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

Minutes

February 4, 2008 – 1:00 p.m.

The State and Public Life and Health Insurance Board, Joint Clinical and Fiscal Drug Utilization and Evaluation Committee met on Monday, February 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. Joe Stallings
Robert Watson	Dr. James Bethea
Kat Neill	Dr. Hank Simmons
Larry Dickerson/ Ronda Walthall	Mark McGrew
	Matthew Hadley

Sharon Dickerson, Executive Director, Employee Benefits Division of DFA

Others Present:
Barry Fielder, NMHC; Jill Johnson, College of Pharmacy/EBD; Stacie M. Jones, M.D. UAMS; George Platt, Jason Lee, Kim Wilmot, Kate Nurmohamed; Shannon Roberts, Randi Porter, Sherry Bryant, Cathy Harris, EBD; Bryan Meldrum, NovaSys; Ronda Walthall, 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 December 11, 2007 minutes. Minutes were approved without objection.

Antiasthmatic Agents (LTRA's) *by Jill Johnson & Stacie Jones, M.D.*
In the last DUEC meeting there was much discussion about managing the formulary for asthma medications. Some of the discussion focused on the proposal that has been adopted elsewhere that would disallow leukotriene inhibitors to be used alone for asthma. The Committee agreed not to move forward until they receive input from the allergy community.

Stacie M. Jones, M.D. Associate Professor of Pediatrics Chief, Allergy and Immunology met with the committee. Dr. Jones referenced the new National Heart Lung and Blood Institute (NHLBI) guidelines.

Recommendations: EBRx –Leukotriene Receptor Antagonists PA Criteria
The purpose of this PA is to deny coverage for rhinitis as the DUEC voted in 2004 to deny coverage of this indication since the current best evidence indicated nasal steroids were superior.
For asthma, the intent is to follow the 2007 NHLBI Asthma Expert Panel Guidelines and to prevent LTRA monotherapy except in a select patient population.

At the point of sale for patients 13 and over, the computer will check to detect an inhaled oral corticosteroid and a beta agonist; if present, the LTRA claim will pay. If not, the claim will deny.

For patients 12 and under, the following manual PA criteria will have to be met:

All of the following must be met to allow coverage of any LTRA:

1. The patient must be 12 years of age or younger.
2. The patient must have on the pharmacy profile at least one SABA but not more than 2 filled in the past 12 months.
3. No systemic steroids on the profile in the previous 12 months.
4. No ER visits for Asthma dx in the previous 12 months.
5. No Hospitalizations for Asthma dx in the previous 12 months.

Motion approved without objections.

ACE Inhibitors Class Review *by Jill Johnson & Barry Fielder*
Fielder explained Generic Altace (ramipril) just became available at the beginning of 2008, although there remain some supply issues. Aceon is the only remaining brand product for which a generic equivalent is not yet available. Lisinopril and Enalapril account for over 64% of the utilization of ACE Inhibitors during the above time period. Lisinopril/hctz accounts for over 75% of utilization. Only Ramipril, Trandolapril, and Perindopril have no thiazide combination product available.

Angiotensin Ii Receptor Antagonists Class Review *by Jill Johnson & Barry Fielder*
Angiotensin-II receptor antagonists (or blockers) are a newer class of antihypertensive agents. The current tier 2 products include: Diovan, Benicar, and Avapro.

Recommendation: Move Atacand to tier 2 and Benicar to tier 3.

Motion approved without objections.

Zetia (Ezetimibe)/ Enhance Trial *by Jill Johnson & Barry FIelder*

Dr. Golden shared the results from a study conducted by Vytorin makers. Dr. Golden stated they do not want to exclude Zetia from the prescription drug program, but reserve them for patients who don't respond to or can't tolerate statins.

Recommendation: Move Zetia to tier 3.

Motion approved without objections

New Drugs for October Thru December 2007 *by Jill Johnson*

Drug	TIER
Somatuline Inj	T2 w/ PA
Isentress tab 400mg	T2 w/ PA
Tasigna cap 200mg	T2 w/ PA
Renvela tab 800mg	T2
Veregen oint 15%	exclude

Motion approved without objections

Other Discussions
The Committee discussed the "grandfather" process for the Preferred Drug List (PDL). No action was taken by the Committee. Dickerson she would refer the issue to the Board.

Meeting Adjourned.

Additionally, there was some discussion about Lamisil after the meeting adjourned.

Johnson provided the following information to the DUEC members regarding Lamisil via-email on February 5, 2008.

Lamisil (Terbinafine): Currently terbinafine requires prior authorization (PA). Generic Terbinafine is available and is very cheap but the brand is still quite pricey. In the 4Q07 there were 17 paid claims for brand Lamisil at an average plan paid amount of $308.54/Rx. There were 423 generic Terbinafine claims at an average plan paid amount of $2.74/Rx. The PA charge is probably not worth it for the generics, but we do need to address the brand claims. We could either require a PA for the brand, but not for the generic or we could require generic or not cover the brand at all. I recommend the former and if someone presents a Brand Lamisil Rx, they would get a point of sale message that states “a PA is required for Brand, but not for the generic”.

Dr Golden made the recommendation to the Board on February 19, 2008 to cover the generic and disallow coverage of the brand product. Motion passed.