Utah Department of Health & Human Services

Drug Utilization Review Board

Meeting Minutes

Thursday, May 11, 2023
7:15 a.m. to 8:20 a.m.
Google Meet

Board Members Present:

Eric Cannon, PharmD, FAMCP, Board Chair
Colby Hancock, PharmD
James Keddington, DDS
Jennifer Brinton, MD
Judith Turner, DVM, PharmD
Katherine Smith, PharmD
Kumar Shah, MSc, PEng
Sharon Weinstein, MD
Susan Siegfreid, MD

Board Members Excused:

Michelle Hofmann, MD
Neal Catalano, PharmD

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

Lisa Angelos, PharmD, Pharmacy Director
Andrea Rico, CPhT, CPC
Bryan Larson, PharmD
Joe Busby, RPh, MBA
Julie Armstrong, CPhT
Luis Moreno, PharmD
Ngan Huynh, PharmD
Stephanie Byrne, PharmD

University of Utah Drug Regimen Review Center Staff Presenter:

Valerie Gonzales, PharmD U of U DRRC

Other Individuals Present:

Brian Mooers, MD Surgical & Medical Weight Loss Solutions
David Moody
Deron Grothe, Braeburn
Gary Parenteau, Fargo-Moorhead
Heidi Goodrich, Molina Healthcare
Jane Stephen, Amgen
Jason Bott, Eli Lilly
Jason Smith, Gilead Sciences
Jean Harris, Novo Nordisk
Jeff White
Jessica Chardoulias, PharmD Novo Nordisk
Juliana Simonetti, MD Rhythm Pharmaceuticals / U of U Healthcare
Lauren Heath, PharmD U of U DRRC
Lisa Pulver
Matthew Call, UUHP
Miles Rooney, Change Healthcare
Monet Luloh, PharmD U of U DRRC
Sharon Sturtevant
Todd Dickerson, Jazz Pharmaceuticals
Vandana Raman, MD Pediatric Endocrinology & Diabetes

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Meeting Minutes

Intermountain Healthcare William Hancock, Reflect Scientific

Meeting conducted by: Eric Cannon

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. **Housekeeping:** Ngan Huynh welcomed James Keddington, DDS. James Keddington practiced as a general dentist for 14 years prior to joining the University of Utah School of Dentistry fulltime as the assistant dean for curriculum integration.

3. **Review and Approval of April Minutes:** Kumar Shah motioned to approve the minutes from April as drafted. Susan Siegfreid seconded the motion. Unanimous approval.

4. **Weight Management Medications Approved for Treating Overweight and Obesity:**
    a. **Information:** Valerie Gonzales, Pharm D from the University of Utah College of Pharmacy Drug Regimen Review Center (DRRC) presented peer-reviewed research regarding indications for use, safety and efficacy, treatment guidelines, and considerations for prior authorization criteria for approved therapies for the management of overweight and obesity. Setmelanotide is used for rare genetic disorders of obesity and was not reviewed. Obesity stems from factors beyond personal choice, including genetic, psychological, socioeconomic, and environmental contributors. Weight related complications of obesity arise from the prothrombotic pro-inflammatory, angiogenic, diabetogenic and biomechanical effects of excess adipose tissue. Some weight related complications include type II diabetes, dyslipidemia, hypertension, cardiovascular disease, nonalcoholic fatty liver disease, obstructive sleep apnea, osteoarthritis, gastroesophageal reflux disease, polycystic ovary syndrome, and depression. Obesity is considered a chronic medical

condition by many health-oriented organizations. Obesity affects forty-two percent of adults and twenty percent of pediatric patients in the United States. Benefits of weight loss include prevention, improvement, or resolution of weight-related complications, reduced risk of premature death, reduced incidence of certain cancers, and improved quality of life. Regular screenings of body mass index (BMI) and other clinical factors are recommended in patients with weight related complications in the presence of overweight and obesity. Clinical guidelines have long recommended lifestyle modifications and behavioral therapy. Many patients are unable to engage in formal programs or achieve and sustain meaningful weight reductions or maintenance with lifestyle intervention alone. Guidelines recommend a shared decision-making approach between the patient and caregiver with pharmacotherapy as an option for additive therapy in indicated patients. Early agents such as benzphetamine, diethylpropion, phendimetrazine, and phentermine are approved for short-term treatment. Newer agents, including Saxenda (liraglutide), Wegovy (semaglutide), Contrave (naltrexone/bupropion ER), Xenical (orlistat), and Qsymia (phentermine/topiramate ER) are approved for long-term treatment. All agents are approved for adjunctive treatment to lifestyle modification. Early agents are approved for patients seventeen years of age and older. Most newer agents are approved for adults and pediatrics twelve years of age and older (exception Contrave) with obesity, while some agents are also approved for adults overweight in the presence of at least one weight-related complication. Some common adverse events include gastrointestinal events, dizziness, insomnia, and headaches. Contraindications may include pregnancy, certain cancers, uncontrolled hypertension, hypoglycemia, seizures, opioid use, and monoamine oxidase inhibitor (MAOI) use. Most recent adult guideline recommendations vary from insufficient evidence to low quality evidence to support the use of early approved agents for obesity without additional comorbidities. Most recent pediatric guidelines recommend adjunctive pharmacotherapy with lifestyle modifications and behavioral therapy for obesity. Prior authorization criteria considerations may include attestations of laboratory assessments,

attestations of counseling, educational notes, and consideration of prescriber rational if requirements are set regarding weight loss targets and/or dosages to tailor therapy to patient specific needs.

b. Public Comment:

1. Jessica Chardoulias, PharmD from Novo Nordisk was available to answer questions regarding Wegovy (semaglutide) and Saxenda (liraglutide). Eric Cannon inquired what data is shown after products are discontinued as treatment. Jessica Chardoulias stated most studies showed weight regain after discontinuing medications, which indicates obesity requires chronic management.
2. Juliana Simonetti, MD, from the Comprehensive Weight Management program at University of Utah provided testimony on clinical experience. Eric Cannon inquired where surgical intervention vs pharmaceutical intervention falls in treatment. Juliana Simonetti stated while surgical intervention may be more cost effective and have long term results not all patients qualify for surgery due to being very sick. The weight loss results with newer pharmacological treatments without surgery seem to be very effective. A comprehensive program provides options for all patients. Joe Busby inquired about experiences with pediatric obesity. Juliana Simonetti stated the need for pediatric treatment is growing and more young patients are presenting with severe disease.
3. Vandana Raman, MD from Pediatric Endocrinology and Diabetes at Intermountain Healthcare provided testimony on clinical experience. There has been a dramatic Increase in chronic and complex obesity. Recent treatments show compelling evidence. Genetics and social economic factors play a role in addition to physical and mental aspects. Pharmacologic therapies are needed as adjunct therapy to lifestyle changes and behavioral modifications. Untreated pediatric patients go from pre-diabetes to diabetes faster with increased disease severity. Joe Busby inquired if patients should be required to participate in lifestyle and behavioral modifications or programs to receive adjunct

pharmacotherapy. Vandana Raman stated dietary support should be required with adjunct pharmacotherapy. Juliana Simonetti agreed that comprehensive treatment with lifestyle modifications and pharmacotherapy should be required. She asked the board to be cautious of possible access to care issues with requiring patients to see a registered dietician.

4. Brian Mooers, MD, from Surgical and Medical Weight Loss Solutions provided testimony on clinical and surgical experience. Multidisciplinary care is required for effective weight loss and should not require failure of the least effective treatment of diet and exercise first. Medications are beneficial for patients before and after surgery in certain cases or for those patients that do not qualify for surgery. Surgery is ninety-five percent effective. Eric Cannon inquired why the center of excellence recommends preoperative diet and exercise if that is not the practice standard. Brian Mooers stated The American Society for Metabolic and Bariatric Surgery (ASMBS) specifically released a statement that mandatory preoperative weight loss should not be required due to patients being lost to follow up or never achieving weight loss due to genetics, metabolism, and environmental factors that are too strong for diet and exercise to be effective. Losing weight prior to surgery can reduce complications. Juliana Simonetti stated they do have psychologists to support patients' mental health. Susan Siegfreid stated she worked with the Department of Health to draft guidelines for psychiatric screening requirements prior to surgery. She concurs that there are very few psychiatric contraindications for patients to receive surgery. Susan Siegfreid stated the psychological toll of mental illness, anxiety, and depression that patients take on needs to be factored into cost and overall care.

c. **Board Discussion:** Ngan Huynh presented the Medicaid Fee for Service population rejected claims data for medications approved for the treatment of obesity from January 1, 2022 to December 31, 2022. There were 270 claim rejections for diethylpropion, one claim rejection for phendimetrazine, 3498 claim rejections for phentermine,

thirty-two claim rejections for Qsymia, 161 claim rejections for Saxenda, 320 claim rejections for Wegovy, sixty-two claim rejections for orlistat, and 118 claim rejections for Contrave. Ngan Huynh said the state is seeing a need for extending weight loss coverage to the Medicaid population. Currently medications can only be covered through medical necessity pathways. Eric Cannon stated Select Health is also seeing an increase in rejected claims for Wegovy (semaglutide). Kumar Shah recommended continuation of research to revisit the topic in the future. Susan Siegfreid inquired if the state is considering a change to the current policy since the Pharmacy &Therapeutics Committee will be reviewing weight loss agents. Bryan Larson stated the current restrictions would require a rule change with public notice, public comment, and approval by executive leadership. Eric Cannon stated due to market demand, significant policy will be needed to determine coverage.

5. **Meeting Chat Transcript:**
   00:43:12.100,00:43:15.100
   Matthew Call: Utah Administrative Rules: R414-60-
   5. Limitations.(11) Medicaid does not cover the following drugs:(a) drugs for weight loss;(b) drugs to promote fertility;(c) drugs for the treatment of sexual dysfunction;(d) drugs for cosmetic purposes;

   00:57:28.373,00:57:31.373
   Katherine Smith: I have to hop off. Thank you for this great discussion!

6. **The next meeting scheduled for Thursday, June 08, 2023** Tzield (teplizumab).

7. **Public Meeting Adjourned:** Kumar Shah motioned to adjourn the meeting. Colby Hancock seconded the motion. Unanimous approval. Katherine Smith was 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/