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

Minutes

January 5, 2009

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, January 5, 2009 at 1:00p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

Members present:	**Members absent:**
Dr. William Golden	Hank Simmons
Dr. Joe Stallings	Mark McGrew
Kat Neill	Dr. James Bethea
Larry Dickerson	Matthew Hadley
	Robert Watson

Jason Lee, Executive Director, Employee Benefits Division of DFA.

Others Present
Barry Fielder, NMHC; Jill Johnson, Mark Helm, Clay Patrick, UAMS College of Pharmacy/EBRx; Leigh Ann Chrouch, Sherri Saxby, Marty Usrey, Shannon Roberts, Sherry Bryant, Cathy Harris, EBD; Bryan Meldrum, Novasys; Warren Tayes, Merck; Jeff Britt, Pfizer; Jon Mcguire, GSK; Donna Havens, AEDC; Janie Huff, Takeda.

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

Approval of Minutes
The motion was made by Dr Golden to approve the August 4, 2008 minutes. Minutes were approved by consensus.

Brand Cyclobenzaprine *by Barry Fielder*
Fielder presented utilization data for brand Cyclobenzaprine products from 9/01/08 through 11/30/08. Fielder explained the brand products are currently on tier 2 and there was relatively minimum utilization during this period. Fielder said the brand product cost is quite significant than the generic.

- Amrix (cyclobenzaprine) 15mg; 30mg - Brand extended-release cyclobenzaprine product indicated for once daily use.
- Fexmid (cyclobenzaprine) 7.5mg - Brand cyclobenzaprine product in strength not currently available in generic.

Recommendation: Exclude from coverage (100% co-payment) brand Cyclobenzaprine products.
Motion approved without objection.

Brand Doxycycline Products by *Barry Fielder*
Fielder presented utilization data for brand Doxycycline products from 9/01/08 through 11/30/08. Brand products are currently on tier 2.

- Oracea (doxycycline del release) 40mg - Once daily 40mg brand Doxycycline with 30mg immediate release and 10mg in delayed release beads indicated for treatment of rosacea.
- Doryx (doxycycline hyclate) 75mg,100mg, 150mg - Once daily 40mg brand Doxycycline with 30mg immediate release and 10mg in delayed release beads indicated for treatment of rosacea.

Recommendation: exclude from coverage (100% co-payment) brand doxycycline products.

Dr. Golden requested that Fielder ask the opinion of a Dermatology consultant before they finalize the recommendation. The committee agreed by consensus.

Fielder agreed he would consult a Dermatologist before the next Board meeting.

Zegerid Product *by Barry Fielder*
Fielder reported they identified an issue regarding Zegerid. Fielder explained the PPIs are on a reference pricing schedule; however, Zegerid slipped through because it's actually classified as a combination product. Fielder reported that while utilization is minimum; Zegerid is worthy of consideration to add into the reference pricing schedule.

- Zegerid (omeprazole/sod bicarb) cap 20/1100, 40/1100 - Oral capsules containing omeprazole and sodium bicarbonate, available in both 20mg and 40mg strengths of omeprazole.

- Zegerid (omeprazole/sod bicarb) powder 20/1680, 40/1680 - Omeprazole and sodium bicarbonate in powder for oral suspension.

Neill said they should leave Zegerid powder available in a tier classification because it's a dose formulation issue.

Recommendation: Add Zegerid capsules to the PPI reference pricing schedule. Leave Zegerid powder at tier 3.

Motion approved without objection.

Azithromycin QL *by Jill Johnson*
Johnson explained the plan currently has in place a quantity limit of 6 tablets of Azithromycin 250mg per month. EBRx reports an increasing number of requests for additional amounts of Azithromycin within a one month period and most often these requests are for additional fills after the first regimen is complete. Johnson reported there have also been occasions when the physician has requested additional

amounts prior to the first fill. Johnson reported use of Azithromycin for some Dermatology problems and community- acquired pneumonia.

Johnson explained the consideration before the committee is whether or not to change the current quantity limit design for Azithromycin 250mg tablets.

Recommendation: Allow additional fills of this product within a month, the limits could be changed to 6/Rx with a maximum of either 12 or 18 per 31 days. This would allow a member to obtain an additional Rx (or two) in a month time period without having to go through a prior authorization process.

An in-depth discussion ensued.

Dr. Golden said he is concerned about repeat dosage and is reluctant to allow additional 6/Rx fills.

Audience member, Clay Patrick with UAMS College of pharmacy, reported most of the request they received are for acne. Johnson said some of the requests are for every other day dosage or three times a week dosage.

Dr. Stallings commented it doesn't make sense to allow additional fills for Azithromycin because it stays in the body's system up to four or five days.

Neill recommended removing the limit of 6 tablets of Azithromycin 250mg per month and set a maximum of 15 tablets per 31 days. Dr. Golden suggested the committee review Azithromycin again in 6 months.

Motion approved without objection.

Statins (Jupiter Trail /Referenced Pricing) *by Jill Johnson*
Johnson stated they try to encourage members to use generic simvastatin; and that the plan also allow for Lipitor 80mg for those patients who can't be controlled with the highest dosage.

Johnson reported in November 08 the Jupiter Trial was published with the first trial evidence for Crestor. Johnson said the evidence for Crestor showed a decrease in events.

Johnson presented two options; the first of which would be to use the actual plan cost per unit for each strength of simvastatin; or secondly, to establish a single reference price for this group of drugs that is adequate for all strengths (i.e. $0.30 per unit). Johnson said the latter method is easier to maintain; is consistent with the methodology used in PPIs and hypnotics, and allows for the easiest implementation. Projected annual savings would range from $1.4 to $1.7 million, depending on the method chosen.

Reference pricing for these products would be based on simvastatin pricing.

Simvastatin 10mg ($0.07), 20mg ($0.29), 40mg ($0.19), 80mg ($0.25) Lipitor (atorvastatin) 10mg, 20mg, 40mg Crestor (rosuvastatin) 5 or 10mg Pravachol (pravastatin) 20mg, 40mg, 80mg Lescol (fluvastatin) 40mg, 80mg Mevacor (lovastatin) 20mg, 40mg or 80mg, 80mg

The lowest cost brand product would be used as the basis for the reference pricing for the higher strength brand products. In this case, Crestor 20mg and 40mg are essentially parity priced and are less expensive than Lipitor 80mg in a head to head comparison. Consequently, Crestor 20mg/40mg would be moved to tier 2 status and Lipitor 80mg would be removed from tier 2 status and reference priced against the Crestor 20mg/40mg price. Projected annual savings would be approximately $47,000.

An in depth discussion ensued.

Dr. Golden suggested the EBD staff include information in the newsletter about the annual cost savings that could be made by switching to simvastatin. Dr. Golden said his patients are very happy about the savings.

Neill recommended they add Crestor 20mg, 40mg but with the same criteria for Lipitor 80mg/tier 2; Crestor 5mg, 10mg would be reference priced based on generic Simvastatin. Fielder said they will work with the EBD Staff to determine the actual reference price.

Johnson clarified recommendation: One lower reference price for Crestor 20mg, 40mg and Lipitor 80mg with prior authorization; all on tier 2.

Motion approved without objection.

Non-Sedating Antihistamine Coverage *by Dr. Mark Helm*
Due to the over-the-counter (OTC) availability of two different non/low-sedating antihistamines (Claritin and Zyrtec), the plan removed this category of drugs from covered status earlier in 2008. Since that time, the question has been raised as to whether or not any coverage for these products might be afforded upon an appeal. EBD management has requested the DUEC discuss this issue.
Dr. Helm said in most circumstances involving EBD and medications, he has been encouraged to make allowances when needed for particular cases upon appeal. However; the antihistamine situation is different because there are two newer agents and several older agents that are now available without prescription. Helm said he is not certain how to handle the appeals for fexofenadine because of the different nature of the decision affecting this category. Helm presented two scenarios (both

involving fexofenadine) to the committee for which he believes fexofenadine may be the most appropriate choice.

Dr. Golden suggested they allow exception for Fexofenadine for people with strange diseases or unusual circumstances and cover fexofenadine at tier 1 status – Generic ($10).

Dr. Helm said there is not a reason to cover anything other than fexofenadine because all the other brands in that category are derivatives of one another; but if they place Fexofenadine on tier 1, the recipient will pay less than the over the counter options. Helm said it would be acceptable to put Fexofenadine on tier 2 – Generic ($30) because it's not a product that is normally covered.

Neill said patients should not be financially penalized if they cannot be treated with the options that are available to them. Neill recommended they put Fexofenadine on tier 1 with prior authorization (PA)–Generic ($10).

Motion approved without objection

Hepatitis C Treatment Guidelines *by Dr. Mark Helm*
Dr. Helm explained pegylated interferon and ribavirin are products used to treat patients with hepatitis C. Helm said they have received a number of requests for repeated courses of pegylated interferon and ribavirin therapy; and while there are no justifications for repeated courses, there is justification for extended duration for the first treatment. Helm said the current protocols do not allow for neither.

Recommendation: Consider a monitoring protocol that would allow for a more rational determination on continuing therapy for 72 weeks or discontinuing therapy after 24 weeks instead of covering all 48 weeks worth of therapy.

Dr. Helm's showed a power point presentation that listed the criteria based on genotype and pretreatment viral load.

The committee agreed by consensus to tabled the discussion until the next meeting. Dr. Golden requested Helm provide the committee with the current policy and the data.

New Drugs *by Jill Johnson*

Drug	**Tier**
Desowen Kit Cream or Ointment	Exclude
Liquadd Soln 5mg/5ml	Exclude w /review in 6 months
Alvesco Aerosol	T3
Keppra XR 500mg	T2 w/ review
Stavzor caps	T3
Nplate	Medical

Selfemra	Exclude
Sancuso Pad 3.1mg	T3; QL=5 patches/31days
Durezol Emulsion	Exclude
Veripred 20 Soln	Exclude
Aczone Gel	T3

Plan Performance Update *by Barry Fielder*
Fielder presented a report on the Arkansas State and Public Employees benefit program drug trend.

Fielder presented graphs demonstrating the per-member-per-month (PMPM) cost trend of the plan for the past 4 years for traditional drugs. In addition, the total drug spend (re-bates) for the plan during the same time period. The PMPM graphs demonstrated a year over year trend rate of 4.1%, 2.0%, and 0.9% respectively.

Fielder's report also included graphs with the breakdown of the speciality verses non-speciality PMPM cost over the past 3-year period. Fielder reported that while the non-speciality PMPM has been essentially flat to down, the speciality PMPM cost has continued to increase significantly year over year; 11.6% and 19.2% for the past 2 years respectively. Fielder suggested the DUEC keep a close watch on speciality drugs this year.

Dr. Golden requested that Fielder provide the committee with a break down of the speciality drugs and the diseases and common conditions associated with them.

Lee requested that Fielder also provide EBD with a list of the specialty drugs so they can consult with the medical carriers as well.

Meeting adjourned.