

# Alaska Medical Assistance DUR Committee Meeting Minutes

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Friday, April 19, 2019

Frontier Building, 3601 C Street; Room 896

1:00pm

## Drug Utilization Review Committee

Members Present	Non Members Present
Erin Narus, PharmD (DHSS)	Umang Patel, PharmD (Magellan)
Charles Semling, PharmD (DHSS)	Marti Padilla, PharmD, (Magellan)
Jenna Hiestand, MD	
Ryan Ruggles, PharmD	
Robert Carlson, MD	
Keri McCutcheon, RPh	
Barb Piromalli, DO	

### Review of minutes from January 2019

- Minutes approved. A motion was made to approve the minutes by Dr. Hiestand, MD) Second by Dr. Ruggles
- No changes or issues with previous minutes.

### Review of Agenda

Dr. Semling went over the Agenda to the committee members.

### Overview of Medicaid Prescription and Cost Trends

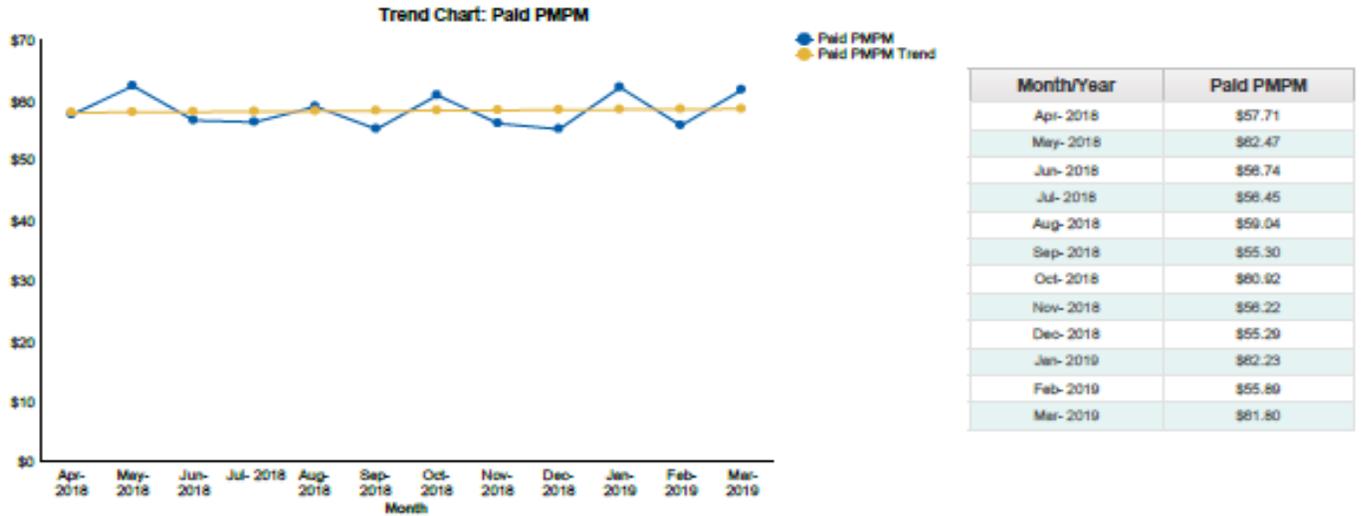
Charles Semling reviewed Prescription and Cost Trends. There was an increase in about \$800,000.00 or 4% increase which had to do with the new biologics. PMPM increased 8%. The table is below.

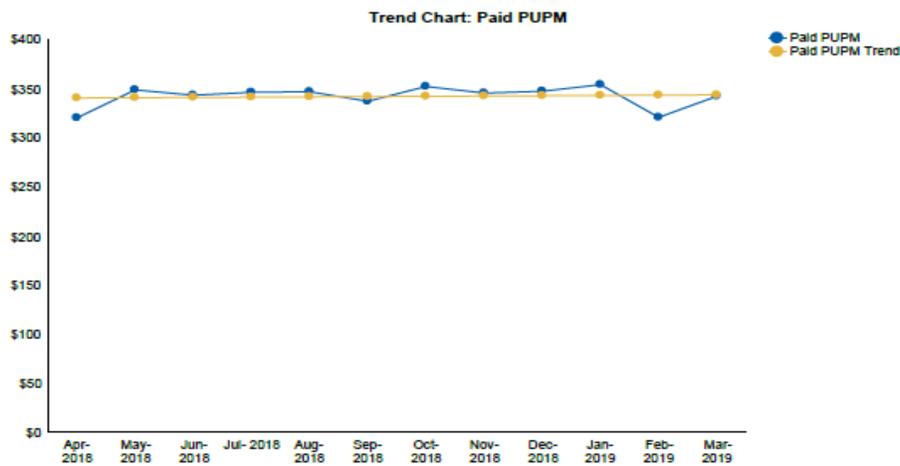
	Latest Month (Mar - 2018)	\$MLY (Mar - 2018)	%\$MLY*	Last 12 Months Average	Fiscal YTD** (Jul - 2018 -> Mar - 2018)
Total Amt Paid	\$13,410,381.20	\$12,842,051.55	4%	\$12,737,048.62	\$114,492,888.12
Claims Count	120,485	122,153	(1%)	116,091	1,035,797
Paid/Claim	\$111.32	\$105.13	6%	\$109.72	\$110.54
Paid PMPM	\$61.80	\$59.99	3%	\$58.34	\$58.13
Paid PUPM	\$341.74	\$328.23	4%	\$341.43	\$343.03
Claims/UsedMonth	3.1	3.1	(2%)	3.1	3.1
Generic Utilization	84.50%	82.84%	2%	82.94%	82.88%
Generic Substitution	92.14%	91.56%	1%	91.73%	91.69%
Co-Pay/Claim	\$0.59	\$0.64	(7%)	\$0.63	\$0.63
Member-Months	216,994	214,070	1%	216,336	1,969,731
User-Months	39,241	36,125	0%	37,305	333,772
% Users	18.08%	18.28%	(1%)	17.09%	18.95%
% Single-Source	8.30%	9.53%	(13%)	9.59%	9.61%

**Key**

\* %\$MLY = % Change between Latest Month and Same Month Last Year  
 \*\* Fiscal YTD = Client Specific Fiscal Year

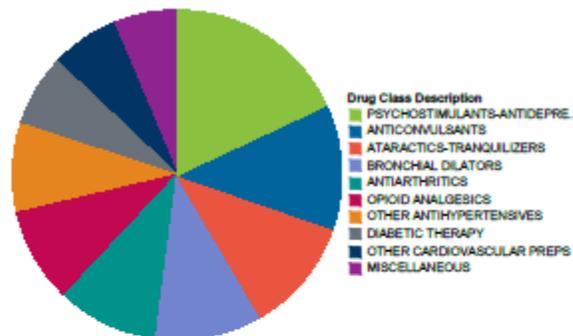
Dr. Semling commented that the PMPM/PUPM trend is flat and therefore, the state is managing the costs. Graphs are below.





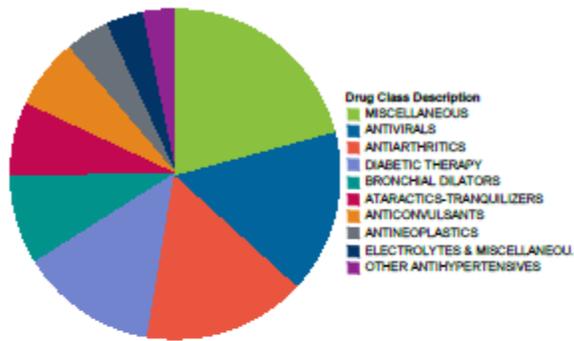
Month/Year	Paid PUPM
Apr-2018	\$319.72
May-2018	\$348.16
Jun-2018	\$342.77
Jul-2018	\$345.73
Aug-2018	\$346.31
Sep-2018	\$336.57
Oct-2018	\$351.64
Nov-2018	\$344.97
Dec-2018	\$346.81
Jan-2019	\$353.51
Feb-2019	\$320.23
Mar-2019	\$341.74

Dr. Semling went over the top 10 therapeutic classes by volume and cost. The miscellaneous products include the hemophilic drugs and the drugs for substance abuse treatment, and stelara.



Claims Count

Drug Class	Drug Class Description	Claims Count
11	PSYCHOSTIMULANTS-ANTIDEPRESSANTS	11,340
48	ANTICONSULSANTS	7,801
07	ATARACTICS-TRANQUILIZERS	7,057
15	BRONCHIAL DILATORS	6,622
42	ANTIARTHRITICS	6,218
40	OPIOID ANALGESICS	5,880
71	OTHER ANTIHYPERTENSIVES	5,461
58	DIABETIC THERAPY	4,421
78	OTHER CARDIOVASCULAR PREPS	4,159
99	MISCELLANEOUS	3,992
<b>Total</b>		<b>62,821</b>



**Total Amt Paid**

Drug Class	Drug Class Description	Total Amt Paid
99	MISCELLANEOUS	\$1,887,054.43
33	ANTIVIRALS	\$1,446,786.67
42	ANTIARTHRITICS	\$1,444,523.66
58	DIABETIC THERAPY	\$1,215,400.58
15	BRONCHIAL DILATORS	\$794,150.49
07	ATARACTICS-TRANQUILIZERS	\$649,708.54
48	ANTICONSULSANTS	\$620,713.22
30	ANTINEOPLASTICS	\$388,797.48
87	ELECTROLYTES & MISCELLANEOUS NUTRIENTS	\$329,900.04
71	OTHER ANTIHYPERTENSIVES	\$299,343.15
<b>Total</b>		<b>\$9,076,387.28</b>

Dr. Semling went over the top 25 drugs with Mavyret being at the top drug by total amount paid.

Rank	Drug Name	Total Amt Paid	% of Total Amt Paid
1	MAVYRET 100-40 MG TABLET	\$554,621.71	14.05%
2	HUMIRA PEN 40 MG/0.8 ML	\$537,333.19	13.61%
3	VIVITROL 380 MG VIAL + DILUENT	\$292,391.60	7.41%
4	LANTUS SOLOSTAR 100 UNIT/ML	\$201,730.30	5.11%
5	SUBOXONE 8 MG-2 MG SL FILM	\$172,490.45	4.37%
6	SYNAGIS 100 MG/1 ML VIAL	\$167,678.29	4.25%
7	HUMIRA(CF) PEN 40 MG/0.4 ML	\$155,980.58	3.94%
8	STELARA 90 MG/ML SYRINGE	\$149,336.31	3.78%
9	BUPRENORP-NALOX 8-2 MG SL FILM	\$128,950.56	3.20%
10	BIKTARVY 50-200-25 MG TABLET	\$124,342.06	3.15%
11	XOLAIR 150 MG VIAL	\$119,994.55	3.04%
12	VICTOZA 3-PAK 18 MG/3 ML PEN	\$113,607.67	2.88%
13	ENBREL 50 MG/ML SYRINGE	\$111,387.97	2.82%
14	HUMALOG 100 UNITS/ML KWKPEN	\$109,461.11	2.77%
15	ENBREL 50 MG/ML BURECLICK SYR	\$107,167.66	2.72%
16	SPIRIVA 18 MCG CP-HANDHALER	\$105,406.65	2.67%
17	RAVICTI 1.1 GRAM/ML LIQUID	\$101,719.66	2.56%
18	IDELVION 2,000 UNIT RANGE VIAL	\$93,100.06	2.36%
19	PROAIR HFA 90 MCG INHALER	\$91,590.02	2.32%
20	TRIUMEQ 800-50-300 MG TABLET	\$90,081.82	2.29%
21	HUMIRA 40 MG/0.8 ML SYRINGE	\$89,564.74	2.27%
22	ORKAMBI 200 MG-125 MG TABLET	\$85,260.18	2.16%
23	LYRICA 150 MG CAPSULE	\$84,347.84	2.14%
24	ELIQUIS 5 MG TABLET	\$82,949.23	2.10%
25	JANUVA 100 MG TABLET	\$79,305.55	2.01%
<b>Total</b>		<b>\$3,947,135.76</b>	<b>100.00%</b>

## Prospective Drug Utilization Review/Clinical Topic Areas

### New Prescription Medications (Interim PA List – 6 month review)

The DUR Committee members reviewed new medications to market. Newer drugs to market will be reviewed each meeting after 6 months medications are new to the market and will be considered for placement on the Suspend List by the committee. The Suspend List requires prior authorization unless there is specific criteria the DUR committee determines necessary to be set and recommended.

### New Prior Authorizations, Quantity Limits, Edits

Dr. Semling reviewed new medication criteria for prior authorizations:

#### **CRYSVITA®**

Crysvita will be approved with the following criteria.

#### **APPROVAL CRITERIA**<sup>1,2</sup>

1. Patient is 1 year of age or older **AND**;
2. Being prescribed by or in consultation with nephrologist or endocrinologist **AND**;
3. Patient has the diagnosis of X-linked hypophosphatemia confirmed by genetic testing (I.E. PHEX gene mutation in the patient) **and** baseline levels are required **AND**;
4. Documentation that patients baseline fasting serum phosphorus is below the normal range for the patients age **AND**;
5. Trial of at least 2 months, has a contraindication, or an intolerance to therapy with calcitriol in combination with an oral phosphate agent (I.E.- K-Phos®, K-Phos Neutra®) with phosphate levels documented before and after supplementation **AND**;
6. Patient has discontinued any oral phosphate or vitamin D analog for a period of at least one week prior to therapy **AND**;
7. Prescriber agrees to monitor and document serum phosphorus levels throughout therapy.

Motion to approve by Dr. Ruggles, Second by Dr. Piromalli

## Vesicular Monoamine Transporter 2 Inhibitors

VMAT2 Inhibitors will be approved with the following criteria.

### **APPROVAL CRITERIA**<sup>1,2,3</sup>

- A. For AUSTEDO® authorization:
  - a. Patient is 18 years of age or older **AND;**
  - b. Prescribed by or in consultation with a psychiatrist or neurologist **AND;**
  - c. A patient must have the diagnosis of chorea associated with Huntington's disease **OR;**
  - d. Diagnosis of moderate to severe tardive dyskinesia (TD) and all the following:
    - 1) The provider has reduced, or discontinued medications known to cause tardive dyskinesia or provides clinical rational as to why dose reduction or discontinuation is not possible **AND;**
    - 2) The provider has documented the baseline Abnormal Involuntary Movement Scale (AIMS) score **AND;**
    - 3) Trial of at least one other medication used to treat TD for at least 30 days.
- B. For INGREZZA® authorization:
  - a. Patient is 18 years of age or older **AND;**
  - b. Prescribed by or in consultation with a psychiatrist or neurologist **AND;**
  - c. Diagnosis of moderate to severe tardive dyskinesia (TD) and all the following:
    - 1) The provider has reduced, or discontinued medications known to cause tardive dyskinesia or provides clinical rational as to why dose reduction or discontinuation is not possible **AND;**
    - 2) The provider has documented the baseline Abnormal Involuntary Movement Scale (AIMS) score **AND;**
    - 3) Trial of at least one other medication used to treat TD for at least 30 days.
- C. For XENAZINE® authorization:
  - a. Patient is 18 years of age or older **AND;**
  - b. Prescribed by or in consultation with a neurologist **AND;**
  - c. A patient must have the diagnosis of chorea associated with Huntington's disease **AND;**
  - d. Patient must have tried and failed at least two manufactures of generic tetrabenzine.

Motion to approve by Dr. Hiestand and second by Keri McCutcheon

### **Hemlibra®**

Hemlibra will be approved with the following criteria

#### **APPROVAL CRITERIA**

1. Patient has been diagnosed with hemophilia A and has documented congenital factor VIII deficiency confirmed by blood coagulation testing **AND;**
2. Being prescribed by or in consultation with hemophilia specialist or hematologist **AND;**
3. Hemlibra® is not being used in combination with Immune Tolerance Induction (ITI) **AND;**
4. Medication will be used as routine prophylaxis prevent or reduce bleeds **AND;**
5. Patient agrees to maintain a log of bleeds

Motion to approve by Dr. Piromalli and Second by Dr. Ruggles

### **Review of existing Prior Authorizations, Quantity Limits, Edits**

Review of Existing Criteria:

#### **Stelara®**

Stelara® was updated to expand the year of age limit for the Plaque psoriasis indication (from 18 years of age to 12 years of age and up).

New indication of Crohn's disease criteria was added which is below.

Crohn's disease (CD) approval criteria

1. Patient is  $\geq$  18 years of age; **AND**
2. Has moderate to severe active CD; **AND**
3. Baseline Crohn's Disease Activity Score (CADI) has been submitted at baseline; **AND**
4. Has trialed and failed a TNF blocker and at least one other therapy.

Motion to approve by Dr. Ruggles, Second by Dr. Hiestand

#### **Orkambi®**

Orkambi criteria was reviewed with the criteria updated with an expanded age for indication and to include the additional dosage forms/strengths available.

#### **Dosage Form/Strength:**

Tablet: lumacaftor 200 mg and ivacaftor 125 mg

Tablet: lumacaftor 100 mg and ivacaftor 125 mg

Granule: lumacaftor 100 mg and ivacaftor 125 mg per packet

Granule: lumacaftor 150 mg and ivacaftor 188 mg per packet

**Criteria for Approval:** <sup>1</sup>

- Diagnosis of Cystic Fibrosis, accompanied with results from a positive sweat test; **AND**,
- The patient is homozygous for the F508del mutation in the CFTR gene from a FDA-cleared CF mutation test; **OR**,
  - If lab results from the patient’s CF mutation test are not available, provide documentation relating to how the prescriber knows that the patient has the F580del mutation; **AND**,
- The patient is greater than or equal to 2 years of age; **AND**,
- Orkambi is not being used concomitantly with a strong CYP3A inducer
  - OR
  - If being used concomitantly with a strong CYP3A inducer, there has been dosage adjustment of the inducer to minimize the effect of the interaction; **AND**,
- Orkambi is not being used concomitantly with a sensitive CYP3A substrate, or a CYP3A substrate with a narrow therapeutic index
  - OR
  - If being used with a sensitive CYP3A substrate, or a CYP3A substrate with a narrow therapeutic index, there has been a dosage adjustment or discontinuation the interacting medication to minimize the clinical effect of the interaction.

Dr. Robertson commented that there are many drug-drug interactions so many times this is dosed differently, and so third-party payors may think that patient is nonadherent, which is not the case. He has no concerns with the Orkambi criteria as written. The Days Supply falls in line with therapy duration. Dr. Narus requested that Magellan take this back to the call center to let them know that if they are seeing unusual filling for Orkambi, then it may be because of drug-drug interactions.

Motion to approve from Dr. Ruggles, Second by Dr. Piromalli

**Orlissa™**

Orlissa was reviewed and approved with the following criteria:

**APPROVAL CRITERIA**<sup>1,2</sup>

1. Patient is 18-49 years of age **AND**;
2. Patient is not pregnant **AND**;
3. Patient has no known osteoporosis **AND**;
4. Patient does not have severe hepatic impairment **AND**;
5. Patient is not taking a strong organic anion transporting polypeptide 1B1 inhibitor (i.e. cyclosporine) **AND**;
6. Patient has had an adequate trial of an oral combination contraceptive for at least 3 months **AND**;
7. Patient has had a trial of NSAID product for at least 1 month.

Motion to approve by Dr. Piromalli and Keri McCutcheon, RPh.

### **Annual Review of current quantity limits –**

Committee made a few adjustments on the Maximum dose limits.

Motion by Dr. Ruggles, Second by Keri McCutcheon, RPh.

### **Opioid MME edits.**

Committee decided on a plan to decrease the MMEs based on the CDC guidelines and the impact reports.

The committee decided to start with a target MME of those with 300MME or above. Additionally, every 6 months there will be a decrease in the MME by 50 MME to a target of 90MME which is from the CDC guidelines. The state's PBM will see if they can program the system for new patients to only get a max of 90 MME and for the ones that are above 90MME but below 300 MME, would not be able increase their MME. The goal is to decrease MMEs to safe levels according to the CDC guidelines.

### **Benzodiazepines**

Criteria and Quantity limits reviewed:

#### **CRITERIA (only applies to oral benzodiazepines listed)**<sup>1,2</sup>

1. Prior authorization will be required for benzodiazepines **that exceed current quantity limits** outlined in Table 1. A treatment plan, clinical evidence based rational and demonstration of medical necessity will need be submitted for consideration if maximum daily dose is exceeded. The prescriber must also attest to checking the PDMP.
2. Prior authorization will be required when a patient has three or more different benzodiazepines within the last 30 days. A treatment plan, clinical evidence based rational and demonstration medical necessity will need be submitted for consideration. The prescriber must also attest to checking the PDMP.
3. Patients with a seizure diagnosis will automatically be approved if dosing limits listed in Table 1 have been exceeded and more than one benzodiazepine in a month is needed.

#### **DENIAL CRITERIA**

1. All prescriptions for benzodiazepines **that exceed current quantity limits** outlined in Table 1, when taken concurrently with a ~~CNS depressant~~ (I.E. Opioids) will be denied. The prescriber is encouraged to consider reducing the benzodiazepine and/or opioid dosages.

Quantity limits for the benzodiazepines were also discussed: Adjustments were made and are highlighted below. The rest will remain the same.

TABLE 1. ORAL BENZODIAZEPINE DOSING LIMITS

Drug	Max Daily Dose
Alprazolam	4 mg
Chlordiazepoxide	300 mg
Clonazepam	4 mg
Clorazepate	90 mg
Diazepam	30 mg
Estazolam	2 mg
Flurazepam	30 mg
Lorazepam	4 mg
Oxazepam	120 mg
Quazepam	15 mg
Temazepam	30 mg
Triazolam	0.5 mg

Motion to approve by Dr. Ruggles, Second by Dr. Piromalli

#### Hepatitis C criteria

FYI - The Hepatitis C criteria was updated to include the generics for Eplclusa and Harvoni.

### End of Public Meeting

### Adjournment 4:34 p.m.

Next meeting date September 20<sup>th</sup>, 2019.