Drug Utilization Review Board Meeting Minutes
February 3, 2010

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

Members Present:
Ernest Miller, D.O., Chairman
Scott Brown, R.Ph., Co-Chairman
Chris Terpening, PharmD, Ph.D.
John R. Vanin, M.D.
Lester Labus, M.D.
Steve Judy, R.Ph.
K.C. Lovin, PA-C
David Elliott, PharmD
Karen Reed, R.Ph.
Dan Dickman, M.D.
Greenbrier Almond, M.D.
Myra Chiang, M.D.
Pat Regan, PharmD

Members Absent:
Kerry Stitzinger, R.Ph.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.

DHHR/BMS Staff Present:
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
John Grotton, R.Ph., Goold Health Services

I. INTRODUCTIONS

Scott Brown, Co-Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE NOVEMBER 18, 2009, MINUTES

A motion was made to accept the minutes of the November 18, 2009, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Member Signature Form – Waiver for cash payments for medications exceeding Medicaid quantity limits.

Ms. Cunningham stated that the cash waiver form was approved by the attorneys and is posted on our website for pharmacists to use. She said the forms would be helpful for

identifying Medicaid members who may need to be included in an intensive benefits management program and prescribers who may be prescribing controlled substances inappropriately. The information gained from these forms can also be used by the Medicaid fraud unit when investigating claims for inappropriate use of Medicaid services.

IV. NEW BUSINESS

A. Update from P & T Committee Meeting of January 27, 2010-PA Critieria for Non-preferred Drugs

The following prior authorization criteria was reviewed by the Board for the additions and changes made to the Preferred Drug List by the Pharmaceutical and Therapeutics (P&T) Committee on January 27, 2010:

1. **PDE-5 Agents: This is a new sub-class of the pulmonary antihypertensive agents. Viagra (sildenafil) 25 mg. and Cialis (tadafil) 20 mg. are the preferred agents and Revatio (sildenafil) 20 mg. and Adcirca (tadalafil) 20 mg. are non-preferred agents. PA Criteria:** Agents in this class will only be approved for a diagnosis of Pulmonary Arterial Hypertension (PAH). A trial of the preferred agents, corresponding to the chemical component requested, will be required for at least 14 days before a non-preferred agent will be authorized.

2. **Ophthalmic Anti-Inflammatories: Acuvail (ketorolac tromethamine) was added to the non-preferred agents. PA Criteria:** Five (5) day trials of each of the preferred ophthalmic anti-inflammatory agents are required before non-preferred agents will be authorized unless one of the exceptions on the PA form is present.

3. **Ophthalmics for Allergic Conjunctivitis: Bepreve (bepotastine) was added to the list of non-preferred agents. PA Criteria:** Thirty (30) day trials of each of two (2) of the preferred agents are required before non-preferred agents will be authorized unless one of the exceptions on the PA form is present.

4. **NSAIDS: Cambia (diclofenac) and Zipsor (diclofenac potassium) were added to the non-preferred agents. PA Criteria:** Thirty (30) day trials of each of the preferred agents are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

5. **Analgesics, Narcotic Long Acting: Fentanyl transdermal patches were made preferred. Duragesic transdermal patches and Embeda (morphine/naltrexone) were added to the non-preferred agents.**
PA Criteria: Six (6) day trials of each of a total of four (4) preferred narcotic analgesics, including at least one long-acting agent, are required 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.

   Dose optimization is required for achieving equivalent doses of Kadian 80 mg and 200 mg.

Exception: Oxycodone ER will be authorized if a diagnosis of cancer is submitted without a trial of the preferred agents.

6. **Multiple Sclerosis Agents: Extavia (interferon beta 1b) was added to the list of non-preferred agents. PA Criteria:** A 30-day trial of a preferred agent will be required before a non-preferred agent will be approved.

   Tysabri will only be approved for members who are enrolled in the TOUCH Prescribing Program.

7. **Stimulants and Related Agents: Intuniv ER (guanfacine ER) was added to the list of non-preferrred agents. PA Criteria:** Intuniv ER will be approved only after thirty (30) day trials of at least one product from of all chemically unique entities of preferred stimulants (amphetamine and non-amphetamine), as well as Strattera and generic quanfacine, unless one of the exceptions on the PA form is present.

8. **Lipotropics, Statins: Livalo (pitavastatin) was added to the list of non-preferred agents. PA Criteria:** Twelve (12) week trials of each of two (2) of the preferred statins, including the generic formulation of a 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.

9. **Hypoglycemic, Incretin Mimetics/Enhancers: Onglyza (saxagliptin) was added to the list of preferred agents. PA Criteria:** Onglyza and Januvia/Janumet will be subject to the following clinical edits in the automated prior authorization system:

   Previous history of a 30-day of an oral agent (sulfonylurea, thiazolindinedione (TZD) or metformin) and no evidence of concurrent insulin therapy.

10. **Direct Renin Inhibitors**; **Valturna was added to the list of preferred agents**. **PA Criteria:** Valturna will be subject to clinical edits in the automated prior authorization system and will be authorized for patients who have met the criteria for Tekturna and who are also being prescribed valsartan.

11. **Anticonvulsants: Sabril (vigagabatrin) was added to the list of non-preferred agents. PA Criteria:** A fourteen-day trial of one of the preferred agents in the corresponding sub-class 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.

    Non-preferred anticonvulsants will be approved for patients on established therapies with a diagnosis of seizure disorders with no trials of preferred agents required.

12. **Antipsychotics, Atypical: Saphris was added to the list of non-preferred Agents. PA Criteria:** A fourteen day trial of a preferred agent is required for treatment naïve patients before a non-preferred agent will be approved unless one of the exceptions on the PA form is present. Upon discharge, a hospitalized

patient on a non-preferred agent may receive authorization to continue this drug for labeled indications and at recommended dosages.

Abilify will be approved for children between the ages of 6-17 for irritability associated with autism**.**

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 (30 days), at the maximum tolerable dose, of at least one agent in two of the following classes: SSRI, SNRI or bupropion in conjunction with Seroquel XR or Seroquel at doses of 150 mg* or more.
4. Prescribed in conjunction with an SSRI, SNRI or bupropion.
5. The daily dose does not exceed 15 mg.

*****The FDA indicated dosage for Seroquel XR as an add-on for Major Depressive Disorder is 150-300mg.

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

B. Draft Criteria – Oforta

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. Proposed Changes to Zyvox PA Criteria

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. Proposed Changes to Suboxone/Subutex Criteria

The proposed criteria was discussed and additional criteria was suggested. Ms. Cunningham said that the criteria would be taken back to the workgroup and presented again at the May Board meeting. Members of the pharmacy staff are working to coordinate requirements for Suboxone/Subutex prior authorization in coordination with a medical treatment program. Members of the BMS staff are working with staff from the Behavioral Health and Health Facilities (BHHF) Bureau to create a comprehensive program for opioid addiction treatment and the management of Suboxone/Subutex.
(See Attachment C.)

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 November and December 2009. Mr. Small stated that the prior authorization process had gone smoothly with the implementation of

the PDL changes on January 1, 2010. He complimented the educational efforts that had been made and attributed the smooth transition, in large part, to those efforts.

B. Health Information Designs

Joe Paradis, HID, discussed the Lock-In Program and the proposed changes to the Lock-In Process.

Mr. Paradis discussed using drug markers to indicate cardiac disease and identifying gaps in therapy for treatment of this condition. The Retrospective Drug Utilization Committee has been focusing on these treatment gaps in their monthly retrospective reviews. Long term use of short acting opioids, patients with diabetes and no lipid lowering therapy, duplicate long acting stimulants, and stimulant use in young children were also discussed for future educational interventions.

C. Unisys Third Quarter Report

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

VI. OTHER BUSINESS

A representative from Bristol Myers Squibb stated his concern that patients who were taking Effexor XR may not have transitioned to a preferred antidepressant after January 1, but may not be getting any agent to treat their depression. Since the number of prior authorization requests for non-preferred SNRIs reported by RDTP was so low, he voiced concern that patients had discontinued their medication instead of switching. He mentioned a study done by Steven Sumerai, et al regarding access to mental health agent and the effect of prior authorization on that access. Ms. Cunningham responded that a report would be done to track the patients who filled prescriptions for Effexor XR in December and switched to Venlafaxine ER in January, switched to another antidepressant, or who did not receive any antidepressant in January. (Antidepressants in the tricyclic group will be excluded in this report.)

There was also some discussion about confusion for patients on strengths of Actos that were not preferred and if they continued their therapy. Ms Cunningham said that a report would be done on members who received Actos in December and January to assess if members continued the medication.

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 May 5, 2010, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary