Utah Department of Health & Human Services

Drug Utilization Review Board

Meeting Minutes

Thursday, July 14, 2022
7:15 a.m. to 8:10 a.m.
Google Meet

Board Members Present:

Eric Cannon, PharmD, FAMCP, Board Chair
Jennifer Brinton, MD
Judith Turner, DVM, PharmD
Katherine Smith, PharmD
Kumar Shah, MSc, PEng
Michelle Hofmann, MD
Neal Catalano, PharmD
Sharon Weinstein, MD
Susan Siegfreid, MD

Board Members Excused:

Elizabeth Gargaro, MD
Kyle Kitchen, PharmD

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

Jennifer Strohecker, PharmD, Medicaid Director
Bryan Larson, PharmD
Craig Hummel, MD
James Stamos, Office Director
Julie Armstrong, CPhT
Luis Moreno, PharmD
Ngan Huynh, PharmD
Stephanie Byrne, PharmD

University of Utah Drug Regimen Review Center Staff Presenter:

Monet Luloh, PharmD U of U DRRC

Other Individuals Present:

Charlie Lovan, PharmD AbbVie
David Testerman, Change Healthcare
Donald Nopper, Apellis
Heidi Goodrich, Molina Healthcare
Jaime T.
Jake Earl, PharmD U of U
Jason Bott, Lilly
Jason Smith, Gilead Sciences
Lisa Angelos, Change Healthcare
Matthew Call, UUHP
Michael Zarob, Merck
Natalie Rose, Gilead
Rob Booth, AbbVie
Todd Dickerson, Jazz Pharmaceuticals
Valerie Gonzales, PharmD U of U DRRC

Meeting conducted by: Eric Cannon

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Meeting Minutes

1. **Welcome:** Ngan Huynh opened the meeting and reminded everyone who attended the meeting to identify themselves via meeting chat or by sending an email to medicaidpharmacy@utah.gov. Ngan Huynh announced a quorum.

2. **Review and Approval of June Minutes:** Kumar Shah motioned to approve the minutes from June as drafted. Neal Catalano seconded the motion. Unanimous approval.

3. **Housekeeping:** Jennifer Strohecker provided the following Utah Medicaid updates:

    I. The Medication Therapy Management (MTM) Policy was launched July 1, 2022. The policy allows eligible Medicaid members to receive a face to face consult with a pharmacist. To qualify a member must be taking three or more medications to prevent one or more chronic conditions. Reimbursement will be provided to enrolled pharmacist providers through approved Current Procedural Terminology (CPT) codes. Additional information is available on the Utah Medicaid website. Jennifer Strohecker encouraged interested and qualified pharmacists to enroll as Medicaid providers.

    II. On July 6, 2022, the Food and Drug Administration (FDA) revised the Emergency Use Authorization (EUA) for Paxlovid to authorize state-licensed pharmacists to prescribe Paxlovid to individual patients meeting certain criteria. Pharmacists will be required to enroll as Medicaid providers to be eligible for reimbursement. Billable Current Procedural Terminology (CPT) codes are still being determined for reimbursements.

    III. Jennifer Strohecker and Michelle Hofmann are participating on a task force to conduct evaluations regarding four different psychotropic medications to be used for the treatment of mental health conditions. The task force began meeting monthly in May and are required to present a progress report of their recommendations and considerations to the legislature by October 2022. The process could

take several years before becoming comfortable making evidence-based recommendations. Jennifer Strohecker extended appreciation to Lauren Heath and The University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) for their hard work and collaboration.

IV. Utah Medicaid is preparing to re-post a Request for Proposal (RFP) for a new software vendor with planned implementation for July 1,2023. Previous Request for Proposal was cancelled due to the integration of the Medicaid Management Information System (MMIS) to Provider Recipient Integrated System for Medicaid (PRISM).

V. Lisa Angelos was selected through the recruitment process to assume the role of pharmacy director beginning August 15, 2022. Lisa Angelos has several clinical certifications and management experience from previous work at The University of Utah College of Pharmacy Drug Regimen Review Center (DRRC), Intermountain Healthcare, and Change Healthcare. She will make an excellent addition to the pharmacy team!

4. **P&T Committee Update:** Bryan Larson stated the Pharmacy & Therapeutics Committee will meet in September to discuss hypnotics.

5. **Guidelines for the Treatment of Insomnia in Adults:**
    a. **Information:** Monet Luloh, Pharm D from the University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) presented peer-reviewed research regarding treatment guidelines, indications for use, and safety and efficacy for insomnia in adults. The International Classification of Sleep Disorders Third Edition (ICSD-3) defines insomnia as trouble initiating and/or maintaining sleep or premature awakening that results in daytime symptoms despite the intention to sleep, suitable sleep environment, and adequate opportunity to sleep. Insomnia can occur independently or in association with other conditions. Consistent, inadequate amounts of sleep is associated with weight gain, diabetes, hypertension, cardiovascular disease, depression, impaired immunity, reduced performance, and increased risk of errors and/or accidents.

Nonpharmacologic treatments for insomnia include behavioral therapy, sleep restriction, stimulus control and sleep hygiene education. Pharmacologic treatment indications are categorized by insomnia subtype and include z-drugs, benzodiazepines, orexin receptor antagonists, tricyclic antidepressants/histamine receptor antagonists, and melatonin receptor antagonists. Over the counter (OTC) medications and dietary supplements are available. Antipsychotics and antidepressants are sometimes used off-label for the treatment of insomnia. Treatment guidelines recommend cognitive behavioral therapy alone or in combination with hypnotics. Recommendations against use of pharmacologic treatments is not equivalent to an established lack of effectiveness and tends to be due to insufficient evidence supporting the rationale in favor of the treatment. The majority of reviewed guidelines do not recommend the use of over-the-counter dietary supplements, sleep aids, or antihistamines including melatonin as well as off-label use of antipsychotics and antidepressants. Melatonin is generally well tolerated and improved symptoms compared to placebo. There are quality concerns regarding over the counter (OTC) dietary supplements due to no pharmaceutical grade Food and Drug Administration (FDA)-approved products in the United States. Utilization data from the previous year shows the most utilized agents were zolpidem, eszopiclone, and temazepam. Coverage considerations may include the addition of point-of-sale edits based on product labeling and moving non-controlled doxepin to preferred status on the Preferred Drug List (PDL).

b. **Board Discussion:** Sharon Weinstein suggested incorporating doxepin as a preferred product. Ngan Huynh stated doxepin capsules and concentration are currently preferred while the tablets are non-preferred. Sharon Weinstein inquired how to best manage the use of off-label trazodone with the wide range of recommended dosages. Susan Siegfreid stated most providers prefer using the generic forms of doxepin over the brand name Silenor or doxepin tablets due to cost. Susan Siegfreid is not in favor of promoting off-label use of medications. Trazodone could be left on the Preferred Drug List (PDL) for use as an antidepressant. Jennifer Strohecker stated Utah

Medicaid is allowed to cover medications based on Food and Drug Administration (FDA) labeled indications as well as compendia supported recommendations. Ngan Huynh stated trazodone is currently preferred on the Preferred Drug List (PDL) for the 50mg,100mg, and 150mg. The trazodone 300mg is currently non-preferred. Kumar Shah suggested revisiting the discussion regarding trazodone at a future meeting. Ngan Huynh stated only non-preferred medications on the Preferred Drug List (PDL) have restrictions. Sharon Weinstein inquired if trazodone diagnosis information is available for review. Ngan Huynh stated diagnoses are reviewed on medications requiring prior authorization but not readily available from claims. Ngan Huynh presented the Melatonin Coverage Proposal and utilization data. Twenty-nine requests for melatonin were received in the last 10 years. Ten states cover the over-thecounter melatonin. Judith Turner inquired if there would be an age restriction on melatonin. Ngan Huynh stated melatonin would be covered for both children and adults. Sharon Weinstein inquired how to promote good practice standards amongst the community. Ngan Huynh stated Utah Medicaid will continue to communicate the coverage and requirements through the Medicaid Information Bulletins (MIB).

6. **Intravitreal Implants & Ophthalmic Injections:**
    a. **Information:** Ngan Huynh presented the proposed prior

authorization criteria for Intravitreal Implants and Ophthalmic Injections. Ngan Huynh stated the clinical team met and considered the recommendations made by the board at the previous meeting to change the format into a table. The decision was made to keep the current format due to specific wording on the package labeling of the products.

Criteria for Approval: *All criteria must be met.*

- ❑ Implant or injection is prescribed and administered by an ophthalmologist.
- ❑ Patient is at least 18 years of age (or 12 years of age for Retisert).
- ❑ Patient doesn't have contraindicated conditions of the requested medication per prescribing information.

Iluvien (fluocinolone acetonide 0.19 mg) Additional Criteria: *All Criteria must be met.*

- ❑ Diagnosis of Diabetic Macular Edema (DME).
- ❑ Previously treated with ophthalmic corticosteroid, without a clinically significant rise in intraocular pressure.
  Medication and dose: _____
  Duration of use: _____ Chart Note Page #: _____
- ❑ Previously undergone at least one prior macular laser treatment.

Ozurdex (dexamethasone 0.7 mg) Additional Criteria: *All Criteria must be met.*

- ❑ Diagnosis of one of the following:
  - ○ Diabetic Macular Edema (DME).
  - ○ Macular Edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).
  - ○ Non-Infectious Uveitis affecting the posterior segment of the eye.
    - ☐ Trial and failure of Humira (adalimumab) for at least 6 weeks within last year.
      Duration of use: _____ Chart Note Page #: _____
      Details of Failure: _____

Retisert (fluocinolone acetonide 0.59 mg) Additional Criteria: *All Criteria must be met.*

- ❑ Diagnosis of Chronic (one year or greater) Non-Infectious Uveitis affecting the posterior segment of the eye.
- ❑ Trial and failure of Humira (adalimumab) for at least 6 weeks within last year.
  Duration of use: _____ Chart Note Page #: _____
  Details of Failure: _____

Triesence (triamcinolone acetonide injectable suspension) Additional Criteria: *All Criteria must be met.*

- ❑ Diagnosis of one of the following:
  - ○ Visualization during vitrectomy
  - ○ Sympathetic ophthalmia
  - ○ Temporal arteritis
  - ○ Uveitis
  - ○ Ocular inflammatory conditions, unresponsive to ophthalmic corticosteroids.
    - ☐ Trial and failure of ophthalmic corticosteroid.
      Medication and dose: _____
      Duration of use: _____ Chart Note Page #: _____

Xipere (triamcinolone acetonide injectable suspension) Additional Criteria: *All Criterion must be met.*

- ❑ Indication for the treatment of macular edema associated with uveitis.

Yutiq (fluocinolone acetonide 0.18 mg) Additional Criteria: *All Criteria must be met.*

- ❑ Diagnosis of Chronic Non-Infectious Uveitis affecting the posterior segment of the eye.
- ❑ Trial and failure of Humira (adalimumab) for at least 6 weeks within last year.
  Duration of use: _____ Chart Note Page #: _____
  Details of Failure: _____

Authorization: One implant per approval; injection number to be determined on individual case review.
Reauthorization: Permitted for opposite eye, if treatment of the first eye is successful.

7. **Meeting Chat Transcript:**
   00:48:49.027,00:48:52.027
   Jennifer Strohecker (DHHS): Thank you everyone. I need to drop for another meeting. Have a good day!

   00:49:32.545,00:49:35.545
   Michelle Hofmann (DHHS): I apologize but I also need to drop for a conflicting meeting.

8. **The next meeting scheduled for Thursday, August 11, 2022** Draft 2022 Clinical Practice Guideline for Prescribing Opioids.

9. **Public Meeting Adjourned:** Katherine Smith motioned to adjourn the meeting. Sharon Weinstein seconded the motion. Unanimous approval. Eric Cannon, Michelle Hofmann, Neal Catalano, and Susan Siegfreid were not present for vote.

Audio recordings of DUR meetings are available online at:
https://medicaid.utah.gov/pharmacy/drug-utilization-review-board?p=DUR%20Board%20Audio%20Recordings/