Drug Utilization Review Board Meeting Minutes
February 20, 2013

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

Members Present:
Ernest Miller, DO, Chairman
Pat Regan, PharmD
Chris Terpening, PharmD, PhD
David Elliott, PharmD
Randall James, DO
Kc Lovin, PA-C
Lester Labus, MD
C.K. Babcock, PharmD

Members Absent:
Kerry Stitzinger, RPh
Scott Brown, RPh
Greenbrier Almond, MD
Myra Chiang, MD
Mary Nemeth-Pyles, MSN, RN, CS
John Vanin, MD

DHHR/BMS Staff Present:
Vicki Cunningham, RPh, DUR Coordinator
Peggy King, RPh, Director of Pharmacy Services
Bill Hopkins, Pharmacy Operations Manager
Doug Sorvig, Administrative Assistant

Contract Staff:
Steve Small, M.S., RPh, Rational Drug Therapy Program
Julia Rollins, RPh, Molina Medicaid Solutions
Nina Bandali, PharmD, Magellan Health
Chris Andrews, PharmD, Magellan Health
Larry Dent, PharmD, Xerox State Healthcare

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 28, 2012 MINUTES**

A motion was made to accept the minutes of the November 28, 2012, DUR Board meeting. The motion was seconded and passed unanimously.

III. **OLD BUSINESS**

Hypoglycemics, Incretin/Mimetics/Enhancers

After discussion, the following criteria were adopted:

Byettta, Bydureon and Victoza will be authorized for six-month intervals if all of the following criteria are met:

A. Previous history of a thirty (30) day trial of metformin, if appropriate
B. No history of pancreatitis
C. For concurrent therapy with insulin, treatment with a bolus insulin is contraindicated.

Approval will be for six (6)-month intervals. For re-authorization, HgBA1C levels must have decreased by at least 1% until levels are ≤8%. To demonstrate the decrease, the levels at the start and end of each six-month period must be submitted. Authorizations may continue as long as levels remain at ≤8% with supporting documentation provided.

IV. **NEW BUSINESS**

A. **Speaker: Manufacturer's Representative - Linzess®**
Pauline Patrick of Forest Pharmaceuticals provided a summary of the indications and side effects of Linzess®.

B. **Speaker: Manufacturer's Representative - Tudorza®**
Pauline Patrick also provided a summary of the indications and side effects of Tudorza®.

C. **Updates from January 30, 2013 P&T Committee Meeting and PA Criteria**

1. **Antidepressants, Other - Second Generation Non-SSRI, Other:** Forfivo XL® (bupropion) was added as a non-preferred agent. There were no changes made to the current criteria: *A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved.*

2. **Bladder Relaxants:** Myrbetriq® (mirabegron) was added as a non-preferred agent. There were no changes made to the current criteria: *A thirty (30) day trial each of the chemically distinct preferred agents is required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.*

3. **Bone Resorption and Related Agents:** Binosto® (alendronate) was added as a non-preferred agent. There were no changes made to the current criteria: *A thirty (30) day trial of the preferred agent is required before a non-preferred agent will be approved.*

4. **Cephalosporins:** Suprax® (cefixime) chewable was added as a non-preferred agent. There were no changes made to the current criteria: *A five (5) day trial of the preferred agent is required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.*

5. **Bronchodilators and Respiratory Drugs:** Tudorza® (aclidinium) was added as a non-preferred agent. The PA criteria were changed as follows: *A thirty (30) day trial of tiotropium is required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present.*

6. **Cytokine and CAM Antagonists:** Xeljanz® (tofacitinib) was added as a non-preferred agent. Xeljanz® (tofacitinib) will be approved after a thirty (30) day trial of one of the preferred agents if all of the following criteria are met:

i. Diagnosis of moderately or severely active rheumatoid arthritis
ii. Intolerance to or an inadequate response to a sixty (60) day trial of methotrexate
iii. The patient is eighteen (18) years of age or older
iv. Negative tuberculin skin test before therapy
v. There are no plans to use tofacitinib in combination with biologic DMARDS or potent immunosuppressants (e.g. azathioprine or cyclosporine)
vi. The dose is limited to two (2) tablets daily

7. **Multiple Sclerosis Agents:** Aubagio® (teriflunomide) was approved as a non-preferred non-interferon agent. Aubagio® will be authorized if all of the following criteria are met:
    - **i.** Diagnosis of relapsing multiple sclerosis
    - **ii.** Trial of a preferred first-line interferon and non-interferon agent for thirty (30) days
    - **iii.** Measurement of transaminase and bilirubin levels within six (6) months before initiation of therapy and ALT levels monthly for six (6) months after initiation of therapy
    - **iv.** Complete blood count (CBC) within six (6) months before initiation of therapy
    - **v.** Female patients at risk must have a negative pregnancy test before initiation of therapy and be established on a reliable method of contraception if appropriate
    - **vi.** Patient must be between eighteen (18) and sixty-five (65) years of age
    - **vii.** Negative tuberculin screening is required before initiation of therapy
8. **Pancreatic Enzymes:** Ultressa® was added as a non-preferred agent. There was no change in the current criteria: *A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be approved unless one of the exceptions on the PA form is present. Non-preferred agents will be approved for members with cystic fibrosis.*

D. **Suboxone®/Subutex® Prior Authorization Criteria Addition**

Prior authorization criteria to require members to remain locked into one pharmacy until their annual review date, even if Suboxone/Subutex therapy is discontinued, was approved.

E. **Prior Authorization Criteria for Linzess®**

The following prior authorization criteria were approved:

Linzess® will be prior authorized if all of the following criteria are met:

1. Diagnosis of chronic idiopathic constipation, with less than three spontaneous bowel movements per week or Diagnosis of Irritable Bowel Syndrome with Constipation (IBS-C).
2. Patient is eighteen (18) years of age or older
3. Documented failure of at least one month of therapy with osmotic or bulk forming laxatives
4. Negative pregnancy test prior to starting therapy if at risk
5. Capable of complying with effective contraceptive measures if at risk
6. Appropriate screening for colon cancer, history of bowel obstruction, hepatic or renal disease, hypothyroidism, pelvic floor abnormalities, and spinal cord abnormalities.

   The initial approval will be authorized for a period of twelve weeks. After follow-up with the prescriber, authorization may be granted for a period of 12 months.

F. **Prior Authorization Criteria for Gattex®**

The following prior authorization criteria were approved:

Gattex® (Teduglitide [rDNA origin]) will be authorized if all of the following prior authorization criteria are met:

1. Diagnosis of Short Bowel Syndrome (SYS)
2. Current dependence on and history of parenteral nutrition/support for at least the preceding twelve (12) months
3. Colonoscopy performed in the past six (6) months
4. Absence of gastrointestinal malignancy
5. Patient is eighteen (18) years of age or older

V. **REPORTS**

A. **Xerox State Healthcare**

Larry Dent discussed recent retrospective DUR activities:

1. An intervention on Preferred Statins with a Focus on Crestor® was delivered on 1/31/13 to 1,044 providers targeting 4,079 patients. A copy of the letter was provided to the Board members.
   See Attachment A
2. The DUR Capsules newsletter, featuring information about the Medicaid Integrity Provider Education Program and their article*, Focus on Atypical Antipsychotics,* was delivered February 15, 2013 to 4,616 providers. A copy of the letter was provided to the Board members.
   See Attachment B
3. Dr. Dent presented a new Retro-DUR intervention on Bipolar Disorder Management for consideration by the Board. The intervention proposal and letter were provided to the Board members. The Board approved the intervention with the suggestion to include both conventional and atypical antipsychotics for Performance Indicator #3 on identifying candidates who received more than one antipsychotic as the sole mood stabilizer.
   See Attachments C and D.
4. An Outcome Report on the Lock-In program was provided to the Board members. The cost savings for September 2011 through June 2012 was $264,883.
   See Attachment E
5. As requested by Dr. Brown at the November 28, 2012 meeting, a report was provided to the Board members to show the expenses for testing strips for diabetic patients who are on oral agents versus insulin dependent diabetics. The number of insulin patients with glucose monitoring claims was 2,685 (61%). Of the 16,404 patients without insulin therapy, 2,876 had a claim for glucose monitoring tests.
   See Attachment F

B. **Molina Fourth Quarter Report**

Julia Rollins gave an overview of the Molina 2012 Fourth Quarter Report. The presentation included a review of the Quarterly Overall Summary Report, Top 25 Therapeutic Classes by Prescription Count and Amount Paid, Generic Utilization Summary by Amount Paid and Number of Prescriptions, and DUR Savings.

C. **Rational Drug Therapy Program**

Steve Small gave an overview of the program activities for the fourth quarter. The presentation included November and December 2012 and January 2013 Program Summaries, Edit Overrides and Prior Authorizations. Issues discussed included Opana ER® no-crush requests, Lyrica®-gabapentin failures, and Lyrica®-dose maximization.

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

A. Dr. Rita Gandhy, a local neurologist, made a request to include Neupro® (rotigotine) Transdermal System for treatment of Parkinson's Disease and Restless Leg Syndrome on the Medicaid Preferred Drug List. She stated the advantage of Neupro® is that it provides a continuous transdermal dopaminergic delivery.

B. It was announced that Dr. Randall James was leaving the DUR Board due to a change in employment and relocation. Dr. James was recognized for his valuable service to the DUR Board.

VII. **NEXT MEETING AND ADJOURNMENT**

A motion was made and seconded to adjourn the meeting. All were in favor. The meeting was concluded at 6:00 p.m. The next meeting will be held on Wednesday, May 15, 2013, from 4:00 p.m.-6:00 p.m.

Respectfully submitted,

Larry Dent, Xerox State Healthcare