



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, February 11, 2010
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Mark Balk, PharmD.
Wilhelm Lehmann, M.D.
Joseph Miner, M.D.
Bradford Hare, M.D.

Neal Catalano, R.Ph.
Kathy Goodfellow, R.Ph.
Tony Dalpiaz, PharmD.
Joseph Yau, M.D.

Board Members Excused:

Peter Knudson, D.D.S.
Dominic DeRose, R.Ph.

Bradley Pace, PA-C
Cris Cowley, M.D.

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

Lisa Hulbert, R.Ph.
Richard Sorenson, RN
Merelyn Berrett, RN
Carol Runia

Tim Morley, R.Ph.
Amber Kelly, RN
Merelynn Berrett

Other Individuals Present:

Bryan Larson, U of U DRRC
 Lori Howarth, Bayer
 CarrieAnn Madden, U of U DRRC
 David Stenehjen, U of U

Gary Bailey, Forrest
 Jeff Buel, J & J
 Ann Marie Licos, Medimmune

Meeting conducted by: Wilhelm Lehmann, M.D.

- 1 Review and Approval of Minutes: Kathy Goodfellow moved to accept the minutes. Dr. Yau seconded the motion. The motion was approved with unanimous votes by Kathy Goodfellow, Dr. Hare, Mark Balk, Dr. Yau, Dr. Lehmann, Neal Catalano, Tony Dalpiaz, and Dr. Miner.
- 2 P&T Committee Report: Duane Parke addressed the Board and updated the members on changes to the PDL for 2010 and status of contracts with manufacturers.
- 3 Legislative Update: Tim Morley updated the Board members on the status of Dr. Knudson's bill that would allow the DUR Board to consider cost in its deliberations, when the Board feels that it is important. It has gone through the Senate with one Amendment and has had its first reading in the House.

- 4 Gout Class Review: Lisa Hulbert presented the Gout Class Review prepared by Medicaid Pharmacy Clerkship Students. Specifically, she would like the DUR Board to consider Uloric and Colcrys. The Clerkship students prepared some proposed Prior Authorization criteria for these agents.

The Board asked for clarification on why there was suddenly a new branded entry into the Colchicine market. Colchicine was grandfathered into approval based on being available prior to the 1960's. The generic supply will likely disappear now that there is a branded non-DESI entry into the market. Colchicine is not a first-line therapy, and Medicaid is seeking a PA that would require a failure on a first line agent for gout.

The PA nurses asked if the minimum age and PA requirements will be different for FMF. For FMF, the criteria should be clarified to be in line with FDA approved labeling.

The DUR Board and PA nurses also suggested that the PA period for colchicine be extended to one year.

Dr. Lehmann asked for a summary of changes to the proposed Colcrys PA criteria. First is to add age requirements, a failure on or contraindication to non-steroidals or corticosteroids, trial of non-branded colchicines, approval for FMF for children over age 4, a normal liver function test.

Dr. Yau felt that normal liver function may not be necessary. Unless liver function is very poor, it does not matter if it is a little bit abnormal in many cases. The Board and the PA nurses felt that liver function should be left off the PA.

Neal moved to accept the Colcrys criteria as amended. Dr. Miner seconded the motion. The motion was approved with unanimous votes by Kathy Goodfellow, Dr. Hare, Mark Balk, Dr. Yau, Dr. Lehmann, Neal Catalano, Tony Dalpiaz, and Dr. Miner.

The Board reviewed the proposed PA criteria for Uloric. The Board felt that the second bullet about uncontrolled gout flares was redundant and should be dropped. The Board also wanted to add contraindication or intolerance to allopurinol to the first comment, and to list the contraindications on page 17 of the package insert in the PA criteria.

Dr. Hare moved to accept the proposed PA criteria as amended. Dr. Miner seconded the motion. The motion was approved with unanimous votes by Kathy Goodfellow, Dr. Hare, Mark Balk, Dr. Yau, Dr. Lehmann, Neal Catalano, Tony Dalpiaz, and Dr. Miner.

- 5 Proton Pump Inhibitor Class Review: Lisa Hulbert addressed the Board. She presented a proposal to change the current PA criteria for BID dosing to allow unlimited BID dosing of the preferred agents, and limit the use of non-preferred drugs.

Mark Balk asked if a Prior Authorization on a PDL class was still something that the DUR Board could address. Lisa explained that some of the drug manufacturers still allow preferred products to have clinical PA criteria. Currently, all of the PPI's, except Prilosec

OTC, require a PA for BID dosing, and Medicaid is seeking to allow all of the preferred drugs to be allowed at BID dosing.

Dr. Lehmann stated that it was nice, from a Primary Care standpoint, to allow access to more drugs BID. However, he was concerned about the PA criteria being too restrictive in requiring EGD's every two years and a PA renewal every two months.

Mark Balk asked how often a patient would fail on all 3 preferred PPI's. Dr. Lehmann stated that in his experience, patients fall in love with a PPI, and get upset when they are forced to switch. Actually failing 3 PPI's is rare.

Dr. Miner agreed that it is very much a psychological issue, but pointed out that Protonix is supposed to be safer with Plavix. That should be considered in a PA requirement. Dr. Lehmann stated that this issue is still somewhat controversial, and may need to be revisited as more research is done on the issue.

Dr. Hare requested that the form be more generic, so that the DUR Board does not need to revise it every time the PDL changes.

Dr. Lehmann wanted clarification on the form that only BID dosing actually requires the EGD every two years. The daily dose only requires failure of all 3 preferred agents. He felt that this needs to be stated more clearly on the form.

The Board requested that Lisa bring back the PPI criteria with the changes that they suggested for a final vote.

- 6 Synera: Dr. Bryan Larson from the University of Utah Drug Information Service addressed the Board and presented a report prepared by the DIS.

Mark Balk asked how many other patch products are available to treat neuropathic pain, besides Lidoderm and the capsaicin patch. Dr. Larson stated he was not aware of what else was available.

Dr. Miner asked what created the heat in the patch. Dr. Larson stated that there was a compound that reacted with the air to create heat, but was not aware of the mechanism of action.

Dr. Larson stated that he proposed either a PA to limit its use to topical dermal procedures, or a strict quantity limit of five per month.

The DUR Board asked if Synera could produce faster numbing than topical generic EMLA. It would not be appreciably faster.

Dr. Hare stated that he agreed with Dr. Larson's proposal, and that Synera should not be used for chronic pain due to its small size, and increased absorption due to the heating element.

Dr. Hare proposed a strict quantity limit of five per month. Dr. Miner seconded the motion. The motion was approved with unanimous votes by Kathy Goodfellow, Dr. Hare, Mark Balk, Dr. Yau, Dr. Lehmann, Neal Catalano, Tony Dalpiaz, and Dr. Miner.

Rick Sorenson asked if the monthly limit will be handled by PA or computer edit. Lisa stated that it would be handled by computer system.

- 7 Legal: Lisa asked the members of the DUR Board if there was any evidence that any PAs discussed during the meeting would impede quality of care. The Board members felt that it would not.

Lisa asked if the Board members felt that the drugs discussed today were subject to clinical abuse or misuse. The DUR Board members felt that misuse was a risk, but not abuse.

Lisa asked if the Board members felt that the PA's would impede acceptable medical uses for off-label indications. The Board felt that it would not.

The DUR Board Prior Approval Subcommittee to considered 4 petitions this month. 4 were approved.

Minutes prepared by Jennifer Zeleny