



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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April 5, 2018

Susan L. Parker, R.Ph, Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 4, 2018. At this meeting, the DUR Commission members discussed the proposed prior authorization (PA) criteria for Anti-Diabetic Non-Insulin Agents. In addition, as a follow up from the February 7, 2018 DUR meeting recommendation to remove clinical prior authorization for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy, the DUR Commission clarified the intention of applying a ProDUR age edit to these medications to ensure continuity among the Fee-for-Service (FFS) and Managed Care Organization (MCO) programs. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments that were received from the medical/pharmacy associations in response to a February 9, 2018 letter that was sent to them detailing the proposed criteria for Anti-Diabetic Non-Insulin Agents; removal of clinical prior authorization for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy; and the ProDUR quantity limit for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy.

Anti-Diabetic Non-Insulin Agents

Proposed Clinical Prior Authorization (changes highlighted/italicized/stricken)

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, ~~unless evidence is provided that use of this agent would be medically contraindicated.~~

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, ~~and~~ a preferred Incretin Mimetic, *and a preferred SGLT2 Inhibitor* at maximally tolerated doses.

The required trials may be overridden when documented unless 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.

Removal of Prior Authorization Criteria

The DUR Commission made the recommendation to remove clinical prior authorization criteria for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy at the February meeting. The DUR Commission anticipates the outcomes associated with the removal of clinical prior authorization for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy would be improved access to these medications, reduced administrative burden to prescribers, pharmacies and MCOs, and it will hopefully lessen future pharmacy and medical expenditures for resulting diseases such as chronic obstructive pulmonary disease (COPD) or myocardial infarction (MI).

ProDUR Edit

The DUR Commission discussed and recommended a ProDUR age edit for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy, limiting the medications to members 18 years of age and older. The recommended ProDUR age edit follows the FDA approved label and is a part of the current PA criteria. This is in addition to the recommendation made at the February meeting to implement a ProDUR quantity limit of 24 weeks total treatment within a 12-month period for all covered tobacco cessation medications.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Anti-Diabetic Non-Insulin Agents; removal of clinical prior authorization for Oral Smoking Cessation Therapy and Nicotine Replacement Therapy; and a ProDUR quantity limit and age edit for the Oral Smoking Cessation Therapy and Nicotine Replacement Therapy medications.

Sincerely,

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

Cc: Erin Halverson, R.Ph, IME
Gina Tiernan, R.Ph, IME