Mountain-Pacific Quality Health

DUR PROGRAM NEWS

WINTER 2018-2019

Lisa Sather, RPh, Editor,
Director of Clinical Pharmacy Services
406-457-5818

Mark Eichler, RPh,
Director of Pharmacy Programs
MT DUR Coordinator
406-457-5843

Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602
www.mpqhf.com

The Drug Utilization Review (DUR) Program, administered by Mountain-Pacific through a contract with the Allied Health Services Bureau of the Montana Department of Public Health and Human Services, is the quality assurance body seeking to assure the quality of pharmaceutical care and to help provide rational, cost-effective medication therapy for Montana's Medicaid recipients.

Montana Medicaid Drug Prior Authorization Unit
1-800-395-7961

Montana Medicaid Synagis® Coverage

- Updated for the 2018-2019 Respiratory Syncytial Virus Season -

Initial guidance from the American Academy of Pediatrics (AAP) for the use of Synagis® (palivizumab) for prophylaxis against Respiratory Syncytial Virus (RSV) was first published in 1998 and is updated periodically as new data becomes available. In 2014, new peer-reviewed, evidence-based data allowed additional clarification and simplification of the AAP recommendations in order to target children at the highest risk of severe disease. These decisions were reaffirmed in 2017 after all available data were considered.

Per a recommendation from the Medicaid Drug Utilization Review (DUR) Board, Montana Medicaid has adopted the revised American Academy of Pediatrics (AAP) recommendations for the use of palivizumab for RSV prophylaxis.

Palivizumab is not a *vaccine,* but a monoclonal antibody produced by recombinant DNA technology which works to bind to the RSV virus and effectively neutralizes the virus and inhibits fusion with respiratory epithelial cells. This only occurs if palivizumab encounters RSV in the lower respiratory tract. Clinical studies show that immunoprophylaxis has a *limited effect on reducing RSV hospitalizations on a population basis. Additionally, no prospective, randomized clinical trial has demonstrated a significant decrease in the rate of mortality associated with RSV* or in the *rate of recurrent wheezing after* RSV infection among infants who receive prophylaxis.

The majority of RSV hospitalizations occur in healthy, term infants. Updated AAP guidance targets infants at the greatest risk for severe disease with risk factors that are the most consistent and predictive of benefit from prophylaxis. This is based on the evaluation of currently published evidence. **It should be noted that 21 AAP sections, committees and also groups outside the AAP have contributed to, and concur with, the updated guidance.**

Please see the following links for the complete AAP reports:

Policy Statement: http://pediatrics.aappublications.org/content/134/2/415

Technical Report: http://pediatrics.aappublications.org/content/pediatrics/early/2014/07/23/peds.2014-1666.full.pdf

Continued ›

Montana Healthcare Pharmacy Programs Link
(Current Montana Medicaid Preferred Drug List, Provider Notices, DUR Board/Meeting Information, Resources)
http://medicaidprovider.mt.gov/19

Montana Healthcare Programs Synagis® Coverage Criteria
- 2018-2019 RSV Season -

Coverage dates for Montana Medicaid and Healthy Montana Kids/CHIP RSV prophylaxis began December 13, 2018 and will end April 30, 2019. These coverage dates are based on epidemiologic surveillance by the Montana Department of Public Health and Human Services Communicable Disease and Epidemiology Program.

RSV season onset officially begins the first of two consecutive weeks with ≥ 10% of specimens testing positive.

The RSV season offset is the last of two consecutive weeks with ≥ 10% of specimens testing positive. Weekly updates can be found at http://www.dphhs.mt.gov/publichealth/cdepi/diseases/rsv.aspx.

- Approval will be for one dose per month, up to a **maximum** of five doses during the RSV season coverage dates.
- One 50mg vial (0.5ml) OR one 100mg (1ml) vial will be allowed. Doses above 100mg will require prior authorization based on patient weight.

AGE AT ONSET OF RSV SEASON	RISK FACTORS ELIGIBLE FOR APPROVAL (any of following)
<12 MONTHS *(does not include 1st birthday)*	
	Estimated Gestational Age **(EGA)<29 weeks**
	EGA < 32 weeks with **a diagnosis of Chronic Lung Disease (CLD) in the past 12 months** and history of requirement for **21% oxygen** for the **first 28 days after birth (*CLD of prematurity*)**
	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**
≥12 and <24 MONTHS *(does not include 2nd birthday)*	
	Diagnosis of *CLD of prematurity* as defined above **in the past two years** WITH **history in past six months of O2 supplementation, diuretics, or three or more claims for systemic or inhaled corticosteroids**
	Patient **undergoing cardiac transplantation** OR patient **profoundly immunocompromised during RSV season**

Synagis® authorization is granted electronically through the SmartPA® Point-of-Sale Prior Authorization system which evaluates prescription claims against available diagnosis history.

If a request is denied through the SmartPA® system and the patient should meet the above criteria, please contact the Medicaid Drug Prior Authorization Unit at 1-800-395-7961 to provide additional supporting documentation for review.

Montana Healthcare Programs Updates

After a review of the clinical evidence, the Montana Drug Utilization Review (DUR) Board recently recommended implementation of prior authorization criteria for the following medications:

Lucemyra® (lofexidine) is a central alpha-2 adrenergic agonist indicated for the reduction of opioid withdrawal symptoms during *abrupt* opioid discontinuation in adults. Lucemyra® is similar in safety/efficacy to clonidine, however approximate cost is $330/day vs clonidine (under $.50/day).

- Coverage will be authorized only for a diagnosis of opioid-use disorder when used in a *medically supervised opioid withdrawal program.*
- Patient must have a documented *clinically significant intolerance* to clonidine.
- **LIMITATIONS:**
  - Initial therapy will be granted for a maximum of 16 tablets per day for a seven-day supply with one additional seven-day supply authorized if requested (maximum 14 day supply).

Aimovig® (erenumab) is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventative treatment of migraine in adults. It is given subcutaneously once monthly, with a cost of approximately $6,900 annually.

- Coverage will be authorized for the following diagnoses:
  - **Episodic migraine** (4-14 migraine days/month AND < 15 headache days/month)
  - **Chronic migraine** (>8 migraine days per month AND >15 headache days per month)
- Medication must be prescribed by or in consultation with a neurologist or pain specialist
- Patient must have a history of inadequate response (trial of at least two-months duration), contraindication, or intolerance to **two** prophylactic conventional therapies that include at least two separate therapeutic classes from the medications below:
  - Amitriptyline or venlafaxine
  - Atenolol, metoprolol, nadolol, or propranolol
  - Topiramate or divalproex
- **LIMITATIONS:**
  - Initial authorization of 2 x 70 mg autoinjectors or pre-filled syringes per month for three months. Reauthorization requires continued prescribing by, or consultation with, neurologist or pain specialist and patient must have had a documented response to therapy as demonstrated by reduction in migraine frequency compared to number of migraine days at baseline. Reauthorization approved annually.

Montana Medicaid Announces Further Dosage Restrictions for All Opioids Based on Maximum Morphine Milligram Equivalents

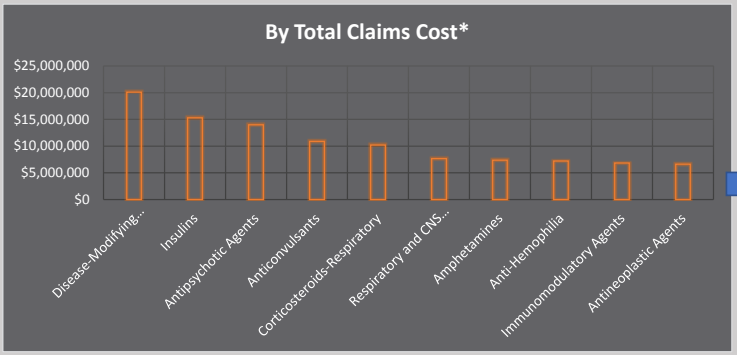
Effective 1/7/2019, the daily maximum allowed Morphine Milligram Equivalent (MME) dose will be reduced from 180 MME to **150 MME** for all opioids used in the treatment of non-malignant pain. This is part of a phased maximum MME reduction effort previously outlined by the department which began 8/27/2018. The Montana Healthcare Programs provider notice for the MME clinical edit was published 11/30/2018 and can be accessed at https://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2018/provnotice192744dosagerestrictionsallopiods11302018.pdf?ver=2018-11-30-165312-177.

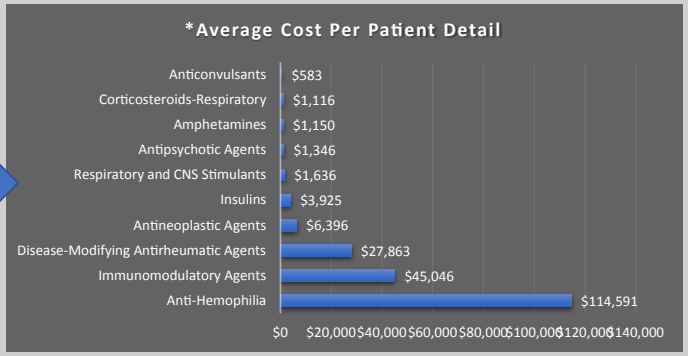
Academic Detailing Program - Naloxone Utilization in Montana

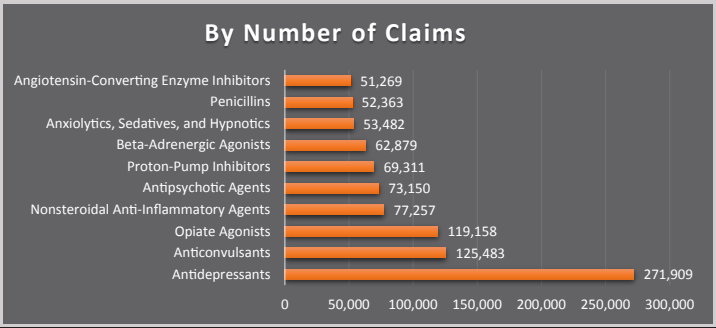
In August 2017, Mountain-Pacific initiated targeted educational interventions aimed at increasing naloxone prescribing for Montana Medicaid high-risk recipients (history of prior overdose, concurrent benzodiazepines and opioid use, history of substance use disorder, those receiving medication assisted treatment, opioid dosages ≥50 MME). Naloxone education was also incorporated into the prior authorization form for Medication-Assisted Treatment (MAT) (buprenorphine). This is an ongoing educational project.

The total number of recipients receiving a naloxone Rx increased nearly eight-fold in the one-year period from 8/1/2017-8/1/2018.

Montana Medicaid Top Ten Therapeutic Classes YTD 2018







The MT DUR Program News is also available online: http://mpqhf.com/corporate/montanans-with-medicaid/pharmacy/

Montana Drug Utilization Review
3404 Cooney Drive
Helena, MT 59602

Nonprofit Organization
US Postage
PAID
Permit No. 226
Helena, MT