

Drug Utilization Review Board Meeting Minutes

November 16, 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
Scott Brown, R.Ph, Co-Chairman
John R. Vanin, M.D.
Lester Labus, M.D.
Myra Chiang, M.D.
Chris Terpening, PharmD, Ph.D.
Randall James, D.O.
Pat Regan, PharmD
Kerry Stitzinger, R.Ph.
Greenbrier Almond, M.D.

Members Absent:

David Elliott, PharmD
Kc Lovin, PA-C
Karen Reed, R.Ph.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.

DHHR/BMS Staff Present:

Peggy King R.Ph., Pharmacy Director, Bureau for Medical Services
Vicki Cunningham, R.Ph., DUR Coordinator
Bill Hopkins, Pharmacy Operations Manager

Contract Staff:

Steve Small, R.Ph., Rational Drug Therapy Program
Eric Sears, R.Ph., Molina Medicaid Solutions
Chris Andrews, PharmD, Magellan Health
Douglas Brink, PharmD, ACS
Victoria Mariani, R.N., ACS

I. INTRODUCTIONS

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

II. APPROVAL OF THE SEPTEMBER 21, 2011, MINUTES

A motion was made to accept the minutes of the September 21, 2011, DUR Board meeting. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Speaker-Viibryd and Daliresp-Manufacturer request

1. Dr. Hasan, a psychiatrist from Beckley, presented information about Viibryd (vilazodone), an SSRI, and 5-HT_{1A} receptor, partial agonist indicated for the treatment of depression.
2. Dr. Melvin Saludes, a pulmonologist from Wheeling, presented information about Daliresp (roflumilast), a PDE4 inhibitor, indicated to reduce the risk of COPD exacerbations.

B. Difucid-Prior Authorization Criteria (PA)

Dr. Miller read the proposed PA criteria to the Board. A motion was made to approve the PA criteria. The motion was seconded and approved.

See Attachment A

C. Update on Letter to Opioid Prescribers

Ms. Cunningham stated that the letters to prescribers who prescribed significant quantities of opioids were mailed on September 20, 2011, and Dr. Becker is receiving feedback from the recipients of the letters.

IV. NEW BUSINESS

A. Step therapy for Humira and Enbrel for Psoriasis

Dr. Miller read the proposed PA criteria to the Board. A motion was made to approve the criteria as written with a correction to remove the duplicate criteria. The motion was seconded and approved.

See Attachment B

B. Update from P&T Committee meeting - September 27, 2011 - PA criteria revisions:

1. **Alzheimer's agents** - The Board approved the PA criteria as written.
2. **Analgesic, narcotic-short acting (non-parenteral)** - The Board approved the PA criteria as written.
3. **Analgesics, Narcotic Long-Acting** - Specific criteria for Butrans was added to the PA criteria. Butrans will be approved if the following criteria are met:
 - a. Diagnosis of moderate to severe chronic pain requiring continuous around-the-clock analgesia **or**
 - b. Patient cannot take oral medications and has a diagnosis of chronic pain **and**
 - c. Needs analgesic medication for an extended period of time **and**
 - d. Has had a previous trial ******of an oral non-opioid analgesic medication **and**
 - e. Previous trial ******of one oral opioid medication **and**
 - f. Current total daily opioid dose is ≤ 80 mg. morphine equivalents daily or dose of transdermal Fentanyl is ≤ 12.5 mcg/hour **and**
 - g. Patient is not currently being treated with buprenorphine.

****Requirement is waived for patients who cannot swallow.**

4. **Androgenic Agents** - The Board approved the PA criteria as written.
5. **Angiotensin Modulators** - The Board approved the PA criteria as written.
6. **Anticoagulants** - The Board approved the PA criteria as written.
7. **Anticonvulsants** - The Board approved the PA criteria as written. Specific criteria for Horizant was added to the to the PA criteria. Horizant will be approved if the following criteria are met;
 - a. Diagnosis of restless leg syndrome (RLS)
 - b. Thirty (30) day trials each of the preferred agents (pramexipole and ropinirole) with indication for restless leg syndrome
 - c. Thirty (30) day trial of gabapentin immediate release (trial must have been successful, but not controlling symptoms for an adequate duration during the night)
8. **Antidepressants, Other** - The Board approved the criteria as written.
9. **Atypical Antipsychotics** - Current PA criteria states that a prior authorization is required for all atypical antipsychotics for children up to six (6) years of age. The Board requested that the criteria be changed to: Prior authorization is required for all atypical antipsychotics for children up to (7) years of age. A motion was made to approve the change. The motion was seconded and approved.
10. **Atopic Dermatitis** - Thirty (30) day trial of a preferred topical corticosteroid (medium or high potency) is required before coverage of Elidel will be considered will be changed to: Thirty (30) day trial of a preferred topical corticosteroid (medium or high potency) and Elidel is required before coverage of non-preferred Protopic (tacrolimus) will be considered. A motion was made to approve these changes. The motion was seconded and approved.
11. **Beta-Blockers** - The Board approved the PA criteria as written.
12. **Bladder Relaxant Preparations** – The Board approved the PA criteria as written.
13. **Bone Resorption Suppression and Related Agents** - The Board approved the PA criteria as written.
14. **Bronchodilators and Respiratory Drugs** - Specific prior authorization criteria for Daliresp was added to the PA criteria. Daliresp will be prior authorized if the following criteria are met:
 - a. Patient is ≥ 40 years of age **and**
 - b. Diagnosis of *severe chronic obstructive pulmonary disease (COPD) associated with chronic bronchitis and multiple exacerbations requiring systemic glucocorticoids in the preceding six (6) months **and**
 - c. Concurrent therapy with an inhaled corticosteroid and long-acting bronchodilator and evidence of compliance **and**
 - d. No evidence of moderate to severe liver impairment (Child-Pugh Class B or C) **and**

- e. No concurrent use with strong cytochrome P450 inhibitors (rifampicin, phenobarbital, carbamazepine or phenytoin)
The board requested that the definition of severe COPD be identified as a reference and differentiated from the PA criteria. A motion was made to approve these changes. The motion was seconded and approved.
15. **Bronchodilators, Beta Agonist** - The Board approved the PA criteria as written.
 16. **Cytokine and CAM antagonists** - The board approved the PA criteria as written. Additional step therapy adopted for the treatment of psoriasis or psoriatic arthritis with Humira or Enbrel will be added.
 17. **Fluoroquinolones (Oral)** - The Board approved the PA criteria as written.
 18. **Genital Warts Agents** - The Board approved the PA criteria as written.
 19. **Glucocorticoids (Inhaled)** - The Board approved the PA criteria as written.
 20. **Growth Hormone** - The Board approved the PA criteria as written.
 21. **H. Pylori Combination Treatments** - The Board approved the PA criteria as written.
 22. **Hepatitis B Treatments** - The board approved the PA criteria as written.
 23. **Hepatitis C Treatments** - Dr. Miller read the proposed prior authorization criteria for Victrelis. Ms. Cunningham stated that on criteria number nine, the four is incorrect and should be changed to eight. Ms. Cunningham stated that the PA criteria for Victrelis and Incivekis the same with the only difference being the scheduling of the treatments. The Board approved the criteria as written.
See Attachment C Incivek
See Attachment D Victrelis
 24. **Hyperuricemia and Gout Agents** - The Board approved the PA criteria as written.
 25. **Hypoglycemics, Incretin Mimetics/Enhancers** - The Board approved the PA criteria as written.
 26. **Hypoglycemic, Insulins** - The Board approved the PA criteria as written.
 27. **Hypoglycemic, Meglitinides** - The Board approved the PA criteria as written.
 28. **Leukotriene Modifiers** - The Board approved the PA criteria as written.
 29. **Lipotropics, Other (non-statins)** - The criteria for Welchol was clarified. Welchol will be listed as a preferred agent in this class and only approved for add-on therapy for Type 2 Diabetes when there is a previous history of a 30-day trial of an oral agent (sulfonylurea, thiazodindinedione (TZD) or metformin). Welchol will be subject to the PA criteria as written for use as a lipotropic.
 30. **Lipotropics, Statins** - The Board approved the PA criteria as written.

31. **Macrolides/Ketolides (oral)** - The Board approved the PA criteria as written.
32. **Ophthalmic Antibiotics (Fluoroquinolones & Select Macrolides)** - The Board approved the PA criteria as written.
33. **Ophthalmic Anti-Inflammatories** - The Board approved the PA criteria as written.
34. **Ophthalmics for Allergic Conjunctivitis** - The Board approved the PA criteria as written.
35. **Ophthalmics, Glaucoma Agents** - The Board approved the PA criteria as written.
36. **Otic Fluoroquinolones** - The Board approved the PA criteria as written.
37. **Pancreatic Enzymes** - The Board approved the PA criteria as written.
38. **Parathyroid Agents** - The Board approved the PA criteria as written.
39. **Pediculicides/Scabicides (topical)** - The Board approved the PA criteria as written.
40. **Phosphate Binders** - The Board approved the PA criteria as written.
41. **Platelet Aggregation Inhibitors** - The Board approved the PA criteria as written.
42. **Prenatal Vitamins** - The Board approved the PA criteria as written.
43. **Proton Pump Inhibitors** - The Board approved the PA criteria as written. The Board requested that a limit of one capsule daily be placed on Dexilant because of its unique release mechanism.
44. **Psoriatic Agents, Topical** - The Board approved the PA criteria as written.
45. **Pulmonary Antihypertensives - Endothelin Receptor Antagonists** - The Board approved the PA criteria as written.
46. **Pulmonary Antihypertensives - PDE5s** - The Board approved the PA criteria as written.
47. **Pulmonary Antihypertensives -Prostacyclins** - The Board approved the PA criteria as written.
48. **Sedative Hypnotics** - The Board approved the PA criteria as written.
49. **Stimulants and Related Agents** - The Board approved the PA criteria as written. (Adderall XR has been moved to non-preferred status but current users will be grandfathered until the end of the school year.)
50. **Tetracyclines** - The Board approved the PA criteria as written.
51. **Ulcerative Colitis Agents** - The Board approved the PA criteria as written.
52. **Vaginal Antibacterials** - The Board approved the PA criteria as written.
53. **Miscellaneous Brand/Generics** - The Board approved the PA criteria as written. Dr. Miller made a motion to accept the PDL criteria with suggested changes. The motion was seconded and approved.

C. Gralise Prior Authorization Criteria

Dr. Miller read the PA criteria to the Board. In criteria three the word release needs to be changed to relief. The motion was made to accept the PA criteria as amended. The motion was seconded and approved.

See Attachment E

V. Calendar for 2012

The 2012 DUR Meetings calendar was distributed. Ms. Cunningham asked all members to contact her if there were conflicts for the 2010 schedule.

See Attachment F

VI. REPORTS**A. Rational Drug Therapy Program**

Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a handout of his slide presentation. Mr. Small summarized the prior authorization process and top edits and overrides for September and October 2011.

See Attachment F

B. Affiliated Computer Services (ACS)

Douglas Brink, PharmD from Affiliated Computer Services (ACS), discussed recent Retrospective DUR activities.

1. Educational letters to the top two hundred opioid prescribing providers were mailed on September 20, 2011.
2. In October ACS mailed a polypharmacy intervention to 1,710 providers.
3. ACS is in the process of sending informational letters to providers who have recently treated patients with Nexium to inform them that the drug will no longer be on the PDL in order to give them time to make changes in therapy.
4. ACS is planning to mail letters in December to the top fifty opioid prescribers as a report card type mailing as discussed in the past.
5. Dr. Brink then presented data regarding ACS proposed educational interventions for 2012
 - a. Hyperlipidemia Management-Performance indicators will include underutilization of lipid lowering therapy, potential drug-drug interactions involving lipid lowering therapy agents, potential adverse drug events related to lipid lowering therapy, and non-adherence with lipid lowering therapy. Ms. Cunningham stated that the Bureau had implemented an edit preventing patients from starting simvastatin 80 mg. therapy. An educational intervention regarding increased levels of simvastatin with other commonly used drugs is currently being finalized. Dr. Brink distributed a sample of the letter to be mailed to providers. The Board approved the educational intervention based on all performance indicators except for underutilization of lipid lowering agents.

- b. Diabetes Mellitus Disease Management performance indicators will include underutilization of angiotensin modulating enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, underutilization of antilipemic therapy, potential drug-drug interactions involving diabetes medications, increased risk of adverse drug events with oral diabetes medications, medication compliance, duplicate therapy, routine laboratory monitoring, underutilization of metformin, anitplatelet therapy and preventive measures such as influenza vaccine and monitoring of diabetes in patients receiving atypical antipsychotics.

A motion was made to approve these two interventions with the modifications as previously discussed. The motion was seconded and approved.

C. Molina Third Quarter Report

Eric Sears, Molina Medicaid Solutions gave an overview of the third quarter report. A member of the board requested data on how WV Medicaid compares to other states. Members of the Board also suggested that the quarterly presented to them be abbreviated and that it be delivered by e-mail with other information sent prior to the Board meeting.

VII. OTHER BUSINESS-OPEN TO THE FLOOR

No other business was discussed.

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 6:00 p.m. The next meeting will be held on February 15, 2012 from 4:00 p.m.-6:00 p.m.

Respectfully submitted,

Victoria Mariani R.N., ACS