



STATE MEDICAID DUR BOARD MEETING
THURSDAY, July 14, 2005
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present:

Lowry Bushnell, M.D.
Wilhelm T. Lehmann, M.D.
Bradley Pace, PA-C

Bradford D. Hare, M.D.
Karen Gunning, Pharm D.

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

RaeDell Ashley
Merelynn Berrett
Richard Sorenson
Don Hawley

Suzanne Allgaier
Tim Morley
Nanette Waters

Other Individuals Present:

Craig Boody, Lilly
Jeff A. Buel, J&J
Matt Johnson, Takeda
Joanne LaFluer, U of U
CarrieAnn McBeth, U of U
Capp Ferry
Daniel Woodward, U of U
Lisa Bump, U of U
Doug Poulsen, BMS
Rich Heddens, Medimmune

Tim Smith, Pfizer
Barbara Boner, Novartis
Alan Sloan, Purdue
David Smith, Novartis
Stephanie Kendall, Janssen
Oscar Fuller, CMS
Martene Balker, U of U
Lisa Martin, MHAU
Rori Clark, Medimmune
Tracy Meeks, Amylin

Meeting conducted by: Tim Morley

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1. Minutes for June 9, 2005 were reviewed, corrected and approved

Business carried forward:

Fentanyl patches: CMS pricing tapes still not received. Cost for fentanyl patches less than Duragesic patches without the rebate. Brad asked what would be necessary to change the current regulation that requires the generic formulations to be used in all cases to making allowances for using the brand name in those cases when the generic is not substantially less or costs more. Item tabled until information is received from the CMS pricing tape.

Ventavis - IHC protocol information was not provided. Criteria as presented from the June meeting was presented along with the protocol for off-label, experimental and investigational use policy. RaeDell notes that Ventavis is a member of a class that already has PA restrictions and should be placed under those existing restrictions. Karen requested that IHC be given through next month to provide the information; Lowry agreed and it was moved and passed to carry forward.

Low molecular weight Heparins - Arixtra - new indications presented to be added to the criteria for prior authorization: 1) the treatment of acute deep vein thrombosis when administered in conjunction with warfarin sodium when initial therapy is administered in the hospital, and 2) the treatment of acute pulmonary embolism when administered in conjunction with warfarin sodium when initial therapy is administered in the hospital. Motion to add these to existing criteria was passed.

Cancidas - Prophylaxis option for severely immunocompromised bone marrow transplant patients with severe graft vs. host disease and empirical therapy for presumed fungal infections in febrile, neutropenic patients approved as criteria for coverage.

Zelnorm- Prior approval criteria were reviewed. For Irritable Bowel Syndrome (IBS) in women: documented diagnosis. For Chronic Idiopathic Constipation (CIC): patient < 65 yrs old; documented failure within the last 12 months using one fiber laxative and two stimulant laxatives; rule out drug induced constipation for narcotic pain meds.

The department proposes to clarify the IBS criteria to show that stimulant laxatives are not indicated for use in IBS and therefore that requirement will not apply to the IBS indication. Authorizations are for 6 months. For chronic idiopathic constipation, a 45-day trial off Zelnorm using two stimulant laxatives and one fiber laxative was proposed by the department for re-authorizations, which will be for an additional 6 months. For IBS, a 45-day trial of Zelnorm would be required using fiber laxatives and other remedies. Wilhelm suggested that 30 days would be a better time period. Motions to change the criteria accordingly were passed.

Utah Chronic Pain Program - Moved to August meeting

Lyrica - New drug indicated for diabetic peripheral neuropathy, postherpetic neuralgia, and partial onset seizures in adults. Karen suggested that rather than limit our discussion to this agent alone, we should include a discussion of the entire class of drugs that are used to treat these conditions such as Neurontin, tricyclics and the other new medication, Cymbalta. Tim noted that the DUR Board meeting in August is slated to discuss gabapentin and that rather than try and have this discussion now that it would perhaps be better to move it to August or September and expand that entire discussion then. Lowry suggested that it be moved to some future date by which the college could be ready with a complete review. Moved and passed.

Erectile Dysfunction agents - Due to an administrative decision, this item became an informational piece for the benefit of the Board members. It was decided that erectile dysfunction agents would not be provided by Medicaid to any client that is also a convicted sex offender. These drugs are now all restricted to a prior authorization and prior authorization personnel are provided with a listing of convicted sex offenders which they must consult when servicing these requests. Any client on the list will be denied a prior authorization. This process will be programmed and will become automated.

Vitamin D OTC coverage - Lynda Oderda, PharmD from the University of Utah, presented information compiled by the college of pharmacy regarding osteoporosis, calcium needs, and the recommended needs for vitamin D. Motion was made to have the department bring back a recommendation and the process required to have vitamin D or calcium and Vitamin D covered as a benefit.

Vesicare and Sanctura criteria review - Over active bladder medications, motion made and passed to continue to include under criteria already adopted for this class, namely failure with oxybutinin generic for prior authorization to be considered.

Diphenoxylate w Atropine anti-diarrheal cumulative limit - consideration of this item was requested at the last Board meeting. Drug study information presented for review only included the first five pages of data for claims dispensed for fiscal year 2005, showing monthly quantities dispensed for patients going from 400 to 180 tablets per month. Karen noted pricing differences for quantities dispensed. Investigation into the pricing discrepancies will be done. Karen requested that more complete profiles showing other drug therapies in use by these patients be provided. Normal dosing recommends dosing after a loose stool and repeated thereafter until control is obtained. High quantities are demonstrating that abuse may very well be a concern even though atropine was added to this drug to discourage abuse. It was recommended that the department obtain a consult from a gastroenterologist with regard to dosing and treatment parameters, non-labeled obscure uses which may not be apparent, and inappropriate uses, and return with that information for Board consideration.

Alprazolam/ lorazepam cumulative limit - consideration for this item was requested at the last Board meeting. Drug study information presented for review included the first five pages for each of data for claims dispensed for fiscal year 2005, showing monthly quantities dispensed for patients going from 400 down to 180 tablets per month. Karen noted that the department does not have a hard edit preventing multiple benzodiazepine usage. Lowry stated that the appropriateness of multiple benzodiazepine use follows the lines of long-acting/short-acting opiate use, which is that the use of a long-acting agent for control of a chronic condition is appropriately combined with a short acting agent to cover acute episodes that may arise. He also noted that there is no justification for using two short-acting agents together, or two long-acting agents concomitantly. Discussion centered on setting limits for the short-acting benzodiazepines. The Board requested that information with regard to a patient count of those receiving greater than 90 per month, and how having a limit of 90 tablets per month would affect the patient population at say, Valley Mental Health, be gathered and presented to the Board for the next meeting.

Next meeting set for August 11, 2005.

Meeting adjourned.

The DUR Board Prior approval subcommittee convened and considered 10 petitions.

