DUR Committee
March 19, 2010 Minutes

Members Present
Dharna Begich
Amber Briggs (telephonically)
Robert Carlson (telephonically)
Vincent Greear
Janice Stables
Chad Hope

Others Present
Alex Malter (Medical Director)
Bill Milne (First Health)

- Minutes from February meeting were approved unanimously without changes.
- By-Laws
    a. The draft By-Law was distributed on March 5th, 2010 for members to review and have comments ready. A revised copy was received on the 19th and it was used as the basis for the new By-Laws. All suggestions in the April 19th draft were approved with the following changes also included.
        i. Article II: "potential and actual" was changed to "potential or actual".
        ii. Article III, Section III (B): changed to include the designees of the chief pharmacy official, division director, or medical director.
        iii. Article III, Section IV: "Educational Program" changed to "Educational Function"
        iv. Article IV, Section IV: changed to read "…on any issue if there is an appearance the committee member is conflicted".
        v. Article VI; State Medicaid Agency was changed to "DHCS".
        vi. Article VII: "routinely" added.
        vii. Article VIII: "two-thirds of members present" was changed to "two-thirds of members".
        viii. Article IX: was removed
    b. The By-Laws were approved by a unanimous vote of 5 – 0 (Amber Briggs was not on the call for the vote).
- Proton Pump Inhibitor Criteria
    a. The changes to the existing criteria for PPI was considered by the Committee. Discussion began as to how we would now handle re-approving the criteria that is currently in place for prior authorizations, quantity limits, etc… For the time being the criteria would continue and over the next year (2010 – 2011) to re-address and evaluate if further changes are needed. This criteria was updated to reflect the name change of Kapidex to Dexilant. During the discussion it was noticed that Dexilant was not preferred or non-preferred, but not-reviewed. These medications currently pay as preferred and the Committee unanimously requested we examine how to handle new products at the next meeting. It was suggested

that all new products be classified as non-preferred or on prior authorization for the first 6 months. The question was called on approving the updated PPI criteria and it was approved unanimously 5-0.

- Revatio Criteria
    a. The existing criteria and new criteria were explained in detail. The change to the criteria is to place a quantity limit of 90 tablets per 30 days on this product to address the problem of overutilization, and after brief discussion it was approved 5-0.
- Adcirca Criteria
    a. The proposed criteria were explained and it was clarified that this medication was similar to Revatio and the same as Cialis. There is a large opportunity for abuse/misuse and both a prior authorization and quantity limit as suggested addressing the potential problem of overutilization. After brief discussion the criteria was approved 5-0.
- Onsolis Criteria
    a. The proposed criteria were presented in detail. The committee was uncomfortable with the definition of opioid tolerant as defined by the manufacturer and it was suggested we compose a policy statement on narcotics in the future. For the time being it was suggested that we include "as described above" under opioid tolerance and a quantity limit of 90 films per month. The criteria and the changes were approved unanimously 6-0.
- Fentora Criteria
    a. The proposed criteria were presented in detail. It was suggested the criteria for approval mirror that of Onsolis which would include the addition of 18 years or older, "as described above" for opioid tolerance, and a quantity limit of 90 tablets per month. The package insert was reviewed and both statements were appropriate so the criteria were updated with the changes as suggested. The criteria and changes were approved unanimously 6-0.
- Suboxone and Subutex Criteria
    a. The proposed criteria were presented in detail. It was suggested removing the requirement for formal counseling with a licensed behavioral health provider, the patient not being pregnant or being male, and the submitted OB documentation due to the unique challenges that exist in accessing these services in Alaska. After brief discussion the changes were agreed upon and discussion continued. The length of authorization was discussed and changed to a 6 month approval that can be renewed after suggestions from the Committee at large. The Committee agreed upon a maximum daily dose of 24mg or less of buprenorphine. After further discussion the criteria and changes were approved unanimously 6-0.
- Serostim Criteria
    a. Was not reviewed at this meeting. Will be reviewed at the April meeting due to time constraints.
- The meeting adjourned at 4:00p.m.