**Drug Utilization Review Board Meeting**
**Minutes**
May 15, 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
Kc Lovin, PA-C
Lester Labus, MD
C.K. Babcock, PharmD
Scott Brown, RPh
Greenbrier Almond, MD
Mary Nemeth-Pyles, MSN, RN, CS
John Vanin, MD

**Members Absent:**
David Elliott, PharmD
Kerry Stitzinger, RPh
Myra Chiang, 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
Doug Brink, PharmD, Xerox State Healthcare
Giovanni Perri, MD, Magellan State Healthcare
Nina Bandali, PharmD, Magellan State Healthcare
Mary Roberts, PharmD, Magellan State Healthcare

I. **INTRODUCTIONS** - Dr. Ernest Miller, Chairman, welcomed everyone to the Board meeting.

II. **APPROVAL OF THE FEBRUARY 20, 2013 MINUTES** - A motion was made to accept the minutes of the February 20, 2013 DUR Board meeting. The motion was seconded and passed.

**III.** **OLD BUSINESS** - **Lyrica Utilization** - Dr. Ernest Miller, Chairman, gave an overview of Lyrica utilization during the first quarter of 2013 in comparison to the fourth quarter of 2012. **See Attachment A**

IV. **NEW BUSINESS**

A **Updates from April 24, 2013 P&T Committee Meeting and PA Criteria**

1 **Impetigo Agents (Topical):** Mupirocin cream was added as a non-preferred agent. The current (prior authorization) *PA criteria applies: A ten (10) day trial of at least one preferred agent, including the generic formulation of a requested non-preferred agent, are required before a non-preferred agent will be authorized unless one of the exceptions on the PA form is present.*

2 **Lipotropics, Other (non-statins) / Fibric Acid Derivatives**: Fenofibrate 43 mg and fenofibrate130 mg were added as non-preferred agents. *The current PA criteria applies: A twelve (12) week trial of one of the preferred agents is required before a non-preferred agent in the corresponding category will be authorized.*

3 **Substance Abuse Treatments:** Buprenorphine/naloxone tablets were added as non-preferred agents. *No changes were made to the PA criteria.*

4 **Antifungals (oral):** Onmel (itraconazole) was added as a non-preferred agent. *The current PA criteria applies: Non-preferred agents will be approved only if one of the exceptions on the PA form is present. PA is required when limits are exceeded.*

5 **Lipotropics, Other (non-statins) / Fatty Acids:** Vascepa (icosapent ethyl) was added as a non-preferred agent. *The current PA criteria applies: A twelve (12) week trial of one of the preferred agents is required before a non-preferred agent in the corresponding category will be authorized.*

6 **Ophthalmic Anti-Inflammatories**: Ilevro (nepafenac) was added as a non-preferred agent. *The current PA criteria applies: A five (5) day trial of each of the preferred ophthalmic anti-inflammatory agents is required before non-preferred agents will be authorized unless one of the exceptions on the PA form is present.*

7 **Ulcerative Colitis Agents:** Giazo (balsalazide) was added as a non-preferred agent. *The current PA criteria applies: A thirty (30) day trial of each of the preferred agents of a dosage form must be tried before a non-preferred agent of that dosage form will be authorized unless one of the exceptions on the PA form is present.*

8 **Ophthalmic Anti-Inflammatories**: Lotemax Gel (loteprednel) was added as a non-preferred agent. *The current PA criteria applies: A five (5) day trial of each of the preferred ophthalmic anti-inflammatory agents are required before non-preferred agents will be authorized unless one of the exceptions on the PA form is present.*

9 **Anticoagulants/Oral:** Eliquis (apixaban) was added as a non-preferred agent. *The current PA criteria applies: Trials of each of the preferred agents will be required before a non-preferred agent will be approved unless one of the exceptions of the PA form is present.*

10 **Stimulants and Related Agents / Non-Amphetamine**: Quillivant XR (methylphenidate) was added as a non-preferred agent. *The current PA criteria applies*: *One of the preferred agents in each group (amphetamines*

*and non-amphetamines) must be tried for thirty (30) days before a non-preferred agent will be authorized. In addition, a long-acting preferred agent in each class must be tried for thirty (30) days before a non-preferred long-acting stimulant will be approved.*

11 **Hypoglycemics, Incretin Mimetics/Enhancers / Oral:** Kazano (alogliptin/metformin), Nesina (alogliptin), and Oseni (alogliptin/pioglitazone) were added as non-preferred agents. *No changes were made to the PA criteria.*

12 **Multiple Sclerosis Agents:** Rebif Rebidose (interferon beta-1a) was added as preferred agent. *The current PA criteria applies*: *A thirty (30) day trial of the preferred agent will be required before a non-preferred agent will be approved.*

*13* **Ulcerative Colitis Agents/oral:** Delzicol (mesalamine) was added as a preferred agent with no changes in prior authorization criteria. *The current PA criteria applies: A thirty (30) day trial of each of the preferred agents of a dosage form must be tried before a non-preferred agent of that dosage form will be authorized unless one of the exceptions on the PA form is present.*

14 **Phosphate Binders:** Renagel 800mg (sevelamer) was added as a preferred agent with no changes. *The current PA criteria applies: A thirty (30) day trial of at least two (2) preferred agents are required unless one of the exceptions on the PA form is present.*

B **Prior Authorization Criteria-Diclegis® (doxylamine and pyroxidine)** - The following prior authorization criteria were approved with no exceptions:

1 Diclegis® will be prior authorized if each of the following criteria are met
2 Diagnosis of nausea and vomiting associated with pregnancy and
3 Trial of doxylamine 10-10.25mg and pyridoxine 20mg QID for five (5) days and
4 Trial of ondansetron 4-8 mg for five (5) days and
5 Maximum dose of four (4) tablets daily

C **Prior Authorization Criteria- Amitiza (lubiprostone)** - The Board reviewed the following draft prior authorization criteria:

1 Amitiza will be prior authorized if all of the following criteria are met:
2 Diagnosis of chronic idiopathic constipation, with less than three spontaneous bowel movements per week (or)
3 Female with a diagnosis of Irritable Bowel Syndrome with Constipation (IBS-C) (or)
4 Diagnosis of opioid induced constipation accompanied by a diagnosis of non-cancer chronic pain (Diagnosis of chronic pain must be documented with diagnostic studies, if appropriate) **and** each of the following:
    a Greater than 18 years of age and
    b Documentation of change in diet and
    c Patient is not taking diphenylheptane opioids (methadone) and
    d Documented failure of at least one month of therapy each with osmotic and bulk forming laxatives and
    e If patient is pregnant, must be used only when benefits

outweigh the risks (Documentation required) and

f Be appropriately screened 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 (12) weeks. After follow-up with the prescriber, authorization may be granted for a period of twelve (12) months.*

The Board discussed criteria #7 and requested that it be changed to: Documented failure of at least fourteen (14) of therapy with an osmotic or stimulant laxative.

The criteria will be reviewed again at the September meeting.

D **Prior Authorization Criteria -Juxtapid (lomitapide) -** The following prior authorization criteria were approved with no exceptions:

1 Juxtapid® will be approved if all of the following criteria are met:
2 Diagnosis of homozygous familial hypercholesteremia (HoFH) and
3 Patient is receiving other lipid-lowering therapies (low-fat diet, apheresis, lipid lowering agents) and
4 Measurement of ALT, AST, alkaline phosphatase and bilirubin before initiation of therapy and before each dose increase or every month, whichever comes first during the first twelve (12) months of therapy. After the first year, all levels must be measured every three (3) months or before each dose increase, whichever comes first and
5 Daily supplements of vitamin containing 400 international units vitamin E and at least 200mg of ALA, 100mg EPA, and 80mg DHA and
6 Negative pregnancy test prior to starting therapy if at risk and capable of complying with effective contraceptive measures if at risk and
7 No concomitant use of strong CYP3A4 inhibitors (such as boceprevir, clarithromycin, conivaptan, indinavir, itraconazole, ketoconazole, lopinavir/ritonavir, mibefradil, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telaprevir, telithromycin, voriconazole).

8 Carol Spelman, Senior Medical Science Liaison with Aegerion Pharmaceuticals, Inc. provided a summary of the indications and side effects of Juxtapid® (lomitapide) before the prior authorization criteria was discussed.

E **Prior Authorization Criteria for Fulyzaq® (crofelemer) -** The following prior authorization criteria were approved with the exception of a motion made for limiting the initial prescription to a ten (10) day supply to determine the effectiveness of Fulyzaq (crofelemer) for the patient. The motion was seconded and passed.

1 Fulyzaq will be approved for patients who meet all of the following criteria:
2 Over eighteen (18) years of age and
3 Diagnosis of HIV/AIDS and are on antiretroviral therapy and
4 Infectious etiologies of diarrhea have been ruled out and
5 Documented trial of at least two anti-diarrheal medications (bismuth) subsalicylate or diphenoxylate for at least ten (10) days or

loperamide at the maximum dosage for two (2) days and
6 Maximum dosage requested is 125mg twice daily

F **Zolpidem – Dosing Limits for Females –** Ms. Cunningham told the Board there were 5,518 female members on doses of zolpidem above 5 mg. She also call their attention to information regarding the FDA recommendation for limiting doses of zolpidem to 5 mg. for females. A motion was made to implement the maximum limit of 5mg. for females. The motion was seconded and passed unanimously.

V. **REPORTS**

A **Xerox State Healthcare –** Dr. Brink discussed recent retrospective DUR activities:

1 In January, an educational newsletter was mailed out on preferred statins with a focus on the change in the status of Crestor on the PDL. Letters were sent to 1,000 prescribers which targeted over 4,000 members.
2 In February, a newsletter focusing on atypical antipsychotics, developed by the Medicaid Integrity Provider Education Program, was mailed to 4,600 prescribers.
3 Information developed by the Medicaid Integrity Provider Education Program, "Appropriate Use of Enoxaparin" was mailed to 4,600 prescribers in March.
4 In addition, a newsletter focusing on the treatment of neuropathic pain was sent to 4600 prescribers in March. The newsletter also contained information about the change in status of Lyrica to non-preferred on the Preferred Drug List and prior authorization criteria.
5 Dr. Brink presented the Outcome Assessment for the Diabetes Mellitus Management intervention delivered on December 11, 2011. Overall, the intervention was successful in reducing the total number of clinical indicators for target patients by 11.5%. In terms of financial outcomes, there was an estimated decrease of $570,581.76 in intervention-related drug expenditures during the six-month post-intervention period.
6 Program Assessment-July 2012-December 2012-Dr. Brink presented an overview of the program assessment including the top five drug categories for expenditures, the number of prescriptions filled and opportunities for clinical interventions identified by therapeutic criteria exceptions.
7 Dr. Brink presented two population-based educational interventions, Asthma Disease Management and Multiple Drug Therapy Regimen Review, for review. The Board approved both of these for implementation and suggested that an intervention for antibiotic overutilization be done in the fall.
**See Attachment B**

B **Molina First Quarter Report -** Julia Rollins gave an overview of the Molina 2013 First Quarter Report. The presentation included a review of the Quarterly Overall Summary Report.
**See Attachment C**

C **Rational Drug Therapy Program -** Steve Small gave an overview of the program activities for the first quarter. The presentation included February, March and April 2013 program summaries, edit overrides and prior authorizations.
**See Attachment D**

VI. **OTHER BUSINESS- OPEN TO THE FLOOR -** It was announced that Peggy King, RPh, Director of Pharmacy Services was retiring effective August 1. 2013. She was recognized for her valuable service to pharmacy program.

VII. **NEXT MEETING AND ADJOURNMENT -** A motion was made and seconded to adjourn the meeting. All were in favor. The meeting was concluded at 5:30 p.m. The next meeting will be held on Wednesday, September 18, 2013, from 4:00 p.m.- 6:00 p.m.