

September 2011 DUR BOARD MEETING MINUTES

Date: September 28, 2011

Members Present: Wilkinson, Brown, Bradley, Burton, Cobb, Caldwell, Putsch, Maxwell (phone)

Others Present: Amy Holodnick, Dan Peterson, Dave Campana (Medicaid), Kathy Novak (Magellan), Woodmansey and Barnhill (Drug PA/CM unit), and various members of the public and representatives of drug manufacturers.

Lisa called the meeting to order.

Public Comment Period: No one offered public comment at this time.

The August DUR Board PDL meeting minutes were reviewed and approved.

Department Update:

Amy Holodnick, Medicaid Program Officer, gave the following update. A public hearing will be held on September 29, 2011 regarding new reimbursement methodology for the outpatient pharmacy program at the Sanders Building in Helena.

PDL Review:

The Board made the following recommendations to the Department:

The Department proposed no changes to **GROUP 1** as all available chemical entities are preferred:

- **GLAUCOMA- Carbonic Anhydrase Inhibitors**

The Board agreed with the Department's proposal

The Department proposed no changes to the Formulary Committee's previous clinical recommendations.

(The following classes were not reviewed because no **NEW** information was submitted)

- **SKELETAL MUSCLE RELAXANTS**- Must have baclofen; others are therapeutic alternatives
- **HEMATOPOETIC AGENTS** – Therapeutic alternatives
- **ADHD/CNS STIMULANTS** - Must have 1 long acting and 1 short acting agent; may add others
- **NASAL CALCITONINS** –Class effect
- **GROWTH HORMONES** – Therapeutic alternatives
- **OTIC QUINOLONES & COMBOS**- Class Effect
- **GLAUCOMA-ALPHA 2 ADRENERGICS** -Must have brimonidine, Alphagan or Alphagan P. May add iopidine.
- **GLAUCOMA-BETA BLOCKERS & COMBOs**- Class effect.
- **GLAUCOMA-PROSTAGLANDINS** - Therapeutic alternatives
- **ALPHA FLOCKERS for BPH**- Class effect
- **URINARY TRACT ANTISPOSMODICS**-Must have 1 long acting agent (either by half-life or by dosage form); short acting agents have a class effect

These were the final recommendations from the Board to the Department.

The Department reviewed the following classes as **NEW** information is known to exist:

- **ANTIMIGRAINE AGENTS (name changed from 5-HT1 Receptor Antagonists)**- Cambia (diclofenac for oral solution), and Alsuma (sumatriptan injection) were reviewed. Sumavel (sumatriptan needle free injection) was also now considered since it is now a Medicaid

- eligible product. The decision was must have 1 nasal spray, 1 injection and 1 short acting agent (short acting agents have a class effect); may add a long acting agent
- LONG ACTING NARCOTICS- Butrans (buprenorphine) patch was reviewed. The decision was must have 1 long acting morphine OR long acting oxydodone; may add others.
 - TOPICAL ANALGESICS/ANESTHETICS- This is a new PDL class. The PDL recommendation was therapeutic alternatives for all agents; PA criteria for diclofenac products.
 - ELECTROLYTE DEPLETERS - Phoslyra (calcium acetate oral solution) was reviewed. Class effect
 - ANTICOAGULANTS (Addition of oral agents to this category) – Pradaxa (dabigatran), wafarin, and Xarelto (rivaroxaban) were reviewed. The decision was class effect; Must have warfarin and must have 1 low molecular weight heparin. This category was grandfathered.
 - PLATELET INHIBITORS-Brilinta (ticagrelor) was reviewed. PDL recommendation: Must have aspirin, Aggrenox, and dipyridamole. Effient (prasugrel), Plavix (clopidogrel) and Brilinta (ticagrelor) have a class effect. No grandfathering in this class.
 - NOVEL ANTIDEPRESSANTS- Oleptro (trazodone ER) and Viibryd (vilazodone) were reviewed. The decision was must have bupropion XL, trazodone, mirtazapine, venlafaxine XR, and Cymbalta (duloxetine). May add others.
 - SSRI- FDA update. The Board decision was class effect; must have fluoxetine or Lexapro (escitalopram).
 - ATYPICAL ANTIPSYCHOTICS- Latuda (lurasidone) was reviewed. Abilify (aripiprazole) has a new indication. The decision was: Must have Abilify (aripiprazole), clozapine, and risperidone. Must have at least one of Seroquel (quetiapine) or Zyprexa (olanzapine). May add others.
 - SEDATIVE HYPNOTICS-New class. The decision was to replace the current PA requirements with the PDL. The Board decided these medications were therapeutic alternatives; must have 1 benzodiazepine and 1 benzodiazepine receptor agonist (BZ-1 selective agent).
 - HEPATITIS C AGENTS- Addition of new oral agents Victrelis (boceprevir) and Incivek (telaprevir). The decision was class effect on ribavirin; class effect on interferon; must have Incivek and may add Victrelis. Class is grandfathered.
 - BONE RESORPTION INH, BISPSPHONATES and OTHERS- Atelvia (risedronate), Prolia (denosumab), Forteo (teriparatide), Evista (raloxifene) were reviewed. The decision was bisphosphonates have a class effect and others are therapeutic alternatives.
 - OPHTHALMIC ALLERGIC CONJUNCTIVITS – Lastacraft (alcaftadine) was reviewed. The decision was class effect.
 - OPHTHALMIC QUINOLONES – Zymaxid (gatifloxacin) and Moxeza (moxifloxacin) were reviewed. The decision was class effect.
 - ANDROGEN HORMONE INHIBITORS & COMBO- Jalyn (dutasteride and tamsulosin) was reviewed. The decision was class effect.

The next meeting will be October 19, 2011 at Mountain Pacific Quality Health. The PDL meetings next year are tentatively scheduled for April, May and June of 2012.

The meeting was adjourned at 5:00.