

**Drug Utilization Review Board
Minutes Draft**

Name of Meeting: Drug Utilization Review Board
Date of Meeting: May 19, 2011
Length of Meeting: 1 hour 44 minutes
Location of Meeting: DMAS 13th Floor Board Room

Members Present:

Geneva Briggs, PharmD, Chair	Jamie Haight, RPh
Sandra Dawson, RPh. MSHA	Jason Lyman, MD
Renita Driver, PharmD	Bill Rock, PharmD
Jonathan Evans, MD, MPH	Jane Settle, NP
Randy Ferrance, MD	Michele Thomas, PharmD

Members Not Present:

Avtar Dhillon, MD
Cynthia Fagan, FNP

DMAS Attendees:

Rachel Cain, PharmD
Scott Cannady, Senior Health Policy Analyst
Donna Francioni-Proffitt, RPh, Pharmacy Program Manager
Keith Hayashi, RPh, Rebate Pharmacist
Tyrone Wall, Compliance Specialist
Maryanne Paccione, Information Management Consultant (remote by phone)

DMAS Attendees Not Present:

Bryan Tomlinson, Health Care Services Division Director

Contractors:

Wendy Nash, PharmD ACS/Xerox Pharmacy Clinical Manager
Robert Berringer, PharmD ACS/Xerox Senior Clinical Director

Vendors:

Nancy Eldin, PharmD, Magellan Medicaid
Debra Moody, RPh, Magellan Medicaid

Visitors:

Tim Carr, BMS	Jeannie Miller, Jazz Pharmaceuticals
Drew Bernstein, MedImmune	Rick Meidlinger, J&J
Andrea Wilson, Novo Nordisk	Susan Matthews, MedImmune
Richard Powell, Pfizer	Bruce Song, AZ
Fred Whitten, Merck	Patti Denman, Novo Nordisk
Blake Bray, MCV/VCU School of Pharmacy Student	Cindy Snyder, GSK

Call to Order and Introductions

Dr. Geneva Briggs welcomed everyone and called the meeting to order at 2:07pm. She noted that a quorum was in attendance. Dr. Briggs reminded the visitors that they were there as observers and not participants and to refrain from chatting amongst themselves.

Minutes—March 17, 2010 Meeting

Dr. Briggs noted that the adjournment should read: 4:22pm instead of 2:22pm. Dr. Jason Lyman made the motion for the March 17, 2010 meeting minutes to be approved as amended. Dr. Evans seconded; the minutes were accepted with noted correction.

Minutes—November 18, 2010 Meeting

The requested correction on page 4 “meloxicam *and* SSRIs” was made to these minutes. Sandra Dawson made the motion for the November 18, 2010 meeting minutes to be approved as amended. Dr. Lyman seconded; the minutes were accepted as corrected.

New Drugs

Amturnide[™], Dr. Briggs requested the criteria for Amturnide match the criteria currently in the system for each individual agent (Aliskiren, Amlodipine, and Hydrochlorothiazide). No changes were recommended for the ProDUR and RetroDUR criteria presented. Ms. Dawson moved to accept the criteria with no changes. Dr. Lyman seconded. The motion was adopted.

Edarbi[™] -The Board approved the criteria with the following recommendations:

- Significant Aortic/mitral stenosis (2) and Hypovolemia (2) be placed under RetroDUR rather than ProDUR
- Patient age not under 18 years of age
- Add Acute Renal Insufficiency and Hyperkalemia as adverse effects under RetroDUR
- Match to the other ARBs currently in the MMIS

System Questions from the March 17, 2011 DUR Board Meeting

- **Latuda**[®] - A denial has been added to the system in the event diltiazem greater than 40mg per day is given along with Latuda[®]
- **Pradaxa**[®] - The system is unable to require that claims for Pradaxa[®] be restricted to exactly a 30 day supply.

ProDUR Quarterly Reports

Dr. Nash noted that the reported numbers showed little variation compared to previous months.

RetroDUR Quarterly Reports

Dr. Nash discussed the RetroDUR quarterly reports at length. The topic of Proton Pump Inhibitors was lettered on in January 2011 and February 2011. In March 2011, the letter was revised due to a conflict between pharmacy programs.

RetroDUR Re-Review Report-March 2011 for July 2010—Drugs with Abuse Potential

For July 2010 cycle letters were sent to prescribers if their patients met the following criteria:

- Multiple providers—claims have been attributed to 2 or more pharmacies and/or 3 or more prescribers
- Potential overutilization
 - Opiates, benzodiazepines and stimulants—multiple claims within the same therapeutic class have been submitted
 - Carisoprodol—multiple claims of carisoprodol along with opiates, tramadol and/or benzodiazepines have been attributed to multiple prescribers
- Drug dependence potential—It is recommended that the drugs reviewed in this intervention be used with caution in patients who may have a high potential for drug dependence

A total of **509** letters were sent to prescribers regarding **167** patients. Of the original **167** patients **81** (48.5%) continue on therapy that would meet the above criteria, i.e. “still hit”.

RetroDUR Re-Review Report-March 2011 for July 2010—Polypharmacy

For the July 2010 cycle letters were sent to prescribers if their patients met the following criteria:

- Greater than nine unique prescriptions in a 34 day period and these prescriptions were written by 3 or more different prescribers and filled at 3 or more different pharmacies

A total of **249** letters were sent to prescribers for **106** patients. Of the original **106** patients **81** (76%) continue on therapy that would meet the above criteria, i.e. “still hit”.

RetroDUR Re-Review Report-April 2011 for August 2010—Beta Blocker Underutilization

For the August 2010 cycle letters were sent to prescribers if their patients met the following criteria:

- Not receiving beta blocker therapy indefinitely after myocardial infarction

A total of **212** letters were sent to prescribers regarding **115** patients to alert them to the potential underutilization of beta blocker therapy. Of the original **115** patients, **49** (43%) are still not receiving beta blocker therapy, i.e. “still hit”.

Utilization Analysis Reports Based on Claims

- The number 1 drug based on claims submission is loratidine, which is expected during the pollen season.
- Top 25 drugs ranked by payment amount: Abilify® is number one as far as dollars spent
- Next spreadsheet shows brand versus generic drug utilization and looks within normal range as compared to previous months.

Atypical Antipsychotic (AAP) Use in Children Under Six Years of Age

In March there were 13 new children less than 6 years of age receiving atypical antipsychotics and 8 new children in April. The total number of children under the age of six (6) currently receiving an AAP is 62 and 69 for the respective months. Dr. Nash suggested that when evaluating this data, that one needs to recognize that there is a pool of approximately 115 to 125 members coming in and going out. Ms. Settle asked if it is the same children. Dr. Nash responded that there are five year olds turning 6 and 2 year olds coming in. In addition, there may be some eligibility issues, hospitalizations and logistics of filling the prescriptions involved. Chair Briggs noted that the very young had dropped off this month and that the majority of the use is now closer to the approved age. Dr. Nash stated that the usage is consistently about ¼ female and ¾ male. Reasons for the preponderance of use by males offered by the Board included, autism, and Oppositional Defiant Disorder are more predominant in males and behaviors are usually more demonstrative and dangerous in boys than girls.

Ms. Proffitt reported that DMAS is continuing its efforts to identify a pediatric psychiatrist to assist with the review of the service authorization edit which the DUR Board previously voted to implement. DMAS is currently reviewing the following options:

- contracting with a private psychiatrist ,
- managing the drug class on the PDL if the General Assembly removes the exclusion of antipsychotics from being on the PDL (Note – the 2011 GA did not remove this exclusion),
- negotiating contract modifications with DMAS’ current pharmacy vendors for these services.

Although none of the options have been implemented, Ms. Proffitt assured the Board that DMAS is trying to uphold the intent of the DUR Board. The Board agreed they have done the most they can with this issue up to this point, they have been clear about their concerns, and should continue as a part of due diligence to follow this issue. Consistent members and prescribers are important to follow. Compliance, transportation, falling off eligibility all contribute to

problems with collecting the data less frequently. Dr. Evans stated that the prescribers should be lettered periodically. M. Paccione confirmed that in-patient services can be tracked by ad hoc reports. Chair Briggs recapped what the Board would like to have reported in the future:

- the numbers, stable member population, stable prescribers, age, dose by age, specific drug, hospitalizations

The Board decided to review the data twice a year and letter once a year.

Synagis®

At the March 2011 DUR Board meeting, the Board voted that this drug must have prior authorization for all members utilizing the current American Academy of Pediatrics guidelines. Dr. Cain presented the draft prior authorization document for the Board's review. Dr. Briggs noted that this form will be updated if and when any of the criteria change from the American Academy of Pediatrics.

Dr. Thomas moved to accept the form with the following changes:

- omitting acyanotic, cyanotic
- congenital heart disease without surgical correction
- adding medical justification/documentation for diagnosis not listed
- add the RSV season in Virginia
- remove medications

Dr. Evans seconded the motion. The form was adopted unanimously.

Bylaws

As the bylaws had been distributed in advance of the meeting in accordance of notification for review and/or changes as required in the current bylaws, Chair Briggs solicited any changes from the Board. There was one typographical error, drill versus fill that had been corrected. There were no changes or comments. Dr. Ferrance moved to re-affirm the Bylaws as currently written with the typographical error change. Ms. Settle seconded. The Bylaws were adopted unanimously.

Financial Statement Document Draft

It was noted that the financial statement be completed annually as an agency requirement and not be included in the bylaws. After review and discussion of the form, Ms. Dawson moved to approve the form as presented. Dr. Ferrance seconded. The form was adopted unanimously.

Future Topics for RetroDUR

The Board discussed topics and suggested:

- Anti-psychotics in Children yearly
- Narcotic abuse
 - matching diagnoses with use, particularly long acting narcotics, (e.g., Oxycontin® and MSContin®)

- transdermal fentanyl for initial pain and no evidence to support 2 long acting narcotics concurrently
 - therapeutic duplication
 - prior authorization after 6 months of narcotic
 - Patients receiving narcotics from more than two or three providers – Ms. Settle noted that providers should be educated about the Virginia Prescription Monitoring Program (PMP) and emphasized the value in utilizing it to monitor patients for 18 months history for all narcotics and benzodiazepine use. Ms. Proffitt stated that this may be possible via e-mail blast.
- Hepatitis C Therapy, given the new oral agent, Vitrecilis[®], recently received FDA approval,
 - Diagnosis of Osteoporosis without osteoporosis-therapy – 1361 hits in the non-elderly population. Diagnosis of osteoporosis without calcium/vitamin D-- there were 1298 hits
 - Asthma management in children. The Board requested a report for children receiving ≥ 1 Albuterol or Xopenex[®] MDI per month or >30 unit doses of Albuterol per month for a nebulizer, that are not on an inhaled steroid or long acting beta agonists.
 - Long term use of biphosphonates and risk of fracture; what is the definition of long term; is it being prescribed too early?
 - Duration of therapy for injectable anti-coagulants, for example, enoxaparin for 2 years. Receiving longer than a month and no diagnosis of active cancer or active cancer treatment would be three criteria.
 - Erythropoetin type drugs, the risks associated with use, criteria for hemoglobin, and receiving iron concurrently were discussed.

Other Business

- Chair Briggs informed the Board that elections will be held at the next meeting.
- Both, Drs. Geneva Briggs and Jason Lyman announced their resignations from the Board. They were thanked for their leadership and service.
- The Board voted on dates for future meetings: August 18, 2011; November 17, 2011; March 15, 2012; May 17, 2012; August 16, 2012; November 15, 2012 at 2pm.

Meeting was adjourned at 3:51 pm.