The DUR Board discussed changing the wording of some questions that are considered a double-negative question since a double-negative question could lead to some confusion in answering the question appropriately. The DUR Board agreed to remove question number 13. Dr. Randy Ferrance motioned to accept the service authorization criteria with adding to question number 3 to continue to monitor and follow for reactivation of hepatitis B and removing question number 13 (Is there confirmation that the member has NOT experienced any treatment-restricting adverse effects (e.g., hepatotoxicity, severe hypersensitivity reactions, and serious infections?). Dr. Cain seconded the motion.

The DUR Board discussed the SA criteria for Voxzogo™. Dr. Thomas motioned to accept the service authorization criteria as written. Dr. Ferrance seconded the motion.

Class Criteria

- **Oral Oncology – Hematologic Cancers**
  The DUR Board reviewed the Oral Oncology, Hematologic Cancers SA criteria. The new criteria combines all the hematologic cancer oral oncology drugs to create one SA criteria for the entire class. This new SA form will eliminate the single SA criteria forms for individual hematologic cancer oral oncology drugs. The DUR Board also reviewed the utilization of these hematologic cancer oral oncology drugs for FFS. The DUR Board discussed removing all dosage forms of hydroxyurea from the SA criteria. The DUR Board mentioned to make sure the tretinoin that will be included in this SA criteria is the oral form only. Dr. Ferrance motioned to accept

the combined service authorization criteria for hematologic cancers (which includes the new drug Scemblix®) with the removal of all dosage forms of hydroxyurea from the SA criteria and to confirm for tretinoin that only the oral dosage form is included in this SA criteria. Dr. Morgan seconded the motion.

MRx Pipeline and DUR Quarterly Newsletter- The January 2022 MRx Pipeline Report and the December 2021 DUR Quarterly Newsletter were available on the DUR Webportal for review.

Reports

ProDUR

The DUR Board discussed an interest in looking at the override rate for the ProDUR edits, especially severity level 1. Having a focus on which severity level 1 ProDUR edits and drugs are most frequently being flagged. Magellan will research this further.

RetroDUR

I. Recent RetroDUR Activity

The DUR Board reviewed the Recent RetroDUR Activity reports.

II. RetroDUR Criteria Estimates

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 Managed Care Organization (MCO) plan.

- Members were interested in the following criteria for lettering:
    - Criterion number 6771: Atypical antipsychotics – use with caution in patients with diabetes
    - Criterion number 7814: Non-compliance with atypical antipsychotics, oral and IV - 10-day gap
    - Criterion number 7848: SABA – 2 or more in 90 days without a controller medication
    - Criterion number 22464 - Insulin claims in last 120 days without medical claims for BG testing: age 21 and over

III. Hemoglobin A1c Lab Value Over 9 and On Diabetic Meds

The DUR Board reviewed the Hemoglobin A1c Lab Value Over 9 and On Diabetic Meds reports. DMAS will discuss internally the value of this report when looking at the FFS population.

Utilization Analysis

The DUR Board reviewed the Utilization Analysis reports. The DUR Board expressed an interest in why there is high utilization for doxercalciferol and iron sucrose complex in the FFS population. The question is if these two medications should be covered by CMS under Part B outpatient for ESRD. Magellan will research these members to find the diagnosis codes, if the member has ESRD, and if the member is on dialysis.

DUR / P&T / MCO UM Collaboration

Dr. Morgan reviewed the new clinical criteria for Cibinqo™ (abrocitinib, tablet), clinical criteria for Opzelura™ (ruxolitinib, cream 1.5%), and updates to the Growth Hormone fax form which will be reviewed at the March 17, 2022 P&T meeting.

Next DUR Meeting

June 2, 2022

Dr. Morgan motioned to adjourn the meeting. Dr. Cain seconded the motion.
Meeting adjourned at 3:00 pm.