Drug Utilization Review Board Meeting Minutes
November 19, 2008

The West Virginia Medicaid Drug Utilization Review Board meeting was called to order with the following in attendance:

Members Present:
Ernest Miller, D.O.
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.
Greenbrier Almond, M.D.
Myra Chiang, M.D.
Steve Judy, R.Ph.
K.C. Lovin, PA-C
David Elliott, PharmD.
Karen Reed, R.Ph.
Pat Regan, PharmD.
Kerry Stitzinger, R.Ph.

Members Absent:
Dan Dickman, M.D.

DHHR/BMS Staff Present:
Peggy King, R.Ph., Pharmacy Director
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
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 SEPTEMBER 17, 2008, MINUTES

A motion was made to accept the minutes of the September 17, 2008 DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Report from Nominating Committee and Election of Officers for 2009-2010

Ms. Cunningham stated that KC Loving had served a chairperson of the Nominating Committee. Because Ms. Lovin had not arrived at the meeting, Ms. Cunningham presented the slate of officers for the Committee. Ernest Miller and Scott Brown were

nominated to serve as chairpersons. Gail Goodnight served as the election commissioner and tallied the ballots. Ernest Miller was elected to serve as Chairperson and Scott Brown was elected to serve as Vice Chairperson for the next two years.

B. Proposed Calendar for 2009

Proposed dates for the next year were:

March 18, 2009
June 3, 2009
September 16, 2009
November 18, 2009

There was some discussion regarding a date change for the March meeting which coincides with spring break for both public schools and colleges and universities in the area. Ms. Cunningham will poll the Board members by e-mail to determine if it is necessary to reschedule the meeting date.

Discussion of Opioid Limitation

Ms. Cunningham reported that there was not enough data available to determine the effect of the opioid limitation policy that was implemented on August 1, 2008. She said that pharmacists have reported that roughly 50% of prescribers are reducing the quantity of short acting agents prescribed and many are adding a long acting agent. The other 50% are making no change in their prescribing habits and some of their patients are paying cash for the difference in the quantity allowed and the total written on their prescriptions.

Buck Selby, an inspector for the Board of Pharmacy, spoke to the Board regarding the accounting difficulties that limiting the Schedule II narcotic short-acting agents had caused for some pharmacists. One suggestion was that the limitation should only apply to the Schedule III short acting agents. After a discussion regarding the purpose of the policy, to encourage adherence with chronic pain guidelines and reduce the number of units of opioids on the street available for diversion, the Board voted to retain the policy as it was originally adopted.

A discussion ensued regarding patients who pay cash for the balance of their prescription, when the number of units exceeds 120 tablets per 30 days. Although this is legal, it does not support the purpose of the edit. Ms. Cunningham stated the Rational Drug Therapy Program (RDTP) could always give an override to allow more units if the request was supported by an appropriate diagnosis. If the pharmacist chooses not to call RDTP, or if an override is not appropriate, the patient can legally pay cash for the balance of the prescription. Ms. Peggy King mentioned that Maine Medicaid has developed a form for pharmacists to have clients complete when they are paying cash for prescriptions. The Board asked that the form be adapted for use by West Virginia Medicaid, reviewed by Medicaid legal counsel, and then brought to the DUR Board for review. Ms Cunningham will provide the form for comment and review at the March meeting

IV. NEW BUSINESS

Ernest Miller presented the PDL recommendations to the Board and asked for the Board to review prior authorization criteria based on the changes made. Ms. Cunningham stated that the

PA recommendations should include the length of trials for non-preferred agents so that these could be implemented in the Automated PA system.
(Complete information regarding PDL changes and prior authorization criteria can be found at http://www.wvdhhr.org/bms/sPharmacy/PDL/bms_pdl_PreferredDrugList20090101.pdf)

A. Review of PA Criteria for PDL for January 1, 2009

1. **Acne Agents, Topical-** The length of trial required for a preferred product was defined as thirty (30) days.

2. **Alzheimer's Agents:** The length of trial of a preferred product was defined as thirty (30) days.

3. **Analgesics, Narcotic Short Acting:** Criteria changes included defining the length of trial of a preferred agent as six (6) days of at least four (4) preferred agents.

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

   Limits: Unless the patient has escalating cancer pain or another diagnosis supporting increased quantities of short-acting opioids, **all short acting solid forms of the narcotic analgesics are limited to 120 tablets per 30 days** for the purpose of maximizing the use of longer acting medications to prevent unnecessary breakthrough pain in chronic pain therapy.

4. **Analgesics, Narcotic Long Acting:** The length of the trial required of a preferred product was defined as six (6) days.

5. **Androgenic Agents:** No changes were made to the PA Criteria.

6. **Angiotensin Modulators:** No changes were made to the PA Criteria.

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

8. **Anticonvulsants:** A fourteen (14) day trial of one of the preferred agents in the corresponding group is required for treatment naïve patients with a diagnosis of a seizure disorder before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

   A thirty (30) day trial of one of the preferred agents in the corresponding group is required for patients with a diagnosis other than seizure disorders unless one of the exceptions on the PA form is present.

   Keppra XR will be approved with a diagnosis of a seizure disorder with no trials of preferred agents required.

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

10. **Antidepressants, SSRIs:** No changes were made to the PA Criteria.

11. **Antiemetics:** The length of trial required of a preferred product was defined as three (3) days.

12. **Antifungals, Oral:** No changes were made to the PA Criteria.

13. **Antifungals, Topical:** The length of trial of a preferred agent was defined as fourteen (14) days of two (2) of the preferred products. However, if a shampoo is requested, only a trial of ketoconazole shampoo is required before a non-preferred product will be approved.

    Oxistat cream will be approved for children 12 and under for tinea corporis, tinea cruris, tinea pedis, and tinea (pityriasis) versicolor.

14. **Antihistamines, Minimally Sedating:** The length of the trial of a preferred product was defined as thirty (30) days.

15. **Antimigraine Agents, Triptans:** The length of trial of a preferred product was defined as five (5) days.

16. **AntiParkinson's Agents:** Mirapex, Requip and Requip XL will be approved for a diagnosis of Parkinsonism with no trails of preferred agents required.

17. **Antipsychotics, Atypical:** No changes were made to the PA Criteria.

18. **Antivirals:** The length of trial of a preferred product was defined as five (5) days.

    The anti-influenza agents will be approved only for a diagnosis of influenza. Because of resistance to amantidine, it was removed from the list of antivirals available on the PDL.

19. **Atopic Dermatitis:** No changes were made to the PA Criteria.

20. **Beta Blockers:** The length of trial of a preferred product was defined as fourteen (14) days.

21. **Bladder Relaxant Preparations:** The length of trial of a preferred product was defined as thirty (30) days.

22. **BPH Agents:** The length of trial of a preferred product was defined as thirty (30) days.

23. **Bronchodilators, Anticholinergic:** The length of trial of a preferred product was defined as thirty (30) days.

24. **Bronchodilators, Beta Agonist:** The length of trial of a preferred product was defined as thirty (30) days.

25. **Calcium Channel Blockers:** The length of trial of a preferred product was defined as fourteen (14) days.

26. **Cephalosporins and Related Antibiotics:** The length of trial of a preferred product was defined as five (5) days.

27. **Cytokine and CAM Antagonists:** No changes were made to the PA Criteria.

28. **Erythropoiesis Stimulating Proteins:** The length of trial of a preferred product was defined as thirty (30) days.

29. **Fluoroquinolones, Oral:** The length of trial of a preferred product was defined as five (5) days.

30. **Genital Warts Agents:** The length of trial of a preferred product was defined as thirty (30) days.

31. **Glucocorticoids, Inhaled:** The length of trial of a preferred product was defined as thirty (30) days.

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

33. **Hepatitis B Treatments:** The length of trial of a preferred product was defined as thirty (30) days.

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

35. **Hypoglycemics,, Incretin Mimetics/Enhancers:** No changes were made to the PA Criteria.

36. **Hypoglycemics, Insulins:** No changes were made to the PA Criteria.
    Apidra was recently approved by the FDA for children four (4) years of age and older.

37. **Hypoglycemics, Meglitinides:** The length of trial of a preferred product was defined as thirty (30) days.

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

39. **Impetigo Agents, Topical:** The length of trial of a preferred product was defined as ten (10) days.

40. **Intranasal Rhinitis Agents:**

    Anticholinergics: Thirty (30) day trials of one preferred product in the antihistamine and corticosteroid groups are required before the anticholinergic agents will be approved unless one of the exceptions on the PA form is present.

    Antihistamines: Thirty (30) day trials of one preferred product in the antihistamine and corticosteroid groups are required before the non-preferred agent will be approved unless one of the exceptions on the PA form is present.

Corticosteroids: Thirty (30) day trials of each preferred product in the corticosteroid group are required before a non-preferred corticosteroid agent will be authorized unless one of the exceptions on the PA form is present.

41. **Leukotriene Modifiers:**. The length of trial of a preferred product was defined as thirty (30) days.

42. **Lipotropics, Other:** A twelve (12) week trial of one of the preferred products is required before a non-preferred agent in the corresponding category will be authorized.

    Lovaza will be approved for the treatment of high triglyceride level (≥400mg/dL) not responsive to, or not a candidate for, other lipid lowering agents (e.g. HMG CoA therapy)
    OR
    The treatment of high triglyceride levels (≥400mg/dL) when the patient is intolerant or not responsive to, or not a candidate for nicotine acid or fibrate therapy.

43. **Lipotropics, Statins:** Twelve (12) week trials each of two (2) of the preferred statins, including the generic formulations of the requested non-preferred agent, are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

44. **Macrolides/Ketolides:** The length of trial of a preferred product was defined as five (5) days.

45. **Multiple Sclerosis Agents:** The length of trial of a preferred product was defined as thirty (30) days.

46. **NSAIDS:** The length of a trial of a preferred product was defined as thirty (30) days.

47. **Ophthalmic Antibiotics:** The length of a trial of a preferred product was defined as five (5) days.

48. **Ophthalmic NSAIDS:** The length of a trial of a preferred product was defined as five (5) days.

49. **Ophthalmic for Allergic Conjunctivitis:** The length of a trial of a preferred product was defined as thirty (30) days.

50. **Ophthalmics, Glaucoma Agents:** No changes were made to the PA Criteria.

51. **Otic Fluoroquinolones:** The length of a trial of a preferred product was defined as five (5) days.

52. **Pancreatic Enzymes:** Thirty (30) day trials each of at least three (3) preferred products are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

    Non-preferred products will be approved for members with cystic fibrosis

53. **Parathyroid Agents:** No changes were made to the PA Criteria.

54. **Pediculicides/Scabicides, Topical:** Trials of the preferred products (which are age and weight appropriate) are required before lindane will be approved unless one of the exceptions on the PA form is present.

55. **Phosphate Binders:** Thirty (30) day trials each of two (2) of the preferred products are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

56. **Platelet Aggregation Inhibitors:** The length of a trial of a preferred product was defined as thirty (30) days.

57. **Proton Pump Inhibitors:** The length of a trial of a preferred product was defined as thirty (30) days.

58. **Sedative Hypnotics:** There were no changes in the criteria.

59. **Stimulants and Related Agents:** The length of a trial of a preferred product was defined as thirty (30) days.

60. **Ulcerative Colitis Agents:** The length of a trial of a preferred product was defined as thirty (30) days.

61. **Miscellaneous Brand/Generic:** No changes were made to the PA Criteria.

A motion was made to accept the changes to the criteria, the motion was seconded, votes were taken and the motion carried.

B. Automated Prior Authorization Application – Update on Implementation and Review of PA Criteria

Ms. Cunningham said the Automated PA system was implemented yesterday, November 18, and the implementation had gone well. She said there were 238 unique requests yesterday and 23 were approved.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a handout of his slide presentation. He summarized the prior authorization process and top edits and overrides for the months of September and October 2008. He reiterated the problems with nursing homes and lost and duplicated medications.

B. Health Information Designs

Joe Paradis, HID discussed the profiles given to the RetroDUR Committee monthly for lock-In consideration. He discussed the utilization of muscle relaxants and statins for Medicaid clients. Ms. Cunningham said that clients are still at the maximum dosage of PPIs and that letters have been sent to prescribers to encourage a step down in dosage or change to an H2 antagonist after the acute phase of treatment has ended.

C. Unisys Report

Eric Sears gave an overview of the Unisys Third Quarter Report.

VI. OTHER BUSINESS

There was no other business discussed.

VII. OPEN TO THE FLOOR

One of the representatives asked about approval of the pancreatic enzymes, especially since there has been discussion regarding designating some as non-drugs by CMS. Ms King responded that the Bureau would wait for further direction from CMS>

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 March 18, 2009, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary