Georgia Department of Community Health

Georgia Department of Community Health

DRUG UTILIZATION REVIEW BOARD MEETING

Department of Community Health
2 Peachtree Street - 5th Floor Board Room
Atlanta, Georgia 30303

June 16, 2011

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DRUG UTILIZATION REVIEW BOARD MEETING
AGENDA

2 Peachtree Street - 5th Floor DCH Board Room
Atlanta, Georgia 30303
June 16, 2011 – 10:00 a.m. to 2:00 p.m.

CALL TO ORDER	*Gary Williams, MD* *Chairman*
COMMENTS FROM THE DEPARTMENT	*Gilletta Gray, RPh* *Clinical Manager, Pharmacy Services*
MINUTES FROM PREVIOUS MEETING	*Chairman*
PDL MANAGEMENT	*Emily Baker, PharmD, BCPS, MBA, MHA* *Tara R. Cockerham, PharmD*

- **Manufacturers' Forum**
- **New Drug Reviews**
  - ♦ Beyaz™
  - ♦ Carbaglu™
  - ♦ Ella™
  - ♦ Gilenya™
  - ♦ Pradaxa™
- **Therapeutic Class Review –** Alpha-1 Proteinase Inhibitors
- **Clinical Utilization Reviews**
  - ♦ Acetaminophen-Containing Combination Products
  - ♦ Cough and Cold Products
- **Utilization Trend Review**
- **Drug Information**
  - ♦ Drug Update Newsletter
  - ♦ Horizon Watch Report
  - ♦ Patent Expiration Report
  - ♦ Clinical Compass Newsletter

FUTURE AGENDA ITEMS	*Chairman*
CONSUMER COMMENTS SESSION	
BOARD'S RECOMMENDATIONS TO DCH	*Chairman*
ADJOURNMENT OF MEETING	*Chairman*

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Department of Community Health
Drug Utilization Review Board (DURB)
MINUTES
Thursday, March 17, 2011

MEMBERS PRESENT
Gary M. Williams, M.D., Chairman
Laurel E. Ashworth, Pharm.D., Vice-Chairperson
Ryan Beddingfield, R.Ph.
Marilane Brookes Bond, Ed.D.
Karen L. Carter, M.D.
Truddie Darden, M.D.
Carl Ellis, R.Ph.
Rondell C. Jaggers, Pharm.D.
Robyn Lorys, Pharm.D.
J. Russell May, Pharm.D.
Osgood A. Miller, R.Ph.
Michael S. O'Connor, Pharm.D.
Mary Rhee, M.D., M.S.
Richard S. Singer, DDS

MEMBERS ABSENT
Joseph R. Bona, M.D., MBA
Paul D. Boyce, M.D.
Kimberly S. Carroll, M.D.
Arvind Gupta, M.D.
Matthew Perri, III, R.Ph., PhD.

Staff
Adrian Washington, Pharm.D., MBA, Pharmacy Director, Pharmacy Services
Gilletta Gray, R.Ph., Clinical Manager, Pharmacy Services
Lori Garner, R.Ph., MHS, MBA, Pharmacist, Pharmacy Services
Rose Marie Duncan, Program Associate, Pharmacy Services

NorthStar HealthCare Consulting
Emily Baker, Pharm.D., BCPS, MHA, MBA, President
Tara R. Cockerham, Pharm.D., Clinical Programs Director
Aaron Atkins, Pharm.D., South University Drug Information Resident

SXC Health Solutions, Inc.
Susan McCreight, Account Manager
Talmahjia “Tami” Sweat, Pharm.D., Clinical Systems Product Manager

Goold Health Services
Timothy Clifford, M.D., Medical Director
Doug Martin, Pharm.D., Pharmacy Project Manager
Shelley-Lynn Kelley, Senior Rebate Specialist

Department of Community Health
Drug Utilization Review Board (DURB)
MINUTES
Thursday, March 17, 2011

Call to Order

The Drug Utilization Review Board (DURB/DUR Board) held its first meeting for the calendar year on March 17, 2011. The Chairman, Gary M. Williams, M.D., called the meeting to order at 9:09am.

Comments from the Department

Adrian Washington, MBA, Pharm.D., Pharmacy Director, Pharmacy Services, commented on the following items:

1. Crossover period in the Legislature – There are no major bills that will directly impact the pharmacy program. There is still a budget shortfall within the state and an adjusted budget is anticipated being released from the Governor.
2. Labeler partners – The Department will be reviewing the entire PDL at this meeting and recommendations will be made by the DURB to the Department. The Department anticipates posting decisions no later than June with an effective date of July 1st.

Minutes from the Previous Meeting

Dr. Williams asked for comments and a motion to approve the minutes from the December 10, 2010 meeting. One correction was noted to add the word "cephalosporin" after "3rd generation" in the Feedback/Follow-up section. A motion was made, seconded, and carried to approve the minutes as amended.

Manufacturers' Forum

Dr. Emily Baker reviewed information regarding the Manufacturers' Forum that was provided in the Manufacturer Information section in the DUR Board binder. A total of seventeen (17) manufacturers participated and provided information regarding the following drugs discussed at the March DURB meeting:

Manufacturers	Drugs
Merck	Asmanex Twisthaler, Avelox, Dulera, Emend, Januvia, Janumet, Maxalt/Maxalt MLT, Nasonex, PegIntron, Saphris, Vytorin, Zetia, Singulair
Forest	Bystolic, Savella
Abbott	Humira, TriCor, Trilipix, Norvir
Sunovion	Latuda
Amgen	Aranesp, Enbrel
AstraZeneca	Crestor, Seroquel XR, Symbicort
Shire	Intuniv
Pfizer	Genotropin, Geodon, Lyrica, Pristiq, Toviaz
Angelini/LaboPharm	Oleptro
Bristol-Myers Squibb	Abilify, Onglyza, Kombiglyze
Reckitt-Benckiser	Suboxone Films
GlaxoSmithKline	Advair, Flovent, Ventolin HFA
Ferring	Lysteda
Novartis	Tekamlo, Amturnide
Teva	Seasonique, LoSeasonique
Alcon	Vigamox
Axcan	Pylera

Comments and questions were received from the Board. The next forum is Thursday, May 5, 2011 from 9am-5pm at the NorthStar Healthcare Consulting office: 1121 Alderman Drive, Suite 112, Alpharetta, GA 30005.

New Drugs

Dr. Aaron Atkins presented clinical information for the following new drugs, in the market six months or more, was presented for discussion and recommendation. The complete detailed drug summary is in the New Drugs for Review section of the March DUR Board binder.

THERAPEUTIC CLASS	DRUGS	PRESENTER
Gastrointestinal – Digestive enzyme	*Pancreaze*	Aaron Atkins, Pharm.D.
Oral Contraceptive	*Natazia*	Aaron Atkins, Pharm.D.
Sedative Hypnotic	*Silenor*	Aaron Atkins, Pharm.D.

The Board discussed the drug information presented, provided comments, raised questions and recommendations were made for each of the drugs during the executive session.

Supplemental Rebate Drugs – New Clinical Information Review

Dr. Tara Cockerham provided clinical updates to the Supplemental Rebate categories listed in the Supplemental Rebate section of the DURB binder. The following therapeutic categories had updates:

Drug Class/Name
Adrenergic Combinations
Alzheimer Cholinomimetics
Analgesics - Miscellaneous
Androgens/Anabolics
Angiotensin II Receptor Antagonist (ARB) and Combinations
Anticoagulants
Anticonvulsants
Antidepressants - Miscellaneous
Antidepressants – Selective Serotonin Reuptake Inhibitors (SSRIs)
Antidepressants – Serotonin Norephinephrine Reuptake Inhibitors
Antiemetics
Antihistamines - Nasal
Antihistamines – Non-sedating
Antihyperkinesis Agents
Antispasmodics
Atypical Antipsychotics
Beta Adrenergics – Short-Acting Inhalers
Beta Blockers

Benign Prostatic Hyperplasia (BPH) Agents
Cardiac – Other
Cephalosporins
Cholesterol Bile Acid Sequestrants
Contraceptives
Cough and Cold Products
Diabetic – Dipeptidyl Peptidase IV (DPP-IV) Inhibitors
Diabetic – Meglitinides
Diabetic – Non-Insulin Injectables
Direct Renin Inhibitors and Combinations
Gastrointestinal – Digestive Enzymes
Gastrointestinal – Inflammatory Bowel Agents
Gastrointestinal – Proton Pump Inhibitors
Growth Hormones
Hepatitis C Agents
Influenza Agents
Insulins
Leukotriene Modifiers
Lipid - Niacin
Migraine – Selective Serotonin Agents
Multiple Sclerosis (MS) Agents
Narcotics – Miscellaneous
Narcotics – Long-Acting
Nasal Steroids
Nonsteroidal Antiinflammatory Cyclooxygenase-2 Selective Agents
Nonsteroidal Antiinflammatory Agents
Ophthalmic Antihistamines
Ophthalmic Nonsteroidal Antiinflammatory Agents
Ophthalmic Prostaglandins
Ophthalmic Quinolones
Ophthalmic Selective Alpha Adrenergic Agonists
Opioid Partial Agonists
Statins – High Potency
Steroid Inhalants
Tumor Necrosis Factor (TNF) Blockers
Topical Antiacne Preparations
Topical Antibiotics
Topical Antifungals
Topical Antipsoriatics
Triglyceride Lowering Agents

Comments were provided from the Board.

Drug Information

Information from the following was provided in detail in the Drug Information section of the DUR Board binder:

- Drug Update Newsletter
- Horizon Watch Report
- Patent Expiration Report
- Clinical Compass Newsletter

Future Agenda Items

Dr. Williams noted the following future agenda items:

1. Duplicate of Narcotic agents
2. Safety of Muscle Relaxants
3. Disease State Management of Gout
4. Duplicate therapy of costly drugs

Consumer Comments Session
There were no consumer comments.

Upcoming Meetings
The following upcoming meetings were published in the DURB binder:

- Drug Utilization Review Board
  2 Peachtree Street NW
  5th Floor Board Room
  Atlanta, Georgia 30303

  Thursday, June 16, 2011
  Thursday, September 15, 2011
  Tuesday, December 13, 2011

- Manufacturers' Forum
  NorthStar Healthcare Consulting
  1121 Alderman Drive
  Suite 112
  Alpharetta, Georgia 30005

  Thursday, May 5, 2011
  Thursday, August 11, 2011
  Thursday, November 3, 2011

Disclosure Forms
All disclosure forms were received and reviewed by the Department for completeness.

Adjournment of Open Session
The Chairman, Dr. Gary Williams, adjourned the open session at approximately 9:43am**,** at which time members took a break then reconvened for the executive session.

Executive Session
The executive session was held from 10:06am to 2:39pm.

Board's Recommendations to the Department
After all clinical and financial evaluations and discussions, the DUR Board presented the Department with the following recommendations for changes to the Preferred Drug List (PDL):

New Drug Reviews

Gastrointestinal Digestive Enzyme
The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for new users and grandfathering for current users of ***Pancreaze***.

Oral Contraceptive

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Natazia***.

Sedative Hypnotic

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Silenor***.

Supplemental Rebate Class Reviews

Adrenergic Combinations

The DUR Board recommended Goold Health Systems request a best and final offer from the manufacturers.

Angiotensin II Receptor Blockers and Combinations

The DUR Board recommended ***Step Therapy*** with the preferred agent losartan/losartan with hydrochlorothiazide prior to therapy with the preferred agents Diovan/Diovan HCT or Exforge/Exforge HCT with a follow-up evaluation in 6 months.

Anticonvulsants

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Lyrica.***

Antidepressants

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Lexapro*** with a notification alert sent to prescribers.

Antihistamines - Nasal

The DUR Board recommended Goold Health Systems request a best and final offer from the manufacturers.

Antispasmodics

The DUR Board recommended ***Preferred*** status for ***Toviaz*** and ***Non-Preferred*** status with ***Prior Authorization*** for ***Enablex***.

Beta Adrenergics – Short-Acting Inhalers

The DUR Board recommended ***Preferred*** status for ***Proventil HFA***.

Diabetic – Dipeptidyl Peptidase IV Inhibitors

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for ***Kombiglyze***.

Diabetic – Meglitinides

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Starlix***.

Direct Renin Inhibitors and Combinations

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Amturnide, Tekamlo, Tekturna, Tekturna HCT and Valturna***.

Gastrointestinal - Digestive Enzymes

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for new users and grandfathering for current users of ***Pancreaze***.

Gastrointestinal – Proton Pump Inhibitors

The DUR Board recommended ***Preferred*** status with ***Prior Authorization*** for ***pantoprazole generic*** and ***Non-Preferred*** status with ***Prior Authorization*** for ***Dexilant***.

Gastrointestinal – Ulcer Antiinfectives

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Prevpac***.

Insulins/Insulin Pens

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Levemir***.

Migraine – Selective Serotonin Agents

The DUR Board recommended ***Preferred*** status for ***naratriptan generic*** and ***Non-Preferred*** status with ***Prior Authorization*** for ***Maxalt-MLT***.

Multiple Sclerosis Agents

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for new users and grandfathering for current users of ***Rebif***.

Narcotics – Long-Acting

The DUR Board recommended ***Preferred*** status for ***Duragesic***.

Ophthalmic Antihistamines

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Optivar***.

Ophthalmic Miscellaneous

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Zylet***.

Ophthalmic Prostaglandins

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Travatan (does not include Travatan Z)***.

Topical Antipsoriatics

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Tazorac***.

Topical Corticosteroids

The DUR Board recommended ***Preferred*** status for Derma-Smoothe and ***Non-Preferred*** status with ***Prior Authorization*** for ***alclometasone generic***.

Topical Immunomodulators

The DUR Board recommended ***Non-Preferred*** status with ***Prior Authorization*** for ***Protopic***.

At the conclusion of the executive session, the open session reconvened at 2:45pm and audience participants were invited back in to hear the Board's recommendations submitted to the Department. Dr. Washington presented the recommendations from the Board to the Department. Dr. Washington announced that he will be leaving the Department of Community Health at the end of the month and thanked the Board for their phenomenal work. Dr. Williams, on behalf of the Board, thanked Dr. Washington for his support and wished him success in his new endeavor.

With no other business for discussion, Chairman Williams adjourned the meeting at 2:53pm.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED, THIS THE _____ DAY OF _____, 2011.

_____

Gary Williams, M.D., Chairman

Manufacturers' Forum
Manufacturer Presentations

Date: May 5, 2011

Location: NorthStar HealthCare Consulting
1121 Alderman Drive
Suite 112
Alpharetta, Georgia 30005

Attendees
NorthStar HealthCare Consulting
Emily Baker, PharmD, BCPS, MBA, MHA, President
Tara R. Cockerham, PharmD, Clinical Programs Director
Dan Alday, RPh, Director, Clinical Programs & Analytics

SXC Health Solutions
Tami Sweat, PharmD, Director, Public Sector

Drug Summary Documents
Please note that relevant, electronic materials that were provided by manufacturers on the drugs that were posted to the Department of Community Health (DCH) website as under review for the June 16, 2011 meeting were provided to the Drug Utilization Review Board (DURB). For the drugs that were also presented at the Forum, the drug summary documents that highlighted the presentations are also included below. Since the Forum still had time slots available after meetings were scheduled for drugs under review, the Forum was opened for other clinical presentation requests. The manufacturers presenting at the Forum referred the audience and the readers of the materials to the prescribing information for additional information on the drug, especially in regards to safety.

Drug Presentations

I. Boehringer Ingelheim Pharmaceuticals
Patricia Grossman, PharmD, MBA, Associate Director, Healthcare Quality and Outcomes
Kimberly Cullen, Regional Account Manager, Managed Care
Tammy Martin, Regional Director, Managed Markets SE Region

Pradaxa™ (dabigatran etexilate)

Indications and Usage
Pradaxa is a direct thrombin inhibitor indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation (AF).

Clinical Efficacy
- The Randomized Evaluation of Long-term anticoagulant therapy (RE-LY) trial was a prospective, multicenter, randomized, parallel-group trials of N=18,113 patients, comparing efficacy and safety in the reduction in risk of stroke and systemic embolism in patients with nonvalvular AF of 2 blinded doses of Pradaxa vs. open-label warfarin, adjusted locally to an international normalized ration (INR) of 2.0 to 3.0 with the INR measured at least monthly. For subjects randomized to warfarin, the median percentage of the study period (excluding the first week of therapy and after discontinuation of the study drug) during which the INR was within therapeutic range (TTR), calculated using the Rosendaal method, was 67%.
- Relative to warfarin and to Pradaxa 110mg twice daily, Pradaxa 150mg twice daily significantly reduced the primary composite endpoint of stroke and systemic embolism (p=0.0001).
- The risk of major bleeds was similar with Pradaxa 150mg and warfarin across major subgroups defined by baseline characteristics, with the exception of age, where there was a trend towards a higher incidence of major bleeding on Pradaxa (HR 1.2, 95% CI: 1.0 to 1.4) for patients $\geq$75 years of age.
- There was a higher rate of major gastrointestinal (GI) bleeds in patients receiving Pradaxa 150mg than in patients receiving warfarin of 1.5, 95% CI: 1.2 to 1.9), and a higher rate of any GI bleeds (6.1% vs. 4.0%, respectively).

Clinical Safety

- Pradaxa is contraindicated in patients with active pathological bleeding and patients with a known serious hypersensitivity reaction (e.g., anaphylactic reaction or anaphylactic shock) to Pradaxa.
- Pradaxa increases the risk of bleeding and can cause significant and, sometimes, fatal bleeding.
- Risk factors for bleeding include medications that increase the risk of bleeding in general (e.g., antiplatelet agents, heparin, fibrinolytic therapy, and chronic use of nonsteroidal antiinflammatory drugs) and labor and delivery.
- Discontinuing Pradaxa for active bleeding, elective surgery, or invasive procedures places patients at an increased risk of stroke. Lapses in therapy should be avoided, and if Pradaxa must be temporarily discontinued for any reason, therapy should be restarted as soon as possible.
- The concomitant use of Pradaxa with P-gp inducers (e.g., rifampin) reduces dabigatran exposure and should generally be avoided. P-gp inhibitors (ketoconazole, verapamil, amiodarone, quinidine and clarithromycin) do not require dose adjustments. These results should not be extrapolated to other P-gp inhibitors.
- In the pivotal trial comparing Pradaxa to warfarin, the most frequent adverse reactions leading to discontinuation of Pradaxa were bleeding and GI events. Pradaxa 150mg resulted in a higher rate of major GI bleeds and any GI bleeds compared to warfarin. In patients $\geq$75 years of age, the risk of major bleeding may be greater with Pradaxa than with warfarin. Patients on Pradaxa 150mg had an increased incidence of GI adverse reactions. These were commonly dyspepsia (including abdominal pain, abdominal discomfort and epigastric discomfort) and gastritis-like symptoms (including GERD, esophagitis, gastritis and GI ulcer). Drug hypersensitivity reactions were reported in <0.1% of patients receiving Pradaxa.
- The risk of myocardial infarction was numerically greater in patients who received Pradaxa 150mg than in those who received warfarin.

Questions and Answers

Q: Were all phase III studies that have been conducted presented?
A: Yes, all pivotal trials were presented.

Q: Have guidelines been updated to include Pradaxa?
A: Yes, the guidelines have been updated to include Pradaxa as an alternate to warfarin for prevention of stroke and system embolism.

Q: Has a cost analysis been conducted vs. warfarin?
A: A U.K. cost-effectiveness study conducted by Freeman et al concluded that in patients 65 years or older with nonvalvular AF at increased risk for stroke, dabigatran may be a cost-effective alternative to warfarin depending on pricing in the U.S. In addition, Boehringer developed a Markoff budget impact model that estimated by adding Pradaxa to the PDL was cost neutral to Georgia Medicaid.

Q: Does the budget impact model take into account GI bleeds?
A: GI bleeds are captured, but are not separated out.

Q: How are other Medicaid plans covering?
A: Some of preferred with or without prior authorization and some have non-preferred with or without prior authorization.

Q: Is a supplemental rebate being offered?
A: Yes.

II. Jazz Pharmaceuticals

Richard K. Bogan, MD, FCCP, Chairman & Chief Medical Officer, SleepMed Incorporated (disclosure form completed)
Jeannie Miller, MBA, National Account Manager

Xyrem® (sodium oxybate)

Overview

- Narcolepsy is a complex sleep disorder caused by the brain's inability to regulate sleep-wake cycles. There is no cure for narcolepsy, which is an under recognized and under diagnosed condition that affects an estimated 1 in every 2000 Americans.
- Xyrem is FDA approved for the treatment of excessive daytime sleepiness (EDS) in patients with narcolepsy and is the only agent FDA approved for the treatment of cataplexy in patients with narcolepsy. Nighttime dosing with

Xyrem significantly increases daytime wakefulness and reduces attacks of cataplexy, a sudden loss of muscle control during emotions such as laughter, anger, or embarrassment.

Clinical Efficacy

- The efficacy and safety of Xyrem for these two indications were demonstrated in four randomized, placebo-controlled trials in which ~80% of patients maintained concomitant stimulant use. In those trials, at 6 or 9 g of Xyrem given in two, equal divided doses at bedtime and 2.5-4 hours later:
    - The frequency of cataplexy attacks was significantly reduced.
    - Significant improvements were seen on the Epworth Sleepiness Scale, the Clinical Global Impression of Change, and the Maintenance of Wakefulness Test.
    - The most commonly reported side effects, occurring in ≥5% of patients and at a rate higher than placebo, were nausea, dizziness, headache, vomiting, somnolence, urinary incontinence, and nasopharyngitis; most of these events were rated as mild or moderate in intensity.
- In a controlled study with patients previously taking Xyrem open label, Xyrem remained effective after long-term use.
- Based on this evidence, in 2007 the American Academy of Sleep Medicine recommended sodium oxybate as a standard of care for treatment of EDS and cataplexy with narcolepsy. These recommendations are based upon careful review of the medical literature, and the designation *standard of care* "reflects a high degree of clinical certainty" based on strong empirical evidence.

Clinical Safety

- Xyrem is contraindicated in patients being treated with sedative hypnotic agents or with succinic semialdehyde dehydrogenase deficiency.
- Xyrem has the following black box warning:

WARNING: Central nervous system depressant with abuse potential.
Should not be used with alcohol or other CNS depressants.

Sodium oxybate is GHB, a known drug of abuse. Abuse has been associated with some important central nervous system (CNS) adverse events (including death). Even at recommended doses, use has been associated with confusion, depression and other neuropsychiatric events. Reports of respiratory depression occurred in clinical trials. Almost all of the patients who received sodium oxybate during clinical trials were receiving CNS stimulants.

- Important CNS adverse events associated with abuse of gamma-hydroxybutyric acid (GHB) include seizure, respiratory depression and profound decreases in level of consciousness, with instances of coma and death. For events that occurred outside of clinical trials, in people taking GHB for recreational purposes, the circumstances surrounding the events are often unclear (e.g., dose of GHB taken, the nature and amount of alcohol or any concomitant drugs).
- Xyrem is available through the Xyrem Success Program, using a centralized pharmacy 1-866-XYREM88® (1-866-997-3688). The Success Program provides educational materials to the prescriber and the patient explaining the risks and proper use of sodium oxybate, and the required prescription form. Once it is documented that the patient has read and/or understood the materials, the drug will be shipped to the patient. The Xyrem Success Program also recommends patient follow-up every 3 months. Physicians are expected to report all serious adverse events to the manufacturer. (See WARNINGS).

Questions and Answers

Q: How do physicians generally prescribe for cataplexy?
A: Standard of care is to first prescribe a stimulant for narcolepsy and then add Xyrem if patient has cataplexy or excessive daytime sleepiness. Some patients with cataplexy may also be on a selective serotonin reuptake inhibitor (SSRI)/serotonin norepinephrine reuptake inhibitor (SNRI).

Q: What does the REMS program consist of?
A: Physician registration, medication guide and only one pharmacy that can distribute with nurses that obtain history, educate and follow-up with patients. Additional opt-in programs are also offered to patients.

Q: What is the diversion and addiction rates with Xyrem?
A: The rates are less than 1%.

Q: How are other Medicaid plans covering?
A: Most do not require a prior authorization, only 30% of all payors require a prior authorization and Florida Medicaid is the only other Medicaid plan that requires step therapy with a SSRI/SNRI first. The CMS rebate on Xyrem is at 99%.

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Manufacturers' Forum
Manufacturer Presentations

Since the Alpha-1 Proteinase Inhibitors therapeutic class was added as under review at the June 16, 2011 Drug Utilization Review Board (DURB) meeting after the May 5, 2011 Forum, a second Forum was held for manufacturers to present clinical information on these products.

Date: May 26, 2011

Location: NorthStar HealthCare Consulting
1121 Alderman Drive
Suite 112
Alpharetta, Georgia 30005

Attendees
NorthStar HealthCare Consulting
Tara R. Cockerham, PharmD, Clinical Programs Director
Dan Alday, RPh, Director, Clinical Programs & Analytics
Annie Oyanuntaruk, PharmD Candidate

SXC Health Solutions
Tami Sweat, PharmD, Director, Public Sector

Drug Summary Documents
Please note that relevant, electronic materials that were provided by manufacturers on the alpha-1 proteinase inhibitors drugs were provided to the DURB. For the drugs that were also presented at the Forum, the drug summary documents are also included below. The manufacturers presenting at the Forum referred the audience and the readers of the materials to the prescribing information for additional information on the drug, especially in regards to safety.

Drug Presentations

I. CSL Behring
Christine Donahue, MSN, CRNP, Medical Science Liaison, Pulmonary
Lynn Szott, RN, CCM, Manager, Reimbursement

Zemaira™ (alpha-1 proteinase inhibitor [human])

Alpha 1 Antitrypsin (AAT): Protease inhibitor primarily synthesized by hepatocytes.
- Protects normal body tissue from proteolytic enzyme damage
- Especially neutrophil elastase (NE) released by white blood cells
- Theoretical protective threshold = 11 µM/L/80mg/dL

Role of AAT
- Neutrophils release NE to destroy antigens (i.e. pathogens, irritants)
- NE can digest lung elastin
- AAT released by liver binds and inactivates NE

Pathophysiology: Polymerization of alpha 1 protein.
- Deficiency in alpha 1 protein (A1ATD) quantity and quality

A1ATD Prevalance: 2-3 % of all COPD patients are reported to have A1ATD (80-100,000 people).
- Only 7000 individuals identified thus far

Genetics: Autosomal co-dominant disorder. Description of Disease Risk description by AAT Serum Levels and Phenotype
- Clinical Manifestations: Lung disease, liver disease, systemic manifestations and imaging.
- Delay in diagnosis of AATD: 7.2 years
- ATS Guideline recommendations for alpha 1 testing

Diagnostic Considerations and Available Treatment:

- Lifestyle changes, Pharmacologic therapy, Surgery, A1 Augmentation Therapy

Zemaira Overview

- Phase III Multi-Center Study: The Biochemical Efficacy, Safety, Tolerability of a new Alpha-1 Proteinase Inhibitor, Zemaira
- Phase IV RAPID Study Protocol
  - Primary objective
    - To investigate the effect of Zemaira® on the progression of emphysema, assessed by the decline of lung density, measured by computed tomography (CT)
  - Secondary objectives
    - To assess the effect of treatment with A1-PI on the number, severity, and duration of exacerbations

Questions and Answers

Q: Where is the product usually administered?
A: Infusion centers, home health care or self-administration after training.

Q: Should the first dose at least be administered in a medical setting to assess for allergic/hypersensitive/anaphylaxis reactions?
A: Yes, it is recommended that the first dose be administered in a medical setting.

Q: Can allergic-type reactions occur with subsequent doses?
A: It is possible. The presenter will research the incidence and follow-up.

Q: Do you know if general practitioners prescribe the drug?
A: General practitioners usually do not and general pulmonologist usually do not either and will refer these patients to a pulmonologist that specialized in emphysema.

Q: How do other Medicaid and Commercial plans cover?
A: Most do have a PA on the drug and some cover under pharmacy only, some cover under medical only and some cover under both.

Q: What are the advantages of Zemaira over the other alpha-1 proteinase inhibitors?
A: It is the only product classified as highly-purified by the FDA, has the fastest infusion time, low fluid required, does not require refrigeration, multiple support programs provided and patients in CSL Behring support programs are blinded to the manufacturer.

Q: If patient does not respond to one alpha-1 proteinase inhibitor, is it appropriate to try another?
A: Alpha-1 proteinase inhibitors are augmentation therapy that do not treat symptoms, but are used to preserve lung function. Due to differences in manufacturing processes of the drugs, if a patient has a reaction to one product, another product may be cautiously tried and patients may do well on another product.

Q: Are any additional clinical trials being conducted?
A: An outcomes trial has been conducted evaluating the primary endpoint of disease progression assessed by the decline of lung density. The data should be available in 2012.

II. Baxter

George O. Kitchens, RPh

Glassia® and Aralast-NP® (alpha-1 proteinase inhibitor [human])

Indication

- Glassia and Aralast-NP are indicated for chronic augmentation and maintenance therapy in individuals with emphysema due to congenital deficiency of $alpha_1$-proteinase inhibitor ($Alpha_1$-PI), also known as alpha1-antitrypsin (AAT) deficiency

Dosing
- Glassia is ready to use liquid solution of $Alpha_1$-Proteinase Inhibitor
- Aralast-NP is sterile, non-pyrogenic, lyophilized powder of $Alpha_1$-Proteinase Inhibitor that requires reconstitution
- 60mg/kg body weight, given weekly by intravenous infusion

AATD
- Alpha1 Antitrypsin Deficiency (AATD)
- Under diagnosed hereditary condition that has similar symptoms to other respiratory diseases like asthma and emphysema
- Two primary symptoms are cough and shortness of breath
- Less than 10% diagnosed
- Accounts for approximately 0.7% - 3% of COPD patients

Screening
- American Thoracic Society/European Respiratory Society Statement-2003
    - "Furthermore, it is recommended that all subjects with COPD or asthma characterized by incompletely reversible airflow should be tested once fir quantitative AAT determination"
- WHO Statement-1997
    - "All patients with COPD and adults as wells as adolescents with asthma, should be screened once in their lifetime for AAT deficiency"

Safety
- Most common adverse reactions (>3%) in clinical studies were headache and dizziness
- Clinical data demonstrating the long-term effects of chronic augmentation and maintenance therapy of individual with Glassia and Aralast-NP are not available

Clinical Trials
- Clinical and biochemical studies have demonstrated that with such therapy, Aralast is effective in maintaining target serum $Alpha_1$-Proteinase Inhibitor trough levels and increasing levels in epithelial lining fluid

Distribution
- Selected Specialty Pharmacy Providers

Questions and Answers
Q: What are the advantages of these products over others?
A: Glassia is ready to use.

Q: Why does Glassia require a longer infusion time than the others?
A: This is the infusion time that was conducted in the clinical trial and thus approved by the FDA.

Q: So, the longer infusion time is not related to any safety issues?
A: No.

Q: Are any additional clinical trials being conducted?
A: No, not at this time.

Q: Is Aralast-NP going to be discontinued in favor of Glassia?
A: Baxter is working on a nebulized formulation of alpha-1 proteinase inhibitor, so Aralast-NP will most likely be discontinued at some point.

Q: How are other Medicaid and Commercial plans covering?
A: The presenter noted that prior authorization is expected, but the presenter stated he was unaware of any plans preferring one alpha-1 proteinase inhibitor product over another.

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Manufacturers' Forum
ANNOUNCEMENT
NorthStar HealthCare Consulting
Georgia Department of Community Health

On behalf of the Georgia Department of Community Health (DCH) and in service to the Georgia Medicaid Fee-for-Service (FFS) Drug Utilization Review Board (DURB), NorthStar HealthCare Consulting (NHC), in conjunction with SXC Health Solutions, announces the next Forum occurring on Thursday, August 11, 2011.

Date: **Thursday, August 11, 2011 from 9am to 5pm EST**

Location: **Manufacturers' Forum - Georgia Department of Community Health**
NorthStar HealthCare Consulting
1121 Alderman Drive
Suite 112
Alpharetta, GA 30005

Appointments: The Manufacturers' Forum is by appointment only. Appointments may be requested and will be scheduled ***after*** the drugs, therapeutic classes and/or supplemental rebate classes are posted as DURB *Drugs Under Review* to the DCH website at **http://dch.georgia.gov** (under Providers – Pharmacy – Drug Utilization Review Board – Meeting Information) approximately 30 days prior to the Forum. Those manufacturers with drugs under review at the current DURB meeting will be granted preference when seeking appointments. All requests for appointments must be made in writing to **GAMedicaid@nhc-llc.com**.

Guidelines for Participation:
- To ensure equitable treatment of all manufacturers, individual manufacturer participation shall be limited to one 30-minute presentation time segment per Forum regardless the number of drugs up for review.
- Manufacturer presentations may be audio-recorded for review after the Forum and the associated material information shall be presented by NHC in summary fashion at regularly scheduled DURB meetings.
- For new drugs, manufacturers are highly encouraged to present all clinical information pertinent and relevant to current NHC clinical presentations to the DURB, to DCH drug benefit plan designs as posted on the DCH website, and to other drugs within the class.
- For existing drugs, manufacturers are highly encouraged to present ***only*** new clinical information since the drug was last reviewed by the DURB, especially clinical information related to comparisons of other drugs within the class.
- **A one-page summary of the presentation should be provided electronically 1 week prior to the presentation via email to GAMedicaid@nhc-llc.com.**

Comments and Inquiries:
- Manufacturers with comments or inquiries related to Georgia Medicaid FFS **Preferred Drug List, Manufacturers' Forum, or DURB** should submit these in writing to **GAMedicaid@nhc-llc.com**.
- Manufacturers with comments or inquiries related to Georgia Medicaid FFS **supplemental rebates** should submit these in writing to **GAOffers@ghsinc.com**.
- Manufacturers with comments or inquiries related to Georgia Medicaid FFS **drug benefit plan designs** should submit these to the address or phone number below:

SXC Health Solutions
Georgia Department of Community Health
Windward Fairways I, 3025 Windward Plaza Suite 200
Alpharetta, Georgia 30005
Phone: 1-800-282-3232 Fax: 630-268-0008

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Georgia Department of Community Health (GDCH)

Opportunities for Pharmaceutical Manufacturer Input on Clinical Recommendations and Clinical Management Strategies by the Drug Utilization Review Board

Clinical Information and Clinical Management Strategies relevant to the GDCH Medicaid Fee-For-Service program will be presented to the Drug Utilization Review Board (DURB) at each meeting through SXC Health Solutions by its vendor NorthStar HealthCare Consulting (NHC). Manufacturer input on recommendations is welcomed and appreciated using these opportunities.

Ongoing Opportunity:

DUR Board Meeting Process: Drugs, therapeutic classes and/or supplemental rebate classes up for review will be posted to the DCH website at **http://dch.georgia.gov** (under Providers – Pharmacy – Drug Utilization Review Board – Meeting Information) approximately 30 days prior to the Manufacturers' Forum. Input specific to the drugs under review from manufacturers are made directly to NHC via **GAMedicaid@nhc-llc.com** and reported as appropriate by NHC at subsequent DURB meetings. NHC will pass relevant manufacturer-submitted electronic materials to the DURB members via a secure FTP site.

Upon review of the NHC clinical information and based upon its expertise and discussions, the DURB makes recommendations to GDCH.

Presentation Opportunity:

Manufacturers' Forum: A forum prior to each relevant DURB meeting whereby manufacturers may present:

1) Clinical information relevant to either a new drug on the market or a drug that is part of a supplemental rebate class under review by the DURB at the next meeting.

2) Clinical information relevant to ongoing NHC/SXC Clinical Management Strategy development (e.g. review of drug benefit-plan designs, new drugs coming to market, new drug indications, etc.) as deemed necessary by NHC/SXC.

Please see the Manufacturers' Forum Announcement at **http://dch.georgia.gov** under Providers – Pharmacy – Drug Utilization Review Board – Meeting Information.

Opportunity to Appeal to GDCH:

GDCH Review Process: DURB recommendations are reviewed by GDCH for final decisions. Manufacturers may request an appeal meeting for review directly with GDCH within 10 business days following DURB meetings. **Contact: Rose Marie Duncan 404-657-7247**

Questions not addressed in this document may be sent to NorthStar HealthCare Consulting by e-mail: GAMedicaid@nhc-llc.com

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2011

Upcoming Meetings

Drug Utilization Review Board Meeting

2 Peachtree Street, N.W.

5th Floor Board Room

Atlanta, Georgia 30303

Thursday, September 15, 2011: 10:00am – 2:00pm

Tuesday, December 13, 2011: 10:00am – 2:00pm

Manufacturers' Forum

NorthStar HealthCare Consulting

1121 Alderman Drive

Suite 112

Alpharetta, Georgia 30005

Thursday, August 11, 2011: 9:00am – 5:00pm

Thursday, November 3, 2011: 9:00am – 5:00pm