

April 2016 Montana DUR Board Meeting Minutes

Date: April 27, 2016

Members Present: Lisa Sather, Anglim, Bradley, Brown, Burton, Caldwell, Fitzgerald, Harrison, Maxwell, McGrane, Nauts, and Putsch.

Others Present: Dave Campana, Katie Hawkins, Dan Peterson and Duane Preshinger from Medicaid DPHHS; Kathy Novak from Magellan; Doppler, Barnhill, Artis from Drug Case Management; and representatives of drug manufacturers and the public.

Lisa Sather opened the meeting.

Public Comment:

The public had an opportunity to address the committee regarding non-agenda items and make other social comments.

Meeting Minute Review:

Meeting minutes from March were approved as written.

Department Update:

Katie Hawkins, Pharmacy Program Officer, presented the Department update.

On February 1, 2016 CMS published their anticipated pharmacy reimbursement rule. This rule directs states to shift from Estimated Acquisition Cost to Actual Acquisition Cost. The rule also emphasizes the importance of establishing an appropriate rate for the professional dispensing fee. CMS outlined three reimbursement options for states: National Average Drug Acquisition Cost, Average Manufacturer Price based Federal Upper Limit, and State Average Acquisition Cost. Upon analysis the Department determined that a State Average Acquisition Cost would be the most appropriate for our network of pharmacy providers. Therefore in response to the CMS rule, the Department is proposing effective July 1, 2016 that Montana Medicaid move to Average Acquisition Cost for pharmacy reimbursement. This reimbursement methodology splits a pharmacy claim into two pieces, drug ingredient and the professional dispensing fee. Montana Medicaid will survey a panel of pharmacy providers monthly for acquisition data; these surveys will determine the initial monthly rate for drugs. In between monthly invoice cycles, the wholesale acquisition cost will be monitored to determine if any price changes need to occur. Yearly, invoice data will be collected from all in-state pharmacy providers to rebase established rates. The proposed maximum professional dispensing fees are \$8.47 for non-preferred drugs, and brands not mentioned on the PDL, and \$11.62 for preferred drugs and generics not mentioned on the PDL. In addition to reimbursement changes, 340B providers will be required to disclose per claim when a drug was purchased under the 340B program to avoid the issue of double discounts. This will prevent the Department for attempting to collect rebate on drugs purchased under the 340B program.

PREFERRED DRUG LIST MEETING

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

CLASS	DRUG NAME	2016 RECOMMENDATIONS
ALZHEIMER'S AGENTS	ND-Namzaric®	Must have donepezil; may add others. Continue PA criteria on memantine products.
ANALGESICS, Narcotic Long Acting	ND-Belbuca®; NI-Oxycontin®; FDA update	Must have one long acting morphine or oxycodone, one abuse deterrent formulation, and a buprenorphine transdermal product; Remove methadone from the category. May add others. Grandfathered. Remove methadone from the PDL. Methadone criteria to be reviewed at a future DURB meeting.
ANTI-ALLERGENS, Oral (new category)	ND-Grastek®, Oralair®, Ragwitek™	May add with clinical criteria (specialist consult and previous trial antihistamine and nasal steroid ineffective).

ANTICONVULSANTS	NI-Aptiom [®] , Fycompa [®] , QudexyXR [®] FDA update	<u>Carbamazepine Derivatives</u> -Must have carbamazepine chewable, oral tablets and suspension, a long acting carbamazepine, and oxcarbazepine immediate release. May add others. <u>First Generation</u> -Must have Phenobarbital, phenytoin, mephobarbital, primidone, phenytoin 30mg and 50mg, Dilvalproex IR and ER, ethosuximide capsules and suspension, valproic acid caps and suspension. Do not add felbamate. <u>Second Generation and Others</u> -Must have a diazepam rectal product, gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR, zonisamide, and lamotrigine starter pack. May add others.
ANTIMIGRAINE Agents	ND-Zecuity [®] , NI-Treximet [®] , Zomig [®]	Must have 1 nasal spray, 1 injection, and 1 short acting agent; may add a long acting agent. Short acting agents class effect. Grandfathered category.
ANTIPSYCHOTICS, Atypical	ND-Aristada [®] , Rexulti [®] , Vraylar [®] , NF-Invega Trinza [®] , NI-Abilify [®] , FDA Update	Must have aripiprazole, risperidone, quetiapine, olanzapine, ziprasidone, and lurasidone. Continue clinical criteria. Grandfathered.
MULTIPLE SCLEROSIS AGENTS	ND-Glatopa [®] ; Gilenya [®] , Tecfidera [®] -Safety Update	Must have glatiramer and one interferon agent. May add others.
NEUROPATHIC PAIN	ND-Irenka [®]	Must have duloxetine and gabapentin. May add others. Continue existing specific PA criteria. Grandfathered <i>Add statement on PDL that TCAs are available without prior authorization.</i>
NSAIDS	ND-Tivorbex [®] , DermacinRX Lexital [®] , Vivlodex [®] , FDA Update	Class effect. Must have one oral and one topical agent.
OPIOID DEPENDENCE TREATMENTS	NF-Narcan [®] , NI-Zubzolv [®]	<u>Opiate Dependence treatments</u> -Therapeutic alternatives. <u>Opioid Reversal</u> -Must have injection and nasal naloxone.
STIMULANTS & RELATED AGENTS	ND-Adzenys XR ODT [®] , Aptensio XR [®] , Dyanavel XR [®] NF-Quillichew ER [®] , NI-Daytrana [®]	<u>Non-Stimulant ADHD agents</u> -Must have Strattera. May add other nonstimulants. Continue criteria on guanfacine ER and clonidine ER and only one preferred agent trial is required. Do not Grandfather. <u>Stimulants</u> -Trial of 2 preferred agents required; Must have one long acting agent and one short-acting agent; May add others. Grandfathered.

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

CLASS	2016 RECOMMENDATIONS
ANTIDEPRESSANTS, other	Must have bupropion XL, trazodone, mirtazapine, venlafaxine ER. May add others. Grandfathered.
ANTIDEPRESSANTS, SSRI's	Class effect. Must have a diagnosis of VMS associated with menopause for Brisdelle [®] . Grandfathered.
ANTIHYPERTENSIVES, Sympatholytics	Therapeutic alternatives; Must have a clonidine product and a guanfacine product; May add others.
ANTIPARKINSON'S AGENTS non-ergot dopamine receptor agonists	Class effect.

OPHTHALMIC ALLERGIC CONJUNCTIVITIS	<u>Antihistamines</u> - Class effect. <u>Mast Cell Stabilizers</u> – Class effect.
OPHTHALMIC ANTIBIOTICS	Class effect.
OPHTHALMIC ANTIBIOTIC-STEROID COMBINATIONS	Class effect.
OPHTHALMICS, ANTI-INFLAMMATORIES	<u>NSAIDs</u> -Class Effect. <u>Steroids</u> -Therapeutic alternatives.
OPHTHALMICS, GLAUCOMA AGENTS	<u>Ophthalmic Alpha-2 Adrenergic Agents</u> -Must have brimonidine due to increased efficacy; May add others. <u>Ophthalmic 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 ANTIBIOTICS	Class effect.
OTIC ANTI-INFECTIVE & ANESTHETICS	Therapeutic alternatives.
SEDATIVE HYPNOTICS	Therapeutic alternatives; must have 1 benzodiazepine, and 1 BZ-1 selective agent; May add others. Do not add Belsomra® at this time due to lack of clinical experience and adequate published data. Continue Belsomra® clinical criteria.
SKELETAL MUSCLE RELAXANTS	Must have baclofen; other agents are therapeutic alternatives.

Board recommendations for Group 1 (Green category) – All available chemical entities are preferred:

CLASS	DRUG NAME	2016 RECOMMENDATIONS
ANTI-ANGINAL/ANTI-ISCHEMIC AGENTS	New category-Ranexa® (ranolazine)	May add with PA criteria.
HUNTINGTON'S DISEASE	New category-tetrabenazine, Xenazine®	May add with PA criteria.

This was the last Preferred Drug List meeting of 2016. Our next meeting will be a DUR Board meeting in August or September. The meeting date will be posted when it is set.

Meeting adjourned at 3:20.