STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Governor

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Paul L. Nusbaum
Secretary

Drug Utilization Review Board Meeting Minutes
December 4, 2002

The thirty-eighth meeting of the West Virginia Medicaid Drug Utilization Review Board was called to order with the following in attendance:

Members Present:
Karen Reed, R.Ph., Chairperson
Steve Judy, R.Ph.
Bernie Smith, R.Ph., M.B.A., M.H.A.
George Bryant, PA-C
Lester Labus, M.D.
Kerry Stitzinger, R.Ph.
Ernest Miller, D.O.
James Bennett, M.D.
David Elliott, PharmD.
Chris Terpening, PharmD., Ph.D.
Myra Chiang, M.D.

Members Absent:
Kevin Yingling, R.Ph., M.D.
Matthew Watkins, D.O.
John R. Vanin, M.D
Dan Dickman, M.D.
Pat Regan, R.Ph.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Mitch Shaver, M.D.

Staff Present:
Randy Myers, Deputy Commissioner
Sandra Joseph, M.D., Medical Director
Peggy King, R.Ph., Pharmacy Director
Gail Goodnight, R.Ph., Rebate Coordinator
Vicki Cunningham, R.Ph., DUR Coordinator

Interested Parties Present:
Todd Wandstrat, Provider Synergies
Steve Small, Rational Drug Therapy Program
Steve Mitchell, Novartis
Raymona Kinneberg, Johnson and Johnson
Stacey Poole, TAP Pharmaceuticals
Mike Bolen, Pfizer
Sean Gatewood, Pfizer
Pam Coley, Pfizer
Sue Ellen Shrout, Sepracor, Inc.
Rob Marsh, Schering-Plough
Mark Akers, Janssen Pharmaceuticals
Ryan Payne, Janssen Pharmaceuticals
Steve Miller, Janssen Pharmaceuticals
Walter Gose, Aventis
Thom Stevens, Government Relations Specialist
Kim Anderson, KOS Pharmaceuticals
Mark Ross, KOS Pharmaceuticals
Kathy Ballard, Wyeth
Philip Reale, Wyeth
Mark DiMaio, Astra Zeneca
Steve Redmond, Astra Zeneca
Doria Anania, Astra Zeneca
Larry Swann, Merck, Astra Zeneca
Bob Kelley, Merck
H. K. Lee, Eli Lilly
Steve Miller, Janssen Pharmaceuticals
Bert Wickey, Janssen Pharmaceuticals
Gary Grote, Pharmacia
L. Tolliver, Omnicare
Jim Cannon, Johnson and Johnson
Andreas Anderhou, UCB
John Brown, PhRMA
Bryan Brown, PhRMA
Matt Wilson, M.D.

I. INTRODUCTIONS

Karen Reed, Chairperson, welcomed everyone to the Board meeting and introductions were made.

II. APPROVAL OF THE OCTOBER 9, 2002 MINUTES

A motion was made that the minutes of the October 9, 2002 DUR Board meeting be accepted as written. The motion was seconded and passed unanimously.

III. MEETING DATES FOR 2003

Karen Reed, Chairperson, read a list of proposed meeting dates for the calendar year 2003. The proposed meeting dates were:

Wednesday, February 19, 2003
Wednesday, May 21, 2003
Wednesday, September 17, 2003
Wednesday, November 19, 2003

All meetings will be held from 4:00 p.m. - 6:00 p.m. in the Lower Level Conference Room of the DHHR Building at 350 Capitol Street. The Board approved the 2003 calendar by common consent.

IV. NEW BUSINESS

Because of inclement weather, Todd Wandstrat from Provider Synergies Inc., who attended to speak about the development of the Preferred Drug List (PDL) was invited to address the Board first. Dr. Wandstrat explained that Provider Synergies, the company hired to develop the PDL, was a formulary development company only and not a Pharmacy Benefits Manager. He explained that Provider Synergies chose drugs for the list based on clinical information first and *then* considered financial data. Questions were asked about whether the PDL was customized for the West Virginia Medicaid population with regard to utilization and prevalent disease states, such as diabetes and cardiovascular disease. Dr. Wandstrat replied that data specific to the Medicaid population was used in making the determinations. He explained that environmental influences were also considered, especially in the treatment of asthma. He also explained that, although negotiating supplemental rebates is part of their job as the developer of a PDL, many drugs are on the list whose manufacturers do not provide rebates. Dr. Wandstrat explained that all age groups were considered and that Provider Synergies tried to make the list as broad as possible to accommodate most of the population. He also explained that classes could be re-opened for review as new products were introduced or new significant clinical or financial data became available. Questions were asked about medications for long-term care patients and Dr. Wandstrat responded that information regarding the elderly was included in the monographs.

V. OLD BUSINESS

A. Karen Reed, Chairperson, read the proposal to discontinue allowing only one refill of Schedule III, IV, and V drugs. The proposal would allow refills to reflect Federal law, allowing prescriptions for these drugs to be refilled five times or for six months, whichever should come first. A motion was made to approve this proposal, seconded and passed unanimously.

See Attachment A.

B. The proposal to place a “hard edit” on the duplication of narcotic analgesics prescribed by more than one prescriber in the same time period was read by the Chairperson, Karen Reed. A motion was made and seconded to accept this proposal. The motion carried unanimously.

See Attachment B.

C. Karen Reed, Chairperson, read the proposal for removing the prior authorization requirement from the generic H2RA class. She also read the preferred agents in the Proton Pump Inhibitor (PPI) class. Vicki Cunningham pointed out that the criteria used for prior approval of the PPI’s was listed in an attached sheet from the Rational Drug Therapy Program (RDTP). She also explained that this mainly was a loosening of the criteria for treating GERD and that BID dosing of preferred PPI agents would be approved, when appropriate, before non-preferred agents would be approved. Another question was asked about whether all of the generic H2RA agents had to be tried before dosage forms, that had no generic, could be approved. Vicki Cunningham responded that, when there were problems with swallowing or ingesting the preferred forms, prior approval would be granted without a trial of all of the preferred agents. A change was made to the proposal to indicate that every H2RA generic agent did not have to be tried, when the dosage forms were not appropriate for the patient. A motion was made to accept the proposal, as amended, seconded and carried unanimously.

See Attachment C.

VI. NEW BUSINESS (continued)

A. The proposed quantity limits for the 5-HT3 Receptor Antagonists and criteria for prior approval for quantities exceeding these amounts was read by Karen Reed, Chairperson. Vicki Cunningham explained that was a revision of the quantity limits that had been approved previously. She said that, in a review of utilization, large quantities were being used and some of the use seemed to be off-label. A question was asked about how these quantity limits were derived and Ms. Cunningham replied that these were approximately one and one-half times the limits set by other insurance plans. Larger quantities are allowed because transportation to pharmacies is sometimes a problem for Medicaid recipients. There was also a question about the ODT form of Zofran® tablets being available. She responded that both the 4 and 8 mg. ODT tablets would be included in the quantities indicated in the proposed criteria. A suggestion was made to reflect this in the proposal and also to change the phrase “conventional agents” to” first-line” agents. Ms. Cunningham replied that those changes would be made. The proposal will be voted on at the next meeting.

See Attachment E.

B. Information about the first phase of the PDL was reviewed. Ms. Cunningham presented each class and asked the Board to indicate whether the Rational Drug Therapy Program staff should be strict or lenient in granting prior approval for non- preferred agents. The PPI and H2RA classes were read and Board members indicated that the RDTP staff should be strict about requiring physicians to try their patients on preferred agents, before prior approval would be granted for non-preferred ones.

Discussion occurred about the minimally-sedating antihistamine class. Since Claritin® is available as an over-the-counter agent, there were questions about whether or not it would be covered. Peggy King explained that there would also be an Rx-only entity only and that one would be covered. Strict adherence to the PDL was adopted for this group; both Claritin® (or its decongestant combinations) and Clarinex® must be tried before non-preferred agents will be approved.

Singulair® is the only preferred drug in the leukotriene receptor antagonist class. There were no comments concerning this drug class.

The next group of agents discussed was the inhaled glucocorticoids. Questions were asked about whether both forms of Flovent® or Advair® would have to be tried before approval would be given for non-preferred agents. Ms. Cunningham explained that there would only have to be a trial of the active ingredient and not all of its formulations. She also said that if fluticasone was ineffective, that Advair® would not have to be tried before a non-preferred glucocorticoid would be approved.

The members of the Board agreed that all of the preferred nasal steroids would have to be tried before non-preferred agents could be approved. A question was asked regarding what constituted a trial of a drug. Ms. Cunningham replied that, in general, 30 days represented a trial period.

Ms. Cunningham read the beta agonist group of preferred drugs. She commented that most drugs were included in this class. The Board agreed and concurred that with this broad of an inclusion group, strict prior approval criteria would be appropriate.

Ms. Cunningham read the agents included in the "triptan" and the antiincontinence groups. The Board recommended that strict prior approval criteria for non-preferred agents be applied and that quantity limits should still apply for the "triptans".

Vicki Cunningham asked the Board members to consider the beta-adrenergic blocker category. She said that it was the consensus of the Bureau that only one agent in the group had to be tried before a non-preferred agent could be approved. The Board was in agreement with this suggestion.

The lipotropics (other than the HMG CoA reductase agents) were reviewed. A question was asked about Advicor®, the combination of Niaspan® and Mevacor®, and whether it would be less expensive than buying the two separately. Ms. Cunningham explained that, with supplemental rebates, it was less expensive to purchase the two drugs. A member of the Board asked about the inclusion of Zetia®, and whether recipients on these drugs could be "grandfathered" for its use. Peggy King explained that, since there were a number of choices in this class, "grandfathering" would not be used. There was a discussion about the mechanism of Zetia® and whether it should be included in the lipotropics or statins. Dr. Wandstrat stated that it was a unique drug. The Board recommended that it should be considered preferred until it is reviewed by the P&T Committee.

Peggy King stated that letters had been mailed to recipients about the PDL requesting their compliance whenever possible and an explanation of the prior authorization process when non-preferred drugs were necessary. She stated that requests for prior approvals could begin now and that program instructions had already been mailed to providers.

Vicki Cunningham stated that although the calcium channel blocker group and the HMG CoA reductase group would not be implemented until February, consultations with patients and requests for prior approval can begin now. The prior approval form was reviewed and approved by the Board. The Board also reviewed a MedWatch form to be used when the available AB-rated generics are not effective and brands are used instead. The Board approved the use of the form in this case for every entity except Coumadin®.

A motion was made to accept the document with the criteria for approval of the non-preferred drugs and completion of the MedWatch form when brands are requested and generics are available, with the exception of Coumadin®.

The motion was seconded and passed unanimously by the Board.

See Attachment F.

VII. REPORTS

A. HERITAGE INFORMATION SYSTEMS

No report.

B. RATIONAL DRUG THERAPY PROGRAM

Steve Small, Director, gave the report for the third quarter of 2002.

See Attachment G.

VIII. OPEN TO THE FLOOR

Matt Wilson, M.D., an allergist, distributed a joint position statement from the American College of Allergy, Asthma and Immunology, the American Academy of Allergy, Asthma and Immunology and the Joint Council of Allergy, Asthma and Immunology entitled *Insurance Coverage for H1-Antihistamines: Implications for Quality Healthcare and Public Safety*. He said that he felt that the PDL was too restrictive in this class. Dr. Wilson spoke about cetirizine and how he felt that it was superior to loratidine, especially for children and pregnant women.

Peggy King stated that the function of the DUR Board was not to select drugs that were to be included on the Preferred Drug List. The job of the Board is to establish prior authorization criteria for agents that are non-preferred. She also stated that those who wanted to speak about agents they felt should be included on the PDL should sign in to speak at the Pharmacy and Therapeutics Committee meetings. No written materials are to be distributed to Board members and any material concerning information about drugs for the PDL should be sent to Peggy King at pking@wvdhhr.org or to Provider Synergies.

IX. NEXT MEETING AND ADJOURNMENT

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 Wednesday, February 19, 2003.

Respectfully submitted,

Vicki M. Cunningham, R.Ph.
DUR Coordinator