

# Drug Utilization Review Board Meeting Minutes

## March 2, 2011

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.  
Kc Lovin, PA-C  
David Elliott, PharmD  
Myra Chiang, M.D.  
Chris Terpening, PharmD, Ph.D.  
Greenbrier Almond, M.D.  
Scott Brown, R.Ph, Co-Chairman  
Kerry Stitzinger, R.Ph.  
Randall James, D.O.

### **Members Absent:**

Karen Reed, R.Ph.  
Pat Regan, PharmD  
Mary Nemeth-Pyles, M.S.N., R.N., C.S.

### **DHHR/BMS Staff Present:**

Vicki Cunningham, R.Ph., DUR Coordinator  
Peggy King, R.Ph., Pharmacy Director  
James Becker, M.D., Medical Director  
Bill Hopkins, Pharmacy Operations Manager  
Lynda Ahmad, Secretary

### **Contract Staff:**

Steve Small, R.Ph., Rational Drug Therapy Program  
Eric Sears, R.Ph., Molina Medicaid Solutions  
Chad Bissell, PharmD, Goold Health Systems  
Doug Brink, PharmD, ACS

## **I. INTRODUCTIONS**

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

Ms. Cunningham introduced Dr. Randall James from St. Mary's Hospital in Huntington as a new member of the Board. She noted that he is a pain management specialist and that his expertise will be very helpful in establishing an opiate management program.

A moment of silence was observed in honor of Steve Judy, R.Ph., who passed away on January 29, 2011. Mr. Judy had been a member of the DUR Board since it was established, previously served as chairman, and made many other contributions to the pharmacy profession.

## II. APPROVAL OF THE NOVEMBER 17, 2010, MINUTES

Ms. Cunningham made a correction to the minutes regarding the status of line extension drugs. She said that only certain line extensions in selected therapeutic categories became non-preferred and not "all line extensions" as was stated in the minutes from the September 22, 2010 meeting. A motion was made to accept the minutes of the November 17, 2010, DUR Board meeting as corrected. The motion was seconded and passed unanimously.

## III. OLD BUSINESS

### A. **Vivitrol® Prior Authorization (PA) Criteria Revisions**

Dr. Miller read the Vivitrol® draft prior authorization criteria with amendments added to parallel the Suboxone® prior authorization criteria as appropriate. A motion was made to accept the criteria as written. The motion was seconded and passed unanimously.

#### **Attachment A**

## IV. NEW BUSINESS

### A. **Gilenya® – Speaker – Request from Manufacturer**

Tanner Odam and Ijaz Ahmad, representing Novartis pharmaceuticals, presented information on Gilenya®.

### B. **Update from P & T Committee Meeting of January 26, 2011 – PA Criteria for Non-preferred Drugs** **Attachment B**

Dr. Miller read the list of changes that were made to the PDL during the January 26, 2011, Pharmaceutical and Therapeutics Committee meeting. These changes in drugs, in addition to changes in prior authorization criteria for the corresponding therapeutic categories, are listed below.

1. **Acne Agents (Topical)** – Avar® and Zencia® were added as non-preferred agents.

**PA Criteria:** Thirty (30) day trials each of one preferred retinoid and two unique chemical entities in two other subclasses, including the generic version of a requested non-preferred product, are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present. (In cases of pregnancy, a trial of retinoids will not be required.) In addition, thirty day trials

of combinations of the corresponding preferred single agents available are required before non-preferred combination agents will be authorized.

2. **Angiotension Modulators** – Tekamlo® and Amturnide® were added as preferred agents.

**PA Criteria:** Tekturna HCT®, Valtorna®, Tekamio® or Amturnide® will be approved if the criteria for Tekturna® are met and the patient needs the other drugs in the combination.

3. **Anticoagulants** - Pradaxa® was added as a preferred agent.

**PA Criteria:** Pradaxa will be reviewed in the automated PA system. RxPert, and approved for the diagnosis of non-valvular atrial fibrillation.

4. **Antiemetics** – Granisol® was added as non-preferred.

**PA Criteria:** A three (3) day trial of a preferred agent is required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present. PA is required for ondansetron when limits are exceeded.

5. **AntiParkinson's Agents (Oral)** - Lodosyn® was added as a non-preferred agent.

**PA Criteria:** Patients starting therapy on drugs in this class must show a documented allergy to all of the preferred agents in the corresponding class before a non-preferred agent will be authorized.

6. **Bone Resorption Suppression and Related Agents** - Atelvia® was added as non-preferred.

**PA Criteria:** A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved.

7. **Cough and Cold/1<sup>st</sup> Generation Antihistamines**-Codeine/promethazine, guaifenesin/codeine, phenylephrine/codeine/promethazine, phenylephrine/phenyltoloxamine/chlopheniramine, phenylephrine/pyrilamine/chlorpheniramine and benzonatate capsules were removed from the cough and cold list and will no longer be covered. Delsym® was added as a preferred product. A complete list of cough and cold agents can be found on the Bureau's website at [http://www.dhhr.wv.gov/bms/Pharmacy/Documents/bms\\_pharm\\_Cough\\_Cold\\_Meds.pdf](http://www.dhhr.wv.gov/bms/Pharmacy/Documents/bms_pharm_Cough_Cold_Meds.pdf). Since this category is optional for coverage, agents not listed are not covered.

#### **Attachment C**

8. **Hyperuricemia and Gout Agents**-This is a new category that was added to the PDL.

**PA Criteria:** A 30-day trial of one of the preferred agents (allopurinol, colchicine/probenecid, and probenecid) for the prevention of gouty arthritis

attacks is required before one of the non-preferred agents (Colcrys®\*, Uloric®, and Zyloprim®) will be approved unless one of the exceptions on the PA form is present. \*In the case of acute gouty attacks, a 10-day supply (20 tablets) of Colcrys® will be approved every 90 days without a PA.

9. **Hypoglycemics, Incretin Mimetics/Enhancers** – Kombiglyze XR® was added as a preferred combination drug.

**PA Criteria:** Januvia/Janument, Onglyza and Kombiglyze XR will be subject to the following clinical edits:

- 1) Previous history of a 30 day trial of an oral agent (sulfonylurea, thiazolidinedione (TZD) or metformin
- 2) Onglyza® and Kombiglyze XR® will not be approved for concurrent therapy with insulin.
- 3) Januvia®/Janumet® will be approved for concurrent therapy with insulin for three month intervals. For re-authorization, HgBA1C levels must be ≤7. Current lab values must be submitted

10. **Multiple Sclerosis Agents – Gilenya®** was added as a non-preferred agent, with specific criteria in regard to the current PA criteria.

**Current Criteria:** A 30-day trial of a preferred agent will be required before a non-preferred agent will be approved.

Gilenya® prior authorization criteria:

1. A diagnosis of relapsing form of multiple sclerosis AND
2. Medication is prescribed by a neurologist AND
3. History of thirty (30) day trial of one of the preferred agents from either of the subclasses for multiple sclerosis unless one of the exceptions on the PA form is present AND
4. Dosage is limited to one tablet per day.

11. **Ophthalmic Anti-Inflammatories-Bromday®** was added as a non-preferred agent.

**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.

12. **Miscellaneous Brand/Generic-Beyaz®** was added as a non-preferred agent in the selected oral contraceptive category.

**PA Criteria:** A thirty (30) day trial of each preferred unique chemical entity in the corresponding therapeutic category is required before a non-preferred agent will be authorized.

A motion was made and seconded to accept the proposed prior authorization criteria reviewed. Votes were taken and the motion passed unanimously.

Ms. Cunningham asked the Board to look at a cover sheet that had been developed for the PDL. It lists all of the conditions, especially those regarding trials of preferred brand/generic equivalents, preferred formulations of active ingredients, non-preferred isomers of preferred parent drugs and samples of non-preferred agents that were previously mentioned as footnotes. Explanations of the abbreviations used throughout are also detailed on the page. Dr. Miller asked the Board to look at the cover page more thoroughly and e-mail suggestions to Ms. Cunningham.

Mr. Brown mentioned he felt the rule about samples not counting as a trial of a drug was counterproductive. Ms. King explained that samples were used instead of a trial of a preferred agent which promotes the use of more expensive brand drugs that are new to the market and does not provide accurate drug history.

**See Attachment D**

**C. Carbaglu® (carglumic acid) PA Criteria**

Dr. Miller discussed the criteria for Carbaglu®. The motion for approval of the criteria was made and seconded. The motion passed unanimously.

**See Attachment E**

**D. Nominating Committee Report for 2011 and Election of Officers**

Dr. Miller asked for the Nominating Committee report. Kc Lovin and Karen Reed served on the Nominating Committee. Ms. Lovin stated that Dr. Miller and Mr. Brown had agreed to continue serving in their current position and nominated them for another two year term. They were elected by acclamation.

**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 2010, December 2010 and January 2011.

**See Attachment F**

**B. Affiliated Computer Services (ACS)**

Ms. Cunningham introduced Douglas Brink, PharmD from Affiliated Computer Systems (ACS). ACS is the new vendor for Retrospective Drug Utilization Review Services. Mr. Brink discussed the management of chronic non-cancer pain and educational interventions that would promote the appropriate utilization of opioids.

Educational interventions regarding polypharmacy were also discussed and work on this will be ongoing.

The Board endorsed both of the educational interventions and asked that letters be sent to prescribers identified as having large numbers of their patients on chronic opioid therapy without a diagnosis of cancer or a condition that could cause chronic pain. Dr. Labus suggested that the Board of Medicine's Policy for the Use of Controlled Substances for the Treatment of Pain or the website where the policy can be found be included in the letters. He also suggested that information regarding the Board of

Pharmacy's Prescription Drug Monitoring Program should be added. In addition, Dr. Miller suggested that a pain management contract should also be included. Dr. Becker suggested that a report of patients with prescriptions for chronic use of narcotics be developed now so that the effectiveness of the intervention could be measured. Members of the Board were in agreement with these suggestions and requested that that letters be sent out as soon as possible. Ms. King said that the data would be ordered from Molina and Ms. Cunningham said that work would begin as soon as the ACS database and reporting system could be used for processing the letters.

**Attachment G**

**C. Molina Fourth Quarter Report**

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

**VI. OTHER BUSINESS/OPEN TO THE FLOOR**

There were no comments from the floor.

**VII. NEXT MEETING AND ADJOURNMENT**

A motion was made and seconded that the meeting be adjourned. All were in favor. The meeting was concluded at 6:00 p.m. The next meeting will be held on May 25, 2011, from 4:00 p.m. - 6:00 p.m.

Respectfully submitted,

Lynda Ahmad  
Secretary