Drug Utilization Review Board
Minutes Draft

Name of Meeting:	Drug Utilization Review Board
Date of Meeting:	March 14, 2019
Length of Meeting:	1 hour and 51 minutes
Location of Meeting:	DMAS Conference Room 7B

Members Present:

Kathleen Sardegna, MD, Chair
Rachel Cain, PharmD
Bill Rock, PharmD
Kathryn Reid, PhD
Melissa Chouinard, MD
Avtar Dhillon, MD
Seth Brant, MD
Denese Gomes, NP
Wendy Nash, PharmD
Denise Lowe, PharmD

Members Not Present:

Randy Ferrance, MD
Michele Thomas, PharmD

DMAS Attendees:

Chethan Bachireddy, MD, Chief Clinical Innovation Officer, Acting Chief Medical Officer
Donna Proffitt, RPh, Pharmacy Program Manager
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
Jeni Hodzic, CPhT, Lead Formulary Analyst, Magellan Health Services

Visitors:

Paula Pitman-Kupresak, AbbVie
David Condrick, Verastem Oncology
Jacinta Toland, Advanced Accelerator Applications
Mark Vaughan, Pfizer
Brad Burmeister, Gilead
John Minneci, ViiV
Joe Kupiec, VA Premier
Rebecca Bowers-Lanier, VHF
Melissa Miculis, Johnson & Johnson

Christian Reyes, Optima
Jonell Lanta, Takeda
Rob Berringer, MCCVA
Lauren Schmidt, Astellas
Wendy Williams, Supernus
Samantha Williams, DKP
Katherine Klem, Gilead
Mary Fullerton, Pfizer
Kim Marsh, Biogen
Javier Menendez, Virginia Premier

Call to Order and Introductions

Dr. Sardegna called the meeting to order at 2:11 pm.

Minutes – December 13, 2018

Meeting minutes were approved as submitted.

DUR Board Updates

Dr. Chethan Bachireddy welcomed and thanked everyone for attending the meeting. He shared that he is interested in using lab data combined with claims to identify members with specific medical conditions and evaluate if the members are receiving the appropriate drug therapy for these conditions, specifically Diabetes and Hepatitis C.

He mentioned that he would like DMAS to experiment with the framing of the messaging on the prescriber educational/informational letters to make a bigger impact in the future. Dr. Bachireddy will provide examples of these letters.

Dr. Rachel Cain added that DMAS recently approved and mailed a letter to providers that identified members at possible high-risk opioid overdose without naloxone claims.

The board members introduced themselves at the request of Dr. Kathleen Sardegna.

RetroDUR Criteria Estimates

Dr. Nancy Eldin reviewed the Criteria Exception Estimates Report with the DUR Board. The report was broken down to the Top 40 Criteria Exception Estimates by Members and the Top 40 Criteria Exception Estimates by Total Payment Amount.

The letters mailed to prescribers so far for 2019 were:

- January – Stimulant Use in Children under 3, and Stimulants in Adults
- February – Possible High-Risk Opioid Overdose Members and No Naloxone Claims
- March – Opioids and Gabapentin Concurrent Use

The DUR Board expressed interest in lettering prescribers on the new FDA warning in reference to increased risk of ruptures or tears in the aorta blood vessel with fluoroquinolones and on opioids and pregabalin concurrent use.

The DUR Board expressed interest in designing different letters for different desired outcomes, such as intervention or more educational.

Dr. Cain recommended sending an educational letter with CDC guidelines to prescribers on how to wean patients off opioids and benzodiazepines.

Dr. Eldin reviewed the Criteria Exception Estimates Report for Lab Values with the DUR Board. The DUR Board discussed the Lab Value Criterion on Metformin with 2 or more High HbgA1C levels in 6 months, no second drug and the new Lab Value Criterion on HbgA1C > 9 and No Medications for Diabetes.

The DUR Board requested that the two Lab Value Criteria on HbgA1C > 9 and No Insulin Claims and HbgA1C > 9 and No Medications for Diabetes be changed from HbgA1C > 9 to HbgA1C > 8.

New Drugs

The DUR Board reviewed **Copiktra™** (duvelisib), **Daurismo™** (glasdegib), **Libtayo®** (cemiplimab-rwlc), **Lorbrena®** (lorlatinib), **Panzyga®** (human normal immunoglobulin, IVIg), **Talzenna™** (talazoparib), **Vitrakvi®** (larotrectinib), **Vizimpro®** (dacomitinib), **Xospata®** (gilteritinib) and **Xyosted™** (testosterone enanthate).

The DUR Board discussed the service authorization (SA) for cancer drugs beaccomplished by an AutoPA. The motion was made to accept that the AutoPA would look at the specialty for the prescriber and bypass the service authorization if the oncology specialty and the correct ICD-10 codes are in the system. The Board seconded and approved the AutoPA criteria for the oncology drugs.

The Board requested that the question on the Oncology Drugs SA form for “Is the prescriber an oncologist?” be moved to the very first question on the SA form.

Xyosted™ (testosterone enanthate) will not be reviewed during this meeting and will be discussed at the next P&T Meeting.

New Drugs: DUR Drugs with New Generics; DUR Drugs with New Dosage Forms, Strengths, or Biosimilar; New PDL-Eligible Drugs and New Physician Administered Drugs

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

Physician Administered Drugs

The DUR Board reviewed the service authorization criteria and utilization for **Crysvita®** (burosumab-twza) and **Ilumya™** (tildrakizumab-asmn). The motion was made to accept the criteria as written for Crysvita® and Ilumya™. The Board seconded and approved the criteria.

The physician administered drugs to be reviewed at the June 2019 DUR meeting are immune globulin, plerixafor and talimogene.

Specialty Drugs

The DUR Board reviewed this section and had no questions. Dr. Cain requested Magellan run a report to determine number of members who have a diagnosis of peanut allergy to get a feel for the impact of the new pipeline drug indicated for peanut allergy in children 4 to 11 years of age.

Topics for Discussion

Analysis of Compounded Prescriptions – Dr. Eldin mentioned the compound edit that was implemented on November 26, 2018 that made the maximum per compound drug set at $250 and $500 maximum for all compounds per 30 days. The compound utilization reports showed a decline in claims for compounds since the edit. Dr. Eldin reviewed the Buprenorphine and Naloxone Compound Claims report for 4th Quarter of 2018. DMAS will follow-up with the Board of Pharmacy in reference to the compound claims containing buprenorphine and naloxone since this is a commercially available drug. Dr. Sardegna proposed that DMAS send a Medicaid Memo to the pharmacy letting them know that these prescriptions can't be filled anymore because there are FDA approved alternatives. The Board seconded and approved the motion.

Compounds Containing Drugs that Should Be Excluded – The DUR Board reviewed the utilization reports for Fee-For-Service (FFS) and Managed Care Organizations (MCOs) and will not continue to monitor this topic as the results of the reports showed no issues.

Pediatric and Adult Opioid Utilization – The DUR Board reviewed the 4th Quarter Opioid Utilization reports that included all ages for FFS and MCO populations. Dr. Eldin presented the 4th Quarter Opioid Utilization reports as well as the Pediatric Narcotic Utilization Summary report. The utilization reports showed a decline in opioid claims in the pediatric population.

Concurrent Use of Opioids and Benzodiazepines – The DUR Board reviewed Concurrent Use of Opioids and Benzodiazepines utilization reports for FFS and MCOs.

Opioid Use with Risk Factors and No Naloxone – The DUR Board reviewed Opioid Use with Risk Factors and No Naloxone reports for FFS and MCOs. A RetroDUR review was completed and letters were mailed in February 2019.

Antipsychotic Duplication – The DUR Board reviewed the Antipsychotic Duplication with Antipsychotics for FFS and MCOs.

DUR Quarterly Newsletter – The December 2018 newsletter was provided in the binder for review. Dr. Nash requested information from the PA Consensus presentation given at the December 2018 DUR meeting be added to the next DUR Quarterly newsletter.

Reports

ProDUR, RetroDUR and Utilization Analysis Reports – Dr. Eldin presented the Top Drug Claims Data Table, which is broken down to the following reports; Top 10 PA Requests by Drug Name, Top 10 PA Requests by Drug Class, Top 5 Claim Denial Reasons, Top 10 Drug Names by Amount Paid and Top 10 Drug Names by Claim Count. This report gets included in the CMS Annual Report.

The Board requested a report looking at gabapentin dosing and how often it is given per day with diagnosis.

Next DUR

June 13, 2019

Meeting was adjourned at 4:02 pm.