

**April 2015 Montana DUR Board Meeting Minutes**

**Date:** April 29, 2015

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

**Others Present:** Dave Campana, Katie Hawkins, and Dan Peterson from Medicaid; Kathy Novak from Magellan; Woodmansey, Barnhill from Drug Case Management/Drug PA; and representatives of drug manufacturers and the public.

Lisa Sather opened the meeting.

**Public Comment:**

There was no public comment.

**Meeting Minute Review:**

Meeting minutes from March were reviewed and approved.

**Department Update:**

There will be an approximate 2% provider rate increase to the pharmacy professional dispensing fee for preferred drugs, and generics not mentioned on the PDL. The Department is in the process of drafting the administrative rule and state plan amendments. In the coming weeks, the Secretary of State will publish the Montana Administrative Register that will contain additional information regarding the proposed changes.

**PREFERRED DRUG LIST MEETING**

Results of the Board review of Group 3 (Red category)

<b>CLASS</b>	<b>DRUG NAME</b>	<b>2015 RECOMMENDATIONS</b>	<b>GRANDFATHER</b>
LONG ACTING NARCOTICS	ND Hysingla ER®	Must have one long acting morphine or oxycodone; May add others. Continue clinical criteria and may expand Butrans clinical approval to include patients who are at higher risk of respiratory depression. Hysingla ER criteria to follow Zohydro ER criteria.	<u>YES</u>
ANTICONVULSANTS	ND- Aptiom®, Qudexy XR®; NI- Banzel®, Topamax®, Keppra XR®, Vimpat®	<u>CARBAMAZEPINE DERIVATIVES:</u> Must have carbamazepine chewable, oral tablets and suspension, a long acting carbamazepine, and oxcarbazepine immediate release. May add others. <u>FIRST GENERATION:</u> Must have Phenobarbital, phenytoin, mephobarbital, primidone, phenytoin 30mg and 50mg, Dilvalproex IR and ER, ethosuximide capsules and suspension, valproic acid caps and suspension. Do not add felbamate. <u>SECOND GENERATION:</u> Must have a diazepam rectal product, gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR, zonisamide, and lamotrigine starter pack. May add others. <i>The board asked that clinical input from an epileptologist in the State be obtained for recommended preferred agent.</i>	<u>NO</u>
ATYPICAL ANTIPSYCHOTICS	NI-Abilify®, Invega Sustenna®, Saphris®	Must have aripiprazole, risperidone, quetiapine, olanzapine and ziprasidone. May add others. The board reiterated continuation of existing criteria for Seroquel XR (requires clinical rationale why IR quetiapine cannot be utilized). <i>The Board requested follow up information regarding patients on 2 or more atypical antipsychotics at a future DUR meeting. The board also requested input from a child psychiatrist regarding placement of Saphris® on the preferred drug list or any other special pediatric requirements.</i>	<u>YES</u>

<b>CLASS</b>	<b>DRUG NAME</b>	<b>2015 RECOMMENDATIONS</b>	<b>GRANDFATHER</b>
MULTIPLE SCLEROSIS AGENTS	ND- Plegridy®, Lemtrada®; Gilenya® safety update	Must have glatiramer and one interferon agent. May add others.	<u>YES</u>
NSAIDS	NI- Zorvolex®	Class effect. Must have one oral and one topical agent.	<u>NO</u>
OPHTHALMICS ANTI-INFLAMMATORIES	ND- Iluvien®; NI- Ozurdex®	<u>NSAIDs</u> -Class Effect. <u>Steroids</u> -Therapeutic alternatives.	<u>NO</u>
OPHTHALMICS ALLERGIC CONJUNCTIVITIS	ND-Pazeo®	<u>Antihistamines</u> - Class effect. <u>Mast Cell Stabilizers</u> – Class effect.	<u>NO</u>
OPIATE DEPENDENCE TREATMENTS	ND-Evzio®, Bunavail®; NI-Suboxone film®	Vivatrol® and oral naltrexone use was reviewed and reported to the Board at the October 2014 meeting, so no criteria was implemented.  At this meeting the Board requested this category of medications be split into a treatment group and a reversal group.  <u>Opiate Dependence treatments</u> -Therapeutic alternatives <u>Opioid Reversal</u> -Therapeutic alternatives	<u>NO</u>
SEDATIVE HYPNOTICS	ND- Belsomra®; FDA- Lunesta®	Therapeutic alternatives; must have 1 benzodiazepine, and 1 BZ-1 selective agent; May add others. Do not add Belsomra® at this time due to lack of clinical experience and adequate published data.	<u>NO</u>
ADHD/CNS STIMULANTS	ND- Evekeo®; category discussion (include Strattera®, Kapvay®, Intuniv®, guafacine ER, clonidine ER)	Category to be renamed and include non-stimulant agents in separate sub-categories.  <u>Non-Stimulant ADHD agents</u> -Must have Strattera. May add other non-stimulants. Continue criteria on Guanfacine ER/Clonidine ER and only 1 preferred agent trial is required. Do not Grandfather.  <u>Stimulants</u> -Trial of 2 preferred agents required; Must have 1 long- acting agent and 1 short-acting agent; May add others. Grandfathered.	<u>NO</u> (for non-stimulants)
			<u>YES</u> (for stimulants)
ANTINEOPLASTIC AGENTS, TOPICAL (new category)	Carac® (fluorouracil), Efudex® cream (fluorouracil), fluorouracil cream, and solution, Picato® (ingenol mebutate), Solaraze® (diclofenac), diclofenac	Therapeutic alternatives.	<u>NO</u>

<b>CLASS</b>	<b>DRUG NAME</b>	<b>2015 RECOMMENDATIONS</b>	<b>GRANDFATHER</b>
BILE SALTS (new category)	Actigall® (ursodiol), Chenodal® (chenodiol), Urso®/Urso Forte® tablet (ursodiol) ursodiol	Must have one ursodiol.	<u>NO</u>
METHOTREXATE PRODUCTS (New category)	Otrexup®, Rasuvo®, MTX vials	Must have one oral and one injectable agent.	<u>NO</u>

Board recommendations for Group 2 (Blue category)- This category of drugs has no new information since last review

<b>CLASS</b>	<b>2015 RECOMMENDATIONS</b>	<b>GRANDFATHER</b>
ALZHEIMER'S AGENTS	Must have donepezil; may add others. Continue PA criteria on Namenda®	YES
ANTIDEPRESSANTS, OTHERS	Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. May add others. (Cymbalta is listed as included in this list and Neuropathic pain)	YES
ANTIDEPRESSANTS, SSRI'S	Class effect. Must have a diagnosis of VMS associated with menopause for Brisdelle®.	YES
ANTIHYPERTENSIVES, SYMPATHOLYTICS	Therapeutic alternatives; Must have a clonidine product and a guanfacine product; May add others.	NO
ANTIMIGRAINE AGENTS	Must have one nasal spray, must have one injectable and must have one short acting agent; May add a long acting agent. Short acting agents have a class effect. Grandfathered. <i>The Board would like a review and update on the migraine agents returned to a later DUR Board meeting.</i>	YES
ANTIPARKINSONS AGENTS NON-ERGOT DOPAMINE RECEPTOR AGONIST	The removal of amantadine from the antiviral category and possible move to this category in the future was approved. Class effect.	NO
NEUROPATHIC PAIN	Must have duloxetine and gabapentin. May add others. Continue existing specific PA criteria.	YES
OPHTHALMIC ANTIBIOTICS	Class effect	NO
OPHTHALMIC ANTIBIOTIC- STEROID COMBINATIONS	Class effect	NO
OPHTHALMIC GLAUCOMA AGENTS	<u>ALPHA 2 ADRENERGIC</u> : Must have brimonidine due to increased efficacy; May add others.  <u>BETA BLOCKERS</u> : Class effect  <u>CARBONIC ANHYDRASE INHIBITORS</u> : Must have one single agent; May add others.  <u>PROSTAGLANDINS</u> : Class effect. Must have diagnosis of glaucoma.	NO
OTIC ANTIBIOTICS & COMBOS	Class effect; Must have one single agent quinolone.	NO
OTIC ANTI-INFECTIVES & ANESTHETICS	Therapeutic alternatives.	NO

The next meeting will be a DUR Board meeting. Lisa will poll the Board members for the date.  
Meeting adjourned at 3:45.