DRUG UTILIZATION REVIEW BOARD MEETING
JANUARY19, 2011
205 JEFFERSON STREET
JEFFERSON CITY, MO 65101

Board Members Present
John Newcomer, MD, Chairman
Sandra Bollinger, PharmD
Randy Beckner, PharmD
Kenneth Haller, MD
Charlene Heyde, RPh
Stacy Mangum, PharmD
Kirk Nelson, MD
Glenn Talboy, MD

Board Members Absent:
Susan Abel-Rhaman,PharmD
Joy Gronstedt, DO
Ginger Nicol, MD
Jennifer Passanise, FNP

MO HealthNet Division Staff Present:
Rhonda Driver, RPh, Director Pharmacy Program
Mark Roaseau, PPh, Clinical Pharmacist
Beth McQuaide, Special Assistant
Mary Heet, RN
Jenna Twehus, RN
Andrew Haslag, Fiscal Manager
Angela Wilson, Unit Supervisor
Jackie Hickman, Unit Supervisor
Emily Antweiler, Pharmacy Technician
Cheryl Laughlin, Correspondence and Information Specialis**t**

Contractors in Attendance:
Rick Pope, PharmD, Magellan Healthcare
Jennifer Kemp-Cornelius, PhamD, ACS Healthcare
Sophie Backes, PharmD, ACS Healthcare
Geri Roling, Ifox
Annette Walther, Ifox

Others Attending

Carol Curtis, Astra Zeneca
Andy Becker
Phil King, Pfizer
Lon Lowry
Andy Buschart, Pharmacy Student
Eric Blake, Merck
Noelle Levy, Pfizer
Todd Houldsworth, OMJ
Nick Boyer, Astra Zeneca
Eric Gardner, Pfizer
Jon Graham, Cobi
Paul Setvaiz, Abbott
Jeff Knappen, Allergan

*Many names on the sign-in sheet were illegible. Sign in sheet on file for review.

Welcome, Introductions and Opening Remarks	John Newcomer, MD, Board Chairman called the meeting to order at 10:15 a.m. Quorum was established. Rhonda Driver, RPh, Director Pharmacy Program announced changes to the membership of the Drug Prior Authorization Committee. Henry Petry, DO who had served on the Committee since 1992 and was the Committee Chairman has submitted his resignation sighting health reasons. MO HealthNet Division (MHD) will begin to search for a practicing physician for replacement. Joe Parks, MD has also resigned from the Committee. Dr. Park's schedule and Department of Mental Health duties have made it difficult for him to devote time to the Committee. Laine Young-Walker, MD has been appointed effective January 10, 2011 as Dr. Park's replacement. Long time colleague and friend, Tom Beetem, RPh recently passed away. Mr. Beetem served as the on call pharmacist for the MHD Helpdesk and will be deeply missed.
Minutes Approval	Minutes of the October 2010 meeting were reviewed and approved as submitted. (See Roll Call Votes)
Pharmacy Program/Budget Update	Andrew Haslag, Fiscal Manager, provided a brief budget update. He stated the program is on target for Fiscal Year 2011. Ms. Driver noted that it is believed the psychotropic edits have helped to keep the program within appropriation. A presentation of data on these edits will be planned for the April meeting. Mr. Haslag informed that the MoRx Program is set to sunset August 31, 2011. There has been support expressed for the continuation of the program and MHD expects this to be a topic of discussion this legislative session. Mr. Haslag and Ms. Driver responded to questions regarding tobacco trust fund monies and the smoking cessation program for pregnant women recently implemented by MHD.
Review of Prior Authorization Meeting:	Copies of the agenda and draft minutes, including public hearing, from the January 7, 2011 (rescheduled from December 16, 2010) *Drug Prior Authorization Meeting* were included in the members' meeting packet.
Old Business	
Implementation Schedule	An updated copy of the *Proposed Implementation Schedule for Edits,* including PDL classes was included in the Members' meeting packet and provided as a handout to all attending. The schedule had been updated with all edits approved at the last quarter's meetings, the annual review of 1/3 of the PDL, which were implemented on January 6, 2011. Ms. Driver responded to questions regarding the effect these changes had on the call center stating that only about 1/3 of the classes reviewed had any change. The psychotropic edits which are all implemented have had the most impact on the call center, especially the polypharmacy edit. Dr. Newcomer spoke of his support for the edit. This document details the work of the Division and Advisory Groups since 2002. This schedule may be found on the MHD web page at http://dss.missouri.gov/mhd/cs/pharmacy/pdf/impsched.pdf
Selzentry Clinical Edit	•**Discussion-**A copy of the updated clinical edit document was provided in the meeting packet and to all attendees. Changes under recommendation were bolded for easy identification. Mark Roaseau, RPh, Clinical Pharmacist reviewed the document noting additions to approval criteria to address a new low viral load trofile test for product sensitivity. • **Decision –** In the interest of time the Board agreed to block all old business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This edit was included in this block vote. (See Roll Call Vote)

Ranexa Clinical Edit	●**Discussion**-A copy of the updated clinical edit document was provided in the meeting packet and to all attendees. Mr. Roaseau explained additions to both approval and denial criteria. These changes were bolded on the document for easy identification. MHD used to require a trial and failure on a CCB, ACE Inhibitor, Beta Blockers and angiotensin receptor blocker or nitrates. The new criterion only requires concomitant therapy with one of the classes. Criteria to limit the dosing of Ranexa® to 500 mg twice daily for patients taking diltiazem, verapamil or cyclosporine was also added. • **Decision –** In the interest of time the Board agreed to block all old business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This edit was added to the block vote.(See Roll Call Vote)
Botulinum Toxin Type A Clinical Edit	●**Discussion**-A copy of the clinical edit document was provided in the meeting packet and to all attendees. Changes under recommendation were bolded for easy identification. Ms. Driver reviewed the document noting the addition of two products to the edit as well as new approval diagnosis codes for Botox therapy. The manufacturer of Botox® requested additional codes be considered for approval at the Drug PA meeting. MHD has taken these under review and expects to add most if not all of the additional codes. • **Decision –** In the interest of time the Board agreed to block all old business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This edit was added to the block vote (See Roll Call Vote)
Human Papilloma Virus (HPV) Clinical Edit	●**Discussion**-A copy of the clinical edit document was provided in the meeting packet and to all attendees. A new product was added to the edit. Ms. Driver summarized the document and noted the addition of males under approval criteria for the product Gardasil. • **Decision –** In the interest of time the Board agreed to block all old business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This edit was added to the block vote. (See Roll Call Vote)
New Business	
New Drug Review	• **Discussion -** Drug monographs were available for review at http://www.heritage-info.com/mohealthnet/ for all new products reviewed this quarter (Identified in July, August and September). A listing of products recommended for open access, clinical edit, as a PDL product or for continued prior authorization was provided in the Members' meeting packet for discussion and action. This listing was also provided as a handout (see meeting packet) to all attending. Ms. Driver, RPh reviewed MHD recommendations. Phil King, Pfizer Pharmaceuticals asked for clarification of the status of Aricept 23 on the PDL. Ms. Driver explained the solicitation process and the placement of the product in non preferred status. • **Decision –** In the interest of time the Board agreed to block all new business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. New Drug recommendations were included in this block vote. (See Roll Call Vote)
Clinical Edits	

Stadol NS/butophanol	●**Discussion -**A copy of the proposed clinical edit document was provided in the meeting packet and to all attendees. This product currently has a quantity limitation in place. Mr. Roaseau reviewed the document which included approval and diagnosis criteria to ensure use for an appropriate diagnosis, age limits and to not exceed maximum recommended doses. ● **Decision –** In the interest of time the Board agreed to block all new business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This edit was added to the block vote. (See Roll Call Vote)
Provigil/Nuvigil	●**Discussion -**A copy of the recommended clinical edit document was provided in the meeting packet and to all attendees. Mr. Roaseau reviewed the document which will move the products from prior authorization to a transparent clinical edit process. Approval criteria included extensive diagnostic criteria for each approved indication. Denial criteria limited the product to those 18 years and older and will not allow patients with a history of ventricular hypertrophy or mitral valve prolapse transparent approval of the products. ● **Decision –** In the interest of time the Board agreed to block all new business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This recommendation was added to the block vote. (See Roll Call Vote)
Ampyra	●**Discussion -** A copy of the proposed clinical edit document was provided in the meeting packet and to all attendees. Ms. Driver explained that this product was unique in the treatment of Multiple Sclerosis (MS) specific to gait and the improvement of walking and therefore had not been included in the existing MS PDL edit. She reviewed approval criteria, which requires a trial on 2 preferred PDL agents on the PDL edit. Therapy will be denied if the patient has a history of seizures or renal insufficiency. Ms. Driver reviewed the recommendation from the Drug PA Committee to require a baseline CrCl lab prior to approval which will be added to the approval/denial criteria. ● **Decision –** In the interest of time the Board agreed to block all new business recommendations into one inclusive vote, pulling out any issues that might require separate discussion. This recommendation was added to the block vote. (See Roll Call Vote)
Preferred Drug List (PDL)	Products and classes under review this quarter are new to the PDL.
Antihyperuricemics	● Discussion – Ms. Driver reviewed the criteria document provided as a meeting handout. Preferred and non-preferred agents were summarized. Ms. Driver clarified that a product no longer on the market was still included in the edit due to the lag in claims submission. It was noted the Drug PACommittee felt due to this products inclusion approval for a non preferred agent should be allowed after a trial and failure of 2 preferred agents versus 3 as was originally being recommended by MHD**.** Members suggested that call center calls be tracked to look for GI issues and build into the edit a transparent approval for Colcrys® should the volume of calls warrant. ● **Decision –** This PDL recommendation was accepted and added to the new business block vote.(See Roll Call Votes)
Bile Salts	● **Discussion –** Ms. Driver reviewed the criteria document, noting preferred and non-preferred agents and approval/denial criteria. It was noted that this is a generics first edit.

	• **Decision -** This PDL recommendation was accepted as presented and added to the new business block vote. (See Roll Call Votes)
Inhaled Antibiotics	• **Discussion –** Ms. Driver reviewed the criteria document provided as a meeting handout. Both products in the class were recommended as preferred agents. • **Decision -** This PDL recommendation was accepted and added to the block vote.(See Roll Call Votes)
Pancreatic Enzymes	• **Discussion –** – Ms. Driver reviewed the criteria document noting recommendations for preferred and non-preferred agents. Approval and denial criteria were reviewed as well. • **Decision -** This PDL recommendation was accepted as presented and added to the block vote. (See Roll Call Votes)
Topical Analgesics	• **Discussion –** Ms. Driver reviewed the criteria document noting recommendations for preferred and non-preferred agents. Mrs. Driver reviewed the Drug PA Committee discussion regarding the disparate grouping of products in this class. It was pointed out that most of the products are targeted to specific indications. The Drug PA Committee suggested that the products might be better suited within their oral comparator edits. Ms. Driver indicated provider push back was of concern when patches were included in the oral edit, however the Committee felt the edit process should be used to guide providers toward supported appropriate usage. • **Decision –**The Board agreed with the Drug PA Committee and this edit was rejected. MHD will work to refresh the NSAID edit. This recommendation was added to the block vote. (See Roll Call Vote) (See Roll Call Votes)
Preferred Drug List Announcement	Therapeutic categories to be considered next quarter will be the annual review of products with contracts expiring July 2011. A listing of classes/products under review was provided to all attendees. The Division will also post these classes to the Web page http//:www.dss.mo.gov/mhd. Carol Curtis, Astra Zeneca asked for clarification on the Division's plans to break the annual PDL review classed into more even groups. Ms. Driver responded that the September/October classes would be the group to split into a more manageable grouping and the Division hopes to accomplish this in 2011. It would be done as before with a 6 month extension of selected contracts.
Program Statistics:	
Top 25 Drugs by Cost	A listing of the top 25 drugs for dates of services for the 4th quarter 2009 through 3rd quarter 2010 was provided for the Committees' Information. This report was provided in two formats: ranked by number of claims and ranked by amount paid. Copies were available to all attendees.
Clinical Edit Summary Report	An overview of clinical edit and prior authorization transactions was provided for the month of November 2010. The report provided total transaction counts as well as information on the outcome (approval or denial) of the requests. CyberAccess℠ active count reports for the month of November were also provided for the Committee's information and review.
Call Center Statistics	A handout detailing pharmacy help desk call center activity was provided for all attending. Statistics were for the month of November 2010.

ACS Healthcare Update	Shopie Backes, PharmD, with ACS Healthcare reviewed the existing Vivitrol® edit including the approval and denial criteria. The edit was originally implemented in May 2008 with revisions in April 2009. Vivitrol indications were reviewed. Dr. Backes summarized call center statistics noting more approvals than denials. Details of the 48 denials were discussed. Transition claim data for patients switching from oral (naltrexone) to IM (Vivitrol®) or back was shared. Graphs depicting length of therapy for both oral and IM were shared. Ms. Driver noted that this comparison was of great interest to Dr. Parks. Jennifer Kemp-Cornelius, PharmD, ACS Healthcare provided information on the patient facing tool DirectInform in response to questions from the Board She noted that the Department of Mental Health through the CMHC's is driving the usage of this tool currently. Dr. Kemp Cornelius summarized the CyberAccess reports included in the meeting packet. She summarized the totals and provider types using the tool. Types of activity these users are checking with the tool were also detailed within the reports. An update on lab data reporting was provided. The tool still does not provide raw data and is still a work in progress which is now under discussion with the Statewide Health Information Exchange (HIE) discussions CyberAccess will develop into a more HIE friendly model and will continue to enhance and change with the direction of national health care technology. A demo of CyberAccess was provided. The tool is the beginning of an EMR tool. Messaging, canned reports, E-prescribing, inpatient certification, were noted. Real time eligibility checks are planned for the very near future. A demo patient was selected and Dr. Kemp-Cornelius discussed the information available to the provider within the tool. This demo included prescribing provider history, drug history, checking drug rules and filling out prescription, medical precertification, optical, EPSDT and discussion of provider entered data. The remainder of the presentation was opened for questions.
Adjourn	The DUR Board went into Executive Session for the sole purpose of discussing individual participant specific medical information. At the conclusion of these discussions the group adjourned entertaining no further business, actions or motions. (See attached roll call vote)

Roll Call Votes – January 21, 2009

Member	*New Drug And Clinical Edits*	PDL Edits	Closed Session	*Adjourn*
John Newcomer				
Susan Abdel-Rahman	Absent	Absent	Absent	Absent
Randy Beckner	Yeah	Yeah	Yeah	**Motion**
Sandra Bollinger	**Second**	**Second**	**Motion**	Yeah
Joy Gronstedt	Absent	Absent	Absent	Absent
Kenneth Haller	Yeah	Yeah	Yeah	Absent
Charlene Heyde	**Motion**	Yeah	**Second**	Yeah
Stacy Mangum	Yeah	**Motion**	Yeah	**Second**
Kirk Nelson	Yeah	Yeah	Yeah	Yeah
Ginger Nicol	Absent	Absent	Absent	Absent
Jennifer Passanise	Absent	Absent	Absent	Absent
Glenn Talboy	Yeah	Yeah	Yeah	Yeah
Vacant RPh				

EXECUTIVE SESSION
January 19, 2011

Board Members Present **MO HealthNet Division Staff Present:**

MINUTES REVIEW	Minutes of the October 2010 Executive Session were approved as submitted.
CASE REVIEWS	Jenna Twehus, RN presented two cases for review. Patient 1 was as an 18 year old male on multiple antipsychotic medications, including foclin at a dose 3 times the maximum recommended dosage. The case had presented when the prescriber was attempting to increase the dose of another medication to above the recommended maximum as well as the addition of the 7th psychotherapeutic medication which hit the poly pharmacy edit. Second patient was a 10 year old receiving three antipsychoics, three medications for mood stabilization and two others for diagnosis of Autism. Both patients were seeing the same prescriber. A prescriber summary report for this physician was provided for the Board's review. The report detailed the provider's ranking within his peer group and also provided data on prescribing patterns. It was noted that this particular provider receives multiple notices each quarter regarding outlier prescribing patterns. Following review and discussion of this information the Board recommended referral to the Board of Healing Arts.
ADJOURN	The meeting adjourned at approximately 1:00 p.m. (See Roll Call Votes)