

Drug Utilization Review Board Meeting Minutes

June 3, 2009

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

Members Present:

Ernest Miller, D.O, Chairman
Scott Brown, R.Ph, Co-Chairman
Dan Dickman, M.D.
Chris Terpening, PharmD, Ph.D.
Lester Labus, M.D.
Greenbrier Almond, M.D.
Steve Judy, R.Ph.
David Elliott, PharmD.
Myra Chiang, M.D.
Karen Reed, R.Ph.
Pat Regan, PharmD.

Members Absent:

John Vanin, M.D.
Kc Lovin, PA-C
Mary Nemeth-Pyles, M.S.N., R.N., C.S.
Kerry Stitzinger, R.Ph.

DHHR/BMS Staff Present:

Peggy King, R.Ph, Pharmacy Director
Vicki Cunningham, R.Ph, DUR Coordinator
Gail Goodnight, R.Ph, Rebate Coordinator
Bill Hopkins, Pharmacy Operations Manager
Lynda Edwards, Secretary

Contract Staff:

Steve Small, R.Ph., Rational Drug Therapy Program
Steve Espy, R.PH, Health Information Designs
Eric Sears, R.Ph, Unisys

I. INTRODUCTIONS

Ernest Miller, Chairman, welcomed everyone to the Board meeting. Members of the Board and interested parties introduced themselves.

II. APPROVAL OF THE APRIL 1, 2009 MINUTES

A motion was made to accept the minutes of the April 1, 2009 DUR Board meeting as written. The motion was seconded and passed unanimously.

III. OLD BUSINESS

A. **Form for Medicaid Members to sign when paying cash for prescriptions**

Ms. Vicki Cunningham asked the Board members to review a form that pharmacists may submit to Medicaid when members pay cash for drugs that are covered by Medicaid when prescribed within designated guidelines and quantities. A similar form is used in Maine and may provide a way to detect patterns of inappropriate prescribing. This has been requested by pharmacists and its use by them will be voluntary. She also reported that there was a drop in the number of narcotic prescriptions for the quarter. One of the Board members asked what happened when someone repeatedly paid cash for prescriptions. Ms. Cunningham said that these cases are referred to our Fraud and Abuse Unit. A motion was made to approve the form. The motion was seconded and passed unanimously. Ms. Cunningham said the form would be put on the web and available to all pharmacy providers for Medicaid.

IV. NEW BUSINESS

Dr. Miller read the changes to the Preferred Drug List that were made by the Pharmaceutical and Therapeutics Committee (P&T) on April 29, 2009 and the proposed prior authorization criteria for non-preferred drugs.

A. **Update from April 29, 2009, P & T Meeting**

1. **Acne Agents, Topical** - Acanya (benzoyl peroxide/clindamycin) added and is non-preferred. No changes were required for the prior authorization criteria.
2. **Anticonvulsants** – Banzel (rufinamide) was added and is non-preferred. No changes were required for the prior authorization criteria.
3. **BPH Agents, Alpha Blockers** – Rapaflo (silodosin) was added and is non-preferred. No changes were required for the prior authorization criteria.
4. **Cough & Cold Agents/First Generation Antihistamines**-Twenty five (25) generic medications, both single agents and in combination with other agents, were added as preferred agents for the treatment of cough and cold symptoms. These agents fall into a number of sub-categories including the first generation antihistamines, antitussives, antitussive-antihistamine combinations, antihistamine-decongestant combinations, expectorants and antitussive expectorant combinations. All brands and higher priced generics are non-preferred. Since coverage of this category is optional, only the agents listed as preferred are covered.
5. **Lipotropics, Other, Fatty Acids** – Lovaza (omega – 3 ethyl esters) was added and is preferred.
6. **Lipotropics, Other, Fibric Acid Derivatives** – Trilipix (fenofibrate) was added and is preferred.
7. **Prenatal Vitamins** – Fourteen generic prenatal vitamin combinations, offering various combinations of vitamins and minerals, were made preferred. A list of the preferred NDC numbers will be available on the website. All brand names and higher priced generics are non-preferred. Requests for non-preferred agents will be evaluated on a case-by-case basis. More specific prior authorization criteria will be developed if there is a need. Steve Small, RDTP director, will report on the number of requests at the September meeting. A savings of \$425,000 annually is expected with the addition of this class to the PDL.
8. **Proton Pump Inhibitors** – Kapidex (dexlansoprazole) was added and is non-preferred. No changes were required for the PA criteria.

9. **Ulcerative Colitis Agents** – Apriso (mesalamine) was added and is non-preferred. No changes were required to the PA criteria.

B. PA Criteria for Seroquel 25 mg. (when used as a single dose)

Ms. Cunningham presented draft prior authorization criteria for sub-therapeutic doses of Seroquel, when used as monotherapy. She stated that the criteria had been developed to prohibit the use of Seroquel as a sedative hypnotic. A motion was made to adopt the criteria. The motion was amended to strike a typographical error in the first sentence of the criteria. A motion was made to accept the criteria with the amendment. Motion was seconded and approved.

See Attachment A

C. Clinical Web Portal and e-Prescribing Initiatives

Steve Espy, Health Information Designs, gave a presentation about the Clinical Web Portal, which will be opened for Medicaid enrolled prescribers and pharmacists (employed at enrolled pharmacies) soon. This portal will enable them to see the medical and pharmacy history of their patients. He provided screen shots of the portal and also mentioned that e-prescribing software would be available in the portal at a later date. Mr. Espy discussed the benefits of the Web Portal and the system's capabilities. He explained that HID would send a packet of information, including a User's Guide and enrollment form requiring notarization of the applicant's signature, to enrolled Medicaid prescribers and pharmacy providers. These forms will be validated with Medicaid enrollment files. After validation, a user identification, password, and pin number will be sent to the applicant. It was noted that an audit trail will be generated in order to track utilization of the portal.

V. REPORTS

A. Rational Drug Therapy Program

Steve Small, Director of the Rational Drug Therapy Program (RDTP), distributed a handout of his slide presentation. He discussed the March and April 2009 report on prior authorizations, edit overrides, early refills, duplications of therapy and appeals.

B. Health Information Designs

Steve Espy discussed the results of the population based educational intervention to prescribers regarding concurrent prescribing of muscle relaxants and opioids. He also provided the results of a retrospective drug utilization review initiative regarding patients with heart disease and diabetes who were not treated with lipid lowering agents.

Mr. Espy proposed an educational intervention regarding the utilization of drugs indicated for Alzheimer's disease and dementia. Prescribers who have prescribed these drugs but have not submitted a diagnosis to support their use will receive letters reminding them of the FDA indication and letting them know that a diagnosis will be required to substantiate use in the future.

Mr. Espy also proposed an intervention recommending transitioning of diabetic patients on three or more oral agents to insulin and on the appropriate use of Byetta.

The Board approved both of these interventions.

See Attachment B

C. Unisys

Eric Sears gave an overview of the Unisys First Quarter 2009 Report. He noted that there was a decrease of 3,000 prescriptions for opioids since the last quarter. Mr. Sears also said that the number of members in the Medicaid population had grown but that the cost of the program had not increased.

VI. OTHER BUSINESS

Some discussion ensued regarding Miralax and its generic forms and the changes in coverage that had been made by CMS. These changes were communicated to pharmacy providers as soon as they were received.

Board members were reminded to complete and sign their 2009-2010 contracts and update their contact information for the Bureau.

VII. OPEN TO THE FLOOR

There were no comments from the floor.

VIII. 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 p.m. The next meeting will be held on September 16, 2009, from 4:00 p.m. - 6:00 pm.

Respectfully submitted,

Lynda L. Edwards
Secretary