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

Minutes

August 4, 2008

The State and Public Life and Health Insurance Board, Joint Clinical and Fiscal Drug Utilization and Evaluation Committee met on Monday, August 4, 2008 at 1:00 p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Members Present:	**Members Absent:**
Dr. William Golden	Dr. James Bethea
Mark McGrew	Dr. Hank Simmons
Dr. Joe Stallings	Kat Neill
Larry Dickerson/Ronda Walthall	Robert Watson
Matthew Hadley	

Sharon Dickerson, Executive Director, Employee Benefits Division of DFA

Others Present:
Barry Fielder, Informed Rx; Jill Johnson, Dr. Mark Helm, Patrick Clay, College of Pharmacy, UAMS; Jason Lee, Amy Tustison, Marty Usrey, Kristi Cox, Faith Houston, Sherri Saxby, Cathy Harris, EBD; Bryan Meldrum, Novasys; Ronda Walthall, Wayne Whitley, AHTD; Jeff Britt, Pfizer; Barbara Melugin, BCBS/HA

Call to Order
Meeting was called to order by Dr. Golden.

Approval of Minutes
The request was made by Dr. Golden to approve the May 28, 2008 minutes. Minutes were approved without objection.

Plan Performance Update *by Barry Fielder*
Fielder presented the committee with the Arkansas State and Public School Employees plan performance review; January 2008 through June 2008.
The report included performance comparison for the first six months of 2007 and 2008.

Fielder reported the plan paid an increase of only 0.5% per member per month and a generic dispensing rate increase of 70.3% in the first 6 months of plan year 2008.

The committee also reviewed reports for:
- Specialty drugs spend summary
- Top Therapeutic categories trend analysis
- Top drugs by plan cost
- Savings/value

Dickerson stated the DUEC has been so successful. Dickerson suggested they form a committee of physicians to review evidence based practices.

Lipitor 80mg Update *by Barry Fielder*
Fielder explained that in March 2007, the DUEC voted to move Lipitor 10mg, 20mg, and 40mg to Tier 3 and to leave Lipitor 80mg in Tier 2 with a prior authorization requirement. Current Lipitor 80mg users were grandfathered, so the PA requirement would apply to only new users of Lipitor 80mg. Members also expressed concerns of a potential increase in Lipitor 80mg users due to the lesser copayment. It was determined that Fielder would monitor the Lipitor 80mg utilization and report back to the DUEC. This change became effective July 1, 2007.

Fielder reported since the change took effect, there has been a slight decrease in utilizing members on Lipitor 80mg and a corresponding decrease in number of prescriptions. Additionally, the plan cost for Lipitor 80mg has remained relatively flat, with a co-payment change helping offset an average wholesale price (AWP) price increase effective 1/1/08. Overall, there does not appear to be a negative effect from this DUEC decision relative to Lipitor 80mg usage.

Xoliar Update *by Barry Fielder*
Information was provided to the committee during the August 2007 DUEC meeting that indicated a fairly high percentage of current Xolair users had inconsistent or no evidence of concurrent inhaled corticosteroid use. A review of the medical claims for these members revealed several did not have a diagnosis of asthma, but rather allergic rhinitis. At that time, a recommendation was made to tighten the PA criteria for Xolair. The new criteria took effect in late August 2007.

The committee reviewed graphs that illustrated the utilization and cost patterns for Xolair for the past 18 months. Fifteen of the seventeen members that received Xolair in 2Q08 showed a more consistent use of inhaled corticosteroids.

Maxalt Quanity Limits *by Barry Fielder*
Fielder reported Maxalt quantity have changed from 9 tablets to 12 tablets per trade packaging. Fielder recommended the committee change the quantity limits for Maxalt from 9 tablets per 25 days to 12 tablets for ever 31 day supply.

Motion approved without objections.

Advicor Coverage *by Jill Johnson*
The committee voted to exclude the new drug Simcor from coverage at the DUEC meeting in May 2008. Simcor is a combination product containing simvastatin and niacin. It was also determined that the committee would reconsider Advicor as well at a later date.

Johnson explained Advicor is a combination product containing lovastatin and niacin and is currently placed in Tier 2. The committee reviewed the utilization data for 2Q08.

Johnson explained there is lesser data available for lovastatin than simvastatin; therefore, they should exclude Advicor from the prescription drug plan as well.

Motion approved without objections.

New Drugs *by Jill Johnson*

Drug	**Tier**
Treximet	Exclude
Patanase spray	T3
Relistor	Tabled
Cimzia	T3 w/PA 1. Moderate-severe Crohn's disease 2. non-responder to conventional therapy 3. Failure of Humira of Remicade

An in depth discussed ensued regarding Relistor. After which, Dr. Golden requested Johnson research some PA criteria for populations and conditions.

Dr. Stalling made the motion to table the discussion for Relistor, pending additional information. Dr. Golden recommended the committee also review the drug Cimzia in 6 mos.

Motions approved without objections.

Neuropathic Pain Medications *by Jill Johnson*
Johnson presented the committee with a summary from the drug effectiveness review project from the Oregon's evidence based practice center. Johnson reported the group reviewed Antiepileptics, SNRI antidepressants, Antiepileptics, Tricyclic antidepressants, SSRI antidepressants and NMDA receptor antagonist.

The committee reviewed the conclusions and head to head comparison results.

Johnson's recommendation:
It is reasonable in patients with neuropathic pain diagnoses to require a trial of gabapentin (>600mg TID) prior to pregabalin or duloxetine. In the absence of a seizure disorder, it is reasonable to require failure of gabapentin and then a failure of pregabalin prior to covering lamotrigine or topiramate. Duloxetine patients should also fail a trial of pregabalin.
It is reasonable in patients with neuropathic pain diagnoses to deny coverage for venlafaxine. If the patient also has depression, then the step therapy for venlafaxine would apply. If the patient carries the diagnosis for depression and

neuropathic pain, it might be reasonable to allow access to duloxetine although doses below 60mg QD should not suffice.

Dr. Golden referenced the requirements for covering lamotrigine or topiramate and how to identify patients having neuropathic pain or headaches. The committee concluded polypharmacy as the process to be used, with the assistance of case management.

Dr. Golden and Johnson discussed dose limits for Gabapentin. Dr. Golden requested Johnson conduct an analysis to see how many members are prescribed more than 2400 mg/day.

Dickerson suggested that going forward they exclude brand name drugs from the prescription drug program when generics are available. A discussion ensued.

Dr. Golden recommended the EBD staff conduct an analysis based on the cost differential of brand name drugs verses generic drugs, and then distribute to the DUEC for a recommendation.

Motion approved without objections.

Opioid Analgesics *by Barry Fielder*
Fielder presented the results from the utilization of Analgesics for January through June 2007 and 2008. Fielder reported an increase of 25.9% for the per-member-per-month (PMPM) cost to the plan. While there was a minimal increase in utilization rate; the majority of the increase was driven by a significant increase in the average Rx cost. Much of the increase in average Rx cost was caused by the loss of availability of Oxycodone controlled release generics and the subsequent move to the more expensive OxyContin.

Long-Acting Opioids
Often dose optimization (or dose consolidation) could occur in utilization of long acting agents and these opportunities represent cost savings opportunities for the plan and can help reduce the average Rx cost of these products.

The committee reviewed the current utilization of long acting agents for the period April through June 2008.

Short-Acting Opioids
The vast majority of utilization of short-acting opioids is in the acetaminophen containing combination products. Fielder stated the plan may wish to adopt appropriate quantity limits that prohibit dosing in excess of 4gm of acetaminophen daily and further discuss the agents provided to the committee and consider more restrictive quantity limits.

Dickerson said they will run some additional reports to identify diagnosis.

McGrew explained that few people are aware of the dangers posed by common OTC medications; especially acetaminophen. Dickerson suggested they include information in the EBD Buzz about the toxicity of acetaminophen.

The committee agreed by consensus to adopt the appropriate quantity limits which prohibit dosing in excess of 4gm of acetaminophen daily.

Meeting Adjourned.