Drug Utilization Review Board Meeting Minutes
March 12, 2008

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
Scott Brown, 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.
Greenbrier Almond, M.D.
Myra Chiang, M.D.
Steve Judy, R.Ph.
K.C. Lovin, PA-C

Members Absent:
David Elliott, PharmD.
Karen Reed, R.Ph.
Pat Regan, PharmD.
Kerry Stitzinger, R.Ph.

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, R.Ph, Rational Drug Therapy Program
Joe Paradis, R.Ph, Health Information Designs
Laureen Biczak, MD,GHS
Laurie Roscoe, R.Ph,GHS
Eric Sears, R.Ph,Unisys

I. INTRODUCTIONS

Daniel Dickman, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves. Ms. Cunningham welcomed Scott Brown to the Board and said that he also served on the Pharmaceutical and Therapeutics (P&T) Committee. She also mentioned that Dr. David Avery, Chairman of the P&T Committee, was in attendance and could be called upon if there were questions regarding decisions made by the P&T Committee.

II. APPROVAL OF THE NOVEMBER 14, 2007, MINUTES

A motion was made to accept the minutes of the November 14, 2007 DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Antidepressant Utilization Reports

Dr. Laureen Biczak, GHS, discussed a utilization report for the SSRI's, the SNRI's, Lexapro, Cymbalta, Effexor XR and the entire antidepressant class during the 2007 calendar year. She also provided a comparison of the utilization of antidepressants between the Maine and West Virginia Medicaid populations and adherence of these populations to their prescribed therapy. Ms. Cunningham stated that the Board, as requested, would continue to receive reports regarding trends in utilization of the SNRI's as data becomes available.

(See Attachment A)

B. Skeletal Muscle Relaxants - PA Criteria

Dr. Dickman read the draft prior authorization criteria for the Skeletal Muscle Relaxants. Ms. Cunningham commented that many members take muscle relaxants for long periods and time and asked if limits for the duration of therapy should be considered. One Board member asked if a limitation of duration could cause a shift to opioids. It was asked if there were any studies showing the effectiveness of long term use or guidelines recommending muscle relaxants for the treatment of chronic pain. It was stated that there were some from the American Pain Society. Ms. Cunningham stated that she would provide available guidelines for the May meeting. A motion was made to approve the draft prior authorization criteria for the Skeletal Muscle Relaxant class. The motion was seconded and passed unanimously.

(See Attachment B)

IV. NEW BUSINESS

Ms. Cunningham stated that two speakers had requested to present information to the DUR Board when their category of interest on the PDL was reviewed. Dr. Dickman presented the following items of new business:

A. Update of PDL Critieria

1. **Acne Agents, Topical:** A trial of at least 30 days each, with at least one preferred retinoid and two unique chemical entities in each of the other two subclasses, including the generic version of a requested non-preferred product will be required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present. (In case of pregnancy, a trial of retinoids will not be required.) PA is required after 17 years of age for tretinoin products.

2. **Analgesics, Narcotic Short:** A trial of at least four (4) chemically distinct (based on narcotic ingredient only) preferred agents, including the generic formulation of a requested non-preferred product, must be tried before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

   Fentanyl lozenges will only be approved as an adjunct to a long-acting agent. Fentanyl lozenges will not be approved for monotherapy.

   Limits: Quantities exceeding 240 tablets per 30 days (8 tablets/day) for agents containing 500 mg of acetaminophen will require a prior authorization.

Ms Cunningham said that some states limit quantities of short-acting agents to 120 tablets per month and require review if more are requested, since this suggests the patient's pain is not controlled and a long-acting agent may be needed. Ms. Cunningham said she could not find published guidelines to support this, but that it seemed to be an appropriate policy. A Board member asked how many patients required 120 or a greater number of short-acting narcotics per month. Ms. Cunningham replied that she would provide a report for the May meeting.

3. **Analgesics, Narcotic Long:** The first paragraph was changed to: A total of four (4) preferred narcotic analgesics, **including at least one long-acting agent**, must be tried for at least six (6) days before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present. The generic form of the requested non-preferred agent, if available, must be tried before the non-preferred agent will be approved.

4. **Androgenic Agents:** The non-preferred agents will be approved only if one of the exceptions on the PA form is present.

5. **Angiotensin Modulators:** Each of the preferred agents in the corresponding group and the generic formulation of the requested non-preferred agent, with the exception of Direct Renin Inhibitors, must be tried for at least two weeks each before a non-preferred agent in that group will be authorized unless one of the exceptions on the PA form is present.

6. **Renin Inhibitors**
   A thirty-day trial of one of the preferred ACE, ARB, or combination agents, at the maximum tolerable dose, is required before Tekturna will be approved.

7. **Anticoagulants, Injectable:** No changes were made to the PA Criteria.

8. **Anticonvulsants:** The step edit was removed from Lyrica. No other changes were made to the PA Criteria

9. **Antidepressants, Other:** No changes were made to the PA Criteria.

10. **Antihistamines, Minimally Sedating:** A trial of at least two (2) chemically distinct preferred agents, in the age appropriate form, including the generic formulation of a requested non-preferred product must be tried before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

11. **Antimigraine Agents, Triptans:** No changes were made to the PA Criteria.

12. **Beta Blockers:** A trial of each of three (3) chemically distinct preferred agents, including the generic formulation of a requested non-preferred product, is required before one of the non-preferred agents will be approved, unless one of the exceptions on the PA form is present. If the physician feels that the patient cannot be stabilized with any of the preferred agents, one of the non-preferred agents will be approved.

13. **Bladder Relaxant Preparations:** A trial of at least one of each of the chemically distinct preferred agents must be tried before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

14. **BPH Agents:** A trial of at least two (2) chemically distinct preferred agents, including the generic formulation of a requested non-preferred agent, must be tried before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

15. **Calcium Channel Blockers:** No changes were made to the PA Criteria.

16. **Erythropoiesis Stimulating Proteins:** No changes were made to the PA Criteria.

17. **Genital Warts Agents:** The preferred agent must be tried before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

18. **Growth Hormone:** No changes were made to the PA Criteria.

19. **Hepatitis C Treatments:** No changes were made to the PA Criteria.

20. **Hypoglycemics, Meglitinides:** No changes were made to the PA Criteria.

21. **Hypoglycemics, TZDs:** No changes were made to the PA Criteria.

22. **Impetigo Agents, Topical:** A trial of one of at least one preferred agent, including the generic formulation of a requested non-preferred agent, must be tried for 10 days before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

23. **Lipotropics, Other:** No changes were made to the PA Criteria.

24. **Lipotropics, Statins:** One of the preferred statins, including the generic formulation of a requested non-preferred agent, must be tried for 12 weeks before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

    Vytorin will be approved only after an insufficient response to the maximum tolerable dose of Lipitor (atorvastatin) or Crestor (rosuvastatin) after 12 weeks, unless one of the exceptions on the PA form is present.

    Members on Vytorin 10/80 will be grandfathered on that therapy. Members on all other strengths of Vytorin will be grandfathered until 6/30/08 on that therapy, but their prescriptions will require prior authorization after that date.

    Ms. Cunningham asked the Board to review the proposed letter to be sent to prescribers with patients currently taking Vytorin. The Board approved the letter for mailing, along with chart reminders to all prescribers with patients on Vytorin. **(Attachment C)**

25. **Multiple Sclerosis Agents:** No changes were made to the PA Criteria.

26. **Otic Fluoroquinolones:** No changes were made to the PA Criteria.

27. **Pancreatic Enzymes:** A trial of at least three (3) preferred agents, for at least 30 days each, is required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

    Non-preferred agents will be approved for members with cystic fibrosis. In all cases except cystic fibrosis, objective evidence of pancreatic insufficiency (fat malabsorption, etc.) must be documented.

28. **Parathyroid Agents:** A trial of a preferred agent will be required, for at least 30 days, before a non-preferred agent will be approved. Prescriptions for Sensipar will be grandfathered.

29. **Pediculicides/Scabicides, Topical:** A trial of all three (3) pediculicides (Ovide, permethrins, and pyrethrins-piperonyl butoxide) is required before lindane will be approved unless one of the exceptions on the PA form is present.

30. **Phosphate Binders:** A trial of at least two (2) preferred agents will be required unless one of the exceptions on the PA form is present.

31. **Proton Pump Inhibitors:** No changes were made to the PA Criteria.

32. **Sedative Hypnotics:** No changes were made to the PA Criteria.

33. **Stimulants and Related Agents:** No changes were made to the PA Criteria.

34. **Ulcerative Colitis Agents:** No changes were made to the PA Criteria.

Speaker:
Dr. Attawa, Schering-Plough, spoke about Vytorin and its dosage, recent clinical trials and its benefits in reduction of LDL.

Kelly Mullenak, Takeda, spoke about Rozerem and the need to have it available without requiring trials of preferred agents for patients with COPD or a history of drug or alcohol dependence.

Ms. Cunningham asked the Board for input regarding the need to approve Rozerem, without a trial of the preferred sedative hypnotics, for patients with a history of drug or alcohol dependence. It was decided that a check-off box on the PA form would not be appropriate for approval of Rozerem. Instead, the Board recommended that a PA should be issued if the prescriber stated on the PA form that Rozerem was needed because of the patient's abuse history (prescription drugs, alcohol, or street drugs).

B. Suboxone PA Criteria

A motion was made to table the discussion on Suboxone criteria. The motion was seconded and passed unanimously.

C. Vivitrol PA Criteria

A motion was made to table the discussion on Vivitrol criteria. The motion was seconded and passed unanimously.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a written report of the activity for the period of 6/1/07 – 12/31/07.

B. Health Information Designs

Joe Paradis, HID, discussed the Retrospective Drug Utilization Review process. He explained the lock-in program and the review of profiles because of therapeutic criteria exceptions. He also discussed the letters sent to prescribers and pharmacy providers Mr. Paradis reported on the outcomes of evaluation responses to gauge the effectiveness of these letters. Of 312 responses returned, 87 reported that the letters were extremely useful, 131 reported that they were useful, 17 reported them somewhat useful, 50 were neutral and 27 reported that they were not useful.

He also reported on the results of the pain management and methadone utilization educational interventions.

Mr. Paradis reviewed the proposed criteria for the atypical antipsychotics and the polypharmacy intervention.
Attachment D

C. Unisys Fourth Quarter Report

Eric Sears gave an overview of the Unisys Quarterly Report.

VI. OTHER BUSINESS

There was no other business 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 May 14, 2008, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary