State and Public School Life and Health Insurance Board Clinical and Fiscal Drug Utilization and Evaluation Committee
Minutes
March 30, 2009

The State and Public Life and Health Insurance Board, Drug Utilization and Evaluation Committee (DUEC) met on Monday, March 30, 2009 at 1:00p.m., in the EBD Board Room, 501 Woodlane, Little Rock, AR.

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

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; George Platt, Leigh Ann Chrouch, Sherri Saxby, Stella Greene, Shannon Roberts, Donna Cook, Sherry Bryant, Cathy Harris, EBD; Bryan Meldrum, Novasys; Barbara Melugin, Health Advantage; Shonda Rocke, Informed Rx; Ronda Walthall, Wayne Whitley, AHTD; Dwight Davis

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

Approval of Minutes
The motion was made by Dr Golden to approve the January 5, 2008 minutes. Minutes were approved by consensus.

Topamax *by Barry Fielder & Jill Johnson*
For migraine prophylaxis: NOTE: the usefulness of topiramate in the treatment of acute migraine has not been evaluated.

Fielder explained in evaluating Topamax utilization in the time period above, it was noted that 154 members receiving either Topamax 25mg or 50mg prescriptions had at least one triptan prescription in the past 120 days. In further evaluation of these members, it was noted that a significant number were obtaining close to an average of 1 triptan prescription per month along with their Topamax. Additionally, for the members receiving Topamax 100mg or 200mg prescriptions, it was noted that 106 members had received at least one triptan prescription in the past 120 days in addition to their Topamax.

Fielder said there are so many off label usages for Topamax that it become a challenge to deal with it without causing severe member disruption.

Recommendation: Place a negative step therapy edit on Topamax 100mg and 200mg strengths whereby the presence of a triptan claim in the past 120 days would cause the claim to reject for PA required. The EBRx call center would then have to approve based on use for an appropriate indication or, if being used for migraine prophylaxis, seek justification for the higher dose. Secondly, place a contingent therapy edit on Topamax 25mg and 50mg whereby the presence of greater than a 60 day supply of a triptan would result in the claim rejecting for PA required.

Dr. Golden said they maybe getting into a realm of messy clinical care and medical management.

A discussion ensued.

The committee decided by consensus to reject the recommendation for Topamax.

ADHD Agents by *Barry Fielder & Jill Johnson*
Fielder reported several once-daily doses of select ADHD agents are parity or near parity priced in the various strengths available. This presents opportunities for dose optimization and cost savings to the plan if multiple daily doses are combined into a single daily dose of the higher strength product. Opportunities exist for certain strengths of Concerta (18mg, 27mg), Focalin XR (5mg, 10mg), Metadate CD (10mg, 20mg, 30mg), Ritalin LA 10mg, 20mg), and Adderall XR (5mg, 10mg, 15mg).

The committee viewed the utilization data for ADHD agents for Dec 2008 through Feb 2009.

Recommendation: Implement quantity limits of 1 per day on the drugs/strengths above to impose dose optimization and resulting cost savings to the plan. The pharmacist would receive a point-of-sale message explaining the rejection and what action to take.

Fielder clarified at the point-of-sale, a message would be given for lower dosage strength, directing them to go to the higher strength if there is a double strength dose available in a once a day dosage form. Fielder said the cost of the individual units is not that much different

A discussion ensued regarding the duration time of the double strength ADHD agents.

Dr. Helm talked about the Medicaid Prescription Drug Program. Helm said they have received some appeals for twice a day dosage but no information has been provided to substantiate why they are prescribing for twice a day dosage. Helm said

less than a tenth of the calls they receive are about ADHD medicines and it's a rare event when someone says they need to take it twice daily.

The committee agreed by consensus to approve recommendation for AHDH agents.

Zyvox *by Barry Fielder & Jill Johnson*
Johnson explained Zyvox is a member of a new class of antibiotics and is used to treat certain types of pneumonia, some forms of skin infection, and infections involving certain germs.

The committee viewed the utilization data. In the 12 month time period from January 2008 through December 2008, a total of 63 members received at least one prescription for Zyvox. A total of 14 members received greater than one prescription. Total plan cost for Zyvox in this time period equaled $133,675. In evaluating medical claims data, 14 members received therapy after hospitalization with surgery, 14 after hospitalization without surgery, 28 could not be directly linked to a hospitalization, and 7 were missing medical claims information. This may be due to the inherent lag time in medical claims data compared to pharmacy claims data.

Johnson informed the committee she researched some Prior Authorization Criteria (PA) for Zyvox from sources; West Virginia Medicaid, New York State Medicaid and from a private insurer.

Recommendation: EBRx PA criteria for Zyvox ® (linezolid)

All requests for the use of linezolid, oral dosage forms, will require a prior authorization.

Coverage will be provided for:
1. Treatment of vancomycin-resistant enterococci (VRE)
2. Treatment of one of the following infections that is vancomycin-resistant or methicillin- resistant when vancomycin (or other sensitive antimicrobial) is contraindicated, has failed, or is not tolerated:
    a. Nosocomial pneumonia,
    b. Skin and skin structure infection, including diabetic foot infections, without concomitant osteomyelitis
    c. Community-acquired pneumonia

Exclusion Criteria:
1. Infectious organism is not VRSA of MRSA where first-line therapy has not failed is contraindicated,
2. Culture is result of colonization AND member is not experiencing symptoms of active infection,
3. Infection is other than pneumonia or skin/skin structure,
4. Concomitant therapy with one of the following pharmacologic therapies:
    a. SSRI or SNRI, MAOI
    b. Myelosuppressive therapy

Coverage duration: Initial approval is 14 day (QL of 28 tablets per fill) with an additional 14 days (QL of 28 tablets per fill) if clinical documentation supports response.
For weekend prescription a quantity of 4 tablets will be dispensed with a pending PA for the balance written on the prescription.

A discussion ensued.

Johnson will put together final PA criteria and submit to DUEC members.

The committee agreed by consensus.

Coverage Policy for New Drugs *by Jason Lee*
Lee submitted a coverage policy for new drug for the DUEC consideration:
The current policy is to automatically provide coverage for new drugs entering the market; subject to a tier 3 co-pay of $60. This coverage occurs without any direct review by EBD, the DUEC committee, or the Board. Subsequently, this committee reviews the medications and makes a recommendation for coverage or exclusion. When a drug is excluded, any member with an active prescription is informed that the drug will no longer be covered and time is given for an alternative drug to be prescribed by their physician.

This is not a widespread problem but has the potential to impact multiple members each time we exclude a new medication. One recent example is the medication Treximet in which 88 members were prescribed the medication before the decision was made to exclude it from coverage. This temporary coverage has the potential to create a disruption in the member's compliance and can certainly contribute to an unpleasant experience with the plan.

Recommendation: Exclude from coverage any new drug pending an evaluation by the Committee and recommendation for coverage to the Board.

A discussion ensued.

The committee agreed to accept the coverage policy for new drug w/ modifications. In addition to the proposed coverage policy for new drugs, the Plan will also:

1. Allow coverage for the Generic if available, of a new drug until evaluation by the Committee.
2. The DUEC will review Speciality Drugs upon request. The Chairman may choose to call an emergency meeting.

One opposed. Motion approved.

New Drugs *by Jill Johnson*

Drug	Tier
Prodrin	T3
Aplenzin	EXCLUDE
Finacea plus Kit	EXCLUDE
Rapaflo	T3
Toviaz	EXCLUDE – review next Qtr.
Uloric	EXCLUDE
Acanya Gel	T3
Banzel	T3 w/PA
Epiduo Gel	EXCLUDE
Prandimet	EXCLUDE
Trilipix	EXCLUDE
Moxatag	EXCLUDE
Vanoxide HC Kit	EXCLUDE
Apriso Cap	TABLED
Orapred ODT	EXCLUDE
Kapidex	Reference price w/ other PPIs.
Cinryze	TABLED

Plavix and PPI's *by Barry Fielder*
Fielder provided the committee with informational material for Plavix and PPI Use; a recent JAMA article titled "Risk of Adverse Outcomes Associated with Concomitant Use of Clopidrogel and Proton Pump Inhibitors Following Acute Coronary Syndrome."

The committee viewed utilization data from December 2008 through February 2009.

No action required by the committee.

Meeting adjourned.