

March 2012 DUR Board MEETING MINUTES

Date: March 21, 2012

Members Present: Wilkinson, Caldwell, Harrison, Burton, Brown, Maxwell (phone), Cobb (phone)

Others Present: Dave Campana, and Dan Peterson from Medicaid; Dr. Lee Simes from the Mental Health Program; Marcella Barnhill, Drug PA/Case Management; Wendy Blackwood from ACS/Xerox; and various representatives of drug manufacturers.

Lisa Wilkinson opened the meeting.

Public Comment:

There were no members of the public in attendance.

Meeting Minute Review:

The Board reviewed the January meeting minutes. The minutes were approved

Department Update:

Dave Campana gave the Board the following update:

The Montana Medicaid State Plan Amendment was approved by CMS. The Amendment allows for the change in reimbursement to the lower billed amount, Medispan average wholesale price – 15%, wholesale acquisition cost + 2%, with a dispensing fee of up to \$ 4.94 for in-state pharmacies dispensing brand-name or non-preferred medications or up to \$6.40 for in-state pharmacies dispensing preferred or preferred generic medications.

Regarding the problem that surfaced earlier in the year with updating prices in the pharmacy system, the problem has been fixed. The process to adjust all claims priced incorrectly has begun.

The Medicaid Pharmacy program plans to implement this year the Vaccine for Children (VFC) Program to supply pharmacies with influenza vaccine to be used in all children between 12 and 19 receiving vaccines from the VFC program.

Medicaid and the Quality Assurance Division have completed the review of the Medicaid pharmacy reimbursement methodology and determined that the Medicaid pharmacy program is reimbursing under the aggregate of the Federal Upper Limit and according to our pharmacy reimbursement methodology for Federal Fiscal Year 2011.

At the start of the NCPDP D.0 standard, coordination of benefits was not processing claims correctly. The problem has been resolved and claims now process correctly.

The Department will begin the annual dispensing fee survey. The survey instrument will be provided to pharmacies by May for completion at the end of July.

Board Discussion:

1. ADHD medication update: MPQH is working with the State and ACS on coding for limiting the use of long acting agents (once daily agents) to no more than 2 doses a day. The 30+ patients currently on more than 3 daily will be addressed by case management.
2. Simvastatin: Lisa and Dave reported to the Board that coding is underway in Smart PA to address the high dose (80mg) new starts and other patients at risk (drug interactions) who were discussed at the last meeting.
3. Criteria Development:
 - **Oxecta**
 - PA required.
 - Patient must be 18 years old or older
 - Provider must give strong clinical justification for use of this medication over the currently available oxycodone IR products.
 - **Xarelto**
 - This was raised as a Board discussion for approval of Xarelto specifically for post joint replacement prevention of DVT outside of PDL criteria. After review of the CHEST guidelines and an active discussion about alternatives, the Board decided to approve Xarelto for this diagnosis only which would entail short term use for the 10mg dose only at a maximum of 1 tablet daily. For hip replacement, the course of treatment is 35 days and for knee replacement the course is 12 days.

- **Subsys**
 - Patient must be 18 years old or older.
 - Approval requires a diagnosis of neoplasm/cancer.
 - Initial therapy of >100mcg dose will not be approved.
 - No approval for >4 units/day of any strength.

The Board also discussed all oral forms of fentanyl. It has come up in discussion before that there should be some kind of step edit on these agents with a designated starting point in addition to the prior authorization criteria already in place. The Board decided that the agent patients should start on would be the generic fentanyl lozenge.

- **Kalydeco**
 - Patient must be 6 years of age or older.
 - Patient must have confirmed G551D mutation as detected by an FDA-cleared CF mutation test
 - Dosing will be limited to a maximum of 2 tablets daily.
4. Gabapentin/Lyrica Duplication Edit: Marcella Barnhill with Case Management presented information on current overlap of gabapentin and Lyrica in the Medicaid population. With no evidence the combination is beneficial, the Board discussed the option of implementation of an edit to require prior authorization for concurrent use. The decision was to approve this prior authorization for the use of both gabapentin and Lyrica together.
 5. Retrospective DUR Criteria: Lisa brought the new criteria recommendations from Medicaid's retrospective drug utilization review vendor, HID. The Board had a chance to see some of the options used to review the Medicaid population for alerts on the basis of past claims. This is work done by Lisa and the Case Management Program through outreach letters to prescribers. The Board voiced an interest in continuing to see this type of information.

Executive Session:

Members of the public were escorted out, so the Board could discuss case sensitive issues.

Next meetings are Preferred Drug List.

Preferred Drug List meeting are scheduled for April 25 at the Holiday Inn Downtown, May 23 and June 27 at the Great Northern.

Meeting adjourned at 3:00.