Drug Utilization Review Board Meeting Minutes
November 18, 2009

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

Members Present:
Ernest Miller, DO, Chairman
Scott Brown, R Ph, Co-Chairman
Chris Terpening, PharmD, Ph.D.
John R. Vanin, MD
Mary Nemeth-Pyles, MSN, RN, CS
Lester Labus, MD
Steve Judy, R Ph
K.C. Lovin, PA-C
David Elliott, PharmD
Karen Reed, R Ph
Kerry Stitzinger, R Ph

Members Absent:
Dan Dickman, MD
Greenbrier Almond, MD
Myra Chiang, MD
Pat Regan, PharmD

DHHR/BMS Staff Present:
Peggy King, R Ph, Pharmacy Director
Vicki Cunningham, R Ph, DUR Coordinator
Bill Hopkins, Pharmacy Operations Manager
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
Chad Bissell, PharmD, GHS

I. INTRODUCTIONS

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

II. APPROVAL OF THE SEPTEMBER 16, 2009, MINUTES

A motion was made to accept the minutes of the September 16, 2009, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

None

IV. NEW BUSINESS

Ernest Miller presented the changes to the Preferred Drug List, made at the October 28, 2009, Pharmaceutical and Therapeutics Committee meeting. He asked the Board members for recommendations for changes in prior authorization criteria, based on the updates made to the therapeutic categories. Ms. Cunningham stated that the PA recommendations should include the length of trials for 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. Update from P & T Committee Meeting of October 28, 2009-PA Critieria for Non-preferred Drugs

1. **Acne Agents, Topical-** No changes were made to the PA Criteria.

2. **Analgesics, Narcotic Short Acting:** Fentanyl logenzes and Onsolis will only be approved for a diagnosis of cancer and as an adjunct to a long-acting agent. Neither will be approved for monotherapy.

3. **Analgesics, Narcotic Long Acting:** Dose optimization is required for achieving equivalent doses of Kadian 80mg and 200mg, since these strengths are non-preferred.

4. **Angiotensin Modulators**: No changes were made to the PA criteria.

5. **Anticonvulsants:** Non-preferred anticonvulsants will be approved for patients on established therapies with a diagnosis of seizure disorders and trials of preferred agents are not required. In situations where AB-related generic equivalent products are available, “Brand Medically Necessary” must be handwritten by the prescriber on the prescription in order for the brand name product to be reimbursed.

   Ms. Cunningham said that there would be an article in the newsletter to refresh everyone on the rules for generics, criteria for obtaining the brand name product when appropriate and use of the Med Watch forms.

6. **Antidepressants, Other:** Savella will be approved for a diagnosis of fibromyalgiaor a previous (30) day trial with one of the commonly used treatment agents inferring a fibromyalgia diagnosis, such as Cymbalta, Lyrica, gabapentin, amitriptyline or nortriptyline.

   Selected TCAs: A twelve (12) week trial of imipramine HCl is required before a non- preferred TCA will be authorized.

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

8. **Antimigraine Agents, Triptans:** Three (3) day trials of each unique chemical entity of the preferred agents are required before a non-preferred agent will be approved, unless one of the exceptions on the PA form is present. Quantity limits apply for this drug class.

9. **Antipsychotics, Atypical:** Abilify will be approved for children between the ages of 6-17 for irritability associated with autism**.**

   Treatment of Major Depressive Disorder (MDD)-
   Abilify will be prior authorized for MDD if the following criteria are met:
   1. The patient is at least 18 years of age.
   2. Diagnosis of Major Depressive Disorder (MDD).
   3. Evidence of trials of appropriate therapeutic duration, at a maximum tolerable dose, of one agent in at least two (2) of the following classes: Selective Serotonin Reuptake Inhibitors (SSRI), Norepinephrine Reuptake Inhibitors, or bupropion.
   4. Prescribed in conjunction with an SSRI, SNRI or bupropion.
   5. The daily dose does not exceed 15 mg.

10. **Antivirals:** No changes were made to the PA Criteria.

11. **Beta Blockers:** Ranexa will be approved for patients with angina who are also taking a calcium channel blocker, a beta blocker, or a nitrate as single agents or a combination agent containing one of these ingredients

12. **Bladder Relaxant Preparations:** No changes were made to the PA Criteria.

13. **Bone Resorption Suppression and Related Agents:** A thirty day trial of the preferred agent is required before a non-preferred agent will be approved.

14. **Bronchodilators, Beta Agonist:** No changes were made to the PA Criteria.

15. **Cephalosporins and Related Antibiotics:** No changes were made to the PA criteria.

16. **Cytokine and CAM Antagonists:** Thirty day trials of each of the preferred agents are required before a non-preferred agent will be approved.

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

18. **Hypoglycemic, Incretin Mimetics/Enhancers:** Byetta and Symlin will be subject to the following clinical edits:

    Byetta-Approved with a previous history of a trial of an oral agent (sulfonylurea, thiazolindinedione (TZD) and/or metformin) and no evidence of concurrent insulin therapy

    Symlin – History of insulin utilization in the past 90 days. No gaps in insulin therapy greater than 30 days

    Oral: Januvia/Janumet will be subject to the following clinical edit:

    Januvia/Janumet will be approved with a previous history of a thirty-day of an oral agent (sulfonylurea, thiazolindinedione (TZD) and/or metformin) and no evidence of concurrent insulin therapy.

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

20. **Hypoglycemics, TZDs:** Actos 15 mg is the preferred thiazolidinedione and dose optimization is required for achieving equivalent doses of Actos 30 mg. and 45 mg.

    Prescriptions for Avandia and combination agents containing Avandia will be grandfathered for patients on established therapy with a prior trial of Actos or having a diagnosis of CHF.

    Treatment naive patients require a two (2) week trial of Actos 15mg before Avandia will be authorized unless one of the exceptions on the PA form is present.

    Patients are required to use the components of ActosplusMet and Duetact separately. Exceptions will be handled on a case-by-case basis.

21. **Impetigo Agents, Topical:** No changes were made to the PA Criteria

22. **Intranasal Rhinitis Agents:** Veramyst will be approved for children less than 12 years of age.

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

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

25. **Ophthalmic Antibiotics:** Agents in this class are limited to patients over the age of 21 years. Age exceptions will be handled on a case-by-case basis.

26. **Ophthalmic Anti-Inflammatories:** No changes were made to the PA Criteria.

27. **Ophthalmics for Allergic Conjunctivitis:** No changes were made to the PA Criteria.

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

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

30. **Pancreatic Enzymes:** No changes were made to the PA Criteria.

31. **Parathyroid Agents:** No changes were made to the PA Criteria. ***See List of covered Vitamin D Products on the BMS Website: http://www.wvdhhr.org/bms/sPharmacy/PDL/rt27393_wv_preferred_vitamin_d.pdf**

32. **Pediculicides/Scabicides, Topical:** No changes were made to the PA Criteria.

33. **Platelet Aggregation Inhibitors:** A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.

Effient will be approved for acute coronary syndrome when it is to be managed by acute or delayed percutaneous coronary intervention (PCI). Three-day emergency supplies of Effient are available when necessary Steve Wolfarth, a representative from Eli Lilly, spoke about the indications, efficacy and appropriate use of Effient.

34. **Pulmonary Anti-Hypertensives-Endothelin Receptor Antagonists:** No changes were made to the PA Criteria.

35. **Proton Pump Inhibitors**-Thirty day trials of each of the preferred agents are required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.

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

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

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

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

A motion was made to accept the changes to the criteria for therapeutic categories which were changed at the last P&T Committee meeting. The motion was seconded, votes were taken and the motion carried.

B. Draft Criteria – Mozobil

A motion was made to accept the criteria as presented, the motion was seconded, votes were taken and the motion carried.
(See Attachment A.)

C. Draft Criteria –Sprycel

A motion was made to accept the criteria as presented, the motion was seconded, votes were taken and the motion carried.
(See Attachment B.)

D. DAW-1 Policy- The Dispense as Written (DAW-1) policy for anticonvulsants was discussed during the review of the anticonvulsant therapeutic class. The brand name will be approved without a trial of generic agents if there is a diagnosis of seizure disorder present. When a brand name drug is prescribed and there is a therapeutically equivalent generic agent available, the prescriber must write "Brand Medically Necessary", per Federal law, in order for the pharmacy to be reimbursed for the Brand amount.

REPORTS

V. 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 2009.

Mrs. Peggy King discussed Suboxone utlilization and drug abuse.

A. Health Information Designs

Joe Paradis, HID, discussed the utilization of Alzheimer's/Dementia drugs for Medicaid clients when a supporting diagnosis was not present. Letters were sent to prescribers regarding these drugs and the need for a supporting diagnosis.

He said that all PPI prescribers received letters alerting them that Prevacid will become a non-preferred agent on 1/1/2010 and that their patients (listed in each letter) would need a new prescription for one of the preferred agents, Kapidex or Nexium. There was also a mailing regarding the non-preferred status of Effexor XR on 1/1/10 and a list of their patients requiring a prescription for another preferred agent, including Venlafaxine ER.

Mr. Paradis discussed diabetic patients and poor compliance with lipid lowering therapies. An educational intervention targeting prescribers with patients who have diabetes and other cardiovascular risk factors, that are not taking antihyperlipidemics or are not compliant with their therapy, was proposed. The Board approved this intervention.

B. Unisys Third Quarter Report

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

VI. OTHER BUSINESS

The DUR Calendar dates for 2010 are:

February 3, 2010
May 5, 2010
September 22, 2010
November 17, 2010

VII. OPEN TO THE FLOOR

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 February 3, 2010, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary