Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes August 6, 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.; Laura Griffith, D.O.; and Susan Parker, Pharm.D.

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

Guests
Daryl Richardson, U of I Pharmacy Student; Eileen Creager, DHS Bureau Chief; Colleen Kacher, IME; Sandy Pranger, IME; Dr. Chuck Wadle, Magellan; Nick Ford, IME; Kelly Espeland, IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Thomas Kline called the meeting to order at 9:33 a.m. at the Iowa Medicaid Enterprise. Commission members, guests, and observers were welcomed and introduced. A new commission member, Dr. Mark Graber from the University of Iowa, was announced and will attend the next meeting.

The minutes from the June 4, 2008 meeting were approved. (Motion by Dr. Laura Griffith, second by Craig Logeman, unanimous approval by voice vote.) Bruce Alexander did have a suggestion for future minutes, however. He asked that the generic names for the drugs be included as well as the brand name version. Dr. Kline also volunteered to have Medical Services nurse care managers to work from a members' perspective to improve the numbers for utilization of ACE Inhibitors, ARBs, and Beta Blockers in post MI patients, as the percentages of compliance, even after mailings, seem to be a little low. Chad Bissell mentioned that all meeting materials will now be posted on the DUR website www.iadur.org in advance of future meetings.

Case Reviews

Pam Smith presented four intervention case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of $2,603.69 pre-rebate (State and Federal dollars).

Management Reports

Chad Bissell presented the Management Report Summary. The average amount paid per claim for the last fiscal year was $62.47, and the total amount spent on pharmacy claims was $234,406,031.03. Percent of controlled substances paid for was 18.41%. The top drugs by number of prescriptions have not changed much. However, the top drug, Xopenex HFA (levalbuterol tartrate), boasting

almost 56,000 claims, has now been changed to non-preferred on the PDL, so it will soon move down in the ranks. In fact, on the top drugs by amount spent report, it has already gone from second to fifth place. The top therapeutic classes by dollars spent were Atypical Antipsychotics, Anticonvulsants, and Antidepressants for the last state fiscal year. Generic utilization was 64.5%, which should increase as more generic drug equivalents become available by the end of this year. Dummy prescriber code usage has dropped off since the installation of NPI.

ProDUR

The quantity limit edits that would restrict both strengths of Pristiq (desvenlafaxine) to 30/30 as recommended by the P&T Committee on June 12th were discussed. The Commission agreed to place an edit on both strengths (even though the 100mg tablets cannot be split). The issue adjusting the quantity limit to 15/30 on the 100mg tablet will also be re-evaluated at the September DUR meeting with additional information as to whether or not the tablet can be split.

Focus Studies

Underutilization of Inhaled Corticosteroids: Intervention letters were mailed in October to providers of 134 recipients that had 5 or more fills of a short acting beta agonist and zero fills of an inhaled corticosteroid. Twenty-seven profiles showed concurrent therapy with Singulair (montelukast sodium). Of the 102 profiles (76%) available for evaluation, three profiles (2%) showed the addition of in inhaled corticosteroid. An additional two profiles (2%) and 4 profiles (3%) showed the addition of an inhaled corticosteroid/long-acting beta agonist (LABA) combination or Singulair, respectively. Therapy with an inhaled corticosteroid, inhaled corticosteroid/LABA combination, or Singulair was started but not maintained in 18 profiles (13%). The remaining 75 profiles (56%) were available for re-review, but did not add any therapy. These medication changes added $14,571.36 pre-rebate to the SFY 2008 drug budget. Dr. Kline will ask the IME nurse managers to follow up with the providers of the 75 profiles that did not add any therapy.

Concurrent Benzodiazepine & Sedative Hypnotics: 101 member profiles were re-evaluated to see who was still using both Benzodiazepines and Sedative Hypnotics (78), who discontinued use of Benzodiazepines while continuing use of Sedative Hypnotics (1), and who chose to continue using Benzodiazepines and stop use of Sedative Hypnotics (17). There also were 5 that discontinued of both, and 4 that did not have any claims during the re-evaluation period. Only 10 surveys were returned. Review of claims history shows that members who discontinued use of one of these drugs did not add another in its place. $29,392.56 in pre-rebate, total (State & Federal) was saved as a result of this study.

Chronic Triptan Use without Migraine Prophylaxis: This study was proposed at the March meeting as a potential topic. Chad Bissell reviewed the preliminary search results that identified 195 unique members who are regularly using migraine treatments, sometimes even in multiples, without trying a prophylactic medication. The commission agreed to make this into a focus study. However, the search criteria will be adjusted to also allow for ER and office visits, as well as all medical claims relative to migraine treatment.

Chronic Lidoderm Patch Use: Dr. Wadle mentioned at the last meeting that there was increased use of Lidoderm (lidocaine) patches. Chad Bissell ran a report to see how many were using them for several consecutive months. There were only a very small number of people (25) using them for more than a few months. The commission did not believe these numbers warranted a focus study.

Narcotic Utilization Report: Chad Bissell thought the commission might be interested in reviewing a quarterly narcotics utilization report that would highlight members receiving narcotics from multiple prescribers. The providers could then be contacted to make them aware of the duplicate therapy. This could increase referrals to the lock-in program as well. Chad will bring a model report and template letter to the September meeting, as well as a breakdown of the exact criteria that would prompt a letter to physicians.

Committee Member Interests on Future Focus Studies: Bruce Alexander asked that the commission be provided with a list of all focus studies that have been done thus far, and that this topic be added to the next meeting agenda.

Public Comment

James Wilson from GlaxoSmithKline spoke about their new migraine medication Treximet (sumatriptan-naproxen sodium).

Direction of DUR

Public Comment Policy: The commission voted to keep dividing public speakers into 2 sessions, but a 5 minute time limit per speaker will now be enforced. (Drug manufacturers with multiple speakers must share that time allotment.) This motion was made by Bruce Alexander, seconded by Dr. Richard Rinehart, and approved unanimously.

Prior Authorization

Vusion Ointment *(miconazole-zinc oxide-white petrolatum):* This is the new proposed clinical PA criteria:

> *Prior Authorization is required for Vusion ointment. Payment will only be considered for cases in which there is documentation of previous trials and therapy failures with 1) over-the-counter miconazole 2% cream (payable with a prescription) AND 2) nystatin cream or ointment, unless evidence is provided that use of these agents*

would be medically contraindicated.

Annual Review of Clinical PA Criteria: Bruce Alexander pointed out there was a new FDA warning on Erythropoiesis Stimulating Agents, but Chad Bissell said that the IA Medicaid criteria already stipulates that these agents can not be used in patients with hemoglobin over 10. Dr. Sarah Schutte-Schenck questioned the origins of the Synagis PA timeline. The start date has been moved back to allow for only 5 doses, every 30 days. Dr. Schutte-Schenck had not heard anything about this decision and wondered how it had been made. Dr. Kline said it was a collaborative effort between multiple departments within the IME and the Clinical Advisory Committee, comparing other state programs' criteria based on positive culture test results within nearby regions (CDC Surveillance Data), to create an appropriate schedule and dosing. The Commission believes that any PA Criteria that lists criteria not established by DUR, to note where the criteria originated from and how it came to be.

Proposed PA Criteria Changes for Future Meetings: It was recommended that a sentence be added to the Growth Hormones criteria, stating coverage for the treatment of idiopathic short stature is not a covered diagnosis. Also, it was recommended to slightly change the wording on the Zyvox (linezolid) criteria, from "patient is being treated for one of the following diagnoses" to "patient meets one of the following diagnostic criteria with an active infection." Lastly, it was recommended that the commission revisit the subject of the 18 unit doses per 30 days of Serotonin 5-HT1-receptor Agonists currently allowed. Also, Chantix criteria could be a future topic of interest due to recent safety warnings. These topics will be addressed at subsequent meetings.

Public Comment

There were no speakers in this public comment session.

Strategies, Challenges, and Initiatives

Metabolic Testing in Members on Atypical Antipsychotics: Members profiles that had at least 3 prescriptions for second generation antipsychotic from 1/1/08 to 7/1/08 were cross-referenced with medical claims for lipid, hemoglobin A1C, and fasting blood sugar tests in the past year. Of the 9957 members that met the 3-prescription criteria, 8876 have received no tests in the last year. Since this is such a large group of recipients, the topic will be highlighted in an upcoming DUR Digest as opposed to becoming a focus study at this point in time.

Miscellaneous

DUR Digest – 2008 Vol. 20 No. 3: This is posted on the DUR website.

MedWatch: Chad Bissell turned the commission's attention to the safety notices

included in their packet titled: *Increased risk of tendon problems with fluoroquinolones prompts FDA action* and *Possible association between cancers in young persons and use of TNF blockers prompts FDA investigation.*

A unanimous vote was made at 12:00 to adjourn the meeting and move to closed session (1st by Bruce Alexander, 2nd by Dan Murphy).

The next meeting will be held at 9:30 a.m. on Wednesday, September 3, 2008 at the Iowa Medicaid Enterprise in Des Moines.