



**Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 01/12/2010**

Board Members:

Michael Scovner, M.D., Chair
Lynne Vezina, R.Ph.
Stuart Graves, M.D.

Norman Ward, M.D.
Andrew Miller, R. Ph

Richard Harvie, R. Ph.
Virginia Hood, M.D.

Staff:

Cynthia LaWare, OVHA
Diane Neal, R.Ph., (MHP)
Michael Farber, M.D. OVHA

Nancy Miner, (MHP)
Nancy Hogue, Pharm.D. (MHP)
Robin Farnsworth, OVHA

Vicki Loner, OVHA
Stacey Baker, OVHA
Judy Jamieson, OVHA

Guests:

Steve Berardino, Amgen
Michael Deorsey, Abbott

Glenn E. Dooley, Sr, Sanofi-Aventis
Morrie Olsen, Reckitt Benckiser

Bill Sanborn, Novartis
Brooke Pastore Still, Reckitt Benckiser

Michael Scovner, M.D. Chair, called the meeting to order at 7:05 p.m. at the DUR Board meeting site in Williston.

1. Executive Session:

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

2. Introductions and Approval of DUR Board Minutes:

- Introductions were made around the table.
- The December 2009 meeting minutes were accepted as printed.

Public Comment: No public comment.

3. OVHA Pharmacy Administration Updates: *Cynthia LaWare, Director of Pharmacy Benefit Programs, OVHA*

- Vermont Prescription Monitoring System: A brown bag lunch presentation discussing this program will be held on Friday February 12th, 2010 at 12 noon. All interested are welcome to attend.
- VPharm PPI/Statin Pilot Program: A draft copy of the “Therapeutic Equivalency Program Legislative Report” was distributed (and later collected) to DUR Board members and discussed. VPharm costs are clearly shifting more toward preferred medications; 39% preferred proton pump inhibitors (PPIs) pre program compared to 72% post program, and 69% preferred statins pre program compared to 86% post-program. In addition, the costs per day for proton pump inhibitors (PPI's) decreased 26% and costs per day for statins decreased 52%. This figure includes the cost of non-preferred products obtained through exception or due to a prior authorization in the Part D plan. The savings for the three-month post period were \$138,000, with a projected annualized savings of \$552,600.

4. **Medical Director Update:** *Michael Farber, MD, Medical Director, OVHA*

- Clinical Programs Update: No updates to report.
- Prescriber Comments: No prescriber comments received.

5. **Follow-up items from Previous Meeting:** *Diane Neal, R.Ph., MedMetrics Health Partners (MHP)*

- Topical Testosterone Products: A DUR Board member had asked about gender edits on these products. There is a gender edit in place and so claims for female patients would reject for prior authorization.

Public Comment: No public comment.

Board Decision: None needed.

6. **Clinical Update: Drug Reviews:** *Diane Neal, R.Ph. (MHP)*

(Public comment prior to Board action)

Note: All drug/criteria decisions will be reflected in the next PDL and/or Clinical Criteria update.

Abbreviated New Drug Reviews

- Asacol HD[®] (mesalamine) Delayed Release Tablet
Deferred until February meeting.

Full New Drug Reviews

- Effient[®] (prasugrel) Tablet: It was recommended that Effient[®] (prasugrel) be added to the PDL as a preferred product in the platelet inhibitor class. A quantity limit of one tablet per day was recommended to encourage dose consolidation.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

In addition, the Board requested a utilization review in six months to monitor for appropriate utilization.

- Ilaris[®] (canakinumab) Vial for Subcutaneous Injection: It was recommended that Ilaris[®] (canakinumab) require prior authorization with the criteria for approval being the member is 4 years old or older AND the member has a diagnosis of CAPS, supported by medical records. In addition, a quantity limit of 1 vial/56 days is recommended. It was also recommended that for approval of Arcalyst[®] (rilonacept) (the only other medication FDA approved for this indication) that a trial of Ilaris[®] would be required first. A new managed category entitled “Cryopyrin-Associated Periodic Syndromes (CAPS) injectables” will be created.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Multaq[®] (dronedarone) Tablet: It was recommended that Multaq[®] (dronedarone) be made available without prior authorization. Due to low utilization within this drug class and no anticipated issues with inappropriate prescribing, it was recommended that the antiarrhythmic drug class did not need to be listed as a managed class.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above.

- Onglyza[®] (saxagliptin) Tablet: It was recommended that Onglyza[®] (saxagliptin) be added to the PDL as “preferred after clinical criteria are met”. The criteria for approval would be a documented side effect, allergy, contraindication or treatment failure with metformin. A look-back for prior therapy with metformin would be handled with automated step therapy. In addition, a quantity limit of one tablet per day was recommended.

Public Comment: No public comment.

Board Decision: The Board unanimously approved the MHP recommendations noted above. The Board requested that the criteria be worded in a manner that would not discourage combined therapy with metformin.

7. Therapeutic Drug Classes – Periodic Review: *Diane Neal, R.Ph, (MHP)*
(Public comment prior to Board action)

- Scabicides and Pediculicides (includes overview of Ulesfia[®] (benzyl alcohol 5% lotion)):
Deferred until February meeting

8. Review of Newly-Developed/Revised Clinical Coverage Criteria: *Diane Neal, R.Ph, (MHP)*
(Public comment prior to Board action)

- Suboxone[®]/Subutex[®] (buprenorphine):
Suboxone[®] and Subutex[®] utilization was discussed. From January 2007 until December 2009 the number of unique monthly utilizers increased from 788 to 1,737. Total payment increased from \$263,248.10 per month to \$702,032.58 per month. Patterns of daily dose amounts, days supply per prescription and numbers of Subutex[®] patients compared to Suboxone[®] patients were discussed. No immediate changes were recommended to the criteria and additional aspects of utilization will be studied.

Public Comment: *Morrie Olson, Reckitt Benckiser* – discussed the history of the drug, pharmacology and appropriate use of the medication.

Board Decision: None needed.

9. RetroDUR: *Diane Neal, R.Ph, (MHP)*

- Lunesta[®] (eszopiclone) for insomnia: As expected, utilization of Lunesta[®] decreased after the implementation of the prior-authorization requirement. The average number of unique utilizers in the 9 months before and after the implementation of the prior-authorization was 382 and 253, respectively. In addition, a total of 207 prior authorization requests were reviewed between January 5, 2009 and November 5, 2009. Despite a fairly high rate of approval, the overall denial rate was 22%. The results of this quality assurance analysis and review of the denials for the prior-authorization

requests indicate that some prescribers were requesting Lunesta[®] without a trial of generic zolpidem. Due to the lack of comparative efficacy data demonstrating advantages of Lunesta[®] over other agents in the class, as well as the availability of less costly generic drug products within the class, it is recommended that Lunesta[®] remain on prior authorization. It is also recommended that no changes be made to the approval criteria for Lunesta[®] and that the length of authorization for approval remain one year. Some patients at this point remain on therapy without a prior authorization because they were originally grandfathered at the time that Lunesta was moved to non-preferred. It was recommended that the grandfathering continue.

Public Comment: No public comment.

Board Decision: The Board unanimously approved no changes to the criteria but requested that the number of patients remaining on therapy without a prior authorization be determined.

- Cost Savings/Clinical Analysis of Prior Initiatives:
 - Specialty Pharmacy – Hepatitis C and Growth Hormone
Deferred until February meeting.

10. Updated New-to-Market Monitoring Log (Consent agenda topic): Diane Neal, R.Ph, (MHP)

- The log is posted on the web site. This log shows new entries in the market highlighted in red. The log is informational only. Suggested dates for review are to be used as a guide only. The actual date of review will depend on the complexity of the agenda.

Public Comment: No public comment.

Board Decision: None needed.

11. General Announcements: Diane Neal, R.Ph, (MHP)
Deferred until February meeting.

12. Adjourn: Meeting adjourned at 9:30 p.m.

Next DUR Board Meeting

Tuesday, February 09, 2009

7:00 - 9:00 p.m.*

EDS Building, OVHA Conference Room

312 Hurricane Lane, Williston, VT

(Entrance is in the rear of the building)

* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.