

JANUARY 2011 DUR BOARD MEETING MINUTES

Date: January 26, 2011

Members Present: Eichler, Cobb (phone), Brown, Bradley, Crichton, Harrison, Putsch, Fitzgerald (phone)

Others Present: Terry Krantz, Dan Peterson, and Amy Holodnick from Medicaid, Barnhill, Wilkinson Drug PA/Case Management, Bobbie Renner, Linda Nelson from DPHHS mental health programs, Wendy Blackwood from ACS, and various representatives of drug manufacturers.

Mark Eichler opened the meeting.

Public Comment:

There were no requests for public comment.

The Board reviewed the October meeting minutes. No changes were made.

Department Update:

Dan Peterson introduced Amy Holodnick, the new Pharmacy Program Officer for Montana Medicaid.

Terry Krantz apprised the Board on current events affecting the Medicaid program that are underway in the legislature. A reminder was also given that any Board member or other personnel involved with the program needs to clearly state they are representing only themselves, not the Board or their Board connection, if they wish to testify at the legislature. If they wish to speak as a Board member they would need to communicate with the Department prior to testimony.

Amy Holodnick presented new CMS information that would affect the compounding portion of the pharmacy program. Active Pharmaceutical Ingredients (API) will no longer be covered under CMS, so cannot be covered by the pharmacy prescription drug program. The Department plans to continue coverage of these products by shifting payment to the Durable Medical Program. The impact to the client and pharmacy should be minimal. Pharmacies who wish to continue to compound with API will need to be sure they have a current Durable Medical ID billing number. These will be the only changes in evidence to the public and Medicaid providers.

Board Discussion:

~New Drugs~

- ❖ Abstral - This is the first actual sublingual fentanyl tablet to come to market. It is indicated only for breakthrough cancer pain. The Board agreed on the following criteria:
 - Patient must have a diagnosis of cancer
 - Initial dose of no greater than 100mcg
 - Prior authorization will be allowed for up to 8 doses daily
- ❖ Kapvay-An extended release clonidine indicated for ADHD which is already on the market. PA criteria:
 - Patient is between 6 and 17 years of age
 - Diagnosis of ADHD
 - Patient must have a trial of clonidine immediate release and titrate to the desired Kapvay dose
 - Patient must have a side effect or compliance issue that requires the use of the twice daily product.
- ❖ Nexiclon-Another extended release clonidine, but this is also available in suspension and only has an indication for hypertension. PA Criteria:
 - Diagnosis of hypertension
 - Patient must have a trial of clonidine immediate release and titrate to the desired Nexiclon dose
 - Patient must have a side effect or compliance issue that requires the use of the liquid or extended release product.
- ❖ Atelvia -A new bisphosphonate, this drug will be added to the PDL as non-preferred until the class is reviewed in the spring.
- ❖ Kombiglyze XR-A new combination product available for the treatment of type 2 diabetes. It will be added to the PDL as non-preferred until the class review in the spring.
- ❖ Latuda-An addition to the atypical antipsychotics already on the market. This will also be non-preferred on the PDL until the class is reviewed in the spring. This medication did however warrant the limitation by the Board of the following criteria:
 - Prior authorization for a maximum of one tablet daily (either the 40mg or 80mg tablet)

- ❖ Cycloset- The FDA approved this drug as an adjunct to diet and exercise to improve blood sugar control in adults with type 2 diabetes. It is available as 0.8mg. The Board established the following criteria:
 - Cycloset is currently considered a third line agent for type 2 diabetes, so demonstration of previous therapy will be required.
 - Prior authorization will require a trial on generic bromocriptine tablets and compelling clinical information requiring the need to switch to Cycloset.
- ❖ Pradaxa- A direct thrombin inhibitor, this medication is the first of several new agents in this area. After discussion the Board determined the following criteria:
 - Patient must have a diagnosis of atrial fibrillation.
 - Patient must have had an adequate trial of warfarin and have had an ADE or contra-indication to warfarin.
 - Prior authorization will be allowed for a maximum of 2 tablets daily.

MHSP FORMULARY:

The mental health services program and its drug formulary were next on the agenda. The Board looked at some information collected by ACS. Since this information was not quite complete, the Board decided to continue this review for a later meeting.

Executive Session:

Members of the public were escorted out, so the Board could discuss case sensitive issues.

Next three meetings are Preferred Drug List Formulary Reviews.

They will be the 4th Wednesday of April, May and June.

Meeting adjourned at 3:15