Drug Utilization Review Board Meeting Minutes
April 1, 2009

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

Members Present:
Ernest Miller, D.O, Chairman
Scott Brown, R.Ph, Co-Chairman
Dan Dickman, M.D.
Chris Terpening, PharmD, Ph.D.
John R. Vanin, M.D.
Mary Nemeth-Pyles, MSN, RN, CS.
Lester Labus, M.D.
Greenbrier Almond, M.D.
Steve Judy, R.Ph.
K.C. Lovin, PA-C
David Elliott, PharmD.
Kerry Stitzinger, R.Ph.

Members Absent:
Myra Chiang, M.D.
Karen Reed, R.Ph.
Pat Regan, PharmD.

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

Contract Staff:
Steve Small, R.Ph., Rational Drug Therapy Program
Rob Gesk, R.Ph., Rational Drug Therapy Program
Laureen Biczak, M.D, Goold Health Systems, Inc.
Joe Paradis, R.Ph, Health Information Designs
Eric Sears, R.Ph, Unisys

I. INTRODUCTIONS

Ernest Miller, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE NOVEMBER 19, 2008 MINUTES

Ernest Miller made a correction to the minutes, noting that trials of non-preferred agents should be changed to trials of preferred agents in the prior authorization criteria for the PDL. A motion was made to accept the minutes as amended. The motion was seconded and passed unanimously.

III. OLD BUSINESS

None

IV. NEW BUSINESS

Dr. Miller read the changes to the Preferred Drug List that were made by the Pharmaceutical and Therapeutics Committee (P&T) on February 25, 2009 and the proposed prior authorization criteria for non-preferred drugs.

A. Update of PDL from February 25, 2009 Meeting and PA Critieria

1. **Acne Agents, Topical:** No changes were made to the current PA criteria.

2. **Alzheimer's Agents:** No changes were made to the current PA criteria.

3. **Analgesics, Narcotic-Short Acting:** No changes were made to the current PA criteria.

4. **Analgesics, Topical:** No changes were made to the proposed PA Criteria:
   Ten (10) day trials of each of the preferred topical anesthetics (lidocaine, lidocaine/prilocaine, and xylocaine) are required before a non-preferred topical anesthetic will be approved unless one of the exceptions on the PA form is present.

   Lidoderm patches will be approved for a diagnosis of post-herpetic neuralgia. Thirty (30) day trials of each of the preferred oral NSAIDS and capsaicin are required before Voltaren Gel will be approved unless one of the exceptions on the PA form is present.

   *Flector patches will be approved only for a diagnosis of **acute** strain, sprain or injury after a five (5) day trial of one of the preferred oral NSAIDs and for a maximum duration of 14 days unless one of the exceptions on the PA forms is present.*

   Some discussion ensued about proposed prior authorization criteria which only includes the FDA indication of postherpetic peripheral neuropathy. Current utilization includes treatment for pain associated with fibromyalgia, peripheral neuropathy, diabetic peripheral neuropathy, and lumbago. Ms. Cunningham stated that Medicaid guidelines specify that agents are to be used for FDA approved indications or indications that are widely accepted and supported by peer-reviewed literature. There is very little literature to support utilization for these indications.

5. **Anticonvulsants:** No changes were made to the current PA criteria**.**

6. **Antiemetics:** No changes were made to the current PA criteria.

7. **Antipsychotics:** No changes were made to the current PA criteria.

8. **Bone Resorption Suppression and Related Agents:** No changes were made to the current PA criteria.

9. **BPH Agents:** No changes were made to the current PA criteria.

10. **Cephalosporins and Related Antibiotics (Oral):** No changes were made to the current PA criteria.

11. **Glucocorticoids, Inhaled:** No changes were made to the current PA criteria.

12. **Intranasal, Rhinitis Agents:** No changes were made to the current PA criteria.

13. **Lipotropics, Other:** No changes were made to the current PA criteria.

14. **Muscle Relaxants, Oral:** No changes were made to the proposed PA criteria:

    Thirty (30) day trials of the preferred acute musculoskeletal relaxants are required before a non-preferred acute musculoskeletal agent will be approved, with the exception of carisoprodol. Thirty (30) day trials of the preferred acute musculoskeletal relaxants and Skelaxin are required before carisoprodol will be approved.

    Joe Paradis, Health Information Designs reported on work done by the Retrospective Drug Utilization Committee regarding duplication of therapy with muscle relaxants and concurrent utilization of opioids and muscle relaxants as part of the February and March profile reviews. One hundred eight (108) patient profiles were reviewed in February and one hundred two profiles were reviewed in March. Letters were sent to prescribers and Mr. Paradis will report on the responses at future meetings

15. **Ophthalmic Anti-Inflammatories:** No changes were made to the current PA criteria.

16. **Phosphate Binders:** No changes were made to the current PA criteria.

17. **Proton Pump Inhibitors:** No changes were made to the current PA criteria.

18. **Pulmonary Antihypertensives-Endothelin Receptor Antagonists:** No changes were made to the current PA criteria.

19. **Ulcerative Colitis Agents:** No changes were made to the current PA criteria.

A motion was made to accept the criteria as presented. Motion was seconded and passed unanimously.

B. Update of Over-the-Counter Drug List

Ms. Cunningham said that the most recent version of the covered Over-the-Counter Drug List had been placed on the agenda because of recent changes. These are the additions of topical capsaicin products and milk of magnesia and the removal of mineral oil. No additional changes were recommended.

C. Clinical Web Portal and E-Prescribing Initiatives

Joe Paradis gave a presentation about the Clinical Web Portal which is to be available for Medicaid prescribers and pharmacists soon. User identifications and pin numbers for obtaining passwords will be issued from HID. These will enable the user to access their Medicaid patients' medical and pharmacy profiles. BMS is now working with CMS to assure that all HIPPA privacy requirements have been met for Medicaid members. When CMS has given approval, the Clinical Web Portal will be opened. Prescribers will also be able to submit electronic prior authorization requests through the portal.

Ms. Cunningham stated that E-prescribing software will be available in the portal. Medicaid data will be loaded into SureScripts and prescribers can transmit electronic prescriptions through the portal and to the SureScripts database at no cost. An incentive will be offered to a pilot group of prescribers for six months. This program will be implemented during the third quarter of 2009. Members of the Innovation Community will be invited to be part of the pilot group. More information will be provided at the June 3, 2009, DUR Board meeting. Ms. Cunningham said that BMS was continuing to add therapeutic classes to the Auto PA. She stated that there was a chronic care RFP to be issued soon and that it has the potential for providing a program to reward pharmacists for cognitive services. All of these enhancements for medication management have been funded with Medicaid Transformation grants.

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 discussed the January and February 2009 report on prior authorizations, edit overrides, early refills, duplications of therapy and appeals.

B. Health Information Designs

Joe Paradis gave an overview of the Automated PA system and the work of the RetroDUR Committee, including responses from prescribers and pharmacists who receive intervention letters as a result of the profile reviews. The response rate is approximately 30% and 73% of the responders rated the comments and information received from extremely useful to somewhat useful. He also reported that 1664 general and 667 specific letters were sent to Medicaid prescribers regarding the status change of Depakote and Trileptal to non-preferred agents when their generic equivalents became preferred. Mr. Paradis reported that 1185 prescribers had received letters about patients with medication profiles that met the polypharmacy criteria of 20 or more concurrent drugs. This encompassed a total of 269 unique patients. At this time, 302 responses have been received and 31 prescribers have asked for future drug history profiles for their patients.

Mr. Paradis presented interventions to be considered for the future: diabetic patients who are not treated or are not compliant with lipid lowering agents and patients with osteoporosis being prescribed drugs that may increase the risk of a fall. Board members stated that they felt that it was important to focus on the management of diabetes and approved the intervention regarding the need for treatment with lipid lowering agents. Dr. Dickman suggested that compliance with blood glucose testing supplies should also be evaluated and prescribers informed when their patients are non-compliant with

testing supplies. The Board voted to include this in addition to the lipid lowering agent intervention.

C. Unisys Report

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

VI. OTHER BUSINESS

Ms. Cunningham said that she had neglected to bring a reporting form to be used when Medicaid members want to pay cash for narcotics. This has occurred more often since coverage of short acting opioids has been limited to 120 units per month. This form requires the Medicaid member's signature and can be used at the discretion of the pharmacist. She will bring the form for review at the next meeting.

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 June 3, 2009 from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary