STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

Paul L. Nusbaum
Secretary

Drug Utilization Review Board Meeting Minutes

November 17, 2004

The Diamond Building – 350 Capitol Street
Rooms B10 and B11
Charleston, West Virginia

The forty-third 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
Lester Labus, M.D.
Chris Terpening, PharmD., Ph.D.
John R. Vanin, M.D.
Bernie Smith, R.Ph., M.B.A., M.H.A.
Myra Chiang, M.D.
Ernest Miller, D.O.
James Bennett, M.D.
Steve Judy, R.Ph.
Dan Dickman, M.D.
Kevin Yingling, R.Ph., M.D.
Pat Regan, PharmD.
David Elliott, PharmD.

Members Absent:
Kerry Stitzinger, R.Ph.
Mitch Shaver, M.D.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Matthew Watkins, D.O.
George Bryant, PA-C

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

Contract Staff:
Steve Small, Rational Drug Therapy Program
Craig Boon, Heritage/ACS
Tom Robinette, R.Ph.,Unisys

Interested Parties Present:
Amgen: Francine Galante
Astra Zeneca: Tom Farrah, Joann Shoup
Atley: Rebekah Reasor
Aventis: Walter Gose
Cephalon: Dan Kinsey, Michael Morreale
Lilly: Ron Hart
MedImmune, Inc.: Colleen Bimle, Tammi Moore
Merck: Larry Swan
Novartis: Jeff Goins, Gregory Barry, Cathy McGeehan, David Gill, Bill May
Pfizer: Pamela Smith
Schering: Rob Fuente, Norman Craig, Feng Ho, Robert Marsh
TAP: Stacey Poole
Wyeth: Tim Atchison, Dennis Majeskie, Phillip Reale
Other: Bassam Hoffer, MD, Kiran Kresa-Reahl, MD, Bill Byrd, DPM

I. INTRODUCTIONS

Karen Reed, Chairperson, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE SEPTEMBER 15, 2004, MINUTES

A motion was made to accept the minutes of the September 15, 2004 DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Prior Authorization Criteria for Growth Hormone for Non-Growth Hormone Deficient Children

Karen Reed read the proposed criteria. Vicki Cunningham stated that this was the same criteria proposed previously and that there was some disagreement regarding the Board's decision not to cover growth hormone for non-growth hormone deficient children. She reported on coverage policies by other Medicaid programs and by PEIA. A suggestion was made to cover this indication, but only if growth hormone was prescribed by a pediatric endocrinologist. A motion was made to approve the criteria as amended. The motion was seconded, votes were taken, and the motion carried. The criteria was adopted as amended.

See Attachment A

B. Prior Authorization Criteria for Zelnorm®

Ms. Reed read the proposed criteria. Ms. Cunningham stated that a gastroenterologist had reviewed the criteria and felt that it was reasonable and clinically sound. A motion was made to approve the prior authorization criteria as presented. The motion was seconded, votes were taken and the motion carried. The criteria was adopted.

See Attachment B

IV. NEW BUSINESS

A. Prior Authorization Criteria for Provigil® for MS Fatigue

Ms. Reed read the proposed criteria for Provigil. Ms. Cunningham said that Dr. Kresa-Reahl was present to answer any questions that might arise about MS fatigue and the use of Provigil for relief of symptoms. A discussed ensued about a reasonable length of time for approvals and when patients should be re-evaluated. Dr. Kresa-Reahl stated that it was reasonable to evaluate patients at three month intervals for the effectiveness of this therapy. A motion was made that patients should be evaluated for improvement of fatigue symptoms after three months of therapy and approvals should be granted for three month periods. A motion was made to accept the criteria as amended. The motion was seconded, votes were taken and the motion carried.

See Attachment C

A. Review of Preferred Drug List (PDL) and Prior Authorization Criteria – Changes made at the November 10, 2004, P & T Meeting

Ms. Cunningham presented changes that had been made to the Preferred Drug List and stated that these changes had not been approved by Secretary Nusbaum, since the Pharmaceutical and Therapeutics Committee meeting had been held seven days prior. She stated that these changes would be implemented on January 3, 2004, if approved by Secretary Nusbaum. Prior authorization criteria for each therapeutic category was reviewed. The following categories were discussed:

ACE Inhibitors - Aceon (perindopril) and Altace (ramipril) were added to the list of preferred drugs. Accupril and fosinopril were designated as non-preferred. No changes were made in the PA criteria.

ACE Inhibitor/Calcium Channel Blocker Combinations - Lexxel was added to the Preferred Drug List.

Angiotensin II Receptor Blockers (ARBs) and ARB/Diuretic Combinations - Avapro (ibesartan) and Avalide (ibesartan/HCTZ) were added to the PDL. No changes were made in PA criteria.

Antifungals, Oral - No changes were made and there were no changes in PA criteria.

Antifungals, topical - Loprox (ciclopirox) Cream, Gel and Shampoo were added to the Preferred Drug List. No changes were made in the PA criteria.

Antifungal/Steroid Combinations - Clotrimazole/betamethasone topical combination was removed from the preferred list. No PA criteria changes were made.

Beta Blockers (oral) - Acebutolol, betaxolol, bisoprolol, and pindolol were removed from the preferred list. No PA criteria changes were made.

Beta and Alpha Blockers - No changes were made.

Bronchodilators, Anticholergic - Spiriva (tiotropium) was added to the PDL. No PA criteria changes were made. No changes were made in PA criteria.

Bronchodilators, Anticholinergic-Beta-Agonist Combinations - Duoneb Nebulizer Solution was added to the PDL.

Bronchodilators, Beta Agonist (short-acting) - Maxair (pirobuterol) was added to the preferred list. No PA criteria changes were made.

Bronchodilators, Beta Agonist (long-acting) - No changes were made in this category.

Bronchodilators, Beta Agonist Inhalation Solution - Accuneb (albuterol) solution was added to the list of preferred drugs.

Bronchodilators, Beta Agonist (Oral) - Metaproternol and Vospire ER were removed from the PDL. No PA criteria changes were made.

Calcium Channel Blockers (Short-Acting) - Dynacirc (israpidine) was moved to the list of non-preferred drugs. No PA criteria changes were made.

Calcium Channel Blockers (Long-Acting) - Norvasc was added to the PDL and Plendil (name brand only of felodipine) was removed from the PDL. No PA criteria were made.

Glucocorticoids, Inhaled - Aerobid, Aerobid-M (flunisolide) and QVAR (beclomethasone) were added to the PDL. No PA criteria changes were made.

Glucocorticoid/Bronchodilator Combinations - No changes were made in this class.

Corticosteroids, Nasal - Flunisolide and Nasarel (flunisolide) were removed from the PDL. Nasacort AQ was added. No changes were made in the PA criteria. However, there was a discussion about the new formulation of Nasonex and speculation that the Pharmaceutical and Therapeutics Committee may have been misinformed as to whether the new formulation would be scent and alcohol free. It was decided that this information should be referred to the P&T Committee for consideration. The DUR Board will review PA criteria for this class after the next meeting of the P&T Committee.

Leukotriene Receptor Blockers - No changes were made in this therapeutic class.

Lipotropics, Other-Bile Acid Sequestrants - No changes were made in this class.

Cholesterol Absorption Inhibitors - No changes were made in this class.

Fibric Acid Deriatives- No changes were made in this class.

Niacin - No changes were made in this class.

Statin Combinations - Vytorin (ezetimibe/simvastatin) was added to the PDL. The Board members added a caveat to the PA criteria for this class: If patients require the addition of Zetia to Zocor (simvastatin) to achieve goal, they must use the combination product. However, if patients are on other statins and require the addition of Zetia to reach goal, they are not required to switch the statin they have been using. Zetia and Welchol will be approved for add-on therapy only after an insufficient response to the maximum tolerable dose of a statin after 12 weeks of therapy.

NSAIDS (Non-Selective) - No changes were made in this class.

NSAID/GI Protectant Combinations - Prevacid/Naprapac was added to the PDL.

COX-II Selective Agents - No changes were made in this class.

Members of the Board expressed concerns about recent information concerning the use of COX-II Inhibitors and the increased risk of cardiovascular incidents. It was decided that PA criteria for this class should be reviewed when more data is available.

Stimulants and Related Agents-Amphetamines - No changes were made in this class.

Non-Amphetamines - Ritalin LA was added to the PDL and pemoline was removed. No changes were made in PA criteria.

Antidepressants, SSRIs - Celexa (citalopram) was removed from the PDL and the generic formulation of citalopram was added. Paroxetine was removed from the PDL. No changes were made in PA criteria.

Data requested by Dr. Vanin concerning the number of adults being treated with Adderall was reported by Ms. Reed. It was also noted that Strattera, which is indicated for adult ADD, utilization was not included in the report. Board members discussed the increasing prevalence of the ADD diagnosis in adults. Dr. Vanin said that many other comorbidities accompany adult attention deficit disorder, such as anxiety and mood disorders. He expressed a concern that prior authorization for medications to treat ADD in adults might add to the difficulties experienced by patients with this condition. He also stated that it was important not to burden prescribers unduly with prior authorization requirements for agents used to treat adult ADD. The Board agreed that it was appropriate to impose prior authorization on the Class II Stimulants for the treatment of ADD, since that class of drugs is often abused.

See Attachment D

V. REPORTS

A. Heritage/ACS Information Systems, Inc. (See attachment)

Craig Boon, was introduced as the new account manager from Heritage/ACS. He did not present a verbal report, but provided a written one.

B. Rational Drug Therapy Program (See Attachment)

Steve Small, Director of the Rational Drug Therapy Program, summarized his written report for the members of the Board.

C. ACS Second Quarter Report (See Attachment)

There were no comments from the Board regarding the ACS Quarterly Report.

VI. OTHER BUSINESS

No other business was discussed.

VII. OPEN TO THE FLOOR

An audience member, Dr. Bassam Haffer, a gastroenterologist spoke about Zelnorm and the importance of it in treating IBS with constipation. He expressed concern that requiring prior authorization for this drug placed an undue burden on prescribers, particularly specialists who treat inflammatory bowel disease. Ms. Cunningham said that we could not capture a diagnosis without prior authorization, which helps to ensure appropriate utilization. He also expressed support for the addition of Prevacid to the PDL with no prior authorization requirements.

Dr. Bill Byrd, podiatrist, addressed the Board about the current PA criteria for Lamisil. He stated that he felt that Lamisil should be approved for patients who have contracted a toenail fungus and have resulting pain with mobility. He stated that, in his opinion, Lamisil was curative, safe, and should not be restricted to patients who have HIV, are immunocomprised, or have diabetes as comorbid conditions.

VIII. NEXT MEETING AND ADJOURNMENT

Vicki asked the Board's permission to move the May meeting to Wednesday, May 11th. The Board agreed to this date change. A motion was made and seconded that the meeting be

adjourned. All were in favor. The meeting was concluded at 6:45 p.m. The next meeting will be held on Wednesday, February 16, 2005 from 4:00 p.m. - 6:00 p.m.
Respectfully submitted,

Lynda L. Edwards
Secretary