September 2020 DUR Board Meeting Minutes

Date: September 23, 2020

Members Present: King, Blank, Caldwell, McGrane, Jost, Brown, Maxwell, Anglim

Members Absent: Stone, Nauts, Putsch

Others Present: Shannon Sexauer, Dani Feist, Dan Peterson (DPHHS); Artis, Bahny, Barnhill, Opitz (MPQH); representatives 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 May 20, 2020 PDL were approved as written.

Department Update:

- There were no department updates.

Conflict of Interest Discussion:

- Liz Campbell (MPQH Compliance Officer) lead the conflict of interest (COI) discussion. The COI form has been updated to be very clear on what is expected of all DUR Board members regarding this topic. DPHHS requested that no member have any conflict of interest while serving on the Board. If employment changes or if a conflict or appearance of a conflict arises, please let Tony King know immediately.
- Tony King asked all Board members to sign updated form and return to him as soon as possible.
- It was determined that Dr. Hayley Miller had COI. Tony King and Dr. Miller discussed the COI and they agreed that in the best interest of the Board, she will no longer serve. Tony King requested that any suggestions/recommendations for a replacement are forward to him. COI will be clearly defined during recruitment.

PDL Meeting Follow Up Discussion:

- March 2020 PDL hypoglycemic decisions of interest discussion:
    - Due to the conflict of interest found by a previous Board member, the decisions made at the March 2020 PDL meeting could have bias. The Board was given options on how they would like to proceed with those decisions.
    - The Board felt that they rely on the appointed specialists for guidance on their areas of expertise and the decisions made may not be in the best interest of Montana Healthcare Programs.
    - The Board would like to revisit this drug class with a Magellan representative at the next DUR meeting.
    - Magellan was contacted and confirmed availability for the October 2020 DUR meeting to reopen this discussion.

- The Board requested that data and literature be resent for review, prior to the meeting.

Meeting Format Discussion:

- Tony King requested approval to send all information (new drug information, clinical trials, interim criteria, etc.) 2-3 weeks ahead of meeting date to allow Board members time to prepare.
- This will allow for more drugs to be vetted through the DUR Board and more judicious of the DUR Board's time.
- The Board unanimously agreed to this request.

Physician Administered Drug Program (PAD):

- Tony King provided an overview of the PAD contract and the Qualitrac system that is used to process these requests.
- Tony King requested permission that the DUR Board be utilized to review criteria for PAD medications.
- Board members approved the request to review the interim criteria for these drugs.

Board Discussion

1. **Review of New Drug Criteria**

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

   A. Xofluza™ (baloxavir marboxil)
   - Subject to PDL requirements
   - Must be 12 years of age or older
   - Positive influenza test or clinical diagnosis of symptoms within 24-48 hours required
   - Clinical reason why oseltamivir cannot be used (i.e. past adverse reaction, allergy, etc.)

   The Board requested a review of utilization in Xofluza be revisited prior to the 2021-2022 influenza season, to determine if the approved criteria is still appropriate.

   B. Ubrelvy™ (ubrogepant)
   - For acute migraine treatment
   - Inadequate response, contraindication, intolerance to trials on at least two triptan medications
     i. If triptans are contraindicated, must have failed another abortive medication option (i.e. NSAIDs)
   - Patient must currently be using a prophylactic medication unless contraindicated, not tolerated, or ineffective
   - Must not concurrently be used with injectable CGRP inhibitor
   - Max of 16 doses per month
   - Initial authorization for 3 months then need update showing positive clinical improvement
   - Continuation approval granted for 1 year

   C. Reyvow™ (lasmiditan)

- For acute migraine treatment
- Inadequate response, contraindication, intolerance to trials on at least two triptan medications
    i. If triptans are contraindicated, must have failed another abortive medication option (i.e. NSAIDs)
- Patient must currently be using a prophylactic medication unless contraindicated, not tolerated, or ineffective
- Max of 4 doses per month
- Initial authorization for 3 months then need update showing positive clinical improvement
- Continuation approval granted for 1 year

D. Nurtec™ (rimegepant)

- For acute migraine treatment
- Inadequate response, contraindication, intolerance to trials on at least two triptan medications
    i. If triptans are contraindicated ,must have failed another abortive medication option (i.e. NSAIDs)
- Patient must currently be using a prophylactic medication unless contraindicated, not tolerated, or ineffective
- Must not concurrently be used with injectable CGRP inhibitor
- Max of 15 doses per month
- Initial authorization for 3 months then need update showing positive clinical improvement
- Continuation approval granted for 1 year

2. Existing Criteria Updates

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

A. Vascepa™ (omega-3 fatty acids)

- *Trial of preferred agent in this PDL class not required*
- Patient must have triglyceride levels ≥150 mg/dL AND
- Medication is used adjunctively to maximally tolerated statin therapy AND
- Patient must have established cardiovascular disease OR diabetes + 2 additional risk factors for cardiovascular disease (i.e. HTN, smoking, obesity, family Hx CHD, age (men ≥45, women ≥55, low HDL, high LDL, etc.

3. PDL/DUR Board meeting follow-up items:

A. Neuropathic Pain

DPHHS, at the request of MPQH, updated the pharmacy point-of-sale system to reduce the number of duplicate claims for both gabapentin and pregabalin, but the concern for high dose therapy and/or inappropriate utilization continues to be a discussion point. The Board feels that provider outreach, via the newsletter or other educational opportunities, would be an appropriate response to the concern at this time. Request to keep this topic on the agenda for yearly review.

B. OTC Abreva

DPHHS provided an update to this request that OTC Abreva be covered. Coverage under Montana Healthcare Programs for this drug is not available. Oral therapy is the first line recommendation for treatment, and since the topicals are not first line, this is not an appropriate CMS exception request.

C. Atypical Antipsychotic Use in Patients <8 Years of Age

Update was provided to the Board on the increase of age from six to seven on the atypical prior authorization (PA) program, as requested by the Board at previous meetings. The number of patients did not increase as much as originally anticipated and providers were agreeable to the update, which has allowed the change to be a success. The pharmacy case management team will continue to watch the data and will update the Board in a future meeting, along with any recommendations for the program. The goal will remain to continually increase the age, as time and staffing permits. The Board agreed with this decision.

Dr. Caldwell requested the ability to work with a MPQH pharmacist to review the current adult criteria for atypical antipsychotics, as well as the new transdermal Secuado patch. Tony King and another MPQH pharmacist will reach out to him in the coming weeks, as well as put this topic on the October 2020 DUR meeting agenda.

D. Tramadol Utilization in the 12 through 18-year-old population

At the September 2019 DUR Board meeting, criteria was presented to restrict the coverage of tramadol in patients less than 12 years of age. The Board approved the presented criteria and requested follow up after implementation to determine if the coverage restriction resulted in fewer tramadol prescriptions. Provider outreach was done via White Paper document and pharmacy case management intervention. The information below shows that between 8/1/2019-7/31/2020 (after criteria implementation) there was a significant decrease in the number of tramadol prescriptions in the <12-18 years of age population. The Board was satisfied with the information provided. No future discussion requested.

	Number of Claims	Unique Number of Members
01/01/19 – 12/31/19		
Tramadol Utilization ≤18 years	285	235
Tramadol Utilization ≤12 years	22	20
Tramadol Utilization ≤18 years	230	178
Tramadol Utilization ≤12 years	7	7

Closed Session:

Members of the audience were asked to leave the Zoom call (those who did not were logged out manually) and the Board went into closed session to discuss confidential member information.

The meeting adjourned at 3:42pm.