

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 8, 2019

Board Members Present

Laurence Miller, M.D.
Tonya Robertson, Pharm. D.
Chadwick Rodgers, M.D.
Melissa Max, Pharm. D.
Grace Marable, Pharm. D.

Board Members Absent

(1) Physician Vacancy

PASSE Members Absent

Suzanne Trautman, Pharm. D.

Medicaid Staff Present

Cindi Pearson, Pharm. D., Chair
Mike Munnerlyn, MBA

Magellan Staff Present

Lynn Hailey, Pharm. D.

PASSE Members Present

Kristin Pohl, Pharm. D.
Christopher Page, Pharm. D.

I. UNFINISHED/OLD BUSINESS OR GENERAL INFORMATION

1) ANNOUNCEMENTS

The Chair called the meeting to order at 9:05 a.m. The Chair made the following announcements.

- 1) General announcements concerning silencing cellphones, bathroom locations, visitor sign-in sheets and speaker sign-in sheets.
- 2) Dr. Bravo has resigned from the committee. We are currently seeking a physician preferably general practice to replace Dr. Bravo.
- 3) Each PASSE is required to have a non-voting member on the Committee. Given the new members, all members introduced themselves.
- 4) Meeting minutes for the November 2018 and February 2019 DRC were discussed.
 - a. November 2018—Motion to accept as written by Dr. Rodgers; Seconded by Dr. Robertson; all approved and passed.
 - b. February 2019—Motion to accept as written by Dr. Miller; Seconded by Dr. Marable; all approved and passed.
- 5) Bylaws were last reviewed in entirety in 2016. As per the bylaws, documentation of proposed changes was provided to the committee members for review at the August DRC meeting.

2) SPEAKERS

Chair reminded the speaker(s) that they are allotted 2 minutes per drug.

- a. Chair read a letter provided by Dr. Les Smith pertaining to Vraylar.
- b. Phillip Jennings Pharm. D. from Allergan; spoke on Vraylar
- c. Dr. Michael Nelson from Sunovion; spoke on Latuda
- d. Tara McKinley Pharm. D. from Otsuka; spoke on Rexulti

Committee members did not have questions for the speakers.

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 8, 2019

3) CONFLICT OF INTEREST

Chair read the Conflict of Interest Disclosure information and asked the committee members to sign the attendance sheet and Disclosure of Conflicts of Interest form. No conflicts were declared by the Committee members or chair.

II. NEW BUSINESS

1) ORAL ANTIPSYCHOTICS

The chair provided background information on oral antipsychotics and current criteria. Oral antipsychotics would be a new PDL class. Dr. Hailey presented a PowerPoint with the following information.

- a) **General information on Schizophrenia, Bipolar I Disorder and Bipolar II Disorder**
- b) **FDA approved indications for each oral antipsychotic medication in concise charts.**
- c) **Pharmacology**
 - a. **All antipsychotics block dopaminergic transmission to some degree**
 - b. **First generation antipsychotics (FGA) have strong binding affinity for D2 receptors and have distinct effects on the following receptors which predicts potential side effects-- Neuronal 5-HT_{2a}, Alpha-1, Histaminic, and Muscarinic.**
 - c. **Second generation antipsychotics (SGA) have lower affinity for D2 receptors and some are 5HT_{1A} agonists which decreases the normal side effects seen by FGA.**
 - d. **Summary side effect chart provided.**
- d) **American Psychiatric Association guidelines summary for schizophrenia, Bipolar I and Bipolar II. Recommendations have not changed since 2009 despite the addition of new SGAs. Most data shows efficacy is similar between FGA and SGA.**
- e) **Recommendations for preferred drug list (PDL)**

PREFERRED AGENTS

Risperidone Tablets, Solution, and ODT

Quetiapine Tablets

Olanzapine Tablets and ODT

Aripiprazole Tablets

Ziprasidone Capsules

Clozapine Tablets

Haloperidol Lactate Conc

Perphenazine Tablets

Haloperidol Tablets

Trifluoperazine Tablets

Loxapine Tablets

Thioridazine Tablets

Thiothixene Capsules

Pimozide Tablets

Amitriptyline/Perphenazine tablets

Fluphenazine Tablets

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 8, 2019

NON-PREFERRED AGENTS

Fazaclo ODT/Clozapine ODT/Versacloz
Latuda Tablets
Saphris Sublingual
Paliperidone Tablets (Brand and Generic)
Fanapt Tablets
Aripiprazole Solution and ODT
Zyprexa Zydis
Vraylar Tablets
Rexulti Tablets
Olanzapine/Fluoxetine Capsules
Fluphenazine Elixir/Solution
Molindone Tablets
Chlorpromazine Tablets

Dr. Robertson asked how they were provided previously. Dr. Hailey stated they were wide open without a PA for >18 years. No criteria, no quantity limits or therapeutic duplication edits.

Prior to the PowerPoint, Dr. Max expressed concern when relying on parents to give antipsychotics and asked if that was taken into consideration with recommendations for continuation. Dr. Hailey explained the 90/120 rule for continuation, antipsychotics are manual reviewed for patients <10 years old and billed diagnoses is reviewed for hospitalizations etc. We try to get them out quickly not to inhibit therapy.

Chair pointed out the recommendations for Paliperidone and Chlorpromazine are non-preferred.

Dr. Rodgers asked how many preferred should be tried prior to moving to a non-preferred.

Dr. Miller responded that each would be reviewed on a case-by-case basis and documentation that 1-2 medications or more should be tried at therapeutic doses. We make individualized decisions, want chart notes and documentation of previous meds tried with doses and duration of therapy.

Dr. Robertson agreed that 1-2 preferred medications would be reasonable and indicated there are lots of choices for preferred.

Dr. Robertson asked if EKGs are required and Dr. Marable asked if they are taken into consideration if patient is currently on another medication that prolongs the QT interval. Dr. Miller stated that yes this was considered, and provider would be educated. For example, Ziprasidone has QT interval issues, but EKG not required.

Dr. Hailey noted that Retrospective Drug Utilization Review (RDUR) sends education to providers with only a 25% response rate.

Dr. Robertson asked about preferred long-acting agents. Chair provided list and note that we look at labs heavily.

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 8, 2019

Dr. Rodgers stated that we have come a long way but more to go.

Dr. Robertson asked if we require a specialist. Dr. Miller responded no. If request comes from a primary care, those are scrutinized; have they been in counseling, has there been a trauma screen, is the child young? These may need to be referred to a specialist.

Dr. Rodgers is uncomfortable with in general; highly traumatized people being mistreated with antipsychotics.

Dr. Marable asked if any other requirements for <10 to have non-mediation psychiatry referral.

Dr. Hailey responded that will be monitored on renewal; request documentation of counseling or trauma screen etc.

Motion to approve the presented preferred and non-preferred drug list by Dr. Rodgers;
Seconded by Dr. Robertson; All approved and motion passed.

2) Proton Pump Inhibitors (PPIs)

The chair provided current background on PPIs—renewal of drug class on PDL, criteria for preferred agents and non-preferred agents as well as current preferred/non-preferred list on the PDL. Dr. Hailey presented a PowerPoint with the following information.

- a) Chart with FDA approved indications for each PPI
- b) General PPI overview
- c) PPI uses with guideline recommendations
- d) Long-term effects of PPI usage
- e) Summary of evidence-based medicine and dose conversion for PPIs
- f) Recommendations for preferred drug list (PDL)

PREFERRED

Omeprazole capsules (20 mg and 40 mg)

Pantoprazole tablets

NON-PREFERRED

Dexilant (dexlansoprazole)

Esomeprazole capsules (Nexium)/ Esomeprazole Strontium

Pantoprazole (Protonix) Suspension

Rabeprazole (Aciphex) tablets

Aciphex (rabeprazole) sprinkle

Omeprazole/Sodium Bicarbonate (Zegerid)

Lansoprazole Solutab (Prevacid Solutab)

Lansoprazole capsules (Prevacid)

NON-PREFERRED WITH CRITERIA

Nexium Suspension- Approvable at POS for Under 7 or NPO

DRUG REVIEW COMMITTEE (DRC) MEETING MINUTES

May 8, 2019

Prior to PowerPoint--Dr. Robertson asked where 93 days originated from because guidelines recommend max of 8 weeks. Dr. Rodgers states go to PCP and provider will put on until can get to GI. Chair stated that she spoke with Dr. VonLathen who requested that PPIs not be available wide-open. Dr. Robertson stated very overutilized and lot of risks.

Dr. Marable asked if a lifestyle change was required. Dr. Hailey provided a response. Preferred without a PA for first 3 months of therapy (or cumulative 93 days in 365 days). Then PDL pharmacist review with chart notes and information from provider and profile. Lifestyle change is not required. Dr. Marable stated that a patient may only need 10-day treatment for H Pylori but prescribed PPI indefinitely.

Dr. Max asked if NSAID induced issues would be a reason for PPI usage. Dr. Hailey stated that NSAID would be considered approvable based on all data reviewed.

Dr. Marable suggested that we wait until lifestyle change can be reviewed by the DUR board to vote on list.

Dr. Max pointed out that this committee is voting preferred vs. non-preferred and asked if it were a man-power issue. Dr. Hailey stated the PDL pharmacists review over 1000 requests for PPIs per quarter for length of therapy exceeding 93 days.

Dr. Marable conceded to vote this meeting but wanted a follow-up at next DRC and approval timeline is updated with DUR and addition of lifestyle change.

Chair pointed out that the recommendation for Lansoprazole capsules and Solutabs is to be moved to non-preferred and Nexium packets be non-preferred with criteria for patients <7 years old or NPO.

Motion to approve the preferred/ non-preferred/ non-preferred with criteria as recommended made by Dr. Robertson; Seconded by Dr. Max; approved by all and motion passed.

- 3) **Chair provided schedule of future DRC meeting dates.**
- 4) **Meeting adjourned at approximately 10:10 a.m.**