Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: September 13, 2018
Length of Meeting: 2 hours
Location of Meeting: DMAS Conference Room 7th Floor

Members Present:
Bill Rock, PharmD, Chair
Avtar Dhillon, MD, Vice Chair
Kathleen Sardegna, MD
Rachel Cain, PharmD
Denise Lowe, PharmD
Michele Thomas, PharmD
Sandra Dawson, RPh

Members Not Present:
Denese Gomes, NP
Randy Ferrance, MD
Kathryn Reid, PhD
Wendy Nash, PharmD
Seth Brant, MD

DMAS Attendees:
Kate Neuhausen, MD, Chief Medical Officer
Donna Proffitt, RPh, Pharmacy Program Manager
Dean Beuglass, RPh, Senior Pharmacy Policy and Data Strategist
Danielle Adeeb, CPhT, Pharmacy Contract Administrator
Maryann McNeil, RPh, Pharmacist
Keith Hayashi, RPh, Pharmacist

Contractors:
Debbie Moody, RPh, Pharmacist Account Executive, Magellan Health Services
Nancy Eldin, PharmD, Clinical Manager, Magellan Health Services
Annette Paul, RPh, Director, Pharmacy Programs, Magellan Health Services
Tina Carter, CPhT, Business Analyst, Magellan Health Services

Visitors:
Kim Marsh, Biogen
Richard Grossman, Pharma
Faren French, Aetna
Nicole Pugar Lawter, Williams Mullen Government Relations
Javier Menendez, Virginia Premier

Call to Order and Introductions

Dr. Rock called the meeting to order at 2:09 pm.

Minutes – May 10, 2018

Meeting minutes were approved as submitted.

DMAS' vision for DUR Board and By-Law Changes

Dr. Kate Neuhausen, CMO presented DMAS' vision for the DUR Board with the following recommendations and comments;

. - Since the Virginia General Assembly s approval of Medicaid Expansion, DMAS has been reviewing all its clinical committees to ensure their composition will serve the needs of the expansion population.

- This review includes the membership of the DUR Board whose work will become more essential as DMAS enrolls an estimated 400,000 lives after January 1st.

- Federal legislation and the DUR Board by-laws define the composition of the Board's structure:

Per federal regulations the Board "shall include health care professionals who have recognized knowledge and expertise in one or more of the following:

- clinically appropriate prescribing, and dispensing of outpatient drugs
- drug use review, evaluation and intervention
- medical quality assurance."

The membership of the DUR Board shall be made up at least 1/3 but not more than 51% licensed and actively practicing physicians and at least 1/3 licensed and practicing pharmacists.

- Dr. Jennifer Lee, DMAS Agency Director, has requested that all DMAS clinical boards and committees be chaired by the DMAS Chief Medical Officer or designee who will report directly to the Agency Director during this critical period of Medicaid expansion.

- The DUR Board by-laws have been revised to reflect these changes and are being presented to the Board for review. These revisions include the DMAS CMO or designee as chair and a new requirement that a DUR Board member attends at least 50% of the yearly meetings. The DUR Board will vote on the proposed by-law changes at its December meeting.

- Also, per the DUR Board bylaws, DMAS will review 50% of the DUR board members this Fall to ensure the Board has the necessary expertise to achieve

the best outcomes and highest quality care for our currently eligible members and the expansion population.

- DMAS will inform members by January 1st if they will be appointed for another 2 year term.

- Please notify Dr. Cain know by November 1, 2018 if you want to continue on the Board as a member.

- Thank you all for your commitment and service to DMAS and our members!

Dr. Rock posed a question regarding changes to Article IV. “Do we need a Vice Chairperson?” The DUR Board members replied “No”. Revisions to Article IV are needed for voting on By-Law changes to occur at the next DUR Board meeting. Dr. Neuhausen requested the members send any additional comments on the by-laws to Dr.Cain and Dr. Sardegna.

Lab Data Demonstration

Annette Paul, RPh, Director of Pharmacy Programs from Magellan Health Services presented the Lab Data Demonstration.. The addition of member lab value data allows Magellan to execute RetroDUR algorithms with Fee- For Service (FFS) or MCO data. With the new contractual agreements now established with the major lab companies, lab/clinical information for DMAS members is received and loaded into the RetroDUR clinical rules engine (FirstIQ) based on the unique VA Medicaid Identification Number. Within the RetroDUR tool, a user utilizes grouping functionality which allows the user to include laboratory values as a search parameter, similar to the process of utilizing drug groups, diagnosis groups and procedure groups as has been historically done. For example, we load the ICD1-10’s into FirstIQ today and are able to build groups from those codes. This is done to identify potential DUR interventions.

We can specify a level over which a user would want a member identified for a drug quantity and we can develop a similar methodology for lab values so a user could identify members with any diabetes drug and an Hemoglobin A1C value greater than 9 (for example) as a member whose therapy is inadequate and should be evaluated, or a member with hypercholesterolemia (or a member currently on a statin drug) and a total cholesterol value greater than 250 as a member whose treatment is inadequate and requires evaluation.

During RetroDUR interventions, the lab information can be exported to the prescriber letter and can be referenced in the targeted communication (if we think a lab has been consistently outside a normal range, etc.).

One notable aspect of incorporating lab values in claims processing is that it may obviate many of the criteria currently used during the RetroDUR process. Historically, as we looked for gaps in care and ways to improve patient outcomes, we often looked for the presence of a specific lab. We only knew that a lab claim was submitted, but not always what that claim was for and certainly not the result. The availability of lab results mitigates the outreach required to ask doctors to validate a test result, or asks if a lab test had been done recently. The addition of the lab results information through this new process has potential to greatly improve RetroDUR capabilities and will help to better engage prescribers by not asking for information that we should already have.
Ms. Paul asked the DUR Board members for additional reporting requests and stated that Virginia Medicaid is the first among Medicaid State Programs serviced by Magellan to receive lab data for its members.

RetroDUR Criteria Estimates

Dr. Cain reviewed the Criteria Exception Estimates Report with the DUR Board. The DUR Board discussed Long-Acting Reverse Contraception (LARC) comparing FFS and MCO data with regard to the lack of usage. Dr. Neuhausen requested Magellan send this data to DMAS for validation by the Office of Data Analytics (ODA). The DUR Board discussed Stimulant Use by Age and requested Magellan re-run the report for ages 0-6 and break it down per age year. Benchmark this age group with other states and continue to review data. The DUR Board discussed Stimulant Claims by State and determined the benchmark should be states that compare to Virginia which includes data from both Fee for Service and MCO programs. The DUR Board discussed Atypical Antipsychotics Duplication with Typical Antipsychotics. The DUR Board requested a continuation of reporting to include atypical and typical antipsychotic duplication with a duration greater than 3 months.

Prior Authorization Consensus Statement

The DUR Board tabled this item until the next DUR Board meeting. The presenter, Wendy Nash, PharmD was unable to attend.

New Drugs

The DUR Board reviewed **Aimovig™** (erenumab-aooe), **Cimduo™** (lamivudine and tenofovir disoproxil fumarate), **Jynarque™** (tolvaptan), **Lucemyra™** (lofexidine), **Osmolex ER™** (amantadine extended-release), **Palynziq™** (pegvaliase-pqpz), **Symfi™** (efavirenz, lamivudine and tenofovir disoproxil fumarate), **Tavalisse™** (fostamatinib disodium hexahydrate) and **Yonsa®** (abiraterone).

The DUR Board discussed the service authorization criteria for Palynziq™. The Board requested the service authorization initial approval for Palynziq™ be changed to 16 weeks and renewals be approved for 1 year if efficacy is achieved. The motion was made to accept the criteria as written for Aimovig™, Cimduo™, Jynarque™, Lucemyra™, Osmolex ER™, Palynziq™ (with the changes to the approval duration), Symfi™, Tavalisse™ and Yonsa®. The Board seconded and approved the criteria with changes.

New Drugs: DUR Drugs with New Generics and New PDL-Eligible Drugs

The DUR Board reviewed the new drugs in this section and had no questions.

Physician Administered Drugs

The DUR Board reviewed Avastin® (bevacizumab), Kymriah™ (tisagenlecleucel), Nucala® (mepolizumab), Spinraza® (nusinersen) and Xolair® (omalizumab). Dr. Sardegna requested to table the Spinraza® criteria for further investigation by DMAS and return to the board with additional recommendations The motion was made to accept the criteria as written for Avastin®, Kymriah™, Nucala® and Xolair®. The Board seconded and approved the criteria.

The physician administered drugs to be reviewed at the December 2018 DUR meeting are Soliris® (eculizumab) and Onpattro™ (patisiran). Include utilization reporting for the physician administered drugs being reviewed.

Specialty Drugs

The DUR Board reviewed the MagellanRx Pipeline Quarterly Report which includes specialty drugs. The Board requested MMA to continue producing this quarterly report so that it can be used as a reference for selectingphysician administered and other specialty drugs for review and criteria development.

Topics for Discussion

Analysis of Compounded Prescriptions – From the May 2018 DUR Board meeting, the Board voted and approved to make the maximum per compound drug set at $250 and $500 maximum for all compounds per 30 days. These will be reviewed and approved/denied by the DMAS physicians. Dr. Cain reported waiting on approval for implementation. Dr. Cain also mentioned that system updates will be made to assure that intravenous medications are not submitted as a compound under pharmacy and message pharmacists to bill medical. The Board discussed an FDA release regarding the following bulk compounding medications: bumetanide, vasopressin and nicardipine hydrochloride. The FDA release mentioned to exclude these 3 drugs in manufacturing compounded medications. The Board requested utilization reporting for review at the next DUR

Board meeting. The Board discussed finding several buprenorphine oral lozenges compound claims on the reports. The Board motioned to drill down on the buprenorphine oral lozenge compound claims to gather more information on the providers and members and to also refer this information to the Board of Pharmacy. The Board seconded and approved.

Proton Pump Inhibitors – The DUR Board reviewed the FFS and MCO claims analysis for acute dosing of PPIs. The DUR Board decided for DMAS and Magellan to continue to monitor the PPIs and remove the reports from the binders.

Opioid Utilization – The DUR Board reviewed the utilization reports for adult and pediatric FFS and MCO populations. The Board requested additional reporting on Opioid Utilization and Alternative Treatments – dosage decline on opioids and transitioning of alternative treatments. The Board recommended educational lettering – offerings and literature. The Board requested additional breakdown of the 182 members with chronic pain diagnosis, on alternative treatments and no claims for opioids by demographics, providers, treatment types and length. The Board requested a re-run of the Concurrent Opioid and Benzodiazepine Metrics report for FFS and MCO with additional reporting. This report is to search for multiple prescribers, diagnosis, and geographic location. The Board reviewed the Opioid Containing Cough and Cold Prescriptions in Members Less than 18 Years of Age report for both FFS and MCOs. A report reflecting the breakdown of the different MCOs involved in the claims for prescription opioid cough and cold medications in children has been created and will be forwarded to DMAS for review and benchmarking

Naloxone Utilization – The DUR Board reviewed the "Members on Opioids and No Naloxone with Risk Factors" report. The motion was made to send a non-patient specific letter to prescribers as an informational reminder DMAS covers Naloxone, and review in 6 months. The Board seconded and approved the motion.

Synagis® – The DUR Board reviewed the Synagis criteria for the new season October 1, 2018 through March 31, 2019. The ICD – 9 codes have been updated to ICD – 10 codes. There have been no new recommendations from the American Academy of Pediatrics since 2014. Dr. Sardegna to review the possibility of an expansion to the length of coverage for the Synagis season.

DUR Quarterly Newsletter – June 2018 newsletter, no questions from the Board.

Reports

ProDUR and RetroDUR – The Summary of ProDUR Alerts report – table content remains a work in progress. Standard reporting for ProDUR – Dr. Eldin to review Dose Optimization/Max Quantity Savings increase. Standard reporting for RetroDUR, no questions from the Board.

Utilization Analysis Reports – Standard reporting – The Board requested a brief description on the variables for FFS and MCO regarding the All Drugs Ranked by Claim Count Report.

Future Topics – DR. Sardegna questioned the role of the DUR Board and their thoughts on the use of Cannabis based oils. Dr. Cain will share how other state Medicaid programs are handling Cannabis based oils.

Meeting was adjourned at 4:09 pm.

Next DUR Board meeting scheduled for December 13, 2018.