

## Rational Drug Therapy Program

WVBMS Drug Utilization Board  
February 15, 2012  
Presented by Stephen A. Small, M.S., R.Ph.  
West Virginia University School of Pharmacy



### November 2011 Program Summary

EO/PA Status	EO Count	% of EO		PA Count	% of PA		Total Count	% of Total
		Total	PA Count		Total	PA Count		
APPROVED	2468	57.53%	3648	61.84%	6116	60.03%		
CLOSED	77	1.79%	128	2.17%	205	2.01%		
DENIED	1052	24.52%	1036	17.56%	2088	20.49%		
INPROCESS	0	16.15%	43	0.73%	736	7.22%		
MEDREVIEW	693	0.00%	1044	17.70%	1044	10.25%		
PENDING	0	0.00%	0	0.00%	0	0.00%		
<b>Total Program</b>	<b>4290</b>	<b>41.18%</b>	<b>5899</b>	<b>56.63%</b>	<b>10189</b>	<b>97.81%</b>		

### December 2011 Program Summary

EO/PA Status	EO Count	% of EO Total	PA Count	% of PA Total	Total Count	% of Total
APPROVED	2590	51.60%	2846	59.21%	5436	55.32%
CLOSED	95	1.89%	1	0.02%	96	0.98%
DENIED	1216	24.23%	160	3.33%	1376	14.00%
INPROCESS	1	22.24%	992	20.64%	2108	21.45%
MEDREVIEW	1116	0.02%	27	0.56%	28	0.28%
PENDING	1	0.02%	781	16.25%	782	7.96%
<b>Total Program</b>	<b>5019</b>	<b>50.66%</b>	<b>4807</b>	<b>48.52%</b>	<b>9826</b>	<b>99.18%</b>

### January 2012 Program Summary

EO/PA Status	EO Count	% of EO Total	PA Count	% of PA Total	Total Count	% of Total
APPROVED	2643	51.67%	5306	61.84%	7949	58.04%
CLOSED	80	1.56%	633	7.38%	713	5.21%
DENIED	1447	28.29%	1645	19.17%	3092	22.58%
INPROCESS	0	18.46%	41	0.48%	985	7.19%
MEDREVIEW	944	0.02%	955	11.13%	956	6.98%
PENDING	1	0.02%	0	0.00%	1	0.01%
<b>Total Program</b>	<b>5115</b>	<b>37.09%</b>	<b>8580</b>	<b>62.22%</b>	<b>13695</b>	<b>99.32%</b>

### November 2011 Edit Overrides (EO)

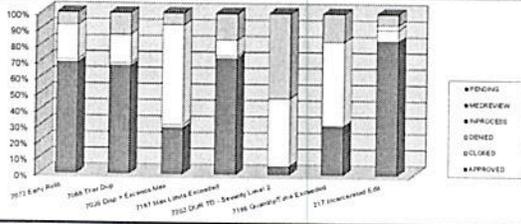
EO Status	7073 Early Refill	7069 Ther.Dup	7187 Max Limits Exceeded	7026 >Max Allowed	7196 Quant/Time Exceeded	217 Incarcerate Member	7258 Other Payer Code
APPROVED	65.56%	67.97%	75.39%	35.44%	35.29%	79.25%	2.86%
CLOSED	2.72%	1.66%	3.14%	1.27%	0.00%	0.94%	0.00%
DENIED	21.46%	16.60%	8.90%	53.80%	50.00%	7.55%	60.95%
INPROCESS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	10.26%	13.78%	12.57%	9.49%	14.71%	12.26%	36.19%
PENDING	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Total EO's</b>	<b>1510</b>	<b>1205</b>	<b>191</b>	<b>158</b>	<b>136</b>	<b>106</b>	<b>105</b>

### December 2011 Edit Overrides (EO)

EO Status	7073 Early Refill	7069 Ther.Dup	7203 Rx DUR TD Sev-2	7026 >Max Units	7187 Max Limits Exceeded	7196 Quantity/Time	7071 Ingredient Dup
APPROVED	66.30%	67.92%	10.13%	25.70%	67.18%	32.00%	58.00%
CLOSED	3.14%	1.87%	0.00%	0.47%	0.51%	0.57%	1.00%
DENIED	19.35%	14.17%	32.16%	58.41%	14.36%	47.43%	19.00%
INPROCESS	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	11.15%	15.97%	57.71%	15.42%	17.95%	20.00%	24.00%
PENDING	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Total EO's</b>	<b>1561</b>	<b>1334</b>	<b>227</b>	<b>214</b>	<b>195</b>	<b>175</b>	<b>100</b>

### January 2012 Edit Overrides (EO)

EO Status	7073 Early Refill	7069 Ther.Dup	7026 Disp > Exceeds Max	7187 >Max Limits	7203 DUR TD Sev 2	7196 Quant/Time Exceeded	217 Incarcerated Edit
APPROVED	69.09%	67.15%	28.64%	72.06%	4.76%	29.87%	83.17%
CLOSED	1.70%	1.52%	1.88%	1.47%	0.53%	0.65%	6.93%
DENIED	21.38%	17.67%	61.97%	9.80%	41.80%	51.95%	2.97%
INPROCESS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	7.83%	13.65%	7.51%	16.18%	52.91%	17.53%	6.93%
PENDING	0.00%	0.00%	0.00%	0.49%	0.00%	0.00%	0.00%
<b>Total EO's</b>	<b>1469</b>	<b>1443</b>	<b>213</b>	<b>204</b>	<b>189</b>	<b>154</b>	<b>101</b>

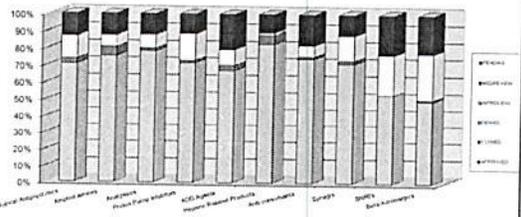


### November 2011 PAs

	Atypical Antipsychotics	Amphetamines	Analgesics	Proton Pump Inhibitors	ADD Agents
APPROVED	70.52%	75.27%	78.37%	71.43%	67.01%
CLOSED	3.23%	5.44%	1.57%	1.49%	3.09%
DENIED	13.06%	6.69%	7.84%	15.48%	9.28%
INPROCESS	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	13.18%	12.60%	12.23%	11.61%	20.62%
PENDING	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Totals</b>	<b>804</b>	<b>643</b>	<b>638</b>	<b>336</b>	<b>291</b>

	Heparin Related Products	Anti-convulsants	Synagis	SNRI's	Beta Adrenergics
APPROVED	82.74%	74.19%	71.33%	53.23%	49.53%
CLOSED	5.36%	1.29%	2.00%	0.00%	0.93%
DENIED	1.19%	6.45%	14.67%	23.39%	27.10%
INPROCESS	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	10.71%	18.06%	12.00%	23.39%	22.43%
PENDING	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Totals</b>	<b>168</b>	<b>155</b>	<b>150</b>	<b>124</b>	<b>107</b>

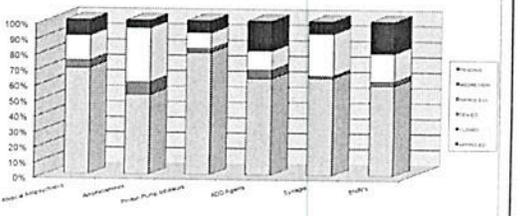
### November 2011 PA Status Graph



### December 2011 PAs

	Atypical Antipsychotics	Ampheta mines	Proton Pump Inhibitors	ADD Agents	Synagis	SNRI's
APPROVED	68.83%	51.66%	79.28%	62.70%	63.33%	58.42%
CLOSED	5.17%	8.41%	2.63%	5.74%	1.67%	2.97%
DENIED	15.50%	34.64%	9.87%	11.89%	26.67%	17.82%
INPROCESS	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	10.60%	5.28%	8.22%	19.67%	8.33%	20.79%
PENDING	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>Totals</b>	<b>600</b>	<b>511</b>	<b>304</b>	<b>244</b>	<b>120</b>	<b>101</b>

### December 2011 PA Status Graph



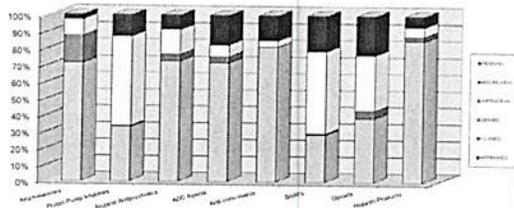
### January 2012 PAs

	Amphetamines	Proton Pump Inhibitors	Atypical Antipsychotics	ADD Agents
APPROVED	71.28%	32.77%	72.65%	71.66%
CLOSED	16.21%	0.78%	3.95%	3.82%
DENIED	9.73%	53.39%	14.66%	6.69%
INPROCESS	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	2.77%	13.05%	8.73%	17.83%
PENDING	0.00%	0.00%	0.00%	0.00%
<b>Totals</b>	<b>3318</b>	<b>766</b>	<b>607</b>	<b>314</b>

(150/workday)

	Anti-convulsants	SNRI's	Opioids	Heparin Products
APPROVED	81.38%	28.68%	38.74%	85.19%
CLOSED	0.00%	0.74%	4.50%	2.78%
DENIED	3.45%	49.26%	33.33%	5.56%
INPROCESS	0.00%	0.00%	0.00%	0.00%
MEDREVIEW	15.17%	21.32%	23.42%	6.48%
PENDING	0.00%	0.00%	0.00%	0.00%
<b>Totals</b>	<b>145</b>	<b>136</b>	<b>111</b>	<b>108</b>

## January 2012 PA Status Graph



## Stimulant Therapy PA

- High Volume - >3300 PA's for January
- High Dosing (Dosing to affect)
  - e.g Adderall XR 20mg QID, majority are BID
- Multiple brands being used on a patient
  - E.g. Adderall XR/Focalin XR, Adderall XR/Vyvanse
- Frequent Changes in therapy several physicians
- Vyvanse twice daily
- IR + XR as AM dose to get them started
- High volume physician prescribers
- Some documented side effect failure to Vyvanse

## Hepatitis C Protease Inhibitor

- 34 patients September-October
- 63 RDTP contacts
- 4 Denied to date
  - 2 Failed due to response guided therapy
  - 1 Compliance issues
  - 1 Therapy start issues

## Hepatitis C Protease Inhibitor

- Programatic Issues
  - Lab Issues
    - Not taken at right intervals
    - The correct sensitivity labs being drawn
  - Packaging Issues
    - Mainly specialty pharmacies now. Problem resolving
  - Therapy Starts/Implementation
    - Some Meds being dispensed before patient being taught
    - Start dates are becoming less variable

## Hepatitis C Protease Inhibitor

- Dosing issues
  - Anti-retrovirals not being dosed as per package insert (e.g. Incivek 2 tabs BID)
  - Pegylated interferon/ribivarin dosing
    - Reducing interferon for Neutrophil drop
    - Reducing ribivarin for Anemia/RBC drop
    - Not automatically adding epogen or filgrastim
- Child-Pugh Score
  - No usually available from the offices

## Suboxone

- Program Stable
- High volume
- Most claims are requested as 2 per day
- Frequently doses are not lowered
- Pharmacies are selling the accompanying benzodiazepines/sedative hypnotics for cash

### ACE/ARB Duplication Edit

- Claims are approximately 2-3 per week
- Mostly over-sights
- 2 Patients had extremely high blood pressure
- Approving 30 days to allow adjustmentff

### Citalopram > 40mg

- FDA Safety Statement
- Approximately 15-20 patients
- Most are being switched to other agents or lower doses
- One appeal to date (80mg) with stable ECG

### PPI Preferred Switch

- High Volume
- Low resistance to switch
- February increasing in therapy failure complaints (20-25 requests to date)

- Any Questions?



**Rational Drug Therapy Program**  
**PO Box 9511 HSCN, WVU School of Pharmacy**  
**Morgantown, WV 26505**

**Phone 1-800-847-3859**

**FAX: 1-800-531-7787**

**Anti-retroviral Triple Therapy Hepatitis-C Therapy - Prior Authorization Questions**

**\*Required Testing BEFORE prior approval review:**

A sensitive RT-PCR assay HCV-RNA test with a **lower limit of quantification of  $\leq 25$  IU/ml** and a **limit of detection of approximately 10 to 15 IU/ml** is required to be submitted BEFORE the start of any therapy. Further testing must be scheduled and the dates scheduled must be submitted prior to prior authorization for:

1. Teleprevir (Invivek®) Before treatment starts and at the END of treatment Weeks 4,12, and 24.
2. Boceprevir (Victrelis®) Before treatment starts and at the END of treatment Weeks 8, 12, and 24.

Copy of the lab test must accompany the following questions:

1. What is the Genotype of the Hepatitis-C virus?
2. What are the initial viral load and its date of draw?
3. What is the sensitivity of the RT-PCR assay HCV-RNA test?

Please answer the following:

4. What is the patient's previous treatment history?
  - a.  Treatment naïve
  - b.  Prior Relapse
  - c.  Prior Partial Responder
  - d.  Null Responder
5. Is the patient HIV Positive?  Yes  No
6. Does the patient have decompensated Liver disease?  Yes  No
7. Is the patient pregnant or does the male have a pregnant female partner?  Yes  No
8. Is the prescriber an infection disease, gastroenterologist or hepatologist?  Yes  No  
Note: Prescriber can be a licensed non-physician associated with the above.
9. Expected start date for Oral therapy: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
10. What are the scheduled dates for future viral load testing?  
Teleprevir (Invivek®):

End of Treatment week 4: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End of Treatment week 12: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Boceprevir (Victrelis®):  
End of Treatment week 24: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End of Treatment week 8: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End of Treatment week 12: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

End of Treatment week 24: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CONFIDENTIAL INFORMATION**

Confidentiality Notice: The documents accompany this telecopy contain legally confidential information belonging to the sender. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copy distribution or actions taken in reliance on the content of these documents is strictly prohibited. If have received this telecopy in error, please notify the sender immediately to arrange for return of the documents.

**IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL 1-800-847-3859**

## Hepatitis C 1A Therapy Prior Authorization Form

Patients Name (last)	(first)	(MI)	WV Medicaid 11 digit ID #	Date of Birth (m/dd/yyyy)
Prescriber Name (last)		(first)		
Prescriber Address (street)		(city)	(state)	(zip)
Prescriber 10 digit NPI Number	Phone Number (111-222-3333)		Fax Number (111-222-3333)	
Pharmacy Name (if applicable)				
Pharmacy Address (street)		(city)	(state)	(zip)
Pharmacy 10 digit NPI Number	Phone Number (111-222-3333)		Fax Number (111-222-3333)	
<p><b>Confidentiality Notice:</b> This document contains confidential health information that is protected by law. This information is intended only for the use of the individual or entity named above. The intended recipient of this information should destroy the information after the purpose of its transmission has been accomplished or is responsible for protecting the information from any further disclosure. The intended recipient is prohibited from disclosing this information to any other party unless required to do so by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately by telephone at (800) 847-3859 and arrange for the return or destruction of these documents. Thank you.</p>				
<p><b>Important Notes:</b> Preauthorization for medical necessity does not guarantee payment. The use of pharmaceutical samples will not be considered when evaluating the members' medical condition or prior prescription history for drugs that require prior authorization.</p>				

<b>Patients treatment history-</b>	
- Does the patient have a diagnosis of HIV? No <input type="checkbox"/> Yes <input type="checkbox"/>	
- The patient is Treatment Naïve <input type="checkbox"/> Prior Relapser <input type="checkbox"/> Prior Partial Responder <input type="checkbox"/> Null Responder <input type="checkbox"/>	
-Prior treatments- _____	
-Reasons for failure- _____	
<ul style="list-style-type: none"> <li>- Null responders (defined as patients who achieved less than 2 log reduction in HCV RNA at Week 12 of prior therapy);</li> <li>- Partial responders (defined as patients who achieved at least a 2 log reduction at Week 12, but failed to achieve undetectable HCV RNA by week 24 of prior therapy); and</li> <li>- Relapsers (defined as patients who had undetectable HCV RNA at the completion of at least 42 weeks of prior treatment, but relapsed during follow-up).</li> </ul>	

### Boceprevir (Victrelis®)

Diagnosis (include ICD9 code)	Genotype (must present lab results)	Directions for use	Projected start date of therapy	Does the patient have cirrhosis? -	Does the patient have hepatic impairment? If yes, document the Child-Pugh A score
<b>Viral Load (Please include copy of most RECENT labs)</b>					
Baseline	End of week 4	End of wk 8	End of wk 12 date	End of wk 24	

In clinical trials, HCV-RNA in plasma was measured using a COBAS<sup>®</sup> TaqMan<sup>®</sup> assay with a lower limit of quantification of 25 IU/mL and a limit of detection of 10 IU/mL. For the purpose of assessing response-guided therapy eligibility at weeks 4 and 12, an "undetectable" HCV-RNA result is required; a confirmed "detectable but below limit of quantification" HCV-RNA result should not be considered equivalent to an "undetectable" HCV-RNA result

For the purpose of assessing response-guided therapy eligibility at weeks 4 and 12, an "undetectable" HCV-RNA result is required; a confirmed "detectable but below limit of quantification" HCV-RNA result should not be considered equivalent to an "undetectable" HCV-RNA result

### Telaprevir (Incivek®)

Diagnosis (include ICD9 code)	Genotype (must present lab results)	Directions for use	Projected start date of therapy
<b>Viral Load (Please include copy of most RECENT labs)</b>			
Baseline	End of week 4	End of wk 12 date	End of wk 24

In clinical trials, HCV-RNA in plasma was measured using a COBAS® TaqMan® assay with a lower limit of quantification of 25 IU/mL and a limit of detection of 10 IU/mL.

For the purpose of assessing response-guided therapy eligibility at weeks 4 and 12, an "undetectable" HCV-RNA result is required; a confirmed "detectable but below limit of quantification" HCV-RNA result should not be considered equivalent to an "undetectable" HCV-RNA result

### RIBAVIRIN

NDC of Ribavirin to be used (if known)	Directions for use	Current weight
--	--------------------	----------------

### PEGYLATED INTERFERON

Medication being requested	Strength	Directions of use
----------------------------	----------	-------------------

#### Pegasys and Ribavirin dosing

Peginterferon Alfa-2a and Ribavirin Dosing Recommendation		
HCV genotype	Peginterferon alfa-2a	Ribavirin
Genotypes 1	180 mcg once weekly	< 75 kg = 1,000mg daily(2 divided doses)
		≥ 75 kg = 1,200 mg daily(2 divided doses)

#### Peg-Intron and Ribavirin dosing

Rebetol/Peginterferon Alfa-2b Dosing Recommendations in Adults				
Body weight	Peginterferon alfa-2b strength	Amount of peginterferon alfa-2b to administer	Volume <sup>3</sup> of peginterferon alfa-2b to administer	Rebetol daily dosage
< 40 kg	50 mcg per 0.5 mL	50 mcg	0.5 mL	800 mg/day
40 to 50 kg	80 mcg per 0.5 mL	64 mcg	0.4 mL	
51 to 60 kg		80 mcg	0.5 mL	
61 to 65 kg	120 mcg per 0.5 mL	96 mcg	0.4 mL	800 mg/day
66 to 75 kg		96 mcg	0.4 mL	1,000 mg/day
76 to 80 kg		120 mcg	0.5 mL	1,000 mg/day
81 to 85 kg		120 mcg	0.5 mL	1,200 mg/day
86 to 105 kg	150 mcg per 0.5 mL	150 mcg	0.5 mL	1,400 mg/day
>150kg	For patients weighing > 105 kg, the peginterferon alfa-2b dosage of 1.5 mcg/kg/wk should be calculated based on the individual patient's weight. Two vials of peginterferon alfa-2b may be necessary to provide the dose			1,400mg/day