



STATE MEDICAID DUR BOARD MEETING  
THURSDAY, March 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.  
Dalpiaz, PharmD.  
Bradford Hare, M.D.  
Dominic DeRose, R.Ph.

Neal Catalano, R.Ph.  
Joseph Miner, M.D. Tony  
Bradley Pace, PA-C  
Joseph Yau, M.D.  
Cris Cowley, M.D.

**Board Members Excused:**

Peter Knudson, D.D.S.

Kathy Goodfellow, R.Ph.

**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:**

Alan Bailey, Pfizer  
Matt Anderson, Alkermes

Robert Belaski, Alkermes  
Tony Molchan, Abbott

**Meeting conducted by:** Wilhelm Lehmann, M.D.

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- 1 Review and Approval of Minutes: Dominic DeRose moved to approve the minutes. Mark Balk seconded the motion. The motion was approved with unanimous votes by Dr. Hare, Mark Balk, Dr. Yau, Dominic DeRose, Dr. Lehmann, Neal Catalano, Brad Pace, Tony Dalpiaz, Dr. Miner, and Dr. Cowley.
- 2 P&T Committee Report: Duane Parke addressed the Board. The P&T Committee reviewed combination inhalers during the past month, and will be considering the DPP-4 inhibitors for diabetes during this coming month. Oral NSAIDS will be considered in March. Some of the contracts have started being sent to manufacturers. Income from the program continues to grow.
- 3 SB 41 Update: Tim Morley addressed the Board, and highlighted some of the changes that SB 41 had made to the operations of the DUR Board.
- 4 Hydroxyprogesterone Caproate (17p) Criteria Review: Dr. Scott Barton of Molina

Healthcare addressed the Board, and presented evidence on 17p. Copies of his Powerpoint slides and relevant studies were provided to the Board members.

The Board asked if it would be appropriate for general practitioners or nurse midwives to administer this drug. Dr. Barton felt that it would be appropriate.

Dr. Yau asked if there are any contraindications. There are few contraindications, such as allergy to 17-p.

The Board asked if 5 doses are indicated, or if it is indicated through delivery. It is indicated through delivery, but 5 doses seems to be the magic number above which there is benefit to the patient receiving the medication.

Lisa Hulbert asked what the latest is that he would recommend starting therapy. He thought that 27 or 28 weeks is the latest it is appropriate to start. Molina is very liberal in starting it later, even though it is approved on a case by case basis. There is very little risk and it is a cheap medication. Some plans even approve it for multiple pregnancies, and he feels that once the problems in some of the twin and triplet studies are resolved, 17p will be found to be beneficial for those pregnancies as well.

Dr. Lehmann summarized the proposed changes to the PA criteria provided by Medicaid.

The Board asked what is the benefit of having it on PA if the guidelines will be so loose. Tim stated that this is giving Medicaid a level of protection, because it is being manufactured from a bulk powder that is not FDA labeled for any indications. Lisa stated that Medicaid also wants to make sure that the patient has a history of pre-term delivery and that the pharmacy is in compliance with USHP 797 sterile compounding guidelines.

Dr. Miner and Mark Balk felt that it was appropriate to allow anyone with prescribing authority working within their scope of practice to prescribe 17p.

Mark asked approximately how many PA's the nurses were receiving for 17p each month. Rick stated that the nurses see about 2-3 requests per month. Often they are denied for wanting to start too early or being past 23 weeks. A few of the requests past 23 weeks were brought to the Board.

The Board members asked if this drug was ever delivered to the physician's office and billed as an office visit. The Board is not considering those claims at this time, as those fall under a medical rather than pharmacy benefit. There is no code for 17-p to be billable through a physician's office.

Mark stated that his only concern about expanding coverage past 23 weeks gestation based one small observational study would be that it sets a precedent for them to cover drugs off-label in situations other than where two large controlled studies are available. He was not opposed to extending the use, but thought that the appropriate process would be to do that in a PA Petition subcommittee. Molina considers those on a case-by-case basis as well.

Mark moved to make the change to allow additional prescribers to write for 17-p, but to retain the current criteria of initiation up to 23 weeks. Until more data is available, clients beyond 23 weeks gestation will be handled in PA Petition subcommittee. Tony Dalpiaz seconded the motion. The motion was approved with unanimous votes by Dr. Hare, Mark Balk, Dr. Yau, Dominic DeRose, Dr. Lehmann, Neal Catalano, Brad Pace, Tony Dalpiaz, Dr. Miner, and Dr. Cowley.

- 5 Zovirax Ointment Quantity Limits: Dr. CarrieAnn McBeth from the University of Utah Drug Information Service addressed the Board and presented evidence prepared by the University for this drug. Criteria to curtail inappropriate utilization were proposed.

Dr. Miner moved to accept Prior Authorization criteria based on Dr. McBeth's recommendations. Dr. Hare seconded the motion. The motion was approved with unanimous votes by Dr. Hare, Mark Balk, Dr. Yau, Dominic DeRose, Dr. Lehmann, Neal Catalano, Brad Pace, Tony Dalpiaz, Dr. Miner, and Dr. Cowley.

- 6 Vivitrol Criteria Review: Lisa Hulbert addressed the Board. Current Vivitrol criteria and utilization statistics were provided to the Board. Information on Vivitrol prepared by Utah Medicaid Pharmacy Clerkship students was also provided to the Board. Changes to the PA criteria suggested by the students and studied submitted by Dr. Michael Measom were presented.

Dr. Michael Measom addressed the Board. He expressed frustrations with past denials that he has received based on elevated LFT's, which are markers of alcoholism. He stated that the sentiment in the community is that it is not rational to deny based on this. As a clinician he is aware if someone has acute hepatitis or liver failure, and would not prescribe Vivitrol to them. He also felt that requiring him to do LFT's would delay care to patients who are motivated to begin treatment. The warning comes from trials with high doses of oral naltrexone. He recommends that the need to do liver function tests be dropped, because it is getting in his way of helping people. He disclosed a financial relationship with the manufacturer of Vivitrol, and does roughly 6 talks per year for them.

Dr. Yau felt that it would be more appropriate to require a liver function test with levels no higher than 3 times the upper limit of normal. Dr. Measom felt that this was too restrictive, because the contraindications are only against using it in acute hepatitis or liver failure. As a clinician he would know if the patient were experiencing this. Forcing him to do lab work costs the system money.

Lisa pointed out that there is a black box warning about Vivitrol's capacity to cause heptaocellular injury. Dr. Measom responded that it is based on oral doses of 250mg per day.

The Board members stated that liver function tests could be normal in a cirrhotic patient. Likewise, patients with latent hepatitis do not always have elevated LFT's.

Dr. Lehmann summarized the recommendations for changes to the PA requirements submitted to the Board.

Mark Balk stated that he understands the current problem with the PA requirements is that the slightest elevation in LFT's causes a PA to be denied. That requirement either needs to be dropped or changed. He moved to drop the requirement for a liver function test and leave the other criteria in place. Dr. Hare seconded the motion. The motion was approved with unanimous votes by Dr. Hare, Mark Balk, Dr. Yau, Dr. Lehmann, Neal Catalano, Brad Pace, Tony Dalpiaz, Dr. Miner, and Dr. Cowley.

The next DUR Board meeting was scheduled for Thursday May 13, 2010.

The DUR Board Prior Approval Subcommittee to considered 3 petitions this month. 2 were approved.

Minutes prepared by Jennifer Zeleny