October 2013 Montana DUR Board Meeting Minutes

Date: October 23, 2013
Members Present: Lisa Sather, Caldwell, Crichton, Brown, Bradley, Maxwell, Cobb (phone)
Others Present: Dan Peterson from Medicaid, Woodmansey, and Barnhill Drug PA/Case Management, and representatives of the drug manufacturers.
Lisa Sather opened the meeting.
Public Comment:
No public comment was made.
Meeting Minute Review:
The Board reviewed the August meeting minutes. The minutes were approved.
A question was posed to the Department about the status of the board recommending coverage for doxylamine which is over the counter. Dave Campana was not available, so this will be brought back at a later date.
Department Update:
Dan Peterson gave the Board the following update:
The Department implemented the HMK/CHIP Pharmacy Benefit on 10/01/13. There was an initial Xerox system problem preventing any claims from being processed which migrated across all Xerox pharmacy claims processing systems. This was resolved after 24 hours. One other issue identified was Medicaid pharmacy claims for former HMK/CHIP client were being denied due to their eligibility getting improperly end dated. This has also been corrected and claims are now processing as expected.
The Department now has an RSV registry web site http://www.dphhs.mt.gov/publichealth/rsv/. This will allow better tracking for epidemiologic data.
The Department is considering implementation of a conflict of interest (COI) policy for the DUR Board. Recently, other state Medicaid programs have implemented COI programs and many more are looking at them. Department staff is looking at best practices and will forward its final policy to the DUR coordinator for board discussion in the near future.
Board Discussion:

- Viibryd® addition to MHSP formulary
  Follow up to previous decision and criteria for this addition were discussed. It was reiterated that the Board previously recommended non-inclusion of Viibryd® to the MHSP formulary, however MHSP made the decision to add it.
  The following prior authorization criteria was approved by the Board:
  - Patient has a diagnosis of major depressive disorder
  - Bipolar disorder has been ruled out
  - Patient has not been on MAO Inhibitors in the past 14 days
  - Patient has had an inadequate response on an appropriate trial of single agents (typically three) or a combination of other classes of antidepressants available.
- Zolpidem study outcomes and limitations discussion
  Angie presented the results of a provider intervention she completed in response to the new FDA dose lowering recommendation for women due to safety concerns. The data brought to the Board's attention the ongoing problem of long term, chronic use of these agents, as well as the need adjust the dose in women. After a thorough discussion, the Board decided to recommend a return to the previous Medicaid requirement of monthly limits of 15 doses on all BZ-1 selective agents.
  Additional criteria for zolpidem:
  - Patients must start zolpidem at the lowest possible dose. Maximum doses for women are 5 mg of immediate release and 6.25mg of extended release.
  - Prior authorization for Zolpidem ER will be approved only if patients have been initiated on the immediate release product.
- Calcitonin usage guidelines.
  During a previous PDL meeting, the Board requested a review of safety and efficacy of calcitonin products, with data to be brought to a later meeting. In March of 2013 an FDA advisory panel recommended against

continued marketing of calcitonin-salmon nasal spray.

The following recommendations were made:

- The category "Bone: Nasal Calcitonins" should be removed from the preferred drug list
- PA Criteria for calcitonin-salmon nasal would require a diagnosis of osteoporosis, and a failure with or contraindication to bisphosphonates including IV agents.
- Injectable calcitonin will be limited to patients with a diagnosis of Paget Disease, hypercalcemia or bone pain secondary to metastatic disease or acute fracture. Prior Authorization for bone pain post fracture would be limited to 2 months.

❖ Zubsolv® criteria development. Criteria was recommended for Zubsolv® that would be consistent with that of other buprenorphine-naltrexone agents. The only changes would be due to different dosing limitations. Zubsolv® maximum dose of 17.1mg daily would be approved for the initial 6 months of therapy, and 11.4mg daily thereafter. Dose optimization will be required.

❖ Approval of Tecfedera® criteria.

The following criteria was reviewed and recommended:

- Approval only when prescribed by a neurologist or patient has a current neurology consult on file
- Diagnosis of relapsing form of MS required
- Inadequate response to interferon beta and glatiramer (Copaxone®) required
- Approval for maximum daily dose of 2 daily
- Approve for 6 months then obtain update from prescriber.

❖ Confidential closed session.

The Board went into a closed session to review 2 provider appeals which included private health information.

The next DURB meeting will be January 29, 2014.

The 2014 Preferred Drug List meetings are scheduled for February 19, March 26, and April 23. Agendas for the Preferred Drug List meetings to be available as we get closer to those meetings.

The meeting was adjourned at 3:10 PM.