

Alaska Medicaid Drug Utilization Review Committee Meeting Minutes

January 20th 2017

Members Present

Jenny Love, MD, MPH Heath McAnally, MD, MPH Ryan Ruggles, Pharm D Chuck Semling, Pharm D

State Representatives Present Erin Narus, Pharm D (HCS) Alex Malter, MD (HCS)

Non-Members Present

Thomas Olsen (DEA)

John McCall RPh (Magellan)

Members Absent

John Pappenheim, MD Maggie Rader, ANP

- 1) Review of minutes from November 2016
 - a) Unavailable, tabled to next meeting
- 2) Review of agenda
 - a) Agenda reviewed and accepted by committee
- 3) Comments/Suggestions from Committee Members
 - a) No general suggestions from committee members
- 4) Prospective Drug Utilization Review
 - a) Interim Prior Authorization List Review (list of products attached)
 - The committee reviewed a subset of drugs, recommended by the state, that were on the Interim Prior Authorization list that can now be removed. Recommendation based on low utilization drug not included in reviewed PDL class.

A motion was made by Dr. J Love, MD to remove the prior authorization requirement for each drug on the list. The motion was seconded by R. Ruggles, Pharm D. The motion passed unanimously.

- The committee reviewed a subset of drugs on the Interim Prior Authorization list that per recommendation from the state can be transitioned to automated prior authorization through ICD-10 diagnosis codes entered by the provider during claim adjudication.

A motion was made by R. Ruggles, Pharm D to remove the prior authorization requirement for each drug on the list. The motion was seconded by Dr. J Love, MD. The motion passed unanimously.

- The committee reviewed a subset of drugs on the Interim Prior Authorization list that per recommendation from the state will remain on list until the next PDL is implemented.

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A motion was made by R. Ruggles, Pharm D to remove the prior authorization requirement for each drug on the list. The motion was seconded by C. Semling, Pharm D. The motion passed unanimously.

b) Review of existing prior authorizations, quantity Limits, edits.

- Orkambi:
 - Committee recommended changes to prior authorization criteria for Orkambi® (lumacaftor/ivacaftor). Orkambi is indicated for the treatment of cystic fibrosis in patients who are homozygous for the *F508del* mutation in the CFTR gene. Criteria updated to match current FDA approval for patients greater than or equal to 6 years of age. Orkambi had previously been approved for patients greater than or equal to 12 years of age.

Motion made by C. Semling, Pharm D to approve the change to the criteria. The motion was seconded by R. Ruggles, Pharm D. The motion passed unanimously.

c) Hepatitis C DAA

The State recommended exploring alternatives to “item 10” in the approval criteria for all genotypes of Hepatitis C treatment. Item 10, as stated below, requires proof of drug testing to be submitted prior to approval to receive treatment. Item 10 reads as follows:

- Patient has been tested for the use of illicit drugs, controlled substances, and alcohol within the previous 90 days (results submitted with the request); **AND***
 - *If the test is positive for alcohol or illicit substances, the prescriber must submit documentation that the patient is actively attending a treatment program for substance abuse.*
 - *If the test is positive for a prescription controlled substance or a metabolite, the prescriber must document whether the patient has an active prescription for the attributable controlled substance.*
- Committee discussion supported a more comprehensive approach. Possible alternatives include:
 - The Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C) tool.
 - PREP-C is an interactive online tool that helps the health care provider make a comprehensive evaluation of a patient’s readiness to begin Hepatitis C treatment. It is also a tool to improve the patient’s readiness for treatment.

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- A physician signed attestation, or the use of check boxes, that counseling and readiness assessment has happened, attestation that the patient is not a re-infection risk.
- A signed agreement of compliance from the patient was also discussed. Using both the check boxes and the Prep-C tool was considered.
- Drug testing would not be discouraged but would be at the physician's discretion rather than a criteria requirement.

The committee will consider the PREP-C tool with other alternatives in the next meeting.

5) Opioid Initiatives

The State introduced the state of Alaska's opioid strategic initiatives. Alaska Medicaid continues to work to align initiatives with recommendations from the Statewide Alaska Opioid Policy Task Force (AOPTF; <http://dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx>), the State Professional Boards, and legislative direction to address the state- and nationwide opioid epidemic.

- a) The State presented a portion of Governor Walker's State of the State address from January 18, 2017 in which he outlined the AOPTF's recommendations and priorities.
 - To address the state's growing opioid epidemic and based on the work of the Statewide Opioid Task Force, Governor Walker offered five steps the state can take going forward:
 - Limit the amount of opioids a doctor can prescribe, with some exceptions
 - Strengthen the Prescription Drug Monitoring Program to prevent patients from pill-shopping and identify providers who are overprescribing opioids
 - Give regulatory authority to classify illicit opioids as controlled substances as they emerge
 - Restrict the transport of illegal opioids and heroin into rural communities with improved screening and enforcement measures
 - And require licensed healthcare providers to complete opioid addiction education as part of their continuing education requirements.
- b) Mr. Thomas Olsen, DEA, introduced. Mr. Olsen commended the committee for the clinical expertise and influence that they bring to the problem.
- c) A history of past and on-going drug utilization efforts around opioids was presented

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- d) The State presented the opioid initiatives initially put forward at the November 2016 DUR Committee meeting and the priority timeline for these efforts in the coming months.
- Requirement of ICD-10 diagnosis codes on all Medicaid opioid claims;
 - Limiting day supplies on new opioid prescriptions to 7 days for opioid naïve patients;
 - Quantity/fill limits for opioids prescribed to children;
 - Dental procedure analgesia protocols;
 - Incorporating opioid Morphine Milligram Equivalents (MME) in prospective drug utilization review during claims processing (two-phase);
 - Focus on women’s health and perinatal care around opioid utilization;
 - Improving access and minimizing barriers to medication assisted treatment for opioid dependence.

e) Links to guidelines from other states presented. Recommendation made by the state to adopt set of guidelines for the Alaska Medicaid program.

- Benefits: provides evidence-based practice guidance for the program, especially with respect to peri-procedure, chronic, and alternative pain management, as well as medication assisted therapy.
- The committee wished to wait for a formal decision by the State Professional Boards to align program guidelines with state guidelines.

f) Physicians on the committee discussed the challenges that prescribers face on a daily basis related to pain management and opioid prescriptions. Observations and suggestions were as follows:

- a) Make better use of behavioral health.
- b) Avoid medicating emotions.
- c) Give patients clear explanation and expectations related to their illness and pain.
- d) Very clear titration protocols would help many physicians.
- e) Public education is necessary.

6) Hemophilia

The State presented introduction of quality improvement plan to improve care for hemophilia patients.

- a) Current prior authorization relies on claim by claim approval. Goal is to transition to a coordinated care approach. State will be working with stakeholders to develop and refine.

A motion was made by R. Ruggles, Pharm D to adjourn after 4:30pm. The motion was seconded by C. Semling, Pharm D. The motion passed unanimously.