



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, September 11, 2014
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Tony Dalpiaz, PharmD.
Mr. Kumar Shah
Keith Tolman, M.D.
Michael Symond, M.D.

Jennifer Brinton, MD
Jay Aldus, DDS
Mark Balk, PharmD.

Board Members Excused:

George Hamblin, PharmD
Kyle Jones, M.D.

Susan Siegfroid, M.D

Dept. of Health/Div. of Health Care Financing Staff Present:

Lisa V Hunt, R.Ph.
Trevor Smith C.Ph.T.
Heather Santacruz, R.N.

Robyn Seely, Pharm.D
Tim Morley, R.Ph.
Richard Sorenson, R.N.

Other Individuals Present:

Kim Eggert, Gilead
Joanita Lake, UofU
Gary Oderda, UofU
Liz Schwab, Select Health
Cody Ball, Select Health

Mindy Peterson, UofU
Patrick Mory, Supernus
Pat Wiseman, MedImmune
Anne Marie Licos, MedImmune

Meeting conducted by: Tony Dalpiaz, Pharm.D.

1. **Welcome** – Tony Dalpiaz opened the meeting.
2. **Housekeeping** – Robyn Seely welcomed everyone to the meeting and reminded everyone to sign in. She said that there is one petition for the board to consider following the public meeting.
3. **P&T Committee report** – Lisa Hunt addressed the board and showed what the future agenda is for P&T committee discussion. She said that in August, the committee reviewed the new Hepatitis C drugs in order to add them to the PDL.
4. **Approval of prior meeting minutes** – Keith Tolman made a motion to approve the August minutes. Jennifer Brinton seconded the motion. All others in favor.
5. **Proton Pump Inhibitors (PPIs)** – Robyn Seely discussed the draft PPI prior authorization sheet which was discussed at the August meeting. Because of time restraints

in August, the board was not able to finish discussing or make a motion on this issue.

6. Public Comment – None

7. Board Discussion (PPIs)

- a. Keith Tolman said that the biggest problem with the PPI drugs is the improper dosing, and patients taking the medication at the wrong time of the day or not waiting to eat.
 - b. Robyn Seely said that monitoring this improper dosing would be very difficult. She said that one way that was discussed in the August meeting was through education to the providers through Medicaid Information Bulletin, or through a fax blast.
 - c. Keith Tolman said that a note about proper dosing could also be added to the PA criteria sheet.
 - d. Kumar Shah agreed, saying that adding a warning about proper dosing could be beneficial.
 - e. Michael Symond made a motion to enact the prior authorization for twice daily dosing of the PPI drugs. Included in this motion is to include education about proper dosing of the PPI drugs, specifically prior to eating meals. Kumar Shah seconded the motion. All in favor.
- 8. Synagis Update** – Synagis guidelines have been updated. Currently the criteria for Synagis follow the guidelines, so an update to the Prior Authorization criteria is needed.

9. Public Comment

- a. **Anne Marie Licos (Medimmune, Synagis)** – Presented information about Synagis, and offered to answer any questions from the board. She requested that the board keep the criteria for Synagis unchanged.

10. Board Discussion (Synagis)

- a. Michael Symond asked what the proposed Synagis changes will be to the criteria.
- b. Robyn Seely directed the board members to the old and new proposed Synagis criteria in their meeting packets.
- c. Mark Balk said that the current criteria went off the pediatric guidelines, not the FDA package insert.
- d. Mark Balk said that the criteria that are in new proposed PA have a few differences than the new guidelines, specifically in the age in weeks that the baby can get the medication.
- e. Robyn Seely said that he is right, and the changes will be made.
- f. Jennifer Brinton said that the guidelines changes are a bit less restrictive for some babies, which helps providers who need the medication.
- g. Michael Symond said that going with the professional guidelines is a good way to approach the criteria for this drug.
- h. Mark Balk made a motion to accept the criteria present with the changes on the age as discussed to correspond with current professional guidelines. Mike Symond seconded the motion. All in favor.

11. Topical Immunomodulators – Joanita Lake presented data based on the drug information, indications, studies, side effects and safety efficacy data on the drugs.

12. Public Comment – None

13. Board Discussion (Topical Immunomodulators)

- a. Robyn Seely presented some tentative PA criteria for discussion.
- b. Robyn Seely showed some data about the types of prescribers that have been prescribing these drugs
- c. Keith Tolman asked if it would be wise to require a consultation with a dermatologist or if a test for hepatitis C, Lichen Planus or Vitiligo before using the drugs.
- d. Michael Symond said that asking for a screening of Hepatitis C should be sufficient. It would make the prescriber realize potential problems beforehand, and will make the PA more streamlined. He said that a copy of test results for viral load or a copy of test results is not needed.
- e. Jennifer Brinton mentioned that these drugs should not be used over a year. She asked if this should be accounted for on the PA.
- f. It was also mentioned that the drug should be used for six weeks to determine if it has been effective.
- g. Mark Balk said that the PA could allow for an initial authorization of six weeks, then if effective, the patient could get a reauthorization for a year.
- h. Joanita Lake said that this drug should not be used every month; it should only be used while the symptoms are present. It should be more of an off then on again filling pattern.
- i. Keith Tolman said that the PA could include a statement about requiring a consult with a dermatologist for off label usage.
- j. Mark Balk said that with the Prior Authorization, you can educate providers directly, when they are prescribing the drug. With a fax, or information bulletin education outreach, many providers will not see it.
- k. Jennifer Brinton said that she likes the PA that is presented, she would like to include the educational information about off label usage, and evidence of breaks during therapy.
- l. Mark Balk said that the reauthorization could be dropped to 6 months to monitor usage and intermittent dosing.
- m. Discussion about if six months was too short for a reauthorization period, but the board decided that if there arises complaints or a problem, the criteria could be represented to the board to increase or decrease the reauthorization time frame.
- n. Jennifer Brinton made a motion to keep the criteria as written, ask for a Hepatitis C, Lichen Planus and Vitiligo screening. It would also include the educational aspects mentioned about intermittent dosing. The initial authorization at six weeks, and the reauthorization at six months while watching for intermittent dosing. Mike Symond seconded the motion. All in favor.

14. Meeting Adjourned – Mark Balk made a motion to close the meeting. Keith Tolman seconded. All in favor.

15. One DUR petition

The next DUR Board meeting is scheduled for Thursday, October 9, an OIG presentation on opioid prescribing, and Rheumatoid Arthritis treatments will be discussed.

Minutes prepared by Trevor Smith.

Recording available upon request, send email to medicaidpharmacy@utah.gov