



DENNY C. GUINN  
Governor

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES  
**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
NEVADA MEDICAID

MICHAEL J. WILLDE  
Director

CHARLES DUARTE  
Administrator

**Drug Use Review (DUR) Board Meeting**

**Location of Meeting**

401 South Carson Street Room 3137  
Carson City, NV

**Videoconferencing**

555 E. Washington, Room V4412  
Las Vegas, NV

MINUTES OF  
September 23, 2004  
1:00pm

**Committee Members Carson City**

David England, Pharm.D. Chairman  
Amy Schwartz, Pharm.D.  
Keith Macdonald, R.Ph.  
Marjorie Uhalde, MD-Called In  
Stephen Parker, MD-Called in at 2:20pm

Lori Winchel, RN-Called in Late  
Joseph Johnson, MD-Called in

**Others Present:**

**Carson City:**

Coleen Lawrence DHCFP, Jeff Monaghan, FHSC, Dawn Daly FHSC, Joe Tyler Advisory Committee, Bert Jones GSK, Marv Orrck GSK, Jesse Deaver Aventis, Steve Schaereer AZ, James Driver AZ, Reta Harris MD NV Psychiatric Association, Jean Cromin AZ, Sheri Doss Janssen, Darrel Smith Janssen, Patty Hescoock Janssen, Tracy Davies Lilly, Mark Arondering MD NV Psychiatric Association, Slater Sparks Mylan-Bertek, Tiger Pope DHCFP, Alan Slaon Purdue, Jeanette Belz NV Psychiatric Association

**Las Vegas:**

Jamie Wyels FHSC, Carla Sloan Advisory Board, C. Stiles BMS, Joe Duarte Cephalon, MaryAnne Phillips M.D., Charlie Speranos Novartis, Claire Boutin NAMI, Maurice Boutin NAMI, Duar Darsheid GSK

**I. Call to Order and Roll Call**

Due to technical difficulties, the start of the meeting was delayed. David England called the meeting to order at 1:30pm. Roll call was taken.

**II. Discussion and Approval of June 24<sup>th</sup>, 2004 Minutes**

**Motion: Keith Macdonald to accept the minutes.**

**Seconded: Amy Schwartz**

**Votes: Unanimous**

**Motion carried.**

**III. DHCFP Report**

Coleen Lawrence, DHCFP, read recent Attorney General's opinion into public record. See attachment.

Ms. Lawrence informed the board she had received Dr. Stahl's educational CD addressing psychoactive drug polypharmacy. She will forward it to each member to review prior to the next meeting.

Ms. Lawrence stated she could not provide follow-up on the request for policy and procedure for controlled substance utilization review and action. She stated she does not have the pharmacy position filled to address this. She will update the board in December.

**IV. Clinical Edits Discussion & Recommendations**

**A. Presentation of New or Revised Clinical Edits**

Jeff Monaghan, Pharm.D., FHSC, presented recommendations for new and revised clinical edits (attached).

**1. ADHD/CNS Stimulants**

Dr. Uhaide asked if Strattera and stimulants could overlap for a time period until switched over. Dr. Monaghan responded that could be accommodated. Mr. Macdonald asked if there was abuse potential with Strattera. Dr. Monaghan stated he was not aware of abuse per se; the issue is appropriateness. Dr. England asked if there was an opinion from the psychiatric community. Dr. Monaghan stated he was not aware of any guidelines that recommend dual therapy.

Ms. Lawrence stated that the stimulants are subject to the PA process to ensure appropriate therapy. She stated if these guidelines are applied to Strattera then appropriate use can be ensured.

**Public Comment:**

Dr. Donna Nelson, Lilly-She stated it is too early to understand if combination therapy is effective. She stated that atomoxetine should be available without a PA due to its low abuse and diversion potential. She stated that atomoxetine is an option for patients with tics, anxiety and agitation as these conditions are contraindicated for stimulants. She stated that a non-stimulant drug should be available without a PA. Dr. England asked if it was released only in the US or other countries. She stated she did not know off the top of her head. She stated she did not have any post- marketing data from other countries.

Dr. Macdonald asked if there have been any studies showing a synergistic effect when taken with another product, such as carisoprodol alone has no effect but when taken in combination with hydrocodone has a very popular effect causing abuse. She stated she has not seen any studies showing synergistic effects.

Joann Cardero-RN Mojave Mental Health –She stated that she feels the edits should be removed since she has never been denied a prior authorization for ADHD. She stated the PA's could delay the recipient from getting the medication. Dr. England stated the PA's are not necessary for economic reasons but for clinical appropriateness. Dr. England also stated her PA's are probably approved due to the fact the recipients fit the criteria and the PA is appropriate.

Tina Lynne, Shire- Stated she would like the board to remove the edits for ADHD preferred drugs. She stated edits are placed on the stimulants due to the fact they will lead to abuse. She cited a study that stimulant use in adolescents was associated with a reduction in risk of drug and alcohol disorders. She stated many of these studies show stimulant use in ADHD decreases substance abuse later on.

Dr. England asked for the approval rate on these requests. Dr. Monaghan stated the approval rate is high; approximately 90-95%. Dr. England suggested to the board they revisit this later and if the approval rates are at 90-95% maybe they could consider eliminating the edits.

Dr. Monaghan stated the important thing is to level the playing field with regard to PA edits for all the ADHD agents. If edits are relaxed, he recommended not relaxing the adult edits. .

**2. Proton Pump Inhibitors**

Dr. Monaghan presented the proposed changes for the PPI's in the treatment of GERD.

Lori Winchell joined at 2:30pm.

Steve Shire, AZ-He stated that the P&T committee wanted the edits removed from the PPIs. Dr. England stated the reason there is a high approval rate is because the process is working and they should not remove all of the PA's.

Ms. Lawrence stated there is a moderate PA approval rate for PPI's The PA process been effective in changing drugs and helping in the step therapy.

Tom Wood, PhRMA-The department did send out the PA procedure for PPI's to his organization and agreed with the department that PPI clinical edits saved a significant amount of money.

**Motion: Dr. Parker motioned to accept the criteria.**

**Seconded: Ms. Schwartz**

**Ayes-Unanimous**

**Motion carried.**

**3. Long Acting Narcotics**

Dr. Monaghan presented the proposed clinical edits. Dr. England asked if each drug needed to be addressed individually or could they be treated as a class. Ms. Lawrence stated the coding could be done either way. She stated new drugs are monitored as they come on the market and could be added if a policy were adopted.

Dawn Daly, FHSC read into the record written testimony to remove clinical edits.

**B. Actions by Board on First Health Services Recommendations**

**1. ADHD/CNS Stimulants**

**Motion: Lori Winchell made the motion to accept the criteria.**

**Seconded: Schwartz**

**Aye: Parker, Winchell, England, Johnson, Uhalde Schwartz**

**Naye: Macdonald**

**Motion carried.**

**2. Proton Pump Inhibitors**

**Motion: Dr. Parker motioned to accept the criteria.**

**Seconded: Dr. Schwartz**

**Ayes-Unanimous**

**Motion carried.**

**3. Long Acting Narcotics**

**Motion: Dr. Parker motioned to accept the clinical edits.**

**Second: Dr. Schwartz**

Keith Macdonald made a recommendation to create an edit that would limit all narcotics, present and future, to a dose of no greater than 150% of the manufacturer's recommended upper dosing limit. After discussion, Mr. Macdonald retracted his amendment.  
**Vote: Ayes: Unanimous**  
**Motion carried.**

Dr. England asked for some data on the PA approval rate at the next meeting.

**C. Presentation and discussion of Clinical Edits Tabled during June 24, 2004 meeting**

1. **Coreg**
2. **Herpetic Agents**
3. **Clarithromycin**

Dr. England asked for public comment. Dr. Monaghan interjected this agenda item is informational only and is meant to update the Board on action taken by the P&T Committee with regard to the PDL. He stated the P&T committee grandfathered all recipients on Coreg. Going forward, the prescriber can write the ICD-9 code for CHF/ LVD on the prescription and this will bypass the PA process.

Herpetic agents selected for the PDL included acyclovir and Famvir. Clarithromycin was included on the PDL.

Bert Jones, GSK, pointed out a unique indication that was not addressed by the P&T Committee, i.e., post- MI with LVD.

Jim Siebolt, GSK-Gave an overview of genital herpes. He stated Valtrex is the only medication approved to decrease the risk of transmission of herpes. He stated this was a placebo-controlled study. Dr. Parked asked if there have been any head- to- head studies with other antitherpetic agents. The response was no.

Mr. Macdonald asked for an explanation of " soft edit". Dr. Monaghan stated a soft edit is an informational message received by the person entering the prescription. Soft edits do not stop a prescription from being filled. A hard edit does not allow the prescription to be filled.

**D. Status Report on Influenza Virus Vaccine Live, Intranasal Flumist**

Dr. Monaghan reminded the committee they had approved criteria for Flumist last fall. The criteria were withdrawn due to a shortage of vaccine. Dr. Monaghan stated there is not an anticipated shortage this year and the division will be applying the criteria unless a shortage of vaccine occurs.

**V. Presentation of Drug Utilization Review Report**

- A. Top 50 Drugs Ranked by Payment Amount FY 04
- B. Top 10 Therapeutic classes Ranked by Payment Amount FY04
- C. Cost Avoidance/Savings Report May-July 04
- D. ProDUR Message Report May-July 04
- E. ProDUR Message Report by Severity May-July 04
- F. Discussion and recommendations from Board regarding claims denial for ProDUR

Dr. Monaghan stated these reports were for informational purposes only. He stated the only action item is V.F. He stated that ProDUR messages with a severity level of "1" are considered major or severe. He recommended that all

severity level 1 occurrences be handled as denials. This would require the pharmacist to override the denial and enter an override code for the prescription to be filled. Dr. Parker asked will the message tell the pharmacist what the interaction is. Dr. Monaghan responded yes. Dr. England asked what the pharmacist would have to do to override the message and if the recipient receives drugs from two different pharmacies would this prompt come up. Dr. Monaghan stated the pharmacist would enter a code to override the message and the message would indicate if the prescription was filled at another pharmacy. Dr. Parker stated he is in favor of this but the pharmacists need to be notified in advance. Jamie Wyels, FHSC, stated the impact on workflow depends on the software the pharmacy is using. Some systems are setup to allow a technician to bypass DUR messages and others require pharmacist intervention. Ms. Lawrence stated they have worked very closely with the Retail Association of Nevada and they would be contacted prior to implementation.

Ms. Lawrence stated the current POS technology will allow tracking of severity level messages. This can be monitored and adjusted if necessary. Dr. Parker stated this change should be implemented but the pharmacies need to be involved to ensure a smooth transition.

**Keith Macdonald made the motion to require an override response to all severity level one Pro DUR messages.**

**Seconded: Ms. Winchell**

**Votes: Ayes: Unanimous**

**VI. Presentation of Retrospective Drug Utilization Review (RetroDUR)**

- A. Results of the Duplicate Atypical Antipsychotics DUR
- B. Results of the Oral Morphine Dose >180mg
- C. Results of the Fexofenadine dose >180mg
- D. Results of the Duplicate Sustained Release Narcotic Analgesics
- E. Results of the Re-Reviews of Zolpidem (Ambien)
- F. Discussion regarding future RetroDUR edits

Ms. Daly, FHSC, reviewed the RetroDUR reports. She stated these reports address not only high costs but high risk therapy as well.

**VII. Discussion regarding availability for next meeting date**

**VIII. Public Comment**

Ms. Lawrence stated Dr. Johnson has resigned from the board and thanked him for his contributions over the past years.

Tom Wood, PhRMA- Stated that in his opinion AB384 does align with the Attorney General's opinion. Attachment.

Jeannette Belz-NV Psychiatric Association-2 issues to discuss. She wanted to know what the figures mean on the cost avoidance/savings report and wanted to know if the DUR board was going to look at these figures. Ms. Lawrence stated if she had recommendations on how she would like to see this report or others she should submit her request in writing.

Ms. Belz stated her second point was now that there is an AG's opinion, is the board going forward with step therapy. Dr. England stated yes, the Board will be going forward.

**IX. Motion to Adjourn at 3:20pm**

**Motion: Ms. Winchell Seconded: Mr. Macdonald**

**Votes: Ayes: Unanimous**

**Motion carried.**

**Meeting Adjourned**