Drug Utilization Review (DUR) Committee

March 21st 2014 Minutes

Members Present
Robin Cooke, PharmD, CGP
Jenny Love, MD
John Pappenheim, MD
Maggi Rader, CNM (*telephonic*)
Greg Salard, MD
Chuck Semling, PharmD
Erin Narus, PharmD (DHSS)

Members Absent/Excused
Chad Hope, PharmD (DHSS)

Non-Members Present
Julie Pritchard, PharmD (Magellan)

Meeting started at approximately 1:10pm; attendance was taken
Teleconference access available

Welcome
Review of minutes from January 17, 2014 meeting (Approved)
Review of agenda for changes

ProDUR

- Proposed Prior Authorization – Sofosbuvir (Sovaldi)
  - New oral direct acting agent for Hepatitis C genotypes 1-4 FDA approved with high SVRs during clinical trials
  - Significant cost associated with treatment (approximate market value associated with 12 week treatment course - $84,000)
  - Draft criteria presented to committee based on FDA approved indications and available clinical guidelines to prioritize access to individuals with the most severe disease
  - Primary discussions surrounded stability of product outside of original packaging; changing the six month illicit drug/alcohol use abstinence period (based on transplant guidelines) to 3 months but adding urine confirmations as a requirement; and absolute vs. relative contraindications to peg-interferon-α therapy
  - Decision was made to table the remainder of the discussion until the next meeting to allow Magellan to inquire about dispensing stability outside of original packaging and rebates associated with the 7 day Olysio

  TABLED, further discussion to resume at next DUR meeting

Sovaldi_PA_Criteria-DRAFT(2014Mar11).p

- Proposed Prior Authorization – Simeprevir (Olysio)
  - New oral direct acting agent for Hepatitis C genotype 1 FDA approved with high SVRs during clinical trials when administered as triple therapy
  - Significant cost associated with treatment (approximate market value associated with treatment course - $63,000)
  - Draft criteria presented to committee based on FDA approved indications and available clinical guidelines to prioritize access to individuals with the most severe disease
  - Primary discussions surrounded stability of product outside of original packaging; changing the six month illicit drug/alcohol use abstinence period (based on transplant guidelines) to 3 months

but add urine confirmations as a requirement; and absolute vs. relative contraindications to peg-interferon-α therapy
- Decision was made to table the remainder of the discussion until the next meeting to allow Magellan to inquire about rebate availability associated with the 7 day Olysio emergency packs.

TABLED, further discussion to resume at next DUR meeting

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- Proposed modifications to Prior Authorization of Opioid Dependence Therapy Treatments
  - Original prior authorization for buprenorphine containing agents used in the treatment of opioid dependence last updated 3/10/2010; committee had requested an update and re-review of this particular therapy at the January 2014 meeting.
  - Original guidelines failed to address psychosocial aspects of dependence, restrictions on single-agent buprenorphine products, and opportunities for scheduled tapers
  - Based on utilization review and available clinical literature and guidelines, modifications to the prior authorization were presented for discussion by the committee
  - Trends observed included utilization of single-agent buprenorphine agents by individuals other than pregnant females (including regional utilization trends) and prolonged usage of combination products at high doses
  - Initial support was offered by the committee for considering a phased approach pending further review and discussion
  - Committee wanted to ensure there were avenues for individuals to remain on the therapy beyond the initial three years if the therapy was allowing the individual to be successful; the draft criteria allows a provision for continued long-term therapy in such circumstances
  - Additional information to be provided at next meeting which would allow the committee to review the criteria from an operational standpoint to determine what additional steps might need to be considered prior to reaching out to prescriber community on the proposed changes
  - Dr. Pappenheim offered to invite a colleague to the next meeting to discuss the topic further; committee members were in agreement.

  TABLED, further discussion to resume at next DUR meeting

Next Meeting

April 19, 2014 at 1:00pm
Meeting adjourned.