

# Iowa Medicaid Drug Utilization Review Commission

## Meeting Minutes December 7, 2011

### Attendees:

#### Commission Members

Mark Graber, M.D., FACEP; Casey Clor, M.D. ; Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Laurie Pestel, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Gregory Barclay, M.D.; and Susan Parker, Pharm.D.

#### Staff

Pam Smith, R.Ph.

#### Guests

Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

### Welcome & Introductions

Dr. Graber called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 5, 2011 meeting were reviewed. Craig Logemann motioned to accept them, and Dr. Clor seconded. The vote was unanimous.

### IME Updates

Iowa is participating in a multi-state study through the Center for Healthcare Strategies for the analysis of high volume Medicaid obstetric and pediatric practices, which is aiming to reduce disparities in the quality of care for women and children enrolled in the Medicaid and Hawk-I programs. Input is being gathered from providers and stakeholders in regards to the Health Home model brought about by the Affordable Care Act, and the SPA should be ready by the end of the year. The State-mandated Mental Health and Disability Services Redesign Workgroup has finished up their initial recommendations, and had a wrap-up meeting on November 30<sup>th</sup>. On December 5<sup>th</sup> the Department announced that the POS operations contract had been awarded to Goold Health Systems and the MMIS Core operations contract to Accenture LLP.

### Prevalence Report Summary

Statistics from September through October 2011 were discussed, including: cost per user (\$242.42), number of total prescriptions dispensed (an increase of 6.9% compared to the previous reporting period), average cost per prescription (\$58.25), and generic utilization (77.0%). The total paid amount increased by 2.2% from the previous reporting period. There were 162,778 unique users, which is 9.1% more than the total for July and August. Lists of the top 20 therapeutics classes were provided. Atypical Antipsychotics were the most expensive, and Stimulants-Amphetamines-Long-Acting came in second. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. Eight of the ten most expensive medications were mental health drugs, including 3 different strengths of Abilify.

### **Case Studies**

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$17,153.36 pre-rebate (state and federal).

### **Sucralfate (Carafate) Utilization**

Sucralfate suspension has been used off-label for the treatment of chemotherapy and radiotherapy induced mucositis in cancer patients, though clinical trials have not documented significant clinical benefit over placebo. Currently, sucralfate tablets and Carafate suspension are preferred on the PDL, and not subject to any edits, averaging 85 to 95 prescriptions per month, at a cost to the state of \$9,000 to \$11,000. The cost of Carafate suspension per dose is almost 10 times greater than the cost of sucralfate tablets. Larry Ambrosion noted that the tablets dissolve easily, though they do cake so the compound must be used quickly after being shaken. Dr. Clor motioned to recommend that the P&T Committee make Carafate suspension non-preferred, and Larry Ambrosion seconded. All members were in favor. Also, Pam Smith will run a claim query to see how many members are taking PPIs or H2 Blockers concurrently with sucralfate, and letters will be sent to the corresponding prescribers. Dr. Graber would like to have the Commission develop PA criteria which would allow Carafate suspension to be used for esophagitis.

### **Public Comment**

There were no public comments.

### **Lost, Stolen, Destroyed Medication Overrides**

Currently, Iowa Medicaid considers requests for lost, stolen, and destroyed medications without limitation, which cost the program an additional \$36,237 from July through September, but many other Medicaid programs limit these overrides. The Commission discussed the possibility of doing this for Iowa, at least on the controlled medications, or possibly creating a prior authorization form. A police report (or at least the number) is already required for a stolen medication to be overridden. Pam Smith is going to request an annual report of these overrides so that the Commission can re-evaluate this issue at the next meeting. There were no members with repeated overrides in the 3 months of data they had been provided, but they felt a longer time frame would be more helpful.

### **ProDUR Edits**

***Sinecatechins (Veregen):*** ProDUR edits will be put in place limiting use to those 18 years of age and older, at a quantity of no more than 15 grams per 18 days, for a duration of no more than 16 weeks. Dr. Clor motioned to accept the recommended edits, and Brett Faine seconded. The motion passed with all in favor.

***Letrozole (Femara):*** A ProDUR edit will be put in place limiting use to those over 50 years of age to prevent off-label use for ovulation induction and delayed puberty. However, members less than 50 years of age may obtain a prior authorization for FDA

labeled indications. Larry Ambrosion motioned to accept the recommended edit, and Dr. Clor seconded. The vote was unanimous.

### **Prior Authorization**

**Nebivolol (Bystolic):** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for Bystolic<sup>®</sup>. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Larry Ambrosion motioned to accept these adjusted criteria, and Brett Faine seconded. The motion passed with no objections.

**Vilazodone (Viibryd):** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for Viibryd<sup>™</sup>. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:*

- 1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and*
- 2. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SSRI; and*
- 3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and*
- 4. Documentation of a previous trial and therapy failure at a therapeutic dose with one generic antidepressant from any class.*

*The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

Brett Faine motioned to accept these modified criteria, and Dr. Barclay seconded. The motion passed with no objections.

**AntiAcne:** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for all prescription topical acne products. Payment for the treatment of mild to moderate acne vulgaris will be considered under the following conditions:*

- 1. Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, which is covered by the program without prior authorization.*
- 2. Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity.*
- 3. If the patient presents with a preponderance of comedonal acne, topical retinoid products may be utilized as first line agents with prior authorization (see Topical Retinoids PA form).*

4. *Requests for non-preferred combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

**Topical Retinoids:** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for all prescription topical retinoid products. Payment for prescription topical retinoid products will be considered under the following conditions:*

1. *Previous trial and therapy failure with a preferred over-the-counter benzoyl peroxide product, AND*
2. *Previous trials and therapy failures with two topical and/or oral antibiotics for the treatment of mild to moderate acne (non-inflammatory and inflammatory), and drug-induced acne.*
3. *Payment for non-preferred topical retinoid products will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
4. *Trials and therapy failure will not be required for those patients presenting with a preponderance of comedonal acne.*
5. *Skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive automatic approval for lifetime use of topical retinoid products.*
6. *Requests for non-preferred combination products may only be considered after documentation of separate trials and therapy failures with the individual ingredients.*
7. *Requests for Tazorac for a psoriasis diagnosis may only be considered after documentation of a previous trial and therapy failure with a preferred topical antipsoriatic agent.*

*The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

**Dextromethorphan/Quinidine (Nuedexta):** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for Nuedexta™. Payment will be considered under the following conditions:*

1. *Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS).*
2. *A trial and therapy failure at a therapeutic dose with amitriptyline and an SSRI.*
3. *Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.*
4. *Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

**Roflumilast (Daliresp):** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for roflumilast (Daliresp). Payment will be considered for patients 18 years of age or older when the following is met:*

- 1. A diagnosis of severe COPD with chronic bronchitis as documented by spirometry results, and*
- 2. A smoking history of  $\geq 20$  pack-years, and*
- 3. Currently on long-acting bronchodilator in combination with an inhaled corticosteroid with documentation of inadequate control of symptoms, and*
- 4. A history of at least one exacerbation in the past year requiring treatment with oral glucocorticosteroids.*

*The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.*

The Commission had no further changes. As this was the second review of these criteria, no motion was necessary.

### **Psychotropic Medications in Children**

The Commission reviewed a letter from CMS (The Department of Health and Human Services) that had been sent out at the end of November regarding this topic. To date, there have been limited studies for the use of these medications in children. A claim inquiry will be run, and the diagnoses and provider information brought back to the February meeting. The Commission hopes to identify any prescriber trends and poly-pharmacy issues, along with off-label use. Should the findings warrant action, intervention letters or educational releases might be done in the future. They also wish to compare medications of foster care children residing in a care facility to those of foster care children not in a care facility. Age edits based on FDA regulations may be an option as well. Commission members were also given a copy of the Atypical Antipsychotic Tip Sheet for Pediatric Use used by Kansas Medicaid as a reference.

### **Public Comment**

There were no public comments.

### **Focus Studies**

**Chronic Mupirocin:** This was a follow-up discussion, and the Commission had no further comments.

**Chronic Triptans:** This was a follow-up discussion, and the Commission had no further comments.

**Chronic Use of Skeletal Muscle Relaxants:** Letters will be sent to the prescribers of members who have used skeletal muscle relaxants for more than 61 days to request that they re-evaluate the need for it. Letters will also be sent for the 101 members

identified as using more than one muscle relaxant between 7/1/11 and 9/30/11. Baclofen and tizanidine will be excluded from the search parameters.

**High Dose Citalopram:** Letters will be sent to the prescribers of the members identified as using citalopram (even those at a dosage less than 40mg per day), who have a past medical history of abnormal heart rhythms, recommending use of an alternative, preferred SSRI instead. Claim data will be re-run to use the November claims prior to this mailing, and results brought back to the next meeting for follow-up.

**Quetiapine and QT Prolongation:** Letters will be sent to the prescribers of the members identified as using quetiapine in combination with ziprasidone that could prolong the QT interval. This topic, with an additional piece about the use of duplicate antipsychotics in general, will also appear as a DUR Digest article.

**Simvastatin High Dose and Drug Interactions:** Letters will be sent to the prescribers of the members identified as having possible drug-drug interactions with simvastatin (after removing those on antibiotics), as well as to those members who'd been on it for less than a year, and this topic will appear in the DUR Digest. A quantity limit of 40mg of simvastatin per day was suggested as well. There are already quantity limits on the lower strengths, so members would be unable to take multiples of them and achieve 80mg per day. The Commission also recommended that the 80mg strength of simvastatin be made non-preferred, with a caveat that members who had been on it over a year, and thus less likely to develop myopathy, could be grandfathered.

### **Miscellaneous**

**DUR Digest:** The Commission members offered changes and additions to the draft for DUR Digest Volume 24, Number 2.

**SMAC Updates:** The Commission members were given a copy of the SMAC changes that had gone into effect since September.

**MedWatch:** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 12:01 to adjourn the meeting and move to closed session (motion by Dr. Clor, second by Larry Ambroson).

**The next meeting will be held at 9:30 a.m. on Wednesday, February 1, 2012 at the Learning Resource Center in West Des Moines.**