Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes December 3, 2008

Attendees:

Commission Members
Bruce Alexander, R.Ph., Pharm.D., BCPP; Dan Murphy, R.Ph., Craig Logemann, R.Ph., Pharm.D., BCPS; Sara Schutte-Schenck, D.O., FAAP; Rick Rinehart, M.D. (via phone); Laura Griffith, D.O.; Laurie Pestel, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Thomas Kline, D.O.; Chad Bissell, R.Ph., Pharm.D.; and Pam Smith, R.Ph.

Guests
Rachael Doebel, Pharm.D. Candidate; Archana Jhawar, Pharm.D. Candidate; Sandy Pranger, IME; Chuck Wadle, Magellan; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Thomas Kline called the meeting to order at 9:36 a.m. at Capitol Room 116. Commission members, guests, and observers were welcomed and introduced.

The minutes from the November 5, 2008 meeting were approved. (Motion by Dan Murphy, second by Bruce Alexander, unanimous approval by voice vote.)

Iowa Medicaid Enterprise Updates

Dr. Thomas Kline informed the Commission of the activity occurring within the other Iowa Medicaid committees. The Synagis administration project is going well with no major problems so far this season. The congestive heart failure program has been successful with more than 200 enrolled so far. There are also more than 200 enrolled in the diabetes care management program, and it is going well. IME is also in the process of defining eligible members for an asthma program, expanding upon the initial program that was tried in the IME's first year of operation. DHS will appear at the Rebalancing Healthcare meeting on 12/4/08, discussing components of House File 2539 in hopes of bridging the time that legislation is passed until the next legislative session and building momentum for the next year. DHS Director, Gene Gessow, and Medicaid Director, Jennifer Vermeer, will be panel members. DHS is also participating in the Healthcare Reform Medical Home Project and the Chronic Care and Prevention Advisory Councils. IME is currently undertaking a project reviewing state facilities to ensure that the state's mentally retarded members are getting the appropriate and adequate high quality care. A taskforce had been convened in cooperation with the Department of Public Heath addressing the connection between maternal health treatments and low birth weight. The Clinical Advisory Committee will meet in January.

P&T Recommendations
Susan Parker asked the Commission to review the P&T Committee's recommendations for PDL status changes on Mental Health Drugs from their November meeting. Commission members were provided with hand-outs that the P&T meeting had used to make their recommendations, as well as detailed minutes of the P&T meeting. These recommendations were referred to the Mental Health Workgroup, for discussion at their December 12th meeting. If the Workgroup has any concerns with the clinical aspects of the recommendations, such issues will then be brought back to the DUR Commission for the February 4, 2009 meeting.

Case Reviews
Pam Smith presented four intervention case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $6,837.35 pre-rebate (state and federal).

Smoking Cessation Report for Legislature
Jeremy Whitaker and Bonnie Mapes from the Iowa Department of Public Health and Disa Cornish from the University of Northern Iowa presented information regarding the data collection and research methods of the smoking cessation program. Disa Cornish explained how evaluations assess participant satisfaction, program consistency, and quit rates. As of the end of October, there were nearly 1300 Quitline completions, and just over 200 cessation completions for the Department of Public Health clinic program. Commission members were provided a copy of the questionnaire being used. There has been a huge drop in smoking rates in Iowa in the past two years, almost more than any state has ever had since 1998. They use the CDC definition of a non-smoker which is someone who has not smoked in 30 days. Following the presentation, the Commission was asked to review the finalized version of the letter outlining the progress of the smoking cessation program due to the Legislature January 15, 2009. Chad Bissell highlighted the changes to this document since the last meeting, including the Commission's suggested changes and corrections. Bruce Alexander asked that one paragraph be reworded to emphasize that the statistics it contained were not solely based on the Medicaid population. The Commission otherwise had no objections to the document moving forward to the Department as presented.

ProDUR
Expansion of the Quantity Limits List, to include the most costly short-acting narcotics and benzodiazepines, was discussed. Other states have implemented quantity limits on controlled substances, such as Alabama, Mississippi, Arkansas, and Georgia in order to control costs, prevent over-utilization, and help prevent diversion. One potential drawback to the edits presented would be the increased chance of duplicative therapy; there are currently no edits in place on the POS system to prevent duplicative therapy. Limits on short-acting narcotics were tabled until the next meeting, when the Commission will be provided with

more information about POS programming possibilities prior to voting. Dr. Rick Rinehart suggested referring the topic of quantity limits on benzodiazepines to the Mental Health Work Group. Susan Parker asked that Chad Bissell request a utilization report to show if any members were currently going over the proposed limits for the most costly short-acting narcotics. This information will be brought to the next meeting in February.

Focus Studies

Anticonvulsant Drugs used in Mental Health Disorders: IME identified 32,293 unique members with two or more fills for any one or combination of the following drugs; all Typical Antipsychotics, all Atypical Antipsychotics, Clozapine, Lithium, Lamictal, Valproic Acid (which includes Depakote, Depakote ER, Divalproex, valproate sodium, Depakene, and Stavzor), Equetro, and Carbamazepine (which includes Tegretol, Tegretol XR, and Carbatrol). From this list, members with a diagnosis code in their claims history for epilepsy, seizure disorder, migraine, fibromyalgia, diabetic peripheral neuropathy, and post-herpetic neuralgia were removed. From the remaining members, those who also have two or more fills for an anticonvulsant(s) other than carbamazepine, valproic acid and/or lamotrigine (Lamictal) during the same time frame were identified. Four hundred and thirty-two members were taking a single anticonvulsant other than carbamazepine, valproic acid, or lamotrigine (Lamictal), and 76 were taking multiple anticonvulsants other than carbamazepine, valproic acid, or lamotrigine (Lamictal) in combination. Bruce Alexander asked if the results could be broken down into age groups and diagnosis classifications, also taking the approved anticonvulsants into account as well. Further analysis will be provided at the February meeting.

Drugs used for Restless Leg Syndrome: Members who had pharmacy claims for drugs typically used for Restless Leg Syndrome (RLS) were reviewed between 1/1/08 and 9/30/08. These members' medical claims were reviewed between the time period of 1/1/05 through 9/30/08 for corresponding ICD-9 codes for Parkinsons, RLS, Parkinsons and RLS, and Compulsive Gambling. Quinine Sulfate was not included in this report as Iowa Medicaid has not covered this drug since April 2007. There were 442 members diagnosed with RLS, 15 of which were on more than one of the following: Carbidopa/Levodopa, pramipexole (Mirapex), brand name ropinirole (Requip), extended release ropinirole (Requip XL), or generic ropinirole. The average length of therapy for members with a RLS diagnosis was five months. Only 72 of those members with an RLS diagnosis were tested for iron deficiency. This topic will appear as a column in the next DUR Digest.

Chronic use of Mupirocin: Based on an increase in the number of claims for mupirocin, as seen in monthly utilization reports, IME looked at claims for Bactroban®/mupirocin from 1/1/2008 to 09/30/2008. There are some studies where mupirocin has been studied for “decolonization regimens” for durations

around 30 days, though this is not a compendia listed indication. These regimens are used for recurrent furunculosis or other recurrent Staph infections. When used in some protocols, it is common to see two-to-six 30-day courses over a year in combination with dicloxacillin and rifampin. One hundred and twenty-five members using two or more refills of Bactroban and/or mupirocin were identified. Of those 125 members, none were also on more than one month of oral antibiotics in this same time frame. Susan Parker suggested re-running the data to see how many of the members were institutional and how many outpatient. Letters will be sent to providers as part of a focus study.

Duplicate SSRI Utilization: Members with two or more months of duplicate SSRI's in their claims histories from 8/1/08 to 9/30/08 were examined. Eighteen distinct members were found. Thirteen of these members continued duplicate usage into October as well. All the members were receiving both of their SSRI's from the same prescriber and the same pharmacy. In fact, three members actually had the same prescriber; a primary care physician. Letters will be sent to the providers as part of a focus study

Public Comment

Amy Blickensderfer, Pharm.D. from Amylin spoke about Byetta relative to the Iowa Medicaid clinical prior authorization criteria.

Prior Authorization

Incretin Mimetic (Byetta): The Commission reviewed the PA criteria as requested by the P&T Committee as follows:

> *Prior authorization is required for incretin mimetics (Byetta®).*
>
> *Payment will be considered under the following conditions:*
> *1) Diagnosis of Type 2 diabetes mellitus,*
> *2) Unless otherwise contraindicated, the member has not achieved HbgA1C goals using a combination of two or more antidiabetic medications (metformin, sulfonylurea, or thiazolidinedione) at maximum tolerated doses.*
>
> *Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in HbgA1C since the beginning of the initial prior authorization period.*

There were 59 paid claims for Byetta for the month of October. Six prior authorizations were approved, three denied, and three were incomplete of the 12 received in October. Following clinical discussion of the updated consensus algorithm, *Medical Management of Hyperglycemia in Type 2 Diabetes: A consensus Algorithm for the Initiation and Adjustment of Therapy,* Dr. Laura Griffith asked for input from endocrinologists before the Commission votes

whether or not to revise the criteria. This topic was tabled until the next meeting.

Sedative/Hypnotics-Non-Benzodiazepine: The Commission voted to revise the PA criteria as follows:

Prior authorization is required for preferred nonbenzodiazepine sedative/hypnotic medications for quantities exceeding 15 units per 30 days. Payment for nonbenzodiazepine sedative/hypnotics beyond this limit will be considered when there is:

1) *A diagnosis of chronic insomnia (insomnia lasting ≥ 6 months) following at least a two consecutive month trial of an approved quantity (15/30) of the requested drug,*
2) *Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,*
3) *Enforcement of good sleep hygiene is documented.*
4) *All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses.*

Prior authorization is required for all non-preferred nonbenzodiazepine sedative/hypnotics as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for non-preferred nonbenzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure(s) on all preferred agent(s).

The motion to accept this final recommendation was made by Bruce Alexander, and seconded by Dan Murphy. All other members were in agreement.

Public Comment

There were no speakers in this public comment session.

Miscellaneous

MedWatch: There were two Blackbox Warning updates for Aceon and Raptiva.

Auralgan Otic CMS Notification: As of July, 2008, CMS lists this as a deleted product through the rebate program.

Notification of FUL Updates: Notification of FUL change letters dated 10/7/08 and 10/28/08 were provided to the Commission.

A unanimous vote was made at 12:29 p.m. to adjourn the meeting and move to closed session (1st Dan Murphy, 2nd by Craig Logemann).

The next meeting will be held at 9:30 a.m. on Wednesday, February 4, 2009 at a site to be determined.