



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, August 14, 2014
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Tony Dalpiaz, PharmD.
 George Hamblin, PharmD
 Mr. Kumar Shah
 Keith Tolman, M.D.

Jennifer Brinton, MD
 Susan Siegfried, M.D.
 Kyle Jones, M.D.

Board Members Excused:

Jay Aldus, DDS
 Michael Symond, M.D.

Mark Balk, PharmD.

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

Lisa V Hunt, R.Ph.
 Trevor Smith C.Ph.T.
 Merelynn Berrett, R.N.
 Heather Santacruz, R.N.

Robyn Seely, Pharm.D
 Tim Morley, R.Ph.
 Richard Sorenson, R.N.

Other Individuals Present:

Charissa Anne, J&J
 Joanita Lake, UofU
 Gary Oderda, UofU
 Eric Cannon, Select Health

Laura Litzenburger, J&J
 Michele Puyear, Gilead
 Rob Binham, Shire

Meeting conducted by: Tony Dalpiaz, Pharm.D.

1. **Welcome** – Tony Dalpiaz opened the meeting.
2. **Housekeeping** – Lisa Hunt welcomed everyone to the meeting and reminded everyone to sign in. She also welcomed back Robyn Seely.
3. **P&T Committee report** – Lisa Hunt addressed the board and showed what the future agenda is for P&T committee discussion. She said that in August, the committee is going to discuss adding the new Hepatitis C drugs to the PDL.
4. **Approval of prior meeting minutes** – Kumar Shah made a motion to approve the July minutes. Jennifer Brinton seconded the motion. All others in favor.
5. **Hepatitis C (Sovaldi & Olysio)** – Finalization of prior authorization criteria

6. Public Comment

- a. **Michelle Puyear (Gilead, Sovaldi)** – Offered to answer any questions from the board.
- b. **Laura Litzenburger (Jansen, Olysio)** – Offered to answer any questions from board members.

7. Board Discussion (Hepatitis C)

- a. Keith Tolman said that at the previous meeting, it was decided to not require a viral load test prior to receiving the Hepatitis C drug. He wants to revisit this decision because the viral load testing is going to be part of the FDA recommendations as they evolve with new drugs in the pipeline.
- b. Keith Tolman made the motion to approve the criteria as presented in the packet for Sovaldi and Olysio, which are unchanged from last month's approval, except for the addition of the viral load testing requirement. Kumar Shah seconded the motion. All in favor.

8. **Proton Pump Inhibitors (PPIs)** – Joanita Lake presented data based on the drug information, indications, studies, side effects and safety efficacy data on the drugs. Emphasis in the presentation was placed on the use of the products twice daily dosing (BID dosing), including misuse, abuse or overuse which can lead to complications.

9. Public Comment – None

10. Board Discussion (PPIs)

- a. Lisa Hunt told the board to look in the packet with the PDL and any criteria on the PPI drugs currently in effect.
- b. Keith Tolman said that the over use of PPIs, including twice daily dosing, has been started based on advertising by pharmaceutical companies. He also discussed some of his experiences attending FDA advisory panels for PPIs. He said that he assisted in a presentation for lansoprazole as well.
- c. Lisa Hunt stated that the omeprazole 20mg is preferred and the 40mg is non preferred. She said that if a patient requires a 40mg dose, Utah Medicaid asks that a prescription for two 20mg pills be dispensed instead of the 40mg strength.
- d. A question was asked about why quantity limits are in place at all, since the drugs are so cheap now. Joanita Lake said that there are safety issues that can occur with overuse of the medications.
- e. George Hamblin said that if the 40mg is non preferred, and we do not allow twice daily dosing, how will the patient be able to get the medication without going through the PA process. Two of the 20mg would need to be available without a quantity PA, or the 40mg would need to be unrestricted.
- f. Keith Tolman said that the 20mg omeprazole is not very effective and should actually not be used.
- g. George Hamblin said that he thinks what is established currently for the quantity limits should be sufficient. He said that allowing the twice a day dosing for omeprazole 20mg, and Aciphex, and leave the other products to use only once per day.

- h. Jennifer Brinton asked if there is a PA on the PPIs to limit them to once per day.
- i. Lisa Hunt answered saying that there is quantity limits built in to the system instead of a PA. She asked if there should be a limit of four per day of the omeprazole which would equate to 40mg BID dosing.
- j. Keith Tolman said that in some severe cases, BID dosing would be a good treatment, but those cases would be rare. He said that gastroenterologists could diagnose those conditions, but requiring consulting with a specialist gastroenterologist would drive up cost dramatically.
- k. Joanita Lake presented data about what diagnosis codes are on claims for PPIs. Because the codes are not required to dispense the drugs, not all claims have them attached to them. Not all BID dosing has been with diagnosis codes for conditions that would warrant BID dosing. Because of this it is difficult to determine the extent of incorrect BID dosing.
- l. Robyn Seely said that she put this topic on the agenda because she sees lots of quantity override requests for twice a day dosing for general heartburn conditions, which is inappropriate.
- m. Kumar Shah said that this topic is complex, and the board needs to collect some more data, and write down some options to bring back to the board to discuss in future meetings.
- n. Susan Siegfried said that she has seen many prescribers get into the habit of writing for BID dosing for any PPI. She said that providers need to be reminded and educated of the recommended dosing for these products.
- o. Keith Tolman said that other factors that drive the BID dosing is patients who have acid reflux or asthma symptoms at night. When a prescriber has a patient with these symptoms, they will often write a PPI prescription for BID dosing, once in the morning and once at night.
- p. Keith Tolman asked what the impact would be to require the drug to be dispensed BID only after review by a specialist gastroenterologist.
- q. Kyle Jones said that restricting to only specialists would result in access issues.
- r. Lisa Hunt said that Utah Medicaid could provide a fax blast about educational topics for PPIs.
- s. George Hamblin said that not all pharmacies will council correctly, or communicate with doctors about incorrect use of PPIs. He said the education would be a good idea.
- t. Keith Tolman asked if an online PA process could be used to do BID dosing.
- u. Lisa Hunt said that if there are specific ICD-9s that would allow BID dosing, an electronic PA could be made.
- v. Jennifer Brinton asked about sending letters to the prescribers that prescribe over use the PPIs.
- w. Joanita Lake said that as part of the UofU DRRC contract with Utah Medicaid, they already do reviews of patients or prescribers who may misuse or overuse specific drugs. She said that they could do research and pull those patients for review in the future.
- x. Tony Dalpiaz said that the time has ended for the meeting. He said unless there is a motion, this topic would need to be continued at a future meeting.
- y. Tim Morley asked if the board would like the State to prepare a recommendation to present to the board at the next meeting. All were in agreement.
- z. Keith Tolman offered to help prepare some information before the next meeting.

11. Meeting Adjourned – No DUR petitions

The next DUR Board meeting is scheduled for Thursday, September 11, topics include proton pump inhibitors, Synagis update, and topical immunomodulator agents.

Minutes prepared by Trevor Smith.

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