

October 2012 DUR Board Meeting Minutes

Date: October 31, 2012

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

Others Present: Dave Campana, and Dan Peterson from Medicaid, Bobbi Renner and Lee Sims from MHSP, Barnhill, Woodmansey Drug PA/Case Management, and representatives of drug manufacturers.

Lisa Wilkinson opened the meeting.

Public Comment:

There was no public comment.

Department Update:

Dave Campana gave the Board the following update:

Pharmacy Program Officer Recruitment continues. He has been working with the Board of Pharmacy testing the Prescription Drug Registry. The new Preferred Drug List posted which included all updates from the spring 2012 meetings. This includes the new topical steroids and acne agents. The PDL also has a new format.

Meeting Minute Review:

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

The OTC recommendations from the September meeting will be revisited at the January meeting.

Board Discussion:

1. MHSP Formulary Review:

The DUR Board is also the oversight committee for the MSHP formulary, so they do a yearly review. Discussion about some of the older products listed led to a plan to revisit these items at the January meeting when usage of these medications in the program can be brought for review. The Board recommended to the Department that lamotrigine and levothyroxine no longer require Prior Authorization under the MHSP program.

2. Acne Agent failures:

With the expansion of the PDL category "Acne Agents", the recommendation was made that in this category a trial of two preferred agents be required prior to approval of a non-preferred agent. The Board approved this recommendation.

3. Criteria Development/discussion:

a. *Truvada – new FDA indication for pre-exposure HIV prophylaxis*

1. The new indication prompted discussion about the need for PA requirements for Montana Medicaid.
2. The Board requested more information. Dan Peterson will invite the HIV Coordinator for the State of Montana to the next meeting to talk about the profile of HIV in Montana, mode of acquisition and where care is most often acquired.
3. No Prior **Authorization is required at this time.**

b. *Xolair – change in current PA requirement since REMS has been discontinued*

1. Provider must be an allergist, pulmonologist, or immunologist.
2. Patient is at least 12 years old and has asthma and allergies.
3. For yearly PA updates, patients must have been adherent to the Xolair treatment regimen during the previous year or the prescriber must provide information regarding extenuating circumstances.

c. *Aubagio – new, non-preferred oral pyrimidine synthesis inhibitor for relapsing forms of MS*

1. Prescriber must be a neurologist or have a neurology consult on file.
2. Dose limit of one tablet daily (7mg or 14 mg tablet).

4. Colcrys PDL discussion follow-up:

The Board had a lively discussion on gout and long term use of colchicine and colcrys. At the end of the discussion, the decision was made that a DUR educational piece would be done specifically for prescribers who were using Colcrys chronically.

5. Namenda follow-up discussion:

Angie presented studies of various sizes for several conditions which showed little conclusive evidence at this time for Namenda use for conditions other than dementia and Alzheimer's. The Board will continue to recommend PA requirement for approval of those conditions, dementia and Alzheimer's, only. Any other conditions that a provider has some evidence to support will be brought to the Board for review.

6. Nucynta ER – diabetic neuropathy (new indication) step therapy:

Since the PDL meeting in the spring, Nucynta has been approved for diabetic neuropathy. The Board discussed additional Prior Authorization requirements that should be added to this drug in consideration to this new indication. As part of the PDL, and the long acting narcotic class, Nucynta ER already has some criteria limitations in place. The following decision was made with regard to neuropathy:

Prior Authorization for Nucynta ER for neuropathy (not only diabetic neuropathy) will require a previous trial of 2 other agents for neuropathy.

7. Tussionex-Hydrocodone Polistirex 10mg-chlorpheniramine 8mg /5ml Extended release – quantity limits

The Board reviewed data presented on current Medicaid dollars spent and use of this long acting, high potency cough product. The decision was made to limit daily dose, bottle size dispensed, and number of prescriptions per year.

- a. Dose limit of 10 cc daily for adults and children 13 years old and older and 5 cc daily for children 6 to 12 years old. This product is not indicated for children less than 6 years of age.
- b. Maximum size of bottle per prescription will be limited to 3 oz. or 90cc.
- c. Medicaid will cover two prescriptions per calendar year.

One additional note was added by Dave Campana from the Department. Starting January 1, 2013, Medicare Part D will be covering benzodiazepines and most barbiturate prescriptions. Currently, the Medicaid program pays for these prescriptions for the dual eligible clients, but that coverage will end when Medicare Part D takes over.

Executive Session:

The Board discussed case sensitive issues in a closed session.

The next meeting will be January 23, 2013 and will be held at Mountain-Pacific.

The dates have also been set for the Preferred Drug List meetings. The dates for the PDL meetings are **March 27, April 24, and May 29 of 2013**. These will be held at the Great Northern meeting rooms.

Meeting adjourned at 4:00.