

# **APRIL 2014 DUR BOARD PDL MEETING MINUTES**

**Date:** April 23, 2014

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

**Others Present:** 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 March DUR Board meeting minutes were reviewed and approved.

## **Department Update:**

Katie Hawkins presented the following update to the Board:

The Department continues to review drug pricing methodologies. Effective July 1, 2014 the preferred and generic dispensing fee will be increasing to \$6.65. The 2<sup>nd</sup> vaccine administration fee will change to \$12.68 and the first vaccine administration fee will stay at the current rate of \$21.32.

The Department asked the DURB to please continue to review whether grandfathering is clinically appropriate on a class by class basis.

For the manufacturers, please make note that the agenda outlines the types of studies we want to receive. Studies of a pharmacoeconomic nature are not considered for review.

In the coming days, the Department is going to post a new proposed rule pertaining to fraud, waste, and abuse for review and public comment. This proposed rule will contain the following information.

1. A definition of fraud and abuse.
2. A subsection requesting that providers report when Medicaid members pay cash for controlled substances.
3. Medicaid's policy on early refills.
  - a. 75% for non-controlled substances
  - b. 90% for controlled substances
4. Medicaid's policy on early refills for lost or stolen medication, or vacation supplies.
5. The use of tamper-resistant pads is required for written prescriptions.

## **PDL Review:**

The Board made the following recommendations to the Department:

### Group 1- Red class

<b>CLASS</b>	<b>DRUG NAME</b>	<b>Grandfather</b>	<b>2014 Recommendations</b>
<b>ANALGESICS, LONG ACTING</b>	<b>ND-Zohydro ER®(hydrocodone ER), FDA updates, methadone addition</b>	<b>Grandfather for continuity of care</b>	<b>Must have one long acting morphine or oxycodone; May add others.</b>
<b>ANDROGENIC AGENTS, TOPICAL</b>	<b>FDA updates</b>		<b>Class effect</b>

ANTIDEPRESSANTS, OTHERS	ND-Brintellix® (vortioxetine), Fetzima® (levomilnacipran), Khedezla®(desvenlafaxine), desvenlafaxine ER	<b>Grandfather for continuity of care and to avoid decompensation</b>	Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. May add others. (Cymbalta was moved to the Neuropathic Pain category in 2013).
ANTIDEPRESSANTS, SSRIs	ND-Brisdelle® (paroxetine), FDA Updates	<b>Grandfather for continuity of care and to avoid decompensation</b>	Class effect. Must have a diagnosis of VMS associated with menopause for Brisdelle®
ANTIPARASITICS, TOPICAL	New Category	<b>No</b>	Therapeutic alternatives. Continue PA criteria.
ATYPICAL ANTIPSYCHOTICS	NI-Geodon® (ziprasidone), Latuda®(lurasidone), Seroquel XR® (quetiapine), Versacloz®(clozapine susp)	<b>Grandfather for continuity of care and to avoid decompensation</b>	Must have aripiprazole, risperidone, quetiapine, olanzapine and ziprasidone. May add others.
COLONY STIMULATING FACTORS	New Category- Granix™(tbo- filgrastim),Leukine® (sargramostim), Neulasta® (pegfilgrastim) Neupogen® (filgrastim)	<b>No</b>	Therapeutic alternatives. The Department will follow up at a subsequent DUR meeting with data reporting current prescriber and diagnosis information.
ESTROGEN, ORAL & TRANSDERMAL	New Category-Alora®, Climara®,Estrasorb®, Menostar®,Minivelle®, Vivelle-Dot®, estradiol generic (estradiol transderm);Divigel® (estradiol gel);Evamist® (estradiol transderm spray);Cenestin®,Enjuvia ® (synthetic conjugated estrogens oral),Duavee® (conjugated estrogens - bazedoxifene oral) Estrace®,estradiol generic (estradiol oral) Menest®(estrogens, esterified oral), Premarin® (conjugated estrogens oral), Osphena® (ospemifene oral) Enjuvia® (synthetic conjugated estrogens oral)	<b>Grandfather for continuity of care</b>	Class effect; Must have one topical and one oral estrogen; may add others. Recommendation to move Osphena to vaginal estrogen category.

HAE TREATMENTS	New Category- Beinert®(C1-INH), Cinryze®(C1-INH), Firazyr®(icatibant), Kalbitor®(ecallantide)	No	Therapeutic alternatives. Follow up at a subsequent DUR meeting to discuss provider feedback and if there is need for PA criteria.
NEUROPATHIC PAIN	NI-Savella® (milnacipran), NG- lidocaine patch, duloxetine	Grandfather for continuity of care	Must have duloxetine, gabapentin, pregabalin; May add others; Lidoderm®(lidocaine patch) may be approved for PHN. Continue existing specific PA criteria.
NSAIDs	ND-Zorvolex® (diclofenac)	No	Class effect. Must have one oral and one topical agent. Discontinue criteria for topical agents requiring failure on oral. Add duplication restrictions.
PROGESTINS FOR CACHEXIA	New Category-megestrol acetate susp, Megace®(megestrol) susp, Megace ES® (megestrol) susp	No	Class effect
OPIATE DEPENDENCE TREATMENTS	New Category- Revia®(naltrexone), Suboxone®(buprenorphine/naloxone SL), Vivitrol®(naltrexone ER IM), Zubsolv® (buprenorphine/naloxone),Subutex®(buprenorphine)	No	Therapeutic alternatives. Continue current criteria on buprenorphine products; develop Vivitrol® (naltrexone ER IM) PA criteria. Return naltrexone utilization and diagnosis information at a subsequent DUR meeting.
OTIC ANTIBIOTICS	Expansion-Cortisporin®, neomycin/polymyxin/HC soln/susp,Coly-mycin®		Class effect; must have one single agent quinolone.
STIMULANTS & RELATED AGENTS	ND-Zenzedi® (dextroamphetamine), FDA updates	Grandfather for continuity of care	Trial of 2 preferred agents required; Must have 1 long acting agent and 1 short acting agent; May add others
PHOSPHATE BINDERS	ND-Velphoro® (sucroferric oxyhydroxide)	No	Class effect
SEDATIVE HYPNOTICS	ND-Hetlioz® (tasimelteon)	No	Therapeutic alternatives; must have 1 benzodiazepine, and 1 BZ-1 selective agent; May add others.

### Group 2- Blue class

CLASS	DRUG NAME	GF	2014 Decisions
ANTIHYPERURICEMICS			Must have allopurinol; Must have colchicine with criteria for appropriate use; May add others.

			Continue with existing criteria for Uloric.
ANTIMIGRAINE AGENTS		<b>Grandfather for continuity of care</b>	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.
BONE RESORPTION SUPPRESSION & RELATED AGENTS			<u>Nasal calcitonins</u> -Class effect with existing PA criteria. <u>Bisphosphonates</u> - class effect. Others are therapeutic alternatives.
GROWTH HORMONE		<b>Grandfather existing patients</b>	Therapeutic alternatives
HEMATOPOIETIC AGENTS		<b>Remove grandfathering</b>	Therapeutic alternatives
OPHTHALMIC ALLERGIC CONJUNCTIVITIS			<u>Antihistamines</u> - Class effect <u>Mast Cell Stabilizers</u> – Class effect
OPHTHALMIC ANTIBIOTICS			Class effect
OPHTHALMIC ANTIBIOTIC-STERIOD COMBOS			Class effect
OPHTHALMICS, ANTI-INFLAMMATORIES			<u>NSAIDs</u> -Class Effect. <u>Steroids</u> -Therapeutic alternatives.
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>Ophthalmic Carbonic Anhydrase Inhibitors</u> -Must have one single agent; May add others. <u>Ophthalmic Prostaglandins</u> -Class effect. Must have diagnosis of glaucoma.
OTIC ANTI-INFECTIVES & ANESTHETICS			Therapeutic alternatives; Must have one agent with a corticosteroid.
SKELETAL MIUSCLE RELAXANTS		<b>Remove grandfathering</b>	Must have baclofen; other agents are therapeutic alternatives
VAGINAL ESTROGEN PREPARATIONS		<b>Remove grandfathering</b>	Therapeutic alternatives. Department will consider moving Osphena® (ospemifene) to this category and renaming category appropriately.

There were no Group 1 agents at this meeting.

The next meeting will be 1:00 p.m on September 15, at the MPQH building.

The meeting was adjourned at 4:30.