Drug Utilization Review Board Minutes

November 18, 2015

The West Virginia Medicaid Drug Utilization Review (DUR) Board meeting was called to order with the following in attendance:

Members Present:

Lester Labus, MD, Chair
K.C. Lovin, PA-C, Vice Chair
C.K. Babcock, PharmD
Christopher Booth, PharmD
Scott Brown, RPh
Myra Chiang, MD
Karen Fitzpatrick, MD
Kate Forman, PharmD
Michael Lonsinger, Pharm D (via phone)
Ernest Miller, DO
Mary Nemeth-Pyles, MSN, RN, CS
Pat Regan, PharmD
Chris Terpening, PharmD, PhD
John Vanin, MD

DHHR/BMS Staff Present

Vicki Cunningham, RPh, Director of Pharmacy Services
Brian Thompson, MS, PharmD, DUR Coordinator
Bill Hopkins, Pharmacy Operations Manager
Doug Sorvig, DHHR Specialist

Contract Staff

Steve Small, MS, RPh, Rational Drug Therapy Program (RDTP)
Eric Sears, RPh, Molina Medicaid Solutions
Laureen Biczak, DO, Goold Health Systems
Chad Bissell, PharmD, MBA, Goold Health Systems (via phone)
Scott Donald, PharmD, Health Information Designs (HID)
Matthew Waldrop, PharmD, Health Information Designs (HID)

I. **INTRODUCTIONS-** Dr. Lester Labus, Chairman, welcomed everyone to the Board meeting (4:05 p.m., EDT). The DUR Board and attendees introduced themselves. A motion was made, seconded, and approved to accept the minutes from the previous DUR Board meeting.
Attachment A

II. OLD BUSINESS

A. Otezla proposed criteria discarded and consolidated on PDL as follows:

"Non-preferred agents require ninety (90) day trials of both Humira and Enbrel unless one (1) of the exceptions on the PA form is present. For the indication of plaque psoriasis, an additional ninety (90) day trial of Cosentyx will be required. "

III. NEW BUSINESS

A. **Speakers: 9 speakers**

1.	Anuj Patel	BI	Jardiance
2.	Robb Haga	Meda	Aerospan
3.	Michael West	AZ	Movantik
4.	Kimberly Apollony	AZ	Bydureon
5.	Cynthia Patterson	BDSI	Bunavail
6.	Sean Byrne	Gilead	Hepatitis-C
7.	John Hudson	Marshall	Hepatitis-C
8.	Mike Woodward	Novartis	Entresto
9.	Elie Gharib	Novartis	Entresto

B. **Updates from the October 28th, Pharmacy & Therapeutics Committee Meeting:**

1. Dr. Labus read the changes to the PDL from the October 28, 2015 P&T Committee meeting. The Board reviewed associated prior authorization criteria. A motion to accept the proposed criteria with the following changes was made, seconded, and approved:

    a. Tramadol ER – requires a manual review and may be authorized for 90 days with submission of a detailed treatment plan including anticipated duration of treatment and scheduled follow-ups with the prescriber.

    b. Entresto – will be only be authorized for patients diagnosed with heart-failure NYHA classification 2-4 with an EF < 40%. No preferred drug trial is required to receive authorization.

    c. Propranolol ER – shall be authorized for patients with a diagnosis of migraines. Existing users will be grandfathered for use in migraine prophylaxis.

    d. Stiolto Respimat –will be authorized if the following criteria are met:
        a. Patient must be eighteen (18) years of age or older; AND
        b. Patient must have had a diagnosis of COPD; AND
        c. Patient must have had a thirty (30) day trial of a LABA; AND
        d. Patient must have had a concurrent thirty (30) day trial with a long-acting anticholinergic.

        Prior-authorization will be denied for patients with a sole diagnosis of asthma

    e. Class Criteria: Cytokine and CAM antagonists
        a. "Non-preferred agents require ninety (90) day trials of both Humira and Enbrel unless one (1) of the exceptions on the PA form is present. For the

indication of plaque psoriasis, an additional ninety (90) day trial of Cosentyx will be required."

f. Cosentyx - will be authorized for treatment of plaque psoriasis only after inadequate response to a ninety (90) day trial of Humira.
g. Aerospan – will be authorized for children ages 6 through 11 years old without a trial of a preferred agent.
h. Class Criteria: HepC treatments
    a. Based on CMS recommendations, requirements for fibrosis and abstinence were removed.
i. Class Criteria: Diabetic Agents (incretin mimetics/enhancers, TZD's and meglitinides) – **The DUR Board approved the following criteria pending contractual review:**
    a. All agents will be approved in 6 month intervals under the following criteria:
        i. Initial starts require a diagnosis of Type 2 Diabetes and an A1C taken within the last 90 days reflecting the patient's current and stabilized regimen. Unless contraindicated, no agent in this category shall be approved except as add-on therapy to a regimen containing metformin prescribed at the maximum tolerable dose for at least 60 days.
        ii. Re-authorizations require <u>continued</u> maintenance on metformin prescribed at the maximum tolerable dose unless contraindicated. Documentation must be submitted indicating that the A1C has decreased by at least 1% or is maintained at ≤ 8%.
j. Class Criteria: Diabetic Agents (SGLT2's)
    a. All agents approved in 6 month intervals under following criteria:
        i. Initial starts require a diagnosis of Type 2 Diabetes and an A1C taken within the last 60 days reflecting the patient's current and stabilized regimen. Current A1C must be less than or equal to (≤) 10.5%. No agent in this category shall be approved except as add on therapy to a regimen consisting of metformin (unless contraindicated) and at least one other oral agent prescribed at the maximum tolerable doses for at least 60 days.
        ii. Re-authorizations require <u>continued</u> maintenance on a regimen consisting of metformin and at least one other oral agent at the maximum tolerable doses. Documentation must be submitted that the A1C has decreased by at least 1% or is maintained at ≤8%.
k. Toujeo – will be authorized only after 6 months of compliance on preferred long-acting insulin. Toujeo will **only** be approved for once daily doses of at least 60 units.
l. Bydureon – may be authorized after thirty (30) day trial of Byetta and will not be authorized with concurrent insulin therapy of any kind.
m. Class Criteria: Opioid Dependence Treatments
    a. Discussion of goals of treatment and durations / tapering of therapy led to tabling of discussion to gather more evidence.
    b. Proposed changes to the current criteria were rejected.
n. Class Criteria: Sedative Hypnotics

a. Proposed changes were rejected.
b. Previously approved limit of 15 tablets per 30 days was reiterated.

Attachment B

C. **Non-PDL Prior Authorization Criteria**

a. Movantik – Proposed criteria was accepted with the addition of a requirement for 90-days concurrent opioid claims.

Attachment C

IV. REPORTS

A. **Molina Quarterly Report – Third Quarter 2015** – Eric Sears presented an overview of the Molina 2015 Third Quarter Report. The presentation included a review of the DUR Quarterly Overall Summary Report.

Attachment D

B. **Rational Drug Therapy Program** – Steve Small presented a review of the prior authorization program for the Third Quarter 2015. The presentation included prior authorization approval rates and call center statistics.

Attachment E

C. **Health Information Designs** – Matthew Waldrop presented an overview of the Second and Third Quarter 2015 retrospective drug utilization activity. The presentation indicated the number of profiles reviewed, letters mailed to providers, rate of response, and evaluation of usefulness from the providers. Additionally, topics for future population-based interventions were presented and the Board approved the following interventions: antipsychotic medication use in the pediatric population, co-administration of sedatives/hypnotics and benzodiazepines, co-administration of stimulants and benzodiazepines, and co-administration of opioids and benzodiazepines.

Attachment F

V. OTHER BUSINESS – OPEN TO THE FLOOR

None

VI. NEXT MEETING AND ADJOURNMENT

A. A motion was made, seconded, and approved to adjourn the meeting.

B. The meeting concluded at 7:20 p.m., EDT.

C. The next meeting will be held Wednesday, February 24, 2016 from 4:00 p.m. to 6:00 p.m. located at the Diamond Building.

Submitted:

Matthew Waldrop, PharmD, Health Information Designs.