



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, December 08, 2005
 6:30p.m. to 8:30p.m.
 Joe Morley's Barbecue
 100 W 7720 S. Midvale



MINUTES

Board Members Present:

Charles M. Arena, M.D.
Lowry Bushnell, M.D.
Dominic DeRose, R.Ph.
Karen Gunning, Pharm D.

Jeff Jones, R.Ph.
Wilhelm T. Lehmann, M.D.
Joseph K. Miner, M.D.
Bradley Pace, PA-C

Board Members Excused:

Derek G. Christensen, R.Ph.
Bradford D. Hare, M.D.
Colin B. VanOrman, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Rae Dell Ashley, R.Ph.
Tim Morley, R.Ph.
Richard Sorenson, R.N.

Ramona Widdison
Merelynn Berrett, R.N.

Other Individuals Present:

Matt Johnson , Takeda
Kelli Strother , Takeda
Jane Chandramouli, U of U
Deanne Calvert, Sanofi-Aventis
Kevin Gray, Lilly

Owen Boyer, Pfizer
Alan Bailey, Pfizer
Tim Smith, Pfizer
Sharon H Kem(?), GSK
Alicia Aumen(?), PhRMA
Pierre Thoumsin, Amgen

David Sundwall, DOH

Meeting conducted by: Lowry Bushnell, M.D.

1. Minutes for November 10, 2005 were reviewed, corrected and approved.

RECORDING EQUIPMENT USED IN THE MEETING FAILED TO RECORD THE PROCEEDINGS. MINUTES INCLUDED HERE ARE RECONSTRUCTED FROM MEMORY. COMMENTS AND/OR CORRECTIONS ARE ESPECIALLY REQUESTED.

2. Housekeeping: Disclosure policy and addressing the Board-

Tim presented a proposal arising out of concerns expressed by some Board members that those addressing the Board should be subject to a disclosure policy. Discussion of the difficulties resulting when individuals fail to schedule time to address the Board and how disclosure might be accomplished took place. It was proposed that the current policy of requiring that visitors wishing to address the Board must call in advance to be added to the agenda continue. Disclosures would be requested at that time for inclusion into the meeting materials. For visitors requesting impromptu to address the Board, an oral disclosure would be required and the decision to recognize those individuals will rest with the Board Chairman. Motion was passed.

3. Business Carried Forward:

Gabapentin, Lyrica, Cymbalta- Jane Chandramouli, Pharm. D. From the University of Utah College of Pharmacy presented a criteria review of the anti-convulsant class of drugs and their use in neuropathic conditions. The criteria review covers indications (labeled and unlabeled), maximum usual dosage and cost, duration of therapy, duplicative therapy, drug to drug interactions, and recommendations. There was discussion of where tricyclic antidepressants fit in. It was noted that Dr. Brad Hares observation from last month holds true when gabapentin is properly dosed, i.e. Lyrica may cost less when used for these indications. Tim noted that the Cymbalta issue (dual indications- one for depression and one for diabetic peripheral neuropathy. Providers on the Board are very reluctant to require either a PA or a diagnosis code in order to control neuropathies at the expense of depression) still exists. The department presented a proposed resolution for this entire issue. Usages for neuropathies involving the anti-convulsants may be a non-issue because of dosing and the resultant effect on pricing. Therefore, it was proposed that no action be taken in that regard. Cymbalta will have two generic ICD-9 diagnosis codes assigned to its use, one for depression and one for neuropathies. Pharmacies will be required to enter one or the other according to its use when processing claims for Cymbalta. These codes will be provided to the pharmacies and pharmacists will need to ask the patient what they are taking it for. Physicians will not be affected by this policy and will not need to know the codes. This will provide a flag for determining how Cymbalta is being used. Motion was made and passed.

4. Coverage of Cough and Cold OTC and legend preparations- The department proposed eliminating cough and cold preparation coverage as a category allowed under the Obra '90 regulations. Data was presented that showed that the Department spent \$2.8 million, which includes \$800K for non-sedating anti-histamines in FY 2005. Discussion included the impact this would have on patient populations and providers. Jeff proposed a limited formulary be described by the department (since this is an excluded Obra '90 category) that excludes combination products and outlines specific chemical entities that would show wisdom with limited coverage. It was decided that non-sedating antihistamines belong in a separate group. Motion was made and passed.

5. Cosmetic and acne preparations coverage- This is another category where coverage may be excluded as allowed in the Obra '90 regulations. Data was presented that showed that the Department spent \$1.3 million for these products in FY2005. It was noted that these figures do not include the anti-psoriasis biologicals. Discussion focused on much the same direction as the above category, that psoriasis preparations be separated out from this group and not be included. It was proposed that a tighter list of specific entities be crafted as a limited formulary. Motion made and passed by the Board.

6. Methadone- Opiate coverage review- Utah leads the nation in the number of deaths from Methadone usage. Is our current policy too strict or too generous? Data was presented that indicates that many patients who took methadone during FY2005 are now deceased. It was noted that this data is very preliminary, does not include information about cause of death or other co-morbid qualities the patients may have possessed, and does not show hospice status nor other medications taken. \$108.3 K was spent for 1,635 clients taking Methadone preparations. Of those patients, 610 are now deceased (re-evaluation of this data now shows that the real number is only 129). Board members were cautioned that this statistic has not been firmly verified. The Board expressed the opinion that our limit is probably a good one, and requested additional information for consideration next month- how many methadone patients are on benzodiazepines and what are the numbers for the other long acting opiates. It was noted that there will be a grand rounds on this topic in January where state statistics may be presented.
7. The remaining topics were to be carried forward to the January meeting.

Next meeting was set for January 12, 2006 at 7:00a.m. in the Cannon Bldg.

Meeting adjourned.

The DUR Board Prior approval sub-committee convened and considered 8 petitions. Drug Histories were for 12 months unless otherwise noted:

