

Alaska Medical Assistance DUR Committee Meeting Minutes

Friday, November 17th, 2023

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	
Valarie Bixler, PharmD	
Casey Gokey, MD	
Robert Carlson, MD	Members Absent
Keri McCutcheon, RPh	

Call to order at 1:01 PM.

Matt Parrott asked for all members of the public to identify themselves.

Review of minutes from September 2023

Matt Parrott reviewed the minutes from September 2023, and there were no comments for change. Charles Ryan moved to approve the minutes second, and Casey Gokey seconded.

Matt Parrott then reviewed the agenda for the committee.

Overview of Medicaid Prescription and Cost Trends

Cost trends have been flat by total amount paid, but users of single source items have increased, and number of users have decreased. Per member per month trend looks pretty flat and appears to be stable. Increases occur approximately every 90 days or so.

Top 10 categories were shown, and it was mentioned that the categories are fairly stable and do not change much from meeting to meeting. The miscellaneous category was described as groups of novel agents.

Top 25 reports were shown to the committee. Ozempic utilization has jumped quite a bit. Albuterol rescue inhaler was also noted. The reimbursement chart has been fairly stable as well. Cost to the program was demonstrated, and it was noted Ozempic and Monjaro have increased significantly compared to the comparator time period.

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.

Robert Carlson moved to approve the addition of the drug list.

Casey Gokey seconded.

No committee opposition.

New Prior Authorizations, Quantity Limits, Edits

Elevidys criteria was presented to the committee. It was noted that we had received letters regarding Elevidys from the community and those letters were made available to the committee prior to the meeting. The approval criteria were presented to the committee. The trials were described for the committee for their understanding, and it was stated we may review this medication in the future.

The committee was asked if there were any opposition to adopting the criteria as written. There was no opposition.

Vyjuvek criteria was presented to the committee. Quantity limits were very stringent per the labeler. The committee was asked if there was any opposition to adoption of the criteria as written. There was no opposition.

There was no committee opposition.

Updated Entyvio criteria was presented to the committee.

The committee was asked if there was any concern with adding the syringes. Robert Carlson mentioned it may be helpful to include the target cell or component of the immune system for these types of therapies.

The committee did not oppose the adoption of the update.

Updated Kerendia criteria was presented to the committee. This update was requested by industry.

The committee did not oppose the adjustment to the criteria.

Updated Strensiq criteria was presented to the committee. Matt Parrott clarified the reasoning of difference in area under the curve to support the reasoning for updating the criteria for patient safety and provider education. This was directly from labeling. The committee did not oppose the adoption.

Amitiza and Linzess criteria was reviewed for the purpose of retiring it. The indications have changed along with the decrease in cost has made the criteria a barrier to therapy rather than a safety or proper utilization assurance. The committee did not oppose the retiring of the criteria.

Opioid tables were reviewed with the committee.

Shortages of product in the marketplace have again made it appear that patients have been pursuing more pharmacies. It was noted that the tables do not reflect all of the fills for Medicaid patients and that there may be cash pay prescriptions that are not included. The mme per pharmacy and the top mme patients have fallen noticeably in the last year. In April the committee approved placing a 7-day limit in line with guidance, and that change is demonstrable in the table.

Geographic prescribing of opioids and of naloxone was demonstrated to the committee. The committee reinforced that the geo tool could be very useful in finding outliers. The committee mentioned that perhaps sharing and distributing the information may be helpful for some communities that may not be looking at these trends.

FDA Label Changes/FAERS Reports

FDA warns consumers not to purchase or use certain eye drops from several major brands due to the risk of eye infection was reviewed with the committee. These manufacturers or labelers include some well-known retailers and are potentially available in the Alaska market.

April-June FAERS reports were shown including additional information through September 13, 2023. Matt Parrott mentioned that it was not real surprising. Most reports were at an early stage of investigation. Mounjaro did have a labeling change associated with the report.

Benzodiazepine combinations with other medications

Co-prescribing benzodiazepines with potentiators were demonstrated to the committee. It was noted that the combinations had to be broken down due to the way the numbers look when all combined into one visualization. Missed diagnosis and comorbidities may be driving some of these combinations, and there are cautions regarding the use of benzodiazepines in patients with comorbidities. Nothing in presentation is intended to imply that the patients aren't being treated appropriately, but it is to encourage good practices. The committee discussed that there is no good literature stating that opioid and benzodiazepine used in combination is good medicine. The state clarified that the point is that individuals may be treated appropriately, but without looking at the specific patient is hard to say.

Lettering campaign to educate prescribers was presented to the committee with the purpose of education and making sure it is known that prescribers have a resource with the University of Washington School of Medicine. This service is free to Alaska providers. The committee wanted to know about continuity of care and turnover of providers potentially leading to these situations. Matt Parrott mentioned that this is and has been a challenge in Alaska. The committee suggested sending the UW flier to all prescribers of opioids. The state was amicable to the discussion on distributing the information to that list of providers but want to ensure that the message is well received.

Psychotropic Medication use was Shown to the Committee

Monitoring for combinations for escalation for secondary case review was shown to the committee with different breakdowns and age ranges. It was noted that OCS patients do not make a large percentage of these patient populations.

Miscellaneous

A letter from Broadway compounding pharmacy was provided to the committee regarding a quantity limit that is in place for lidocaine/prilocaine. The limit can be exceeded with prior authorization but as of today no prior authorizations have been received.

End of Public Meeting

Adjournment 2:16 p.m.

Next meeting date January 19th, 2024.