

FEBRUARY 2014 MONTANA DUR BOARD PDL MEETING MINUTES

Date: February 19, 2014

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

Others Present: Dan Petersen, Katie Hawkins, Dave Campana (Medicaid), Kathy Novak (Magellan), Woodmansey and Barnhill (Drug PA/CM unit), and various members of the public and representatives of drug manufacturers.

Lisa Sather called the meeting to order.

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

The January DUR Board meeting minutes were reviewed and approved.

Department Update:

Dave Campana presented the following update to the Board:

As I mentioned at the last meeting, the Department continues to review drug pricing types through our contractor. Changing reimbursement allows the Department to comply with the CMS drug pricing and reimbursement initiative.

We are now in our 9th year with the PDL, my third year with the Montana Medicaid PDL Program. The Department would like again thank the Board for your hard work on bringing medications with good clinical value to Montana Medicaid clients. While making clinical decisions on medications in therapeutic classes and going forward we ask the Board to review grandfathering of classes, does it make sense to grandfather and provide reasons.

PDL Review:

The Board made the following recommendations to the Department:

Group 1- Red class

CLASS	DRUG NAME	GF	2014 Changes
ALZHEIMER AGENTS	NI- Exelon, NG-donepezil 23, Namenda XR	Continue grandfathering (GF) due to risk of irreversible cognitive decline	Must have donepezil; may add others. Continue PA criteria on Namenda.
ACE & DRI	ND-Epaned	NO	Class Effect for ACE inhibitors; Do Not add Tekturna or Tekturna HCT
ARBs	NI-olmesartan	NO	Class effect
ANTICOAGULANTS	NI-oral anticoagulants, Lovenox, Arixtra	Discontinue GF. Re-evaluate next year.	Must have 1 LMWH, warfarin, and 1 of either apixaban, dabigatran, or rivaroxaban,

ANTICONVULSANTS	ND-Trokendi XR, Fycompa, NI- valproates	NO (all classes)	<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>2nd Generation & Others</u> -Must have a diazepam rectal product, gabapentin, lamotrigine, levetiracetam, pregabalin, topiramate IR, zonisamide, and lamotrigine starter pack. May add others. Do not add lacosamide, ezogabine or perampanel (Fycompa®).
ANTIEMETICS	ND- Diclegis, NI- ondansetron	NO	Must have one 5-HT3 agent and one metoclopramide product. May add Emend. May add Diclegis with existing PA criteria.
CALCIUM CHANNEL BLOCKERS	ND-Nymalize	NO	Must add a long acting diltiazem and a long acting verapamil; must have amlodipine or felodipine. All others have a class effect.
HYPOGLYCEMICS, INCRETIN	NI-Kombiglyxe XR, Onglyza, Victoza	Discontinue GF on GLP-1 agents. No GF in whole class.	<u>DPP-IV INHIBITORS</u> : Therapeutic alternatives; must have one single agent product. No grandfather. Do not add Oseni. <u>GLP-1</u> : Therapeutic alternatives.
HYPOGLYCEMICS, SGLT2	New Class- Farxiga® (dapagliflozin) Invokana® (canagliflozin)	NO	New Class 2014. Class Effect-May add PA criteria
HYPOGLYCEMICS, TZDs	Class Reintroduced	NO	Reintroduced 2014. Class Effect-May add PA criteria
LIPOTROPICS, STATINS	ND Liptruzet	NO	Must have 1 high potency agent (atorvastatin or rosuvastatin). May add others.
MS AGENTS	ND Tecfidera	Retain GF due to risk of decline.	Must have glatiramer and one interferon agent. May add others. Retain GF.
PAH AGENTS	ND-Adempas, Opsumit	Retain GF due to risks.	Must have one ERA and one PDE-5. May add new drugs. Place Adempas into a sub-category. Retain GF. Retain PA criteria.

Group 2- Blue class

CLASS	DRUG NAME	GF	2014 Decisions
ANGIOTENSIN MODULATOR COMBOS		NO	Do not add Tekamlo or Amturnide. Therapeutic alternatives for other agents.
SYMPATHOLYTICS		Remove GF	Therapeutic alternatives; Must have a clonidine product and a guanfacine product; May add others.
ANTIPARKINSONS		NO	Class effect
BETA-BLOCKERS and COMBOS		NO	Must have metoprolol ER. Must have carvedilol in some form. All other agents have a class effect including those containing diuretics
INSULINS		NO	Must have Lantus, Humalog 50/50 & 75/25; Must have a Humulin or Novolin N, R, & 70/30 – class effect; Humalog, Novolog, Apidra – class effect. May add others.
MEGLITINIDES		NO	Class effect
METFORMINS		Remove GF	Must have metformin IR; May add metformin ER and/or combos
IRRITABLE BOWEL SYNDROME		Remove GF	Amitiza and Linzess are therapeutic alternatives. May add Lotronex. Develop PA Criteria
LIPOTROPICS, OTHERS		Remove GF	Must have niacin ER, gemfibrozil, one fenofibrate, and one bile acid sequestrant. Do not add Juxtapid. May add others.
PANCREATIC ENZYMES		Continue GF. Products are not equivalent.	Class effect with patients being grandfathered on current treatment.
PLATELET INHIBITORS		Continue GF. Products are not equivalent.	Must have ASA, and Aggrenox; May add dipyridamole; Class effect for clopidogrel, prasugrel, and ticagrelor-Must have 1.
GASTROINTESTINAL- PPIs		NO	Class effect
ULCERATIVE COLITIS		Remove GF	Must have 1 suppository and 1 enema; Must have 1 pro-drug and 1 delayed release product.

The Department proposed no changes to **GROUP 3 (Green class)** as all available chemical entities are preferred:

- ALPHA-GLUCOSIDASE INHIBITORS
- SULFONYLUREAS-2ND GENERATION

The Board agreed with the Department's recommendation on the Group 1 medications.

The meeting was adjourned at 4:10 p.m. The next meeting will be March 26, 2014 at The Great Northern Hotel.