

DRAFT Minutes—Indiana Medicaid DUR Board  
Meeting of February 27, 2009—Meeting No. 146

**In attendance:**

**Brian Musial**, R.Ph. - Chair  
**John Wernert**, M.D. - Vice-Chair  
**Patricia Treadwell**, M.D.  
**Terry D. Lindstrom**, Ph.D.  
**Kent Summers**, R.Ph., Ph.D.  
**Jeff Brown**, R.Ph., MS, BCPS

**Also present:**

Michael Sharp, R.Ph. - OMPP  
Marc Shirley, R.Ph. - OMPP  
Medina Lee, R.Ph. - OMPP  
Kristin Johnson - OMPP  
Emily Hancock, PharmD, MPA - OMPP  
Jeannine M. Murray, R.Ph. - Anthem  
Chris Johnson, R.Ph. - MDwise  
Kelly Henderson, PharmD - MDwise  
Katasha Butler, PharmD - Managed Health Services  
Randall Renshaw, PharmD, BCPS - ACS

**MEETING CALLED TO ORDER:** Mr. Brian Musial, Board chairman, called the meeting of the Indiana Medicaid DUR Board to order.

**APPROVAL OF MINUTES:** The request for approval of the minutes from the January meeting was moved, seconded, and carried with a unanimous vote.

**REMARKS FROM THE CHAIR:** None

**OPENING COMMENTS:** Mr. Marc Shirley pointed out that hard copies of the proposed newsletter had been brought to the meeting in case any members could not open the e-mailed version of the newsletter. Because the PowerPoint projector was not working, Mr. Shirley stated that handouts are also available for the Therapeutics Committee recommendations. He also went on to say an e-mail was sent to the Board members detailing the Board meeting schedule for the rest of the year, with an emphasis on certain meetings where a quorum being present is critical. Mr. Shirley stated that a Board meeting calendar for 2010 was being prepared and would be sent out soon. He added that if the Board had concerns with the meeting schedule for 2010, they should notify him as soon as possible so that changes could be made. Last, Mr. Shirley informed the Board that today is Medical Director Dr. Jeff Wells' last day. He went on to say that Dr. Wells has brought a lot of innovation and insight to the agency, and that we hate to see him leave.

**THERAPEUTICS COMMITTEE LIAISON REPORT:** Dr. Randall Renshaw, Executive Account Manager of ACS, presented the Therapeutics Committee's recommendation from their February 6, 2009 meetings. He stated that – as always – the three primary drivers behind those recommendations were clinical implications, drug costs, and total program costs. The Therapeutics Committee reviewed seven therapeutic classes, the Forteo criteria and seven new proposed therapeutic classes; the Committee offered the recommendations listed below. The Board discussed and acted on each class individually.

**1. Respiratory Agents**

- ◆  $\beta$ -agonist – No changes recommended
- ◆ Leukotriene Inhibitors – No changes recommended
- ◆ Nasal preparation
  - Add Astepro™ to non-preferred status
- ◆ Non-sedation Antihistamines – No changes recommended

- ◆ Beta Adrenergic and Corticosteroid Combinations – No changes recommended
- ◆ Oral Corticosteroids
  - Add budesonide inhalation suspension to non-preferred status while maintaining the current age and quantity limits for this agent
- ◆ Agents to treat COPD – No changes recommended

**Public Comment:** None

**Board Discussion:** Dr. Kent Summers asked for the market share of budesonide. After checking, Dr. Renshaw advised that the market share for budesonide inhalations suspension was less than 5%.

**Board Action:** It was moved and seconded that the recommendations for respiratory agents be approved. The motion passed unanimously.

## 2. Anti-infective Agents

- ◆ Antiviral (anti-herpetic) Agents – No changes recommended
- ◆ Antiviral (anti-influenza agents)
  - Move Relenza® to preferred status
- ◆ Cephalosporin (1<sup>st</sup> and 3<sup>rd</sup> generations)
  - Add Spectracef® to preferred status
  - Add Suprax® to preferred status
- ◆ Macrolides – No changes recommended
- ◆ Fluoroquinolones – No changes recommended
- ◆ Ketolides – No changes recommended
- ◆ Topical antifungals – No changes recommended
- ◆ Systemic antifungals – No changes recommended
- ◆ Ophthalmic antibiotics – No changes recommended
- ◆ Otic antibiotics – No changes recommended
- ◆ Vaginal anti-microbial – No changes recommended
- ◆ Hepatitis C Agents – No changes recommended

**Public Comment:** None

**Board Discussion:** Dr. Renshaw pointed out that resistance to Influenza A Type H1N1 with Tamiflu® has been announced by the Centers for Disease Control and this was the rationale for moving Relenza® to preferred status.

**Board Action:** It was moved and seconded that the recommendations for anti-infective agents be approved. The motion passed unanimously.

## 3. Cardiovascular Agents

- ◆ ACE Inhibitors – No changes recommended
- ◆ ACE / Calcium Channel Blockers – No changes recommended
- ◆ ACE Inhibitors with diuretics – No changes recommended
- ◆ Angiotensin II Receptor Blockers (ARBs) – No changes recommended
- ◆ ARBs with diuretics
  - Add Atacand HCT 32/25 to non-preferred
- ◆ ARBs with CCBs – No changes recommended
- ◆  $\alpha$  -  $\beta$  blockers,  $\beta$ -blockers
  - Move Toprol XL® to preferred status
- ◆ Calcium channel blockers (CCBs)
  - Add nisoldipine extended-release tablets to non-preferred status
- ◆ CCBs with HMG COA reductase inhibitors – No changes recommended
- ◆ Aldosterone receptor blockers
  - Move eplerenone to non-preferred status with a step-edit requiring failure of spironolactone within the last 30 days
- ◆ Direct Renin Inhibitor – No changes recommended
- ◆ Direct Renin Inhibitor and Diuretic Combination – No changes recommended

**Public Comment:** None

**Board Discussion:** Dr. Terry Lindstrom asked for the rationale for moving the generic for Inspra® to non-preferred. Dr. Renshaw responded that this new generic was evaluated clinically and determined to be clinically the same as Inspra® so cost entered into the equation. Addressing another drug in this category, Chairman Musial commented that the shortage of generic Toprol XL® was the reason for moving this brand-name to preferred status.

**Board Action:** It was moved and seconded that the recommendations for cardiovascular agents be approved. The motion passed unanimously.

#### 4. Lipotropics Agents

- ◆ Bile acid sequestrants – No changes recommended
- ◆ Fibric acid derivatives
  - Add Trilipix™ to PDL neutral reviewed status
- ◆ HMG CoA reductase inhibitors – No changes recommended
- ◆ Other Lipotropics – No changes recommended

**Public Comment:** None

**Board Discussion:** Dr. Renshaw pointed out that the Therapeutics Committee wanted to see utilization for the new agent Trilipix™ before making a decision about preferred or non-preferred status for this agent.

**Board Action:** It was moved and seconded that the recommendations for lipotropics agents be approved. The motion passed unanimously.

#### 5. Triptans

- ◆ Triptans
  - Move sumatriptan to non-preferred status with the following quantity limits: nine tablets per month, six nasal inhalers per month, and two injections per month for the stat dose and vials

**Public Comment:** None

**Board Discussion:** Chairman Musial pointed out that sumatriptan is a single source generic and is cost prohibitive.

**Board Action:** It was moved and seconded that the recommendations for triptans be approved. The motion passed unanimously.

#### 6. Electrolyte Depleter Agents

- ◆ Electrolyte depleter agents
  - Add calcium acetate capsules to non-preferred status

**Public Comment:** None

**Board Discussion:** None

**Board Action:** It was moved and seconded that the recommendations for electrolyte depleter agents be approved. The motion passed unanimously.

#### 7. Multiple Sclerosis Agents

- ◆ Multiple sclerosis agents – No changes recommended

**Public Comment:** None

**Board Discussion:** None

## 8. Forteo® Criteria Update

- ◆ Forteo®
  - The Therapeutics Committee clarified that “failure of a bisphosphonate” was the specific osteoporosis therapy criteria that must be met
  - The clause “For first-line therapy” was added to the criterion pertaining to use of Forteo® as first-line therapy

**Public Comment:** None

**Board Discussion:** There was much discussion among the Board members as to whether or not the Forteo® criteria should appear on the PDL document, and whether or not a separate Forteo® prior authorization should be developed and posted to the “Forms” website. Also, Dr. Summers asked if the utilization for Forteo® had changed since the change in the Forteo® criteria. Dr. Renshaw responded that the utilization for Forteo® was essentially unchanged since the change in the Forteo® criteria.

**Board Action:** It was moved and seconded that the recommendations for Forteo® criteria be approved. Also, it was moved and seconded that a separate prior authorization form with a hyperlink to the FRAX tool be developed and posted to the appropriate website. The motion passed unanimously.

## 9. New Proposed Therapeutic Classes

- ◆ Topical Antivirals
  - This class includes Denavir®, acyclovir, and Abreva®
- ◆ Topical Antiparasitics
  - This class includes Ovide® and lindane
- ◆ Topical Anti-inflammatory NSAID Agents
  - This class includes Flector® and Voltaren® Gel
- ◆ Synagis® with Updated Prior Authorization Criteria
- ◆ Suboxone®/Subutex® with Prior Authorization Criteria
- ◆ Oral Contraceptives
- ◆ Prenatal Vitamins

**Public Comment:** None

**Board Discussion:** Dr. Renshaw pointed out that these new class additions to the PDL review process would be presented to the Therapeutics Committee in May 2009. Dr. Lindstrom asked for the proposed impact of adding these new therapeutic classes. Mr. Michael Sharp, Office of Medicaid Policy and Planning (OMPP), stated that every quarter therapeutic classes are evaluated for inclusion into the PDL review process. He went on to say that in this quarter, the anticipated MCO carve-out was taken into consideration even though the legislation may be blocked. Mr. Sharp stated that based on analyses, these seven proposed therapeutic classes were determined to be viable. Dr. Renshaw added that a cut-off threshold for consideration for inclusion in the PDL review process was an annual drug spend of \$100,000 per year. Mr. Sharp offered to generate MCO utilization for these classes and bring to a DUR Board meeting. Dr. Lindstrom and Dr. Summers expressed interest in viewing this data. Ms. Kelly Henderson, representing MDwise, informed the Board that many of these proposed classes are in the top 25 in the MCO population.

**Board Action:** It was moved and seconded that the new proposed therapeutic classes be added to the PDL review process in May 2009. The motion passed unanimously.

**ACS UPDATE:** Dr. Renshaw presented the prior authorization statistics for the month of January 2009. There were 3,385 approvals and 73 denials, totaling 3,458 prior authorizations. Dr. Summers asked if there was anything new or notable, and Dr. Renshaw responded that there was not.

**RETRO-DUR PROPOSALS:** Dr. Renshaw presented three Retrospective Drug Utilization Review (Retro-DUR) proposals. He stated the intervention topics were short-acting opioids, diabetes, and gastrointestinal medications. Dr. Summers was complementary of the three interventions but expressed concern that each intervention letter may address too many topics at one time. Dr. John Wernert was also complementary of these

interventions but disagreed with Dr. Summers about each letter containing too many topics. Chairman Musial inquired about the number of physicians involved in each intervention. Dr. Renshaw responded that he could bring this information to future DUR Board meetings but did not have the information today. There was discussion among the Board members about which physician should be the target physician for the short-acting opioid intervention. Chairman Musial also requested the “TBD” in the table under coordination of care be completed. Mr. Sharp pointed out that we are not in any hurry to approve these three interventions and that Dr. Renshaw could bring these interventions back to the DUR Board with the requested information. Mr. Sharp went on to say that the Board will be viewing more data as Smart PA is implemented. There was discussion among the Board members to hold these three interventions until after the MCO carve-out on July 1, 2009. Mr. Sharp pointed out that ACS has a contractual obligation to have 3,600 interventions by June 30, 2009. He went on to say it would be okay to hold off on these interventions until the requested data could be delivered but not after July 1, 2009 if ACS has not met its contractual requirement by then. Dr. Summers inquired about when the outcomes measurements for these interventions would be presented. Mr. Sharp responded that these outcomes measurements would be part of the CMS DUR Annual Report. Dr. Summers expressed an interest in meeting with ACS to discuss outcomes assessment. Dr. Wernert suggested that maybe the diabetes intervention could be approved today because this topic is less controversial than short-acting opioids and gastrointestinal agents. Mr. Jeff Brown stated that all three of these interventions were well-done and he did not have a problem with approving all three of these interventions today. Mr. Brown added that he agreed with Dr. Wernert that at least one intervention, the diabetes proposal, should be approved today. Dr. Wernert made a motion to approve the diabetes proposal and table the short-acting opioids and gastrointestinal medications proposals with continuing development as discussed. The motion was seconded and passed unanimously. Mr. Shirley pointed out that educational interventions such as the RetroDUR interventions require the approval of three out of four physicians. He went on to say that because three out of four physicians are not present today, the approval of the diabetes intervention needed to be tabled. Dr. Renshaw offered to bring back all three interventions at the next DUR Board meeting.

#### **PROPOSED DUR BOARD NEWSLETTER ARTICLE: SMOKING CESSATION--UPDATE IN**

**PHARMACOTHERAPY:** Dr. Patricia Treadwell brought up a point made by Dr. Philip Eskew, Jr. that there is no mention of pregnancy and agents to use in pregnancy in the article that had been provided to Board members. Dr. Summers pointed out that smoking and oral contraceptive use should be addressed in this newsletter. Dr. Werner suggested that behavioral therapy should be included in this article. Dr. Summers stated that adding a link to the local chapter of the American Lung Association and the Indiana Health Department may also be helpful. Dr. Emily Hancock, from OMPP, added that the Indiana Tobacco Prevention Agency works in conjunction with the Indiana Health Department; she also mentioned the 1-800-Quit-Now phone line which provides telephone counseling and follow-up. Dr. Summers pointed out that the asterisk referencing the footnote was too small. Dr. Wernert requested that smoking cessation lozenges be added to the newsletter. Chairman Musial summarized that the following requested additional topics be added to the newsletter: behavioral modification; pregnancy as it relates to safety; smoking and oral contraceptive use; the Indiana Tobacco Prevention Agency, 1-800-Quit-Now phone line; smoking cessation lozenges; and, a larger asterisk for the footnote. It was moved and seconded that the newsletter be approved with the specified modifications being made. The motion passed unanimously. Chairman Musial requested that a corrected copy of the newsletter be sent to him for dissemination to other Board members.

**TRANSITION FROM FTP TO SHAREPOINT WEBSITE:** Dr. Renshaw informed the Board that the current FTP site, used for viewing clinical documents, will be discontinued soon. He added a SharePoint website will replace this website and that everyone would be receiving usernames and passwords via e-mail in the near future. Dr. Renshaw asked everyone to test entry to this website once usernames and passwords were received, and to contact him if there were any problems with access.

#### **MANAGED CARE ORGANIZATION UPDATE:**

- Proposed PDL Changes—MDwise: Mr. Chris Johnson presented material previously sent to the Board members. It was moved and seconded that the PDL changes be approved. The motion passed unanimously.
- Proposed PDL Changes—Anthem: Ms. Jeannine Murray stated that she did not have any updates for the Board.

- Proposed PDL Changes—MHS: Dr. Katasha Butler stated that she did not have any updates for the Board

**NEW DRUGS:** None.

**LIAISONS WITH OTHER BOARDS:** None.

**PUBLIC COMMENT:** Mr. Jeff McGinnis, Roche Laboratories, spoke on behalf of Tamiflu® in light of the interim guidelines being published about resistance to the H1N1 resistant flu strain. Mr. McGinnis noted that Tamiflu® is recommended in combination with other therapies. He also pointed out several disadvantages of the competitor product, Relenza®. Mr. McGinnis also asked the Board to keep in mind that the flu season may change next year and to keep their options open until all of the facts are in on next year's flu season. Chairman Musial stated that the anti-influenza antiviral class would be reviewed again in August, 2009.

**OLD BUSINESS:** The Board members and OMPP discussed the progress of adding new Board members.

**NEW BUSINESS:** None.

**MEETING ADJOURNED.**