Drug Utilization Review (DUR) Committee

March 20th 2015 - Telephonic

Members Present

Robin Cooke, PharmD, CGP
Jenny Love, MD
John Pappenheim, MD
Chuck Semling, PharmD
Erin Narus, PharmD (DHSS)

Members Absent

Maggi Rader, CNM
Chad Hope, PharmD (DHSS)

Non-Members Present

Tolu Balogun, PharmD (Magellan)
Michelle Vice (Drug Rep)
John Wilfield (Drug Rep)
Stewart O'Brochta (Drug Rep)

Meeting started at approximately 1:05pm; Attendance was taken
This meeting was held telephonically

Welcome
Review of minutes from January 16th, 2015
Approved unanimously without modification
Review of agenda – modification that item #4a (new prescription medications) be deferred to the April 17th meeting
Approved unanimously with modification
Open floor to members for comments, questions, concerns
No issues brought forward

ProDUR

- **Review of existing Prior Authorizations, Quantity Limits, Edits**
  - Imbruvica
    - New FDA indication prompted review
    - New criteria proposed to include new indication of Waldenstrom's macroglobulinemia (WM) and approval criteria to include patients with diagnosis of WM.

    APPROVED; UNANIMOUS
  - Oral Anticoagulants + Savaysa (edoxaban)
    - Last criteria approval was 2011 (Pradaxa) and 2013 (Eliquis)
    - Recommendation to remove PA for Xarelto, Eliquis and Pradaxa so these products can be managed in the PDL
    - Utilization for these products has been established and current PA is not necessary to ensure appropriate product utilization for these products
    - The proposal aims to streamline access to these products
    - Savaysa was approved in Jan 2015 and currently under interim PA list and will remain on the list for at least 6 months as standard practice for new products

    APPROVED; UNANIMOUS
  - Hepatitis C, Direct Acting Agents – fax form only
    - New fax form proposed to ensure that PA received contains the necessary information for an appropriate prior Authorization (PA) review to be conducted by the clinical call center staff.

- The proposed PA fax form is specifically for patients that are just starting therapy
- The form includes: diagnosis, genotype, prior treatment information, metavir fibrosis score or equivalent, various labs and tests to evaluate disease severity, baseline HCV viral load and HIV co-infection.
- Form should be a requirement for PA
- Informational follow-up in April meeting with revision if applicable

APPROVED; UNANIMOUS – with allowance to make form more streamlined

- **Proposed new Prior Authorizations, Quantity Limits, Edits**
  - Testosterone replacement therapy
    - Proposed Quantity limits and Therapeutic duplication edits
    - Products not established for use in males under 18 years of age
    - Products are not dosage equivalent
    - Reason for review is FDA caution on adverse events, potential for abuse, misuse or dependence and increased risk of cardiovascular and cerebro vascular events
    - Quantity limits proposed are based on FDA recommended limits and its intent is to prevent excessive utilization and potential for diversion especially for topical products
    - Committee recommend possible step-therapy developed and presented in April meeting
  - Akynzeo
    - Approved October 2014
    - Indicated for the Prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.
    - Proposed Quantity limit is 1 capsule for day, up to 12 per 28 days
    - Proposed PA to restrict to FDA labeled indication and failure to 2 different chemotherapy induced nausea and vomiting regimens.

      APPROVED; UNANIMOUS
  - Saxenda and Victoza
    - Saxenda
      - FDA approved in December 2014 and is indicated for weight loss; hence is a non-covered Medicaid product
    - Victoza
      - FDA approved in 2010 and indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 DM.
      - Current PDL status is non-preferred
      - Proposed quantity limit consistent with FDA labeled indication for diabetes - 0.3ml (1.8mg) per day which equates to 3 pens a month (consistent with maximum dosing); consistent with FDA recommended dosage limit
      - Proposed maximum per day limit is to prevent off-label usage for weight-loss (non-covered service under AK state Medicaid)

      APPROVED; UNANIMOUS

- **Retrospective Review**
  - Benzodiazepines and Opioids, part 1
    - DAWN report – Discusses the risks of combination of benzos and concomitant use with other drugs that depress the CNS and how that contributes to emergency room visits and death.
    - AK Medicaid Data - FFY15Q1 (Oct 1 – Dec 31)
      - Individuals who received benzo products alone
        - The Antianxiety drugs included in the analysis are the utilized drugs in the benzodiazepine class (Alprazolam, Chlordiazepoxide, Chlorazepate, Diazepam, Lorazepam and Oxazepam)
        - Approx 2200 individuals
        - Distribution is bimodal across the different age ranges
        - At age range 65 and greater, there is a relatively small utilization primarily because these products are covered for those individuals who are Medicare eligible.
      - Individuals who received opioid products alone –
        - Bimodal distribution
        - Largest utilization in the 12-34 age range
        - Approx 7,000 members
      - Clonazepam and Hydrocodone/Ibuprofen–
        - Categorized under separate drug class in this review but in the future will be reported in the Benzo and opiate group respectively
      - Individuals who received both benzo and opioid products
        - The age range with the highest utilization is 45 – 64; this age group accounts for 46% of the individuals using the combination products
    - Further analysis needed to determine whether there are specific combination of products involved
    - Committee discussed that the relatively low benzodiazepine utilization might be due to patients possibly paying out of pocket for inexpensive benzo products.
    - Committee suggests that a report showing multiple benzodiazepine utilization and the product strengths might be helpful

- **Past Intervention Informational Updates**
  - Long-acting (LA) opioids step-edit
    - In April 2013 fentanyl and morphine were removed from requiring PA.
    - Retrospective review of the impact of removing the two agents showed a very steady and a slight decrease in the quantity dispensed (2700 – 3,000)
    - There was no upward trend of the utilization which equates to a decrease in the total amount paid for these products
    - Jan 2014 had approx 79 PA request for LA opioids, in Feb 2015 we had 53 requests. Shows a downward trend in the overall PA requested for LA opioids.
    - Number of approved PAs shows a flat line with no increase or decrease

Meeting adjourned at 4:11pm

Next Meeting: April 17th 2015 at 1:00pm