VERMONT

Department of Vermont Health Access
Pharmacy Benefit Management Program
DUR Board Meeting Minutes: 02/21/2012

Board Members:

Michael Scovner, MD, Chair	Gary Starecheski, RPh	Kim Ladue, NP
Jaskanwar Batra, MD	Lynne Vezina, RPh	Joseph Lasek, MD
Jeanne Greenblatt, MD	Halle Sobel, MD	Mark Pasanen, MD
Sommer Zarbock, PharmD.	Andrew Miller, RPh	

Staff:

Diane Neal, RPh, MHP	Nancy Miner, MHP	Michelle Sirois, MHP
Stacey Baker, DVHA	Nancy Hogue, PharmD, DVHA	

Guests:

Paul Amato, GSK	Rick Angeli, Merck	Matt Badalucco, Merck
Thomas Currier, Purdue	Kevin Danielson, Pfizer	Dan Doucette, Purdue
Christine Dube, MedImmune	Rod Francisco, Sunovion	James Kokoszyna, Allergan
Robert McSparren, BMS	Carl Pepe, GSK	Kelly Prescott, Vertex
Gary Prevost, PriCara	Keith White, Genentech	Scott Williams, OMJ
Christina Griffin, Abbott Diabetes	Arlene Price, Janssen	Jason Strempek, Forest
Steve Bradbury, Forest	Jeff Purnell, Dyax	Amy Pudvar, Purdue

Michael Scovner, MD, Chair, called the meeting to order at 7:00 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 January 2012 meeting minutes were accepted as printed.

Public Comment: No public comment.

3. DVHA Pharmacy Administration Updates: *Nancy Hogue, PharmD, DVHA*

- A general review of a data request received in a letter from Senator Grassley asking about certain atypical antipsychotics, opioids and benzodiazepines and their control and monitoring was discussed.
- The proposed pharmacy rules around The Affordable Care Act are now available. The final rules are expected to be published in January 2013. This will include changes in the way pharmacies are reimbursed.
- The report on recommendations for the Single Formulary was delivered to the Legislature last week and copies of the report were sent to the DUR Board members.

4. Medical Director Update:

- No update this meeting.

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

- Citalopram > 40 mg/day: A claims review was done to see how many members are still receiving citalopram in doses greater than 40 mg per day. There are 257 members receiving these doses as of February 2012. This is down from the August 2011 total of 426. A discussion was held around next steps as it relates to the FDA warning and patients currently on doses > 40 mg/day.

Public Comment: No public comment.

Board Decision: The Board unanimously approved to send patient specific letters to prescribers informing them of the August 2011 FDA Safety Communication and to require prior authorization for citalopram doses greater than 40 mg per day stating that the patient and/or family have been advised of the risks and benefits of doses > 40 mg/day. Information about dosing and liver impairment should also be included.

- Started and Stabilized in Mental Health Categories (samples): A discussion was held around the clinical criteria of "started and stabilized" particularly as it relates to mental health medications. The Clinical Call Center is uncomfortable denying PAs for mental health medications when samples have been used to start patients as this could lead to destabilization of the patient.

Public Comment: No public comment.

Board Decision: The Board unanimously approved to continue to ask if the member has been started and stabilized for mental health medications and to ascertain if samples were used. If the answer is yes (samples used), then the request should be denied.

6. RetroDur/Prior Authorization Quality Assurance Analysis: *Diane Neal, RPh, MHP*
(Public comment prior to Board action)

- Opiate Agonists/Opiate Combination Utilization 2007-2011: Opiate agonists include both long and short acting opiate agonists. Opiate combinations include primarily opiates in combination with acetaminophen. Opiate combination total units increased from 2007 through 2009 but by 2011 had decreased back down to 2007 levels. The percentage of Medicaid beneficiaries who had a prescription for an opiate combination has decreased from 17.1% in 2007 to 12.04% in 2011. Opiate agonist total units has continued to increase steadily from 2007 through 2001 while the percentage of Medicaid beneficiaries who had a prescription for an opiate agonist has remained fairly steady at around 6.4% as beneficiary numbers have increased overall. Further detail around opiate agonists will be brought to a later DUR Board meeting.

Public Comment: No public comment.

Board Decision: None needed.

- Senator Grassley Report – Atypical antipsychotics, opiates and benzodiazepine prescribing: The request asked for utilization by prescriber based on number of claims (regardless of days' supply or quantities). The data has further been sorted by numbers of patients by prescriber for atypical

antipsychotics for Vermont Medicaid DUR Board review and no outlier prescribers were identified. The prescriber with the most Oxycontin® patients had 16 unique patients however there appears to be some significant use of immediate use oxycodone. The only benzodiazepine reported was alprazolam.

Public Comment: No public comment.

Board Decision: None needed.

- DUR Edits –Refill Too Soon and Ingredient Duplication: A chart was distributed that proposed tightened refill quantities based on days' supply of the prescription and DEA class of the medication. Adequate time would be allotted for patients to be able to pick up prescriptions from the pharmacy so that they would not run out of medication. Both refill too soon and ingredient duplication would become hard edits and PA would be required from the technical call center to over-ride. Also, for all Schedule II-V medications, the maximum days' supply would be 34 days. Tramadol, although not a Schedule II-V medication, would have refill limits that are the same as the Schedule II-V medications. Ingredient duplication would be interpreted to mean the same drug and dosage strength.

Public Comment: No public comment.

Board Decision: The majority of the Board approved the MHP criteria noted above with one opposition.

- Psychotropic Medication Use in Children SFY 2009 – 2011:
  Deferred until next meeting due to lack of time.

7. Clinical Update: Drug Reviews: *Diane Neal, RPh, MHP*
(Public comment prior to Board action)

Abbreviated Drug Review:

- Lotemax® (loteprednol etabonate 0.5%) Ophthalmic Ointment: It was recommended to add Lotemax® ointment to the Department of Vermont Health Access (DVHA) preferred drug list (PDL) as prior authorization required with the criteria for approval being that the patient has had a documented side effect, allergy, or treatment failure with one preferred generic ophthalmic corticosteroid OR the patient has a documented hypersensitivity to the preservative benzalkonium chloride.

Public Comment: No public comment.

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

- Nucynta ER® (tapentadol extended-release) Tablet: It was recommended to add Nucynta ER® to the DVHA PDL as prior authorization required with the recommended criteria for approval being that the patient has a diagnosis or condition that requires a continuous, around-the-clock analgesic AND the patient has had a documented side effect, allergy, or treatment failure to morphine sulfate SR 12hr AND brand Duragesic® (fentanyl) patch. In addition, a quantity limit of 2 tablets per day is recommended.

Public Comment: *Arlene Price, Janssen* – Highlighted some of the attributes of Nucynta ER®.

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

Full New Drug Reviews:

- Brilinta® (ticagrelor) Tablet: It was recommended to add Brilinta® to the DVHA PDL as prior authorization required with the criteria for approval being the patient has been started and stabilized (samples are not adequate justification for stabilization) OR the patient has had a documented side effect, allergy, inadequate response or has a contraindication to at least one preferred platelet inhibitor. In addition, a quantity limit of 2 tablets per day is proposed.

Public Comment: No public comment.

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

- Firazyr® (icatibant) Prefilled Syringe for Subcutaneous Injection**:**
  Deferred until next meeting due to lack of time.

- Solesta® Gel Prefilled Syringe for Submucosal Injection:
  Deferred until next meeting due to lack of time.

- Viibryd® (vilazodone hydrochloride) Tablet: It was recommended to add Viibryd® to the DVHA PDL as prior authorization required with the criteria for approval being the diagnosis is Major Depressive Disorder (MDD) AND the patient has had a documented side effect, allergy, or inadequate response (defined by at least 4 weeks of therapy) to at least one preferred selective serotonin reuptake inhibitor (SSRI) AND the patient has had a documented side effect, allergy, or inadequate response (defined by at least 4 weeks of therapy) to at least 1 different antidepressant from the SSRI, SNRI, and/or Miscellaneous Antidepressant categories (may be preferred or non-preferred). In addition, a quantity limit of 1 tablet per day is proposed.

Public Comment: *Jason Strempek, Forest* - Highlighted some of the attributes of Viibryd®.

Board Decision: The Board unanimously approved to change the recommended approval criteria to: The diagnosis or indication is Major Depressive Disorder (MDD) AND the patient has had a documented side effect, allergy, or inadequate response (defined by at least 4 weeks of therapy) *to at least 3 different antidepressants* from the SSRI, SNRI, and/or Miscellaneous Antidepressant categories (may be preferred or non-preferred). In addition, a quantity limit of 1 tablet per day was approved.

8. Therapeutic Drug Classes-Periodic Review: *Diane Neal, RPh, MHP*
(Public comment prior to Board action)

- Anti-Fungals-Oral:
  Deferred until next meeting due to lack of time.

- Hepatitis C Ribavirans: No changes to the current DVHA approval criteria for non-preferred ribavirin products are proposed.

Public Comment: No public comment.

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

- Hepatitis C Protease Inhibitors: No changes to the current DVHA approval criteria are proposed.

Public Comment: No public comment.

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

- Interferons: At this time, Infergen® (interferon alphacon-1) is the only non-pegylated interferon that is managed by the DVHA. It was proposed that interferon alfa-2b (Intron-A®) also be added to the DVHA PDL as PA required with the criteria for approval being the diagnosis or indication for the requested medication is Hepatitis AND the prescriber is, or has consulted with, a Hepatologist, Gastroenterologist, or Infectious Disease Specialist AND the patient has had a documented side effect, allergy, or treatment failure to Pegasys®.

Public Comment: No public comment.

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

- Pegylated Interferons: No changes to the current DVHA approval criteria for pegylated interferons are proposed.

Public Comment: Dr. Daniel Baran, Merck - Highlighted some of the attributes of pegylated interferons.

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

9. New Managed Therapeutic Drug Classes: *Diane Neal, RPh, MHP*
Deferred until next meeting due to lack of time.

10. Review of Newly Developed/Revised Clinical Coverage Criteria and/or Preferred Products:
Diane Neal, RPh, MHP

- Antidepressants: SNRIs: It is recommended that generic venlafaxine ER capsule be moved to a preferred position on the DVHA PDL within the Antidepressant: SNRI category with a quantity limit of 1 capsule per day for the 37.5 mg and 75 mg strength.

Public Comment: No public comment.

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

11. General Announcements *Diane Neal, RPh, MHP*

FDA Safety Alerts
- Deferred until next meeting.

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

Next DUR Board Meeting
Tuesday, April 3, 2012
7:00 - 9:00 p.m.*
HP Building, DVHA 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.