DUR Board Meeting
December 6, 2010
1:00 pm CST

In attendance: Brendan Joyce, Gary Betting, Russell Sobotta, Pat Churchill, Greg Pfister (Chairman), Cheryl Huber, Carlotta McCleary, Jim Carlson, Norm Byers, Dave Clinkenbeard, John Savageau, Carrie Sorenson, Steve Irsfeld, Jeff Hostetter, Kimberly Krohn, Todd Twogood.
Absent: Leann Ness

Meeting called to order at 1:03 pm. Chairman Pfister asked for a motion to approve the minutes from the September 13, 2010 meeting. Motion to approve was given by Cheryl Huber; Seconded by Pat Churchill; Motion approved; no opposition. Motion carried.

Brendan provided an update on the budget. Discussion was held on the average cost of a prescription; average cost of a generic prescription; and how costs are increasing based mostly on increasing numbers of Medicaid recipients.

John Savageau asked what percentage of population has gone on Medicaid. Brendan stated that he didn't have any recent numbers of unduplicated counts per year.

Second Review of agents used to treat Hepatitis C – Chairman Pfister asked for discussion; no discussion; no public comment; Vote taken: all board members approved; no opposition. Motion carried.

Second Review of ODT Preparations – Chairman Pfister asked for discussion; Brendan provided further explanation; Brendan suggested adding to the form "patient unable to swallow"; A motion to add check box to the form was made by Steve Irsfeld; motion was seconded by Todd Twogood; Vote was taken: all board members in favor, no opposition. Motion carried. Vote was taken on amended form: all board members in favor, no opposition. Motion carried.

Second Review of Oravig – discussion by board members – none; public comment – none; Vote taken: all in favor; no opposition. Motion carried.

Second Review of Zyclara – discussion by Board members-none; there was no public comment; Vote taken: all in favor; no opposition. Motion carried.

Second Review of Clorpres – discussion – none; public comment – none; Vote taken: all in favor; no opposition. Motion carried.

Second Review of Livalo – discussion – none; public comment – none; Vote taken: all in favor; no opposition. Motion carried.

Yearly PA Review of number of agents – Brendan – Question was asked by Carrie Sorenson regarding adding Oxycontin to the brand name products; Brendan asked for any comments or changes on the forms:

Solodyn – no board comments; no public comments;

Oracea – no board comments; no public comments;

Oxycontin CR PA form – board discussion on merging with other brand name narcotics PA form, perhaps still having Oxycontin mentioned separately, but then having a statement saying "see brand name narcotic form" – Chairman asked if there was any public comment? None.

Short Acting Beta Agonists – Public Comment by Barbara Felt asked the Board to consider adding Ventolin HFA to the list of drugs covered without prior authorization due to it having a dose counter; Kimberly Krohn asked what was the cost differential? Brendan could not provide the information due to Federal Rebate Law, however, he did comment that the cost differential was significant. John Savageau asked Barbara Felt questions on the study. Barbara asked the Board to reconsider the number of doses. Dr. Betting asked what percentage was kids? Jeff Hostetter asked Barbara to prove the request. Todd Twogood made a comment on how children use the inhalers and working to educate, to have a counter would be important. Brendan provided comment. Jeff Hostetter commented that he couldn't make a clinical decision with the information provided. Brendan commented that he has spoken with other states and they don’t pay for convenience. Steve commented. Dr. Twogood commented. No changes were made.

Soma 250 form – Brendan commented that only two requests have been received; no public comment;

Vusion form – no board comments; no public comments;

Immunomodulators form – no board comments; no public comments.

Moxatag form – no board comments; no public comments.

Uloric form – no board comments; no public comments.

Smoking Cessation criteria – Dr. Twogood asked why this was on the agenda; Brendan explained that it is prior authorized, but the form is not for public distribution to avoid misuse. Steve asked how many used this. Brendan commented 285; other comments were made by Kim Krohn; no public comments.

New Business

Review of Statins – Brendan discussed that any new products would require PA, but that all current products would not require additional PA. Cheryl asked when patents expire. Brendan said 2011, 2014, and 2016. The logic for the PA is to protect current market share just like was done with the triptan class. Chairman asked for board discussion on the statins. No public comment was given; Dr. Byers moved to keep the existing products and any new products would require PA; Motion seconded by Todd Twogood.

Next topic was on Long Acting Beta Agonists – A 15-month look back was suggested by Brendan for the Board to consider, in addition to better approaches for the Board to consider. Steve commented about "red flagging" those people to contact their provider. Kimberly Krohn commented on having to run the scripts so many times before they go through. Todd Twogood commented. Kimberly Krohn commented on the urgent care world. Todd Twogood commented that in children can't always look back 15 months as many of the diagnosis are new. Brendan commented he could put edits in the system to come back with data to the Board. Brendan wants to build the edit properly, and wants to address the compliance issues. It would not impact phone calls or prescription data. John would like to see the trend. The majority of concern is with walk in clinics. Brendan questioned the guidelines in kids and asked for direction/comment. Todd Twogood commented. Steve asked for the same delivery system. Brendan again asked what data would be useful. The "one and done's" would be on a 15 month review to where they have not been on any other inhaler, and no repeats. Can the data identify the physician too? Response by the board was to identify the non compliant for Serevent and look back 75 days. Brendan will collect data for the next six to nine months. Dr. Twogood commented on exacerbation patients and their needs, and how they might change the data. Data will also be collected on the overuse of rescue inhalers, with edits/data collected for those patients who use the inhalers more than twice per week and filling it every month. Edit should be for four times per year. Plotting will be by monthly usage. Barbara Felt made public comment on being opposed to asthma and COPD patients and a proposed PA for combination products. Barbara Felt recommended to the board to put a PA on the LABA alone. However when used in combination, Barbara Felt recommended breaking that out based on the diseases. Barbara Felt provided additional information, bullet points and comments. Barbara recommended reviewing for other parameters. She also asked that the board look in the NIH guidelines for additional recommendations. She asked the Board to consider the "ratio" and the use of controller medication for overall control. Dr. Twogood asked for an explanation of "ratio". Barbara Felt replied that the "ratio" would be 0.5 and above for a 30 day supply.

Review of Gilenya – looking to keep it to the FDA use as the cost is $50,000/year. Dana Maier made public comment – first oral drug for Multiple Sclorosis (MS). Dana commented on the trial data, side effects, pregnancy registry, and 5 other adverse events in the REM program; Trial data recommends that patients should have eye exam, liver tests, etc. during the first six months; It is also recommended that patients be observed for the first 6 hours when taking the drug. Brendan asked about severity

level. Dana commented on the data from the clinical trials. The indication is for relapsing forms of MS. Brendan said the bullet points would be not to use in combination therapy and would clarify the diagnosis to relapsing forms of MS. John Savageau commented that not much data is given and would recommend PA for this drug. John Savageau asked for additional clinical trial data and a two page summary for the product so that the Board can review. Dr. Krohn commented on other PA forms and the monitoring. Brendan replied to these questions. John Savageau made a motion to revise the current PA form for Gilenya for relapsing forms. Cheryl seconded.

All in favor of modifying the form – Vote taken – all in favor; none opposed. Motion carried.

It was moved and seconded to accept the form.

Review of Xyrem – this medication is considered a "date rape" drug which is used for narcolepsy. Brendan stated that the PA would be to ensure appropriate diagnosis. He shared information on a specific case where the medication was prior authorized, and where the doctor didn't have any medical data. It turned out the patient didn't have narcolepsy. Brendan is asking the Board to require a special form for the medication that only a physician's signature would make it valid, and the physician would have to validate the diagnosis of narcolepsy. Dr. Clinkenbeard made the motion to do this. Motion seconded by Cheryl. Vote was taken -- all approved; no opposed. Motion carried.

Todd Twogood moved to go forward; seconded by Carrie.

Discussion was held on Darvocet – Worker's Comp will not cover this medication any longer. Since this item was not on the agenda, Brendan asked for direction from the Board about what to do. Steve Irsfeld indicated it was a voluntary recall and has been taken off the market. The Board recommended that Medicaid encourage other physicians to not use or prescribe the medication. Brendan will put quantity limits on the drug to 1 or ½ per day, and will report back at the next meeting what the utilization has been.

Todd Twogood had one item to ask the Board, and that was to change the edit on the limitation on extended release ADHD medications and change it from 10 days to 14 days, The Board agreed to have the edit changed.

Criteria Recommendations – Cheryl moved to accept criteria recommendations; Steve seconded. There was no discussion by the board; Vote taken – all approved; no opposition; Motion carried.

Next meetings will be March 7th, 2011 and possibly June 13th, 2011.
The meeting was adjourned by the chair.