

# State and Public School Life and Health Insurance Board Clinical and Fiscal Drug Utilization and Evaluation Committee

Minutes

December 11, 2007 – 1:00 p.m.

The State and Public Life and Health Insurance Board, Joint Clinical and Fiscal Drug Utilization and Evaluation Committee met on Tuesday, December 11, 2007 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

## **Members Present:**

Dr. William Golden  
Robert Watson  
Mark McGrew  
Matthew Hadley  
Kat Neill  
Larry Dickerson/Diann Gwatney

## **Members Absent:**

Dr. Joe Stallings  
Dr. Roberta Monson  
Dr. Hank Simmons  
Dr. James Bethea

Sharon Dickerson, Executive Director, Employee Benefits Division of DFA

## **Others Present**

Barry Fielder, NMHC; Jill Johnson, Mark Helm, MD, UAMS; Walt Morrison, College of Pharmacy/EBD; Jason Lee, Kim Wilmot, Connie Diggs, Jane Young, Kate Nurmohamed; Shannon Roberts, George Platt, Sherry Bryant, Cathy Harris, EBD; Bryan Meldrum, NovaSys; Diann Gwatney, AHTD

## **Call to Order**

Meeting was called to order by Dr. Golden.

## **Approval of Minutes**

The request was made by Dr. Golden to approve the August 6, 2007 minutes. Minutes were approved without objection.

## **Antiasthmatic Agents** *by Jill Johnson/Barry Fielder*

Johnson informed the Committee about the meeting she had with Dr. Mark Helm, UAMS College of Pharmacy- EBRx center about Advair use patterns in Arkansas Medicaid. Medicaid found that people on long-acting beta agonist utilize Advair for first line treatment although the guideline calls for a trial of inhaled steroids. Johnson talked about a study called SMART (Salmeterol Multi-center Asthma Research Trial) which showed in asthmatics there is an increase chance of asthma-related death in patients who use long acting beta agonists. Johnson recommended the Committee implement guidelines somewhat similar to Medicaid to ensure appropriate usage.

Dr. Golden said he understood the theoretical advantage for the proposal but the use of inhaled steroid in concert with the guidelines became feasible with Advair and it wasn't until the introduction of Advair that the use of inhaled steroids became much more

common. Dr. Golden suggested they inform physicians about the instructions that are available.

Dr. Helm said they look at the utilization for long acting beta agonist and 90% was for Advair. They found that 75% usage of this product was in a pattern that suggested that they were being used inappropriately. Helm commented when the Medicaid changes went into effect it dramatically shifted the utilization pattern. Helm talked about Medicaid's process.

Dr. Golden said he reviewed the data also and believes the changes are a reflection of the populations as opposed to appropriate therapy.

Neil said she agreed with Dr. Golden and did not have a problem with step therapy guidelines for long-acting beta-agonists, but did not know if they can anticipate the same kind of impact like Medicaid.

Dr. Golden questioned whether the issue was more of a cost issue rather than a safety issue and perhaps they are opening a door for disease management rather than formulary management. Dickerson commented the Plan is moving in the direction of disease management.

Helm said they have not conducted a complete analysis to determine what the impact would be in terms of medical cost. Helm explained that initially there were some concerns but when they showed the data to a group of physicians it created some sensitivity.

Neil said step management is the most appropriate way to go but there will probably be a lot of push back. Neil suggested there should be three steps instead of four steps in the questionnaire guidelines.

Johnson explained to the Committee that unless you implement something that is going to educate providers you are not going to have behavioral change.

Felder informed the Committee that from August to October of 2007 there were 1,598 unique members who received an Advair prescription and a total of 2,673 Advair prescriptions filled which is about a ratio of about 1.67 fills per member.

**Recommendation: Proposal for Asthma meds:**

Advair, Serevent, Foradil, Symbicort, and Brovana (R-formoterol):

**Long-acting beta-agonists Criteria for Kids and adults:**

1. 4 month lookback for 3 of 4 months of any oral or inhaled steroid; if so, allow.
2. MUST CALL: if want to start any of the 5 drugs as initial therapy, then the prescriber must justify the patient is a Step 4 patient with supporting documentation: either PFT's or symptom scores.
3. Serevent or Foradil or Brovana or Perforomist-must have ICS past 60 days.
4. Mail order would be dealt with on a case-by-case basis.
5. Does not apply to COPD
  - Rules apply to patient 40 years of age and over.

Part one of the proposal was approved without objections.

**LTRA (Singulair or Zileuton) Criteria for Kids and adults:**

1. Lookback for 3 of 4 months of oral or ICS (Advair or Foradil would not fulfill this criteria)
2. No monotherapy with LTRA.
3. The PA criteria for LABA + LTRA would be:
  - a) Nasal polyps
  - b) ASA sensitivity
4. Identify all LTRA users. Look for monotherapy and send letters alerting them monotherapy is not acceptable.'
5. No grandfathering.

After much discussion about managing the formulary for asthma medications and the controversy in the allergy community about the role of drugs like Singulair as a first line agent in kids; the Committee agreed to table the second part of proposal until talking with an allergy/asthma specialist in the next meeting.

**Antihistamines** *by Jill Johnson/Barry Fielder*

Johnson informed the Committee Zyrtec and Zyrtec-D was approved for over-the-counter (OTC) distribution by the FDA and is expected to be available in January 2008 then presented a chart which listed the Antihistamines, Antihistamine /Decongestant Combo, Singulair, Nasal steroids and summary data for other products used to treat allergic rhinitis were included as well.

**Recommendation:** Consider excluding the Antihistamines and Antihistamine/Decongestant combination products from the prescription drug benefit program because both Loratadine (Claritin) and Cetirizine (Zyrtec) are available over-the-counter.

Motion approved without objection.

**Zero Co-Pay** *by Barry Fielder*

Fielder explained in recent DUEC meetings, the discussion centered on medication compliance in chronic disease states. Most recently, the discussion focused on medication used to treat diabetes. Based on current utilization, offering a zero dollar co-payment for metformin products would result in incremental plan costs of approximately \$75K per quarter or \$300K annually. However, as the purpose of this initiative is to remove a barrier (financial in this case) to members taking their medication on a regular basis, we would anticipate an increase in utilization.

It is projected that the adoption of a zero dollar copayment option for all metformin products would result in an incremental annual plan cost of approximately \$343K to \$429K.

Dickerson explained how the zero co-pay initiative can be incorporate with the disease management program.

**Recommendation:** Endorse zero co-pay as an incentive, in concert with the disease management program.

Motion approved without objections.

**Ace Inhibitors Utilization** *by Jill Johnson*

Johnson said she was not prepared to discuss ACE inhibitors in today's meeting but will have the information in the next meeting.

Dr. Golden requested the Committee appeal to Medicaid to allow Lisinopril as an acceptable drug. The Committee agreed to table the discussion until Johnson present the Committee with the information for ACE Inhibitors.

**New Drugs** *by Jill Johnson*

<u>Drug</u>	<u>Tier</u>
Exforge tablets 5-320mg, 10-160mg, 10-320mg users	T3-W/PA for new
Neupro 24 hr patch 2mg, 4mg, 6mg	T3
Seroquel XR 200mg, 300mg, 400mg	T2, QL 31/31, no therapeutic (Seroquel) duplication
Torisel Sol 25mg/ml	N/A
Auralgan Otic Drops 15ml	Exclude w/message: "Alternative is A/B otic"
Xyzal tab 5mg	Exclude entire class
Retisert Implant	N/A
Lipofen cap 50mg/150mg	T3
Selzentry tab 150mg, 300mg	T2 w/ PA: for initial fill: 1 tropism results must indicate HIV-1 viral resistance. QL of 62/31 days
Perforomist Soln for neb	T3
Soma 250mg	Exclude
Azor tabs 10/20, 10/40, 5/20, 5/40	T3/PA

Motion approved without objections.

Dr. Golden suggested the Committee review drugs used to treat Parkinson's disease in the future.

**Control Substances** *by Barry Fielder*

Fielder provided a table with the results from a query of members receiving at least 10 Rx for a controlled substance and used 1 or more pharmacies and 2 or more physicians during this 3 month time period. Fielder said there are a total of 310 members who met these criteria, of which 32 members used 5 or more physicians. The average total membership during this time was 127,816, of which a total of 15,422 members received at least one RX for a narcotic analgesic during this 3 month period. Fielder provided a grid that provided some basic information about the 32 members upon a review of their medication profiles.

**Director's Comments**

Dickerson talked about a meeting she had with NMHC. Dickerson thanked Jill Johnson and Mark Helm, UAMS College of Pharmacy and Barry Fielder, NMHC for their great work.

**Meeting Adjourned.**