

March 2015 DUR Board Meeting Minutes

Date: March 25, 2015

Members Present: Lisa Sather, Caldwell, Bradley, Burton, Brown, Maxwell, Crichton, Harrison, and Putsch

Others Present: Dave Campana, Katie Hawkins, and Dan Peterson from Medicaid; Kathy Novak from Magellan; Woodmansey, Doppler, Barnhill, and Bahney from Drug Case Management/Drug PA; and representatives of drug manufacturers and public.

Lisa Sather opened the meeting.

Public Comment:

There was no public comment.

Meeting Minute Review:

Meeting minutes from February were approved with an amendment to the calcium channel blocker category with regard to amlodipine. Amlodipine is effective in patients that have heart failure and concomitant hypertension. It has been shown to have a superior safety profile in previous studies.

Department Update:

No Department update.

PREFERRED DRUG LIST MEETING

Results of the Board review of Group 3 (Red category)

CLASS	DRUG NAME	2015 RECOMMENDATIONS	Grandfather
ACNE AGENTS- TOPICAL	Neuac®, Onexton® - ND	<ul style="list-style-type: none"> • <u>Benzoyl Peroxide Combos</u> – Class Effect • <u>Benzoyl Peroxide Agents</u>– Class Effect • <u>Clindamycin Agents</u> – Class Effect • <u>Sodium Sulfacetamide Agents</u> – Class Effect • <u>Azelaic Acid</u> – May add • <u>Dapsone topical</u> – May add • <u>Topical Retinoids & Combos</u> – Class Effect • <u>Erythromycin topical</u> – Class Effect 	<u>NO</u>
ANTIPARASITICS- TOPICAL	Natroba®-NI	Therapeutic alternatives. Continue PA criteria.	<u>NO</u>
ANTIPSORIATICS, TOPICAL	Taclonex®-NI	Class effect; Must have one topical formulation and a scalp formulation. Continue PA criteria.	<u>NO</u>
STEROIDS-TOPICAL	Clodan®-ND	<u>LOW, MEDIUM, HIGH and VERY HIGH Potency classes</u> -Class Effect; must have 1 cream and 1 ointment from each category, may add other forms.	<u>NO</u>
ANTIBIOTICS, INHALED	Kitabis®-ND	Therapeutic alternatives.	<u>NO</u>
ANTIVIRALS-ORAL	Sitavig®-ND	<u>HSV ANTIVIRALS</u> - Class Effect. <u>INFLUENZA ANTIVIRALS</u> - Must have CDC recommended agents which are oseltamivir (Tamiflu®) and zanamivir (Relenza®). May add others.	<u>NO</u>
TETRACYCLINES	Acticlate®-ND	Must have doxycycline. May add others.	<u>NO</u>

CLASS	DRUG NAME	2015 RECOMMENDATIONS	Grandfather
BRONCHODILATORS- BETA-AGONIST-LA BETA-AGONIST-SA	Striverdi® Respimat-ND	<u>LONG ACTING</u> -Class effect. <u>SHORT ACTING</u> - Class effect.	<u>NO</u>
COPD AGENTS	Incruse® Ellipta-ND	Must have a nebulizer solution; Continue PA Criteria on Daliresp®(roflumilast)	<u>NO</u>
INHALED GLUCOCORTICIDS	Arnuity® Ellipta-ND	Class effect.	<u>NO</u>
CYTOKINES & CAM ANTAGONIST	Entyvio®, Otezla®-ND, Humira®-NI	Therapeutic alternatives; Do not add anakinra (Kineret®) due to inferior efficacy and increased toxicity. It is less efficacious than TNF inhibitors in most patients and it has an increased risk of neutropenia. Continue PA criteria for class. Consider specialist review and input for Otezla®.	<u>YES</u>
HAE TREATMENTS	Ruconest®- ND	Therapeutic alternatives. The Board discussed and concurred that quantity limit recommendations were appropriate. This will be handled through the Case Management program, so patients will not be put at risk at point of sale. Case Management has consulted with an HAE specialist for input.	<u>NO</u>
PHOSPHATE BINDERS	Auryxia®, Velphoro®- ND	Class effect	<u>NO</u>
SGLT-2		Guideline update only for the class per the request of the board at the February 2015 meeting. The Board reaffirmed the previous decision of class effect, and to continue PA criteria.	<u>NO</u>

Board recommendations for Group 2 (Blue category)- This category of drugs has no new information since last review

CLASS	2015 RECOMMENDATIONS	Grandfather
ANTIBIOTICS-GI	Must have metronidazole and vancomycin- May add others	NO
ANTIFUNGALS, ORAL	Must have terbinafine and fluconazole; Must have 1 of clotrimazole or nystatin; May add others. Continue PA criteria on ketoconazole.	NO
CEPHALOSPORINS and RELATED AGENTS	<u>SECOND GENERATION</u> -class effect <u>THIRD GENERATION</u> - class effect	NO
FLUOROQUINOLONES, ORAL	<u>SECOND GENERATION</u> -class effect; must have ciprofloxacin <u>THIRD GENERATION</u> - class effect	NO
MACROLIDES & KEOTLIDES	Class effect- Must have azithromycin, clarithromycin, erythromycin. (Clarithromycin is still being used for <i>h.pylori</i>)	NO
ANTIBIOTICS-Topical	Must have a mupirocin product (for MRSA activity); may have retapamulin.	NO
ANTIBIOTICS-Vaginal	Therapeutic alternatives	NO
ANTIVIRALS-Topical	Class effect	NO
ROSACEA AGENTS- Topical	Must have one metronidazole product: May add others	NO
BLADDER RELAXANTS	Class effect. Must have 1 long acting agent (either by half-life or dosage form)	NO

CLASS	2015 RECOMMENDATIONS	Grandfather
BPH AGENTS	<u>ALPHA BLOCKERS</u> : Class effect <u>ANDROGEN HORMONE INHIBITORS/COMBOS</u> : Class effect <u>PDE-5</u> : tadalafil will be non-preferred. Continue with PA criteria	NO
ANTIHISTAMINES-Min Sedating	Class effect; must have one single ingredient agent	NO
EPINEPHRINE, SELF-INJECTED	Class effect	NO
GLUCOCORTICOIDS, Oral	<u>SHORT ACTING</u> ; cortisone, hydrocortisone - Therapeutic alternatives <u>INTERMEDIATE ACTING</u> - methylprednisolone, prednisone, and prednisolone- Therapeutic alternatives, must include a dosepak. <u>LONG ACTING</u> - betamethasone, dexamethasone - Therapeutic alternatives. <u>BUDESONIDE</u> - Must have 1 budesonide (for Crohns)	NO
INTRANASAL RHINITIS AGENTS	<u>NASAL STEROIDS</u> -Class effect <u>NASAL ANTIHISTAMINES & OTHERS</u> -Class effect	NO
LEUKOTRIENE MODIFIERS	Must have montelukast may add zafirlukast	NO
SMOKING CESSATION	Must have a nicotine patch and either nicotine gum or lozenge. Must have Chantix®. May add others.	NO
IMMUNOMODULATORS-Atopic Dermatitis	Class effect-Must have one. Continue PA criteria.	NO
IMMUNOMODULATORS- Topical	Class effect	NO
IMMUNOSUPPRESSANTS Oral	Must have all chemical entities	Yes

At the end of the category discussions, Kathy clarified the comments she made regarding the clinical studies on the new DPP-IV agents at the February 2015 meeting.

The next meeting is April 29, 2015 at the Great Northern. It will be the last Preferred Drug List meeting of 2015.

Meeting adjourned at 2:50.