



STATE MEDICAID DUR BOARD MEETING  
THURSDAY, October 14, 2004  
7:00 a.m. to 8:30 a.m.  
Cannon Health Building  
Room 125



## MINUTES

**Board Members Present:**

**Charles M. Arena, M.D.**  
**Lowry Bushnell, M.D.**  
**Derek G. Christensen, R.Ph.**  
**Dominic DeRose, R.Ph.**  
**Karen Gunning, Pharm D.**

**Bradford D. Hare, M.D.**  
**Wilhelm T. Lehmann, M.D.**  
**Bardley Pace, PA-C**  
**Colin B. VanOrman, M.D.**

**Board Members Excused:**

**Jeff Jones, R.Ph.**

**Joseph K. Miner, M.D.**

**Dept. of Health/Div. of Health Care Financing Staff Present:**

**Rae Dell Ashley**  
**Nanette Waters**  
**Merelynn Berrett**  
**Darlene Benson**

**Rick Sorenson**  
**Tim Morely**  
**Duane Parke**

**Other Individuals Present:**

**Michael Stevens, M.D., VMH**  
**Jane Chandramouli, U of U Hospital**  
**Barbar Boner, Novartis**  
**Mike Stabbert, Merck**  
**Cap Ferry, LEC**  
**Jane Beatty, MedImmune**  
**Rob Kenner, Pfizer**  
**Tom Ruff, Purdue**  
**Amanda Monroe, U of U**

**Carig Boody, Lilly**  
**Bryan Owyn, Novartis**  
**Oscar Fuller, CMS**  
**Mary Haupt, Pfizer**  
**Shannon Beatty, MedImmune**  
**Pierre Thoumsin**  
**Tim Smith, Pfizer**  
**Alan Sloan, Purdue**  
**Stephanie Barton, U of U**

Meeting conducted by: Derek Christensen

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1. Minutes for February 10, 2000 were reviewed and approved.  
November DUR Board meeting canceled due to holiday.
  2. Old business included status of Risperdal Consta and agents for overactive bladders. Since the DUR Board did not make any changes to these two policies, no further action is anticipated and the policies are tabled. Duane noted that a pharmacist did call and express

irritation that only physicians can write the ICD.9 on atypical antipsychotics. Karen noted that she never sees an ICD.9 code on atypical prescriptions from VMH physicians. Dominic and Derek both agreed with Karen. Duane noted that the trade-off for the ICD.9 was a written prior approval. A discussion followed. No action was taken by the DUR Board.

3. Jane Chandramouli, Pharm D., College of Pharmacy presented the updated criteria set for Oral HMG-CoA Reductase Inhibitors include combination products that the DUR Board requested. There are four combination products two of which are solely for cholesterol lowering, Vytorin and Advicor. The DUR Board accepted the criteria set with no corrections.
4. Dr. Bryan Gwyn described the new indication for Zelnorm® including short term indication chronic constipation for male or female. Studies based on patients who must have been constipated for at least 6 months with BM of 3 or less times per week. End-point of study was to increase BM by at least 1X per week.

Dr. Tuteja worked on opioid/constipation study at U of U. His study showed that ~50% of clients on opioids get constipation and an even smaller amount of clients on opioids have upper GI adverse events such as nausea or vomiting. Opioid based constipation usually results in very hard stool. There are no comparative studies.

Karen asked is Zelnorm is a stand alone product or if it is for an add-on type regimen. Dr. Tuteja said he always recommends this product as an add-on to existing constipation regimens.

Tim presented a draft of proposed criteria for Zelnorm with two parts: 1. Short term treatment of women older than 17 with Irritable Bowel Syndrome (IBS) whose primary bowel symptom is constipation and , 2. The treatment of patients < 65 years of age with Chronic Idiopathic Constipation (CIC). Tim noted that the efficacy of Zelnorm has not been studied beyond 12 weeks. Tim noted that the cost of Zelnorm is approximately 100 times the cost of a bisacodyl tablet or dose of fiber laxative. Duane noted that Dr. Fang, U of U School of Medicine, sent a letter supporting the use of Zelnorm for use in chronic constipation. Original studies did include patients over age sixty five, but FDA determined to set age 65 as maximum.

The DUR Board moved to strike out metaclopramide as a fail first item. With noted corrections, the criteria was accepted.

5. Tim discussed the new indication for Synagis® for clinical diagnosis of a hemodynamically significant congenital heart disease. The criteria set was accepted with noted corrections. Since the criteria is less restrictive, the criteria will be effective immediately.
6. Duane discussed the new indication for apomorphine for treatment of off-episodes of Parkinson's Disease. Apomorphine is marketed under the name of Apokyn®, a 10mg/ml 3cc cartridge. AWP is \$97.50/cartridge. At maximum dose of 6 mg, that provides 5 doses at approximately \$20.00 per dose. The patient must be titrated, starting at 2mg, to maximum effect and must also have one dose per week or re-titration must be initiated. Duane indicated that the Division would like to have this product available as a rescue product but place quantity limit of one cartridge per month. The DUR Board thought that the noted adverse drug events including severe nausea and vomiting is self limiting. The DUR Board

moved to not limit access at this point in time.

Next meeting set for December 9, 2004.

Meeting adjourned.

10/8/04

The DUR Board Prior Approval subcommittee convened and considered 13 petitions.

