Drug Utilization Review Board Meeting
Minutes
November 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,
Pat Regan, PharmD
Chris Terpening, PharmD, PhD
KC Lovin, PA-C
Lester Labus, MD - Chairman
C.K. Babcock, PharmD
Scott Brown, RPh
Greenbrier Almond, MD
Mary Nemeth-Pyles, MSN, RN, CS
John Vanin, MD
Myra Chiang, MD
David Elliott, PharmD

Members Absent:
Kerry Stitzinger, RPh

DHHR/BMS Staff Present:
Vicki Cunningham, 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
Eric Sears, RPh, Molina Medicaid Solutions
Doug Brink, PharmD, Xerox State Healthcare

I **INTRODUCTIONS -** Dr. Labus welcomed everyone to the Board meeting. Members of the Board and audience introduced themselves.

II **APPROVAL OF THE September 18, 2013 MINUTES -** A motion was made to accept the minutes of the September 18, 2013 DUR Board meeting. The motion was seconded and passed.

III **OLD BUSINESS**

A Election of Officers-

Dr. Labus stated it would be necessary to elect another Vice Chairperson since Scott Brown, elected at the previous meeting, had already held the office for the maximum number of consecutive terms allowed in the by-laws. It was decided that the election would be held at the next meeting to give the nominating committee adequate time to prepare a slate of nominees.

B Prior Authorization Criteria for Ketoconazole (second review):

Ketoconazole will be approved if the following criteria are met:

1 Diagnosis of one of the following fungal infections: blastomycosis, coccidioidomycosis, histoplasmosis, chromomycosis, or paracoccidiodomycosis.
2 No history of acute or chronic liver disease
3 Baseline assessment of the liver status including alanine aminotransferase (ALT), aspartate aminotransferase (AST), total bilirubin, alkaline phosphatase, prothrombin time, and international normalized ration (INR) before starting treatment
4 Weekly monitoring of serum ALT for the duration of treatment
5 Ketaconazole will not be approved for treatment of fungal infections of the skin and nails.

The criteria was reviewed and approved by the Board.
See Attachment A

C Stimulant Utilization-Ms. Cunningham presented the utilization data for stimulants prescribed for children under six (6) years of age. The data source was claims data from November 1, 2012, through March 31, 2013, which included all children in the program before members were moved to managed care organizations on April 1, 2013. The data showed 823 children under age six (6) taking stimulants. This conversation was initiated from the September 18, 2013, meeting regarding the prior authorization requirement for stimulants by the Children's Health Insurance Program (CHIP). Further information regarding the specialty of the prescribers was requested by the Board. Ms. Cunningham said she would have this information available for the next Board meeting.

IV NEW BUSINESS

A Presentations from Drug Manufacturers' Representatives

Ms. Cunningham reminded speakers of the five minute limit for presentations and stated that Board members could ask questions if they chose. The following made presentations to the Board:

1 Kent Hunter, Pharm D, Pfizer: Chantix® and Nicotine Addiction.
2 KC Sanner, Glaxo Smith Kline: Breo Ellipta®
3 Natalie Tate, Pharm D, Bristol Myers Squibb: Bydureon
4 Steve Grubb, MD: New England Journal of Medicine article "Saxagliptin and Cardiovascular Outcomes with Type 2 Diabetes"
5 Doshia Petry on behalf of the Physicians of the West Virginia State Rheumatology Society: Concern over prior authorization criteria for the Cytokine and CAM Antagonist therapeutic category, requiring a trial of three preferred TNF inhibitors before trying a drug with a different mechanism of action for the treatment of rheumatoid arthritis

B Review of PDL Changes from the P&T Committee meeting on October 23, 2013 and Prior Authorization Criteria

1 Acne Agents, Topical-No changes were made to the criteria.
2 Analgesics, Narcotic-Long Acting-No changes were made to the criteria.
3 Analgesics, Narcotic-Short Acting-No changes were made to the criteria
4 Androgenic Agents-No changes were made to the criteria.
5 Antibiotics, Inhaled-No changes were made to the PA criteria.

6 Anticoagulants-Eliquis was added as a preferred agent and will be authorized for the diagnosis of non-valvular atrial fibrillation.
7 Anticonvulsants-Vimpat was added as a preferred drug and will be approved as adjunctive therapy for members seventeen (17) of age and older with a diagnosis of partial-onset seizure disorder.
8 Antidepressants, Other-No changes were made to the PA criteria.
9 Antifungals, Oral-No changes were made to the PA criteria.
10 Antifungals, Topical-No changes were made to the PA criteria.
11 Antihistamines, Minimally Sedating-No changes were made to the PA criteria.
12 Antimigraine Agents, Triptans-No changes were made to the PA criteria.
13 Anitparasitics-Sklice was added to the preferred agents and permethrin was made non-preferred. Permethrin 5% cream will be approved for the treatment of scabies.
14 Antipsoriatics-Topical-No changes were made to the PA criteria.
15 Antipsychotics-Atypical-No changes were made to the PA criteria.
16 Antivirals, Oral-No changes were made to the PA criteria.
17 Calcium Channel Bockers, Long Acting-No changes were made to the PA criteria.
18 Cephalosporins and Related Antibiotics-No changes were made to the PA criteria.
19 Colony Stimulating Factors-No changes were made to the PA criteria.
20 Cytokine and CAM Antagonists-No changes were made to the PA criteria.
21 Epinephrine, Self-Injected-This is a new class on the PDL. Epipen and Epipen Jr. are preferred agents. The Board approved the following criteria; A thirty (30) day trial of a preferred agent is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.
22 Growth Hormone-No changes were made to the PA criteria.
23 H. Pylori Treatment-No changes were made to the PA criteria.
24 Hepatitis B-No changes were made to the PA criteria.
25 Hyperparathyroid Agents-No changes were made to the PA criteria.
26 Hypoglycemics, Incretin Mimetics/Enhancers-Injectable-The PA criteria was changed as follows: A thirty (30) day trial of one (1) preferred agent with a chemical entity distinct from the requested non-preferred agent is required. before an non-preferred agent will be authorized unless one (1) of the exceptions on the PA forms is present.
27 Hypoglycemics, Incretin Mimetics/Enhancers-Oral-Onglyza was made a non-preferred drug. No changes were made to the criteria, except adding that patients stabilized on Onglyza will grandfathered through March 31, 2013.
28 Hypoglycemics, Meglinitides-No changes were made to the PA criteria.
29 Immune Globulins-This is also a new class on the PDL. The following PA criteria were adopted: Immune globulin agents will be authorized according to their FDA approved indications. A trial of a preferred agent is required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.

30 Immunomodulators, Topical & Genital Warts Agents-No changes were made to the PA criteria.
31 Immunosuppressives, Oral-No changes were made to the PA criteria.
32 Intermittent Claudication-No changes were made to the PA criteria.
33 Lipotropics, Others (non-statins)-No changes were made to the PA criteria.
34 Multiple Sclerosis Agents-No changes were made to the PA criteria.
35 Neuropathic Pain-This is a new class on the PDL. The following criteria was adopted: A trial of the preferred agent(s) in the corresponding dosage (oral or topical) form will be required before a non-preferred agent will be authorized unless one (1) of the exceptions on the PA form is present.
36 NSAIDS-No changes were made to the PA criteria.
37 Ophthalmic Antibiotics-No changes were made to the PA criteria.
38 Ophthalmic Antibiotic/Steroid Combinations-No changes were made to the PA criteria.
39 Ophthalmics for Allergic Conjunctivitis-No changes were made to the PA criteria.
40 Ophthalmic Anti-Inflammatories-No changes were made to the PA criteria.
41 Ophthalmics, Glaucoma Agents-No changes were made to the PA criteria.
42 Opiate Dependence Treatment-The following was added to the PA criteria: As of 9/1/12, West Virginia law requires any practitioner prescribing or dispensing a combination of buprenorphine and naloxone (Suboxone) for opioid addiction shall prescribe or dispense the drug in the form of a sublingual film, unless clinically contraindicated.
43 PAH Agents, Endothelin Receptor Antagonists-No changes were made to the PA criteria.
44 PAH Agents, Guanylate Cyclase Stimulator-This is a new sub-class of the PAH agents. The following criterion was adopted: A thirty (30) day trial of the preferred agent is required before a non-preferred agent will be authorized, unless one (1) of the exceptions on the PA form is present.
45 PAH Agents, PDE5s-No changes were made to the PA criteria.
46 Phosphate Binders-No changes were made to the PA criteria.
47 Platelet Aggregation Inhibitors-No changes were made to the PA criteria.
48 Proton Pump Inhibitors-No changes were made to the PA criteria.
49 Stimulants and Related Agents-No changes were made to the PA criteria.
50 Ulcerative Colitis Agents-No changes were made to the PA criteria.

A motion was made to accept the PA criteria on the PDL to be implemented on January 1, 2014. The motion was seconded, votes were taken and the motion passed.

C Prior Authorization Criteria for Chantix (varenicline)

Chantix (verenicline) will be authorized if the following criteria are met:

a Member is currently enrolled in the smoking cessation program supported by the Bureau for Medical Services.
b Members currently taking selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI) or other antidepressants,

mood stabilizers or antipsychotics will have their therapy reviewed by the prescribers for compatibility with Chantix before beginning therapy.

c Prior authorization will be issued for a maximum of thirty (30) days, with documentation of adherence (prescriptions must be filled within 37 days of each other) for continued authorization. Therapy will be authorized for a maximum of twelve (12) consecutive weeks per rolling calendar year.
See Attachment B

D Prior Authorization Criteria for Osphena (ospemifene)

Osphena will be authorized if the following criteria are met:

a Diagnosis of moderate to severe vaginal dyspareunia and
b Trial of vaginal estrogen preparation for ninety (90) days and
c Absence of a history of pulmonary embolism or deep vein thrombosis and
d Absence of history of thromboembolic disease and absence of known or suspected genital neoplasia
See Attachment C

V **REPORTS**

A. **Rational Drug Therapy Program -** Steve Small gave an overview, accompanied by a slide presentation, of activities for the third quarter. The presentation included September and October 2013 program summaries, edit overrides and prior authorizations. Mr. Small also stated that an enhanced quality analysis program would be implemented in the near future.
See Attachment D

B. **Xerox State Healthcare –** Dr. Brink gave an overview of recent activities as follows:

A Mailing regarding appropriate use of atypical antipsychotics to406 prescribers on August 9, 2013

B Mailing regarding utilization and appropriate use of broad spectrum antibiotics to 677 prescribers on October 31, 2013

C Dr. Brink reported on the outcomes of an population-based educational intervention which was mailed to 437 prescribers in March 2013. The mailing was part of the Medicaid Integrity Program (MIC) initiative to reduce fraud, waste and abuse. The intervention resulted in a 21% decrease in enoxaparin prescribing and $115,000 in savings for the six month period.

D Dr. Brink also reported on upcoming mailings:

1. November 2013-Letter to all prescribers with patients on Dexilant to inform them that it will not be a preferred agent on the January 1, 2014 PDL and that patients will need new prescriptions for the preferred agents
2. November 2013-The newsletter, DUR Capsules, will be mailed to all enrolled prescribers and pharmacy providers and contain information regarding PDL changes for January 1, 2014.
3. January 2014-Population-based educational intervention on the appropriate use of gastrointestinal agents

4. March 2014-Population-based educational intervention on the appropriate use of anticonvulsants for mood stabilization

C. **Molina Third Quarter Report –** Eric Sears gave an overview of the Molina 2013 Third Quarter Report. The presentation included a review of the DUR Quarterly Overall Summary Report.

VI. OTHER BUSINESS- OPEN TO THE FLOOR

Ms. Cunningham responded to questions about the pharmacy carve in of some populations to managed care organizations and said that complaints or requests for services that were not addressed by Express Scripts (ESI) or the managed care companies could be directed to her at Vicki.M.Cunningham@wv.gov or 304-356-4857.

VII. NEXT MEETING AND ADJOURNMENT - Motion was made and seconded to adjourn the meeting. The meeting was concluded at 6:00PM. The next meeting will be held on Wednesday, February 19, 2014, from 4:00 PM-6:00 PM.