Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: March 20, 2014
Length of Meeting: 2 hours 35 minutes
Location of Meeting: DMAS 7th Floor Board Room

Members Present:
Randy Ferrance, MD, Chair
Rhonda Bass, MD
Jane Settle, NP, Vice Chair
Michele Thomas, PharmD
Seth Brant, MD
Bill Rock, PharmD
Cynthia Fagan, FNP
Wendy Nash, PharmD

Members Not Present:
Avtar Dhillon, MD
Jonathan Evans, MD
Jamie Haight, RPh
Sandra Dawson, RPh

DMAS Attendees:
Rachel Cain, PharmD
Donna Proffitt, RPh, Pharmacy Program Manager
Bryan Tomlinson, Health Care Services Division Director
Danielle Adeeb
Tyrone Wall
Keith Hayashi, RPh
Kim Richardson

Contractors:
Donna Johnson, PharmD, Clinical Pharmacy Manager, Xerox
Doug Davis, Executive Account Manager, Xerox
Eboni Washington, Administrative Assistant, Xerox

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

Visitors:
Rick Meidlinger, Johnson & Johnson
Mary Fullerton, Pfizer
Loren Driscoll, Boehringer Ingelheim
Mark Stephens, Pfizer
Kenna Ray, Otsuka
Ronnie DePue, Boehringer Ingelheim
Fred Whitten, Boehringer Ingelheim
Mike Suto, Genetech
Carl Whitehead, Whitehead Consulting
Lisa Pompa, Vertex

Call to Order and Introductions

Dr. Ferrance, called the meeting to order at 2:02 pm. Board members introduced themselves and Donna Johnson introduced herself as the new Xerox Pharmacist/Clinical Account Manager.

Minutes—January 30, 2014

Dr. Ferrance asked if there were additions or deletions to the minutes from the January 30, 2014 meeting. Ms. Thomas made the motion for the meeting minutes to be approved as written, which was seconded by Ms. Settle. The Board voted unanimously to approve the minutes.

New Drugs

Aptiom® (eslicarbazepine acetate) –Dr. Johnson presented the ProDUR and RetroDUR criteria. Dr. Rock made the motion to strike carbamazepine from the Therapeutic Duplication, accept the criteria as is, and correct typo for voltage-gated sodium inhibitors. The motion was seconded and approved by the Board.

Duavee® (bazedoxifene/conjugated estrogens) – Dr. Johnson presented the ProDUR and RetroDUR criteria and recommended a service authorization that would require a trial of the estrogen combination product prior to approval. Dr. Ferrance suggested adding pulmonary embolism and protein C deficiency as a Sev 1 drug-disease edit. The comparison of this drug to other classes along with the verification of the indication for osteoporosis will be researched. This drug will be reviewed again during the next meeting. The motion was made to add the additional pulmonary embolism criteria along with the Protein S deficiency to Sev 1. The motion was seconded and approved by the Board.

Farxiga® (dapagliflozin) – Dr. Johnson presented the ProDUR and RetroDUR criteria. The motion was made to accept the criteria as written; the Board seconded and approved the criteria.

Luzu® (luliconazole) – Dr. Johnson presented the ProDUR and RetroDUR criteria. Ms. Settle made the motion to add a Service Authorization with a failure of 2 drugs, a quantity limit of 60 grams and the length of this authorization would be 3 months. The motion was seconded and approved by the Board.

Opsumit® (macitentan) – Dr. Johnson presented the ProDUR and RetroDUR criteria. The motion was made to accept the criteria as written; the Board seconded and approved the criteria.

Otrexup® (methotrexate) – Dr. Johnson presented the ProDUR and RetroDUR criteria and recommended a service authorization to require a trial of oral methotrexate prior to authorization. The motion was made to accept the mentioned changes; the Board seconded and approved the criteria along with the suggested changes.

Velphoro® (sucroferric oxyhydroxide) – Dr. Johnson presented the ProDUR and RetroDUR criteria. The motion was made to accept the criteria as written; the Board seconded and approved the criteria.

Updated Service Authorizations

Imbruvica® (ibrutinib) – During the January meeting, the Board reviewed the Service Authorization form which included a a new indication for patients with Chronic lymphocytic leukemia (CLL). Criteria were modified/revised to require treatment protocol and ensure compliance with National Comprehensive Cancer Network (NCCN) guidelines. Dr. Thomas made the motion to accept the criteria as presented; the Board seconded and approved the motion.

Kalydeco® (ivacaftor) –Dr. Cain noted that Kalydeco has also received new FDA approved indications. The additions were documented and shared with the Board Members. The motion was made to accept the revised service authorization form with the removal of the duplicate G551D mutation. The Board seconded and approved the motion.

In addition, a motion was made for a blanket approval to allow DMAS to revise Service Authorization criteria to include new FDA approved indications or warnings. The Board will be informed of any such criteria at the following Board Meetings. The motion was seconded and approved.

Dr. Johnson presented three SA forms which required annual review: Elelyso™, Korlym® and Potiga®. Of these drugs, only Potiga had a labeling change. The FDA required the addition of a Black Box Warning relative to the risk of severe visual disturbances. The warning states that patients should have baseline and periodic ophthalmic examinations performed by an ophthalmic professional. Dr. Johnson suggested adding eye exams to the criteria. The motion was made to accept the addition to the criteria; the Board seconded and approved the motion.

High Cost Drugs

During the January meeting the Board Members discussed patient's inability to tolerate certain drugs, especially high cost drugs. Oral oncology medications, in particular, are often difficult to tolerate and costly. An analysis of the utilization of oral oncology medications was presented by Dr. Johnson.

The Board mentioned various approaches to decrease waste of medications that are discontinued due to intolerance or non-adherence. Dr. Johnson suggested reviewing other states approaches towards this issue.

Old Business

Dr. Cain noted that Mirvaso® was presented to the Board during the last meeting, while the members approved the ProDUR edits, more information was requested relative to how other states were handling service authorizations. Dr. Cain sent a

survey to all the states and inquired about their coverage of Mirvaso and Osphena™.

A Service Authorization will be applied to Mirvaso ensuring the individual is receiving concurrent therapy with an oral or topical product approved for the treatment of rosacea. No changes were made regarding coverage of Osphena™.

By-Laws – The present By-Laws were reviewed and will be presented with corrections to the Chair for his signature.

Reports

ProDUR and RetroDUR –Dr. Johnson reviewed the reports provided in the DUR Board binder.

Utilization Analysis Reports – Dr. Johnson reviewed the top 25 Drugs Ranked by Claim Count or Payment Amount. Dr. Johnson noted that aspirin is the most utilized over the counter drug and aripiprazole is the number one on the Drug Payment Amount report.

Bisphosphonates – Dr. Johnson reviewed the Bisphosphonate Summary and Detail report; there were no questions or comments.

Future Topics

Dr. Cain asked whether the Board could alter the criteria for the topics presented. For the Stoke Prevention topic, Dr. Rock suggested removing individuals that are on the new anticoagulant drugs and have a mechanical heart valve.

AAP Report - Dr. Bass made the request for more information relative to the definition of psychosocial treatment being used; Ms. Moody will follow up on this.

Meeting was adjourned at 4:25 pm.

Future DUR Board Meetings are scheduled for May 22, August 21, and November 20, 2014.