



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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Secretary

**Drug Utilization Review Board Meeting Minutes  
May 15, 2002**

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

**Members Present:**

Karen Reed, R.Ph., Chairperson  
Carl Malanga, Ph.D., R.Ph.  
Mary Nemeth-Pyles, M.S.N., R.N., C.S.  
Steve Judy, R.Ph.  
Bernie Smith, R.Ph., M.B.A., M.H.A.  
George Bryant, PA-C  
Lester Labus, M.D.  
Kevin Yingling, R.Ph., M.D.  
Kerry Stitzinger, R.Ph.  
James Bennett, M.D.  
Dan Dickman, M.D.  
Patrick Regan, R.Ph.

**Members Absent:**

Myra Chiang, M.D.  
Matthew Watkins, D.O.  
Ernest Miller, D.O.  
Mitch Shaver, M.D.  
David Elliott, Pharm. D.  
John Vanin, M.D.

**Staff Present:**

Nancy Atkins, MSN, RN, NP. Commissioner, Bureau for Medical Services  
Randy Myers, Deputy Commissioner  
Sandra Joseph, M.D., Medical Director  
Peggy King, R.Ph., Pharmacy Coordinator  
Gail Goodnight, R.Ph., Rebate Coordinator  
Vicki Cunningham, R.Ph., DUR Coordinator

**Interested Parties Present:**

Robert Berringer, Heritage Information Systems, Incorporated  
Daphne McDougall, Heritage Information Systems, Incorporated  
Steve Small, Rational Drug Therapy Program  
Suresh Madhavan, WVU School of Pharmacy  
Steve Mitchell, Glaxo, Smith, Kline  
James Cannon, Johnson and Johnson  
Raymona Kinneberg, Johnson and Johnson  
Larry Swann, Merck, Astra-Zeneca  
Clint Houck, NovoNordisk  
Bernie Katsur, Purdue  
Stacey Poole, TAP Pharmaceuticals  
Jeff Pack, Pfizer  
H.K. Lee, Eli Lilly and Company  
Cathi McGeehan, Bayer Pharmaceuticals  
Bob Kelley, Merck  
Ed Hilts, Aventis  
Kit Francis, Pfizer  
Bryan Brown, PhRMA  
Thom Stevens, Government Relations Specialist  
Felice Joseph, PEIA

**I. INTRODUCTIONS**

Karen Reed, Chairperson, welcomed everyone to the Board meeting and introductions were made. Dr. Malanga is retiring and expressions of appreciation for his service to the Board were expressed.

**II. APPROVAL OF THE FEBRUARY 20, 2002 MINUTES**

A motion was made that the minutes of the February 20, 2002 DUR Board meeting be accepted as written. The motion was seconded and passed unanimously.

**III. OLD BUSINESS**

**A.** Karen Reed read the proposed changes in the prior approval criteria for the H2RA class of medications. The new criteria states that no prior approval will be required for the generic forms of the H2RA class with maximum allowable cost (MAC) pricing available. No prior approval will be required for the liquid forms of these agents. This policy will be reviewed in six months from the time of implementation. The brand name formulations, in tablet or capsule form, of this class will still require prior approval, regardless of dose. A motion was

made and seconded to approve the changes in the prior approval criteria. The motion was passed unanimously.

See Attachment A

**V. NEW BUSINESS**

A. Karen Reed read the proposed changes in the Anti-Ulcer Group of drugs. This policy review includes the above changes in the H2RA Class of drugs and the removal of the generic form of Carafate® (sucralfate) tablets from the prior approval required list. This policy is a restatement of policy that is currently in place, with the exception of removing the generic forms of the H2RA Class (which have MAC pricing), all liquid H2RA formulations, and sucralfate from the prior authorization required status.

See Attachment B

B. Karen Reed the proposed prior approval criteria for bercapermin (Regranex®). There was a question about the fifth point concerning adequate circulation in the wound area. Dr. Labus suggested that if the wound met the other stated criteria, especially being free of necrotic debris, that this point could be omitted from the requirement for prior authorization. Members of the Board agreed that this point should be removed. There were also concerns about wound size and whether limiting the quantity to 3 tubes of Regranex® or 12 weeks of duration of therapy would be adequate in all cases. Vicki Cunningham stated that a point could be added to reflect that an appeal could be made to the Medical Director to provide for cases that would fall outside of the stated criteria. A discussion followed about the need for educating physicians, nurses and other members of the healthcare team about the appropriate use of this product. Peggy King said that she had spoken with James Cannon, a representative for Johnson and Johnson, about the need for this education, especially for healthcare providers in long term care facilities. The proposed criteria will be voted on at the next DUR Board meeting.

See Attachment C

**F. STATUS REPORTS**

**A. Heritage Information Systems**

Robert Berringer presented a Clinical Management Report for the past quarter of 2002 and also data from the Center for Medicare and Medicaid (CMS) Annual Drug Utilization Review Report. There were 600 patient profiles review from February through April 2002, targeting 410 patients and 587 physicians. An Allergic Rhinitis intervention performed in March, a targeted appropriate use of Topamax® intervention done in April, and a Treatment of Asthma intervention was instituted in May. In the Federal Fiscal Year 2001 (FFY 2001), there were 1200 patient profiles reviewed by the RetroDUR Committee, 6 population-based interventions performed, a lock-in program was managed, and quarterly newsletters were provided.

He also provided samples of population-based interventions that could be done in the next quarter. Interventions that were suggested were *Drug Regimen Simplification, SSRI Therapeutic Interchange, and Drug Regimen Simplification.*

Dr. Dickman suggested that it would be more efficient to program a "hard" edit in the adjudication system to enforce the simplification of drug regimens. Members of the Board were in agreement with this. Peggy King stated this could be done in our present system and would be considered for implementation. The intervention concerning the therapeutic interchange of SSRI's was discussed. There was some concern that, with the generic form of Prozac still being new to the market, it might be difficult to choose the most cost effective agent.

Dr. Yingling stated reasons that the osteoporosis intervention would be a valuable one. West Virginia has the oldest average age in the nation and, therefore, a very large population that is at risk for osteoporosis. Peggy King mentioned that Dr. Madhavan was supervising a study that a graduate student would be doing on osteoporosis, which would include a survey of patients in this state. Dr. Madhavan stated that the data from this survey would be available in October. Members of the Board decided that the osteoporosis intervention should be postponed until this survey is completed and the data is available.

It was decided that the SSRI Therapeutic Interchange would be the most appropriate one to adopt at this time.

See Attachment D

## **B. Rational Drug Therapy**

Steve Small presented the Rational Drug Therapy Report for this quarter. Dr. Dickman inquired about the number of claims for the PPI's and H2RA Class presently, as compared to the number of requests two years ago. Steve Small stated that he believed that there had not been much of a change in the number of requests.

Steve Small announced that the Rational Drug Therapy Program would be expanding their hours of operation on July 1, 2002. They will be open from 8:30 a.m. until 9:00 p.m. on Monday through Friday and 1:00 p.m. until 5:00 P.m. on Saturday

Peggy King announced that the pharmacy staff was considering discontinuing the limit of ten prescriptions per month. A very high number of requests above ten prescriptions is approved. 88.26% of the requests for more than ten per month is approved. The feeling is that the cost of administering this particular part of the prior approval program is equal to the savings that it produces. Dr. Dickman stated that having the ten prescription limit is a good way to monitor patients who receive prescriptions from many physicians. He also suggested that patients with certain diagnoses could be exempt from the limit of ten

prescriptions per month. Dr. Joseph suggested that episodic agents should be exempt from counting in the ten prescriptions allowed each month. Peggy King replied that our computer systems were not sophisticated enough to allow for this kind of programming and review. Dr. Yingling stated that he was concerned about giving the impression that taking more than ten prescriptions per month did not need to be monitored, especially in light of the elderly population and the complications that polypharmacy can create. Pat Regan suggested that the only way to evaluate the pros and cons of this program might be to discontinue the present limits imposed and review the results in six months. Kerry Stitzinger also suggested that hard edits should be placed on duplicate therapies, especially narcotic analgesics and benzodiazepines, to minimize the adverse effects of polypharmacy. Dr. Malanga pointed out that many patients are taking herbal supplements, in addition a large number of prescriptions, and do require monitoring. It was decided that more education and one-on-one interventions with prescribers that do prescribe a large number of drugs would be the most effective solution for this problem. Staff members of the Pharmacy Policy Unit will continue to investigate the solutions for this problem.

See Attachment E

**G. OPEN TO THE FLOOR**

Nancy Atkins, Commissioner for the Bureau for Medical Services, thanked the Board for their service and cooperation in working with the Medicaid program. She also mentioned that there would be a budget deficit in the coming months and she would be meeting with selected groups to obtain their suggestions for cost savings.

**H. 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, September 18, 2002 at 4:00 p.m.

Respectfully submitted,

Vicki M. Cunningham, R.Ph.  
DUR Coordinator