Drug Utilization Review Board Meeting Minutes
May 16, 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.
Kevin Yingling, R.Ph., M.D.
Lester Labus, M.D.
Kerry Stitzinger, R.Ph.
David Elliott, PharmD.
Ernest Miller, D.O.
Pat Regan, PharmD.
Steve Judy, R.Ph.
Myra Chiang, M.D.
K.C. Lovin, PA-C, MS

Members Absent:
Greenbrier Almond, M.D.
Matthew Watkins, D.O.

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

I. INTRODUCTIONS

Daniel Dickman, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves. Dr. Dickman introduced K.C. Lovin, who will be replacing George Bryant, as a new member of the Board.

II. APPROVAL OF THE MARCH 21. 2007, MINUTES

A motion was made to accept the minutes of the March 21, 2007, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Lyrica Step Therapy Report

Steve Small said that the implementation of the step therapy edits for Byetta® and Lyrica® had gone smoothly. He also reported that there had been very few requests for overrides for Lyrica®.

B. Sedative/Hypnotic Step Therapy Report

Ms. Cunningham said that, since Ambien® had become generic, there had been an executive decision to discontinue step therapy with temazapam and Ambien®. A discussion followed and Board members agreed that this was the appropriate course of action.

C. Medicaid Redesign – 4 Prescription Limit Edit

Ms. Cunningham said that there have been 16 people in the basic benefit plan for Mountain Health Choices (the Medicaid Redesign Program) that had exceeded the 4-prescription limit. Rational Drug has been approving their prescriptions and encouraging them to sign up for the enhanced benefit plan. This requires going to their medical home for a check-up, developing a health improvement plan with their medical provider, and signing the member responsibility agreement. Members are being tracked to see if the prescription limit is an effective way of encouraging enrollment in the enhanced benefit plan, which provides prevention and wellness programs. She reported that 1300 members had defaulted to the basic benefit plan and 58 had enrolled in the enhanced benefit plan. She stated that enrollment in the enhanced plan has increased on a weekly basis.

IV. NEW BUSINESS

Dr. Dickman presented the following items as new business:

A. Amitiza PA Criteria

Dr. Dickman read the draft criteria for Amitiza®. Ms. Cunningham said that it was similar to the criteria for Zelnorm® , which is no longer available. Peggy King reported that one gastroenterologist had requested that all of his patients having prior authorizations for Zelnorm® also have them for Amitiza®. One member of the Board stated that there is some overlap in the symptoms for IBS (inflammatory bowel syndrome) and chronic constipation. Another member stated that he did not feel that it was appropriate to encourage prior authorization for a drug for a condition for which it was not indicated. One of the members suggested that the draft criteria be sent to that particular physician for comment and to request that literature and data supporting his request be made available to the Board. Ms. King responded that she would send the criteria to him for comment and ask him for literature to support the use of Amitiza® for IBS.

See Attachment A

B. Qualaquin PA Criteria

Dr. Dickman read the draft criteria for Qualaquin®. Since is only approved for the treatment of malaria, there will be no approvals for any other use, including leg cramps. Board members agreed, after review of the utilization statistics, that this policy should be implemented immediately. The draft criteria were amended to require a positive blood test for a diagnosis of malaria as part of the criteria. Members of the Board voted to waive the second reading of the criteria. The criteria were amended to require a diagnosis of malaria, supported by a positive blood test. The criteria were read by Dr. Dickman A motion was made and seconded to approve the criteria and the motion passed by a unanimous vote.

See Attachment B

C. Methadone Maximum Dose and Drug-Drug Interaction Edits

Ms. Cunningham said that Level II edits had been in place to require a response from the pharmacist when patients were prescribed drugs that could cause serious drug interactions with methadone. This level necessitates a call from the pharmacist to the prescriber or an indication that the pharmacist has reviewed the potential interaction. She asked the Board for approval to elevate the edit to a Severity Level of 1 when patients are prescribed both methadone and a serum serotonin reuptake inhibitor

(SSRI). This severity level requires an override from the RDTP. Board members agreed that interaction should be designated as a Severity Level 1,

D. Duplication of Ingredient and Therapeutic Class Edits

Ms. Cunningham discussed therapeutic duplication of several drug classes that had been noted in profile review by the Retrospective Drug Utilization Review Committee. She asked the Board for approval to designate therapeutic duplication of the following classes as Severity Level 1 edits: beta blockers, calcium channel blockers, lipotropics, proton pump inhibitors, angiotensin-renin blocking agents (ARBs), angiotensin converting enzyme inhibitors (ACEs), beta blockers, muscle relaxants (whether prescribed by the same or different prescribers) and antidepressants, stimulants and anticonvulsants (when prescribed by different prescribers). She said that these had been Level II edits (requiring a response segment by the pharmacist), but there were still many instances of duplication in these categories. The Board agreed that this was an appropriate action to take.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small gave a report to the Committee. He discussed the Severity Level 1 edit previously placed on the duplication of narcotics. He and the RDTP staff are working with pharmacists and encouraging them to call prescribers to notify them of duplications in therapy. He said that many pharmacists are not calling prescribers and only telling Medicaid members that the claim has been denied by RDTP.

Board members reviewed the RDTP report and suggested that the Bureau review items which require prior authorization that are routinely approved. They suggested that PA requirements be removed from agents that had a 90% or higher approval rate. BMS staff will work with Mr. Small and report to the Board on any agents that have a high frequency of approval.

B. Heritage Information Systems

Craig Boon provided answers to questions asked at the previous meeting regarding methadone utilization. He reported that there are a relatively low number of members receiving methadone. He also reported that indicators for inappropriate utilization included high dosage, multiple prescribers, potential drug interactions, and cardiac risk. He stated that very few members had profiles that showed inappropriate utilization. He suggested that members be reviewed through the RetroDUR rules system monthly and that letters be sent out to alert the prescribers when indicated. One of the Board members stated that the information regarding cardiac risk factors was very important. He also stated that inform all prescribers should be informed when their patients are receiving prescriptions that could cause harmful interactions. Mrs. King said that with the number of methadone-related deaths in West Virginia, it was important to take these actions. A discussion followed regarding whether methadone was being utilized to treat chronic pain or drug addiction for Medicaid members. Ms. Cunningham said that we assume that we are only paying for pain treatment, but that we cannot be assured that is always the case. Dr. Terpening said some forms of methadone, especially the disket, should be exclusively utilized in a methadone clinic. It is formulated to reduce diversion and is easier to store. Ms. King said that the utilization data would be reviewed and providers would be contacted if this dosage form had been prescribed. A motion was made and seconded to implement monthly profile reviews for methadone users. Reports regarding these reviews will be provided to the Board. Votes were taken and the motion carried.

Mr. Boon reported that Heritage was preparing the hypertension population-based intervention for mailing and he has been working with Ms. Cunningham to finalize the diabetes intervention. The Board approved both interventions at the March meeting.

Ms. Cunningham stated that there has been an increase in the number of prescriptions for suboxone. She also reported that there have been some members who are being treated with suboxone by one prescriber and receiving prescriptions for opioids from another. Letters have been sent by the RetroDUR Committee to inform prescribers of these situations. Ms. Cunningham said the Behavioral Health Bureau is undergoing a reorganization to enhance the coordination of their services, which may explain the increase in suboxone utilization. .She said also that Medicaid now reimburses providers for some extended counseling for Medicaid members being treated with suboxone. A discussion followed regarding special licensure requirements for physicians prescribing suboxone and the relationship that they must establish with pharmacies. It was suggested that the requirements for prescribing and dispensing suboxone be researched and provided to the Board at the next meeting.

Unisys First Quarter Report
A copy of the second quarter report was distributed to Board members**.**

VI. OTHER BUSINESS

No other business was discussed.

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 Wednesday, September 19, 2007, from 4:00 p.m. - 6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary