IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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December 4, 2014

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, December 3, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Ceritinib (Zykadia™). The Commission also received feedback from the Mental Health Advisory Group (MHAG) regarding the Prospective Drug Utilization Review (proDUR) edits on antipsychotic drugs for members less than 18 years of age. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an October 2, 2014 letter that was sent to them detailing the proposed criterion for Ceritinib (Zykadia™).

Ceritinib (Zykadia™)

Newly Proposed Prior Authorization Criteria

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

1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and
2. Patient is 18 years of age or older; and
3. Prescribed by a oncologist; and
4. Patient has documentation of treatment with crizotinib and the disease has progressed while on treatment or is intolerant to treatment.
5. Liver function tests (ALT, AST, and total bilirubin) will be monitored at least monthly while on ceritinib.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered with documentation patient has not experienced disease progression or unacceptable toxicity.

The DUR Commission received feedback from the MHAG regarding the proDUR edits on antipsychotic drugs for members less than 18 years of age. The MHAG met on October 17, 2014 to review the recommended proDUR edits that were initially made in April 2012. Specifically, the Commission recommendation was to 1) implement an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age; and 2) apply a duplicate therapy edit to all antipsychotics. The MHAG suggested the age edit for haloperidol and chlorpromazine be changed to the FDA approved ages of 3 years and 6 months respectively. The MHAG also suggested a 30 day grace period be considered, to allow members to taper off one antipsychotic while starting another, without requiring prior authorization. The Commission took this information under consideration, and determined the recommended age edits did not need to be changed at this time and a 30 day grace period would be beneficial to members and providers.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criterion for Ceritinib (Zykadia™).

Sincerely,

Pamela Smith R.Ph.

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME