DUR Committee
April 16, 2010 Minutes

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

Others Present
Melinda Sater (First Health)

John Pappenheim (unable to attend)

- The agenda was presented and approved with the addition of discussing an opioid position paper to be composed and collaborated on electronically over the summer.
- Minutes from March meeting were approved unanimously without changes.
- Serostim Criteria
    a. The proposed Serostim criteria were presented to the committee in detail. Currently growth hormone is on PA for limited pediatric use. Serostim is approved for AIDS wasting and the new regulations for Medicaid allow this medication to be covered. After lengthy discussion the criteria was approved unanimously as presented with the clarification that the call center will use a 12 month look back for determining if the patient has "recently received" antiretroviral therapy.
- Vivitrol Criteria
    a. The proposed Vivitrol criteria were presented to the committee in detail. Currently oral naltrexone is on PA but the injectable product is not. There was much discussion about what requirements for approval are appropriate to ensure the patient is not using opioids with Vivitrol or what setting is appropriate for use. The criteria were approved with the additional criterion that a patient can seek approval for outpatient Vivitrol use if they have completed an inpatient substance abuse program in lieu of demonstrating abstinence in an outpatient setting. The criteria were approved unanimously.
    b. Following approval of the Vivitrol criteria it was moved we address the prior authorization of oral naltrexone. After brief discussion the committee voted to remove oral naltrexone from prior authorization by a vote of 5 in favor to 1 opposed.
- Prior Authorization Criteria for New Products to Market
    a. Following brief discussion from the March meeting where it was suggested new medications should be subject to at least the same criteria as non-preferred medications the committee discussed possible criteria new products would be subject to upon entering the market. Some suggestions were presented to the committee and it was suggested that making new medications "non-preferred"

would not be appropriate because the preferred status of a medication is determined by the P&T committee and through the bidding process by manufacturers. Placing the new products on prior authorization is more appropriate with the focus of the DUR Committee and in line with the action other states have taken. The committee approved the second suggested criteria with the changes that after 6 months the medication is eligible to be reviewed to determine if the DUR Committee would like to remove the prior authorization or the prior authorization can be removed if the medication is in a reviewed drug class and "preferred" by the P&T committee. The criteria were approved unanimously.

- RetroDUR review
    a. The profiles were reviewed and letters generated as the committee members deemed appropriate.
- Opioid position paper
    a. It was suggested that during the summer break the committee should develop an opioid position paper including what will be recognized as equal analgesic doses of opioids for the purpose of clarifying potential prospective drug utilization review criteria in the future. The committee was in agreement that this would be a beneficial project and that work should begin over the summer.
- The meeting adjourned at 4:15p.m.