

Pharmacy and Therapeutics Committee Meeting Record

Date: 3/19/04 **Time:** 9:00 a.m. – 4:00 p.m. **Location:** 3232 Elder Street, Conference Room D **Moderator:** Thomas R. Young, M.D.

Committee Members Present: Thomas R. Young, M.D.; Richard Pines, D.O.; George Pfoertner, M.D.; Catherine Gundlach, PharmD; Jeffery Edwards, M.D.; Richard Markuson, RPh; Bob Comstock, RPh; Thomas Rau, M.D.; James Schroeder, P.A.; Shawna Kittridge, MHS, RPh; Steve Montamat, M.D.

Committee Members Absent:

Agenda Item	Presenter	Outcome/Action	Assigned	Due
<p>CALL TO ORDER</p> <ul style="list-style-type: none"> • Roll Call • Reading of Confidentiality Statement • Approval of Minutes from January 16, 2004, Meeting • Discussion of Key Questions for Upcoming EPC Drug Effectiveness Review Studies • Review of SmartPA Rules for Statins and Triptans and EPAP Implementation Update 	<p>Thomas R. Young, M.D.</p>	<p>Dr. Young called the roll.</p> <p>The confidentiality statement was read by Dr. Young.</p> <p>The minutes from the January 16, 2003, Committee meeting were approved with no changes.</p> <p>The draft key questions and inclusion criteria for inhaled corticosteroids, skeletal muscle relaxants, and urinary incontinence drugs were reviewed. A few minor changes were discussed for inhaled corticosteroids and skeletal muscle relaxants. The recommendations from the Committee will be further discussed prior to the drug effectiveness review.</p> <p>The PA criteria proposal from Heritage for statins and triptans were reviewed and included the prior authorization flow chart.</p> <p>After discussion, it was determined that the override criteria for statins will be modified to include a requirement that the patient was counseled regarding diet and exercise and also include that the patient was counseled regarding smoking cessation. The requirements that were agreed upon include the patient has a current or baseline LDL of greater than or equal to 185 and requires intensive statin therapy with Atorvastatin 40, Atorvastatin 80, or Simvastatin 80. The second requirement that was discussed was that the patient has a current and acute coronary event and requires intensive statin therapy.</p>		

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		<p>Once the modifications have been made, the Committee members will receive a copy of the new rules and be polled electronically for approval. The effective date for implementation of the statin rules has been moved to June 1.</p> <p>Triptans have gone through the user acceptance and no comments were received. Letters will be going out to providers in the next ten days and the rules will be going into effect May 1. A copy of the criteria and prior authorization form will be posted on the Department's website.</p>		
<p>DRUG CLASS REVIEW</p> <ul style="list-style-type: none"> • Skeletal Muscle Relaxants 	<p>Tami Eide, Pharm.D., BCPS, FASHP</p>	<p>Tami Eide presented slides explaining the review of skeletal muscle relaxants for spasticity and musculoskeletal conditions including indications, how the drugs work, the drug-drug interactions, and availability and dosing. This review included the following drugs:</p> <ul style="list-style-type: none"> • Lioresal, baclofen generics • Soma, carisoprodol generics • Paraflex, Remular-S, Parafon Forte DSC, chlorzoxazone generics • Flexeril, cyclobenzaprine generics • Dantrium • Skelaxin • Robaxin, methocarbamol generics • Norflex, orphenadrine generics • Zanaflex, tizanidine generics 		
<p>REVIEW OF CLINICAL DATA</p> <ul style="list-style-type: none"> • Skeletal Muscle Relaxants 	<p>Roger Chou, M.D.</p>	<p>Dr. Chou presented information explaining the clinical data for skeletal muscle relaxants for spasticity of musculoskeletal conditions including the study's conclusions. This report was updated in January 2004. A copy of the information discussed was included in Committee member packets.</p>		
<p>DRUG CLASS REVIEW</p> <ul style="list-style-type: none"> • Long Acting Opioids 	<p>Tami Eide, Pharm.D., BCPS, FASHP</p>	<p>Tami Eide presented slides explaining the review of long-acting oral and transdermal opioids for non-malignant chronic pain including indications, how the drugs work, the drug-drug interactions, and availability and dosing. This</p>		

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		review included the follow drugs: <ul style="list-style-type: none"> • Duragesic • Levo-Dromoran, generic levorphanol • Dolophine, Methodose, generic methadone • MS Contin, Oramorph SR, Kavian, Avinza, generic long-acting morphine sulfate • Oxycontin 		
REVIEW OF CLINICAL DATA <ul style="list-style-type: none"> • Long Acting Opioids 	Roger Chou, M.D.	Dr. Chou presented information explaining the clinical data for long-acting opioids for chronic non-cancer pain including the study's conclusion. This report was completed in February 2004. A copy of the information discussed was included in the Committee member packets.		
PUBLIC COMMENT PERIOD	Thomas R. Young, M.D.	Two people were listed to speak during the public comment period; however, only one person was present to speak during the public comment period. Public comment was received from the following: <ul style="list-style-type: none"> • Dr. Catherine Keller – Long-acting opioids 		
COMMITTEE RECOMMENDATION FOR SELECTED THERAPEUTIC CLASSES	Thomas R. Young, M.D.	<u>Skeletal Muscle Relaxants</u> The Committee determined that there is no difference in efficacy between the drugs in this class; however, there is a difference in safety. Based on the evidence that was presented, the Committee consensus is there are no good studies on these drugs and there is no evidence that one of these drugs is better than another. <u>Long-Acting Opioids</u> The Committee determined that there is a need for education around the guidelines. Based on the evidence that was presented, Committee consensus is that all of these drugs work and all are equally safe.		
SUPPLEMENTAL REBATE INFORMATION (CLOSED TO PUBLIC)	Shawna Kittridge, MHS, RPh	Shawna Kittridge presented supplemental rebate information to the Committee members for their review and discussion. This review and discussion was closed to the public.		
COMMITTEE FINAL RECOMMENDATION FOR THERAPEUTIC CLASSES	Thomas R. Young, M.D.	In the skeletal muscle relaxants class, the Committee recommends that there will be no change to the current structure or status of the availability of the current medications. It is recommended that the Department begin a very active, directed program of education about the use of		

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		<p>these medications, the potential for addiction, and problems. The Department will develop those guidelines and bring them to the Committee in 60 days for their review to begin to initiate that educational process within the physician community in an attempt to bring about more appropriate utilization of this particular group of medications and to try to reduce some of the problem of misdirection of these drugs into areas that are not medically appropriate. The current prior authorization system for these medications will continue as it is.</p> <p>In the long-acting opioids class, the Committee recommends that Avinza, Kadian, and Methadone be non-prior authorized drugs. The other drugs in this class will remain on a prior authorization list; however, no action will be taken until the Department has presented the draft rules to the Committee for review. These rules will also include grandfathering/exceptions for use of a patient's current medication for certain patient groups. The Committee also recommends that the Department should place quantity limits on all drugs in this class.</p>		
ADJOURN COMMITTEE MEETING	Thomas R. Young, M.D.	The Committee meeting was adjourned. The next Committee meeting is scheduled for May 21, 2004, and the Committee will be reviewing estrogens, oral hypoglycemics, and urinary incontinence drugs.		

Idaho Medicaid Prior Authorization Criteria: Statins

Denial Criteria

- Age < 8 years
- Nonpreferred agents will be denied unless either of the following are present in the patient's history:
 - Two different preferred agents for total of ≥ 150 days in the last 6 months.
 - Two different doses of a single agent for total of ≥ 150 days in the last 6 months.
- Patients taking > 1 dosage units per day for the following agents and respective strengths:
 - Atorvastatin (Lipitor) – 10mg, 20mg, 40mg
 - Fluvastatin (Lescol) – 20mg, 40mg
 - Lovastatin (Mevacor) – 10mg, 20mg
 - Pravastatin (Pravachol) – 10mg, 20mg, 40mg
 - Rosuvastatin (Crestor) – 5mg, 10mg, 20mg
 - Simvastatin (Zocor) – 5mg, 10mg, 20mg, 40mg

Flowchart of Criteria

