Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes February 4, 2015

Attendees:

Commission Members
Brian Couse, M.D.; Kellen Ludvigson, Pharm.D.; Mark Graber, M.D., FACEP (via phone); Laurie Pestel, Pharm.D. (via phone); Larry Ambroson, R.Ph. (via phone); Brett Faine, Pharm.D. (via phone); Jason Wilbur, M.D. (via phone); 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

Pam Smith called the meeting to order at 9:32 a.m. at the Learning Resource Center in West Des Moines, as both the chairperson and vice-chairperson were attending via phone. In total, five Commission members attended via phone, because attending in person was impractical due to inclement weather. The minutes from the December 3, 2014 meeting were reviewed. Mark Graber motioned to accept them, and Brian Couse seconded. All members were in favor. The recommendation letter sent to DHS after the last meeting was also reviewed.

IME Updates

More than 115,000 members are now enrolled in the Iowa Health and Wellness Plan (IHAWP). As of December 1, 2014, Iowa Medicaid is now covering an additional 9,700 members previously enrolled in CoOportunity under IHAWP, as CoOportunity has withdrawn participation in the marketplace. Governor Brandstad has announced plans to modernize Medicaid and bring some budget predictability to the program. More details will be provided in the coming weeks. Public meetings will be scheduled once information is available. The Complex Pharmaceutical Oversight Program (CPOP), which provides oversight of clinically complex and high-cost drugs, went into effect on January 1, 2015. The pharmacist who provides oversight for this program will hopefully be able to provide an overview at the next meeting. During closed session profile reviews at the last meeting, it was suggested a maximum dose on Vimpat be implemented, as well as a duplicate therapy edit on beta-blockers, splitting out the propanolol. The Commission would like to address these issues at a future meeting.

Prevalence Report Summary

Statistics from November though December 2014 were discussed, including: cost per user ($307.69), number of total prescriptions dispensed (a decrease of 1.4%

compared to the previous reporting period), average cost per prescription ($64.27), and generic utilization (83.7%). The total paid amount increased by 4.7% from the previous reporting period. There were 199,594 unique users, which is 1.9% more than the total for September and October. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Advate, Lantus, Focalin XR, Cymbalta, Synagis, Strattera, and Tamiflu.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $2,494.32 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Alan Koslow	Heartland Vascular	apixiban
Nancy Bell	Pfizer	apixiban
Diane Hannah	Celgene	Otezla

ProDUR Edits

ADD/ADHD/Narcolepsy Agents: The DUR Commission discussed implementing quantity limits on multiple stimulant medications. The members requested data to be brought back to the next meeting to determine the impact to prescribers and prior authorization department of implementing these quantity limits and to seek input from the medical and pharmacy associations regarding the proposed quantity limits. Blocking multiple strengths was also suggested, and IME staff will look into this possibility. Current recommendations (applies to both brand and generic agents) are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Adderall 12.5mg tablet	90	120
Adderall 20mg tablet	90	120
Concerta 18mg tablet	30	60
Concerta 27mg tablet	30	60
Concerta 54mg tablet	30	60
Focalin IR tablet (all strengths)	60	None
Focalin XR 5mg	30	60
Focalin XR 10mg	30	60
Focalin XR 15mg	30	90
Focalin XR 20mg	30	60
Focalin XR 25mg	30	60
Focalin XR 30mg	30	60
Ritalin IR (all strengths)	90	None

Focus Studies

Sublingual/Translingual Nitroglycerin Utilization: This was a follow-up discussion. Twelve of the 16 members identified changed therapy, for an annualized cost savings of $1,769.12 (state and federal, pre-rebate) as a result of the 43 surveys sent out to prescribers and pharmacies. There were 19 (44.19%) surveys returned.

Chronic Transdermal Scopolamine Utilization: This was a follow-up discussion. Thirteen of the 34 members identified changed therapy, for an annualized cost savings of $21,112.16 (state and federal, pre-rebate) as a result of the 71 surveys sent out to prescribers and pharmacies. There were 29 (40.85%) surveys returned.

Benzodiazepine Dosing: At the October 2014 meeting, the Commission expressed and interest in reviewing the quantity limits on all benzodiazepines, and also looking at the numbers on combination therapy. Letters were sent to the prescribers of the members identified as using duplicate benzodiazepines to ask if the patient could be adequately controlled on one agent. The Commission had also requested to update the data on number of units by dosage form and that maximum dose data be refined, to exclude those patients that may have received two fills of the benzodiazepine in the same month. After reviewing the updated data, the DUR Commission discussed lowering the quantity limits on select benzodiazepines (alprazolam, clonazepam, lorazepam) to 120 units per 30 days. Duplicate therapy edits may be discussed at a later date. Letters will be sent to prescribers of members exceeding the proposed limits. Current recommendations are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Alprazolam IR tablet (all strengths)	120	150
Clonazepam tablet (all strengths)	120	150
Lorazepam tablet (all strengths)	120	150

Long-Acting Plus Short-Acting Stimulants in Children: The Commission would like to begin by implementing the new quantity limits mentioned above, then revisit this topic again in at least six months to see if there has been improvement.

Medication Adherence for Antidiabetics, Antihypertensives, and Statins: IME Member Services will be contacted to see if they already do member outreach and discuss the possibility of sending letters if not. Laurie Pestel mentioned that Hy-Vee now has a compliance report in their system. The Commission also wondered if a message could be added to the POS system, potentially even blocking the claim from payment. Erin will look into this, and evaluate its impact to IME staff and pharmacies.

Public Comment
There were no additional public speakers.

Prior Authorization
Apixaban (Eliquis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apixaban (Eliquis®). Payment will be considered under the following conditions:

1. *Patient does not have a mechanical prosthetic heart valve; and*
2. *Patient does not have active pathological bleeding.*

Atrial Fibrillation

- *Patient has a diagnosis of non-valvular atrial fibrillation; with*
- *Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- *Presence of at least one additional risk factor for stroke, with a CHADS2 score ≥ 1.*
- *Requests will be considered for the following dosing:*
  - *5mg twice daily; or*
  - *2.5mg twice daily in patients with any two (2) of the following:*
    - *Age ≥80 years*
    - *Body weight ≤60 kg*
    - *Serum creatinine ≥1.5 mg/dL.*

Treatment and Prevention of DVT or PE

- *Patient has documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial).*
- *Requests will be considered for the following dosing:*
  - *Initial Treatment of DVT or PE: 10mg twice daily for 7 days, followed by 5mg twice daily up to 12 months of treatment.*
  - *Prevention of DVT or PE following initial therapy with standard anticoagulation therapy for 6 to 12 months of treatment for DVT or PE: 2.5mg twice daily*

Prophylaxis of DVT following hip or knee replacement surgery

- *Requests will be considered when the patient has contraindications to use of the preferred agent(s).*
- *Requests will be considered for the following dosing:*
  - *Hip replacement: 2.5mg twice daily for up to 35 days following hip replacement; or*
  - *Knee replacement: 2.5mg twice daily for up to 12 days after knee replacement.*

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

Jason Wilbur motioned to accept the criteria, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting. The DUR Commission also made a recommendation that the P&T Committee conduct an overall cost comparison of the Novel Oral Anticoagulants (NOACs) versus warfarin to determine if one or more of these agents could be available to members without requiring a warfarin trial. When looking at costs for warfarin, the DUR Commission would like the following factors to be taken into account: the costs for INR monitoring, frequent office visits to stabilize INR, and bridging therapy while patient is being stabilized on warfarin.

Thrombopoietin Receptor Agonists: The Commission reviewed the prior authorization criteria as follows:

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the patient has undergone a splenectomy.

Payment for eltrombopag (Promacta®) for the treatment of chronic hepatitis C associated thrombocytopenia will only be considered to allow for initiation and/or maintenance of interferon-based therapy with ribavirin when the patient has a baseline platelet count less then 75 x 10^9/L. Requests will not be considered under the following conditions:

1. *Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C infection in addition to interferon based therapy with ribavirin.*
2. *Patients taking direct acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.*
3. *Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).*
4. *Patients with a history of ascites.*
5. *Patients with hepatic encephalopathy.*

Payment for eltrombopag (Promacta®) for the treatment of severe aplastic anemia will only be considered under the following conditions:

1. *Patient has documentation of an insufficient response or intolerance to at least one prior immunosuppressive therapy; and*
2. *Patient has a platelet count less than or equal 30 X 10^9/L.*
3. *If criteria for coverage are met, initial authorization will be given for 16 weeks. Documentation of hematologic response after 16 weeks of therapy will be required for further consideration.*

Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

Brian Couse motioned to accept the criteria, and Larry Ambroson seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Testosterone Products: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for testosterone products. Payment will be considered with documentation of a specific testicular or hypothalamic/pituitary disease (primary hypogonadism or hypogonadotropic hypogonadism) that results in classic hypogonadism. Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis. Payment for non-preferred testosterone products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred agents. Requests for erectile dysfunction, infertility, and age-related hypogonadism will not be considered. Payment will be considered under the following conditions:

1. *Patient is male and 18 years of age or older (or 12 years of age and older for testosterone cypionate); and*
2. *Patient has two (2) morning pre-treatment testosterone levels below the lower limit of the normal testosterone reference range of the individual laboratory used (Please attach lab results); and*
3. *Patient has primary hypogonadism or hypogonadotropic hypogonadism (further defined below):*
    - *Primary hypogonadism (congenital or acquired) caused by testicular failure due to one of the following:*
        - *Cryptorchidism*
        - *Bilateral torsion*
        - *Orchitis*
        - *Vanishing testes syndrome,*
        - *Orchiectomy*
        - *Klinefelter's syndrome,*
        - *Chemotherapy*
        - *Toxic damage from alcohol or heavy metals*
    - *Hypogonadotropic hypogonadism*
        - *Idiopathic gonadotropin or lutenizing hormone-releasing (LHRH) deficiency*
        - *Pituitary-hypothalamic injury from tumors, trauma, or radiation*
4. *Patient does not have:*
    - *Breast or prostate cancer*

- *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
- *Hematocrit > 50%*
- *Untreated severe obstructive sleep apnea*
- *Severe lower urinary tract symptoms*
- *Uncontrolled or poorly controlled heart failure*

Requests for continuation of therapy will require the following:

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

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

Brian Couse motioned to accept the criteria, and Mark Graber seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Apremilast (Otezla): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints) or*
3. *Patient has a diagnosis of moderate to severe plaque psoriasis; and*
4. *Prescribed by a rheumatologist or a dermatologist; and*
5. *Patient does not have severe renal impairment (CrCl < 30mL/min).*

<u>Psoriatic Arthritis</u>

- *Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.*

<u>Plaque Psoriasis</u>

- *Patient has documentation of a trial and inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine; and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents.*

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

Mark Graber motioned to accept the criteria, and Jason Wilbur seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Hepatitis C Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for direct-acting oral antiviral agents against the hepatitis C virus. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient's prior treatment history is provided (treatment naïve, prior null responder, partial responder, or relapser); and*
3. *Documentation of viral load taken within 6 months before beginning therapy; and*
4. *Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
5. *If patient has a history of failed treatment due to non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
6. *For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
   a) *Patient is not a pregnant female or a male with a pregnant female partner; and*
   b) *Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
   c) *Documentation that routine monthly pregnancy tests are performed during this time; and*
7. *Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and*
8. *Prescriber is an infectious disease specialist, gastroenterologist, hepatologist or other hepatitis specialist.*
9. *Where applicable, requests for peg-interferon alfa free regimens will be considered on a case-by-case basis for patients with hepatitis C genotype 1 or 4 where peg-interferon alfa is contraindicated. Contraindications include: documented life-threatening side effects; decompensated hepatic disease; autoimmune hepatitis and other autoimmune disorders; a baseline neutrophil count below 1500/µL, a baseline platelet count below 90,000/ µL, or a baseline hemoglobin below 10g/dL; or a history of preexisting unstable cardiac disease.*
10. *Non-FDA approved or non-compendia indicated combination therapy*

regimens will not be approved.

11. *If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
12. *Lost or stolen medication replacement requests will not be authorized.*
13. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

Victrelis

- *Patient has a documented diagnosis of hepatitis C genotype 1; and*
- *Administered in combination with peg-interferon alfa and ribavirin; and*
- *Patient does not have HIV co-infection; and*
- *Patient does not have decompensated cirrhosis; and*
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- *HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™).*
- *Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *Prior authorizations will be approved for a maximum of 24, 32, or 44 weeks of therapy with boceprevir (Victrelis™) based on response.*

Olysio

- *Patient has a documented diagnosis of hepatitis C genotype 1; and*
- *Administered in combination with peg-interferon alfa and ribavirin; and*
- *Patient does not have HIV co-infection; and*
- *Patient does not have the NS3 Q80K polymorphism with hepatitis C genotype 1a; and*
- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- *HCV-RNA results are required at treatment week 4 for simeprevir (Olysio™).*
- *Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *A maximum 12 weeks of therapy will be allowed.*

Sovaldi

- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient does not have decompensated cirrhosis; and*
- *Documentation the patient has advanced liver disease corresponding to a*

Metavir score of 3 or greater fibrosis as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):
  - *Liver biopsy confirming a Metavir score ≥ F3; or*
  - *Transient elastography (FibroScan) score ≥ 9.5kPa; or*
  - *FibroSURE (FibroTest) score ≥ 0.58; or*
  - *APRI score > 1.5; or*
  - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
  - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
  - ***Genotype 1**: Patient has a documented diagnosis of hepatitis C genotype 1 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks therapy will be allowed.*
  - ***Genotype 2**: Patient has a documented diagnosis of hepatitis C genotype 2 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 12 weeks of therapy will be allowed.*
  - ***Genotype 3**: Patient has a documented diagnosis of hepatitis C genotype 3 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 24 weeks of therapy will be allowed.*
  - ***Genotype 4**: Patient has a documented diagnosis of hepatitis C genotype 4 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.*
- ***Hepatocellular carcinoma**: Patient has a documented diagnosis of hepatitis C genotype 1, 2, 3, 4 with a diagnosis of hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and in combination with ribavirin for up to 48 weeks or until liver transplantation, whichever comes first. Milan criteria are defined as:*
  - *One lesion smaller than 5 cm in diameter for subjects with a single lesion;*
  - *Up to 3 lesions smaller than 3 cm in diameter in subjects with multiple lesions;*
  - *No extrahepatic manifestations;*
  - *No vascular invasion.*

Harvoni
- *Patient has documentation of hepatitis C genotype 1a or 1b; and*
- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient is not co-infected with hepatitis B or HIV; and*
- *Patient does not have decompensated liver disease; and*
- *Patient has a contraindication to a preferred peg-interferon alfa plus*

ribavirin based regimen (e.g. sofosbuvir + peg-interferon + ribavirin); and

- *Documentation the patient has advanced liver disease as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):*
  - *Liver biopsy confirming a Metavir score ≥ F3; or*
  - *Transient elastography (FibroScan) score ≥ 9.5kPa; or*
  - *FibroSURE (FibroTest) score ≥ 0.58; or*
  - *APRI score > 1.5; or*
  - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
  - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
  - *Patient is treatment-naïve without cirrhosis and has a documented pre-treatment baseline HCV RNA less than 6 million IU/mL. A maximum 8 weeks of therapy will be allowed; or*
  - *Patient is treatment-naïve with or without cirrhosis and has a documented pre-treatment baseline HCV RNA greater than 6 million IU/mL. A maximum 12 weeks of therapy will be allowed; or*
  - *Patient is treatment-experienced without cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 12 weeks of therapy will be allowed; or*
  - *Patient is treatment-experienced with cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 24 weeks of therapy will be allowed.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Deferasirox (Exjade): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for deferasirox. Payment will be considered under the following conditions:

1. *Patient does not have a serum creatinine greater than 2 times the age-appropriate upper limit of normal or creatinine clearance <40mL/min; and*
2. *Patient does not have a poor performance status; and*
3. *Patient does not have a high-risk myelodysplastic syndrome; and*
4. *Patient does not have advanced malignancies; and*
5. *Patient does not have a platelet count <50 x 10^9/L.*

Transfusional Iron Overload

Initiation of Therapy

1. *Patient is 2 years of age or older; and*
2. *Patient has documentation of iron overload related to anemia (attach documentation); and*
3. *Patient has documentation of a recent history of frequent blood transfusions that has resulted in chronic iron overload; and*
4. *Serum ferritin is consistently >1000 mcg/L (attach lab results dated within the past month); and*
5. *Starting dose does not exceed 20mg/kg/day. Calculate dose to the nearest whole tablet.*
6. *Initial requests will be considered for up to 3 months.*

Continuation of Therapy

1. *Serum ferritin has been measured within 30 days of continuation of therapy request (attach lab results); and*
2. *Ferritin levels are >500mcg/L; and*
3. *Dose does not exceed 40mg/kg/day.*

Non-Transfusional Iron Overload

Initiation of Therapy

1. *Patient is 10 years of age or older; and*
2. *Patient has documentation of iron overload related to anemia (attach documentation); and*
3. *Serum ferritin and liver iron concentration (LIC) has been measured within 30 days of initiation (attach lab results); and*
4. *Serum ferritin levels are >300mcg/L.*
5. *Liver iron concentration (LIC) are >3mg Fe/g dw; and*
6. *Dose does not exceed 10mg/kg/day (if LIC is <15mg Fe/g dw), or 20mg/kg/day (if LIC is >15mg Fe/g dw).*
7. *Initial authorization will be considered for up to 6 months.*

Continuation of Therapy

1. *Serum ferritin and LIC have been measured within 30 days of continuation of therapy request; and*
2. *Serum ferritin levels are >300mcg/L; and*
3. *Liver iron concentration (LIC) is >3mg Fe/g dw; and*
4. *Dose does not exceed 10mg/kg/day (if LIC is 3 to 7mg Fe/g dw) or 20mg/kg/day (if LIC is >7mg Fe/g dw).*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Vorapaxar (Zontivity): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

1. *Patient has a history of myocardial infarction (MI) or peripheral artery disease; and*
2. *Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and*
3. *Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and*
4. *Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.*

The required trials may be overridden when documented evidence is provided that the use of this agent would be medically contraindicated.

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 2. As this was the second review and no changes were recommended, the DUR Digest will be posted to the website.

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

A unanimous roll call vote was made at 11:47 a.m. to adjourn the meeting and move to closed session (motion by Kellen Ludvigson, second by Brian Couse and Mark Graber simultaneously).

The next meeting will be held at 9:30 a.m. on Wednesday, April 1, 2015, at the Fred Maytag II Scout Center in Des Moines.