

April 20<sup>th</sup> 2017 Drug Utilization Review Committee

**Members Present**

Ryan Ruggles, Pharm D  
Chuck Semling, Pharm D  
Erin Narus, Pharm D (DHSS)  
Alex Malter, MD (HCS)

**Non-Members Present**

John McCall RPh (Magellan)

**Members Absent**

Maggie Rader, ANP

- 1) Review of minutes from January 2017
  - a) Minutes were reviewed and accepted
- 2) Review of agenda
  - a) Agenda was reviewed and accepted by committee
- 3) State Medicaid Alternative Reimbursement and Purchasing Test for High-cost Drugs (Smart D Program)
  - a) Erin Narus discussed with the committee a new approach to handling high cost specialty drugs that the state is exploring in collaboration with the Smart D Program. The Smart D Program is an evidence based program that is through the Oregon Health and Science University. The program would take a holistic approach to the care of patients. It is currently in the process of developing alternative payment models.
  - b) These models would manage prescription drug costs in a manner that uses evidence based therapies. The payment models connect payment to health outcomes using best practice rather than the standard Medicaid point of sale payment model that is based solely on utilization.
  - c) The Oregon based program is in three phases.
    - i) The first phase is research, and data gathering to identify alternative payment models that Medicaid programs could use.
    - ii) In the second phase Smart D would work with the individual state Medicaid program in researching what payment model or models would be of most benefit.
    - iii) In the third phase Smart D would provide technical assistance in implementing the program and measuring outcomes.
  - d) Negotiated prices and rebates through Magellan with manufacturers would be based on outcome.
- 4) Other Evidence based Resources
  - a) 340 B Centers of Excellence-specialize in specific disease states like hemophilia.
  - b) National Institute for Health and Care Excellence (NICE)
    - i) Has excellent audit tools
  - c) Alaska Medicaid will continue exploring new options that are better than a utilization model.
- 5) Erin Narus presented Hemophilia / Clotting Factor procedural changes that the state is pursuing.
  - a) Currently log books are maintained by pharmacies. Some pharmacies are reluctant to approve Rx. It is a reactionary situation.
  - b) Moving toward a treatment plan.
    - i) Each patient would have a face sheet
    - ii) Information would include the diagnosis.
    - iii) The Prescriber would describe prophylaxis and how they would manage bleeds.
    - iv) Pharmacy need not send in, log or units given, it would be integrated into system.

- v) Prescribers would have a 3 month log.
- vi) Prescribers would reference back to the date of the start of the log
- vii) Pharmacy providers who are in the system will get paid.
- viii) The state is planning on rolling this out this summer.
- ix) Review of trough levels would be part of the program.
- x) Revamping the old pharmacy log system
- xi) The advantage is that it is a small population
- xii) Two scripts would be maintained in the system, one for maintenance, one for acute bleeds.
- xiii) In emergencies an override would be permitted.

6) HEP C Patient Readiness and Compliance

- a) Erin Narus presented the plans to make the Alaska Medicaid Coordinated Care Initiative (AMCCI) program available to HEP C patients. AMCCI can provide one on one case management services and care coordination services for super utilizers, like HEP C patients. Currently the state is using AMCCI for the neonatal drug education campaign.
- b) Treatment plans and Patient Readiness documents
  - i) Also providers will be made aware through criteria of well-designed treatment plans like PREP-C and Hep Cure.org that are available on line. These tools can be used to assess the patient's readiness, and to improve their readiness for treatment.
    - (1) Ryan Ruggles Pharma D stated that he liked having these tools available in his practice.
  - ii) Other clinicians use real world questions as part of their interactions with their patients to assess readiness.
- c) Erin Narus brought up an example of a Hep C program in Anchorage with a successfully low relapse rate.
  - i) The program was focused on how patients used their medications rather than what medications they used.
  - ii) It addressed substance abuse when necessary.
  - iii) A contract calendar was utilized.
  - iv) The primary form of communication was texting patients, about appointments, etc.
- d) A medication expert line was available as well.

A motion was made by Chuck Semling to give the patient the option to be referred if not currently enrolled with the ACCMI care team and to document patient readiness with a take home sheet for the patient. The motion was seconded by Ryan Ruggles. The motion passed unanimously.

- 8) Erin Narus presented new FDA indication for the Hepatitis C Drugs Harvoni & Sovaldi. Both are approved for patients 12 years old and older.

A motion was made by Ryan Ruggles to approve new indications to be added to Alaska Medicaid criteria. The motion was seconded by Chuck Semling. The motion passed unanimously.

9) Opioid Initiative

- a) Erin Narus presented progress of the Opioid Initiative.
- b) Prior authorization for Buprenorphine containing products for medication assisted treatment will be necessary after first fill. The first fill will not require prior authorization. May 30<sup>th</sup> system will start editing.

- c) Gold star credentialing will be rewarded to model prescribers of Buprenorphine containing products.
- d) Seven day fill limit for opioid prescriptions for patients that are naïve to opioids will be implemented as well.

10) Dr Carlson was presented as a candidate to the DUR committee.

A motion was made by Ryan Ruggles to approve. The motion was seconded by Chuck Semling. The motion passed unanimously.

A motion was made by Chuck Semling to adjourn. The motion was seconded by Ryan Ruggles. The motion passed unanimously.