

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

Location of Meeting
401 South Carson Street Room 3137
Carson City, NV

Videoconferencing
555 E. Washington, Room 4401
Las Vegas, NV

MINUTES OF
March 18th, 2004
1:00pm

Committee Members Carson City

David England, Chairman
Dr. Uhalde
Amy Schwartz
Keith Macdonald
Dr. Johnson-Call in
Dr. Parker-Call in

Absent

Lori Winchell

Others Present:

Carla Sloan AARP, Joe Tyler NAMI, T. Pope RN DHCFP, Andrew Bane BMS, Spencer Miller BMS, Pat Chinnici NAMI, Bucnchie Tyler NAMI, Donna Shibovich NAMI, Mark Busheil NAMI, Bert Jones GSK, Carter McRee GKS, Bob McElderry Purdue, Alan Sloan Purdue, Jamie Wyles FHSC, Jeff Monaghan FHSC, Anita Sheard DHCFP, Tracy Davaies Lilly, Chris Jensen Lilly, Kevin O'Neil Forest, Jean Cuonie Astra, Cara Clooney Astra, Jim Goddary Shire, James Drive Astra, Virginia Bose Sepacor, Jen Brwon Sepracor, Tiffany Frisch PR Concepts, Tom Clark TC Consulting, Mellisa Kood Schwarz, Matt Janess Schwarz, Reta Harris MD, Charles Nielsen MD, Lauri Buck OAG, Charles Duarte DHCFP, Emmanuel Ebo MHDS, David Rosin MD MHDS, Mark DePew NNAMHS, Steve Alder LCB, Ellen McCormick Astra, David Shistak Johnson & Johnson, Mary Wheery DHCFP, Jeanette BELZ Astra & NV Psychiatric Assn, Jesse Deaver Aventis, Rae Paxton NAMI, Ruth Paxton NAMI, Dawn Daly FHSC, Steve Schaerer Astra, Constance Kosuda NAMI, Claire Boutin NAMI, Mainco Boutin NAMI, Barbara Tagge CCSS, Richard Bralliar Mojave MH, Whitney Warnick, Kris Drewes Astra, Pam Davis RN, Jim Morgan Novarits, John Palliser BMS, Mike Gardenr BMS, Thelma Clark NV Silver Haired Legislature, Kim Denth Lilly, Sue Landwick Lilly, Tom Wood Wyeth, Cheryl Murphy, Nancy Benbow Pfizer

I. Call to Order and Roll Call

David England called the meeting to order. Roll call was taken.

II. Introduction of Members, DHCFP staff and First Health Services staff

Members were introduced.

III. Update on role of DUR Board and Pharmacy and Therapeutics Committee

Coleen Lawrence, DHCFP outlined the scope and authority of the DUR Board's activities. Document attached.

IV. Pharmaceutical Research and Manufacturers Association's Presentation on Step Therapy

Tom Wood, Pharma gave an overview of the manufacturers role in the NMAP for the indigent

population not able to get Medicaid. Mr. Wood asked if Dr. Reta Harris could use the rest of the time. Dr. Harris stated in treating psychosis some points were the same. She stated that atypical and typical antipsychotic agents are used more in bipolar disorders and that the medical staff at the state hospitals in Las Vegas and Reno were not involved in the MHDS matrix process. Dr. Harris referred to a letters written to Mr. Wilden at DHCFP. Documents attached.

Jerry Maguire, UC-Irvine associate professor clinical psychiatry phoned in. He stated atypical antipsychotics do not all work the same and olanzapine and clozapine alleviate the glutamate system of psychosis. He also stated these agents decrease the suicide rate in patients with psychosis and these agents are needed to treat schizophrenia and bipolar.

Charles Duarte, DHCFP clarified to the board they are to review the MHDS algorithm for the indigent population and it does not affect the Medicaid population.

Dave England asked Dr. Harris & Tom Wood if there were issues with the NMAP or protocols in general. Dr. Harris responded there are issues with both because each of these drugs in the atypical class work differently. She also stated she did not know where the NMAP came from. Dr. England asked if a step therapy approach be appropriate for providers who are not psychiatrists. Dr. Harris responded that these providers need to be educated in the use of these agents and optimize them. Tom Wood stated Pharma fully supports step therapy which is backed by evidence and has good medical rational.

Dr. Gardner clinical associate professor in psychiatry at the University of Utah, stated that these atypical agents have more uses than just psychosis, such as bipolar disorder with depression and has a FDA indication for that.

Cheryl Murphy President of Depression Bipolar Mental Health Alliance of Southern Nevada stated there are only 2 agents that have FDA approval in children, Zoloft and lithium. Nevada has the highest adolescent suicide rate.

V. Mental Health and Developmental Services' Presentation on Nevada Medication Algorithm Project

Dr. David Rosin and Emmanuel Ebo, PharmD of MHDS, gave an overview of the MHDS Matrix for Atypical Antipsychotics-Documents attached. Dr. Rosin emphasized is for schizophrenia, not bipolar and is not a failed first system. All psychiatrists have access to all medications, they are just asked to write a clinical note to support the choice of medication. He also stated it is not in place at this time. This matrix does include peer review.

Dr. Harris wanted the state produce the minutes to see who were the clinicians involved in the formation of the Matrix.

Dr. Parker interjected that there is miscommunication between the public sector and the state. He stated the algorithm is for schizophrenia not bipolar and most of the discussion is about bipolar. He suggested a subcommittee with the state and private sector to review this.

David England said the committee was not going to make a decision on this today.

Dr. Parker wanted a consensus statement from the private practice so they could have input on the NMAP.

Keith Macdonald motioned Dr. Rosin meet with the North and South associations to make a new and improved schizophrenia matrix to bring back to the board. Dr. Parker seconded. Lori Buck stated since this was not an action item it could not be a motion. Dr. Parker said he could not vote on this item until there was harmony on both sides.

Dr. Stahl phoned in. He stated in California they try to prevent the escalating cost of these drugs by interventions such as discouraging high doses, on 2 drugs > 60days, inappropriate augmentation, and polypharmacy. They identify the prescribers who are doing this and try to educate them. They discourage inappropriate use of gabapentin in bipolar and schizophrenia and suggest augmentation with lamictal or depakote. Dr. Stahl stated if you wanted to use polypharmacy, it should be in refractory patients that have been tried on clozapine. He also stated a patient could be treated with monotherapy and yet another prescriber would use polypharmacy in the same patient with the same severity of illness.

Laurie Buck suggested they make an agenda item for the next meeting to make a subcommittee to look at this subject.

VI. Prospective Drug Utilization Review (ProDUR) Reports

Jeff Monaghan, FHSC gave an overview of costs of the top 10 therapeutic classes for calendar year 2002 vs 2003 and for the top 50 drugs for 2003. Reports attached.

VII. Retrospective Drug Utilization Review (RetroDUR)

Jeff Monaghan, FHSC gave an overview of the RetroDUR response for the following criteria: oxycodone>180mg/day and oxycodone compound>60mg/day. Reports Attached. He also gave an overview of the excessive usage of the dummy provider used when filling prescriptions. Report attached. Dr. Parker asked about denying a prescription that is processed with a dummy number. David England said often times there are many prescriber names on a prescription and if the pharmacist cannot read the prescribers name they will use the dummy number. Coleen Lawrence stated there will be a large education process using the retail association to educate pharmacies on using the correct prescriber Medicaid prescriber. Dr. Parker responded there is a national push to reduce medication errors and now is the time to jump on the bandwagon to require the prescribers to write legible DEA numbers or license numbers on their prescriptions. Keith Macdonald stated that all controlled substances prescriptions require the DEA number to be on them.

David England responded this will be another project to work on this year.

VIII. Schedule of next meeting, June 24, 2004 1pm

IX. Public Comment

Written comment was submitted by Joe Tyler, Adele Kotka, Clay, Kota, Kathy Hughes, Cassey Hughes, Patricia Chinnici, Donna Shibovich, Dr. Denny, Dr. Jim Driver. Documents attached.

Dr. Shale, San Diego county phoned in. He stated they use their own variation of the TMAP. They worked with Dr. Stahl and educated their prescribers in cost effective management of treating mental illness. They also use the peer review process for education.

Dr. Charlie Nielsen commented that all the drugs should be accessible in mental health category. He disagreed with the NMAP.

Rachel Paxton, NAMI brought up AB384 prohibits the restriction of the antipsychotics.

Ruth Paxton stated that the cost of hospitalization has not been addressed.

Andrew Bane, BMS clarified that Abilify has been on the market since November 2002 and is a very efficacious drug.

Constance Kasuda, NAMI. Comments attached.

David England asked any comments that were not heard could be written and submitted to the board.

X. Adjournment