Drug Utilization Review Board Meeting Minutes
May 17, 2006

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

Members Present:
Dan Dickman, M.D., Chairperson
Chris Terpening, PharmD., Ph.D.
John R. Vanin, M.D.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Myra Chiang, M.D.
Steve Judy, R.Ph.
Ernest Miller, D.O.
Lester Labus, M.D.
Kerry Stitzinger, R.Ph.
Pat Regan, PharmD.
Karen Reed, R.Ph.
James Bennett, M.D.
George Bryant, PA-C
David Elliott, PharmD.

Members Absent:
Kevin Yingling, M.D., R.Ph.
Matthew Watkins, D.O.

DHHR/BMS Staff Present:
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

Contract Staff:
Steve Small, Rational Drug Therapy Program
Craig Boon, ACS/Heritage Information Systems
Eric Sears, Unisys

Interested Parties Present:
AstraZeneca: Mark DiMaio
Boehringer Ingelheim: David Large
Forest: Wayne Miller
GSK: Cindy Snyder
J & J: Nick Rebholz
Merck: Geff Bergh
NovoNordisk: Neal Bosche, Clint Houck
Organon: Tim Stanley
Pfizer: Kent Hunter, Jeff Borman
Sanofi-Aventis: Richard Risk, Walter Gose
Schering: Rob Marsh
Sepracor: Larry Green
Other: Thom Stevens, Bryan Merrell

I. INTRODUCTIONS

Daniel Dickman, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE FEBRUARY 15, 2006, MINUTES

A motion was made to accept the minutes of the February 15, 2006, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Discussion of Retrospective Drug Utilization Review Committee Work – Therapeutic Duplications

Ms. Cunningham reported on the activities of the Retrospective Drug Utilization Review Committee, a subcommittee of the DUR Board. She told them that members of the Committee had reviewed 250 clinical and 50-75 lock-in profiles monthly for the past year. Mr. Craig Boon, Heritage/ACS, explained that parameters were set in the Heritage System for therapeutic duplications and triggered reviews of profiles. He also said that the outcomes of these reviews were detailed in the annual ACS/Heritage Program Assessment provided for each member of the Board. Ms. Cunningham reported that the

Committee had been seeing therapeutic duplications in the statin, calcium channel blocker, antidepressant and atypical antipsychotic therapeutic categories. As a result of these reviews, the prospective drug utilization review system was set to stop a claim when a therapeutic duplication was detected. The pharmacist is then required to enter an override code in order to process the claim. After six months, a report of the override codes employed will be generated. If it appears that overrides are done as a default with no evaluation of the therapeutic warning, the system can then be set to deny the claim and the override will need to be generated by the Rational Drug Therapy Program.

IV. NEW BUSINESS

A. Discussion of Appeals for Prior Authorizations

Ms. Cunningham said that with the implementation of the Medicare Part D program the number of requests for prior authorizations had decreased along with the number of appeals Examples of agents which are most frequently appealed were provided to the Board: for discussion:

1. Zyvox

Ms. Cunningham said that the report form for Zyvox is being redesigned in order to make sure that information needed by Dr. Joseph is initially submitted with the appeal. Peggy King said that some of the infectious disease specialists had requested that the form be revised and that we had agreed to do so. Dr. Joseph said that many requests were for the treatment of community acquired MRSA, which requires a different treatment regimen than hospital acquired MRSA. She also said that the form served as an educational tool for providers, as well as an efficient way to obtain information needed in the evaluation of appeals. Dr. Joseph reported that discharge planners are calling at the last minute for a prior authorization, especially when the patient is to be discharged over the weekend. This results in incomplete information on the appeal and often causes delays in being able to issue them. Board members asked if the forms were supplied to hospitals and Peggy King replied that they could be downloaded from the Rational Drug Therapy website.

2. Low Molecular Weight Heparin (Lovenox)

Dr. Joseph reported that there are many appeals for Lovenox and that there is a great deal of literature regarding its use at the present time. A discussion followed about recent studies regarding the use of Lovenox in patients with cancer who have active DVTs. Dr. Joseph reported that the results had often been misinterpreted to mean that it should be used for prophylaxis and this had resulted in a number of appeals. There was also discussion regarding the effectiveness of coumadin as compared to Lovenox. Dr. Joseph stated that there was no clear data to support the advantage of either. She also commented that most of the cases that were appealed were for patients that were very complicated and difficult to treat. The Board reviewed the cases and Dr. Joseph's comments, remarking that they were in agreement with her recommendations.

3. Atacand

Ms. Cunningham also discussed some appeals for Atacand to be used in conjunction with an ACE inhibitor to prevent the progression of congestive heart failure. Members of the Board discussed the treatment of CHF, as well as debates among prescribers about whether Atacand specifically was effective or whether the effectiveness would have been the same for any drug in this therapeutic class.

4. Benicar

Ms. Cunningham also led a discussion with the Board regarding some appeals for Benicar, a non-preferred agent.

5. Xopenex

Board members also reviewed some appeals for Xopenex, noting the reasons for appeal and discussing the PA criteria established for Xopenex.

6. Prior Authorization Criteria for Use of Zofran in Pregnancy (See Attachment A)

Ms. Cunningham said that Zofran was a preferred drug, but did have a limitation of 14 tablets for a 30 day period. However, more than the limit is often required for cases of refractory nausea and vomiting in pregnancy. She presented the temporary policy that had been put in place until the Board could act upon it. (See Attachment A) A motion was made to accept the criteria with a prior authorization for a three month period. A motion was seconded and passed unanimously.

IV. REPORTS

A. Heritage Information Systems

Craig Boon, Heritage/ACS, gave a report on the trends in claims, including expenditures for the most utilized therapeutic classes. The Board inquired about rebates and whether the reports included rebate amounts. Mr. Boon said that their reports were generated based on paid claims and that rebate amounts were not included in them. Ms. King said that Unisys produced a monthly report on the amount of rebates that were collected and that aggregate amounts could be shared, but specific rebate offers from each manufacturer were confidential.

Mr. Boon presented an educational intervention regarding polypharmacy. He explained the content of the letters that would be sent to physicians. A Board member asked if this sort of intervention should be repeated at regular intervals, and if the same physicians needed to be targeted repeatedly. Dr. Joseph said that sending letters did make providers more aware of duplications in therapy and of multiple medications and that she felt they were beneficial. The problem of duplicate therapy was discussed and Ms. Cunningham said that medical homes for each Medicaid member could help to solve the problem, since members would not be able to receive primary care from multiple providers.

Craig Boon also presented an intervention regarding long duration and over utilization of sedative hypnotics and insomnia. The Board asked questions about the prevalence of Ambien prescribing. They also discussed the guidelines for long duration of therapy with the sedative hypnotic class. Mr. Boon said that the Board could determine their own parameters for describing long duration of an agent.

Mr. Boon also presented an intervention regarding asthma guidelines and the over utilization of short acting beta agonist inhalers. The Board discussed the parameters for determining the overuse of these inhalers and requested that this clinical flag be omitted. He suggested clinical flags for the underutilization of inhaled corticosteroids and for long-acting beta agonists as first line therapy.

A Board member asked about an educational intervention targeting the use of the mental health drugs and the HIV drugs. Mr. Boon said that some interventions with these classes could violate HIPPA rules. Ms. King said that BMS attorneys were researching the requirements necessary to meet the privacy rules regarding these categories.

Ms. King suggested that the Polypharmacy intervention be repeated. Mr. Boon suggested that patients who are getting 20 or more prescriptions from one provider be reviewed in the Retrospective DUR Committee's work. Ms. Cunningham said that could be done and that a report regarding those prescribers would be brought back to the DUR Board. The Board voted to implement the Asthma Educational Intervention and review the polypharmacy report at the next meeting.

B. Rational Drug Therapy Program

Steve Small gave an overview of the Rational Drug Therapy Program's report. Ms. King reported that, because of edits put into the system, that the number of duplicative pain medications may have been reduced. A duplicate narcotic analgesic requires an override from the Rational Drug Therapy Program and gives the pharmacist the phone numbers of the last pharmacy where it was filled.

Ms. King also stated that pharmacists have been billing Byetta incorrectly. This is problematic because pharmacists have been billing in error for large quantities and may be put in financial straits when the claim is reversed. Edits have been placed in the system to prevent this.

C. First Quarter Report-Unisys

There were no comments from the Board regarding the Unisys Report.

Ms. Cunningham pointed out that the expenditures for the age group of 12 to 16 years were the highest and that it was probably because of the utilization of stimulants and atypical antipsychotics. She said that an advisory group for establishing appropriate utilization criteria for the mental health drugs, especially in children is being considered. She also said that these appeals required a great deal of Dr. Joseph's time and that there was very little literature about the use of them in children.

V. OTHER BUSINESS

A. Review of Policy for Board Membership

Ms. Cunningham reminded the Board that the bylaws state that missing three meetings in a row constitutes resignation. She said that the Board members would be receiving letters regarding term renewal very soon. She also informed the Board of the resignations of Mitch Shaver, M.D. and Bernie Shaver, R.Ph.

VI. OPEN TO THE FLOOR

A question was asked regarding Medicaid Redesign and the plan to limit members to four prescriptions per month. Ms. Cunningham said that Medicaid Redesign was a necessity since $40 billion will be cut from Medicaid over the next four years. States have been given a mandate to redesign their programs by tailoring benefits for individual eligibility categories and making them more appropriate. She said that West Viriginia's State Plan Amendment for redesign had been approved on May 3rd. Ms. Cunningham also said that all eligibility categories will be rolled into the redesigned plan in the next four years. The first year will only affect children and adults with children (the population formerly known as TANIF or AFDC). Members in this eligibility group are basically healthy and need very few prescriptions. The members will be eligible for a Basic or Enhanced package, depending upon their signing of a Member Responsibility Agreement. The agreement states that they will partner in their health care by keeping appointments or calling in advance to cancel them, refilling maintenance prescriptions, having preventive screenings and attending health education classes as directed by their providers. Each member will also be assigned to a medical home. New enrollees in Medicaid and those due for re-determination in these eligibility categories will be assigned to the Basic Package until they sign the member agreement. If they choose to sign, the number of prescriptions in their package will be unlimited. If they choose not to sign, they will be limited to four prescriptions per month. All other Medicaid members will have the traditional benefit package until their eligibility category is rolled into the redesigned plan. Clay, Upshur and Lincoln County are the counties that have been chosen for the pilot sites. If an illness occurs during the year for someone still in the basic plan, they will be moved to another category if appropriate or their prescription limit could be overridden if necessary.

If members are compliant for a year, they will be eligible for a Healthy Rewards Account, which would provide benefits which have not been part of the traditional Medicaid plan. If they are not compliant, they will be given the Basic Package for the next year.

She said that the Deficit Reduction Act of 2005 has given states the flexibility to tailor benefits and phase the roll outs of new programs. Ms Cunningham said that we would be working with our enrollment broker to educate members and providers about the benefit packages, the Member Responsibility Agreement, and the process to be followed. A brochure to explain the program is ready to be produced and will be mailed to members as their counties are rolled into the program. It will be distributed to the county offices, physician offices, and pharmacies. We will do a targeted mailing for each county at least 30 days in advance of its roll-in.

VII. ADJOURNMENT

A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 6 p.m. The next meeting will be held on Wednesday, September 20, 2006 from 4:00 p.m.-6:00 p.m.

Respectfully submitted,

Lynda L. Edwards
Secretary