

**January 2012 DUR Board
MEETING MINUTES**

Date: January 25, 2012

Members Present: Wilkinson, Caldwell, Harrison, Crichton, Maxwell (phone), Brown (phone), Bradley (phone), Cobb (phone)

Others Present: Dave Campana, and Dan Peterson from Medicaid, Bobbie Renner, Dr. Lee Sims from the Mental Health Program, Barnhill, Drug PA/Case Management, and various representatives of drug manufacturers.

Lisa Wilkinson opened the meeting.

Public Comment:

There were no members of the public in attendance.

Meeting Minute Review:

The Board reviewed the October meeting minutes. The minutes were approved

Department Update:

Dave Campana gave the Board the following update:

The pharmacy program implemented NCPDP standard D.0 in conjunction with the 5010 as part of the new HIPAA billing standard. Recently two errors in pharmacy processing have arisen, one problem with pricing was discovered and will be fixed by 2-1-12. This problem occurred as a result of receiving pricing information from two sources and dating updates for one source incorrectly.

The other problem to arise was a problem with coordinating benefits between Medicaid and other insurers. This problem was a result of the D.0 implementation. Pharmacies have to change incoming patient co-pay information to correct the error. The State and ACS have come up with a design to eliminate the problem. This will be implemented before 2-29-12.

The Board of Pharmacy is developing the Prescription Drug Registry (PDR) to receive information from pharmacies on controlled substance prescriptions that were dispensed from 7-1-2011. The pharmacies are required to submit prescription information starting after Feb 1, 2012. Pharmacists and prescribers will be able to register with the Board of Pharmacy to review controlled substance prescriptions for individual patients. It is believed the PDR will assist in the prevention of drug diversion when used appropriately by pharmacists, physicians and other prescribers.

Regulations regarding the PDR were out for public comment. The comment period closed on 1-12-2012.

Board Discussion:

1. Calcium channel blockers currently require a trial of 2 preferred agents prior to approval of a non-preferred agent. Since the new PDL has significantly fewer preferred options, the Board agreed that a trial of ONE agent would be adequate prior to the approval of a non-preferred product.
2. ADHD long acting agents are being used in our population in multiple daily doses and at doses far exceeding the FDA maximum recommendations. The Board voiced their concerns about these issues and would like to see some changes made. If possible, the State and Mountain Pacific will work on a plan to limit the long acting agents to no more than 3 doses a day and to maintain more appropriate maximum doses. Some or all of the long acting ADHD agents may be limited to a 15 day initial fill (similar to the program already in place for atypical antipsychotics).
3. Simvastatin 80mg has a new safety warning from the FDA that was discussed with the Board. The decision was made that new patients will be limited to no more than 40mg of Simvastatin. Patients who have been on 80mg for 12 months without problems will be grandfathered. Investigation will be done into edits for significant drug interactions such as diltiazem and gemfibrozil.
4. Lexapro currently requires a previous trial on citalopram for the Mental Health Services Program. When this decision was made, no discussion was held on grandfathering of patients currently on Lexapro. The Board decided to grandfather patients currently on Lexapro for MHSP.
5. Criteria Development:
 - Cialis
 - Patient must have diagnosis of benign prostatic hyperplasia
 - Must have tried 3 other drugs approved for BPH
 - Must have no history of erectile dysfunction

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- Patient must be male and have no diagnosis of hypotension or nitrates in use
- Silenor
- Prior approval only for patients who have tried and cannot tolerate Doxepin (10mg capsules, 10mg/ml liquid, etc.)
- Patient must have tried one of the preferred agents in this class or have a contraindication to their use.
- 15 tablet initial fill
- Dose is limited to one tablet daily
- Metozolv ODT
- Patient must be 18 years old
- Patient must have tried oral tablets or liquid metoclopramide generic and have a reason they could not be used- does not require a failure on another preferred agent
- Onfi
- Diagnosis of Lennox-Gastaut syndrome
- Age greater than or equal to 2 years old
- Maximum of 40mg daily
- Krystexxa
- Patient is at least 18 years of age
- Medication is prescribed by a rheumatologist (or documented consult)
- Baseline serum uric Acid level is greater than 8m/dl
- Patient has a documented contraindication, intolerance to, or failure after at least a 90 day course of allopurinol AND febuxostat (Uloric)
- Patient has symptomatic gout with one or more of the following:
 - Three or more flares in the past 18 months
 - Presence of one or more tophi
 - Chronic gouty arthritis
- If the above criteria are met, initial authorization will be limited to 3 months. Documentation from progress notes describing positive response to treatment and lack of serious side effects will be required.
- Reauthorization will not be granted if patient has more than 2 serum uric acid levels over 6 mg/dl after initiation.
- Maximum allowed dose will be 8mg every 14 days
- Oleptro
- This medication will not be added to the Mental Health Services Plan at this time. This means it is not covered on MHSP.

Executive Session:

Members of the public were escorted out, so the Board could discuss case sensitive issues.

Next meeting is scheduled for March 21, 2012 at the Foundation.

Preferred Drug List meeting are scheduled for April 25 at the Holiday Inn Downtown, May 23 and June 27 at the Great Northern.

Meeting adjourned at 3:15.