Drug Utilization Review Board Meeting Minutes
May 5, 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
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.
Myra Chiang, M.D.
Pat Regan, PharmD
Kerry Stitzinger, R.Ph.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Chris Terpening, PharmD, Ph.D.

Members Absent:
Dan Dickman, M.D.
Greenbrier Almond, M.D.

DHHR/BMS Staff Present:
Vicki Cunningham, R.Ph, DUR Coordinator
Peggy King, R.Ph, Pharmacy Director
Gail Goodnight, R.Ph, Rebate 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, Molina Medicaid Solutions
Chad Bissell, PharmD, 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 FEBRUARY 3, 2010, MINUTES

A motion was made to accept the minutes of the February 3, 2010, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Suboxone/Subutex PA Criteria and Implementation of Suboxone Program-Phase I

Prior Authorization Form – Suboxone – Scott Brown read the draft prior authorization (PA) criteria to the Board. Ms. Cunningham said the previous criteria had only required a PA for doses above 32 mg, but that utilization had increased sharply since the criteria was previously discussed. She also stated that requiring the prescriber to be enrolled with Medicaid and billing for addiction treatment and/or management services would help to ensure the drug is being used appropriately. A motion was made to accept the criteria as presented, the motion was seconded, votes were taken and the motion carried. Scott Brown stated that the Cash Exception Form should be included in the mailings sent to prescribers.

B. **Venlafaxine ER Utilization Report** – Data regarding the transition on January 1, 2010 from Effexor XR to Venlafaxine ER as the preferred form of Venlafaxine was discussed. There were 1,753 members on Effexor XR in December and by the end of February 2010, 78% of them had switched to Venlafaxine ER, switched to another antidepressant, or met the PA criteria to continue therapy with Effexor XR.

C. **Actos** – Data regarding the transition to Actos 15 mg. from other strengths of Actos and as the only preferred thiazolidinedione on the PDL was also discussed. Of the 1630 members with claims for Actos in December 2009, 86% of them had claims for Actos 15 mg at the end of February 2010. Ms. Cunningham told the Board that Unisys was developing a text edit to inform pharmacists of preferred agents, when needed in special situations, due to the Board's suggestion during a previous meeting. The members agreed that this would be a valuable tool to remind pharmacists of this type of PDL change in the future.

IV. NEW BUSINESS

A. **Update from P & T Committee Meeting of April 21, 2010-**
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 April 21, 2010:

1. **Analgesics, Narcotic – Long Acting:** Six (6) day trials each of two preferred unique chemical entities are required before a non-preferred agent will be approved unless one of the exceptions on the PDL 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.

2. **Antivirals (Topical):** (This subclass was added to the PDL on April 21, 2010.) Five day trials of each of the preferred agents are required before the non-preferred agent will be authorized unless one of the exceptions on the PDL form is present.

3. **Glucocorticoids (Topical):** (This subclass was added to the PDL on April 21, 2010.) Five day trials of one form of each of the preferred unique active ingredients are required before the non-preferred agent will be approved.

4. **Hypoglycemics, Incretin Mimetics/Enhancers:** Byetta, Victoza, and Symlin will be subject to the following clinical edits: Byetta and Victoza will be approved with a previous history of a thirty (30) day 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.

5. **Multiple Sclerosis Agents –** Ampyra, a new entity was added to the non-preferred list of agents in this category.
Ampyra will be prior authorized if the following conditions are met:
(1) Diagnosis of multiple sclerosis
(2) No history of seizures
(3) No evidence of moderate or severe renal impairment.
(4) Prior authorizations will be limited to 30 days for the initial prescription.

6. **Pulmonary Antihypertensives (Prostacyclins):** (This subclass was added to the PDL on April 21, 2010.) Ventavis will only be approved for the treatment of pulmonary artery hypertension (WHO Group 1) in patients with NYHA Class III or IV symptoms. Remodulin and Tyvaso will be approved only after a 30-day trial of Ventavis unless one of the exceptions on the PA form is present.

7. **Tetracyclines:** (This class was added to the PDL on April 21, 2010.) A ten-day trial of each of the preferred agents is required before a non-preferred agent will be approved. Declomycin will be approved for conditions caused by susceptible strains of organisms designated in the product information supplied by the manufacturer. A C&S report must accompany requests for authorization of Declomycin. Declomycin will also be approved SIADH. *For those who meet the PA requirements, brand Declomycin is preferred over the generic.

8. **Vaginal Antibacterials:** (This class was added to the PDL on April 21, 2010.) A trial, the duration of the manufacturer's recommendation, of each of the preferred agents is required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.

9. **Nitrolingual and Nitromist:** (Added to the Miscellaneous Class on April 21, 2010.) Thirty (30) day trials of each of the corresponding preferred agent(s) are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.

A discussion ensued regarding Januvia and Janumet, included in the the oral incretic mimetic/enhancer therapeutic class. Since Januvia has recently received FDA approval for concurrent use with insulin, there were questions regarding the need for changes to the PA criteria. Ms. Cunningham responded that, although approval had been given for the combination, it does not appear to be a cost effective way to lower HgBA1C. Studies have shown that the average change in HgBA1C with Januvia is between -0.48%-0.61% and stated that if patients were that close to goal, it could be approved for patients on insulin, but that a small increase in the insulin dose would be more cost effective and convenient for the patient. She said that she had not revised the criteria because concurrent use with insulin did not seem to be cost effective and cited the current VA criteria for sitagliptin as a non-preferred agent. The Board agreed that the criteria did not need to be changed.

B. Draft PA Criteria – Xifaxin 550 mg.

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. Prior Authorization Form Update

Prior Authorization Forms are being revised and will be in MediWeb and on the BMS website in July. The forms can be submitted electronically through MediWeb or completed on the website for downloading and faxing.
(See Attachment B.)

D. MediWeb – Clinical Web Portal

Ms. Cunningham said that enrollments packets had been mailed to all enrolled prescribers and pharmacy providers. Enrollment applications can be submitted at any time. Electronic prescribing is expected to be made available in the portal on July 1, 2010.

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 January, February and March 2010.

B. Health Information Designs

Joe Paradis, HID, discussed the Suboxone mailing that would be going out to enrolled and non-enrolled prescribers. He gave an overview of the non-adherence with lipid lowering therapy intervention done in December 2009. After six months, changes in therapy will be measured. He reported on the monthly profile reviews done by the Retrospective DUR Committee and proposed a population-based educational intervention regarding the inappropriate use of stimulants, including therapeutic duplication of long-acting agents, high doses and utilization in children under 5 years of age. He also reported that an educational intervention regarding the long term use of short-acting opioids was planned for May.

A motion was made to accept the proposed intervention regarding stimulant class of medications. The motion was seconded and passed unanimously.

C. Unisys 1st Quarter Report

Eric Sears gave an overview of the Unisys First Quarter Report. An overall quarterly summary report has been added to the quarterly reports prepared for the Board and Mr. Sears reported from this summary.

VI. OTHER BUSINESS

No other business was discussed.

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 September 22, 2010, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary