Drug Utilization Review Board Meeting Minutes
September 22, 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
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.
Greenbrier Almond, M.D.

Members Absent:
Scott Brown, R.Ph, Co-Chairman
Dan Dickman, M.D.

DHHR/BMS Staff Present:
James Becker, MD, Medical Director
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 Systems

I. INTRODUCTIONS

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

II. APPROVAL OF THE MAY 5, 2010, MINUTES

A motion was made to accept the minutes of the May 5, 2010, DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Edit 205 – Text for non-preferred strengths of certain drugs

Dr. Miller read the information returned with Edit 205, developed specifically for drugs with limited strengths preferred. Edit 205 now returns information for non-preferred strengths of Cozaar, Avandia, Asacol, Pentasa, and Kadian to inform the pharmacist of the preferred strength. When Effexor XR is requested, Edit 205 fires and informs the pharmacists that Venlafaxine ER (Labeler Code 65580) is the preferred dosage form of extended release venlafaxine.
(Attachment A)

B. Revised PA Forms

Ms. Cunningham stated that prior authorization forms have been updated and now use technology which allows them to be completed on the BMS website, printed and faxed to the Rational Drug Therapy Program (RDTP) or completed in the MediWeb Portal and submitted electronically. The program used for form development employs smart form technology which highlights improperly completed cells and allows expansion of text boxes to an unlimited number of characters.

C. PA Criteria reconciliation for PA Forms

Ms Cunningham said that some of the criteria previously adopted by the Board had been updated and the forms were reconciled to reflect the changes. She asked the Board to review the changes, including elimination of the GI Risk Scale for approval of the COX-2 Inhibitors and a reduction from two to one stimuli tests as a requirement for the approval of growth hormone for children. A vote was taken and the criteria and forms were unanimously approved.

D. Suboxone Criteria

Ms. Cunningham reported that the Suboxone Prior Authorization Criteria had been implemented on August 1, 2010. She asked the Board to review the criteria once more since one of the previously approved requirements, a limit of one pharmacy for each member being treated with Suboxone or Subutex, could not be implemented until the new Retrospective Drug Utilization Review contract took effect. The Board unanimously approved the changes in the criteria.

IV. NEW BUSINESS

A. Update from P & T Committee Meeting of August 25, 2010, PA Criteria for drugs that are line extensions:

Ms. Cunningham said since the Health Care Reform legislation had changed some rebate rules, line extension drugs that were preferred drugs had become much more expensive and were moved from preferred to non-preferred. The Pharmaceutical and Therapeutics Committee convened in August to address the effects of the changes on the PDL. The P&T Committee made the following agents non-preferred on August 25, 2010 and draft prior authorization criteria was reviewed and adopted by the Board All changes will take effect on October 1, 2010.

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Alzheimer's Agents: Aricept 23 mg and Aricept ODT
Aricept 23 mg tablets will be approved when there is a diagnosis of moderate-to-severe Alzheimer's disease, a trial of Aricept 10mg daily for at least three (3) months, and Aricept 20mg daily for an additional one (1) month.
Aricept ODT will be approved for patients that are unable to swallow.

Analgesics, Long Acting: Opana ER
Members established on Opana ER with a diagnosis of cancer may continue current therapy through 11/30/2010. After that date, the current PA criteria will remain for all agents in the class.

Anticonvulsants: Keppra XR
Members established on Keppra XR may continue current therapy. Current PA criteria for the class will remain.

Antimigraine Agents, Triptans: Maxalt MLT will now be non-preferred and naratriptan will be preferred. Established criteria (found on August 1, 2010, version 2010.26) will remain.

Antipsychotics, Atypical: Seroquel XR
Members established on Seroquel XR with a diagnosis of schizophrenia may continue current therapy through 11/30/2010. After that time, a switch to a preferred agent will be required. In the case of Abilify for Major Depressive Disorder, a trial of Seroquel will be required in place of Seroquel XR (version 2010.26 of PDL). Current PA criteria for the class will remain.

Bladder Relaxant Preparations: Detrol LA, Sanctura XR and trospium
Toviaz will be designated as preferred and Detrol LA, Sanctura XR and trospium will be non-preferred. Current criteria for the class will remain in place.

Lipotropics, Statins: Lescol XL, Simcor 500/40mg and 1000/40mg
Current PA criteria will remain.

Stimulants and Related Agents: Focalin XR 40 mg.
Daytrana will be preferred and Focalin XR 40mg will be non-preferred. Two Focalin XR 20mg may be used instead. Current PA criteria will remain.

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

B. Presentation – Synagis (at manufacturer's request)
Dr. Drew Bernstein from Medimmune presented information on Synagis.

C. Presentation – Lotronex (at manufacturer's request)
No presentation was given.

D. Draft PA Criteria - Lotronex
Dr. Miller read the draft PA criteria and it will be voted on at the next meeting.
See Attachment B

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 June, July and August 2010.

B. Health Information Designs

Joe Paradis, HID, discussed the Seroquel XR, Opana ER and Suboxone mailings. He also reported on the recent DUR interventions: the long term use of short acting opioids and the chronic use of opioids and benzodiazepines.
See Attachment C

Ms. Cunningham said the next project for the pharmacy program reviews will be focused on the inappropriate utilization of opioids, including the requirement of a supporting diagnosis for chronic opioid therapy. The Retrospective Drug Utilization Committee, which meets monthly, will focus on opioid utilization with their profile reviews.

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C. Molina Second Quarter Report

Eric Sears gave an overview of the Molina Second Quarter Report.

VI. OTHER BUSINESS

Ms. Cunningham said that WVeScript, a free ePrescribing tool for enrolled Medicaid providers, was launched on September 15, 2010. It is available in the clinical web portal, WV MediWeb, and can be used for all patients, not just those insured by Medicaid.

VII. OPEN TO THE FLOOR

A representative from Wockhardt Pediatric Care, Kenon Keiser, commented on BromfedDM and its designation as a non-covered drug on the WV Medicaid PDL. He stated that Bromfed DM was the only FDA approved non-narcotic cough and cold formulation available for children and that prescribers should have access to it for their patients. Ms. King replied that coverage of cough and cold products was optional for Medicaid programs, but that the products covered by WV Medicaid were all listed on the CMS rebate tape and therefore met the definition of a covered drug for Medicaid Programs.

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 November 17, 2010, from 4:00 p.m.-6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary