



STATE MEDICAID DUR BOARD MEETING
THURSDAY, November 8, 2012
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present:

Joseph Miner, M.D.
Mr. Kumar Shah
Neal Catalano, PharmD.
Mark Balk, PharmD.

Kathy Goodfellow, R.Ph.
Cris Cowley, M.D.
Tony Dalpiaz, PharmD.
Jay Aldous, DDS

Board Members Excused:

Brad Hare, M.D.
George Hamblin, R.Ph.

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

Robyn Seely, PharmD.
Tim Morley, R.Ph.
Lisa V Hunt, R.Ph.

Heather Santacruz, R.N.
Marisha Kissell, R.N.
Merelynn Berrett, R.N.

Other Individuals Present:

Joanita Lake, UofU
Pat Wiseman
Mark Crosby, IHC
Matt Mitchell, SelectHealth

Michael Helm, Student
Mike Boradhand, Abbott
Armel Beardman, Forest
Rachel Woolston, Student

Meeting conducted by: Neal Catalano, PharmD

1. Welcome - Neal Catalano opened the meeting. He introduced the newest member of the Board, Dr. Jay Aldous.
2. Housekeeping – Robyn Seely directed guests and board members to sign in. She announced to the Board that they have one petition that needed to be reviewed after the meeting. Robyn then asked for the Pharmacy and Therapeutics (P&T) report.
3. Lisa Hunt gave the P&T Committee report. She reported that this month the committee will be focusing on Molina and Healthy U's Preferred Drug Lists (PDLs). The Committee will also be evaluating the Accountable Care Organization's PDLs for safety, efficacy and access issues. Transition plans will be presented along with an explanation of how the plans are going to insure continuity of care during the transition from

Medicaid Fee For Service pharmacy benefits to ACO administered pharmacy benefits.

4. The minutes are not ready for review from October but will be brought to the Board for approval at the January meeting. Neal Catalano mentioned that there will not be a December Board meeting.
5. Robyn handed out and provided a lot of contact and billing information for the ACO's.
6. The Board discussed the change of scope of the Board for those clients who will be managed by the ACO's. A question was asked if the Board would be requiring some type of continuity of care between the programs. The plans can manage the patients care since they are at risk but they must provide the same scope of care. They can have different drugs that require prior authorizations but they have to cover the same scope of drugs as Utah Medicaid. The clients will have their same I.D. numbers. Some of the plans will print up cards for their Medicaid clients but not monthly. Claims will be processed through the ACO's with encounter information being sent to Utah Medicaid. Except for Carved out drugs that will continue to be covered Fee for Service.
7. Robyn Seely presented on the Federal Fiscal Year (FFY) 2011 DUR Annual Report which covers October 2010 to September 2011. She pointed out the summary of Table 1. that shows all of the Prospective activities of the DUR Board. She pointed out that Prospective Drug Utilization Review messages that have been sent to pharmacy providers resulted in cost savings of 1.6 million dollars. The University of Utah, Drug Regimen Review Center (DRRCs), estimated savings from letters to prescribers which are shown in Figure 1. Savings from this time period are up to \$820,000.00. Attachment 4 shows a summary of DUR Board activities. This includes adding or removing drugs from Prior Authorization (PA) requirements, and updating PA criteria requirements. Attachment 5 shows an estimate of what requiring generic drug substitution saves. For Utah generics represent 77% of our claims volume but a smaller amount of our up-front costs.
8. Androgen Review was presented by Joanita Lake. In September of 2011, the P&T Committee reviewed the Androgenic agents. Indications for androgens include male hypogonadism, delayed puberty, an adjunct to promote weight gain or offset protein catabolism, and in the palliative treatment of metastatic breast cancer. The University of Utah reported that "overall, evidence suggests all androgen replacement products are effective in improving symptoms and can result in improved quality of life." Current practice guidelines for androgen replacement recommends androgen replacement therapy with an intramuscular or topical agent but do not recommend a specific product over another. Oral alkylated androgens are not recommended due to rapid first-pass metabolism and adverse effects.

Utilization has increased dramatically over the last two years. Blood draws are not being done and several safety and monitoring issues including misuse, abuse, and safety concerns have been identified.

Recommendations made by UofU: That all androgen products require a diagnosis code so that utilization can be monitored. Significant inappropriate use would justify a prior authorization in the future.

A. That topical/transdermal products require a prior authorization (PA)

Criteria could include all of the following:

- >18 years old
- Male
- Use is for the FDA Approved indication: Primary (congenital or acquired) or secondary (congenital or acquired) hypogonadism with ICD-9 diagnosis code of 257.2 or 253.4

AND

- Evidence of low testosterone symptoms and signs (Two morning total testosterone levels below the reference range of the laboratory used)

Duration: 3 months

B. Injectable testosterone products used for women require a valid diagnosis code for breast cancer submitted by an oncologist.

Exclusions could include: Treatment related to sex transformations OR sexual function, sexual dysfunctions or inadequacies without evidence of hypogonadism (low T levels AND signs & symptoms)

Public Comment was asked for but no volunteers presented.

Robyn Seely pointed out that currently Utah Medicaid does not pay for testosterone for sexual dysfunction and the most used drugs are the ones currently preferred on the PDL.

Dr. Miner asked that Medicaid staff determine if it can pay for maintenance after transsexual reassignment surgery. Tim Morley reported that the use of the drug has to be for an FDA approved labeled indication in order for Medicaid to pay. Robyn Seely reported that any decision can be appealed by Medicaid clients.

Mark Balk made the motion to accept the prior authorization criteria recommended by the UofU with the addition of approval for 6 months and annually thereafter. Dr. Miner seconded the motion and it was approved by all members.

9. The next DUR Board meeting is scheduled for Thursday, January 10, 2012.

Minutes prepared by Lisa Hunt

2/13/2013 - Amended by Bobbi Hansen