Drug Utilization Review Board Meeting Minutes
March 21, 2007

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.
Lester Labus, M.D.
Kerry Stitzinger, R.Ph.
David Elliott, PharmD.
Ernest Miller, D.O.
Pat Regan, PharmD.
Greenbrier Almond, M.D.
Myra Chiang, M.D.

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

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. Vicki Cunningham introduced a new Board member, Dr. Greenbrier Almond, who is serving in the position vacated by Dr. Jim Bennett.

II. APPROVAL OF THE NOVEMBER 15, 2006, MINUTES

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

III. OLD BUSINESS

A. Review of PA Criteria for Emsam®

Dr. Dickman read the draft prior authorization criteria, initially reviewed on November 15, 2006, for Emsam®. Changes were made to the criteria by Board members. A motion was made and seconded to accept the criteria as amended. A vote was taken and the motion passed unanimously.

See Attachment A

B. Review of PA Criteria for Daytrana®

Dr. Dickman read the draft prior authorization criteria, first reviewed at the November 15, 2006, meeting for Daytrana. A motion was made, seconded and passed unanimously to accept the prior authorization criteria for Daytrana®.

See Attachment B

IV. NEW BUSINESS

Dr. Dickman presented the following items as new business:

A. A motion was moved to approve the schedule of meetings for 2007. Votes were taken and the motion carried.

See Attachment C

B. Review of Changes to Preferred Drug List and PA Criteria Updates

1. **ACE Inhibitor/CCB Combinations:** No changes were made to the PA criteria.

2. **Acne Agents, Topical:** A trial of 30 days of one of the preferred agents in each category will be required before a non-preferred agent will be authorized. (In case of pregnancy, a trial of retinoids is not required.) Some discussion occurred about the possibility of retinoids being used to treat wrinkles. Since acne agents require prior authorization for members over 17 years of age, it was decided that this would not be a concern.

3. **Analgesics, Narcotic Short:** No changes were made to the PA criteria.

4. **Analgesics, Narcotic Long:** No changes were made to the PA criteria.

5. **Angiotensin II Receptor Blockers:** No changes were made to the PA criteria.

6. **Anticoagulants, Injectable:** No changes were made to the PA criteria.

7. **Anticonvulsants:** Treatment naïve patients must have a trial of a preferred agent before a non-preferred agent in its corresponding class will be authorized. Patients stabilized on non-preferred agents will receive authorization to continue these drugs. Additions to that therapy will require a trial of a preferred agent in its respective class unless one of the exceptions on the PA form is present.

   In addition, the following step therapy for Lyrica was adopted:

   Members currently on Lyrica® will continue with their therapy.

Treatment naive patients will be required to meet the following requirements:

A. Continual therapy with gabapentin for 60 days with no more than a gap of 30 days in that time period.
B. Claims for Lyrica® will be processed, with no intervention from the prescriber, if the requirements have been met.

Pat Regan stated that gabapentin and Lyrica are used in combination to treat traumatic brain injuries and crushing spinal cord injuries. Ms. King responded that this step therapy would not preclude concurrent use. Pharmacists who receive a duplication of therapy edit will be able to override it if there is an appropriate diagnosis.

8. **Antidepressants, Other:** No changes were made to the PA criteria. Prescriptions for Wellbutrin XL will be grandfathered for patients established on the therapy.

9. **Antihistamines, Minimally Sedating:** No changes were made to the PA criteria.

10. **Antimigraine Agents, Triptans:** No changes were made to the PA criteria.

11. **Beta-Blockers:** No changes were made to the PA criteria.

12. **Bladder Relaxant Preparations:** No changes were made to the PA criteria.

13. **BPH Agents:** No changes were made to the PA criteria.

14. **Calcium Channel Blockers:** No changes were made to the PA criteria.

15. **Erythropoiesis Stimulating Proteins:** No changes were made to the PA criteria.

16. **Growth Hormone:** The preferred agents, with the exception of Saizen, must be tried before a non-preferred agent will be authorized, unless one of the exceptions on the PA form is present.

17. **Hepatitis C Treatments:** No changes were made to the PA criteria. Patients established on non-preferred agents will have their prescriptions grandfathered and will continue therapy with that agent.

18. **Hypoglycemics, Meglitinides:** No changes were made to the PA criteria.

19. **Hypoglycemics, TZDs:** No changes were made to the PA criteria.

20. **Lipotropics, Other:** No changes were made to the PA criteria.

21. **Lipotropics, Statins:** No changes were made to the PA criteria.

22. **Multiple Sclerosis Agents:** No changes were made to the PA criteria.

23. **Otic Fluoroquinolones:** No changes were made to the PA criteria.

24. **Phospate Binders:** No changes were made to the PA criteria.

25. Proton Pump Inhibitors: Prevacid Solutabs® are preferred for children through age 8, but will require a PA after that age.

26. Sedative Hypnotics: Since the Pharmaceutical and Therapeutics Committee selected only one preferred agent, temazepam, the following step therapy for non-preferred agents was adopted:

For treatment naïve patients, a trial of the preferred agents, temazepam 15 mg. and temazepam 30 mg., for 10 days will be required before non-preferred agents will be authorized.

If members have had a prescription for Ambien in the past 120 days with a gap of no greater than 60 days in therapy, their prescription will process with no prior authorization required. (If there is a gap of greater than 30 days, then a trial of temazepam will be required before a prior authorization will be granted.)

Prior authorizations for all other agents will only be granted if there has been a trial of 10 days of Ambien. These agents include Ambien CR®, flurazepam, quazepam, estazolam, Lunesta®, Rozerem®, Sonata®, chloral hydrate, triazolam, and Restoril®7.5 mg. (Members who are on established therapy with Restoril® 7.5 mg. are able to continue therapy with this dosage.)

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

Ms. Cunningham said the changes would be implemented on April 2, 2007. A motion was made to accept the criteria. The motion was seconded and passed unanimously.

C. Methadone Utilization Data-Members reviewed the utilization date and asked that further information be made available regarding a maximum dosage limit. Ms. Cunningham replied that she would make the information available at the next meeting.

D. DUR Board Membership-Dr. Dickman directed the attention of the Board to the by-laws regarding composition of the Drug Utilization Review Board. Ms. Cunningham said that there were three vacant positions and asked if they should be filled or if the number of members on the Board should be reduced. Board members recommended that the positions be filled and that one position should be filled with a physician or pharmacist with expertise in cardiology. Ms. Cunningham said that she would ask the medical and pharmacy associations for recommendations for filling these positions: a physician, a pharmacist and a physician's assistant.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small, Director of the Rational Drug Therapy Program (RDTP), presented a summary report of activity for the period of 10/1/06-1/31/07. Mr. Small's report included a status review of edit overrides and prior authorizations including therapeutic classes needing edit overrides, the total number of edit overrides and prior authorizations pending, approved and denied, and the status of prior authorizations requested for the

atypical antipsychotics. Board members expressed their appreciation for Mr. Small's report.

B. ACS/Heritage Information Systems

Craig Boon, ACS/Heritage, provided a program assessment for the calendar year of 2006 for the Medicaid Program. The assessment included a business report, trend reports, and clinical reports that will be used to develop educational and clinical interventions for the pharmacy program.

Mr. Boon also discussed the clopidogrel (Plavix®) intervention that had been requested by the Board. Due to a limitation on the data available for appropriate utilization, Mr. Boon recommended that an article regarding appropriate utilization, duration of therapy, and current guidelines be included in the next newsletter. The Board concurred with his recommendation**.**

Mr. Boon also presented two educational interventions, "Hypertension Management, JNC-7" and "Diabetes Mellitus Management", to the Board. Both were approved and the Board asked that the Diabetes Intervention include information about the West Virginia Diabetes Management Program available through Medicaid and the Bureau for Public Health. The Board also suggested that information regarding dose simplification and its potential savings be done in conjunction with the hypertension management intervention.

A letter that had been prepared for prescribers who have patients on non-preferred sleeping agents was also presented to the Board. Mr. Boon explained that these were developed to aid prescribers in preparing for a change in the Preferred Drug List.

A comparison of the prescription programs for several states was also presented by Mr. Boon. Due to time constraints, Board members asked that copies of this comparison chart be supplied for review at the May meeting. Ms. Cunningham said that she would provide copies for the next meeting.

C. Unisys First Quarter Report

Eric Sears gave an overview of the Unisys Quarterly Report. He remarked that the number of narcotic prescriptions filled has continued to decline since the edit for duplication of therapy from different prescribers causes prescriptions to deny until RDTP issues an override.

VI. OTHER BUSINESS

A. Discussion of Medicaid Redesign and Pharmacy Policy

Vicki Cunningham presented a brief overview of the redesign program and the changes in pharmacy policy for the Medicaid Program.

B. Transformation Grants – Pharmacy Awards

Vicki Cunningham said the Bureau had been awarded $13.7 million through Medicaid transformation grants and provided a summary of the awards. $4.2 million will be used to purchase technology and implement additional clinical programs for pharmacy services.

VII. OPEN TO THE FLOOR

There were 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 May 16, 2007, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary