



STATE MEDICAID DUR BOARD MEETING
THURSDAY, October 13, 2011
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present:

Neal Catalano, R.Ph.

Mr. Kumar Shah

Joseph Yau, M.D.

George Hamblin, R.Ph.

Kathy Goodfellow, R.Ph.

Joseph Miner, M.D.

Cris Cowley, M.D.

Brad Hare, M.D.

Board Members Excused

Peter Knudson, D.D.S.

Tony Dalpiaz, PharmD.

Mark Balk, PharmD.

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

Robyn Seely, PharmD.

Tim Morley, R.Ph.

Lisa V Hunt, R.Ph.

Richard Sorenson, R.N.

Heather Santacruz, R.N.

Marisha Kissell, R.N.

Merelynn Berrett, R.N.

Annette Leonard, R.N.

Other Individuals Present:

Gary Oderda, U of U

Bryan Larson, U of U

Sabrina Aery, BMS

Charissa Anne, J&J

Kathleen Karnik, Janssen

Corey Jones, AstraZeneca

Julie Scott, U of U

David Austin, BI

Lori Howarth, Bayer

Mike Broadhead, Abbott

Pat Wismen, Medimmune

Gary Bailey, Forest

Meeting conducted by: Neal Catalano, R.Ph.

1. At 7:07 a.m. Neal Catalano opened the meeting. He turned the meeting over to Robyn Seeley for Housekeeping Issues.
2. Robyn Seely reminded everyone to sign in and asked that speakers sign a speaker/disclosure form.
3. Neal Catalano asked the Board to review and approve September's minutes: Kathy Goodfellow asked that corrections be made to the spelling of Dr. Miner's and Dr. Balk's last names, and pointed out that does and dose are not spelled the same way and that Dr. Cowley was present at the meeting. She then made a motion to approve the minutes with the corrections and Dr. Cowly seconded the motion which carried by a unanimous vote.
4. Pharmacy & Therapeutics (P&T) Committee Report: Lisa V. Hunt addressed the Board. On October 1, 2011 the Division added Antifungals, Benign Prostatic Hyperplasia (BPH) drugs, Contraceptives, and Estrogen Replacement Therapy to the Preferred Drug List (PDL). The P&T Committee will be reviewing Androgens next Thursday.
5. Review of Pro-drugs and Active Metabolites: Bryan Larson from the University of Utah, Pharmacology Outcomes Research Center reported. His introduction included an explanation of the focus of his presentation being on drugs approved in the last 10 years. He then went on to describe eight drug pairings of pro-drug/active metabolites. As part of his discussion he reported that in recent years, many drugs have been introduced to the market primarily as a means to replace lost revenue associated with the expiration of a drug's patent protection. In many cases there is not a good therapeutic reason for the introduction of a pro-drug or active metabolite. In general Dr. Larson reports that the approach should be to use an existing, less expensive agent, such as generics, unless there is compelling evidence of superiority for the newer, more expensive agent.

Recommendations included: Pro-drugs and active metabolites of existing approved agents will be placed on prior authorization unless there is compelling evidence that they are superior to existing agents if the new drug is more expensive to Medicaid than the existing agent.

Pro-drugs and active metabolites of existing approved agents will not be placed on prior authorization if they are less costly to Medicaid and they have comparable safety and efficacy.

In cases such as Horizant and gabapentin where the new agent is approved for a different indication or indications than the existing drug, prior authorization should be considered for all but the approved indications.

Dr. Miner recommended that the recommendations be approved. Kumar Shah recommended adding a definition of compelling evidence to include studies, abuse potential, and

effectiveness information. Dr. Hare seconded the motion with the addition and it carried by a unanimous vote.

6. Xarelto: Neal Catalano reported that the Board only had 5 minutes to cover Xarelto. Robyn Seely recommended hearing from Kathy Karnik of Johnson & Johnson so that she has a chance to comment on their drug product Xarelto since she may not be able to make it to the next meeting. Dr. Karnick reported that she would appeal to the Board to make this new oral anti-platelet drug easily available to patients upon discharge from the hospital to protect continuity of care. This drug is primarily started in the hospital and continued for 30 to 35 days after discharge.

Neal Catalano asked what advantages does this product have over enoxaparin? Dr. Karnick reported that it shows superiority in clinical studies for VTE's, PE's, for both post hip and knee replacement surgeries.

The next DUR Board meeting is scheduled for Thursday November 10, 2011.

Minutes prepared by Lisa V. Hunt.