

January 2015 DUR Board Meeting Minutes

Date: January 28, 2015

Members Present: Lisa Sather, Caldwell, Bradley, Burton, Brown, Maxwell (phone), Cobb (phone), Harrison, Fitzgerald, Crichton, and Putsch

Others Present: Campana, Hawkins, Peterson, Preshinger, and Hanson from Medicaid; Woodmansey, Doppler, Barnhill, Artis, Bahney from Drug Case Management/Drug PA; and representatives of drug manufacturers.

Lisa Sather opened the meeting.

Public Comment:

There was no public comment.

Meeting Minute Review:

Meeting minutes from December were amended. Acthar Gel will not require a previous trial on Sabril (vigabatrin) due to safety considerations. The minutes were approved with the amendment.

Department Update:

Katie Hawkins presented the Board with the following update:

The Governor's budget contains a 2% provider rate increase. The Department is continuing work on the new Medicaid claims system. This involves finishing outstanding projects in the old system and ensuring appropriate and accurate functionality within the new.

Board Discussion

New Criteria Development:

1. Short acting oxycodone/acetaminophen

The current prescription volume for this group of medications was presented. Case Management reviewed all patients who were using more than 7 tablets daily and a sample of patients who had a one time prescription for more than 7. The majority of patients on this level of use were in an emergent situation such as surgery, fractures, etc. With discussion the Board decided the recurrent prescriptions and any other repetitive or high dose could be managed by retrospective DUR. No new criteria were recommended.

2. Copaxone 40mg®

Currently, approval for Copaxone 40mg is made based on the rules of the preferred drug list. Since it is a non-preferred product, a patient must have a trial on an appropriate preferred product or a contraindication to a preferred product. The board agreed that a trial of Copaxone 20 mg daily would be required with clinical rationale describing medical necessity for using the reformulation of Copaxone 40 mg three times weekly.

3. Hepatitis C Discussion

- Angie from case management provided for the Board a comparison of current Hepatitis C treatments including the new drugs Harvoni® and Viekira Pak®.
- Current Hepatitis C Guidelines were presented and discussed.
- The Board reviewed Montana Medicaid's current criteria for the Hepatitis C drug category. This criterion is available on the Montana Medicaid website or available through the Medicaid prior authorization unit.
 - Feedback of the Patient-readiness section of the criteria was discussed. The Board deliberated on a recommendation from a provider that patients with a drug abuse history receive an addiction consultation. The board agreed this would be appropriate but did not add as a requirement due to current issues with access.
 - Liver Staging Criteria was recommended by the Board to be included in the criteria for the Hepatitis C drugs. The recommendation was for inclusion of patients with stage III and IV liver disease.

4. ADHD in Adults

Dave Campana presented information from the Department showing an upward trend in overutilization of short and long acting stimulants for adults since 2012. After the statistics and information was presented, the Board contemplated remedies for this situation. It was decided that prior authorization will be appropriate for stimulants for patients > or = to 21 years of age if the process can be via electronic PA. Those currently taking these medications within the last 90 days would be grandfathered. Patients with a diagnosis of ADHD or narcolepsy will be approved. This process will be initiated with the short acting agents and will require coordinated provider outreach and education prior to implementation.

5. Xartemis XR®

The following new PA criteria were approved for Xartemis XR®, an extended release oxycodone acetaminophen combination product which recently came to market. This new drug will be added as non-preferred to the long acting analgesic category of the preferred drug list. The additional PA Criteria are as follows:

- Patient must have a diagnosis of acute pain.
- Patient has not been controlled with a trial of immediate release oxycodone/acetaminophen AND Oxycontin®.
- Maximum daily dose is limited to 4 tablets, and prior authorization will be for a maximum of 14 days.

PDL/DUR Follow-up items:

1. Hereditary Angioedema Agents Utilization Study

Monique from case management presented detailed information to the Board about the current use and profile of patients receiving HAE agents. The Board approved the following as criteria:

- Patient must have a diagnosis of hereditary angioedema.
- The prescriber must be a specialist or have a documented current specialty consult annually due to changing therapies and high cost of treatment.

2. Colony Stimulating Factors Utilization Study

Monique also presented to the Board a follow-up report on current use of colony stimulating factors. She gave details on prescriber and patient data. The recommendation was made and approved that no criteria be added on these agents beyond the preferred drug list since utilization appears appropriate at this time.

3. Zolpidem ER utilization study for MHSP

At the October DUR Board meeting we reviewed the MHSP Formulary. The question came up about utilization of Zolpidem ER in the MHSP program. Lisa researched the issue and presented the very low utilization figures. The decision was made by the Board to recommend Zolpidem ER be removed from the MHSP formulary.

4. Short-acting narcotics study

As a follow up to the implementation of quantity limits on oxycodone IR, Dave Campana presented data on other short acting narcotics and recommended implementation of no more than 8 tablets per day for hydromorphone in the absence of a cancer diagnosis. The board agreed with this recommendation, and the same process for implementation of the oxycodone IR edit will be followed including provider education and case management interface with prescribers for patients on doses chronically. Members of the Board also recommended review of some of the other short acting agents, specifically meperidine and codeine.

The Board went into executive session to review case requests.

The next three meetings will be the preferred drug list meetings held at the Great Northern Hotel: The scheduled dates are February 18, March 25, and April 29. The agendas will be posted on the Medicaid website.

Meeting adjourned at 4:20.