

## MARCH 2013 DUR BOARD PDL MEETING MINUTES

**Date:** March 27, 2013

**Members Present:** Sather, Brown, Bradley, Burton, Maxwell, Caldwell, Putsch, Cobb (phone), Crichton.

**Others Present:** Duane Preshinger, Dan Petersen, Katie Hawkins, 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 Sather called the meeting to order.

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

The January DUR Board meeting minutes were reviewed and approved.

**Department Update:** Dave Campana presented the following update to the Board:

The Department announced that Katie Hawkins has joined the pharmacy program as the pharmacy officer. Katie was introduced at the meeting. Coming soon, Medicaid plans to increase provider rates by 2% as that is in the budget. The Department will be increasing pharmacy rates by increasing the dispensing fee for preferred drugs, preferred generics and other generics. The Department distributed a provider notice regarding pharmacy enrollment in the Vaccine for Children (VFC) program. Enrollment in the VFC program continues through 3-29-2013. Orders for vaccines commences in April. The Department will implement a pharmacist vaccine administration fee this influenza vaccine season. The pharmacist vaccine administration fee will be paid instead of a dispensing fee. The vaccine administration fee mirrors the fee paid to other providers.

**PDL Review:**

The Board made the following recommendations to the Department:

The Department reviewed the following classes as **NEW** information is known to exist. The Board made the following recommendations to the Department:

- ALZHEIMER'S AGENTS –Must have donepezil; may add others. Continue PA criteria on Namenda. This is a grandfathered class.
- ANTICONVULSANTS –
  - ❖ *Carbamazepine Derivatives:* Must have carbamazepine chewable, oral tablets & suspension, a long acting carbamazepine, and oxcarbazepine immediate release. May add others.
  - ❖ *First Generation:* Must have Phenobarbital, phenytoin, mephobarbital, primidone, phenytoin 30mg & 50mg, Dilvalproex IR & ER, ethosuximide caps & suspension, valproic acid caps & susp. Do not add felbamate.
  - ❖ *Second Generation:* Must have a diazepam rectal product. Must have gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate, zonisamide, lamotrigine starter pack. May add others. Do not add lacosamide, levetiracetam XR, or ezogabine (Potiga). Institute the following PA criteria for ezogabine: Patient must be at least 18 years old, must have a diagnosis of partial seizures, and used only as adjunctive therapy.
- ANTIEMETICS – Must have one 5-HT3 agent and one metoclopramide product. May add Emend (retain PA criteria on Emend).
- ANTIPARKINSON AGENTS - Class effect

- INCRETIN ENHANCERS/MIMETICS –
  - ❖ *DPP-IV INHIBITORS*: Therapeutic alternatives; must have one single agent product. No grandfathering. Do not add Oseni and implement same criteria as other TZD products.
  - ❖ *GLP-1*: Therapeutic alternatives (grandfathered)
  - ❖ *AMYLIN ANALOG*: Do not include Symlin as part of the preferred drug list. The Department has decided to continue not to include the Amylin Analogs on the PDL. They will be addressed by clinical criteria.
- LIPOTROPICS:Others –
  - ❖ Must have Niaspan, gemfibrozil and at least one fenofibrate derivative. May add others. Do not add Juxtapid (retain PA criteria).
  - ❖ Expansion of category to include Bile Acid Sequestrants-Class effect, must have one. Grandfather.
- MULTIPLE SCLEROSIS AGENTS – Must have glatiramer and one interferon agent. Do not add fingolimod (Gilenya), dalfampridine (Ampyra), or teriflunomide (Aubagio)- Continue PA criteria on these agents. Grandfathered.
- PAH AGENTS – Must have one ERA and one PDE-5. Grandfathered. Continue PA criteria for class.
- PANCREATIC ENZYMES – Class effect with patients being grandfathered on current treatment.
- ULCERATIVE COLITIS AGENTS – Rectal Agents: Must have 1 suppository and 1 enema; Oral agents: Must have 1 pro-drug and 1 delayed release product. Grandfathered.

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

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

The Board made the following recommendations to the Department:

- ANGIOTENSIN MODULATORS (ARBS) – Class Effect
- ANGIOTENSIN MODULATORS (ACE & DRI) - Class Effect for ACE inhibitors; Do Not add Tekturna or Tekturna HCT.
- ANGIOTENSIN MODULATORS COMBINATIONS – Do not add Tekamlo or Amturnide. Therapeutic alternatives for other agents.
- BETA BLOCKERS & DIURETIC COMBOS - Must have metoprolol ER. Must have carvedilol in some form. All other agents have a class effect including those containing diuretics.
- CALCIUM CHANNEL BLOCKERS – Must add a long acting diltiazem and a long acting verapamil; must have amlodipine or felodipine. All others have a class effect.
- INSULINS – Must have Lantus, Humalog 50/50 & 75/25; Must have a Humulin or Novolin N, R, & 70/30 – class effect; Humalog, Novolog, Apidra – class effect. May add others.
- LIPOTROPICS- Statins-Must have pravastatin and simvastatin. Must have 1 high potency agent (atorvastatin or rosuvastatin). May add others.
- MEGLITINIDES – Class effect.
- PROTON PUMP INHIBITORS – Class effect

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

- ALPHA-GLUCOSIDASE INHIBITORS
- SULFONYLUREAS-2<sup>ND</sup> GENERATION

The Board agreed with the Department's recommendation on the Group 1 medications.

The next meeting will be April 24, 2013 at The Great Northern Hotel.  
The meeting was adjourned at 4:00.

**The April 24 meeting has been rescheduled to May 29, 2013.**