Drug Utilization Review Board Meeting Minutes

September 21, 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.
Kc Lovin, PA-C
Myra Chiang, M.D.
Chris Terpening, PharmD, Ph.D.
Randall James, D.O.
Pat Regan, PharmD
David Elliott, PharmD
James Becker, M.D., Medical Director
Kerry Stitzinger, R.Ph.

Members Absent:
Karen Reed, R.Ph.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Greenbrier Almond, M.D.

DHHR/BMS Staff Present:
Vicki Cunningham, R.Ph., DUR Coordinator
Bill Hopkins, Pharmacy Operations Manager
Lynda Ahmad, Secretary

Contract Staff:
Steve Small, R.Ph., M.S., Rational Drug Therapy Program
Eric Sears, R.Ph., Molina Medicaid Solutions
Chad Bissell, PharmD, Goold Health Systems
Doug 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. 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 the months of June, July, and August 2011. He then presented data regarding prior authorization (PA) of atypical antipsychotics for children under six (6), early refills from June to August, and duplications of therapy from June to August. The last topic he presented was new therapies approved using the Hepatitis C Protease Inhibitors, Victrelis and Incivek.
See Attachment A

B. Affiliated Computer Services (ACS)

Douglas Brink, PharmD from Affiliated Computer Systems (ACS), discussed recent Retrospective DUR activities. A letter was sent out in July 2011, to inform prescribers of atypical antipsychotics of the need for prior authorization for children under age six (6). Dr. Brink then discussed a newsletter which was mailed in August, 2011, titled "Considerations when Using Controlled Substances to Treat Chronic Pain". The newsletter was followed up by a letter in September, 2011, to significant opioid prescribers in the West Virginia Medicaid program. He then discussed a polypharmacy intervention which is currently in process.

Dr. Brink introduced two new interventions to the Board for consideration. He suggested a letter to the Top 50 opiate prescribers comparing their prescribing practices to all Medicaid opiate prescribers. In addition, information about the appropriate treatment of chronic non-cancer pain with opiates will be sent to all prescribers.

There was a motion to approve going forward with the interventions introduced by Dr. Brink, the motion was seconded, and approved.

C. Molina Second Quarter Report -2011

Eric Sears, R.Ph., Molina Medicaid Solutions, gave an overview of the Molina Second Quarter Report.

III. APPROVAL OF THE MAY 25, 2011 MINUTES

A motion was made to accept the minutes of the May 25, 2011, DUR Board meeting. The motion was seconded and passed unanimously.

IV. OLD BUSINESS

A. Stimulants–Change in PA criteria for adults

Ms. Cunningham said the population was so small that the proposed change in the PA criteria was unnecessary. The Board agreed and the topic was set aside.

B. Update in policy requiring prior authorization for atypical antipsychotics for children less than six (6) years of age

James Becker, M.D., Medical Director, presented two graphs representing the number of children under six years of age in the program being prescribed atypical antipsychotics before August 1, 2011, and as of September 15, 2011, and the atypical antipsychotic appeals for those children.

Dr. Chiang requested a report on the number of atypical antipsychotics prescribed for children by physicians other than psychiatrists.

See Attachment B

C. Opioid Management Program–Letters to opioid prescibers and their physician assistants.

Ms. Cunningham informed the Board that the approved letter had just been mailed out. She apologized for the length of time it took, stating that it went through many layers of approval. The responses will be gathered and reported to the Board. She thanked Dr. Miller and Dr. Becker for signing the letter.

See Attachment C

VI. NEW BUSINESS

Khristina Wenslovas, Medical Affairs, Glaxo Smith Kline, presented information on the medication Horizant (gabapentin) indicated for restless leg syndrome (RLS).

A. Limits on simvastatin-Prior authorization policy on new starts at 80mg. or more

Ms. Cunningham presented the new FDA and manufacturer restrictions, contraindications and dose limitations for simvastatin. The Board agreed that simvastatin 80 mg. and Vytorin 10/80 mg. should have an edit to require a PA for patients starting this dose or who have been on it for less than a year. The Board also recommended distribution of a newsletter notifying prescribers of and educating them about the new restrictions and dose limitations for simvastatin. Members of the Board recommended that the PA criteria for other lipid lowering agents be examined to make sure they are available if needed to replace the 80 mg. dose of simvastatin. Ms. Cunningham read the list of statins available (Crestor, Lescol, Lipitor, lovastatin, and pravastatin) without a prior authorization and said that criteria for other agents would be reviewed after the P&T Committee met on September 28th. The new Preferred Drug List (PDL) will be brought to the DUR Board for PA criteria review at the November meeting.

B. Dificid (fidamoxicin)

Dr. Miller read the proposed PA criteria for Dificid. The Board made the following recommendations for changes to the draft PA criteria: 1)The wording is to be changed from severe to persistent diarrhea or clarification of severe with an asterisk including the definition of severe as persistent diarrhea, an unchanged medical condition. 2) Prior treatment with oral Vancomycin for 14 days and if there is not a positive response after 14 days, they will qualify for therapy with Dificid. Ms. Cunningham will reword the PA criteria and reintroduce the topic at the November 2011, meeting.
See Attachment D

C. Butrans (buprenorphine)

Dr. Miller read the proposed PA criteria**.** The Board recommended an addition to the criteria to specify that the patient cannot be on concurent Suboxone therapy. Ms. Cunningham will modify the PA criteria with the suggestion and it will be reintroduced at the November meeting.
Attachment E

D. Regranex (becaplermin)

The PA criteria were presented to the Board and a motion was made to approve the PA criteria. The motion was seconded and approved.
Attachment F

E. Complera (emetricitabine/rilpivirine/tenofovir)

Dr. Miller read the proposed PA criteria to the Board. Prior authorization requests for Complera will be approved if the stated criteria are met. A motion to approve the PA criteria was made and seconded; Board members voted and approved the motion.
Attachment G

F. Horizant (gabapentin)

The PA criteria were presented to the Board by Dr. Miller. It was suggested that a time limit of thirty (30) days at the maximum tolerable dose be added to the trial of each preferred agent (pramexipole and ropinirole) for restless leg syndrome (RLS). The PA criteria for Horizant will be rewritten by Ms. Cunningham and reintroduced at the November meeting.
Attachment H

G. Daliresp (roflumilast)

Dr. Miller read the proposed PA criteria to the Board**.** Members of the Board suggested changes be made to the PA criteria which included: definition of severe COPD, adding multiple to exacerbations, and removing hospitalization as a marker for evidence of a severe exacerbation. This will make subsection 2 as follows: Diagnosis of severe* chronic obstructive pulmonary disease (COPD) associated with

chronic bronchitis and multiple exacerbations requiring systemic glucocorticoids in the preceding six (6) months.

**Severe COPD is defined as FEV1 ≤ 50% predicted and nonreversible obstructive lung disease (FEV 1/FVC ≤ 70% and ≤ 12% or 200 ml improvement in FEV1 in response to 4 puffs albuterol)*

Ms. Cunningham will incorporate the suggested changes and ask a pulmonologist to review the criteria. It will be reintroduced at the November, 2011, meeting.

Attachment I

VII. OTHER BUSINESS/OPEN TO THE FLOOR

There was a discussion of the PDL criteria and a request was made for Mr. Small to bring information to the next meeting regarding PA denials for Lovaza.

Ms. Cunningham announced that she will be sending all of the information to the Board members electronically. The Board was in agreement with this.

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 5:30 p.m. The next meeting will be held on November 16, 2011, from 4:00 p.m. - 6:00 p.m.

Respectfully submitted,

Victoria Mariani, R.N., ACS