

## August 2016 Montana Medicaid DUR Board Meeting Minutes

**Date:** August 31, 2016

**Members Present:** Sather, Caldwell, Anglim, Nauts, Putsch, Burton, Brown, Fitzgerald, McGrane(phone).

**Others Present:** Mark Eichler (MPQHF), Dave Campana and Katie Hawkins from Medicaid; Woodmansey, Doppler, and Barnhill from Pharmacy Case Management.

Lisa Sather opened the meeting. Lisa introduced Mark Eichler who will be assuming the role of DUR coordinator for Mountain-Pacific beginning with the September DUR Meeting.

**Public Comment:**

There was no public comment.

**Meeting Minute Review:**

Meeting minutes from March 2016 were reviewed and approved as written.

**Department Update:**

Dave Campana, Medicaid Pharmacist, presented the Department Update.

**Average Acquisition Cost**

The Department implemented the Average Acquisition Cost reimbursement on July 1, without the Professional Dispensing Fee. The Average Acquisition Cost is developed with the Montana Specific Acquisition Costs submitted by 10 panel pharmacies around the State.

**Professional Dispensing Fee**

The Professional Dispensing Fee was implemented on 8/20/2016. The Professional Dispensing Fee is a tiered fee available to Pharmacies based on their cost to dispense and allowed according to their prescription volume of new and refill prescriptions. The ranges include:

0 -39,999, 40,000 to 69,999 and 70,000 on up. The dispensing fees range from \$ 2.00 to \$ 15.00 at the volume range of 0 -39,999; between \$2.00 and \$13.00 for the volume range of 40,000 to 69,999 and between \$2.00 and \$11.00 for the volume range of 70,000 or more.

**Mass Adjustment**

The Mass Adjustment will be run to update AAC prices to the last price, and add the new professional dispensing fee to the pharmacy claims submitted since July 1, 2016.

**Award**

The Department, Pharmacy Team, Dan Peterson, Dave Campana, and Katie Hawkins won the Governor's Performance Award for implementing a new pharmacy adjudication system in December 2015, implementing Medicaid Expansion, and holding a National Medicaid Pharmacists meeting in September 2015.

**Board Discussion**

**1. Hepatitis C**

- a. Case management presented an update on the following:
  - i. Current Medicaid utilization data
  - ii. A comparison of current available Hep C treatments and current placement on the Preferred Drug List.
  - iii. Non-specialist request for exception to prescribe status
- b. Current clinical criteria were updated to include the following:
  - I. The renewal requirement has been removed. All approved treatments will be authorized for the duration of the FDA approved regimen.

- II. Additional provider information will be requested upon initial PA: Referring provider and contact information, mental health care provider and contact information if applicable.
- III. Liver staging testing- A Fibrosure, Fibrotest or liver biopsy will be required. An APRI score alone will not suffice.
- IV. Decompensated cirrhosis discussion-cases will be reviewed on a case-by-case basis. The board reaffirmed the recommendation to promote evaluation by a liver transplant specialist. The liver transplant specialist's recommendations will be taken into consideration.

**2. Criteria removal updates:** Clinical criteria edits with a high PA approval rate which are in the process of being removed were reviewed with the board:

- a. Atypical antipsychotic agents
  - I. Quetiapine/Seroquel® XR-low dose edit requirement
  - II. Initial 15-day supply requirements on all atypicals
- b. Dose Optimization/Quantity Limits
  - I. Pantoprazole/omeprazole-increase QL to 2 daily instead of 1
  - II. Topiramate IR-Remove QL
- c. Smoking Cessation
  - I. Two trial per year limit-QL will now only apply.
- d. Novel Anticoagulants
  - I. Warfarin trial and diagnosis requirement. QL will now only apply.

### **New Criteria Development:**

#### **A . Methadone**

The 2016 CDC Guidelines for Prescribing Opioids for Chronic Pain recommended caution in the use of methadone for chronic pain.

- Information on a Montana Medicaid Methadone RDUR analysis was provided.
- The following methadone criteria were approved and discussed. A clinical PA form will be returned to the board for review and approval.

#### **Initial Review Criteria:**

- Cancer diagnoses will not require prior authorization.
- Current patients on methadone treatment will be grandfathered.
- Patient must be  $\geq 18$  years old AND
- Patient is being prescribed methadone for the treatment of severe, chronic pain and is not being treated with methadone for the treatment of opioid addiction.
  - IF patient has a diagnosis of chronic non-malignant pain, it is supported by progress notes, discharge notes, or health conditions AND
  - The prescriber has provided a copy of the signed pain management agreement documenting ongoing evaluations utilizing monitoring systems such as drug screens, pill counts, PDMP, etc.
- Medication must be used on a scheduled and not prn basis.
- Approval requires trial of at least 2 preferred agents within the past 6 months.
- PDMP report must be attached (last 3 months).
- Patient is opioid tolerant as evidenced by recent history (within the past 2 weeks) of receiving daily opioid analgesics at the following minimum doses for at least one week:
  - 60 mg oral morphine per day
  - 25 mcg/hr of transdermal fentanyl
  - 30 mg oral oxycodone per day
  - 8 mg oral hydromorphone per day
  - 25 mg oral oxymorphone per day
- Duplication with other long-acting narcotic agents or benzodiazepines will not be allowed.

- *Limitations:*
  - Initial fill will be authorized for 6 months.
  - Daily quantity limits
    - **5 mg/5 ml solution – 80 ml**
    - **10 mg/5 ml solution-40 ml**
    - **10 mg /ml solution-8 ml**
    - **5 mg- 8 units**
    - **10 mg- 8 units**
    - 40 mg dispersible tablet – not allowed (Not FDA indicated for pain, indicated only for the treatment of opioid dependence).

**Continuation of Therapy Review Criteria:**

- Patient has been compliant with medication fills AND
- Patient has not filled any opiates from any other prescriber AND
- No history of behavior indicative of abuse including early refill requests has been noted.
- Subsequent fills authorized for 1 year with annual updates.

**B. Nucala<sup>®</sup> and Cinqair<sup>®</sup> were reviewed and the following criteria approved:**

- Must be prescribed by an appropriate specialist or have an annual consult on file. (Allergist, pulmonologist or immunologist).
- Patient must have severe uncontrolled asthma with an eosinophilic phenotype (confirmed), must be appropriately using ICS and LABA inhalers AND must meet minimum age requirements (12 years old for Nucala<sup>®</sup> and 18 years old for Cinqair<sup>®</sup>).
- For yearly PA updates, patients must have been adherent to treatment regimen during the previous year (including ICS and LABA) or the prescriber must provide information regarding extenuating circumstances.

**PDL/DURB meeting follow-up items:**

- **Insulin utilization review**

Pharmacy case management presented a detailed report on current use patterns of Tresiba<sup>®</sup> and Toujeo<sup>®</sup>. No changes were made to current policies for place in therapy.

*The Board went into executive session to review sensitive case requests. Guests were escorted out.*

The Board reviewed three cases.

The next meeting will be September 28 at Mountain Pacific.

Meeting adjourned at 4:25.