Drug Utilization Review Board Minutes

May 27, 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
Christopher Booth, PharmD
Scott Brown, RPh (via phone)
Myra Chiang, MD
Karen Fitzpatrick, MD
Kate Forman, PharmD
Michel Lonsinger, Pharm D
Ernest Miller, DO
Mary Nemeth-Pyles, MSN, RN, CS
Chris Terpening, PharmD, PhD
John Vanin, MD
Pat Regan, PharmD (via phone)

Members Absent

C.K. Babcock, PharmD

DHHR/BMS Staff Present

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

Contract Staff

Steve Small, MS, RPh, Rational Drug Therapy Program (RDTP)
Mark Garofoli, PharmD, MTM Program Manager, UWV School of Pharmacy
Eric Sears, RPh, Molina Medicaid Solutions
Steve Espy, RPh, 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.

II. OLD BUSINESS

A. Cinryze® criteria was removed; drug is available only through medical claims.

B. Firazyr® criteria now specifies six injections approved per PA. PA will be granted for six months. Additional therapy would require appropriate documentation. Motion to approve was made, seconded, and approved.

III. NEW BUSINESS

A. **Speakers: 3 speakers**

1. Canan Esinday (Duavee®)
2. Monica Guillery (H.P. Acthar®)
3. Jawad Wunej (HyQvia®)

B. **Updates from the April 29 Pharmacy & Therapeutics Committee Meeting:**

1. Dr. Labus reviewed the changes to the PDL and associated prior authorization criteria from the April 29, 2015 P&T Committee meeting. A motion to accept the current criteria with the following changes was made, seconded, and approved:
   a. SGLT2 – Revision of class criteria
      - Criteria now requires concurrent treatment with metformin and another agent unless there is a contraindication or adverse effect that required discontinuation of one of the agents.
      - Dose increases will not be approved without an A1C taken at least three months after the medication was started.
   b. Hep C Drugs – Revision of class criteria
      - Criteria now specifies the accepted methods for fibrosis scoring and cirrhosis detection.
   c. Sedative Hypnotics – Revision of criteria
      - Approval of a PA for a non-preferred agent will require a 30-day trial of all preferred agents of only 15 doses per 30 days.
   d. Copaxone® 40 mg – Revision of criteria
      - Criteria now specifies that coverage will only be approved for documented injection sites issues and not for convenience of therapy.

2. PDL changes as follows:
   a. ANTIEMETICS – Combination Akynzeo® (netupitant/palonosetron) is non-preferred.
   b. BRONCHODILATORS, BETA-AGONIST – Long-acting Striverdi® Respimat® (olodaterol) inhaler is non-preferred.
   c. HEPATITIS C TREATMENTS – Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) is preferred.

d. HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS – Trulicity™ (dulaglutide) is non-preferred.

e. HYPOGLYCEMICS, SGLT2 – Jardiance® (empagliflozin) is non-preferred.

f. SGLT2 COMBINATIONS – Invokamet® (canagliflozin/metformin) is non-preferred.

g. IMMUNE GLOBULIN, IV – HyQvia® (human immune globulin g and hyaluronidase) is non-preferred.

h. MULTIPLE SCLEROSIS AGENTS – Plegridy® (peginterferon beta-1a) is non-preferred.

i. OPHTHALMIC ANTIBIOTIC/STEROID COMBINATIONS – Tobradex® ointment (tobramycin/dexamethasone) is preferred.

   Maxitrol® ointment (neomycin/polymyxin) is non-preferred.

j. OPIATE DEPENDENCE TREATMENTS – Bunavail® (buprenorphine/naloxone) is preferred with criteria; Bunavail and buprenorphine/naloxone tablets will only be approved with a documented intolerance of or allergy to Suboxone strips.

k. PAH AGENTS-PDE5s – Revatio® suspension (sildenafil) is non-preferred.

C. **Prior Authorization Criteria**

1. Complera® – Criteria has been updated to reflect new uses in non-naïve patients. A motion was made, seconded, and approved.
2. Duavee® – Criteria revised to require a trial of only one estrogen/progestin agent. A motion was made, seconded, and approved.
3. H.P. Acthar® – Criteria revised to specify that the drug will only be approved for diagnosis of infantile spasms. A motion was made, seconded, and approved.
4. Kuvan® – Criteria was revised to be more specific regarding dosing and continuation of therapy. A motion was made, seconded, and approved.
5. Xifaxan® – Criteria has been updated to allow for continuation of therapy, even if lactulose has been discontinued, with appropriate documentation. A motion was made, seconded, and approved.
6. Kalydeco® – Criteria has been updated per latest package insert to allow for appropriate dosing in children 2 years and up. (Drug was previously only indicated in children 6 years and up). A motion was made, seconded, and approved.

IV. REPORTS

A. **Molina Quarterly Report – First Quarter 2015** – Eric Sears presented an overview of the Molina 2015 First Quarter Report. The presentation included a review of the most costly drugs by dollars and number of claims. The presentation also gave a breakdown of generic utilization and cost of claims.

B. **Rational Drug Therapy Program** – Steve Small presented a review of the PA program for the months of February, March, and April 2015, which included the number of approved and denied prior authorizations, edit overrides, and distribution of prior authorization based on therapeutic class of drugs. The presentation also included a review of current appeals.

C. **Health Information Designs** –Steve Espy presented an overview of the First Quarter 2015 retro 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. The presentation also included a review of the February cycle population-based intervention on non-adherence to antidepressants.

V. OTHER BUSINESS – OPEN TO THE FLOOR

A. None

VI. NEXT MEETING AND ADJOURNMENT

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

B. The meeting concluded at 5:26 p.m., EDT.

C. The next meeting will be Wednesday, September 23, 2015 from 4:00 p.m.-6:00 p.m. located at WVDHR.

Submitted:

Steve Espy, RPh,