Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: November 9, 2017
Length of Meeting: 2 hours and 11 minutes
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
Michele Thomas, PharmD
Sandra Dawson, RPh
Kathleen Sardegna, MD
Seth Brant, MD

Members Not Present:
Randy Ferrance, MD
Kathryn Reid, PhD
Jonathan Evans, MD
Denese Gomes, NP

DMAS Attendees:
Donna Proffitt, RPh, Pharmacy Program Manager
Keith Hayashi, RPh
Dean Beuglass, RPh, Senior Pharmacy Policy and Data Strategist
Danielle Adeeb, CPhT, Pharmacy Contract Administrator

Contractors:
Debbie Moody, RPh, Clinical Account Manager, Magellan Health Services
Nancy Eldin, PharmD, Clinical Manager, Magellan Health Services
Annette Paul, RPh, Director, Pharmacy Programs, Magellan Health Services

Visitors:
Alice Bowman, Sunovion
Chris Saliba, Magellan RX
LeeAnna Hoskins, Sarepta
Steven Burch, Sunovion
Elizabeth Brusig, Optima Health
Steve Patterson, Alkermes
Robert Wright, Indivior
Richard Grossman
Lisa Michelle Hayes, Merck
Brittany Mihalcoe, VCU Pharmacy Student
Phuong Opper, VCU Pharmacy Student
Dennis Sison

Call to Order and Introductions

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

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Meeting minutes were approved as submitted with few spelling errors that will be corrected.

By-Laws

In accordance with the DUR Board by-laws, the Board nominated and elected officers for fiscal year 2018.

The DUR Board nominated and voted unanimously in approval of Dr. Bill Rock for Chair and Dr. Avtar Dhillon for Vice Chair.

New Drugs

Idhifa® (enasidenib) – Dr. Nancy Eldin presented the drug information and service authorization criteria recommendations for Idhifa®. The motion was made to accept the criteria as written with the addition to have the FDA-approved test results for detection of IDH2 mutations in acute myeloid leukemia (AML) to be faxed in with the service authorization form. The Board seconded and approved the criteria.

Nerlynx™ (neratinib) – Dr. Eldin presented the drug information and service authorization criteria recommendations for Nerlynx™. The motion was made to update the ProDUR Edits from FDB Severity Level 2 to Severity Level 1 for drug interactions with proton pump inhibitors, H2-receptor antagonists, CYP3A4 inhibitors and inducers, and P-glycoprotein substrates. The motion was made to update the ProDUR Edits from FDB to Severity Level 2 to Severity Level 1 for monitoring abnormal hepatic function tests. Also a motion was made to accept the criteria as written with the addition of quantity limits of 126 tablets for each fill. The Board seconded and approved the updates to the ProDUR Edits, the addition of quantity limits, and the criteria.

New Drugs: DUR Drugs with New Dosage Forms; PDL Eligible; Physician-Administered – Dr. Eldin presented the drug information for New DUR Drugs with New Dosage Forms, PDL Eligible Drugs and New Physician-Administered Drugs. No action required by the Board.

RetroDUR Overview and Criteria Topics

Annette Paul gave an overview of Magellan's Retrospective Drug Utilization Application, FirstIQ™. Ms. Paul presented the Criteria Exception Estimates Report for October 2017 and several sample RetroDUR letters and response pages. The Board selected several RetroDUR topics for the next few months.

Topics for Discussion

Orphan Drugs – Dr. Eldin presented the list of Orphan Drugs and the utilization report of approved Orphan Drugs for 2017. The Board requested to add member diagnoses and encounter claims to the Orphan Drug utilization report for the next DUR meeting.

Proton Pump Inhibitors – Dr. Eldin presented claims analysis for acute dosing of Proton Pump Inhibitors (PPIs). The PPI criteria and service authorization form has been updated with Barrett's Esophagus as a valid diagnosis for service authorization override. The Board requested to implement the 90 day limit on acute dosing of PPIs after an educational letter is sent to the physicians. Implementation of the hard denials for members on PPIs for more than 90 days will begin by the next DUR meeting. The motion was made to send letters to physicians who have members on PPIs for more than 90 days without having any of the clinical exceptions that allow for PPI usage for longer duration. An auto service authorization will be in place to look back to see if any of the clinical exception diagnoses are available in claims history to allow for the claim to pay. A motion was also made to deny PPIs in March 2018 for the 90 day limit for service authorization unless the member has a clinical exception to allow for longer duration. The Board seconded and approved the educational letters to be sent to the physicians and to implement the hard denials for members on PPIs for more than 90 days without having a clinical reasoning for longer duration.

Gender Edits – Dr. Eldin presented the initial results of the First DataBank Severity Level 1 Gender Edit that was implemented on October 1, 2017 for medications to be used exclusively by males or females according to FDA approved indications.

Opioid Utilization – Dr. Eldin presented the utilization report for the third quarter of 2017 for adult and pediatric populations. Data included: Monthly dosages/units over the past 21 months through September 2017, standard third quarter report for the adult FFS population, pediatric third quarter 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.

Naloxone Utilization – Reviewed utilization and comparison of the Naloxone products for third quarter. Dr. Eldin provided an update regarding the DMAS Addiction and Recovery Treatment Services (ARTS) program. Dr. Eldin gave a summary for the Fatal Drug Overdose Quarterly Report, 2nd Quarter 2017 from Virginia Department of Health (VDH) – Office of the Chief Medical Examiner.

A copy of the Fatal Drug Overdose Quarterly Report, 2nd Quarter 2017 from VDH – Office of the Chief Medical Examiner was provided in the DUR Board meeting binder.

Analysis of Compounded Prescriptions – Dr. Eldin reported on paid claims for compounded prescriptions over a three month period (July through September 2017). On October 1st, 2017, DMAS implemented a service authorization requirement for compounded prescriptions over $500. Dr. Eldin provided the October 2017 results since the implementation of the compounded prescriptions over $500 service authorization.

A copy of the new service authorization request form for compounded prescriptions over $500 was provided in the DUR board meeting binder.

Synagis Update – Dr. Eldin presented the Synagis Utilization since the start of the season on October 1, 2017. The updated Synagis service authorization form was provided in the DUR board meeting binder. The motion was made to no longer include Synagis utilization information in the DUR board meeting binder. The Board seconded and approved to no longer include Synagis updates in the DUR board meeting binder.

DUR Quarterly Newsletter – September 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.

AAP Report – No questions from the Board.

Meeting was adjourned at 4:21 pm.

Next DUR Board meeting scheduled for March 2018.