Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes February 7, 2018

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Laurie Anderson, Pharm.D.; Jason Wilbur, M.D.; Brett Faine, Pharm.D.; Kellen Ludvigson, Pharm.D.; Melissa Klotz, Pharm.D.; Jason Kruse, D.O.; Susan Parker, Pharm.D.; and Sandy Pranger, R.Ph. (Amerigroup).
Staff
Pam Smith, R.Ph.
Guests
Erin Halverson, R.Ph., IME; Melissa Biddle, IME; and Karrie Hansotia, United Healthcare Plan of the River Valley.

Welcome & Introductions

Brett Faine called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the December 6, 2017 meeting were reviewed. Jason Wilbur motioned to accept them, and Jason Kruse seconded. The decision was unanimous. The recommendation letter sent to DHS after the last meeting was also reviewed.

IME Pharmacy Update

Pam Smith reviewed the results of the PMP report that had just been released, and explained changes to their reporting parameters that would be implemented going forward.

Fee-for-Service Prevalence Report Summary

Pam Smith provided a six-minute overview for fee-for service statistics from November through December 2017, including: total amount paid ($2,489,870), cost per user ($224.01), and number of total prescriptions dispensed (42,018). There were 11,115 unique users, which is 53.4% more than the total for September and October due to the approximately 10,000 members who were temporarily assigned FFS benefits after they lost AmeriHealth coverage November 30th. There were many large ranking changes on the top 100 pharmacies and prescribers reports, also due to the reassigned population. The top 5 therapeutics classes by paid amount were: Antipsychotics – Atypicals; Anticonvulsants; Stimulants – Amphetamines – Long Acting; Anti-Inflammatories, Non-NSAID; and Diabetic - Insulin. The highest prescription count continues to come from the SSRI category, with Anticonvulsants in second place, followed by: Antipsychotics – Atypicals; Narcotics – Miscellaneous; and Beta-Lactams/Clavulanate Combinations. The top 100 drugs were also reviewed, by paid amount and prescription count. The ten most expensive medications were: Vyvanse, methylphenidate hcl er, Latuda, Invega Sustenna, Humalog, Advair Diskus, Lantus, Synagis, Onfi, and Enbrel Sureclick. The five drugs with the highest prescription count were: hydrocodone/apap 5-325mg, Tramadol 50mg,

cetirizine hcl tab 10mg, fluoxetine 20mg, and Ventolin HFA. Pam Smith also created a report that compared the FFS stats along with those from each MCO below. Its side-by-side statistics showed that $72,324,712 was spent in total for 216,768 unique users who had 1,017,231 prescriptions. Statistics from AmeriHealth were not provided.

MCO Prevalence Report Summary and Updates

Amerigroup: Sandy Pranger provided a four-minute overview for Amerigroup's statistics from November through December 2017, including: a breakdown of utilization by age and gender, top 100 pharmacies by prescription count, top 100 pharmacies by paid amount, top 100 prescribing providers by prescription count, and top 100 prescribing providers by paid amount. The Bi-Monthly Statistics report reflected that expenditures totaled $32,116,113, a 0.5% decrease from September and October. Similar to previous reports, the top 5 therapeutics classes by paid amount were: ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiants; Antidiabetics; Antiasthmatic and Bronchodilator Agents; Antipsychotics/Antimanic Agents; and Analgesics – Anti-Inflammatory. These were the top five classes by prescription count: Antidepressants, Antiasthmatic and Bronchodilator Agents, Anticonvulsants, Antihypertensives, and Ulcer Drugs. Vyvanse was the most expensive medication, followed by Humira Pen, methylphenidate er, Humalog, and Latuda. Hydrocodone-acetaminophen has been the drug with the highest prescription count, followed by: gabapentin, fluoxetine, omeprazole 40mg, and omeprazole 20mg.

United Healthcare Community Plan: Karrie Hansotia provided a five-minute overview for United Healthcare's statistics from November through December 2017, including: total paid amount ($37,718,728.51), unique users (130,124), and cost per user ($289.87). She noted that the significant increases to paid amount and unique users since the September/October period were the result of a majority of members previously assigned to AmeriHealth migrating to United Healthcare on December 1st. Utilization by age and gender was reviewed with the highest utilization by females aged 19-64. On the top 100 pharmacies by prescription count report, Broadlawns, three Walgreens locations, and the University of Iowa Ambulatory Care Pharmacy made up the top five. Hy-Vee Pharmacy Solutions was the top pharmacy by paid amount. Lists of the top 100 prescribers by prescription count and paid amount were provided. The top 5 therapeutic classes by paid amount were: Insulins; Antipsychotic, Atypical, Dopamine, Serotonin Antagonist; Adrenergics, Aromatic, Non-Catecholamine; Anticonvulsants; and Anti-Inflammatory Tumor Necrosis Factor Inhibitor. The top 5 classes by prescription count were: SSRIs; Anticonvulsants; Analgesics, Narcotics; Proton-Pump Inhibitors; and Penicillins. The most expensive drugs were Vyvanse, Humalog, Latuda, methylphenidate er, and Humira Pen, while omeprazole, amoxicillin, lisinopril, hydrocodone/apap, and levothyroxine sodium had the top 5 prescription counts.

Public Comment

In addition to the written public comments provided to Commission members, they heard oral public comments from the speakers listed below.

Name	Representing	Drug/Topic
Ryan Flugge	Novo Nordisk	Anti-Diabetic, Non-Insulin Agents/Victoza
Diane Darling	Neurocrine Biosciences	Tardive Dyskinesia/Ingrezza
Jim Baumann	Pfizer	Topical Immunomodulators/Eucrisa

ProDUR Edits

Quantity Limits – Antihypertensives: Amerigroup had proposed new quantity limits on some Antihypertensives (full listing provided in the meeting packet). The Commission reviewed the potential impact of the proposed quantity limits, but they felt they were not necessary at this time. No recommendation was made to implement the quantity limits.

Quantity Limits – Antiepileptics: Amerigroup had proposed new quantity limits on some Antiepileptics (full listing provided in the meeting packet). The Commission reviewed the potential impact of the proposed quantity limits, but they felt they were not necessary at this time. No recommendation was made to implement the quantity limits.

Point of Sale Drug Utilization Review (DUR) Edits – Therapeutics Duplication (TD): The Commission reviewed information regarding point of sale (POS) DUR edits that was recommended by the MCOs. Currently, soft edits are provided to the pharmacy via the POS alerting them of the TD. If the recommended ProDUR edits are implemented, therapeutic duplication (TD) would be targeted initially, with other edits being implemented over time. The edit would stop/reject all TD claims at POS, requiring the pharmacist to review and make a determination as to whether therapy is appropriate with the ability to override the edit if so. Extensive programming would be required if certain medications and/or drug categories are targeted, rather than applying the edit to everything across the board. The pharmacists on the Commission are worried this will be very cumbersome, as their software already alerts them to DUR edits. The MCO representatives think that Medicare Part D currently applies this to all drug categories. The Commission was curious how potential savings had been calculated by the MCOs, and if an estimate of affected claims and resulting calls could be calculated as well. They wondered if claims that had already paid could be tested retroactively, to conduct a true test but not affect claims in real-time. This will be tabled to allow the MCOs to gather more information about results seen in other states they provide Medicaid benefits.

Prior Authorization

Deutetrabenazine (Austedo) & Valbenazine (Ingrezza): The Commission reviewed the prior authorization criteria as follows:

> *Prior authorization is required for Austedo (deutetrabenazine) and Ingrezza (valbenazine). Payment for non-preferred agents will be considered only for cases in which there is documentation of previous trial and therapy failure with a preferred agent (when applicable, based on diagnosis). Payment will be considered under the following conditions:*

Ingrezza/Austedo

Tardive Dyskinesia

1. *Patient meets the FDA approved age; and*
2. *Patient has a diagnosis of tardive dyskinesia (TD) based on the presence of ALL of the following:*
    a. *Involuntary athetoid or choreiform movements*
    b. *Documentation or claims history of current or former chronic use of a dopamine receptor blocking agent (e.g., antipsychotic, metoclopramide, prochlorperazine, droperidol, promethazine, etc.)*
    c. *Symptoms lasting longer than 4-8 weeks; and*
3. *Prescribed by or in consultation with a neurologist or psychiatrist; and*
4. *Prescriber has evaluated the patient's current medications for dose reduction, withdrawal, or change of the dopamine receptor blocking agent causing the TD; and*
5. *Documentation of baseline AIMS (Abnormal Involuntary Movement Scale) Score (attach AIMS); and*
6. *For Ingrezza:*
    a. *Will not be used concurrently with MAO inhibitors (e.g., isocarboxazid, phenelzine, rasagiline, safinamide, selegiline, tranylcypromine, etc.) or strong CYP3A4 inducers (e.g., carbamazepine, phenytoin, phenobarbital, rifampin and related agents, St. John's wort, etc.); and*
    b. *Will not be used concurrently with other vesicular monoamine transporter 2 (VMAT2) inhibitors; and*
    c. *Is prescribed within the FDA approved dosing; or*
7. *For Austedo:*
    a. *Patient is not suicidal, or does not have untreated/inadequately treated depression;*
    b. *Patient does not have hepatic impairment;*
    c. *Will not be used concurrently with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and*
    d. *Is prescribed within the FDA approved dosing.*

If criteria for coverage are met, initial requests will be given for 3 months. Continuation of therapy will be considered when the following criteria are met:

1. *Patient continues to meet the criteria for initial approval; and*
2. *Documentation of improvement in TD symptoms as evidenced by a reduction of AIMS score from baseline.*

Austedo

Chorea associated with Huntington's disease

1. *Patient meets the FDA approved age; and*
2. *Patient has a diagnosis of Huntington's disease with chorea symptoms; and*
3. *Prescribed by or in consultation with a neurologist or psychiatrist; and*

4. *Patient is not suicidal, or does not have untreated or inadequately treated depression; and*
5. *Patient does not have hepatic impairment; and*
6. *Patient does not have concurrent therapy with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and*
7. *Is prescribed within the FDA approved dosing.*

Dr. Graber said that it seems like Austedo should have the CYP2D criteria, to change the dosage if necessary, and he suggested striking "lasting a few weeks" from 2a under the Tardive Dyskinesia criteria. Criteria will be amended to request documentation of improvement for Huntington's Disease diagnosis. Pam Smith will revise the wording and bring this back to the next meeting to review and vote on.

CNS Stimulants and Atomoxetine: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for CNS stimulants and atomoxetine for patients 21 years of age or older. Prior to requesting prior authorization for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at https://pmp.iowa.gov/IAPMPWebCenter/. Payment for CNS stimulants and atomoxetine will be considered under the following conditions:

1. *Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms the patient continues to require medication to treat the symptoms of ADD/ADHD will be required for renewals or patients newly eligible that are established on medication to treat ADD/ADHD.*
2. *Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).*
3. *Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.*

After discussion, it was suggested this be brought back to a future meeting with updates to criteria and to get input from our psychiatrist, Dr. Gillette (since he was not in attendance of this meeting), regarding the use of stimulants for the treatment of adult ADHD. Some suggestions were to allow long-acting stimulants in adults while restricting short-acting stimulants to only those with exceptions, such as an adult still in school full time, an adult with a day time job while attending school in the evening. Additionally, it was suggested the long-acting stimulant dose be maximized before adding a short-acting agent, and that only one dose of a short-acting agent be allowed. Pam Smith will update

criteria and bring this back to a future meeting. With the number of members that will be affected, the Commission thought notification letters should be sent to prescribers once criteria are determined.

Anti-Diabetic Non-Insulin Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:

1. *A diagnosis of Type 2 Diabetes Mellitus, and*
2. *Patient is 18 years of age or older, and*
3. *The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at maximally tolerated dose.*

Payment for a non-preferred anti-diabetic, non-insulin agent subject to clinical criteria will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor or DPP-4 Inhibitor Combination, a preferred Incretin Mimetic, and a preferred SGLT2 Inhibitor at maximally tolerated doses.

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

Initial authorizations will be approved for six months. Additional prior authorizations will be considered on an individual basis after review of medical necessity and documented continued improvement in HgbA1C.

Jason Kruse motioned to accept the criteria as amended, and Jason Wilbur and Mark Graber both seconded. All members were in favor. The recommendation will be sent to the medical/pharmacy groups for comment and will be brought back to the next meeting for further discussion.

Hepatitis C Treatments: At the request of the Commission, PA criteria were brought to the meeting to further discuss the fibrosis score in general and in pediatric patients. This was based on public comment provided at the December 2017 meeting. The current prior authorization criteria as follows:

Prior authorization is required for hepatitis C treatments. 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 has a diagnosis of chronic hepatitis C and*
2. *Patient's age and/or weight is within the FDA labeled age and/or weight; and*
3. *Patient has had testing for hepatitis C virus (HCV) genotype; and*
4. *Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and*
5. *Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV*

and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started); and

6. *Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
7. *Patient has advanced liver disease corresponding to a Metavir score of 3 or greater fibrosis as confirmed by one of the following:*
   - *Liver biopsy confirming 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); or*
   - *Physical findings or clinical evidence consistent with cirrhosis; or*
   - *Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephritic syndrome, or membranoproliferative glomerulonephritis.*
8. *Patient's prior treatment history is provided (treatment naïve or treatment experienced); and*
9. *If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
10. *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*
11. *For regimens containing sofosbuvir, patient does not have severe renal impairment (creatinine clearance < 30ml/min) or end stage renal disease requiring hemodialysis; and*
12. *HCV treatment is prescribed by a digestive disease, liver disease, or infectious disease provider practice; and*
13. *For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
    a) *Patient is not a pregnant female or male with a pregnant female partner; and*
    b) *Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and*
    c) *Monthly pregnancy tests will be performed during treatment; and*
14. *Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.*
15. *Documentation is provided for patients who are ineligible to receive ribavirin.*
16. *Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.*

17. *Patient does not have limited life expectancy (less than 12 months) due to non-liver-related comorbid conditions.*
18. *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 length of therapy for the particular treatment.*
19. *Lost or stolen medication replacement requests will not be authorized.*
20. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

The Commission would like to add to #12 "or in consultation with" to allow for non-specialists to prescribe the medication, and completely remove #7. Pam Smith will update the current PA criteria with the recommended suggestions and bring it back to the next meeting for further discussion.

Buprenorphine/Naloxone: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for oral buprenorphine or buprenorphine/naloxone. Requests for doses above 24mg per day or greater than once daily dosing will not be considered. Initial requests will be considered for up to 3 months. Requests for maintenance doses above 16mg per day will not be considered on a long-term basis. Concomitant use with opioids or tramadol will be prohibited. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent, unless evidence is provided that use of these agents would be medically contraindicated. Requests for surgically implanted buprenorphine products will not be considered through the pharmacy benefit and should be directed to the member's medical benefit. Payment will be considered for patients when the following is met:

1. *Patient has a diagnosis of opioid dependence and meets the FDA approved age: AND*
2. *Prescriber meets qualification criteria to prescribe buprenorphine/naloxone for opioid dependence and has a "X" DEA number; AND*
3. *Patient is participating in and compliant with formal substance abuse counseling/psychosocial therapy: AND*
4. *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances; and*
5. *A projected treatment plan is provided, including:*
   - *Anticipated induction/stabilization dose,*
   - *Anticipated maintenance dose,*
   - *Expected frequency of office visits, and*
   - *Expected frequency of counseling/psychosocial therapy visits; AND*
6. *A treatment plan is provided for patients taking buprenorphine in combination*

with a benzodiazepine or central nervous system (CNS) depressants, including:

- *Documentation patient has been educated on the serous risks of combined use;*
- *A plan to taper the benzodiazepine or CNS depressant to discontinuation, if possible;*
- *Consideration of alternate anxiety or insomnia treatment options when the benzodiazepine or CNS depressant is used for anxiety or insomnia; and*
- *Other prescribers involved in the care of the patient are aware of the patient's use of buprenorphine; AND*

7. *Documentation is provided that transmucosal buprenorphine will not be used concomitantly with the buprenorphine implant.*
8. *Requests for single ingredient buprenorphine will only be considered for pregnant patients.*

Requests for renewal must include:

1. *An updated treatment plan documenting the following:*
    a. *Consideration of a medical taper to the lowest effective dose based on a self-assessment scale, and*
    b. *Assessment of concomitant benzodiazepine or CNS depressant use (if applicable) as outlined above, AND*
2. *Documentation the Iowa Prescription Monitoring Program website has been reviewed for the patient's use of controlled substances since the last prior authorization request, AND*
3. *Documentation of a current, negative drug screen, AND*
4. *Documentation the patient has been compliant with office visits and counseling/psychosocial therapy visits, AND*
5. *Documentation the patient is not using transmucosal buprenorphine with the buprenorphine implant.*

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

Smoking Cessation Therapy, Oral & Nicotine Replacement Therapy: Given the discussions at previous meetings, the DUR Commission made a recommendation to remove clinical prior authorization criteria for Smoking Cessation Therapy and Nicotine Replacement Therapy. With removal of the prior authorization, the DUR Commission also recommended a quantity limit of 24 weeks of total treatment within a 12-month period for tobacco cessation medications. No further changes were recommended. As this was the second review of these criteria, no motion was necessary. The recommendation to remove criteria will be sent to the Department for consideration.

Angiotensin Receptor Blocker before ACE Inhibitor: The DUR Commission made a recommendation to remove the Angiotensin Receptor Blocker before ACE Inhibitor clinical prior authorization criteria. No further changes were recommended. As this was the second review of these criteria, no motion was necessary. The recommendation to remove criteria will be sent to the Department for consideration.

Immunomodulators, Topical: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for topical immunomodulators. Payment for pimecrolimus (Elidel®) or tacrolimus (Protopic®) 0.03% will be considered for non-immunocompromised patients two years of age and older and tacrolimus (Protopic®) 0.1% for patients 16 years of age and older when there is an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid, except on face or groin. If criteria for coverage are met, requests will be approved for one tube per 90 days to ensure appropriate short-term and intermittent utilization of the medication. Quantities will be limited to 30 grams for use on the face, neck, and groin, and 60 grams or 100 grams for all other areas. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

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

Ivacaftor (Kalydeco): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

1. *Patient is 2 years of age or older; and*
2. *Patient has a diagnosis of cystic fibrosis; and*
3. *Patient has one of the CFTR gene mutations as indicated in the FDA approved label as detected by an FDA-cleared CF mutation test; and*
4. *Prescriber is a CF specialist or pulmonologist; and*
5. *Baseline liver function tests (AST/ALT) are provided.*

If the criteria for coverage are met, an initial authorization will be given for 3 months. Additional approvals will be granted for 6 months at a time if the following criteria are met:

1. *Adherence to ivacaftor therapy is confirmed; and*
2. *Liver function tests (AST/ALT) are assessed every 3 months during the first year of treatment and annually thereafter.*

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

Lidocaine Patch: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for topical lidocaine patches. Payment will be considered only for cases in which there is a diagnosis of pain associated with post-herpetic neuralgia. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy.

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

Topical Acne and Rosacea Products: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for topical acne agents (topical antibiotics and topical retinoids) and topical rosacea agents. Payment for topical acne and topical rosacea agents will be considered under the following conditions:

1. *Documentation of diagnosis.*
2. *For the treatment of acne vulgaris, benzoyl peroxide is required for use with a topical antibiotic or topical retinoid.*
3. *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 from the requested topical class (topical antibiotic or topical retinoid).*
4. *Payment for non-preferred topical rosacea products will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred topical agent.*
5. *Requests for non-preferred combination products may only be considered after documented trials and therapy failures with two preferred combination products.*
6. *Requests for topical retinoid products for skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive approval with documentation of submitted diagnosis.*
7. *Trial and therapy failure with a preferred topical antipsoriatic agent will not be required for the preferred tazarotene (Tazorac) product for a psoriasis diagnosis.*
8. *Duplicate therapy with agents in the same topical class (topical antibiotic or topical retinoid) will not be considered.*

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

No further changes were recommended. 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 conducted the second review of the draft DUR

Digest Volume 30, Number 2. No changes/updates were recommended. The DUR Digest will be posted to the DUR website in the upcoming weeks.

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

At 11:44, Melissa Klotz motioned to adjourn the meeting and Jason Kruse seconded. (No closed session was necessary.)

The next meeting will be held at 9:30 a.m. on Wednesday, April 4, 2018, at the Learning Resource Center in West Des Moines.