

## **JULY 2011 DUR BOARD MEETING MINUTES**

**Date:** July 27, 2011

**Members Present:** Wilkinson, Brown, Harrison, Sargent, Bradley, Caldwell, Cobb (phone)

**Others Present:** Amy Holodnick, Dan Peterson (Medicaid), Kathy Novak (First Health), Angie Woodmansey and Marcella Barnhill (Drug PA/CM Unit), and various members of the public and representatives of drug manufacturers.

**Public Comment Period:** No one offered public comment at this time.

The April DUR Board meeting minutes were reviewed and approved.

**Department Update:** Effective August 1, 2011, in-state pharmacy provider dispensing fees will be reduced. In state fiscal year 2010, a 2% provider rate increase was implemented with one-time-only funding appropriated by the 61<sup>st</sup> legislative session in 2009. This one-time-only funding was not included in the budget base for state fiscal year 2012, and the funds were not appropriated by the current 62<sup>nd</sup> legislative session.

DPHHS has hired a new pharmacist. He is scheduled to begin August 3.

### **PDL Review:**

The Board made the following recommendations to the Department:

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 proposal

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)

- ALZHEIMER'S AGENTS–Must have donepezil; may add rivastigmine, galantamine.
- NON-DOPAMINE RECEPTOR AGONISTS–Class Effect
- BETA BLOCKERS & COMBOS–Must have carvedilol in some form and may add long-acting metoprolol; all others are class effect.
- CALCIUM CHANNEL BLOCKERS–Must have amlodipine or felodipine (at least one); all others are class effect. (Amlodipine/benazepril, Lotrel, Tarka, and Twynsta were moved to the new Angiotensin Modulator Combo class).
- NIACIN DERIVATIVES–Must have Niaspan. May add Niacor.
- TRIGLYC. LOWERING AGENTS–Must have gemfibrozil, and at least one fenofibrate derivative; may have omega-3-acid ethyl esters.
- PROTON PUMP INHIBITORS–Class effect
- ULCERATIVE COLITIS AGENTS–Must have 1 pro-drug and 1 delayed release oral product; must have 1 suppository and 1 enema.
- CARBAMAZEPINE DERIVATIVES–Must have carbamazepine chewable and oral tablets, suspension and a long acting carbamazepine. Must have oxcarbazepine. May add Carbatrol and Tegretol XR. Do not add brand Trileptal tabs and suspension, brand Equetro, Epitol, and Tegretol Chewable, oral tablets and suspension.
- 1<sup>st</sup> GENERATION ANTICONVULSANTS–Must have phenytoin, mephobarbital, primidone, Dilantin 30mg, Dilantin 50mg, divalproex IR & ER, ethosuximide caps & suspension, valproic acid caps & susp. Do not add felbamate, or brand products with generics available.

- MEGLITINIDES–Must have repaglinide; May add repaglinide/metformin; Do not add nateglinide.
- INCRETIN MIMETICS–Therapeutic alternatives.

The Board agreed with the Department’s proposal

The Department reviewed the following classes as **NEW** information is known to exist:

- MULTIPLE SCLEROSIS AGENTS–Fingolimod (Gilenya) and dalfampridine (Ampyra) were reviewed as new drugs. The decision was: Must have glatiramer and 1 interferon agent. Do not add fingolimod or dalfampridine.
- AIIRBs & Combos–Azilsartan (Edarbi) was reviewed as a new drug. Amlodipine/valsartan, amlodipine/valsartan/hctz, amlodipine/olmesartan, telmisartan/amlodipine, aliskiren/amlodipine, and aliskiren/amlodipine/HCTZ were moved out of this class and in to the angiotensin modulator combo class. The decision for the AIIRBs & Combos was class effect for all agents.
- ANGIOTENSIN MODULATOR COMBOS–Olmesartan/amlodipine/HCTZ (Tribenzor), Aliskiren/amlodipine (Tekamlo) and Aliskiren/amlodipine/HCTZ (Amturnide) were reviewed as new drugs. The decision was Therapeutic alternatives for all agents in this new class.
- DIRECT RENIN INHIBITORS–Aliskiren/valsartan (Valturna) was moved into the angiotensin modulator combo class. May have aliskiren; May have aliskiren/HCTZ. No new drugs were reviewed (included due to addition of AMC class).
- ACE INHIBITORS & COMBOS–Amlodipine/benazepril (Lotrel) was moved in to the angiotensin modulator combo class. Class effect for the remaining ACE Inhibitors & Combos. No new drugs were reviewed (included due to addition of AMC class).
- ANTI-HYPER-LIPIDEMIC AGENTS–Pitavastatin (Livalo) was reviewed as a new drug. The current recommendation is: Must have pravastatin, and one of atorvastatin, rosuvastatin, or simvastatin. May add niacin/simvastatin, ezetimbe, ezetimbe/simvastatin, and/or pitavastatin.
- DPP-IV INHIITORS–Saxagliptin/metformin XR (Kombiglyze XR) and linagliptin (Tradjenta) were reviewed as new drugs. The decision is must have one single agent product (all were therapeutic alternatives) and may add others.
- TZDs & Combos–Reviewed due to new restrictions and warnings added to labeling. The Board decided to remove this class from the PDL. PA requirements will be implemented for Actos and a prescriber educational program will be implemented.
- INSULINS–Humalog was reviewed due to new expanded labeling. The decision was consistent with previous years. Must have Lantus, Humulin 50/50, Humalog 50/50, 75/25. Must have a Humulin or Novolin N, R, 70/30. Class effect between Humulin and Novolin products. Class effect for Humalog, Novolog, and Apidra.
- 2<sup>nd</sup> Generation ANTICONVULSANTS–Lamotrigine XR was reviewed due to additional indication. The decision was must have Gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate, zonisamide, lamotrigine starter pack. May add rufinamide, tiagabine, lamotrigine ODT, and lamotrigine XR. Do not add Lacosamide (Vimpat) or Levetiracetam XR (Keppra XR). The Board suggested not adding brand products where generics are available.

The next meeting will be August 24, 2011.

The meeting was adjourned at 3:48.