DRUG UTILIZATION REVIEW BOARD MEETING
April 20, 2011
205 JEFFERSON STREET
JEFFERSON CITY, MO 65101

Board Members Present
Sandra Bollinger, PharmD
Susan Abel-Rhaman,PharmD
Ginger Nicol, MD
Randy Beckner, PharmD
Kenneth Haller, MD
Charlene Heyde, RPh
Stacy Mangum, PharmD
Glenn Talboy, MD

MO HealthNet Division Staff Present:
Rhonda Driver, RPh. Director Pharmacy Program
Mark Roaseau, RPh, Clinical Pharmacist
Beth McQuaide, Special Assistant
Andrew Haslag, Fiscal Manager
Mary Heet, RN
Allison Lauf, RN
Angela Wilson, Unit Supervisor

Board Members Absent:
John Newcomer, MD, Chairman
Joy Gronstedt, DO
Kirk Nelson, MD
Jennifer Passanise, FNP

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

Others Attending:

Nicole Levy, Pfizer	Rick Learned, Pfizer	Mike Kloos, Pfizer	Susan Zalenski, Johnson and Johnson
Grant Gale, BMS	Dave Sproat, BMS	Chet Steckler, Purdue	Hank Lavallet, Forest
Nick Boyer, Astra Zeneca	Dee George, Dendreon	Patty Minear, Lilly	Chuntai Nyr, Student
Lon Lowry, Novartis	Jared Lurch, Novartis	John Valenti Sanofi	Susan Wood,
Maurice Jackson,	Annie Palmer	Todd Houldsworth	Carol Curtis, Astra Zeneca

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

Welcome, Introductions and Opening Remarks	Acting Chair, Susan Abel-Rhaman , PharmD called the meeting to order at 10:00 a.m.
Minutes Approval	Minutes of the January 2011 meeting were reviewed and approved as submitted.
Pharmacy Program/Budget Update	Andrew Haslag, Fiscal Manager noted that at 10 months into this year's budget the program is still close to where predictions were. Next year's budget is currently moving through Senate discussions and will move to conference in May where a clearer idea of the final impact will be seen. MHD is expecting some cuts. Rhonda Driver, RPh, Director Pharmacy Program noted the Division has been working closely with house and senate leadership regarding the sunset and reauthorization of MoRx. Ms, Driver provided history of the program as well as the sunset process. Legislative oversight completed a review of the program late fall 2010. The bill to reauthorize has passed the House but is still pending Senate approval. Mr. Haslag noted that the dialog on the 20 million dollar program and been extensive. Beginning in August 2010 a comprehensive review of the program was completed by the Legislative Oversight Committee. Missouri is one of 26 states who operate a Part D pharmacy assistance benefit plan. What MoRx is today and the Plan's mission was summarized. Ms. Driver reviewed who qualifies for MoRx and elaborated on the difference between dual and non dual members. Dual members or those who have both Medicare and Medicaid are auto enrolled into one of the preferred drug plans in Missouri, while non-duals must apply and meet income guidelines. Approximately 72% of the membership is dual. Another 17% are considered partially dual; while the non-duals make up the remaining 11% of the membership Ms. Driver discussed the profile of a typical MoRx member. She shared the benefits a member receives from the plan. It was noted that enrollment into the plan began in January 2006 and at the end of December 2010 there were 209,796 members enrolled. Per member per month costs were provided. The program has grown over the years however the level of appropriation has not changed. Ms. Diver noted that changes within the Affordable Care Act are slated to close the coverage gap or doughnut hole for non-duals over the next several years. Plans to do this include a $250.00 rebate in 2010 for Part D enrollees with spending into the coverage gap, a 50% discount on total cost brand name drugs prescribed in the gap, and over time Medicare will gradually phase in subsidies for brand and generic drugs in gap. MHD is following closely to determine how this will impact MoRx. In response to a question regarding total spend during the coverage gap Ms. Driver stated that the vast majority of spend is for co-pays, a small portion of members move into the coverage gap and none have come out during the history of MoRx. A provider tax presentation will be scheduled for a later meeting to update and familiarize newer members with this program.
Review of Prior Authorization Meeting:	Copies of the agenda and draft minutes, including public hearing, from the March 17, 2011 *Drug Prior Authorization Committee 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. January was an annual review implementation. This schedule may be found on the MHD web page at

	http://dss.missouri.gov/mhd/cs/pharmacy/pdf/impsched.pdf
New Business	
New Drug Review	• **Discussion -** Drug monographs were available for review at http://www.heritage-info.com/mocaidrx for all new products reviewed this quarter (Identified in October, November and December). 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 reviewed MHD recommendations. • **Decision –** In the interest of time the Board agreed to block all 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	
Short Acting Narcotics Single Agent and Combination Therapy	• **Discussion –** Ms. Driver provided background surrounding the decision to begin editing this class. Mark Roaseau, RPh, Clinical Pharmacist reviewed the criteria noting approved diagnosis codes and product daily dosing limitations. This edit is a work in progress and MHD will monitor the affect on the call center closely. Ms. Driver noted there is no grandfathering built into this edit so a sharp increase in calls is anticipated. Mr. Roaseau responded to questions regarding days supply limitation on ibuprophen. • **Decision –** In the interest of time the Board agreed to block all 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)
Preferred Drug List (PDL)	MHD conducted and annual review of 1/3 of the classes currently in the PDL with contracts expiring at the end of June 2011. A copy of the edit document was provided in the meeting packet and to all attendees. Changes under recommendation or the addition of a new product to the class were bolded for easy identification
Androgen Hormonal Inhibitors	•**Discussion-–** Ms. Driver reviewed the criteria document .The new product Jalyn® was added to the edit in non preferred status. Uroxatral was moved into preferred status. • **Decision –** In the interest of time the Board agreed to block all 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)
Antiemetics-Oral	•**Discussion**- Ms. Driver reviewed the criteria document pointing out clinical criteria that will remain in place for Lotronex and Emend; however much of the clinical criteria within this class was removed last year. Three new products were added to non preferred status (Sancuso®, Zuplenz® and Metozolov ODT®). The edit is a generics first edit. • **Decision –** In the interest of time the Board agreed to block 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)

Benzoyl/Peroxide/Clindamycin Topical Agents	•**Discussion -** Ms. Driver reviewed the criteria document noting the addition of one new product, Acanya® to non-preferred status and the movement of Duac CS® to the non-preferred side. • **Decision –** In the interest of time the Board agreed to block all 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)
Beta Adrenergic Agents Long Acting	•**Discussion -** Ms. Driver reviewed the criteria document. MHD was recommending no change to the edit. Both products within the class are preferred agents. • **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. (See Roll Call Vote)
Beta Adrenergic Agents Short Acting	•**Discussion -** A copy of the proposed clinical edit document was provided in the meeting packet and to all attendees. Ms. Driver reviewed the criteria document noting no change was recommended to the current edit. • **Decision –** In the interest of time the Board agreed to block all 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)
Beta Adrenergic Agents Nebulized	• Discussion – Ms. Driver reviewed the criteria document. A trial on one preferred agent will allow transparent approval of a non-preferred agent. No changes were recommended. This is also a generics first edit. • **Decision –** This PDL recommendation was accepted and added to the block vote.(See Roll Call Votes)
COPD Anticholinergics	• **Discussion – –** Ms. Driver reviewed the criteria document and approval recommendations, including a trial and failure on three preferred agents for transparent approval of a non-preferred agent. No product status changes to the current edit were proposed. • **Decision -** This PDL recommendation was accepted as presented and added to the block vote. (See Roll Call Votes)
Growth Hormones	• **Discussion –** Ms. Driver reviewed the criteria document. Members were reminded that clinical edit criteria will remain in place. Two new products were added to the class. Increlex® (preferred status) and Egrifta® (non preferred status) are growth hormone releasing agents. Additional clinical criteria were added to the edit for these products. . • **Decision -** This PDL recommendation was accepted and added to the block vote.(See Roll Call Votes)
Hematopoietic Agents	• **Discussion -** Ms. Driver reviewed the proposed criteria document, including clinical edit criteria that will remain in place. All products remain preferred • **Decision -** This PDL recommendation was accepted as presented and added to the block vote. (See Roll Call Votes)
Inhaled Corticosteroids	• **Discussion –** Ms. Driver reviewed the criteria document noting the addition of a new product, Dulera®, to preferred status. The addition of approval criteria, looking for

	appropriate diagnosis was noted. • **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)
Insulins	●**Discussion**-A copy of the clinical edit document was provided in the meeting packet and to all attendees. Ms. Driver indicated no change was recommended. • **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)
Long Acting Insulins	●**Discussion**- Ms. Driver reviewed the criteria document. No change was recommended and all products in this category remain as preferred agents. • **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)
Rapid Acting Insulins	●**Discussion**- Ms. Driver reviewed the criteria document noting no recommended changes. • **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)
Insulin-Mix	●**Discussion**- Ms. Driver reviewed the criteria document. No change was recommended. • **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)
Low Molecular Weight Heparins	●**Discussion**- Ms. Driver reviewed the criteria document. Generic Lovenox®, Enoxaparin, was added to non-preferred status. • **Decision –** In the interest of time the Board agreed to block all 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)
Non-Ergot Dopamine Receptor Agonists	●**Discussion**- Ms. Driver reviewed the criteria document. Ms. Driver noted this edit has turned into a generics first edit with the movement of Pramipexole to preferred status and Mirapex® to non preferred status. • **Decision –** In the interest of time the Board agreed to block all 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)
Ophthalmic NSAIDS	●**Discussion**- Ms. Driver reviewed the criteria document noting no changes to current edit. • **Decision –** In the interest of time the Board agreed to block all 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)

Platelet Inhibitor Agents	●**Discussion**- Ms. Driver reviewed the criteria document. Warfarin was moved into the category and placed in preferred status. Ms. Driver clarified the addition of this product as this class is evolving. Pradoxa®, a new product, was also added to preferred status. Clinical criteria remains in place and unchanged. A recommendation to re-title this edit was made by the Drug PA Committee and MHD is working to determine the best designation. • **Decision –** In the interest of time the Board agreed to block all 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)
Sedative Hypnotics	●**Discussion**- Ms. Driver summarized the criteria document including approval/denial criteria. It was noted that for patients with diagnostic history of substance abuse a trial of one preferred agent will allow transparent access to non-preferred agents. Zaleplon® was recommended for movement from non-preferred to preferred status and Lunesta® from preferred to non-preferred status. Three new products Zolpimist® and Zolpidem ER® and Silenor® were added in non-preferred status. The PA Committee recommended the addition of Silenor into the transparent approval following trial and failure of one preferred agent for those with a history of substance abuse as well. MHD will build this into the edit. • **Decision –** In the interest of time the Board agreed to block all 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)
Skeletal Muscle Relaxants	●**Discussion**- Ms. Driver reviewed the criteria document. The addition of Metaxolone to non-preferred status was the only recommended change. • **Decision –** In the interest of time the Board agreed to block all 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)
Statins	●**Discussion**- Ms. Driver reviewed the preferred and non-preferred agents and outlining the approval criteria to allow first line access to high potency statins. The addition of Livalo® to non-preferred status was noted. • **Decision –** In the interest of time the Board agreed to block all 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)
Triglyceride Lowering Agents	●**Discussion**- Ms. Driver reviewed the criteria document, noting no changes to the edit. • **Decision –** In the interest of time the Board agreed to block all 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)
Urinary Tract Antispamodics	●**Discussion**- Ms. Driver reviewed the criteria document. Three additions to non- preferred status were discussed. (Trospium, Flavoxate, and Urogesic Blue®). • **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)
Preferred Drug List Announcement	Therapeutic categories to be considered next quarter will be the annual review of products with contracts expiring September 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.
ACS Healthcare Update	Jennifer Kemp-Cornelius, PharmD noted the need for approval for retrospective DUR interventions as a part of federal Centers for Medicare and Medicaid (CMS) reporting requirements. Dr. Kemp-Cornelius explained how CyberAccess makes Missouri unique and can be used as an intervention tool however this requires the provider to log in and review patient alerts therefore ACS does quarterly mailings in addition to alerts within the Cyber tool. Two intervention options were provided for the Members' review. Dr. Kemp-Cornelius explained how a target group, for mailing, and a control group, for comparison post six months, were chosen for these interventions. She also reminded members that their names were included on the cover letters sent. The first intervention proposal for consideration was *Drugs with Abuse Potential*. She noted the indicators presented were meant as a starting point for discussion and the Board has the ability to make recommendations and changes. In response to a question from members, Dr. Kemp-Cornelius responded the ability to alert the Board to providers who continually exhibited abhorrent prescribing practices was present within the intervention ADHOC process. Discussion ensued and it was agreed this intervention would coordinate well with the implementation of the short acting narcotic edits approved at this meeting and scheduled for realization in late June or early July. Members strongly felt a proactive approach should be used and recommended the distribution of educational materials prior to mailing of the intervention letters or edit implementation. It was felt this was a good opportunity to revive the DUR Newsletter and might minimize call center affects. The importance of communication was stressed by the Board and it was suggested that language be incorporated into the intervention cover letter to reference any educational efforts that were completed prior to the mailing. Members approved this intervention for mailing next quarter. The second intervention presented was one that has not previously been done in Missouri This intervention focuses on non-steroidal anti inflammatory drugs and adverse effect. The current MHD step therapy edit for the NSAID class and the PDL edit for the Cox II Drug class were summarized. Each indicator within the intervention was reviewed. Discussion ensued surrounding the smoking/alcohol abuse indicator and its purpose. Dr. Kemp-Cornelius explained it was meant to be more informational to the provider. Members were asked to take this proposal for review and send recommendations back to MHD. This quarter's mailing is the diabetes and statin therapy intervention previously approved by the Board. Dr. Kemp provided other topics for the Board's consideration for future interventions. These included poly pharmacy, coordination of care (number of meds vversus number of prescribers), gaps in therapy,

	COPD, Asthma, Peptic Ulcer Disease, and anticonvulsant therapy. It was noted ACS has traditionally stayed away from psychotropic medication interventions as CMT and the Department of Mental Health focuses on these retro reviews. ACS did do a publication that highlighted abhorrent prescribing practices however.
Program Statistics:	
Top 25 Drugs by Cost	Top 25 drug list was provided for the Committees' information. This report was provided in two formats; ranked by number of claims and ranked by amount paid and detailed all quarters of 2010. 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^{SM} 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. Mary Heet, RN responded to a question regarding the ADHD edit and the potential need to review the criteria. It was noted that the majority of calls are for patients under six years of age, which are individually reviewed. SNRI calls were also noted as high. Ms. Driver stated this was expected as the psychotropic edits were implemented and appropriate. In July reports on the Psychotropic medication edits will begin. Due to the volume of hits to the edit criteria only one edit at a time will be presented at future meetings. Plans are to begin with the Atypical Antipsychotic edit. Dr. Kemp-Cornelius summarized the report in detail for the group. Information provided was from January 1, 2004 to February 28, 2011. A brief overview of updates to CyberAccess surrounding Health Information exchange (HIE) was presented. An overview of statewide HIE will be planned for an upcoming meeting.
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 – April 20, 2011

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

EXECUTIVE SESSION
April 20, 2011

Board Members Present
Sandra Bollinger, PharmD
Susan Abel-Rhaman,PharmD
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Rick Pope, PharmD, Magellan Healthcare
Jennifer Kemp-Cornelius, PhamD, ACS Healthcare

MINUTES REVIEW	Minutes of the January 2011 Executive Session were approved as submitted.
CASE REVIEWS	No cases were submitted for review.
ADJOURN	The meeting adjourned at approximately 1:30 p.m. (See Roll Call Votes)