# Drug Utilization Review Board Meeting Minutes
# September 20, 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
Karen Reed, R.Ph.
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.
Kevin Yingling, R.Ph., M.D.

**Members Absent:**
Matthew Watkins, D.O.
George Bryant, PA-C
David Elliott, PharmD.

**DHHR/BMS Staff Present:**
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

## I. INTRODUCTIONS

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

## II. APPROVAL OF THE MAY 17, 2006, MINUTES

A motion was made to accept the minutes of the May 17, 2006, DUR Board meeting as written. The motion was seconded and passed unanimously.

## III. OLD BUSINESS

### A. Polypharmacy Report

Craig Boon discussed the polypharmacy report that was sent to DUR members, noting that it reflected that there were 5,090 member who had 10 or more prescriptions in the most recent 30 day period. Ms. Cunningham told the Board members that “hard edits”, requiring

a call to the Rational Drug Therapy Program (RDTP), had been placed on duplicate narcotic prescriptions from different prescribers. She also said the warning level for duplicates in several therapeutic classes (ACE Inhibitors, Calcium Channel Blockers, Angiotensin Receptor Blockers, Hypoglycemics-[Insulin Release Stimulators, Biguanide Type and Insulin Response Enhancers], Urinary Tract Antispasmodics, SSRI's, AntiMigraine Preparations, Beta-Adrenergics and Glucocorticoid Combinations [including all dosage forms of Advair], Skeletal Muscle Relaxants, Atypical Antipsychotics, and Nasal Anti-Inflammatory Steroids) from the same prescriber had been changed to a level 2. This edit level requires entry of a response segment from the pharmacist for processing. If duplications continue and appear to be overridden as a default, it may be necessary to change the edit level from 2 to 1, requiring a call to the RDTP. These overrides will be evaluated and reported to the Board after a six month period.

Medications profiles with examples of polypharmacy were brought by Mr. Boon for review by the Board. Due to the number of issues on the agenda, Ms. Cunningham suggested that this review be postponed until the November meeting. Members of the Board agreed to postpone this review.

**B. Zyvox Prior Authorization Form**

Ms. Cunningham suggested that this agenda item also be postponed until the November meeting. The Board members agreed to review the form at the next meeting.

## IV. NEW BUSINESS

### A. Review of Changes to the Preferred Drug List from August 16, 2006 P & T Committee Meeting – Prior Authorization Criteria for Non-Preferred Drugs

Ms. Cunningham suggested that prior authorization criteria for the drugs with a changed status on the Preferred Drug List be reviewed and that criteria for new drugs in those classes be reviewed with that class.

The following therapeutic classes and changes in them were reviewed and criteria adopted:

**ACE Inhibitors**: No change to criteria.

**Alzheimer's Agents:** No changes were made to the criteria, but all patients on Razadyne and Razadyne ER will have their prescriptions for these agents grandfathered. Treatment naive patients will be required to have a trial of a preferred agent before non-preferred agents will be approved.

**Androgenic Agents:** Each of the preferred agents must be tried before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.

**Antidepressants SSRIs:** No change to criteria.

**Antiemetics, Oral:** No change to criteria.

**Antifungals, Oral:** No change to criteria.

**Antifungals, Topical:** No change to criteria.

**AntiParkinson's Agents:** No change to criteria.

**Antipsychotics, Atypical:** No change to criteria.

**Antivirals:** No change to criteria.

**Atopic Dermatitis:** No change to criteria.

**Bone Resorption Suppression and Related Agents:** No change to criteria.

**Bronchodilators, Anticholinergic:** No change to criteria.

**Bronchodilators, Beta Agonist:** No change to criteria.

**Cephalosporins and Related Antibiotics:** No change to criteria.

**Cytokine and CAM Antagonists:** No criteria all are preferred.

**Fluroquinolones, Oral:** No change to criteria.

**Glucocorticoids, Inhaled:** No change to criteria. A discussion ensued regarding proposed draft step therapy criteria. Data regarding utilization of the long-acting beta agonists (LABAs) was reviewed.
**See Attachment A**

The black-box warning recently placed on the LABA's was discussed. Ms. Cunningham pointed out that 6,883 or the 12,897 unique patients who had prescription for Advair had only refilled them once or not at all. She said that this did not appear to indicate utilization of this agent for moderate or severe persistent asthma as recommended in the NAEPP Expert Panel Report for the Diagnosis and Management of Asthma. Ms. Cunningham also told the Board that The Pharmaceutical and Therapeutics Committee had recommended that the DUR Board review and establish criteria to ensure the appropriate use of Advair. She asked the Board to consider the draft PA guidelines for Advair and step-therapy edits for Foradil.
**See Attachment B**

Board members discussed these recommendations and decided that it would not be appropriate to prior authorize Advair® at this time. Because Advair® and Foradil® both have preferred status, no step therapy criteria was adopted for Foradil®. It was recommended that providers be educated about the appropriate use of the LABA's. Ms. Cunningham responded that an educational intervention regarding the use of corticosteroids and LABA's had been approved at the May meeting. She suggested that the utilization of these agents be monitored and that a targeted educational intervention should be considered for prescribers whose patients seemed to be using them inappropriately. The Board concurred with this suggestion. Utilization data will be furnished to the Board at future meetings.

**Hypoglycemics, Insulins and Related Agents:** The following step-therapy edits were adopted for Byetta® (exenatide):

1. Patient has current history of a sulfonylurea and/or metformin.
2. Patient has no gaps of therapy greater than 45 days in the past 180 days.

The following step-therapy edits were adopted for Symlin® (pramlintide):

1. Patient has a current history of claims for insulin.

2. Patient has no gaps in therapy of greater than 45 days in the last 180 days.

Prior authorization criteria was adopted for Apidra® (insulin glulisine [rDNA origin] injection).
**See Attachment C**

Prior Authorization Criteria was adopted for Exubera®
**See Attachment D**

**Intranasal Rhinitis Agents:** No change to criteria.

**Leukotriene Modifiers:** No change to criteria.

**Macrolides/Ketolides:** No change to criteria.

**NSAIDS:** No change to criteria.

**Ophthalmic Antibiotics:** No change to criteria.

**Ophthalmics for Allergic Conjunctivitis:** No change to criteria.

**Ophthalmics, Glaucoma Agents:** No change to criteria.

**Platelet Aggregation Inhibitors:** No change to criteria.

**Stimulants and Related Agents:** No change to criteria.

## V. REPORTS

### A. Heritage Information Systems

Craig Boon discussed proposals for educational interventions: ADHD, Carisoprodol Overuse, Hyperlipidemia and Allergic Rhinitis.

A discussion ensued about the utilization of carisoprodol and its potential for abuse. Board members voted to require prior authorization for carisoprodol. The following prior authorization criteria was adopted:

Requests for prior authorization of carisoprodol will be approved if:
There has been a trial of 2 weeks of each of the other muscle relaxants available.

Ms. Cunningham said that a Fax Blast would be sent out 30 days in advance to notify prescribers and pharmacy providers of the prior authorization requirement for carisoprodol

The Board approved the educational intervention proposal for the Management of Hyperlipidemia. and ADHD. Dr. Yingling inquired about an intervention for education providers regarding the appropriate use and duration of Plavix® (clopidogrel) and aspirin. Mr. Boon will check on the development of an intervention and report to the Board at the November meeting.

### B. Rational Drug Therapy Program

Steve Small gave an overview of the Rational Drug Therapy Program report.

**C. Second Quarter Report-Unisys**

Eric Sears gave an overview of the Unisys Report.

## VI. OTHER BUSINESS

Dr. Labus suggested that the next newsletter for providers include information regarding the use of the Board of Pharmacy website for monitoring of prescriptions for controlled substances. He said that it had been very helpful for him to ensure that his patients were not receiving prescriptions for controlled substances from multiple prescribers. Ms. Cunningham replied that she would contact the Board of Pharmacy for specific information to include in the next newsletter. She thanked Dr. Labus for the information.

**See Attachment E**

## VII. OPEN TO THE FLOOR

No comments 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 p.m. The next meeting will be held on Wednesday, November 15, 2006 from 4:00 p.m. - 6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary