DUR Committee

November 16th 2012 Minutes

Members Present:
Chuck Semling, PharmD
John Pappenheim, MD
Jenny Love, MD, MPH.
Greg Salard, MD
C.J. Kim, R.Ph (DHSS)
Chad Hope, PharmD. (DHSS)
Erin Narus, Pharm.D. (Magellan)

Members Absent:
Dharna Begich, Pharm.D.
Mary-Beth Gardner, ANP

Public attendees:
Ward Hurlburt (DHSS)
Lori Howard (Bayer)
Bart McRorie (Purdue)

- Meeting started at 1:00pm and introduced new members: Greg Salard, MD from Wrangell and Chuck Semling, PharmD from Anchorage.
- Enhancements to the DUR homepage, posting minutes from previous meetings
- Review of minutes from September 21, 2012 meeting. (Approved; abstain Salard, Semling)
- Review agenda for additions

ProDUR

- Daliresp – Proposed Prior Authorization (PA) and Quantity Limits (QL)
  - C.Kim presented background information and history of utilization on roflumilast. The majority of the PA criteria is mostly taken from manufacturer's package insert and compared to other PA criteria from other various third-party insurers.
  - Referenced information from the Global Initiative for Chronic Obstructive Lung Disease (GOLD) website regarding diagnosis, symptoms, and treatment plan.
  - Discussed rationale for establishing a Quantity Limit of 1 per day.
    - UNANIMOUSLY APPROVED PA and QL
- Xyrem – Proposed Prior Authorization (PA) and Quantity Limits (QL)
  - C.Kim presented background information and history of utilization on sodium oxybate. The majority of the PA criteria is mostly taken from manufacturer's package insert and compared to other PA criteria from other various third-party insurers.
  - Discussion on product availability, only through specialized pharmacy with restrictions. Xyrem would not be available at a local community pharmacy, only through a specific mail order pharmacy.
  - Discussion on qualified practitioner accessibility for diagnosing patients as part of the criteria.
  - Due to product specialized requirements (Xyrem Success Program); that both physician and patient have to enroll and participate in order to obtain Xyrem; committee thought not to make it a duplicative process by adding a PA to obtain Xyrem, but did want a review of usage in case a PA may warranted in the future.
    - PA NOT APPROVED
- New Prescription Medications (Interim PA List) – 6 Month Review
  - Background details of the Prior Authorizations List for new members.
  - C.Kim presented information and claim details for the medications on list.
    - Committee review of Subsys
      - Make Subsys PA to "Mirror" other Fentanyl products like Actiq to be available for diagnosis of cancer or hospice patient. Approved to rewrite criteria based.
      - State to review other PA's and present a diagnosis based PA to next meeting.
    - Committee review of Intermezzo

- Approved a maximum 1 per day Quantity Limit (Preventing a double lower dose in order to get the higher strength.
- Due to the limitations of use and the medication to be used "as needed", with an approved PA also assign a quantity limit of 10 units per 30 days based on the manufacturer package insert stating: "Evaluate for co-morbid diagnoses: Re-evaluate if insomnia persists after 7 to 10 days of use."

▪ Committee to review Korlym – Approved to rewrite criteria based
- State to review and present a diagnosis based criteria PA for next meeting

▪ Other items on Interim PA list:
- Omontys – remove from list
- Tramadol HCL 150mg Capsules – No Action; quantity limit 2 per day
- Orbivan CF – No action
- Aqua Glycolic HC 2% - No action
- Potiga – No action; quantity limit 3 per day (each strength)
- QNasl 80mcg – No action; drug class managed on the PDL
- UNANIMOUSLY APPROVED

Retrospective DUR

- Discuss review criteria
  - Retrospective DUR (narcotic/apap compounds with narcotic/apap compounds)
  - The profiles were discussed and evaluated for intervention letters to be sent out to the providers.
    - Interventions discussed on profiles varied from polypharmacy, polyprovider, therapeutic duplication, non-compliance, drug-drug interactions, candidates for possible "lock-ins", and unnecessary care/duration.
  - Presented information on previous implemented edits
- Comments/Suggestions:
  - Additonal concern regarding previous Therapeutic Duplication of Atypical Antipyschotics and maintaining feasibility with established criteria. Pharmacy Program Manager and C.Kim will coordinate with the call center to provide special override instructions regarding a "Post in-patient discharge".
  - 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
  - G.Salard inquired about the cost or possibly converting the AK Medicaid PDL to an 'epocrates' format for physicians and pharmacist able to view on APP on hand held devices.
- Next meeting is scheduled for January 18, 2013 and location same as before.
- Meeting adjourned 3:53pm.