



STATE MEDICAID DUR BOARD MEETING  
 THURSDAY, October 13, 2005  
 7:00 a.m. to 8:30 a.m.  
 Cannon Health Building  
 Room 125



## MINUTES

**Board Members Present:**

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

**Jeff Jones, R.Ph.**

**Wilhelm T. Lehmann, M.D.**  
**Joseph K. Miner, M.D.**  
**Bradley Pace, PA-C**  
**Colin B. VanOrman, M.D.**

**Board Members Excused:**

Bradford D. Hare, M.D.

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

Rae Dell Ashley  
 Merelynn Berrett  
 Nanette Waters

**Suzanne Allgaier**  
**Tim Morley**

**Other Individuals Present:**

Jeff Buel, J & J  
 Richard Ensign, Pfizer  
 Alan Bailey, Pfizer  
 Craig Boody, Lilly  
 Oscar Fuller, CMS  
 Todd Christensen, Takeda  
 Tracy Meeks, Amylin  
 Kevin Stigge, MD

Tim Smith, Pfizer  
 Lisa Martin, MHAU  
 Alan Sloan, Purdue  
 Michael Measom, MD  
 Pierre Thoumsin, Amgen  
 Barbara Boner, Novartis  
 Johnna Nelson, Lilly  
 Chuck Yonan, Amylin

Kim Goins, Amylin  
 Cap Ferry, LEC  
 Jeff Nymin, Amylin  
 Brendan Huff, Medimmune  
 Shannon Beatty, Medimmune  
 Lindsay Kerr, MD  
 Doug Poulsen, BMS  
 Mary Haupt

Meeting conducted by: Lowry Bushnell

1. Minutes for August 11, 2005 were reviewed, corrected, and approved.
2. Houskeeping: A dinner meeting with the Board in January or December was proposed. This would be an extended meeting to consider a larger number of issues. Program managers are to pick a date and inform Board members.

Paper waste- Tim is using too much paper. Board members were requested to hang on to what is mailed, it will only be provided once; any additional items will be provided at the meeting.

2. Business Carried Forward:

**Calcium with Vitamin D combinations-** Tim presented the pertinent laws involved with vitamin preparations. Medicaid is authorized to cover vitamins only for prenatal indications. It is an OTC item that is not included with current OTC offerings. Karen moved to let the record show that the Board supported coverage for calcium with vitamin D preparations, but that current laws and regulations do not allow for its provision.

**Benzodiazepines proposed restriction-** Tim presented the decreasing method recommended by the Board of decreasing the total dosing amount by 25% each month. Beginning January 1 until January 31, 2006 only 300 total units are available; from February 1, 2006 until February 28, 2006, 225 units will be available; from March 1, 2006 to March 31, 2006, 170 units will be available; and from April 1, 2006 onward 120 units per 30 day period will be the final cumulative limit. Tim also noted that duplicate therapy restrictions between two long-acting benzodiazepines, and between two short/intermediate acting benzodiazepines will not be allowed. A single duplication between one long and one short/intermediate acting will be permitted. Karen asked about notice. Raedell informed the Board that an Amber sheet will be produced (which is not an official notification) that will inform providers along with the next Medical Information Bulletin (MIB) mailing. The question was asked as to whether or not this cumulative restriction could be in place by January 1, 2006. Raedell noted that it would probably have to be a manual process until April. Clonazepam as an intermediate agent is being included with the short acting agents. Benzodiazepine members of the sedative/hypnotic class will not be included in this cumulative restriction because they already are restricted as sedative/hypnotics. Motion was made and passed to accept this quantity limitation proposal.

**Gabapentin off-label use, anti-convulsants, Lyrica, Cymbalta-** The Board was addressed by Craig Booty from the Eli Lilly company regarding how Lilly promotes Cymbalta. He noted that 85% of Cymbalta use has historically been for depression use while 10-15% has been for diabetic neuropathic pain. Lilly advocates that restrictions should not be necessary for this medication.

Dr. Michael Measom from Valley Mental Health presented his concerns as a psychiatrist that he doesn't want his patients' access to an anti-depressant restricted based upon another indication for the drug in question.

Tim presented the problems surrounding this issue- gabapentin enjoys extensive off-label use for neuropathies, neuralgias, etc. Medicaid has no means to monitor those uses. There are now two new agents in the marketplace that have dual indications- one for a neuropathy/neuralgia and another for an unrelated indication. The dilemma is: do we legitimize off-label use for gabapentin in favor of its lower cost, thereby creating automatically, restrictions for the newer agents which will impact their use within their non-neuropathic indications; or, do we place no controls whatsoever upon the newer and older agents and hope that off-label usage for the newer agents does not increase as happened with gabapentin. Using ICD-9 code with claims was suggested inasmuch as there is a limited number of diagnoses involved. Lowry suggested no action until a pattern of problem prescribing is established. Discussion focused on the feasibility of using ICD-9 codes. Using them is cumbersome for physicians. Jeff suggested using a sig associated generic ICD-9 for data collection purposes. A sample of doctors and patient usage profiles were requested for the next meeting. Discussion of appropriate dosing of gabapentin within off-label uses was

discussed.

**Naglazyme- Tabled**

**Muscle relaxants new restriction-** RaeDell informed the board of issues surrounding the new restriction: the announcement was delayed creating some heartburn for both patients and physicians thereby causing some physicians to have petitioned overrides for the limit based on the fact that patients are doing well on a muscle relaxer alone without pain meds. The Board was informed that a decision was made to allow initial overrides of the limit for patients in such cases. The Board expressed support for that use if the doctor and the profile warrant. Counseling doctors and patients to begin reducing usage was recommended as overrides will not be ongoing.

**Over-active bladder medications-** Dr. Kevin Stigge and Dr. Lindsay Kerr addressed the board to express their feelings with regard to the board policy limiting long-acting anti-spasmodics. Dr. Stigge pointed out the side effects and treatment complications that he sees occur with the use of short acting agents. Use of Detrol LA was advocated. Karen noted that the University produced a criteria set that encompasses this information and that the Board cannot limit its decisions to a single agent but must consider the entire class which is something that would be recommended for a future meeting. Dr. Kerr expressed her concern that the current policy is a dinosaur, and presented some observations regarding the negative impact of immediate release formulations. The advantage of patches with pediatric patients was expressed. The impact of the Medicare transition was discussed. It was suggested that this issue be revisited early next year with renewed consideration of the criteria set and a Dr.'s poll.

**Byetta/ Symlin-** Chuck Yonan, Pharm. D. from Amylin Pharmaceuticals addressed the board with information about Byetta, a new drug for use as an add-on therapy for type II diabetes patients that have failed either metformin or a sulfonylurea, or both; and Symlin, for insulin dependent type I and II diabetics to augment insulin. Byetta works on both the demand as well as the supply side of insulin dynamics. Data from studies showing the action and benefits of Byetta on A1-c and weight loss was presented. It is a bid injection fixed dose. Symlin is used to augment insulin action. Symlin is an amylin analogue which lowers post-prandial glucagon; it works on gastric emptying. It requires expertise and is intended to be marketed explicitly to those who are knowledgeable in the usage of insulin. Patients who do not monitor and have high A1-c levels are not candidates for its use. Proposed criteria for prior authorizations was presented and discussed and changes suggested. Motion was made and passed to accept the criteria as discussed.

**Zemplar-** a new oral formulation of an old product for calcium enhancement is a vitamin D analogue and therefore not available as a covered benefit.

Next meeting set for November 10, 2005

Meeting adjourned.

The DUR Board Prior approval sub-committee convened and considered 13 petitions.

