

October 2014 DUR Board Meeting Minutes

Date: October 15, 2014

Members Present: Lisa Sather, Caldwell, Bradley, Burton, Brown, Maxwell (phone)

Others Present: Dave Campana, Katie Hawkins and Dan Peterson from Medicaid; Woodmansey, Doppler, Barnhill from Drug Case Management; and representatives of drug manufacturers.

Lisa Sather opened the meeting.

Public Comment:

There was no public comment.

Meeting Minute Review:

Meeting minutes from September were approved.

Department Update:

Katie Hawkins presented the Board with the following update:

At the previous DUR Board meeting, a report on PDL utilization was requested. For the purposes of this report, the Department specifically looked at 2Q2014 (April 1st – June 30th).

- There were 305,788 total prescriptions dispensed.
 - Of the total prescriptions for 2Q2014, 198,333 (64.9%) were for claims under reviewed PDL classes.
 - For the claims within the PDL, 182,657 (92.10%) were for preferred products.
 - The average percentage of claims in PDL reviewed classes is 63.4%
- For 2Q2014, Montana Medicaid received \$961,773.52 in supplemental rebates.
- During 2Q2014, the DrugPA unit processed 9,079 prior authorizations. (this figure excludes prior authorizations approved by SmartPA)
 - Of the PAs processed, 5,335 were approved and 3,744 were denied.
 - The approval rate for Prior Authorizations during 2Q2014 was 58.76%

Board Discussion

MHSP Formulary Review:

The complete MHSP formulary was reviewed. The following changes were recommended by the DUR Board. Carla Cobb, PharmD and Board member who was unavailable for this meeting, reviewed the formulary prior to the October 15 meeting and also provided input in the recommendations:

- ❖ Remove prior authorization requirement for escitalopram.
- ❖ Brintellix® and Fetzima® were discussed, but the recommendation was not to add either of them at this time.
- ❖ Remove olanzapine/fluoxetine combination product which can be replaced with each individual agent (both olanzapine and fluoxetine are on the formulary).

The Board also requested information on utilization of zolpidem ER. The Department will return this information to the Board at a future meeting.

PDL/DUR Follow-up items:

1. Hep C Treatment Readiness Discussion:

Case management solicited input from Montana providers in Infectious Disease currently treating Hepatitis C. The following readiness criteria were approved to be added to the existing prior authorization criteria for all Hepatitis C medications.

- Patient must not have a history of alcohol abuse, injectable drug abuse, and/or other controlled-substance abuse for at least 6 months prior to starting Hepatitis C treatment. Patient involvement in a support group or counseling is highly encouraged for successful abstinence.
- Patient must be reasonably compliant with all current medications that are being prescribed for all disease states/conditions to be considered eligible for Hepatitis C treatment.
- Patient must have a history of showing up for scheduled appointments/labs leading up to the prescribing of Hepatitis C treatment.
- If patient has mental health conditions, patient must be compliant with mental health medications and/or psychotherapy. If patient has mental health conditions that are not currently being treated, then a mental health consult to assess for patient readiness will be required before Hepatitis C treatment can begin.

2. Naltrexone/Vivitrol®

Case management reported current Montana Medicaid statistics for naltrexone and Vivitrol® use in covered patients as previously requested by the Board. No prior authorization was recommended at this time, but the Board is interested in continued monitoring of Vivitrol® use.

3. Oxy IR Report

New dose limits on Oxy IR were implemented July 29, 2014. The board clarified that the current limit for oxycodone immediate-release tablets is a maximum of 8 tablets per day (due to some patients filling 14 days at a time, etc). This limit includes all strengths in combination.

The Board requested the Department provide a report on high doses on other short acting opioids.

4. Xolair® Criteria for chronic idiopathic urticaria

The Board requested input from an allergist or immunologist prior to adopting these new criteria. An allergist/immunologist reviewed the criteria prior to the meeting. The Board approved the following:

- Patient must be 12 years of age or older AND have a diagnosis of chronic idiopathic urticaria.
- Prescriber must be a specialist (allergist, immunologist, or dermatologist) OR have an annual consult on file.
- Patient must have had an inadequate response to 2 different antihistamine trials of 4 weeks each.
- Initial prior authorization of Xolair® will be for 3 months. If there is still insufficient control at that time, no further authorization will be approved.
- If patient has improved after the initial 3 months, prior authorization for Xolair® will be granted in 6 month increments.

Criteria Updates:

The following criteria was reviewed, discussed and approved by the Board.

Synagis®

Dave Campana, Medicaid pharmacist, provided an overview of the changes between the previous American Academy of Pediatrics (AAP) Guidelines for RSV prophylaxis and the newly released AAP guidelines for 2014. Current epidemiology in the state was also reviewed. The Board approved criteria that follows the recommendations of the 2014 AAP guidelines for RSV prophylaxis. Approval for Synagis® upon meeting criteria for Montana Medicaid will begin December 15, 2014 and end April 30, 2015.

Montana Medicaid 2014 Synagis® Criteria:

For children < 12 months old (does not include 1st birthday) at the onset of RSV season (December 15), the following risk factors are eligible for approval:

- Estimated gestational age (EGA) < 29 weeks
- EGA < 32 weeks with a diagnosis of CLD (chronic lung disease) in the past 12 months and history of requirement for 21% oxygen for the first 28 days after birth
- Diagnosis of hemodynamically significant acyanotic congenital heart disease in the past 12 months and history of drugs to treat congestive heart failure or moderate to severe pulmonary hypertension in the past 45 days.
- Diagnosis of hemodynamically significant cyanotic congenital heart disease in the past 12 months and prescriber is a pediatric cardiologist.
- Diagnosis of severe neuromuscular disease or congenital respiratory abnormalities (does not include cystic fibrosis) in the past 12 months.
- Patient undergoing cardiac transplantation or patient is profoundly immunocompromised (e.g. stem cell or organ transplant, chemotherapy, etc) during RSV season.

For children < 24 months of age (does not include 2nd birthday) at the onset of RSV season (December 15), the following risk factors are eligible for approval:

- Diagnosis of chronic lung disease (CLD) in the past 2 years WITH history in past 6 months of O2 supplementation, bronchodilators, diuretics, or 3 or more claims for systemic or inhaled corticosteroids.
- Patient undergoing cardiac transplantation OR patient profoundly immunocompromised during RSV season.

****If granted, approval will be for 1 dose per month, up to a maximum of 5 doses during the RSV season.**

New Criteria Development:

The following criteria was discussed and approved by the DUR Board.

1. Sivextro®

- Requires dx of MRSA (methicillin-resistant Staph aureus) or
- Enterococcus faecalis resistant to vancomycin
- Culture and sensitivity required
- Dose limited to 200 mg daily x 6 days

The criteria was previously reviewed and approved by Dr. Anne Anglim. She is a DUR Board Member and is Board Certified in Infectious Disease. She was unavailable to attend today's meeting.

2. **Acthar HP Gel®**-

-will be approvable only for the following conditions:

Infantile Spasms:

- Patient must be an infant under 2, with a diagnosis of infantile spasms and ordered by a pediatric neurologist
- Patient must have an intolerance to, or inadequate response to vigabatrin (Sabril®)

Multiple Sclerosis:

- Patient must have an intolerance to, or inadequate response to IV steroids or muscle relaxants

There was no executive session needed as no case requests had been submitted.

The next meeting is scheduled for January 28, 2015 at the MPQH office building. The PDL meetings will be held at the Great Northern: February 18, March 25, and April 29.

Meeting adjourned at 3:05.