Drug Utilization Review Board Meeting Minutes
September 19, 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.
Ernest Miller, D.O.
Pat Regan, PharmD.
Steve Judy, R.Ph.
Myra Chiang, M.D.
K.C. Lovin, PA-C, MS
Greenbrier Almond, M.D.

Members Absent:
David Elliott, PharmD.
Kerry Stitzinger, R.Ph.
Matthew Watkins, D.O.
Kevin Yingling, R.Ph., M.D.

DHHR/BMS Staff Present:
Gail Goodnight, R.Ph., Rebate Coordinator
Vicki Cunningham, R.Ph., DUR Coordinator
Lynda Edwards, Secretary

Contract Staff:
Steve Small, Rational Drug Therapy Program
Scott House, Rational Drug Therapy Program
Cris Andrews, Provider Synergies
Joe Paradis, Health Information Designs
Steve Espy, Health Information Designs
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 16, 2007, MINUTES

A motion was made to accept the minutes of the May 16, 2007, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Amitiza PA Criteria

Dr. Dickman read the criteria for Amitiza. Ms. Cunningham stated that there had been requests for Amitiza for irritable bowel syndrome. She told the Board that she had done a search of the available literature and could not find evidence that Amitiza was effective or safe for treatment of this condition. A motion was made to adopt the criteria; the motion was seconded and passed unanimously.
(See Attachment A)

B. Suboxone Utilization and Regulations

Ms. Cunningham stated that the information regarding requirements for special licensing for prescribing and requirements for dispensing suboxone was taken from the FDA website. She also told members that the policy provided was one that was being considered by the Bureau in conjunction with the Bureau for Mental Health.

IV. NEW BUSINESS

A. Conflict of Interest Statements

Dr. Dickman asked the Board members if they had any questions regarding the Conflict of Interest forms in their packets. One member stated that the section on immediate family should say minor children instead of children. He said that their employment should not conflict with his appointment with the Board. Ms. Cunningham stated that the information is given to the Bureau's attorney for review. If there were a conflict of interest, the member would be asked to refrain from commenting or voting on a particular drug class that could cause the appearance of a conflict of interest for the member. Dr. Dickman asked the Board members to complete the Conflict of Interest documents and return them to the Bureau as soon as possible.

B. Recommendations from Pharmacy and Therapeutics Committee

1. Minutes

Ms. Cunningham stated that the P & T Committee members had requested copies of the DUR Board minutes. She also said that they suggested that one or two members of the P&T Committee serve on the DUR Board. This would enhance communications between the two entities and insure that DUR Board members would be aware of the intentions of the P&T Committee for the availability of some non-preferred drugs. Members of the Board discussed this recommendation. Members of the DUR Board asked if the P&T Committee minutes were available to them on the web. Ms. Cunningham stated that they were, but that she would mail written copies to any member who requested them.

2. Letter from Dr. David Avery

Dr. Dickman discussed Dr. Avery's letter, written on behalf of the P & T Committee, regarding PA criteria for Tekturna. The recommendation was to require only one trial of an ACE Inhibitor before approving a request for Tekturna. Ms. Cunningham said that it was a recommendation and that the final decision regarding prior authorization criteria should be made by the DUR Board. A motion was made to require a trial of one ACE Inhibitor or one ARB, at the maximum tolerable therapeutic dose, for 30 days before Tekturna would be approved. The motion was seconded, votes were taken and the motion was approved.

C. Review of Changes to the Preferred Drug List from August 22, 2007 P & T Committee Meeting – Prior Authorization Criteria for Non-Preferred Drugs

Dr. Dickman suggested that prior authorization criteria for the drugs on the Preferred Drug List be reviewed. .

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

Alzheimer's Agents: No changes were made to the criteria. There was a question raised regarding the Exelon patches. Ms. Cunningham stated that they had not become available in time for review at the P&T Committee meeting. They will be considered non-preferred until the next review of the Alzheimer's agents.

Androgenic Agents: No changes were made to the criteria.

Angiotensin Modulators: A discussion ensued regarding the angiotensin modulators. A motion was made to require a trial of one ACE or ARB, at the maximum tolerable therapeutic dose, of 30 days before Tekturna will be approved. Motion was seconded, voted on and motion passed.

Antidepressants SSRIs: A motion was made to require a trial of two of the preferred agents for 30 days before a non-preferred agent would be approved. Patients on a non-preferred agent will be authorized to continue on that agent. The motion was seconded, voted were taken and the motion passed.

Antiemetics, Oral: Ms. Cunningham said the Marinol criteria had been adopted previously and had been added to other criteria for the antiemetic class. A motion was made to accept all of the criteria. The motion was seconded, votes were taken and the motion passed.

Antifungals, Oral: No changes were made to the criteria.

Antifungals, Topical: No changes were made to the criteria.

AntiParkinson's Agents: No changes were made to the criteria.

Antipsychotics, Atypical: Ms. Cunningham stated that the P & T Committee did not vote on this class and left it up to the Bureau to make changes. No changes were made to the criteria.

Antivirals: No changes were made to the criteria.

Atopic Dermatitis: No changes were made to the criteria.

Bone Resorption Suppression and Related Agents: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed. No changes were made to the criteria.

Bronchodilators, Anticholinergic: No changes were made to the criteria.

Bronchodilators, Beta Agonist: No changes were made to the criteria.

Cephalosporins and Related Antibiotics: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed. No changes were made to the criteria.

Cytokine and CAM Antagonists: No changes were made to the criteria.

Fluroquinolones, Oral: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed.

Glucocorticoids, Inhaled: A motion was made to approve Pulmicort Inhalers for children at age nine if they had been previously on therapy with Pulmicort Respules. The motion was seconded, votes were taken and the motion passed.

Hepatitis B Treatments: No changes were made to the criteria.

Hypoglycemics, Incretin Mimetics/Enhancers: No changes were made to the criteria.

Hypoglycemics, Insulins: It was stated that a separate PA form was needed for Exubera. No changes were made to the criteria.

Intranasal Rhinitis Agents: No changes were made to the criteria.

Leukotriene Modifiers: No changes were made to the criteria.

Macrolides/Ketolides: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed.

NSAIDS: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed.

Ophthalmic Fluoroquinolones: No changes were made to the criteria.

Ophthalmics for Allergic Conjunctivitis A motion was made to change the criteria to two of the preferred agents must be tried before non-preferred agents will be authorized, unless one of the exceptions on the PA form is present. Motion was seconded, votes were taken and motion passed.

Ophthalmics, Glaucoma Agents: A motion was made to accept the criteria as stated. Motion was seconded, votes were taken and motion passed.

Ophthalmics, NSAIDS: No changes were made to the criteria.

Platelet Aggregation Inhibitors: No changes were made to the criteria.

Stimulants and Related Agents: No changes were made to the criteria. It was noted that Vyvanse was included in the non-amphetamine class incorrectly. Ms Cunningham replied that she would correct the error and place Vyvanse in the amphetamine group of stimulants.
(See Attachment B)

D. Review of Covered OTC Agents

1. Addition of Stool Softener

Ms. Cunningham said that the list of covered over-the-counter drugs did not include a stool softener. She suggested that docusate calcium, at a cost of $0.032, should be added to the list. Steve Judy stated that this addition could have a significant effect on pharmacy costs in the long term care population. Ms. Cunningham replied that this would be re-considered before adding it to the covered list of over-the-counter drugs.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small gave an overview of the Rational Drug Therapy Program report. He discussed requests for overrides for the 4-Rx limit in the Basic Benefit Plan for Mountain Health Choices. Ms. Cunningham explained some differences in the Basic and Enhanced Benefit Plans and requirements for enrolling in the plan.

B. Retrospective Drug Utilization Vendor – Health Information Designs

Ms. Cunningham introduced the Joe Paradis and Steve Espy, representatives for Health Information Designs. Mr. Espy discussed the reports and processes used to determine Retrospective Drug Utilization review materials. He also discussed their process for implementing a polypharmacy educational intervention. An intervention regarding appropriate treatment of chronic pain was also discussed. Samples of the letters to providers and supporting data will presented at the next DUR Board meeting...

C. Second Quarter Report-Unisys

Eric Sears gave an overview of the Unisys Report.

VI. OTHER BUSINESS

Ms. Cunningham said she included the policy for the Tamper Resistant Prescription Blanks. She said that there have been many calls regarding the regulation and all written prescriptions for Medicaid members will have to be on tamper resistant blanks after October 1, 2007. She stated that all information regarding the regulation was on the website and that it would be updated as more information became available.

VII. OPEN TO THE FLOOR

Jim Walsh, Forrest Pharmaceuticals, requested that the Board reconsider Lexapro's removal from the Preferred Drug List. He requested that the implementation of the SSRI category be delayed until after further review at the February P&T Committee meeting. He said the recommendation of the P & T Committee was not the outcome anticipated and that the State should not limit the physician's choice of these drugs. He also stated that, if Lexapro were non-preferred, utilization would shift to the preferred agents in the SNRI class, Effexor XR and Cymbalta. Mr. Walsh also stated that this would be a costly decision for the Bureau. He gave Dr. Dickman a report regarding a shift from Lexapro to other antidepressants and Dr. Dickman gave an overview of the report to the Board.

A member asked for utilization data to be presented at the next meeting. Ms. Cunningham said that there would probably not be a lot of change right away because the next meeting will be in November and the PDL changes were not effective until October 1. She said that utilization in the two therapeutic classes would be monitored and that she would report on it after there had been a quarter's worth of utilization data.

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 14, 2007, from 4:00 p.m. - 6:00 p.m.

Respectfully submitted,

Lynda L. Edwards
Secretary