

September 2016 Montana DUR Board Meeting Minutes

Date: September 28, 2016

Members Present: Eichler, Caldwell, Nauts, Putsch, Burton, Fitzgerald, McGrane, Bradley (phone), Maxwell, Harrison.

Others Present: Dave Campana and Katie Hawkins from Medicaid; Woodmansey, Doppler, Barnhill, Artis (MPQHF Pharmacy Case Management); Sather (MPQHF); Representatives from the pharmaceutical industry.

Mark Eichler opened the meeting and gave an overview of his role who will be assuming the role of DUR coordinator for Mountain-Pacific beginning with the September DUR Meeting.

Public Comment:

There was no public comment.

Meeting Minute Review:

Meeting minutes from August 2016 were reviewed and approved as written.

Department Update:

Dave Campana from Medicaid reviewed the professional dispensing fee changes discussed and noted in the August meeting. Katie Hawkins from Medicaid reported that the Department completed the mass adjustment to correct the dispensing on claims from July 1-August 19, 2016.

Board Discussion

1. Criteria Discussion and Development

- a. **Enlyte®**- The board reviewed Montana Medicaid utilization data and information for Enlyte® (a medical food) and unanimously recommended the following:
 - Enlyte will be non-covered with no grandfathering.
 - An educational letter will be sent to prescribers for change in coverage notification.
 - The Department may consider coverage of generic l-methylfolate.

- b. **Vraylar®**-The board reviewed the clinical evidence for Vraylar and recommended implementation of the following clinical criteria:
 - Coverage will be limited to diagnoses of schizophrenia or bipolar disorder
 - For schizophrenia, patient must have had an inadequate response, or been intolerant to, at least 2 preferred atypical antipsychotic agents at maximally tolerated dose and duration.
 - For acute treatment of manic or mixed episodes associated with bipolar 1, patient must have had an inadequate response, or been intolerant to, at least 2 preferred atypical antipsychotic agents at maximally tolerated dose and duration.

- c. **Durlaza®**-The board reviewed the clinical evidence for Durlaza and recommended implementation of the following clinical criteria in addition to the preferred drug list requirement:
 - Patient must have documentation of chronic coronary artery disease (CAD) e.g. history of myocardial infarction, unstable angina, or history of ischemic stroke/transient ischemic attack AND
 - A trial of over-the-counter (OTC) immediate-release or enteric coated low-dose aspirin.
 - Provider must submit a credible clinical explanation why Durlaza is expected to be tolerated if the OTC product was not.

2. Methadone Coverage Form Review

- The board reviewed the prior authorization form for the use of methadone in the coverage of non-malignant pain and due to significant safety concerns, suggested additional verbiage and the inclusion of the CDC opiate prescribing guideline informational sheet.

3. PCSK9 Preliminary Data Review

- The board discussed the existing prior authorization criteria and an overview of the clinical evidence, and recommended the addition of the following requirements for the authorization of Praluent® or Repatha®:
 - Patient must have also used maximal combination therapy with ezetimibe in addition to the current requirement of failure of at least 2 statin agents
 - The initial authorization will be granted for 12 weeks, with provider to submit evidence of response to therapy. Subsequent authorizations will be granted for one year.

Guests were escorted out and the Board went into executive session to review sensitive case requests.

The Board reviewed three cases.

The next meeting will not be scheduled until January, 2017.

Meeting adjourned at 3:45 PM.