DUR Committee

September 21th, 2012 Minutes

Members Present:
Dharna Begich, Pharm.D.
John Pappenheim, MD
Jenny Love, MD, MPH.
Mary-Beth Gardner, ANP
Erin Narus, Pharm.D. (Magellan)
C.J. Kim, R.Ph (DHSS)

Members Absent:
McCormick, William, Pharm.D.

Public attendees:
Viki Wells (Division of Behavioral Health – DBH)
Kate Burkhart (Advisory Board on Alcoholism and Drug Abuse – ABADA)

- Meeting started at 1:16pm and roll call.
- Review of minutes from April 2012 meeting. (Approved)
- Review agenda for additions:

ProDUR

- Celebrex – Proposed Prior Authorization (PA) and Quantity Limits (QL)
  - CJ Kim presented background information on the only COX2 inhibitor currently left on the market, as Vioxx (2004) and Bextra (2005) have been withdrawn. Reviewed current usage and claims history, to identify claims possibly for "acute pain" and potentially shift usage to less expensive generic therapies. Celebrex is still on patent and generic substitution is not available. Discussion on Celebrex indications and criteria proposed.
    - Committee to amend "…Treatment failure with at least 2 other NSAIDS" to "at least 1 other NSAID".
    - Committee to add another indication to list of criteria: "Diagnosis of Gout"; to accommodate those with gout flares who might be taking colchicine and an anti-inflammatory that may not have additive GI side effects like Celebrex.
    - Quantity limits discussion on all (4) strengths. Familial Adenomatous Polyposis (FAP) at one time was an approved indication of Celebrex 400mg BID, but the current package insert (PI) no longer lists a dosage or indication for FAP.
    - Proposed Quantity Limits: 50mg (1qd); 100mg and 200mg (2 per day); 400mg (1qd)
      - UNAMIOUNSLY APPROVED PA and QL WITH THE ABOVE AMENDMENTS.
- Diastat – Proposed Quantity Limits (QL)
  - C.Kim presented background information Diastat Rectal Gel usage and indication. Reviewed claim history of large dispensed quantities and refill history was presented. QL was proposed to be more aligned with manufacture package insert and to reduce stockpiling of an 'as needed' medication.
    - Committee decided to do **letters of intervention.** Letters to physicians reiterate the proper usage (safety information from package insert), the increased utilization by recipient and maybe address care or additional treatment options to decrease usage of rectal gel. Also committee recommended **letters of intervention** to pharmacies about correct dispensing units when billing the medication. 1 Kit has 2 rectal gel delivery systems and to be billed as a unit of 1 versus a unit of 2 delivery systems.
    - Committee wanted to try letters and readdress issue when more claim information is available after letters of intervention are mailed. A concern was if large quantities were legitimate wanted to make sure QL not impede and wanted to preserve access of large quantities at this time (possibly for the Rural areas of Alaska). The Department will follow up with additional information when this item is readdressed.

- PROPOSAL NOT APPROVED; ALTERNATIVE ACTION OF: LETTERS OF INTERVENTION

- Suboxone Film Strips – Proposed Quantity Limits (QL)
  - C.Kim presented information that new strengths will soon be available for Suboxone Film. Currently a PA and QL are established to receive the medication. The proposed QL are aligned to the other strengths of Suboxone that currently have established QL. The new strengths are 4mg/1mg and 12mg/3mg film. Proposed 4mg/1mg 3 per day and 12mg/3mg 2 per day.
    - UNAMIOUNSLY APPROVED QL
- Quantity Limit with No History Edit – Proposed
  - C.Kim presented a new edit on inhalers where a recipient who has no history of usage of this type of medication within the last 180 days and is prescribed (2) inhalers, the edit will quantity limited the recipient to 1 inhaler. Once recipient has established a history, then the preceding refills may be obtained if the prescriber has written for (2) inhalers.
    - Committee to amend the lookback of medications to include 'nebulized' treatments will also count as a (+) for the 180 days.
      - UNAMIOUNSLY APPROVED WITH THE ABOVE AMENDMENT
- Revatio – Proposed revised Prior Authorization Criteria
  - C.Kim presented new FDA recommendations against use of Revatio in children with pulmonary hypertension. Manufacture has revised and included new information in package insert.
    - UNAMIOUNSLY APPROVED
    - With new information, the Department Queried the usage of Revatio and age less than 18, found 1-recipient on drug therapy. **Recommend an educational/intervention letter to provider regarding the update and course of action to continue or modify medication therapy.**
- New Prescription Medications (Interim PA List) – 6 Month Review
  - C.Kim presented information and claim details for the medications on list.
    - Recommend Moving Lycelle to "No Action – Leave under current Prior authorization"
      - "Recommend Removing Prior Authorization Requirement"
        - With Specified Quantity Limits of designed drugs (Oxecta)
      - "No Action – leave under current Prior Authorization"
      - "Medications in a drug class managed on the PDL"
    - UNAMIOUNSLY APPROVED with recommendation of Lycelle
    - Revised Prior Authorizations from Interim PA List
      - Xarelto – NOT APPROVED; Leave it under current PA process
        - Department to follow up with claim data to be review at future DUR meeting, TBD.
      - Onfi - UNAMIOUNSLY APPROVED
      - Kalydeco - UNAMIOUNSLY APPROVED

Retrospective DUR

- Discuss review criteria
  - Retrospective DUR (benzodiazepines duplicate with benzodiazepine)
  - The profiles were discussed and evaluated for intervention letters to be sent out to the providers.
  - The Department is in the process in replacing vacant physician position
  - Presented information on previous implemented edits
  - C.Kim suggested to committee members to submit informational websites they use in their practice. Will add websites on intervention letters to pass on educational

information to providers about new drugs, therapies, or in general to pass on useful information.
    - Dr. Pappenheim and Dr. Love presented feedback and concerns of previous edits implemented, specifically the Atypical Therapeutic Duplication and Quantity Limit on stimulants during **HOSPITAL DISCHARGES**. When patients have been stabilized and released on medications, not always possible to provide all documents since the patient has not had a follow-up with primary care physicians who will be reviewing and seeing patient after discharge from hospital.
    - Erin will investigate a possible 'Smart-PA' from Magellan and if other states have anything similar to facilitate this procedure.
    - C.Kim will discuss options with Pharmacy Program Manager.
- Next meeting is scheduled for November 16, 2012 and location same as before.
- Meeting adjourned 3:47pm.