

**Drug Utilization Review Board
Minutes Draft**

Name of Meeting: Drug Utilization Review Board
Date of Meeting: March 21, 2013
Length of Meeting: 2 Hours 10 minutes
Location of Meeting: DMAS 13th Floor Board Room

Members Present:

Randy Ferrance, MD, Chair	Cynthia Fagan, FNP
Bill Rock, PharmD	Jane Settle, NP, Vice Chair
Avtar Dhillon, MD	Jamie Haight, RPh
Michele Thomas, PharmD	Rhonda Bass, MD

Members Not Present:

Sandra Dawson, RPh
Jonathan Evans, MD

DMAS Attendees:

Rachel Cain, PharmD, DMAS
Donna Proffitt, RPh, DMAS
Bryan Tomlinson, Health Care Services Division Director
Tyrone Wall
Kim Richardson

Contractors:

Felicia Epps, RPh, Clinical Pharmacy Manager, Xerox
Eboni Washington, Administrative Assistant, Xerox
Twyanda Overton-Wynn, Clinical Pharmacy Manager Assistant, Xerox
Robert Heffron, ESS Group Team Lead, Xerox

Vendors:

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

Visitors:

Paula Pittman-Kupresak, Takeda	Bill Holmes, Pharma
Nancy Wilson, Pharma	Rachel Brown, Pharma
Deborah Mance, Pharma	Paul Kupresar, Pharma
George Miller, Pharma	
Ronnie DePue, BI	

Call to Order and Introductions

Dr. Ferrance called the meeting to order at 2:06 pm. Dr. Ferrance announced Mary Basco's resignation from the Board. Dr. Ferrance recommended Wendy Nash, PharmD and a physician from McGuire VA Medical Center be invited to join the Board. In addition, he asked the Board to forward recommendations for an additional pharmacist member to Dr. Cain.

Minutes—November 15, 2012

The August 16, 2012 meeting minutes were reviewed during this meeting due to lack of a quorum at the previous meeting. The August 16, 2012 meeting minutes were accepted as written.

Ms. Epps noted the November 15, 2012 meeting minutes state that the medication Truvada[®] was given to 75 patients and the correct number is 74. The November 15, 2012 meeting minutes were moved and accepted with the noted change.

New Drugs

Surfaxin[®] (lucinacant) – 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.

Ultresa[™] (pancrelipase) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of the age edit of < 1 year old.

Cyklokapron[®] (tranexamic acid) – 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.

Xeljanz[®] (tofacitinib citrate) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of the severity 2 “biologics” drug-drug interaction edit.

Linzess[™] (linaclotide) – The Board made the motion and voted to accept the criteria with the addition of the code by Magellan to stop the medication at the point-of-sale for anyone < 17 years. Also, a denial for anyone < 6 years and prior authorization for those ages 6 to 17 years of age.

Synribo[™] (omacetaxine mepesuccinate) – 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.

Pliaglis[®] (lidocaine/tetracaine) – 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.

Giazo[™] (balsalazide disodium) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of a gender edit for males only and a request for Magellan to place a limit of use of 8-weeks on this medication.

Vascepa[™] (icosapent ethyl) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Ilevro[™] (nepafenac) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of warfarin as a severity 2 drug-drug interaction edit and requested Magellan add a quantity limit of one bottle plus one refill for each prescription. .

Oxtellar XR[™] (oxcarbazepine) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the removal of “anticonvulsant” and addition of Trileptal[®] to the therapeutic duplication edits.

Eliquis[®] (apixaban) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of anticoagulants and LMWHs to the therapeutic duplication edit

Quillivant XR[™] (methylphenidate) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the correction of the age edit to read < 6 years old.

Jetrea[®] (ocriplasmin) – 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.

Cometriq[™] (cabozantinib) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Juxtapid[™] (lomitapide mesylate) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Gattex[®] (teduglutide recombinant) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with somatropin and glutamine added to the therapeutic duplication edit.

Uceris[™] (budesonide) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Nesina™ (alogliptin) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Kazano™ (alogliptin/metformin) – A motion was made and seconded to approve the criteria as presented which was approved by the Board

Oseni™ (alogliptin/pioglitazone) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of bladder cancer to the drug-disease edit (MC) as a severity 2.

Auvi-Q™ (epinephrine) – A motion was made and seconded to approve the criteria as presented which was approved by the Board

Iclusig® (ponatinib) - A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Lotemax® (loteprednol etabonate) – 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 Lotemax® Ointment.

Onmel™ (itraconazole) – A motion was made and seconded to approve the criteria as presented. The Board approved and accepted the criteria with the addition of a severity 1 pregnancy edit.

Flucelvax® (influenza virus vaccine) – A motion was made and seconded to approve the criteria as presented which was approved by the Board.

Old Business

ProDUR Alerts – Ms. Epps provided the Board with an explanation of the meaning of history versus non-history alerts that are reported on each month.

Truvada® - At the November 2012 meeting, the Board expressed the need for Jane Settle's input before voting on any decisions regarding Truvada®. Dr. Ferrance suggested following the drug usage with RetroDUR and utilization reports to monitor who is receiving this medication. Ms. Epps said she would draft a letter that could be included with a retrospective drug utilization review.

Reports

ProDUR and RetroDUR – Ms. Epps reviewed the reports included in the binder. She explained the RetroDUR Letter Response Report is ever-changing. The report is run monthly and the numbers are updated as the prescribers send in the response cards relative to the specific topics for which letters were sent.

Ad Hoc Reports – Ms. Epps discussed the Diabetes Report and potential interventions. All of the categories on the summary report were discussed. The Board suggested lettering specific subsets of patients in the report and tailoring the response cards for each subset.

Other Business

AAP Report -- Ms. Epps invited Bob Heffron to the DUR Board meeting to explain the development and the data reported in the “historical” Atypical Antipsychotic report which was requested by the Board. The Board previously requested a report that provides additional details with regards to the psychotropic drug therapy use in the children identified since the implementation of the service authorization (SA) criteria. Bob Heffron provided an in-depth explanation of the parameters used in the creation of the “historical” report but it did not address some of the Board’s concerns. The Board specifically wants to know if the SA has had a positive or negative impact on the prescribing of atypical antipsychotics in children under the age of six (6). Although the number of children under the age of six (6) has decreased since the implementation of the SA, it is not known if the children were switched to other psychotropic medications such as typical antipsychotics, mood stabilizers, stimulants, etc. Also, it is possible that with the recent expansion of managed Medicaid (MCO), these children may no longer be enrolled in FFS therefore they would not be included in the report. Other possible reasons for the reduction in numbers include the children “aging out” (i.e., they turned six) or the child is “cured.”

Dr. Thomas suggested reviewing the reports/numbers for children under the age of six (6) on any type of antipsychotic (conventional or atypical) and Dr. Ferrance concurred that the Board should look at the numbers and then decide if additional edits are necessary.

Bob Heffron agreed to look for any child that is under the age of six (6) that has received an atypical and/or conventional antipsychotic and provide that information at the next DUR Board meeting.

Non-Self-administered Medications – Dr. Cain shared DMAS’ policy for the coverage and billing of services. The policy explains that the provider rendering a service must bill for the service. Medications that cannot be self-administered by a patient and require administration by a healthcare provider should be billed by the provider rendering the service. These medications should be billed as a medical claim not through point-of-sale pharmacy. The Board requested that non-self administered medications be listed as a separate item on future agendas.

Future Topics

Ms. Epps proposed Rheumatoid Arthritis Management, Hyperlipidemia Management and Multiple Sclerosis Management as future monthly topics. Ms. Epps also asked for additional information for the Bisphosphonate topic proposed by Dr. Thomas at the last meeting. Dr. Thomas requested clarification as to whether 6 months or a year is an issue with bisphosphonate therapy and fractures. Ms. Epps stated that at the last meeting, it was requested that Xerox present the number of patients suffering from dementia on antipsychotics. According to Ms. Epps, there are approximately 8,000 members with a documented dementia diagnosis in VAMMIS and approximately 160 of those are on antipsychotics. Dr. Ferrance requested that Xerox create a report that provides information with regards to when the patient began taking antipsychotic medication. Patients with a diagnosis of dementia prior to receiving an atypical antipsychotic would be excluded for this review.

Meeting was adjourned at 4:16 pm.

The next DUR Board Meeting is scheduled for May 16, 2013.