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Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY

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**Nevada Medicaid
Drug Use Review (DUR) Board**

The Division of Health Care Financing and Policy (DHCFP) Drug Use Review (DUR) Board conducted a public meeting on July 26th, 2012 beginning at 1:14 pm at the following location:

**Nevada State Health Division
3811 W. Charleston Blvd, Suite 112
Las Vegas, NV 89102**

Committee Members Present:

Las Vegas: Dave England, Pharm.D.; Larry Nussbaum, M.D.; James Marx, M.D.
Carson City: Chris Shea, Pharm.D.

Others Present:

DHCFP:

Las Vegas: Gabe Lither, Deputy Attorney General
Carson City: Coleen Lawrence, Chief, Program Services; Mary Griffith, Pharmacy Program Specialist.

HPES:

Carson City: Ed Arnold

SXC:

Las Vegas: Carl Jeffery, Pharm.D., Account Manager;
Carson City: Mariellen Rich, Irene Tobarak

Others:

Las Vegas: Amir Karimzadeh, Forest; Jamie Tobitt, Vertex; Andi Stratton, Vertex; Roy Palmer, Pfizer; Bret Ferguson, Pfizer; Brett Merritt, Novo Nordisk; Charissa Anne, Johnson and Johnson; Laura Litzenberger, Johnson and Johnson; Kris Drews, Johnson and Johnson; Robert Mull, MD; Shannon Noschefe, Johnson and Johnson; Mandy Hosford, Astra Zeneca; Brian Brown, Astra Zeneca; Mike Ketcher, Novo Nordisk; Scott Staplen, Novo Nordisk; Amy Hamerton, MedImmune; Nick Kerr, MedImmune; Soheyla Azizi, Eisai.

Carson City: Chase Freeman, Pfizer; Jennifer Hopping, Pfizer; Sabrina Aery, BMS; Scott Larson, BMS; Elizabeth Bellocchio, BMS

1) Call to Order and Roll Call

Chairman Dave England called the meeting to order at 1:14 PM, roll was taken and a quorum was present.

2) Status Update by DHCFP

a) Public Comment: None

b) Program Updates:

- i. Applications are now being accepted for membership to the DUR board from physicians and pharmacists. Applications should be sent to Mrs. Lawrence's assistant, Crystal Johnson.
- ii. Mrs. Lawrence also introduced the Medical Care Advisory Committee (MAC) and pharmacist David Fluitt and how the DUR and MAC will be working with one another.
- iii. Medicare Part D will be requiring benzo's and barbs to be covered. Nevada already covers these in the wrap around program. The Drug Use Review Board should not be affected by it.
- iv. Positive feedback for pharmacy administered immunization program from the state.

3) For Possible Action: Review and Approve January 26, 2012 Meeting Minutes.

Motion to approve January 26, 2012 meeting minutes: Dr. England.

Second: Dr. Marx

Discussion: None

Votes to Approve: unanimous

Motion Carried

4) Clinical Presentations

a) Presentation of Acetaminophen containing products

i) Public Comment: No public comment.

ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery: Discusses applying quantity limit of 3 grams of acetaminophen daily. Motion to pursue 3 gram limit of acetaminophen daily. Dr. Marx considered 3 grams too high and would like to see it lower. Dr. England expressed concern of how the board would accomplish a lower limit. Dr. Jeffery suggested a step approach to decrease the daily limit over time.

iii) **For Possible Action:** Add quantity limits to acetaminophen containing products so not to exceed Board Recommended amounts.

a) Motion to pursue 3 gram daily limit on acetaminophen with possibility to decrease, over time, to 2600mg a day: Dr. England.

b) Motion seconded by Dr. Marx.

- c) Discussion: Mrs. Lawrence offers to check with other states about step down programs they may have. Approved by chairman.
 - d) Votes to approve: unanimous.
 - e) Motion carried.

- b) Presentation of Daliresp therapy for COPD
 - i) Public Comment: Amir Karimzadeh, Forrest Pharmaceuticals. Discussed clinical trials and indications of medication. Would like Prior Authorization criteria amended to drop item E: The recipient has experienced an inadequate response, adverse event or has a contraindication to an inhaled corticosteroid. He stated that it would be used in conjunction with the medications in items C, D, and E and not replacing them as mono therapy.
 - ii) Discussion by Board on Review of Utilization Data and Use in COPD Treatment. Dr. Jeffery read the indication of the medication and National Institutes of Health global initiatives for Chronic Obstructive Pulmonary Disease. According to the report patients should already be on C,D,E.
 - iii) **For Possible Action:** Adoption of Clinical Prior Authorization Criteria. Consider moving C,D, E up with item 1 (rewrite prior authorization).
 - a) Motion to amend prior authorization criteria as discussed: Dr. England.
 - b) Motion seconded: Dr. Marx
 - c) Discussion: none.
 - d) Votes to approve: unanimous.
 - e) Motion carried.

- c) Presentation of Xarelto use and clinical information
 - i) Public Comment: Laura Litzenberger, Johnson and Johnson. Stated that prior authorization puts an unnecessary burden on the patient to require a trial of warfarin due to drug level monitoring constraints. Requested that warfarin trial be removed from PA criteria. A statement from Dr. Shea was then voiced about the term “contraindicated” covering a physicians opinion that warfarin was not a viable option for a patient based on monitoring difficulties. Dr. Litzenberger disagreed and believed the contraindications would be regarded as actual contraindication listed in the medication prescribing information, which does not include barriers to monitoring.
 - ii) Public Comment: Robert Mull MD, University Medical Center. Recommended removing PA requirement due to the inability of Nevada’s transient and homebound population to receive monitoring for warfarin treatment. Dr. Mull stated that the maker of Xarelto provides a patient assistance program with a decreased co-pay of \$10.00 for patients with private insurance.
 - iii) Discussion by Board on Review of Utilization Data: Dr. Jeffery addressed the low utilization for the dosage of Xarelto requiring Prior Authorization. Dr. Jeffery stated that the PA criteria for Xarelto is similar to the criteria for Pradaxa.
 - iv) **For Possible Action:** Adoption of Clinical Prior Authorization Criteria. Consider itemizing contraindications and adding to items C, D, E, the option of “barrier of access to care”.
 - a) Motion to amend prior authorization as discussed: Dr. England.
 - b) Motion seconded: Dr. Shea.

- c) Discussion: none
 - d) Votes to approve: unanimous.
 - e) Motion Carried.
- d) Presentation of Bydureon and Victoza use and clinical information
- i) Public Comment: Mike Ketcher, Pharm D., Novo Nordisk. Wants Prior Authorization/ barriers removed. Discussed results of clinical trials showing Victoza was superior in lowering Hgb A1C levels, in type 2 diabetics, compared to competitors. Indicated for mono therapy, but start patients on Metformin and evaluate Hgb A1C in 3 months for therapeutic results. Would like same consideration as Januvia since Victoza is a superior medication.
 - ii) Discussion by Board on Review of Utilization Data. Dr. England clarified that Victoza was already meeting criteria of A, B, C, D. Dr. Jeffery agreed and read the PA aloud and discussed utilization of Victoza and competitors. Dr. Shea requested clarification of the metformin dose needed to indicate failure. Dr. Jeffery indicated the need for quantifying the dose of Metformin required for indicating failure of treatment. Dr. England questioned if other states are more stringent in their criteria requirements. Mrs. Lawrence said she would gather a state survey from other states and compare with Nevada's. Mrs. Lawrence also asked about amending Byetta policy. Dr. Jeffery confirms Byetta amendment. Mrs. Lawrence recommended removing current Byetta policy and use this one. Discussion then turned to length of time of PA. Current PA length is 6 months to ensure physician reassessment of patient's therapy. The time frame of PA was increased from 6 months to 12 months.
 - iii) **For Possible Action:** Adoption of Clinical Prior Authorization Criteria as is and increase length of PA from 6 to 12 months.
 - a) Motion to leave PA criteria as is but increase length of approval from 6 to 12 months: Dr. England.
 - b) Motion to second: Dr. Marx
 - c) Discussion: none
 - d) Votes to approve: unanimous
 - e) Motioned Carried.
- e) Presentation of Kalydeco for Cystic Fibrosis
- i) Public Comment: Jamie Tobitt, Vertex. Stated that he's there to answer questions. He states that Vertex accepts PA guidelines.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated that it is an orphan drug status and very expensive and supports criteria for Prior Authorization.
 - iii) **For Possible Action:** Adoption of Clinical Prior Authorization Criteria.
 - a) Motion to leave PA criteria as is: Dr. England.
 - b) Motion to second: Dr. Nussbaum
 - c) Discussion: Question as to how genetic component identified, Mr. Tobitt clarified that patients are all seen in a cystic fibrosis treatment center where their genetic status is confirmed.
 - d) Votes to approve: unanimous.
 - e) Motion carried.
- f) Presentation of Natroba for Lice and Scabies

- i) Public Comment: None
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery discussed meeting with P & T committee and recommendation of requirement of trying and failing trade name Nix or Rid prior to Prior Authorization approval. Dr. Jeffery discussed utilization and cost.
 - iii) **For Possible Action:** Adoption of Step therapy requirements as presented.
 - a) Motion to carry: Dr. England.
 - b) Motion to second: Dr. Marx
 - c) Discussion: none.
 - d) Votes to approve: unanimous.
 - e) Motion carried.
- g) Presentation of Brilinta use and clinical information
- i) Public Comment: Mandy Hosford MD, Astra Zeneca. Requested to minimize barriers to access for patients and minimize obstacles to physicians. Stated Brilinta would be initially prescribed by interventional cardiologists. Dr. Jeffery questioned if Brilinta would be prescribed by non interventional cardiologist. Dr. Hosford said it would be prescribed by hospitalists in some hospitals and then the patient's primary cardiologist or primary care physician after hospital discharge for up to one year for treatment. Dr. Hosford states that a prior authorization is not necessary for limiting unnecessary patient treatment.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated there is a time lapse between patient discharge from hospital and the patient's ability to pick up their medication from the pharmacy. Dr. England stated that patients are able to pick up a 4 day supply until the Prior Authorization is approved. Dr. England asked Mrs. Lawrence if there had been any complaints on this matter and Mrs. Lawrence denied. Dr. Jeffery discussed the utilization included in the folders.
 - iii) **For Possible Action:** Adoption of Clinical Prior Authorization Criteria. Dr. England questioned if section E & F should be continued and reevaluated it in 6 months.
 - a) Motion to accept PA as is: Dr. England.
 - b) Motion to second: Dr. Shea.
 - c) Discussion: Board wants to know when this PA criteria will be reevaluated. It is agreed to be reevaluated in 3 months.
 - d) Votes to approve: unanimous.
 - e) Motion carried.
- h) Presentation of Lyrica use and clinical information
- i) Public Comment: Roy Palmer, Pfizer. Requested to reevaluate the need for Prior Authorization. Presented a new indication for neuropathic pain and would like this indication to be added to the PA.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated the recommendation is to remove all criteria for Lyrica. Dr. England states they would remove the criteria and monitor for utilization and reevaluate in 6-12 months. Dr. Jeffery said they want to remove the diagnosis criteria.
 - iii) **For Possible Action:** Update of Clinical Prior Authorization Criteria

- a) Motion to remove PA criteria on Lyrica, monitor utilization, and reevaluate in 6-12 months: Dr. England.
 - b) Motion to second: Dr. Marx
 - c) Discussion: none.
 - d) Votes to approve: unanimous.
 - e) Motion carried.

- i) Presentation of Diastat use and clinical information
 - i) Public Comment: none
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated he had a request for the board to consider using the brand name over generic secondary to a manufacturer incentive to the state. Dr. Marx asked how this could be done in a clinical sense and not a financial sense. Dr. Jeffery suggested a formulary to have brand preferred. Dr. Marx asks if it is statute and not regulations to Mrs. Lawrence. Mrs. Lawrence stated you can dispense the brand if it is on the preferred list. Questions made whether or not this is something the DUR board can address. Dr. Jeffery stated he will address with P & T committee, due to financial aspect and no clinical need.
 - iii) **For Possible Action:** Adoption of Step therapy requirements: no action taken.

- j) Presentation of Abilify use and clinical information
 - i) Public Comment: Elizabeth Felocio, MD, Bristol Meyer Squibb, discussed indications and safety for pediatrics and adults. Requesting open access to Abilify therapy.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery requested updating coding to accept ICD-9 codes 299.0 and 299.01 (autistic disorder) for easier access.
 - iii) **For Possible Action:** Update of Clinical Prior Authorization Criteria to include additional ICD-9 codes 299.0 and 299.01.
 - a) Motion to approve: Dr. England
 - b) Motion to second: Dr. Nussbaum
 - c) Discussion: none
 - d) Votes to approve: unanimous.
 - e) Motion carried.

- k) Presentation of Xopenex use and clinical information
 - i) Public Comment: none.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery requested to add HFA inhaler to existing PA criteria.
 - iii) **For Possible Action:** Update of Clinical Prior Authorization Criteria
 - a) Motion to add HFA inhaler to existing Xopenex nebulizer PA criteria: Dr. England.
 - b) Motion to second: Dr. Marx
 - c) Discussion: none
 - d) Votes to approve: unanimous.
 - e) Motion carried.

5) DUR Board Requested Reports

- a) Presentation of Makena and 17-alpha hydroxyl progesterone utilization data
 - i) Discussion by Board on Review of Utilization Data: Dr. Jeffery discussed the cost prohibitiveness of trade name Makena and Nevada Medicaid's approving pharmacy compounding of ingredients used in trade name Makena. Pharmacy's able to compound at a fraction of the price. Dr. Jeffery discussed utilization of the compound vs. Makena. Mrs. Lawrence stated that the compounding is not a step therapy. Dr. England clarified there is no action to be taken; this presentation was a follow up of an earlier action. Dr. Jeffery confirmed.

- b) Presentation of Carisoprodol and Carisoprodol Compound utilization data and information from Nevada Controlled Substance Task Force
 - i) Public Comment: none
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery apologized for not having State Board of Pharmacy information, but presented utilization data. The charts and tables were reviewed.

- c) Muscle Relaxants, recipients using more than one agent
 - i) Public Comment: none
 - ii) Discussion by Board on Review of Utilization Data: Top 10 muscle relaxant graph reviewed. Cyclobenzaprine is noted to be steady utilization. Dr. England clarified the original intent of this report as to review the recipients on more than one agent, those that work peripherally vs. those that work centrally is one thing, but beyond that, what is the rationale from the prescriber. Does the recipient on three or more muscle relaxants have any condition or disease state that warrants the therapy? Dr. Marx suggested a rationale of some of the agents are more sedating than others, some agents may be able to be used during the day, where others that may be more effective can only be used at night. The electronic report showing recipients receiving more than one agent was reviewed.

- d) Immunization Data
 - i) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated that he did not have any data. Dr. England commented on the feedback Mrs. Lawrence shared earlier.

- e) Top 10 Black Box warning medications
 - i) Public Comment: none.
 - ii) Discussion by Board on Review of Utilization Data: Dr. England discussed that the physicians and pharmacists need to be responsible and aware of current black box warnings. Mrs. Lawrence questioned if there was a better way to present data on black box warnings to physicians. Dr. Jeffery mentioned the ProDur edits, but was not sure if there was a system in place to monitor. Mrs. Lawrence suggested a data analysis. Dr. England suggested looking into and reevaluate at the first board meeting in 2013.

- iii) **Action by the Board:** Reevaluate at first board meeting in 2013.
- f) Report on number of recipients receiving 800mg of Celebrex per day
 - i) Public Comment:
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated the criteria for COX 2 inhibitors.
 - iii) **Action by the Board:** Dr. England: put Celebrex on agenda for Clinical Presentations at the next DUR meeting.
- g) Report on Promethazine with Codeine syrup use
 - i) Public comment: none.
 - ii) Discussion by Board on Review of Utilization Data: Dr. Jeffery stated possible drug abuse potential. At this time the state is not seeing excessive use. Dr. England suggests the board follow. Dr. Jeffery recommended increased education for physicians prescribing this medication. Mrs. Lawrence stated that the state will continue to present this report at every DUR meeting. Dr. Marx recommended presenting this information to the board of pharmacy.
- h) Presentation of Hyperparathyroid therapies
 - i) Discussion by Board on Review of Utilization Data: Dr. Jeffery was unsure why this was presented. Dr. England requests if there are not any specific items to cover to just bypass them.
- i) Presentation of Iron Replacement Therapies
 - i) Discussion by Board on Review of Utilization Data: no recommendations presented.
- j) Presentation of analgesics and anticonvulsant classes/cost, drug mix analysis
 - i) Public Comment: none.
 - ii) Discussion by Board on Review of Utilization Data: No data combining analgesics and anticonvulsants available per Dr. Jeffery.
- k) Presentation of List of Outstanding DUR Board Report Requests
 - i) Discussion by Board on Review of Utilization Data: none

6) Standard DUR Reports

- a) Review of Prescribing/Program Trends
 - i) Public Comment
 - ii) Program Trends
 - iii) Top 10 Therapeutic Classes for Q4 2011, Q1 2012 and Q2 2012 (by Payment and by Claims)
 - iv) Top 50 Drugs of Q4 2011, Q1 2012 and Q2 2012 (by Payment and by Claims)

- b) Concurrent Drug Utilization Review (ProDUR)
 - i) Public Comment
 - ii) Review of Q4 2011, Q1 2012 and Q2 2012
 - iii) Review of Top Encounters by Problem Type

- c) Retrospective Drug Utilization Review (RetroDUR)
 - i) Public Comment
 - ii) Review of Responses
 - iii) Status of Previous Quarter
 - iv) Status of Current Quarter
 - v) **For Possible Action:** Board Discussion and Approval of Future Criteria Selection

7) Closing Discussion

- a) Board Comment: Dr. Shea requests that Dr. Jeffery adds his recommendation for the Prior Authorizations to the binder. Dr. England recommends having a projector to put up information for the public to see. Board members would like different meeting times, more conducive to their schedules.

- b) Date and Location of next meeting
 - i) 3rd Thursday of October, 2012, same location.

- c) Adjournment
 - i) The meeting adjourned at 3:44 PM.