DUR Committee
September 17, 2010 Minutes

Members Present
Dharna Begich, Pharm.D.
Amber Briggs, Pharm.D.
Janice Stables, ANP
John Pappenheim, M.D.
Chad Hope, Pharm.D. (DHSS)

Others Present
Alex Malter, M.D. (Medicaid Medical Director)
Melinda Sater, Pharm.D. (Magellan)
Julie Pritchard, Pharm.D. (Magellan)
Steven Johnson, M.D. (AA Pain)
Leon Chandler, M.D. (AA Pain)

Unable to Attend
Robert Carlson, M.D.
Vincent Greear, R.Ph

- Minutes from April meeting were approved unanimously without changes.
- Proton Pump Inhibitor Criteria
    a. Chad Hope presented the current utilization data for PPI's and the potential benefits from modifying the current prior authorization of all PPI's to only include the prescription only formulations (non-OTC). The DUR committee voted unanimously to allow the PA of all Rx PPI's and not PA the OTC PPI's if it was in the best interest of the State. If the loss of the supplemental rebate amount exceeds the savings amount that could reasonably be realized from encouraging the use of the OTC PPI's then do not implement the criteria. After further evaluation the State is allowed to make any necessary changes.
- Statin Criteria
    a. Chad Hope presented the current utilization data for statins and the potential benefits from placing all brand name statins on electronic step-edit or prior authorization to require the use of Simvastatin, Lovastatin, or Pravastatin before paying for the more expensive brand name products. The DUR committee voted unanimously to allow the electronic step-edits or prior authorization of brand name statins following further evaluation that the potential savings would be greater than any loss of supplemental rebates. After further evaluation the State is allowed to make any necessary changes.
- Opioid Quantity Limits and ProDUR edits
    a. Dr. Malter invited Dr. Chandler and Dr. Johnson to speak to the DUR Committee regarding the proposed opioid edits and quantity limits being considered for chronic non-cancer pain. Dr. Chandler and Dr. Johnson presented their opinions and positions to the committee and opposed any limitations on opioids as they did not believe this would address the problem of prescription drug abuse or overuse

by recipients. While they opposed any edits, they acknowledged the Department was acting reasonably by setting high limits and having overrides available for patients being treated for cancer, or who are in hospice or long term care nursing homes.

b. Following the discussion with Dr. Chandler and Dr. Johnson the DUR committee discussed the criteria further and agreed to treat prescribers from the same practice group as the same prescriber with regards to therapy changes and overrides. Following this update the DUR Committee unanimously approved the proposed opioid quantity limits and ProDUR edits for recipients being treated for chronic non-cancer pain.

- Provigil and Nuvigil quantity limits
    a. Chad Hope presented the current utilization data for Provigil and Nuvigil and proposed a quantity limit of 1 tablet per day for all products. After brief discussion the DUR Committee approved the quantity limit unanimously.
- RetroDUR review
    a. The profiles were reviewed and letters generated as the committee members deemed appropriate.
- The meeting adjourned at 4:05p.m.