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Drug Utilization Review Board Meeting Minutes

February 15, 2012

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
Lester Labus, M.D.
Myra Chiang, M.D.
Chris Terpening, PharmD, Ph.D.
Randall James, D.O.
Kerry Stitzinger, R.Ph.
Greenbrier Almond, M.D.
KC Lovin, PA-C
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
David Elliott, PharmD

Members Absent:
Karen Reed, R.Ph.
Pat Regan, PharmD
John R. Vanin, 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.,Rational Drug Therapy Program
Eric Sears, R.Ph., Molina Medicaid Solutions
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 NOVEMBER 16, 2011 MINUTES

A motion was made to accept the minutes of the November 16, 2011 DUR Board meeting. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Update on Letter and Report Card Initiative for Significant Opioid Prescribers

Mrs. Cunningham reported that Dr. Becker has received positive comments regarding the report cards. Prescribing patterns for those

targeted will be examined in six-months and one year to assess the impact of the letters.

B. Utilization of Atypical Antipsychotics in Children-Data Review and Policy Considerations

Mrs. Cunningham provided information regarding atypical antipsychotic utilization in West Virginia foster children under the age of six, atypical antipsychotic utilization in the Medicaid population of children up to age six, and atypical antipsychotic use in Medicaid members ages six (6) through seventeen (17) years of age. The prior authorization program for the atypical antipsychotics prescribed for children ages six (6) through seventeen (17) years will be implemented in late April or early May.

NEW BUSINESS

A. Presentations-Cayston

Kathryn Moffatt, Professor of Pediatrics, WVU Morgantown- Dr. Moffatt requested that Cayston be made a preferred medication. She also made suggestions regarding reasonable prior authorization criteria if Cayston remained a non-preferred drug.

Manufacturer's Representatives-Judy Buchanan R.N., Account Manager, Gilead Sciences-Mrs. Buchanan announced that Gilead Sciences is currently facing a challenge meeting the demand for Cayston.

Ali Tamaj, Gilead Sciences- Mr. Tamaj spoke regarding the shortage of Cayston and said that the goal of Gilead is to maintain the supply of Cayston for patients who are currently on Cayston therapy. He also discussed indications for Cayston and the fact that C&S reports may not always present accurate information for evaluating sensitivities for prescribing inhaled antibiotics.

B. Dificid-

Manufacturer's Representative-Joe Martinez, RPh., PDE, PPC, Optimer Pharmaceuticals- Mr. Martinez was scheduled to speak to the Board regarding Dificid. Due to travel delays he was unable to attend. An email of his planned testimony was distributed to Board members.

C. Update from P&T Committee meeting January 25, 2012 – PA Criteria Revisions

1. **Analgesics, narcotic-long acting-** The Board approved the PA criteria as written.
2. **Antibiotics, GI-** The Board approved the PA criteria as written.

3. **Antibiotics, Inhaled-** The Board requested that the trial of the preferred agent, Tobi, be changed from thirty (30) days to twenty-eight (28) days, due to the packaging size.
4. **Anticoagulants-** The Board approved the PA criteria as written.
5. **Pediculocides, Scabicides-** The Board approved the PA criteria as written.
6. **Bronchodilators (Long Acting)-** The Board approved the PA criteria as written.
7. **Colony Stimulating Factors-** The Board approved the PA criteria as written.
8. **Phosphate Binders-** The Board approved the PA criteria as written.
9. **Platelet Aggregate Inhibitors-** The Board approved the PA criteria as written.
10. **Muscle Relaxants-** The Board approved the PA criteria as written.
11. **Hypoglycemics, Incretin Mimetics/Enhancers-**The Board approved the PA criteria as written.

See Attachment A

D. Prior Authorization Criteria-Relistor
The Board approved the PA criteria as written.
See Attachment B

E. Draft Prior Authorization Criteria-Rectiv
The board approved the PA criteria as written.
See Attachment C

F. Draft Prior authorization Criteria-Votrient
The Board approved the PA criteria as written.
See Attachment D

G. Draft Prior Authorization Criteria-Rilutek
The Board approved the PA criteria as written.
See Attachment E

H. Draft Prior Authorization Criteria-Onfi
The Board approved the PA criteria as written.
See Attachment F

I. Stimulant Dosing-Data Review and Policy Considerations
Mrs. Cunningham spoke about concerns regarding high doses of stimulant medication for children which exceed the recommended dosage. She will be presenting more specific data at the May meeting.
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IV. REPORTS

A. Rational Drug therapy Program. Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a handout of a slide

presentation. Mr. Small summarized the prior authorization process and top edits and overrides for November 2011, December 2011, and January 2012. He then introduced data on the Stimulant Therapy PA, Hepatitis C Protease Inhibitor problematic issues, and the problem with patients on Suboxone who are paying cash for concurrent benzodiazepines and/or sedative hypnotic agents. A motion was made to require pharmacies to submit the Cash Waiver Form to Medicaid when patients on Suboxone pay cash for benzodiazepines and sedative hypnotics. The motion was seconded and approved.

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

In December 2011 a mailing was sent to 1,573 current and recent prescribers related to the change in the preferred proton pump inhibitor class. Prescribers were informed that the Nexium would no longer be preferred after January 1, 2012 and were given a list on their patients currently on Nexium so that they could change their therapy or require a prior authorization in advance of the date.

In January 2012 a report card was mailed to the top fifty (50) opioid prescribers comparing their prescribing habits with other prescribers in the Medicaid program.

A newsletter was sent out in January to all prescribers regarding the appropriate use of antibiotics and the growing development of resistance because of inappropriate use. Dr. Brink discussed a study published by The Center for Disease Dynamics, Economics and Policy stating that West Virginia prescribers write 1,222 antibiotic prescriptions for every 1000 people. The use of antibiotics has decrease nationally while utilization in West Virginia has increased. Dr. Brink suggested that a population based intervention regarding appropriate use of antibiotics be sent to providers before the next cold and flu season.

Preparation of a mailing about diabetes disease management performance indicators is currently underway. Dr. Brink then discussed the next newsletter to be published and mailed: Treatment of Attention-Deficit/Hyperactivity Disorder: Summary of 2011 American Academy of Pediatrics Guidelines. The newsletter will be sent to all enrolled prescribers and pharmacy providers.

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

V. **OTHER BUSINESS-OPEN TO THE FLOOR.** No other business was discussed.

VI. **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 Wednesday, May 23, 2012 from 4:00 p.m.-6:00 p.m.

Respectfully submitted,

Victoria Mariani R.N., ACS