

**Drug Utilization Review Board  
Minutes Draft**

**Name of Meeting:** Drug Utilization Review Board  
**Date of Meeting:** May 22, 2014  
**Length of Meeting:** 1 hour and 41 minutes  
**Location of Meeting:** DMAS Board Room 13<sup>th</sup> Floor

**Members Present:**

Randy Ferrance, MD, Chair  
Avtar Dhillon, MD  
Jane Settle, NP, Vice Chair  
Jonathan Evans, MD

Sandra Dawson, RPh  
Bill Rock, PharmD  
Cynthia Fagan, FNP  
Wendy Nash, PharmD

**Members Not Present:**

Rhonda Bass, MD  
Michele Thomas, PharmD  
Jamie Haight, RPh  
Seth Brant, MD

**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  
Tina Carter, CPhT, Pharmacy Technician

**Vendors:**

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

**Visitors:**

Rod Teat, Otsuka,  
Cherie Robertson, Pfizer  
Loren Driscoll, Boehringer Ingelheim  
Bob Broach, Celgene  
Kimberly Hayashi, MCV Student  
Ronnie DePue, Boehringer Ingelheim

Judy Buchanan, Gilead  
Paula Pitman-Kupresak, Abbvie  
Carl Whitehead, Whitehead Consulting  
Lisa Pompa, Vertex

## **Call to Order and Introductions**

Dr. Ferrance called the meeting to order at 2:07pm.

## **Minutes—March 20, 2014**

Dr. Ferrance asked if there were additions or deletions to the minutes from the March 20, 2014 meeting. Ms. Fagan made the motion for the meeting minutes to be approved as written, which was seconded by Dr. Dhillon. The Board voted unanimously to approve the minutes.

## **New Drugs**

**Anoro Ellipta<sup>®</sup> (umeclidinium/vilanterol)** –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.

**Hetlioz<sup>®</sup> (tasimelteon)** – Dr. Johnson presented the ProDUR and RetroDUR criteria. The motion was made to accept the criteria as written with the addition of the drug-drug interaction (DD) of CYP3A4 inhibitors as Sev 2. The Board seconded and approved the criteria.

**Orenitram<sup>®</sup> (treprostinil diolamine)** – 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.

**Otezla<sup>®</sup> (apremilast)** – Dr. Johnson presented the ProDUR and RetroDUR criteria. The motion was made to accept the criteria as written with the addition of the following: Daliresp<sup>®</sup> (roflumilast) as a therapeutic duplication (TD), renal impairment as Sev 2 drug to diagnosis (MC) and changing the drug-drug interaction (DD) for strong CYP 3A4 inducers to Sev 1. The Board seconded and approved the criteria.

## **High Cost Drugs**

The Board Members discussed patient's low tolerance rates to certain high cost drugs and the approach for reducing medication waste without compromising patient safety.

The Board requested an analysis of the utilization of all High Cost Drugs and HIV drugs filled only once for review at the next meeting.

## **Old Business**

Dr. Johnson noted that Duavee<sup>®</sup> was presented to the Board during the March meeting. The Board reviewed and approved the DUR criteria. A request was made for the comparison of this drug to other drugs for the same indication. The Board also requested more information about the osteoporosis prevention indication and how this compares to Evista<sup>®</sup>.

Dr. Johnson reported that the only medication with comparable indications is Prempro<sup>®</sup>. Since Evista<sup>®</sup> is indicated for both the prevention and treatment of

osteoporosis, it is not a comparable alternative to Duavee. After discussions with members it was decided that a Service Authorization would not be applied to Duavee®.

### **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, by Payment Amount and the Cost of Utilization Analysis by Drug Type. She noted the **86.35%** total claim count for Generic drugs compared to the **10.30%** of Single Source Brands.

### **AAP Report**

Dr. Johnson reviewed the report provided in the DUR Board binder. She noted the current program will be expanding to include children up to 12 years of age beginning on July 1, 2014.

### **Future Topics**

Dr. Johnson presented the Pancreatic Enzyme Utilization report for the purpose of reviewing the claims utilization of Pancreatic Enzymes and the diagnoses of the members to determine appropriateness. Dr. Nash made the motion to send letters to doctors about diagnoses specific for this utilization. The recommendation was made to only letter those with inappropriate or missing diagnoses. The Board requested that the utilization be re-evaluated six months after the intervention to determine if a clinical service authorization is needed for this class of medications. The motion was seconded by Ms. Fagan and approved.

Additional topics were suggested by the Board. Dr. Nash recommended the Board consider preventive care solutions such as promoting utilization of the influenza vaccine for the 2014-2015 flu season by sending letters to prescribers. Dr. Dhillon suggested metabolic syndrome monitoring in patients on atypical antipsychotic medications.

**Meeting was adjourned at 3:48 pm.**

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