Drug Utilization Review Board Meeting Minutes
May 11, 2005

The West Virginia Medicaid Drug Utilization Review Board meeting 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.
Dan Dickman, M.D.
Bernie Smith, R.Ph., M.B.A., M.H.A.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Myra Chiang, M.D.
James Bennett, M.D.
David Elliott, PharmD.
Steve Judy, R.Ph.
Pat Regan, PharmD.
Kerry Stitzinger, R.Ph.
K. A. Lovin, PA-C

Members Absent:
Kevin Yingling, R.Ph., M.D.
George Bryant, PA-C
Ernest Miller, D.O.
Mitch Shaver, M.D.
Matthew Watkins, D.O.

DHHR/BMS 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
Lynda Edwards, Secretary
Scott Brown R.Ph., Pharmacy Advocate

Contract Staff:
Steve Small, Rational Drug Therapy Program
Steve Liles, Provider Synergies
Rob Berringer, ACS/Heritage Information Systems

Interested Parties Present:
AstraZeneca: JoAnn Shoup
Bristol Myers Squibb: Steph Wilson
Cephalon: Deb Bearer
Forest: Wayne Miller
Lilly: Todd Bledsoe
Merck: Geff Burgh, Hallie Mason
Organon: Tim Stanley, Mike Roth
Pfizer: Kent Hunter
Phrma: Bryan Brown
Roche: Archie Shew, Frank Azzarello
Schering: Rob Marsh, Feng Ho, Linda Neuman
Sepracor: Larry Green
Shire US: Jonell Lanta
TAP: Stacey Poole
Team: Shawn Halley, Ashely Kane
Other: Dr. Peterson

I. INTRODUCTIONS

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

II. APPROVAL OF THE FEBRUARY 16, 2005, MINUTES

A motion was made to accept the minutes of the February 16, 2005, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Tysabri®-Withdrawn from Market

Ms. Cunningham stated that Tysabri® had been withdrawn from the market. Because of this, she did not ask Dr. Karen Kresa-Reahl for consultation regarding the prior authorization criteria which had been considered at the previous meeting.

B. Utilization of Marinol and Marinol PA Criteria

Ms. Cunningham directed the Board members' attention to the utilization statistics for Marinol that had been requested at the previous meeting. Ms. Reed read the draft criteria for Marinol and asked for comments or suggestions. A motion to approve the criteria was made, seconded, votes were taken and the motion carried.

IV. NEW BUSINESS

A. PA Criteria Review for the Preferred Drug List

Ms. Reed stated that the next item of business would be to review PA criteria for the non-preferred agents in therapeutic classes reviewed at the March Pharmaceutical and Therapeutics Committee meeting.

Ms. Cunningham led the review of the therapeutic classes and also stated that the status of these agents depended upon CMS approval of TOP$, a multi-state purchasing initiative for prescription drugs.

Analgesics, Narcotics – An extensive discussion ensued about malignant and non-malignant pain, the use of narcotics with and without acetaminophen, and acetaminophen overdosing. There was also discussion about the combination of short and long-acting agents for pain treatment. Ms. Cunningham stated that limits could be placed on products containing acetaminophen, so that the maximum dose of 4 grams per day would not be exceeded. A quantity limit of 240 tablets monthly was placed on agents containing acetaminophen. The criteria was also changed to require a trial of three preferred agents, with one of them being a long-acting one, before a non-preferred agent could be approved.

Angiotensin II Receptor Blockers (ARBs) – No changes were made to the PA criteria.

ACE Inhibitor/Calcium Channel Blocker Combinations – No changes were made to the PA criteria.

Anticoagulants, Injectable – No changes were made to the PA criteria.

Antidepressants, Other (non-SSRI) – Grandfathering was discussed, but not added since generics were available for all chemical entities. No changes were made to the PA criteria.

Antihistamines, Minimally Sedating – No changes were made to the PA criteria.

Antimigraine Agents, Triptans – It was agreed that two of the preferred drugs must be tried before a non-preferred agent could be approved. No changes were made to the PA criteria.

Beta Blockers (Oral) –No changes were made to the PA criteria.

Bladder Relaxant Preparations – It was agreed that two different chemical entities must be tried before a non-preferred agent could be approved. No changes were made to the PA criteria.

BPH Agents – No changes were made to the PA criteria.

Calcium Channel Blockers – No changes were made to the PA criteria.

Erythropoiesis Stimulating Proteins – No changes were made to the PA criteria.

Estrogens, Combinations – No changes were made to the PA criteria.

Growth Hormone – No changes were made to the PA criteria.

Hepatitis C Treatments – No changes were made to the PA criteria.

Hypoglycemics, Meglitinides – No changes were made to the PA criteria.

Hypoglycemics, TZDs – No changes were made to the PA criteria.

Lipotropics, Other – No changes were made to the PA criteria.

Lipotropics, Statins – No changes were made to the PA criteria.

Multiple Sclerosis Agents – No changes were made to the PA criteria.

Otic Antibiotic Preparations – No changes were made to the PA criteria.

Phosphate Binders – No changes were made to the PA criteria.

Proton Pump Inhibitors (Oral) – No changes were made to the PA criteria.

Sedative Hypnotics – Steve Liles gave a brief description of the financial impact of grandfathering agents currently preferred in this category. Three options were presented for PA criteria: (1) One of the preferred agents must be tried before a non-preferred agent could be approved. (2) Patients already on a non-preferred agent could be grandfathered. (3) Prescribers of and patients on Ambien will receive letters notifying them that this is no longer preferred, but that they willl be able to receive it for 60 additional days without a prior authorization. This is to give providers the opportunity to switch them to the preferred agent or to taper them off the therapy. Another suggestion was made to limit the quantity of Ambien dispensed to 7-10 tablets, since it is not a drug approved for chronic use. The Board voted for option #3 and Heritage will produce the letters to prescribers. This motion was seconded, votes were taken and the motion carried.

Ulcerative Colitis Agents – No changes were made to the PA criteria.

See Attachment A

A. Presentations on Pegasys and PegIntron

Ms. Cunningham stated that there had been a change in the preferred drugs for hepatitis and there would be a presentation from two of the companies with drugs in this category.

1. Pegasys-Dr. Richard Peterson spoke on behalf of Pegasys and stated that there were no head-to-head trials between Pegasys and Peg-Intron. He asked the members to approve several conditions for the automatic prior authorization of Pegasys: (1) co-infection with HIV, (2) infection with Hepatitis B, and (3) mild cirrhosis of the liver.

2. Peg-Intron-Schering representative, Rob Marsh, introduced Dr. Linda Neuman who spoke about the treatment of patients with co-infections of HIV and Hepatitis C. She said that Peg-Intron is safe and effective in both mono- and co-infected patients, although it does not have the FDA indication for the treatment of co-infection.

Ms. Cunningham said that current criteria provided for patients already on a non-preferred agent to receive authorization to continue on that agent, but that a trial of the preferred agent would be required for treatment naïve patients. Board members agreed, but stated that exceptions should be made for prescribers who request non-preferred agents for the diagnoses discussed previously. Since all injectables require PA, those requests should be considered on a case-by-case basis by RDTP. A motion was made and seconded to accept the criteria as presented and the motion passed.

B. Narcotic Policy

A narcotic policy was discussed and the following questions were considered:

a. Should short-acting agents be accompanied by a long-acting agent for chronic therapy?

b. Should there be a quantity limit on the short-acting agents?

A discussion also ensued about the differences between chronic malignant pain and other types of pain. It was decided that no policy could be adopted concerning whether a patient should be on a long-acting agent for chronic therapy. Some Board members felt that adopting such a policy would be interfering in the physician-patient relationship. Instead, they expressed that it would be more appropriate to encourage prescribers to use standard pain management guidelines, especially the World Health Organization Treatment Ladder for the management of chronic pain. Quantity limits for agents containing acetaminophen were established earlier in the PDL review so no further discussion on this topic was necessary.

C. Carisoprodol Coverage

Utilization for carisoprodol was discussed. Ms. Cunningham presented a report from the DUR Board in Washington concerning minimizing carisoprodol utilization. Board members agreed that other muscle relaxants were available which did not have the street value of carisoprodol and that minimizing its availability would be appropriate. It was agreed that a sixty day notice prior to discontinuing carisoprodol would be distributed to all providers. A motion was made, seconded, and passed to stop coverage of carisoprodol.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small gave an overview of denials and approvals for the past quarter. There were no comments from the Board regarding the written report.

B. Heritage Information Systems

Rob Berringer presented three educational interventions and asked the Board to choose two of them for the next quarter. They were Medication Compliance, Evaluation of Drugs with Abuse Potential, and Falls in the Elderly. The Board voted to adopt only one: Evaluation of Drugs with Abuse Potential.

The Board agreed that the parameters used for this intervention should include the lock-in program, doctor shopping criteria, the use of multiple narcotics, and the use of multiple pharmacies.

C. ACS First Quarter Report

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

No remarks from the floor.

VIII. NEXT MEETING AND ADJOURNMENT

A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 6:30 p.m. The next meeting will be held on Wednesday, September 21, 2005 from 4:00 p.m. - 6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary

(MTG#48)