Drug Utilization Review Board Meeting Minutes

May 25, 2011

The West Virginia Medicaid Drug Utilization Review (DUR) Board meeting was called to order with the following in attendance:

Members Present:
Ernest Miller, D.O., Chairman
John R. Vanin, M.D.
Lester Labus, M.D.
Kc Lovin, PA-C
Myra Chiang, M.D.
Chris Terpening, PharmD, Ph.D.
Greenbrier Almond, M.D.
Scott Brown, R.Ph, Co-Chairman
Randall James, D.O.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Karen Reed, R.Ph.
Pat Regan, PharmD

Members Absent:
Kerry Stitzinger, R.Ph.
David Elliott, PharmD

DHHR/BMS Staff Present:
Vicki Cunningham, R.Ph., DUR Coordinator
Peggy King, R.Ph., Pharmacy Director
Bill Hopkins, Pharmacy Operations Manager
Gail Goodnight, R.Ph., Rebate Coordinator
Lynda Ahmad, Secretary

Contract Staff:
Steve Small, R.Ph.,Rational Drug Therapy Program
Eric Sears, R.Ph., Molina Medicaid Solutions
Chad Bissell, PharmD, Goold Health Systems
Doug Brink, PharmD, ACS
Victoria Mariana, ACS

I. INTRODUCTIONS

Dr. Ernest Miller, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE MARCH 2, 2011, MINUTES

A motion was made to accept the minutes of the March 2, 2011, DUR Board meeting. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Opioid Management Program–Letters to top 100 Prescribers and their Physician Assistants

In the March 2, 2011, meeting it was decided that an educational intervention should be provided to prescribers identified as high volume opioid prescribers. Ms. Cunningham asked the Board to review a draft of the letter to be sent. A request was made by Dr. Miller to include the Board of Osteopathy in the statement regarding the adoption of a Policy for the Use of Controlled Substances. The letter was approved with the changes requested. Ms. Cunningham thanked Dr. Labus for providing templates of an informed consent document and a narcotic contract to be included with the letter.

See Attachment A

IV. NEW BUSINESS

A. Update from P & T Committee Meeting of April 27, 2011 – PA Criteria for Non-preferred Drugs

Dr. Miller read the list of changes that were made to the PDL during the April 27, 2011, Pharmaceutical and Therapeutics Committee meeting. These changes in drug status, in addition to changes in prior authorization criteria for the corresponding therapeutic categories, are listed below.

1. **Genital Warts Agents:** Zyclara was added as a non-preferred agent.
   PA Criteria: Will be approved for a diagnosis of actinic keratosis.

2. **H. pylori agents:** The preferred agents are combinations of amoxicillin, tetracycline, metronidazole, clarithromycin, and bismuth combined with Dexilant or Nexium in equivalent dosages to equal the brand combination agents. The non-preferred agents are Helidac, Prevpac, and Pylera.
   PA criteria: A trial of all the individual preferred components (with Dexilant or Nexium substituted for lansoprazole) at the recommended dosages, frequencies and duration is required before the brand name combination packages will be approved unless one of the exceptions on the PA form is present.

3. **Opthalmics for Allergic Conjunctivitis:** Lastacaft (alcaftadine) and epinastine were added as non-preferred agents.
   PA Criteria: Thirty (30) day trials of each of three (3) of the preferred agents are required before non-preferred agents will be authorized unless one of the exceptions on the PA form is present.

4. **Pediculocides/Scabicides Topical:** Natroba (spinosad) was added as a non-preferred agent.
   PA Criteria: Trials of the preferred agents (which are age and weight appropriate) are required before non-preferred agents will be approved unless one of the exceptions on the PA form is present.

5. **Psoriatic Agents (topical):** Dovonex, Tazorac, and calcipotriene ointment are the preferred agents. Calcipotriene solution, Taclonex, and Vectical were added as non-preferred agents.
   PA criteria: Thirty (30) day trials of two preferred unique chemical entities are required

before non-preferred agents will be approved unless one of the exceptions on the PA form is present.

6. **Stimulants and Related Agents:** Kapvay and methylphenidate ER (generic Concerta) were added as non-preferred agents.
   A discussion ensued regarding the prior authorization criteria for Intuniv since a P&T Committee member requested that the current criteria be re-considered. As a result of the discussion, the Board decided to retain the same criteria, but requested that it be re-written to provide more clarity.
   PA Criteria: Intuniv or Kapvay will be approved if the following criteria are met:
   1. Fourteen (14) day trials of at least one preferred product from the amphetamine and non-amphetamine class **and**
   2. A fourteen (14) day trial of Strattera **and**
   3. A fourteen (14) day trial of guanfacine (for Intuniv) or clonidine (for Kapvay) unless one of the exceptions on the PA form is present **or**
   4. In cases of a diagnosis of Tourette's syndrome, tics, autism or disorders included in the autism spectrum, only a fourteen (14) day trial of guanfacine (for Intuniv) or clonidine (for Kapvay) is required for approval.

See Attachment B

B. Otic Edge

Prior authorization criteria for Otic Edge were discussed. Ms. Cunningham said that there had been 406 prescriptions for Otic Edge filled in the last year at a cost of $114.92 per bottle for a total $46,657.52. Otic Edge is indicated for otitis media and is a combination of antipyrine, benzocaine, acetic acid and policosanol. Draft criteria requiring a trial of generic cortisporin and a diagnosis of otitis media was presented. The Board suggested adding an additional trial of Floxin Otic drops. A motion was made to accept the modified criteria, was seconded and passed unanimously.

See Attachment C

C. Sprycel-Updated PA criteria:

The current criteria were updated to include a new FDA indication for Sprycel. It is now approved for first-line treatment of Philadelphia-chromosome positive chronic myeloid leukemia. A motion was made to accept the criteria as modified. The motion was seconded, votes were taken and the motion passed unanimously.

See Attachment D

D. Stimulants-Change in PA criteria for adults:

A draft of changes for the stimulant prior authorization criteria for adults was read and discussed. The suggested changes were:

1. No approval if there is an active history of drug abuse or if drug abuse exists within a certain time period (to be determined by the Board). The definition of an active history of drug abuse will need to be developed.
2. Continued approval contingent upon drug testing to monitor whether abuse exists.
3. A trial of a non-stimulant ADHD medication before approval of a stimulant for adults with a history of drug abuse.

Dr. Almond suggested that the Board review the criteria used by the Veteran's Administration for stimulants for adults. No decision was made at this time and the topic will be re-visited at the

September meeting. Ms. Cunningham stated that she would gather additional data and the Veteran's Administration criteria to aid in further discussions.
See Attachment E

E. Atypical Antipsychotics-PA for children under 6 years of age
Ms. Cunningham stated that there are 196 children under six (6) years of age who currently have prescriptions for atypical antipsychotics. They are being treated with risperidone or Geodon which are preferred agents and do not require prior authorization. The Board agreed that these agents should be prior authorized only for the FDA approved age-appropriate indications. If requests are made outside these parameters, they will be reviewed by the Medical Director. A motion was made to institute the draft policy. The motion was seconded and approved.
See Attachment F

F. Makena
Makena is a prescription hormone agent (17-alphahydroxyprogesterone caproate) used to lower the risk of preterm birth. Until recently, no commercial preparation was available and all prescriptions were filled with the compounded preparation. Due to the high cost of the commercial preparation and with a statement from CMS giving permission for states to continue coverage of the compounded product, West Virginia Medicaid has prepared a draft policy statement regarding coverage of Makena and compounded 17-alphahydroxyprogesterone caproate. A motion to approve the policy statement was seconded, voted upon and unanimously approved.
See Attachment G

V. REPORTS

A. Rational Drug Therapy Program
Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a handout of his slide presentation. He summarized recent prior authorization requests, top edits and overrides for the months of February, March, and April 2011.
See Attachment H

B. Affiliated Computer Services (ACS)
Douglas Brink, PharmD from Affiliated Computer Systems (ACS), presented a retrospective DUR intervention for appropriate fibromyalgia management and briefly mentioned the previous discussion of the top 100 narcotic prescribers for the Medicaid program.
Dr. Brink proposed implementation of the educational intervention for prescribers which will promote the safe and cost effective use of fibromyalgia medications. The expected results are the prevention of inappropriate drug treatment and potentially dangerous medication interactions.
A motion was made to move forward with the intervention introduced by Dr. Brink, the motion seconded, votes were taken and the motion was approved.

C. Molina First Quarter Report -2011
Eric Sears gave an overview of the Molina First Quarter Report.

VI. OTHER BUSINESS/OPEN TO THE FLOOR
Ms. Cunningham mentioned that she had contacted the West Virginia State Medical Association to propose collaboration with them on their educational programs regarding appropriate opioid

utilization and exit strategies for discontinuing opioids for patients whose pain is not relieved. The Board will be kept informed of the progress of these efforts.

VII. NEXT MEETING AND ADJOURNMENT

Ms. Cunningham announced a correction to the date on the agenda of the next DUR meeting. The meeting will be held on September 21, 2011, not September 23, 2011.

A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 6:00 p.m. The next meeting will be held on September 21, 2011, from 4:00 p.m. - 6:00 p.m.

Respectfully submitted,

Victoria Mariani