

SEPTEMBER 2004 DUR BOARD MEETING MINUTES

Date: September 22, 2004

Members Present: Eichler, Nagy, Harrison, Fitzgerald, Sargent, Cobb, Bradley, Brown, Crichton, Burton

Others Present: Barnhill (Drug PA), Peterson, Preshinger (Medicaid), Renner (Mental Health Services), Pope, Kapur (First Health), Hunter (DPHHS), Interested members of the public and Representatives of Pharmaceutical manufacturers

Mark Eichler opened the meeting with a review of the procedure for the public who wish to testify and a reminder that the Department posts the agenda on the web site at least 14 days prior to each meeting. This board for the past 12 years has made decisions on a consensus basis and will continue to do so. Introductions were made of new members of the board; Dr. James Crichton, and Bill Burton R.Ph., and reintroduction of all members and staff to the group at large. Mark reminded all representatives to contact DPHHS or himself at Mountain Pacific Quality Health Foundation if they have questions or comments.

Board Minutes: The minutes of the August meeting were approved with the change of Carla Cobb from RPh to PharmD.

Department update:

Dan Peterson, Pharmacy Program Officer for DPHHS, updated the Board on the following Medicaid issues. The Preferred Drug List (PDL) will be developed by this board at the request of DPHHS over a 4 to 5 month period. Soft edits in the first categories of drugs will begin showing up at pharmacies in November with hard edits following in December. The process will continue until all drug classes are completed.

Old Business:

The PA unit has had an increase in calls requesting high dose Lexapro. The board continues to support the maximum dose of 40mg. Beyond that dose is considered a failure.

Preferred Drug List:

The procedure for review of each drug classification: 20 minutes of public comment; First Health clinical review summary (including EPC when available); Board discussion. The questions for board discussion center around 1) are there any drugs that stand out in the class and should be preferred based on clinical merit, 2) are there drugs in the class that should NOT be preferred based on lack of clinical merit, and 3) which drugs in the class would be considered "therapeutically equivalent" by clinical merit. In the "therapeutically equivalent" group, DPHHS then would determine which drugs would be preferred or non-preferred based on economic information. Grandfathering for each class of drugs will be considered, as well as any special prior authorization criteria. The following drug classes were considered and outcomes determined by review of the evidence, public comment, and then board discussion.

ANGIOTENSIN RECEPTOR BLOCKERS: Class effect, no grandfathering

PROTON PUMP INHIBITORS: Class effect, continue with current criteria for failure

INSULIN:

Analog – Lantus is classed alone

Humalog & Novolog – Class effect, no grandfathering & must have 2 week trial for PA

Non-Analog-Humulin U, Humulin L, Humulin 50/50 are classed alone

Humulin/Novolin R – Class effect, no grandfathering & must have trial/failure for PA

Humulin/Novolin N – Class effect, no grandfathering & must have trial/failure for PA

THIAZOLIDINEDIONES: Class effect, no grandfathering

2ND GENERATION SULFONUREAS: Class effect, no grandfathering

BISPHOSPHONATES: Fosamax & Actonel; Class effect, no grandfathering (Didronel not considered part of this class)

ALPHA-GLUCOSIDASE INHIBITORS: Class effect, no grandfathering

MEGLITINIDES: Class effect, no grandfathering

NASAL CALCITONINS: Micalcin is the only drug in this class

Next meeting is October 27, 2004 at the same location (MACO Building, Conference room)

4:30 Meeting adjourned.