Alaska Medical Assistance DUR Committee Meeting Minutes

April 19th, 2024

Meeting was held telephonically 1:00 PM.

Drug Utilization Review Committee Attendees

Members Present	Non-Members Present
Charles Semling, PharmD (DOH)	Umang Patel, PharmD (Magellan)
Matt Parrott, PharmD (DOH)	Ryan Ruggles, PharmD, MSHI (Magellan)
Charles Ryan, MD	
Robert Carlson, MD	
Valarie Bixler, PharmD	
Claudia Phillips, MD	Members Absent
	Casey Gokey, MD
	Keri McCutcheon, RPh

Call to order at 1:00 PM.

Matt Parrott started the meeting by thanking the committee and reviewed the agenda for the meeting.

Review of minutes from January 2024

Matt Parrott reviewed the minutes from January 2024, and there were no comments for change.
Charles Ryan Moved to approve.
Claudia Phillips Seconded.
There was no opposition to adopting the minutes.

Overview of Medicaid Prescription and Cost Trends

The program trend reports were reviewed with the committee. It was pointed out that there was a drop off in total spend. This is due to a drop in claim count. This may be an artifact of redeterminations after the public health emergency. Percentage of single source items mirrored the cost trends. The per member per month spend cost was flat and per utilizer per month was slightly increasing. The 3 to 4 month swing up and down for the averages occurs with other programs as well, so it isn't entirely explained by 90-day fills.

Top 10 categories were shown, and it was mentioned that miscellaneous category is a catch all category and it is driven by hemophilia and cystic fibrosis agents. The list remains consistent. The Miscellaneous category was lower on the claim count chart but moves up to the top on the visualization by spend due to high cost drugs being lumped into that category such as hemophilia agents.

Top 25 reports by claim count was shown to the committee. Matt Parrott pointed out that the top four items never change for this program. It was noted that Jardiance had a bump up in rank compared to previous meetings, but the rest are all fairly consistent. Pharmacy reimbursement report for the top 25 was shown, and it was noted that Humira and Ozempic remain in the top positions. Top 25 by net net spend report was discussed and it was noted that the glp-1 agents have moved up. Hepatitis C agents have moved down 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. The classes were clarified for the committee.
Charles Ryan moved to approve the addition of the drug list.
Robert Carlson seconded.
No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Adbry criteria was presented to the committee.
Charles Ryan moved to approve.
Valerie Bixler seconded.
No committee opposition.

Fabhalta criteria was presented to the committee.
Charles Ryan moved to adopt the criteria as presented.
Claudia Phillips seconded.
No committee opposition.

Updated botulinum toxin criteria was presented to the committee. It was noted that the list of indication is not intended to be all inclusive and the absence of mentioning on this document does not indicate that the request would be denied.
Charles Ryan moved to adopt the criteria as amended.
Claudia Phillips seconded.
No committee opposition.

Updated Corlanor criteria was presented to the committee.
Charles Ryan moved to accept the criteria with the updates.
Robert Carlson seconded.
No committee opposition.

Updated Xolair criteria was presented to the committee. It was noted that the food allergy indication was the only item added.
Charles Ryan moved to approve.
Claudia Phillips seconded.
No committee opposition.

Opioid Utilization Review

Opioid use was reviewed with the committee. This meeting is the first meeting we are using visualizations. It was noted that the tables are still available if the committee wishes to receive the tables. It was noted that most opioid use is in short supply and low MME utilization. The top utilization products by claim count are for generic short acting low MME items. Overall MME trend use demonstrates over the past years that the MME per days of supply continues to decrease. ICD10 codes submitted with opioid prescriptions have shown an overall trend up, however in more recent quarters it looks to be dipping back down. The cause is unknown, but we will continue to monitor moving forward.

FDA Label Changes/FAERS Reports

FDA Drug Safety Communications were reviewed with the committee. Suspected GLP-1 use and suicide association was found to not have a causal link. Prolia has had a boxed warning added due to risk of severe hypocalcemia in patients with advanced chronic kidney disease.

October-December FAERS report was reviewed with the committee. The FAERS reporting did result in the addition to the Contrave label a warning regarding the use in brugada syndrome. Beyfortus was updated to mention the risk of hypersensitivity reactions. Beyfortus and Imcivree had updated labeling to include the risk of hypersensitivity reactions. Ezetimibe containing products had a labeling update for increased liver transaminases. Oncaspar had a labeling update for hepatic veno-occlusive disease.

Miscellaneous DUR Items

The removal of Vitamin D criteria and implementing a quantity limit was discussed with the committee. There were no committee concerns.

Opioids, sedatives, stimulants and cefixime quantity limits were discussed with the committee to bring in per day dose in parity with the monthly dosing. There was discussion regarding about how items would work for titration and bridge prescriptions. There was no committee opposition. Mydayis quantity limits was presented to the committee. Cefixime quantity limits were presented to the committee. There was no opposition from the committee.

GLP-1 updated coverage for the new Wegovy indication was discussed with the committee. There were no questions regarding the coverage.

Albuterol inhaler use was discussed with the committee. The state looked at the number of inhalers for patients that received 4 or more inhalers in 6 months. This was caused by another program having issues, but we did not see the same surprising results as they did. Location was looking for differences in regions. The borough results mirrored census results. The Denali borough was a little disproportionate to the population. Relative to the entire population with significant overutilization was quite small. Overall controller agents were used for many of these patients.

Childrens use of psychotropics was reviewed with the committee. The committee asked for simplified graphics to make it easier to interpret. It was noted that the broad requirements don't lend to making simplified graphs easy. Identifying patients on long acting injectables in the graphs was mentioned as those patients will more likely identify 2 different antipsychotics. Taking a subgroup of the patients younger than 21, under 18 or stratifying by age would be helpful. The state took this feedback and committed to looking into these for future

meetings. The state described the CMS mandate for review of these core measures. It was noted that there is secondary review for patients and currently they utilize Seattle Children's Hospital for this purpose.

End of Public Meeting

Matt thanked everyone that joined for listening in and announced the end of the public portion of the meeting.

Adjournment 3:31 p.m.

Next meeting date September 20th, 2024.