Drug Utilization Review (DUR) Committee

January 16th 2015

Members Present

Robin Cooke, PharmD, CGP
Jenny Love, MD
John Pappenheim, MD (telephonic)
Chuck Semling, PharmD
Maggi Rader, CNM (tele)

Members Absent

Non-Members Present

Tolu Balogun, PharmD (Magellan)
Chad Hope, PharmD (DHSS)
Erin Narus, PharmD (DHSS), coordinator
Michelle Bice, Gilead (Drug Rep, *tele*)

Meeting started at approximately 1:02pm; Attendance was taken
Teleconference access available

Welcome
Review of minutes from November 21st 2014
Minutes accepted as written; unanimous
Review of agenda
Open floor to members for comments, questions, concerns

- Some Pharmacies have reported having trouble with prescribers not using tamper proof prescription blanks for Medicaid prescriptions.
    - Deficit Reduction Act of 2005 – intent is to reduce fraud and diversion. Remind prescribers that requirement is per regulation with the intent to reduce opportunity for opiate diversion and encourage good practices. This a federal mandate and not optional. The Division will provide educational reminder to prescribers.

- Question of whether there had been any noted movement in paid claims following scheduling of hydrocodone/APAP as CII.
    - Changes noted include:
        - Hydrocodone/APAP; drop in patients, paid claims and prescribers
            - About 15-20% drop in prescriptions
        - Oxycodone/APAP containing products; downward trend
            - Drop in prescribers and claims
        - Codeine/APAP containing products
            - Slight increase in claims (360 claims to 400 claims in November)

ProDUR

- **Review of existing Prior Authorizations, Quantity Limits, Edits**
    - Colchicine products
        - Mitigare
            - Approved in September 2014
            - Currently on Interim Prior Authorization list as Class I, added 12/19/2014
            - Indication is for prophylaxis not acute flare; Safety and effectiveness for acute treatment of gout flares during prophylaxis has not been studied.
            - Currently non-rebateable but shall place the QL in anticipation that company may enroll in federal rebate program in the future
            - Proposed QL for gout flare prophylaxis is 2 capsules per day
            - Revisit utilization in 6 months

              APPROVED; with one abstention

- Colcrys
    - Approved in July 2009
    - Recommended QL for the indication of Familial Mediterranean fever (FMF):
        - 3 tablets per day for 4 – 12 years of age (requires documentation of FMF)
        - 4 tablets per day for > 12 years of age (requires documentation of FMF)
    - Proposal to implement QL and review the interim prior authorization at a later date

      APPROVED; UNANIMOUS

Proposed new Prior Authorizations, Quantity Limits, Edits

- Hepatitis C, Direct Acting Agents (Genotype 1)
    - Viekira, Sovaldi, Harvoni, Olysio
        - Approved for patients >18 years old
        - Proposed criteria to include:
            - Genotype subtypes 1a and 1b; Metavir Fibrosis score of F2 or greater and contraindications in accordance with FDA labeling
            - Authorization request should include documentation of previously trialed HCV therapies, dates of therapy, whether full therapy was completed or discontinued early, and, if discontinued early, the reason for the discontinuation is included in the authorization request;
            - Criteria will continue to require patient to abstain from Illicit drugs and alcohol as evidenced by negative urine confirmation; will be decreased to one submission;
                - Positive results to be explained by prescriber.
            - State submitted literature recommending including marijuana as an exclusionary substance; per vote by committee, marijuana will not be considered under 'illicit drugs' per vote by committee.
            - If HIV co-infected, must provide documentation of CD4 count, HIV viral load, and regimen.
            - For renewal authorizations
                - For regimens with durations longer than 8 weeks, HCV RNA must be submitted for treatment weeks 4 and 8; **AND**
                - HCV RNA < 25 IU/mL at treatment week 4; **OR**
                - HCV RNA detectable at treatment week 4, but HCV RNA at week 6 is lower or undetectable.
            - Criteria for denial now include patient with decompensated disease with treatment not managed by a liver disease specialist; decompensated liver disease was previously denied
            - Viekira and Harvoni are efficaciously equivalent and the state can decide which to be made as first line.

          APPROVED; UNANIMOUS

Meeting adjourned

Next Meeting: March 20th 2015 at 1:00pm