

## September 2012 DUR Board MEETING MINUTES

**Date:** September 26, 2012

**Members Present:** Wilkinson, Caldwell, Crichton, Burton, Brown, Maxwell, Putsch, Cobb (phone)

**Others Present:** Dave Campana, Terry Krantz and Dan Peterson from Medicaid, Bobbi Renner from MHSP, Barnhill, Woodmansey Drug PA/Case Management, Ashley Toner from Case Management, and one representative of drug manufacturers.

Lisa Wilkinson opened the meeting. It was announced to the pharmaceutical manufacturers that in general, DURB members prefer not to be seen by reps for purposes of detailing prior to the PDL/DURB meetings.

**Public Comment:**

There was no public comment.

**Meeting Minute Review:**

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

**Department Update:**

Dave Campana gave the Board the following update:

Pharmacy Program Officer recruitment continues. Dave has had a University of Montana Pharmacy student working for a short period of time in his office on the PDL. The State continues to work on the Pharmacy Drug Monitoring Program and testing is being held at this time. The Department is currently working on the new prescription drug payment system which is to be implemented over the next couple of years.

**Board Discussion:**

1. Alzheimer's agents study: Cholinesterase inhibitors + Namenda; Namenda use in adolescents; appropriate use. Angie Woodmansey shared a brief overview of the current studies available on Namenda and the subjects listed above. She then presented a study of Medicaid clients currently taking Namenda and their diagnoses and how they stacked up with regard to these issues. After some discussion, the Board decided to implement the following criteria on Namenda:
  1. Prior Authorization for Namenda will require a diagnoses of dementia, Alzheimer's disease or other compelling medical need
  2. Patients currently on this medication will be grandfathered
2. Suboxone: Lisa and Marcella discussed with the Board the current status of the Suboxone program. After discussion it was agreed that Prior Authorization would no longer be required after the first month of treatment, but then will follow the current protocol beginning at 2 months. The Board also agreed that Montana Medicaid will now cover Suboxone Film since the tablet form is being phased out by the manufacturer.
3. Case Management Expansion: Lisa shared with the Board the new position which has been added to Case Management. Ashley Toner, PharmD will be working in the area of child psychiatric medications and working with the foster care program. Ashley was introduced to the Board and voiced her enthusiasm to be part of this brand new program.
4. Lice Treatments- Step therapy discussion  
The Board discussed the advantages and disadvantages of all available over the counter and prescriptions lice products currently covered by Montana Medicaid. The following prior authorization criteria were decided upon:
  - Initial treatment for lice will be with one of the over the counter products
  - If a patient has tried an OTC in the past 30 days and the infestation has not resolved then prior authorization will be given for a prescription product.
  - Prescription products Natroba (spinosad 120g/bottle) and Sklice (ivermectin 117g/bottle) will be limited to one bottle for each patient.

5. Diazepam rectal study – Dosage and quantity limit discussion

Marcella presented the Board with current use information for all strengths of Diastat and diazepam rectal gel. She shared with them the information she found from her 65 randomly selected patient study. After a brief discussion, the following prior authorization criteria were approved:

- Diazepam rectal gel will be limited to 1 kit of 2 syringes per day and 2 kits per month without a PA
- Diazepam rectal gel will be limited to patients concurrently treated with antiepileptic drugs

6. OTC coverage recommendations

The Board reviewed the over the counter medications currently covered by Montana Medicaid and discussed possible additions they felt could benefit the patients. Dave Campana will take the list of recommendations back to the Department for review and will report back at a later date.

7. Clinical Criteria Development – Discussion on the following drugs resulted in prior authorization criteria.

a. *Pradaxa*

1. Pt must have diagnosis of non-valvular A fib AND
2. Have had an inadequate response to warfarin OR have a contraindication to warfarin OR if warfarin naïve, must have the presence of at least one additional risk factor for stroke (i.e. CHF, HTN, DM, previous stroke/TIA) AND
3. Renal function assessment (CrCl) has been performed. Maximum allowed daily dose will be 150 mg twice daily in patients with CrCl>30 ml/min; 75 mg twice daily if CrCl 15-30 ml/min. Approval will not be granted for CrCL <15 ml/min.

b. *Rayos*

1. Prior Authorization may be approved if patient has had an inadequate response to immediate release prednisone and prescriber has compelling evidence for this medication.
2. Dose optimization will be in place.

c. *Ximino*

1. Patient must have clinical justification why they cannot take generic minocycline for acne.

d. *Primlev*

1. Compelling evidence the patient cannot use a generic oxycodone/acetaminophen available product.

e. *Sorilux and calcipotriene topical products*

1. Patient is not pregnant
2. Patient does not have hypercalcemia
3. Patient is at least 18 years old
4. Patient has tried a preferred high potency steroid
5. Patient has tried a generic calcipotriene product

8. PDL Process Review-

Dave Campana presented an overview of the PDL process as well as various other aspects of the Medicaid prescription drug program. An open discussion with questions followed.

**Executive Session:**

The Board discussed case sensitive issues in a closed session.

The next meeting has been moved to October 31, 2012 and will be held at Mountain-Pacific.

Meeting adjourned at 4:45.