

## April 2012 DUR BOARD PDL MEETING MINUTES

**Date:** April 25, 2012

**Members Present:** Wilkinson, Brown, Bradley, Burton, Harrison, Caldwell, Putsch, Fitzgerald, Cobb (phone)

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

### **Department Update:**

Dave Campana updated the Board on the implementation on the new “Dispense As Written” Code 9 (DAW 9) that will improve prescription processing with regard to the preferred drug list.

### **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:

- ANGIOTENSIN MODULATORS (ARBS) – Class Effect
- ANGIOTENSIN MODULATORS (ACE & DRI) - Class Effect for ACE inhibitors; Do Not add Tekturna or Tekturna HCT. Implement criteria that aliskiren agents (Tekturna and Tekturna HCT) require prior authorization. If a patient is diabetic, aliskiren containing products will not be approved IF patients are concurrently taking an ACE or ARB.
- ANGIOTENSIN MODULATORS COMBINATIONS – Do not add Valturna. Do not add Tekamlo or Amturnide. Therapeutic alternatives for other agents. Implement criteria that aliskiren agents (Valturna, Tekamlo, and Amturnide) require prior authorization. If a patient is diabetic, aliskiren containing products will not be approved IF patients are concurrently taking an ACE or ARB.
- ANTICONVULSANTS –
  - *Carbamazepine Derivatives:* Must have carbamazepine chewable, oral tablets & suspension, a long acting carbamazepine. Must have oxcarbazepine. May add Carbatrol, Tegretol XR.
  - *First Generation:* Must have Phenobarbital, phenytoin, mephobarbital, primidone, Dilantin 30mg & 50mg, Dilvalproex IR & ER, ethosuximide caps & suspension, valproic acid caps & susp. Do not add felbamate.
  - *Second Generation & Others:* Must have a diazepam rectal product. Must have gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate, zonisamide, lamotrigine starter pack. May add Onfi. May add rufinamide, tigabine, lamotrigine ODT, and lamotrigine XR. Do not add lacosamide or levetiracetam XR. (DUR will review current quantity limits and diagnosis history for diazepam rectal 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.
- INCRETIN ENHANCERS/MIMETICS –

- *GLP-1*: Therapeutic alternatives (grandfathered)
- *AMYLIN ANALOG*: Do not add Symlin. The Department has decided to continue not to include the Amylin Analogs on the PDL. They will be addressed by clinical criteria.
- *DPP-IV INHIBITORS*: Therapeutic alternatives; must have one single agent product.
- ANTIHYPERLIPEDEMIC AGENTS –
  - *Lipotropics-Statins*: Must have pravastatin and simvastatin. Must have 1 high potency agent (atorvastatin or rosuvastatin). May add niacin/simvastatin, ezetimbe/simvastatin, pitavastatin.
  - *Lipotropics-Niacin Derivatives*: Must have Niaspan. May add Niacor.
  - *Lipotropics-Triglyceride Lowering Agents*: Must have gemfibrozil and at least one fenofibrate derivative. May have omega-3-acid ethyl esters.
  - *Lipotropics- Other*: May add Zetia
- PROTON PUMP INHIBITORS – Class effect

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)

The Board made the following recommendations to the Department:

- ALZHEIMER’S AGENTS – May add Namenda and it will be grandfathered [*Namenda has not had a full review, so the Department has added it as a preferred agent until next year when a full review will be done*]. Must have donepezil; may add rivastigmine, galantamine.  
The Board would also like the DUR/CM program to review the overlap of donepezil and memantine since recent studies have shown no benefit to using these agents concurrently.
- ANTIEMETICS – Class effect on 5-HT<sub>3</sub> agents, must have one; must add a metoclopramide product. [*Emend has not had a full review, so the Department has added it as a preferred agent until next year when a full review will be done. Clinical criteria currently are in place which requires prior authorization for Emend.*]
- ANTIPARKINSON AGENTS - Class effect
- 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, Humulin 50/50, Humalog 50/50 & 75/25; Must have a Humulin or Novolin N, R, & 70/30 – class effect; Humalog, Novolog, Apidra – class effect. May add Levemir.
- MEGLITINIDES – Must have repaglinide; May add repaglinide/metformin; Do not add nateglinide.
- MULTIPLE SCLEROSIS AGENTS – Must have glatiramer and one interferon agent. Do not add fingolimod or dalfampridine. Grandfathered.
- PAH AGENTS – Must have one ERA and one PDE-5. Grandfathered.
- PANCREATIC ENZYMES – Class effect with patients being grandfathered on current treatment.
- ULCERATIVE COLITIS AGENTS - Must have 1 suppository and 1 enema; Must have

1 pro-drug and 1 delayed release product. Grandfathered.

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 May 23, 2012 at The Great Northern Hotel.

The meeting was adjourned at 3:10.