Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, September 20th, 2024

Meeting was held telephonically 1:06 PM.

Drug Utilization Review Committee Attendees

Members Present	Non-Members Present
Charles Semling, PharmD (DOH)	Nina Huynh, PharmD (Prime Therapeutics)
Matt Parrott, PharmD (DOH)	Ryan Ruggles, PharmD (Prime Therapeutics)
Charles Ryan, MD	
Casey Gokey, MD	
Valarie Bixler, PharmD	
Claudia Phillips, MD	Members Absent
Keri McCutcheon, RPh	Robert Carlson, MD

Call to order at 1:06 PM.

Matt Parrott started the meeting and reviewed the agenda for the meeting.

Review of minutes from April 2024

Matt Parrott reviewed the minutes from April 2024, and there were no comments for change.
Claudia Phillips moved to approve the minutes. There was no opposition.

Overview of Medicaid Prescription and Cost Trends

Program trends were reviewed. August 2024 compared to August 2023 was not very different. It was noted that single source utilization percentage had dropped. PMPM was up slightly. Most other items were very flat. Member months were down slightly.

Top 10 categories were shown, and it was mentioned that in the claims table the psychostimulants and antidepressants class was the most utilized class. Next was the table that is organized by pharmacy reimbursement. Miscellaneous payment was the highest cost and is an umbrella category. Miscellaneous category contains expensive items such as hemophilia and cystic fibrosis. GLP1 and insulin dominate the spend in the diabetic therapy and lead that category to be the 2nd most paid amount. This seems to be consistent month to month.

Top 25 reports were shown to the committee. The table based on claim count was shown, and it was noted that the top 10 stay in the top 25 for the last few quarters. There were some supply disruptions that caused some

shifts in the table. Spend to the pharmacy was shown, and it was noted that Ozempic has replaced Humira as the top spend agent. Net net expenditures top 25 was shown. It was noted that there was some slight shifting in the list.

Prospective Drug Utilization Review/Clinical Topic Areas

New Prescription Medications (Interim PA List – 6 month review)

New items proposed for the interim PA list was presented to the committee. It was noted that there were many adalimumab biosimilars on the list due to both named products and generic products in different strengths and forms.
Claudia Phillips moved to approve the addition of the drug list.
Keri McCutcheon seconded. No committee opposition.

Abilify Asimtufii and Hadlima were recommended to be removed from the suspend list to the committee. This was discussed with the committee.
Claudia Phillips moved to approve the removal of the requirement.
Charles Ryan seconded. No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Beqvez criteria was presented to the committee. The committee discussed cost and durability of treatment for this product. There are many considerations on these types of treatments that are being discussed across the industry.
Claudia Phillips moved to approve.
Casey Gokey seconded. No committee opposition.

Bimzelx criteria was presented to the committee.
Charles Ryan moved to approve.
Claudia Phillips seconded. No committee opposition.

Rystiggo criteria was presented to the committee.
Charles Ryan moved to approve.
Keri McCutcheon seconded. No committee opposition.

Veozah criteria was presented to the committee.
Charles Ryan moved to approve.
Claudia Phillips seconded. No committee opposition.

Updated Stelara criteria was presented to the committee. This update included age range changes, and a new indication for Chron's Disease.
Charles Ryan moved to approve.
Claudia Phillips seconded. No committee opposition.

Opioid tables were reviewed with the committee. Over time, we are seeing fewer members on opioids and the patients that do have prescribed opioids are reducing their doses, and they are increasing naloxone availability. It was mentioned that hydrocodone/apap 10mg/325mg and oxycodone/apap 5 mg/325mg have swapped places, and that it is not an increase in MME. Short acting opioids make up the majority of patients and claims. The top 20 pharmacies dispensing opioids was shared with the committee. It was discussed that this document is not to target a pharmacy, but rather to demonstrate what may need to shift if there are any pharmacy closures in an area. The committee then reviewed opioid use visualizations for the previous 12 months. The time frame is slightly different, and the grouping alters some numbers in the visualizations, but the trends remain the same. Opioid MME per DS by year was shown for the committee. It was noted that Alaska started putting in limits prior to them being mandatory from CMS and that is why we lead many other programs in the reduction of MME for our patients.

FDA Drug Safety Communication / FAERS Reports

The committee reviewed the FDA Drug Safety Communication regarding Veozah. The document highlighted concerns of liver damage associated with the utilization of this medication. According to the document the patient does recover with discontinuation of the medication.

January to March 2024 FAERS report was reviewed with the committee. Most of the reported items were in very early stages of investigation. The items that had label changes were highlighted for the committee.

Miscellaneous Items

Adults utilizing antipsychotics reports were reviewed with the committee. CMS has requirements for looking at adults utilizing antipsychotics. Many different visuals were provided for the committee to provide some beginning suggestions on what the committee may want to look at moving forward. Stable and adherent definitions were provided for the committee. Stable indicated that the patient utilized the same medication combination for 3 of the 6 months, and adherent meant that they filled the prescriptions to fill 90% of the days of supply for the time period. The committee mentioned that perhaps the definition of stable or intermittent due to the common use of as needed and titration needs.

Children utilizing Trazadone and diazepam was reviewed with the committee. It was noted that most of the prescriptions for trazadone are likely used for sleep more than as an antidepressant. Diazepam for patients under 21 years of age was shared with the committee. Long acting injectable use in children was shared with the committee. It was noted that there were very few patients on it.

CMS required children utilizing psychotropic medications was reviewed with the committee. It was noted that many of the combinations are one off utilizations. Comparisons of OCS patients versus non-OCS patients were demonstrated for the committee. Of all the children on antipsychotic medications, very few of them are in OCS care. Retrospective and secondary review is available and often conducted for these patients.

End of Public Meeting

Adjournment 3:15 p.m.

Next meeting date November 15th, 2024.