

Nebraska Medicaid DUR Board Meeting
Tuesday, May 11, 2010
DRAFT pending approval at July meeting

The Nebraska Medicaid DUR Board met on Tuesday, May 11, 2010 at the Country Inn and Suites in Lincoln.

DUR Board Members in Attendance:

Kevin Borchert, R.P.
Elissa Carney, R.P.
Shana Castillo, R.P.
Eric Gall, R.P.
Nicole Gillespie, PharmD. Candidate CU
Susan Howard, M.D.
David Hutsell, R.P.
Norman Kelley, M.D.
Charlie Moore, R.P.
Marcia Muetting, R.P., Nebraska DUR Director
Kirk Muffly, M.D.
Phil Vuchetich, R.P.
Robert Wergin, M.D.

Guests in Attendance:

Barbara Mart, Nebraska Medicaid
Renee Kohles, PharmD. Candidate UNMC
Jenny Minchow, R.P. Nebraska Medicaid

Public Members in Attendance:

Stephanie Miller, Amgen
Rachel Bevis, AstraZeneca
Carol Curtis, AstraZeneca
John Kroeten, Boehringer Ingelheim
Jim Graves, Bristol-Meyers Squibb
Jim Bade, GlaxoSmithKline
Susan Zalenski, Johnson & Johnson
Michael Jay Schoenfeld, Lilly
Barbara Belcher, Merck
Luciano Kolodny, MD, Merck
Sarah Sullivan, Merck
Randy Troxell, Novartis
Jeffrey Coffman, MD

I. Opening and Introductions

The meeting was called to order at 6:32 pm. The director noted that a copy of the Open Meeting Laws is available on the front table along with a copy of all meeting materials.

II. Declaration of any Conflict of Interest or changes

Board members renewed written conflict of interest statements and drug utilization review board member agreements.

III. Review of Agenda

The director noted that Old Business under Prospective DUR should be removed from the agenda. A motion to approve the agenda as stated with the authority of the chair to modify as necessary was made by Kevin Borchert with a second from Phil Vuchetich. Vote as follows: Borchert-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

IV. Review of minutes from March meeting

A motion to accept the minutes as written was made by Elissa Carney with a second from Charlie Moore. Vote as follows: Borchert-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

V. Update on recommendations from March meeting

Board members expressed appreciation for the feedback from the Department regarding their recommendations.

VI. Retrospective DUR

A. Current Profile Review

1. Lock Ins

The director reviewed 27 profiles, resulting letters being sent to providers of 4 patients for evaluation for lock in.

2. Patients with a diagnosis of Congestive Heart Failure who are not taking an ACE inhibitor, ARB or beta blocker

Fifty seven interventions were sent after review of 76 profiles. There have been 20 responses received (35%). Approximately 50 % of the responses indicated that the patient was no longer in the care of the responding prescriber. Approximately 25% of the patients did not have CHF per the responding prescriber. Two responses indicated patients had severe pulmonary HTN. One response indicated patient did have CHF and had been on lisinopril since 2007. Information was useful to 3 respondents and not useful to 7 respondents.

3. Underuse of statins for patients with Type 2 Diabetes

Eighty six interventions were sent and to date 9 responses received (10%). More information will be available at the July meeting.

4. Patients with diagnoses of diabetes and hypertension not taking either an ACE inhibitor or ARB

Profiles were generated for patients who were being treated with oral hypoglycemics or insulin and had a diagnosis code of hypertension but were not being treated with ACEIs or ARBs. There were 133 interventions mailed on May 6. More information related to responses will be provided at the July Meeting.

5. Patients taking multiple long-acting stimulants for ADHD

There were 33 profiles reviewed. Upon review, it was found that most patients were switching from one long acting agent to another. Board discussion resulted in letters to be sent only to the prescribers of patients who are taking two or more long acting stimulants concomitantly, noting that there is a lack clinical evidence to support the safety and efficacy of this treatment regimen. Letters will be sent to prescribers of three patients.

B. Recommendations for Future Profile Reviews

The director proposed the following options for future reviews:

1. Patients taking multiple dosage forms of same medication
2. Antipsychotics and metabolic effects
3. Strattera compliance
4. High doses of stimulants (> recommended dose)

A board member recommended reviewing profiles of patients identified as taking multiple combination products for hypertension with duplicate ingredients. A consensus was reached to perform profile reviews on Strattera compliance and patients identified as taking combination antihypertensive products with duplicate ingredients.

VII. Prospective DUR

A. Old Business

1. Development of criteria for first generation antihistamines

The director reported that a survey of other state Medicaid programs found that the majority of states are not covering these products as they consider them as treatment for cough and cold which

is an optional category for coverage. Board members expressed concern about the cost and safety of daily use of decongestant/antihistamine combination products. A motion was made by Kirk Muffly with a second by Phil Vuchetich to recommend that first generation antihistamine combination products be classified as cough and cold medications, and should not be covered. Vote as follows: Borchers-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

B. New Business

1. DUR Board review of New Drug Products to determine if Prior Authorization is appropriate

a. Saphris

Board members discussed concerns with the removal of Saphris from PA regarding cost, taste, poor oral bioavailability, and dosage formulation. There were concerns with using the sublingual dosage form in elderly patients with dementia and the non-superiority to placebo in one of the clinical trials. Public comment was offered by Jeffrey Coffman, MD. He stated that Saphris has less metabolic effects than some other atypical antipsychotics. He supported the idea of a PA as long as the drug was available for specific patients. Public comment was also provided by Luciano Kolodny, MD, an employee of Merck. He noted the dosing and clinical trials for Saphris. Board members were also concerned about the lack of long term data, and Dr. Kolodny explained that trials began in 2001. A motion was made by Kirk Muffly with a second by Bob Wergin to recommend that Saphris remain on prior authorization available by medical necessity. Vote as follows: Borchers-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

b. Twynsta

Jenny Minchow noted that Twynsta was reviewed by the P & T committee and classified as non-preferred. No public comment was offered. A motion was made by Kirk Muffly with a second by Eric Gall to recommend removal of the prior authorization. Vote as follows: Borchers-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

2. Request from the Department to develop criteria for Forteo per P & T Committee discussion

Public comment was offered by Michael Jay Schoenfeld. He introduced the FRAX model, which is a WHO fracture risk assessment tool. Kirk Muffly offered to consult some experts in the field on their opinion of the criteria for prescribing Forteo. Discussion will be postponed until the July meeting.

3. Request from the Department to develop criteria for Emend per P & T Committee discussion

No public comment was offered. A motion was made by Elisa Carney with a second by Shana Castillo to recommend moving forward with the criteria as written. Vote as follows: Borchers-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

4. Annual Review of Prior Authorization Criteria for Incretin Mimetics

A motion was made by Kirk Muffly with a second by Bob Wergin to recommend adding a reference to Victoza on the criteria as presented wherever Byetta is already listed. Vote as follows: Borchers-yes, Carney-yes, Castillo-yes, Gall-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

5. Annual Review of Prior Authorization Criteria for Cox I Inhibitors

A motion was made by Kirk Muffly with a second by Shana Castillo to recommend leaving the criteria unchanged. Vote as follows: Borchert-yes, Carney-yes, Castillo-yes, Howard -yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-yes, Vuchetich-yes and Wergin-yes. Motion carried.

6. Annual Review of Prior Authorization Criteria for Cox II Inhibitors

Board members requested clarification on the data supporting the use of the medications listed with a higher COX II specificity with aspirin. Discussion will be postponed until the July meeting.

VIII. Special Requests from the Department

Jenny Minchow requested that the DUR Board examine long term (> 6 months) use of sedative hypnotics. The director will outline how other states have handled this issue and request reporting to be presented at the September meeting.

VIII. Future Meeting Dates

July 13
September 14
November 9
January 11, 2011
March 8, 2011

IX. Concerns and Comments from:

Board

None

Director

The director expressed gratitude for the work of Nicole Gillespie and Karsen Duncan as they retire from their board positions.

State Representatives

None

X. Adjournment

A motion to adjourn at 8:32 pm was made by Kirk Muffly with a second from Bob Wergin. Vote as follows: Borchert-yes, Carlson-yes, Carney-yes, Castillo-yes, Gall-yes, Houghton-yes, Howard-yes, Hutsell-yes, Kelley-yes, Moore-yes, Muffly-no, Vuchetich-no and Wergin-yes. Motion carried.