



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, April 10, 2014
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Tony Dalpiaz, PharmD.
 Jay Aldus, DDS
 Mark Balk, PharmD.
 Keith Tolman, M.D.

Jennifer Brinton, MD
 Susan Siegfried, M.D.
 Mr. Kumar Shah
 George Hamblin, PharmD

Board Members Excused:

Kyle Jones, M.D.

Michael Symond, M.D.

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

Tim Morley, R.Ph.
 Trevor Smith C.Ph.T.
 Merelynn Berrett, R.N.

Lisa V Hunt, R.Ph.
 Heather Santacruz, R.N.

Other Individuals Present:

Joanita Lake, UofU
 Gary Oderda, UofU
 Taylor Christensen, UDOH

Carla McSpadden, Forest
 Chad Burnham, Select Health

Meeting conducted by: Tony Dalpiaz, Pharm.D.

1. **Welcome** – Tony Dalpiaz opened the meeting.
2. **Housekeeping** – Lisa Hunt announced that there will be one petition following the meeting, and reminded everyone to sign-in.
3. **P&T Committee report** – Lisa Hunt addressed the board she reported that the P&T committee reviewed the short acting opioid agents. In April the committee will review Epi-pen formulations, Scopolamine products, and the annual public meetings training.
4. **Approval of prior meeting minutes** – Mark Balk made a motion to approve the March minutes. Jay Aldous seconded the motion. Keith Tolman abstained from the vote. All others in favor.
5. **Roflumilast (Daliresp) review** – Joanita Lake presented drug information, indications, comparator studies, side effect and safety and efficacy.
6. **Public Comment**

- a. **Carla McSpadden (Forest, Daliresp)** – Reported drug information and clinical trials about Daliresp, and answered questions from the board members.

7. Board Discussion

- a. Mark Balk said that it would be good to look at usage and look for times where theophylline is used concurrently with Daliresp
- b. Jennifer Brinton asked specific diagnosis codes for the different ICD-9 codes for COPD
- c. Susan Siegfried shared the VA prescribing standards for COPD drugs, including Daliresp
- d. Keith Tolman questioned about how the drug passes the FDA approval process. He has concerns about if there is a therapeutic advantage over theophylline and the potential problems with incorrectly administering the drug to people with mental health problems or suicidal tendencies.
- e. Jennifer Brinton said that this drug could be useful for patients with problems with theophylline, but the board could make criteria to prevent improper use.
- f. Keith Tolman said that he was concerned about the company not doing a comparator study
- g. Tony Dalpiaz asked if the board should consider putting a PA on the drug
- h. Keith Tolman said he thinks a PA with strict criteria would be in order, adding that he thinks adding a PA on the drug that is so difficult to meet, it would be impossible to use the drug.
- i. Joanita Lake said that the board needs to recognize that some patients will benefit from the drug and putting a step through therapy requirement or making PA criteria present to follow prescribing guidelines could prevent misuse while helping patients who could benefit from it.
- j. Mark Balk said that GOLD guidelines will be followed by pulmonologists for effective use.
- k. Keith Tolman said that he is not concerned about the pulmonologist misuse, but the family doctors who would prescribe it incorrectly.
- l. George Hamblin said that the ACOs have a PA on this drug. He said that Medicaid can't make the drug unavailable for the pulmonologists or those who have patients who would benefit from the drug. He went on to say that their needs to restrictions and limitations in how it is used, and we should look at the potential safety and concerns with the drug and construct a PA to reflect that.
- m. Jennifer Brinton said that a PA could be made with yes no questions to ensure the patient meets the criteria of the drug. She said that with newer drugs, criteria like this helps prescribers ensure they are not forgetting about specific drug indications or warning.
- n. Joanita Lake presented some example questions that could be included in the PA to ensure the patient meets the criteria.
- o. Lisa Hunt said that the Medicaid computer system can automatically look for past usage of specific drugs, quantity limits and other automatic PA functions.
- p. George Hamblin said that if we put a quantity limit on the drug, it is best to make it refillable after 80% of the medicine is gone. He said that some drugs make the patient wait for 30 days which can be frustrating in the event of a weekend or

holiday.

- q. Jennifer Brinton made a motion asking Utah Medicaid staff to provide the board know what PA criteria can either be established or put in the computer system to automatically allow a patient meeting the criteria and asked that this criteria be provided by the next meeting for a vote of approval. George Hamblin seconds the motion. Keith Tolman opposes. All other members approve.
 - r. Keith Tolman made a motion to close the meeting to review a petition. Makr Balk seconded the motion. All in favor.
8. Meeting Adjourned.

The next DUR Board meeting is scheduled for Thursday, May 8 Juxtapid and Kynamro.
Minutes prepared by Trevor Smith.

Recording available upon request, send email to medicaidpharmacy@utah.gov