Drug Utilization Review Board Meeting Minutes
November 28, 2012

The West Virginia Medicaid Drug Utilization Review (DUR) Board meeting was called to order with the following in attendance:

Members Present:
Scott Brown, R.Ph, Co-Chairman
Ernest Miller, D.O., Chairman
Greenbrier Almond, M.D.
Pat Regan, PharmD
Myra Chiang, M.D.
Chris Terpening, PharmD, Ph.D.
David Elliott, PharmD
Randall James, D.O.
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
KC Lovin, PA-C
John R. Vanin, M.D.
Lester Labus, M.D.
C.K. Babcock, PharmD

Members Absent:
Kerry Stitzinger, R.Ph.

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

Contract Staff:
Steve Small, M.S.,R.Ph.,Rational Drug Therapy Program
Eric Sears, R.Ph., Molina Medicaid Solutions
Douglas Brink, PharmD, Xerox State Healthcare
Sue Legg, MT., Xerox State Healthcare

I. INTRODUCTIONS

Dr. Ernest Miller, Chairman, welcomed everyone to the Board meeting and interested parties introduced themselves. C.K. Babcock was introduced as a new member of the Board.

II. APPROVAL OF THE SEPTEMBER 19, 2012 MINUTES

A motion was made to accept the minutes of the September 19, 2012, DUR Board meeting. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. Suboxone Prior Authorization

Vicki Cunningham presented slides with the outcomes of the prior authorization program for Suboxone. Although costs and the number of units dispensed have dropped significantly, the number of members taking Suboxone has increased. The prior authorization program limits both the induction and maintenance doses of Suboxone.

B. LidoDerm Patches Prior Authorization Outcome

Vicki Cunningha reported on the effects of prior authorization criteria on the utilization of LidoDerm Patches. There has been a significant decrease in both the number of prescriptions dispensed and the total amount spent since the criteria was implemented.

C. Ophthalmic Fluoroquinolones Prior Authorization Outcome

Vicki Cunningham presented slides demonstrating the decrease in both cost and number of prescriptions dispensed when age limits were placed on the ophthalmic quinolone drops. Patients less than eight years of age are required to have a trial of a first line ophthalmic antibiotic agent for the treatment of conjunctivitis.

See Attachment A

IV. NEW BUSINESS

A. Updates from October 24, 2012 P&T Committee Meeting

1. **Antidepressants, Other -** The Board approved the addition of the MAO Inhibitors, phenelzine, tranylcypromine, and isocarboxazid to the therapeutic category. A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved. Prescriptions for patients stabilized on non-preferred agents will be grandfathered.
2. **Analgesics, Narcotics Short Acting –** Oxymorphone ER will be non-preferred. The Board approved the following change to the PA criteria:
   Oxycodone ER and Oxymorphone ER will be authorized without a trial of the preferred agents if a diagnosis of cancer is submitted.
3. **Anticoagulants – Xarelto:** The Board approved that the following additions to the PA criteria for Xarelto:
   a. deep vein thrombosis (DVT),
   b. pulmonary embolism (PE) and
   c. reduction in the risk of recurrence of DVT and PE.
4. **Antipsychotics – Atypical:** Non-preferred agents will be approved for treatment naïve patients if the following criteria have been met:
   a. Preferred brands will be approved with a fourteen day trial of a preferred generic agent. This step therapy will be managed in the electronic prior authorization system.
   b. Two additional trials of preferred agents which are unique chemical entities are required before a non-preferred agent will be approved.
   c. Patients established on Invega will have their prescription grandfathered.

Upon discharge, a hospitalized patient stabilized on a non-preferred agent may receive authorization to continue this drug for labeled indications and at recommended dosages with a call to the Rational Drug Therapy Program.

5. **Antivirals – Topical:** The Board requested that the following be added to the PA criteria: Non-preferred agents will be approved for their FDA indications.
6. **Lipotropics, Other (Non-Statins):**The Board requested that the following be added to the PA criteria:
    a. Zetia will be approved with a six (6) month electronic step edit looking for prior use of any HMG CoA Reductase Inhibitor
    b. Prescriptions for Crestor will be grandfathered until April 1 2012. Letters will be sent to prescribers to notify them of this PDL change and include a list of their patients taking Crestor.
    c. Vytorin will be approved only after an insufficient response to the maximum tolerable dose of atorvastatin after 12 weeks, unless one of the exceptions on the PA form is present.
7. **Neuropathic Pain:** The Board approved adding the following step therapy criteria for approval of Lyrica:
    a. A diagnosis of fibromyalgia, postherpetic neuralgia, or diabetic neuropathy AND
    b. A history of therapeutic failure of gabapentin with the minimum effective dose of 900 mg./day for thirty days or an intolerance due to a potential adverse drug-drug interaction, drug-disease interaction, or intolerable side effect (In cases of renal impairment, the minimum effective dose may be adjusted based on the degree of impairment.)
8. **Hypoglycemics, Incretin Mimetics/Enhancers:** The Board requested that the following be added to the PA criteria: Byetta, Bydureon and Victoza will be authorized for six-month intervals if each of the following criteria are met:
    a. Diagnosis of Type 2 Diabetes
    b. Previous history of a thirty (30) day trial of metformin
    c. No history of pancreatitis
    d. For concurrent therapy with insulin, treatment with a basal insulin is required.

    Approval will be given for six (6)-month intervals. For re-authorization, HgBA1C levels must have decreased by at least 1% until levels are ≤8%
    Laboratory work submitted must be within the most recent 30 days.
9. **Hypoglycemics, Insulins:** The Board requested that the following be added to the PA criteria:
    Humulin Pens and Humalog Mix Pens will be approved only for patients who cannot utilize vials due to impaired vision or dexterity

B. Calendar for 2013
See Attachment B

V. REPORTS

A. Xerox State Healthcare Douglas Brink, Xerox State Healthcare, discussed recent Retrospective DUR activities.

1. A letter regarding guidelines for the utilization of antidepressants was mailed in September 2012 to 695 providers targeting 5,182 patients.
2. A population-based antibiotic utilization mailing to 519 prescribers was completed in November 2012. The intervention targeted prescribers who had higher rates of prescribing broad spectrum agents as compared to the overall rate of all prescribers enrolled in the Medicaid program.
3. A newsletter about the role and appropriate use of the incretin mimetics, Byetta, Bydureon and Victoza, was mailed in November 2012 to prescribers and pharmacy providers.

Dr. Brink introduced two therapeutic classes, gastrointestinal agents and anticonvulsants, for consideration for population-based educational interventions. Summaries of the proposed interventions and samples of letters to providers were distributed. The Board approved the interventions as presented.
See Attachment C

B. Molina Fourth Quarter Report Eric Sears, Molina Medicaid Solutions, gave an overview of the Molina Third Quarter Report.

C. 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 for top edits and overrides for September and October 2012.
See Attachment D

VI. **OTHER BUSINESS-OPEN TO THE FLOOR.** Scott Brown requested that a report be generated showing expenses for diabetic testing strips for diabetic patients who are on oral agents only versus insulin dependent diabetics. Dr. Brink will work on this report.

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 Wednesday, February 20, 2013 from 4:00 p.m.-6:00 p.m.

Respectfully submitted,

Sue Legg, MT., Xerox State Healthcare