Drug Utilization Review Board Meeting Minutes
May 14, 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
Pat Regan, PharmD.
Kerry Stitzinger, R.Ph.
David Elliott, PharmD.

Members Absent:
Karen Reed, R.Ph.

DHHR/BMS Staff Present:
Peggy King, R.Ph., Pharmacy Director
Gail Goodnight, R.Ph., Rebate Coordinator
Vicki Cunningham, R.Ph. DUR Coordinator
William B. Hopkins, Pharmacy Operations Manager
Lynda Edwards, Secretary

Contract Staff:
Steve Small, R.Ph, Rational Drug Therapy Program
Joe Paradis, PharmD, Health Information Designs
Laureen Biczak, M.D., 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.

II. APPROVAL OF THE MARCH 12, 2008, MINUTES

A motion was made to accept the minutes of the March 12, 2008, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Opioid Utilization

Vicki Cunningham stated that at the last meeting she suggested limiting quantities of the short-acting opioids to 120 units per month and that the Board had requested utilization data for members who received more than this amount. Ms. Cunningham stated current quantity limits were 240 units per month, and the purpose of the reduction was to decrease the quantity of drugs that could be diverted.

Limiting quantities could encourage physicians to use long-acting agents for chronic pain and would decrease the number of short-acting agents required for breakthrough pain. She said that while the choice of long-acting agents was limited, this should encourage prescribers to consolidate the doses of the short-acting agents and reduce the possibility of acetaminophen toxicity in combination products.

A Board member asked about dosage and Ms. Cunningham stated that the claims processing system is not sophisticated enough to calculate the dosage, but can calculate the units obtained. It can calculate the cumulative number of tablets dispensed in one month, but not the dosages of tablets. A discussion ensued regarding Oxycontin®, and Ms Cunningham said it was only available for members with cancer or a diagnosis of severe chronic pain. She also reported that, since Oxycontin® has become less available, hydrocodone has become more valuable on the street.

She stated that pharmacists get a duplication of therapy edit when they have prescriptions for more than one short-acting opioid medication, and a call to the Rational Drug Therapy Program (RDTP) helpdesk is required for an override. This provides the opportunity for the pharmacist or RDTP to call both prescribers and make them aware of the duplication.

A motion was made to limit the number of units of the solid dosage form of the opioids to 120 for 30 days. An amendment was made to the motion to exempt patients with cancer from this limitation.

Dr. Labus pointed out that RDTP may be overwhelmed with calls, since there were 5,648 members who had prescriptions for short-acting opioids. Joe Paradis, HID, the RetroDUR Vendor, stated that they could send out letters to the prescribers for these patients to inform them of the change in policy. Votes were taken and the motion passed unanimously. Ms. Cunningham said she would check to see if an edit could be added to the system to let patients know that the maximum quantity of short-acting agents would be limited to 120 units on a specific date. Ms. Cunningham stated that letters would be sent out to prescribers with patients receiving more than 120 units per month.
(See Attachment A)

B. Guidelines regarding skeletal muscle relaxants - American Pain Society

Dr. Dickman announced that there was information in the Board member's packets from the American Pain Society. Ms. Cunningham explained that that she did not find definitive information regarding the role of muscle relaxants for relieving chronic pain.

The data presented showed 66 members who received 11 or more prescriptions for muscle relaxants in the past year with several diagnoses submitted.

Ms. Cunningham said that a Severity Level 1 (requiring a call to RDTP for an override) edit had been added to the claims processing system for duplication of therapy with muscle relaxants.
(See Attachment B)

C. Utilization Data

Dr. Dickman announced that there was utilization data in the Board's packet for antidepressants in the SSRI and SNRI classes. Dr. Biczak, GHS, reviewed the utilization data with the Board. She stated that the number of prescriptions for both the SSRIs and SNRIs had remained consistent for the year. Utilization and cost data from the Maine and West Virginia Medicaid populations was compared.

IV. NEW BUSINESS

Dr. Dickman presented the following items of new business:

A. Suboxone PA Critieria

Dr. Dickman read the draft Suboxone® criteria. Ms. Cunningham discussed the utilization and criteria. A motion was made to accept the Suboxone® criteria as presented. The motion was seconded and passed unanimously.
(See Attachment C)

B. Vivitrol PA Criteria

Dr. Dickman read the draft prior authorization criteria for Vivitrol® Ms. Cunningham indicated that in many patient profiles a diagnoses of alcohol addiction preceded opioid addiction. She said it is an expensive drug and will probably be covered as a medical claim, but that many providers may not be able to bear the cost of purchasing it. Since it is obtainable as an outpatient drug, she said that it would be prudent to have criteria for prior authorization. She explained that it seemed logical to pay for agents to treat alcohol addiction as well as opioid addiction. A motion was made to approve the Vivitrol® criteria. The motion was seconded and passed unanimously.

C. Amitiza PA Criteria for New Indication

Dr. Dickman read the draft Amitiza® criteria. Ms. Cunningham said that the new indication applied only to women and that there were no studies of its effectiveness in men, although that had been omitted from the draft criteria. Dr. Dickman restated the criteria, limiting approval to a diagnosis of Irritable Bowel Syndrome with constipation (IBS-C) in women. Ms. Cunningham stated that the new FDA indications were in their packet of information. A motion was made to accept the Amitiza® criteria. The motion was seconded and passed unanimously.

D. Abilify PA Criteria for New Indication

Dr. Dickman read the draft prior authorization criteria for a new indication for Abilify®. Ms. Cunningham stated that Abilify® required prior authorization, but had not had the indication for Major Depressive Disorder. She suggested adding two more critieria: (1) a maximum dose of 15 mg., and (2) a minimum age of 18 years. A second motion was made to accept the criteria. The motion was seconded and passed unanimously. Peggy King asked how long the trial period for the SSRIs and SNRIs should be before Abilify was added. Dr. Dickman responded that the usual trial period for either of these antidepressant categories is four to six weeks. He said that since this is an adjunct to the SSRI or SNRIs, there is not a concern about intolerance and switching of agents. The Board agreed that the criteria should say that Abilify would be approved as adjunctive therapy after documented trials of appropriate therapeutic duration at the maximum tolerable dose of two of the agents in the categories listed. A motion was made to amend criteria #2 to reflect the previous statement. A motion was made, seconded and passed unanimously.

V. REPORTS

Dr. Dickman said that his term as Board Chairman would end in 2009 and that a nominating committee for the position of Chairperson and Vice-Chairperson of the Board should be named. Ms. Cunningham stated that Ernest Miller had served as Vice Chairman of the Board for the past two years. K.c. Lovin, Mary Nemeth-Pyles and Greenbrier Almond volunteered to serve on the Nominating Committee. Dr. Dickman asked that anyone interested in serving as an officer contact members of the nominating committee. The nominating committee will present a slate of officers at the September meeting.

A. Rational Drug Therapy Program

Steve Small, Director of the Rational Drug Therapy Program (RDTP), discussed utilization for the quarter. He also discussed call times for replying to physician prior authorizations and quality improvements that had been added to the program.

Ms. Cunningham said that a web portal is being developed for web-based submission of prior authorization requests to the Rational Drug Therapy Program. She pointed out that this was a suggestion made by one of the Board members and that the Bureau appreciated their input.

B. Health Information Designs

Joe Paradis, HID, discussed the handout he provided to the Board members summarizing the Lock-In cases. He also discussed the Retrospective Drug Utilization Review Program and the 250 profiles reviewed each month.

Mr. Paradis presented reports on educational interventions for pain management and the utilization of short-acting and long-acting opioids, the methadone educational intervention, the polypharmacy intervention, and the atypical antipsychotic intervention. He discussed utilization of the atypical antipsychotic medications and exceptions to the therapeutic criteria evaluations found in the data, including therapeutic duplication, therapy for members with diabetes, use for dementia, dose optimization and low doses

of quietapine for sedation or sleep. Outcomes of this intervention will be presented at the September meeting.
Attachment D

C. Unisys Report

Eric Sears gave an overview of the Unisys Quarterly Report (1st Quarter 2008). Peggy King, R.Ph., Pharmacy Director, said there was a $2 million spending increase in February probably due to flu outbreaks. The utilization of cough and cold medications, antibiotics and PPI's increased. The increase in PPI utilization was marked and she mentioned that there may be a need for change in our policy for the PPI class.

Mrs. King stated that the price difference between brand and generics was very large. She also stated that there was double-digit inflation with both brands and generics, but because of increased generic utilization, the rate of inflation for BMS was only about four percent. The generic utilization rate for the BMS Pharmacy Program is 69%.

D. OTHER BUSINESS

No other business was discussed.

E. OPEN TO THE FLOOR

There were no comments from the floor.

F. 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 September 17, 2008, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary