Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: May 16, 2013
Length of Meeting: 2.2 Hours
Location of Meeting: DMAS 7th Floor Conference Room

Members Present:
Jane Settle, NP, Vice Chair
Jonathan Evans, MD
Bill Rock, PharmD
Michele Thomas, PharmD
Avtar Dhillon, MD
Cynthia Fagan, FNP
Jamie Haight, RPh

Members Not Present:
Rhonda Bass, MD
Randy Ferrance, MD, Chair
Sandra Dawson, RPh

DMAS Attendees:
Donna Proffitt, RPh
Tyrone Wall
Kim Richardson
Keith Hayashi, RPh
Danielle Adeeb
Maryanne Paccione
John Karabaic, Privacy Officer

Contractors:
Doug Tomlin, Account Manager
Felicia Epps, RPh, Clinical Pharmacy Manager, Xerox
Eboni Washington, Administrative Assistant, Xerox
Twyanda Overton-Wynn, Clinical Pharmacy Manager Assistant, Xerox

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

Visitors:
Jason Richardson, Forest Pharmaceuticals
Merca Jones, Johnson and Johnson
Paula Pittman-Kupresak, Takeda
Rick Meidlinger, Johnson and Johnson
Tim Carr, BMS
Kenna Ray, Otsuka
Ronnie DePue, BI
Samantha Hidlebird, Genentech

Call to Order and Introductions
Jane Settle called the meeting to order at 2:05 pm. Ms. Settle noted she was substituting as chair for Dr. Ferrance. She then introduced John Karabaic for a brief statement.

John Karabaic, the DMAS Privacy Coordinator informed the Board that there was a potential exposure of PHI at the March DUR Board meeting. Doug Tomlin, the FA Account Manager for Xerox noted that his team was aware of the incident and has implemented measures to prevent future occurrences. Xerox staff involved with Virginia's DUR Board meeting has been retrained on HIPAA Guidelines in regards to PHI. Mr. Tomlin stated that documentation shared with the Board will not contain PHI. In addition, the sign in roster has been revised and includes a disclaimer related to HIPAA rules.

Minutes—March 21, 2013

The March 21, 2013 meeting minutes were reviewed. Ms. Haight made the motion for the meeting minutes to be approved as written; the minutes were seconded by Dr. Rock; the motion was adopted.

New Drugs

Ms. Settle indicated that the first group of medications is the non-self administered medications and requested a statement be placed in front of their tab noting they should not adjudicate through point-of-sale.

Abilify Maintena™ (aripiprazole) – This medication is not self-administered. A motion to place a denial edit on the medication which will prevent the drug from processing at the pharmacy point-of-sale was made, seconded, and accepted.

Kadcyla™ (ado-trastuzumab emtansine) – This medication is not self-administered. A motion to place a denial edit on the medication which will prevent the drug from processing at the pharmacy point-of-sale was made, seconded and accepted.

Fulyzaq™ (crofelemer) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of laxatives as a severity 1 drug-drug interaction and a prior authorization to include the criteria presented, as well as, asking if the patient has any other GI conditions or medications (including laxatives) that may cause diarrhea.

Kynamro™ (mipomersen sodium) – A motion was made and seconded to approve the criteria as presented which was approved by the Board. Ms. Proffitt added that this medication is PDL eligible.

Pomalyst® (pomalidomide) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Prezista® (darunavir) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria and requested that same edits be applied to Prezista® tablets.

Ravicti™ (glycerol phenylubutyrate) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of a service authorization to include the criteria presented, as well as, asking if the prescriber is a pediatric endocrinologist.

Rebif Rebidose® (interferon beta-1a) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria and requested that the same edits be applied to all Rebif® dosage forms.

Signifor® (pasireotide) –– A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of octreotide as a severity 2 drug-drug interaction and a prior authorization to include the criteria presented, as well as, requesting the patient's other procedures/treatments, request dose adjustment for hepatic impairment, and indicate yes or no for recent lab work.

Viramune XR® (nevirapine) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria and requested that same edits be applied to Viramune®.

Old Business

Truvada® Update –This discussion was tabled until the August meeting

Reports

ProDUR and RetroDUR – Ms. Epps shared with the DUR Board the ProDUR Report which documents the historical and non-historical alerts that go through the point-of-sale system.

The RetroDUR reports were discussed. The reports summarize the RetroDUR topics conducted each month.

Ms. Settle inquired about the RetroDUR Letter Response report. She noted the "OTHER" category which appears to have a large number of responses on some topics and asked what types of responses are included under this category. Ms. Epps will follow up on the responses and provide examples to the Board at the August meeting.

Utilization Analysis -- Ms. Epps provided a brief overview of reports 11 through 13.

Other Business

Atypical Antipsychotic (AAPs) in Children < 6 Years Historical Review –
Ms. Epps presented the data for the children under the age of 6 who have been prescribed atypical antipsychotics from December 2011 to May 10, 2013 and those children who have taken conventional antipsychotics within the same timeframe. The Board requested that Ms. Epps bring a report to the August meeting that provides information on how long the patient has been receiving the conventional antipsychotics, the diagnosis (if possible), age of the patient, and the type of prescriber. Dr. Sonenklar is also scheduled to provide an update on his work with the AAPs in children < 6 program at the August meeting.

First Data Bank (FDB) ProDUR Clinical Modules
Ms. Proffitt shared with the Board that DMAS was exploring the use of FDB ProDUR Clinical Modules for prospective clinical drug edits. The FDB ProDUR modules and clinical edits would replace the current manual process that DMAS uses to program the DUR Board approved clinical edits into the MMIS. The DUR Board approved DMAS pursuing the FDB ProDUR Clinical modules to replace the current process but emphasized that the DUR Board wanted to be able to modify FDB's clinical edits. Ms. Proffitt stated that this could be done but it required the purchase of an ancillary FDB product, Alert Space.

Future Topics

Ms. Settle spoke on Dr. Cain's behalf and noted there are sufficient topics in the pipeline and it is not necessary for the Board to approve additional topics at this meeting.

Bisphosphonates – Ms. Proffitt distributed an article from the New England Journal of Medicine to Board Members. At the last meeting, the Board requested information on "long-term use" of bisphosphonates and fractures. Ms. Epps indicated an average of 3 to 5 years was considered long term based on information found. Dr. Thomas said she understood long term use as 12 months. Dr. Evans is aware of a recommendation of a maximum of 5 years and suggests looking at this from the RetroDUR stand point to ensure individuals are not on this drug for an extended period, but indicated that the population most vastly affected would be those over the age of 65 years old. Ms. Settle questioned if this would be a valuable RetroDUR topic if we were unable to access important data needed regarding members over the age of 65 years. Mr. Tomlinson suggested that DMAS follow up with Steve Ford regarding the possibility of obtaining necessary data relative to this. The next meeting will include a discussion based on DMAS's ability to capture Medicare data and what ability does DMAS's system have to capture the state data and for what periods of time.

Dr. Evans indicated that he is interested in getting more information on medications in the same class as Sandostatin®. He would like to see this as a possible RetroDUR topic since these medications are used for a lot of other indications other than Cushings while Signifor® has a very narrow indication. Ms. Epps indicated that she would see if numbers could be pulled and brought back to the next meeting.

AAP in Patients with Dementia-- Ms. Epps discussed the numbers on the report. Dr. Evans indicated that alzheimers has a different ICD-9 code in the 300 series. Those ICD-9 codes in the 200 series will not encompass alzheimers and this should be added to the other dementia codes on the report. Ms. Epps stated that she could bring back the reports updated with the alzheimers ICD-9 codes from a more current timeframe.

Meeting was adjourned at 4:05 pm.

The next DUR Board Meeting is scheduled to take place on August 15th.