January 2020 DUR Board Meeting Minutes

Date: January 22, 2020

Members Present: King, Blank, Stone, Caldwell, McGrane (phone), Nauts (phone), Jost, Putsch, Anglim

Members Absent: Brown, Miller, Maxwell

Others Present: Shannon Sexauer, Dani Feist, Dan Peterson (DPHHS); Artis, Barnhill, Doppler, Opitz, Sather, Woodmansey (MPQH); representatives from Conduent and the pharmaceutical industry.

Introductions:
Tony King opened the meeting and asked the Board and members of the audience to introduce themselves.

Public Comment:
There was no public comment.

Meeting Minute Review:
The meeting minutes from October 2019 were approved as written. Tony King distributed a list of PDL meeting dates and potential fall DUR meeting dates to the Board.

Department Update:
The Department introduced the new Conduent PBM manager and notified the board of the following updates:

- 1/1/2020 - All copayments for Montana Healthcare members have been removed
- 1/9/2020 – Morphine Milligram Equivalent (MME) reduction to maximum of 90 MME was implemented
- 1/16/2020 - Atypical age expansion for prior authorization for $\leq$ 7 was implemented
- 2/3/2020 - Hepatitis C treatment criteria to be removed other than Preferred Drug List and FDA approved indication requirements (PA Form is required)

Board Discussion

1. **Review of New Drug Criteria**

   The following clinical criteria were reviewed and the Board recommended approval and implementation as follows:

   A. Vumerity DR™ (diroximel fumarate)
   - Neurologist consult required
   - Diagnosis of relapsing form of MS required
   - Trial/inadequate response to an interferon beta and glatiramer required
   - Max of 4 capsules daily
   - Initial approval x 6 months, then obtain follow-up from MD to assure patient is tolerating and WBC monitoring is being done. Subsequent approvals will be granted x 1 year

B. Trikafta™ (elexacaftor/tezacaftor/ivacaftor)

- Patient must be 12 years of age or older
- Genetic testing must be provided indicating patient has at least one F508del mutation in the cystic fibrosis transmembrane (CFTR) gene
- Prescriber must be a pulmonologist specializing in the treatment of Cystic Fibrosis.
- Provider attests current standard of care CF therapies have been optimized
- Baseline FEV_1 and history of pulmonary exacerbations (if patient has had exacerbations) to be provided upon initiation of therapy (this will be re-evaluated upon reauthorization)
- Dosing will be limited to 3 tablets daily
- Initial authorization will be granted for 6 months
- Continuation of therapy:
    - At 6 months provider will attest patient has achieved a meaningful clinical response with **one or more** of the following:
        - Lung function improvement as demonstrated by improvement or stability in percent predicted expiratory volume (ppFEV1)
        - Decline in pulmonary exacerbations (decrease in IV antibiotic use, decrease in hospitalizations)
        - Stability or increase in body mass index (BMI)
- Provider must attest that patient has been compliant with Trikafta and other CF maintenance medications
- Reauthorization will be issued for 6 months if above clinical response parameters are met and prescriber is a pulmonologist specializing in the treatment of cystic fibrosis

2. Existing Criteria Updates

The following existing clinical criteria were reviewed, and the Board made the following recommendations:

A. Dupixent (dupilimab) *- (New Indication for chronic rhinosinusitis with nasal polyposis)*

- Patient must be $\geq$ 18 years of age
- Medication must be prescribed by or in consultation with an allergist, immunologist, or otolaryngologist
- Patient must have clinical documentation of chronic rhinosinusitis with nasal polyps as evidenced by CT scan or endoscopy
- Patient must have had an inadequate treatment response, intolerance, or contraindication to **both** of the following:
    - Two different intranasal corticosteroids (must be adherent to each therapy and used at optimized doses for at least 3 months) **AND**
    - Systemic corticosteroid trial (must be within last year) AND/OR sino-nasal surgery
- Patient must concurrently be using an intranasal corticosteroid unless contraindicated
- LIMITATIONS:
    - Maximum of 2 x 300 mg syringes every month.
    - Initial approval will be for 6 months.
    - Continuation of therapy approvals will be granted for 12-month intervals if
        - Patient has been adherent to therapy and concurrent intranasal corticosteroid AND documentation is provided supporting positive response to therapy as demonstrated by a reduction in severity of sino-nasal symptoms or systemic steroid reduction (if using).

B. Modafinil/Armodafinil in Pediatrics

Mountain-Pacific presented information regarding current prior authorization criteria for modafinil and armodafinil, including utilization in pediatric patients in Montana. The board recommended modification of existing criteria to exclude approval in patients < 18 due to safety/efficacy concerns (previous criteria did not address). Any requests for patients < 18 will require DUR Board review.

3. PDL/DURB meeting follow-up items

A. *MME Continuing Discussion*

Mountain-Pacific updated the board on the latest maximum MME reduction effort to 90 MME for chronic, non-malignant pain. The board requested potential review of the opioid-naïve population and further discussion on whether the current maximum limit of 90 MME is too generous. An analysis of new starts > 50-60 MME may be investigated. King offered a recent survey of states showed a wide variety of current standards. The board voiced concerns regarding concomitant gabapentin and sedative use, as well as the risks associated with gabapentin vs benzodiazepines. It was suggested that gabapentin may be reviewed in more detail (maximum dosing for efficacy, etc.) King indicated that several states have made gabapentin a controlled substance and the FDA recently released additional warning to the use of gabapentin. The board suggested that additional education for providers regarding opioids may be provided using the Michigan OPEN project materials. This will remain an open agenda item.

B. *Benzodiazepine Continuing Discussion*

The board discussed potential areas to affect change about benzodiazepine prescribing and safety concerns. Education is currently being provided through retrospective and newsletter projects. It was recommended that criteria may be developed to address new starts by researching and adopting a conversion formula for total benzodiazepine daily dosing. Information will be returned to the Board later. This will remain an open agenda item.

C. *Stimulant Use in Adults*

Mountain-Pacific presented follow-up information on stimulant use in adults > 18 years of age, specifically regarding lack of supporting diagnosis information and concurrent substance use diagnoses. It was recommended that prior authorization criteria be revisited to include development of appropriate use criteria and grandfathering existing users. Mountain Pacific will continue to evaluate the number of members utilizing these medications and the associated diagnosis, in addition to requirements used in other states.

D. *Sedative/Hypnotic Update*

The Department notified the Board that the algorithm which will address the previously adopted zolpidem limitations has received approval and should be implemented within the next month.

Members of the audience were escorted out and the board went into closed session to discuss confidential patient case information.

The meeting adjourned at 3:56 PM.