



STATE MEDICAID DUR BOARD MEETING
THURSDAY, December 14, 2006
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present

Mark Balk, PharmD, BCPS
Lowry Bushnell, M.D.
Derek Christensen, R.Ph.
Karen Gunning, PharmD.

Jeff Jones, R.Ph.
Bradley Pace, PA-C
Dominic DeRose, R.Ph.
Bradford Hare, M.D.

Colin B. VanOrman, M.D.
Wilhelm T. Lehmann, M.D.
Don Hawley, D.D.S.

Board Members Excused:

Joseph Miner, M.D.

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

Rae Dell Ashley, R.Ph.
Tim Morley, R.Ph.
Jennifer Zeleny, CPhT.

Sue Allgaier R.N.
Nanette Waters
Richard Sorenson, R.N.

Other Individuals Present:

Bobby Greely, Takeda
Cap Ferry, LEC
Robert Host, Cephalon
Deanne Calvert Sanofi-Aventis
Sharon Ahern, GSK
Dave Harper, Sanofi-Aventis

Matt Johnson, Takeda
Alan Bailey, Pfizer
Robert Jaramillo, Novartis
Kevin Ceray, Lilly
Bill Waugh, GSK
Kim Goins, Amylin

James Gaustad, Purdue
Pierre Thoumsin, Amgen
Barbara Boner, Novartis
Sean McGarr, Forest
Michelle Wheeler, U Hospital
Jeff Hyman, Amylin

Meeting conducted by: Lowry Bushnell

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1. Minutes for November 9, 2006 were reviewed, corrected, and approved.
 2. Housekeeping: Mark Balk, PharmD., was welcomed as a new member of the DUR Board. He is replacing Dr. Charles Arena, who resigned at the end of October. Mark is with Pfizer, and will be representing the Pharma seat.
 3. 90 Day Supply Medications: Tim Morley addressed the board. The Board previously voted to accept Medicaid's proposal of providing clients with 90-day supplies for select generics. During this meeting, board members were provided with a list of medications that could be considered for a 90-day supply. The list was compiled based on drug classes that are generally used for maintenance purposes, and exclude drug classes that Medicaid was considering other policies for.

Karen Gunning was concerned about including Ticlopidine, due to safety of the Medication. Dr. Lehmann pointed out that very few patients actually took this medication.

Dr. Hare was concerned that patients may fill a 90-day supply prior to being stabilized on a medication. Tim Morley stated that Medicaid does not currently have the software edit in place to handle the requirement of an initial 30-day supply, and the physicians and pharmacists will have to rely on professional judgement to ensure that 90-day supplies are being filled appropriately. A software edit may be considered for a future programming request.

Karen Gunning also requested that Medicaid pay a 90-day supply for oral contraceptives. Medicaid already pays for 3-month supplies of these medications.

Dr. Bushnell questioned why anti-depressants were not on the list of 90-day medications. Medicaid is concerned that the tricyclic anti-depressants could be used for a suicidal purposes and does not want to include the class for that reason.

The 90-day list was approved by the board, with the proviso that Medicaid require a 30-day trial of any maintenance medication prior to paying for 90-day supplies

4. Low Molecular Weight Heparins: RaeDell Ashley addressed the board. Medicaid currently provides access to all of the low molecular weight heparins under prior authorization. This class varies greatly in cost, with Fragmin being the least expensive. Medicaid wishes to continue to provide all of the drugs in this class for short-term use for pre- and post-surgical patients, but would like to recommend that Fragmin is adopted as the first-line agent for long term use.

Karen Gunning recommended that rather than adding criteria to the existing prior authorization policy, Medicaid could provide education to prescribers about cost and about how to prescribe low molecular weight heparins other than Lovenox. Karen also raised the concern that Fragmin may not be the appropriate first-line agent for all long term uses.

Michelle Wheeler of the University of Utah Hospital addressed the Board. In many instances, Lovenox is the preferred first-line agent because it has been on the market longer than other agents in the class, and consequently has the most data behind it. In particular, data is not readily available for pediatric use for agents other than Lovenox. Additionally, none of the agents have approval for bridging Coumadin patients when Coumadin has to be discontinued for a procedure such as colonoscopy.

Karen Gunning recommended that the board not consider any revised criteria for the low molecular weight heparins at this time. She suggested that Medicaid provide her with a list of patients who have required drugs in this class for prolonged periods of time. This

list will be reviewed by the DRRC, and patients will be evaluated for Coumadin therapy. A true allergy to Coumadin is extremely rare, although some patients may require more frequent monitoring and dosage adjustment. Many of these patients could be enrolled in an anticoagulation clinic for monitoring with a substantial cost savings to Medicaid. The prior authorization criteria for the agents in this class may be updated to review the most current indications, and presented for consideration in a future meeting.

5. Januvia: Tim Morley addressed the board. Januvia is the first drug to be approved for Type II Diabetes in the new class of DPP-4 inhibitors. DPP-4 is an enzyme that breaks down incretins, which are secreted by the gut when one eats. Januvia lowers A1C levels by at least 1%, and has an additive effect to metformin and TZD's in lowering A1C levels. Januvia appears to have some promise in actually slowing disease progression of diabetes.

Januvia should, ideally, be used as a second-line agent; however, there are no system edits in place to prevent the physician from using it as a first-line agent. Members of the Board expressed some concern with this, since Januvia is quite costly. There were some concerns expressed about the safety of therapeutic duplication with other oral anti-diabetic agents. Medicaid does not feel that this is a significant concern.

It was recommended that Medicaid pay for Januvia without restriction for one year, at which time the DPP-4 class will be re-evaluated for safety and efficacy by the Board.

6. Galvus: Tim Morley addressed the board. Galvus is another DPP-4 inhibitor that will be coming on the market very shortly. The Board recommended that Medicaid pay for this agent, with the same proviso as Januvia.
7. Duetact: Tim Morley addressed the board. Duetact is a combination agent that contains glimepiride and pioglitazone. Often, combination agents are not cost-effective. However, one tablet of Duetact costs the same as one tablet of Actos. This has the potential to save Medicaid the cost and the dispensing fee of the glimepiride that would normally be prescribed separately.

Karen Gunning understood that Duetact is attractive from the standpoint of cost. However, she is concerned that diabetic patients seem to get confused about the need to discontinue certain medications when a new medication is started, particularly in instances when combination agents are prescribed or when one component of a combination medication needs to be titrated. It was suggested that Medicaid create hard edits in the system to prevent therapeutic duplication of agents within one class (e.g. sulfonoureas).

Therapeutic duplication is already recognized by the PRODUR system. The programming request to require a pharmacist to acknowledge each PRODUR alert as a condition of claim payment is pending. Medicaid feels that this programming, once implemented, will cut down on the number of PRODUR alerts that are inappropriately

overridden.

The Board recommended that Medicaid pay for Duetact, with the understanding that the current problems with the PRODUR system being overridden will be corrected with the new programming.

8. DUR Annual Report: Tim Morley addressed the board.

Meeting adjourned

Next meeting set for January 11, 2007

The DUR Board Prior Approval Sub-committee convened and considered 8 petitions. Drug histories were for 12 months unless otherwise noted.

Minutes prepared by Jennifer Zeleney

