Drug Utilization Review Board
Minutes Draft

Name of Meeting: Drug Utilization Review Board
Date of Meeting: November 15, 2012
Length of Meeting: 1 hour 48 minutes
Location of Meeting: DMAS 13th Floor Board Room

Members Present:
Randy Ferrance, MD, Chair
Bill Rock, PharmD
Avtar Dhillon, MD
Michele Thomas, PharmD
Cynthia Fagan, FNP
Mary Basco, MD
Jamie Haight, RPh
Rhonda Bass, MD

Members Not Present:
Sandra Dawson, RPh
Jane Settle, NP, Vice Chair
Jonathan Evans, MD

DMAS Attendees:
Rachel Cain, PharmD
Bryan Tomlinson, Health Care Services Division Director
Tyrone Wall
Kim Richardson

Contractors:
Felicia Epps, RPh, Clinical Pharmacy Manager, Xerox
Eboni Washington, Administrative Assistant, Xerox

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

Visitors:
Rick Meidlinger, J and J
Tim Carr, BMS
Rich Lomax, Purdue Pharma
Ronnie DePue, BI

Call to Order and Introductions

Dr. Ferrance called the meeting to order at 2:03 pm. Bryan Tomlinson introduced Rhonda Bass, MD, who was recently appointed to the DUR Board.

Minutes—August 16, 2012

Dr. Ferrance asked if there were any additions or deletions to the minutes of the August 16, 2012 meeting. With no comments, Dr. Ferrance stated that the minutes from the August 16, 2012 meeting be accepted by acclamation since there was not a quorum.

Prior to the presentation of the new drugs, Dr. Thomas and Ms. Fagan arrived providing a quorum for the meeting.

New Drugs

Pertzye™ (pancrealipase) –The ProDUR and RetroDUR criteria were presented by Ms. Epps. A motion was made to accept the criteria as written. Dr. Dhillon moved to accept and Dr. Rock seconded. The motion was accepted.

Kyprolis™ (carfilzomib) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. The Board made a motion to place a denial edit on the medication which will prevent the drug from processing at the pharmacy point-of-sale. The drug will be covered by Medicaid as a medical benefit. The motion was seconded and accepted.

Neupro® (rotigotine transdermal) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Fagan made a motion to accept the criteria as written. Ms. Haight seconded the motion which was then accepted.

Sklice® (ivermectin) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Fagan made a motion to accept the criteria as written. Dr. Rock seconded the motion which was then accepted.

Myrbetriq™ (mirabegron) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Rock made a motion to accept the criteria as written. Dr. Thomas seconded the motion which was then accepted.

Stribild™ (elvitegravir; cobicistat; emtricitabine; tenofovir) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. For consistency, it was proposed that Stribild™ be added to the tenofovir and emtricitabine edits already in VAMMIS. Dr. Thomas made a motion to accept the criteria as written. Ms. Fagan seconded the motion which was then accepted.

Tudorza Pressair™ (aclidinium bromide) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. It was confirmed that pharmacists can override the proposed Severity 1 interaction with other anticholinergic

medications at the point of sale. Ms. Haight made a motion to accept the criteria as written. The motion was seconded by Ms. Fagan and then accepted.

Lucentis® (ranibizumab) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Cain indicated that this medication is not self-administered, therefore should be covered only as medical benefit. Dr. Ferrance inquired about the number of pharmacy claims for this drug. Ms. Epps indicated there had been no pharmacy claims for this medication. Dr. Ferrance suggested placing an edit to prevent the coverage of the medication through pharmacy point-of-sale. Dr. Thomas made the motion to accept Dr. Ferrance's suggestion. Ms. Haight seconded the motion which was then accepted.

Zaltrap® (ziv-aflibercept) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Epps indicated that 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 by Dr. Thomas. The motion was seconded by Ms. Haight and then accepted.

Xtandi® (enzalutamide) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Thomas made a motion to accept the edits as written. Ms. Haight seconded the motion which was then accepted.

Qsymia® (phentermine/topiramate) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Thomas made a motion for this medication to be added to the Virginia Medicaid Anti-Obesity drug service authorization program and to add the proposed ProDUR edits ensuring they match the ProDUR edits presently in the system. The motion was seconded by Ms. Fagan then accepted.

Bosulif® (bosutinib) – The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Fagan made a suggestion to add a high dose edit of 600mg/day. A motion was made to accept the written criteria with the addition of the high dose edit by Ms. Haight. The motion was seconded by Dr. Thomas and then accepted.

Aubagio® (teriflunomide) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. Ms. Haight made a motion to accept. The motion was seconded by Dr. Rock then accepted.

Stivarga® (regorafenib) - The ProDUR and RetroDUR criteria were presented by Ms. Epps. Dr. Thomas made a motion to accept the criteria edits as written. The motion was seconded by Ms. Haight and then accepted.

Old Business

Perjeta™ - This drug was initially presented during the August 16, 2012 meeting and was represented by Ms. Epps with clarification of the drug's indication. Dr.

Ferrance noted that this medication is not self-administered, so there would be no need for the clarification if the drug denied at the point-of-sale. Dr. Thomas made the motion to deny this medication at point-of-sale, like other injectables that are not self-administered. Ms. Haight seconded the motion which was accepted.

Voraxaze® - This drug was presented during the August 16, 2012 meeting at which time the Board requested additional information regarding its utilization and service authorization (SA) criteria. Dr. Ferrance noted this is also not a self-administrated drug. The motion was made to deny at point-of-sale by Dr. Thomas. Ms. Fagan seconded and it was accepted.

Truvada®- This drug was presented during the August 16, 2012 meeting at which time the Board requested additional information regarding its utilization. Only 75 patients have received the medication since the FDA approved a new indication for the drug, pre-exposure prophylaxis in high risk patients in July 2012. Two (2) of the seventy-five (75) patients had no other HIV medications on their profile and no HIV diagnosis. Ms. Epps concluded, that out of seventy five (75) people prescribed Truvada® since July, only two (2) are possibly using the medication as a prophylactic measure and not for the treatment of HIV. Dr. Cain indicated that three states have added criteria for Truvada® including Arkansas, Kansas and Idaho. The Board requested this discussion be tabled until the next meeting in March 2013 to give Ms. Settle an opportunity to review the data presented.

Reports

ProDUR and RetroDUR – Ms. Epps reviewed the reports included in the binder.

Dr. Cain explained the Summary of ProDUR Alerts table. This table shows the edits that are approved by the Board each quarter. The RetroDUR Review Reports are topics that have been approved by the DUR Board and are lettered on monthly. This information is included in the Centers for Medicare and Medicaid (CMS) Annual Report. Dr. Thomas questioned the difference between History Alerts and Non-History Alerts, as well as, Total Criteria Based Alerts and Non-Criteria Based Alerts on the Summary of ProDUR Alerts table. Ms. Epps indicated that these definitions would be brought back to the next meeting.

Dr. Thomas suggested the Board review long-term use of bisphosphonates in fractures and antipsychotic use in demented patients as future RetroDUR topics.

Other Business

Dr. Sonenklar was called during the meeting to provide an update on the atypical antipsychotic (AAP) in children under the age of six (6) service authorization requirement. Dr. Sonenklar provided an update on how calls were going and stated only a few calls have been made since most service authorization

requests have met the DUR Board approved criteria. Most of the clinicians appear to be completing the forms and complying with requests and interventions.

Dr. Dhillon inquired about the month extension. Dr. Sonenklar explained that if all of the requirements are not completed at the time of submission, the patient is allowed one (1) month of medication and the clinician may resubmit the SA form with the omitted information. If everything is not completed within the month grace period, the form is forward to either Dr. Sonenklar or Dr. Williams for additional review. The clinician is offered an opportunity to have a conversation to further discuss the need for the medication with Dr. Sonenklar. At that time the authorization is approved or denied.

Dr. Bass asked for clarification on psychosocial intervention. Dr. Sonenklar said there are times in-home services are provided, and in regards to the state it is not easy for individuals to see a psychiatrist. There is a list of local CSBs and contact information which he may provide to the practice.

Ms. Epps discussed the data presented in the binder including the atypical antipsychotics in children < 6 years of age. This report is being reformulated to give the Board a history or story of what is happening with these children and she plans to present the results at the next meeting.

Future Topics

Ms. Epps proposed Treatment and Prevention of Migraine and Treatment of Chronic Noncancer Pain (CNCP) with Opiates for future monthly topics.
Dr. Thomas suggested that we continue to drill-down on the Diabetes report and include monitoring of ACE inhibitors and ARBs utilization by this population. The Diabetes report will include: patients with a disease diagnosis- medication treatment inconsistency; individuals with diabetes diagnosis (Type 1 and 2) to see if ACE inhibitors and ARBs are being utilized; and, the medication being used to treat the diabetes.

2013 DUR Board Meetings are set for the following dates: March 21st, May 16th, August 15th and November 21st.

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Meeting was adjourned at 3:51pm.

The next DUR Board Meeting is scheduled on March 21, 2013.