Mountain-Pacific Quality Health

# DUR PROGRAM NEWS

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## Montana Health Care Programs Update

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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

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

**Ajovy® (fremanezumab) and Emgality® (galcanezumab)** are calcitonin gene-related peptide (CGRP) antagonists indicated for the preventative treatment of migraine in adults. Due to place in therapy and cost (approximately $6,900 annually), the following clinical criteria have been implemented:

**Covered 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)

**Additional requirements:**
- Medication must be prescribed by, or in consultation with, a neurologist or pain specialist
- Recipient must have a history of inadequate response (trial of at least 2 months duration), contraindication or intolerance to three prophylactic conventional therapies **that include at least three separate therapeutic classes** from the following:
  - o Amitriptyline or venlafaxine
  - o Atenolol, metoprolol, nadolol or propranolol
  - o Topiramate or divalproex

- **LIMITATIONS:**
  - o Quantity Limits:
    Ajovy®: 1 x 225mg pre-filled syringe per month or 3 x 225mg pre-filled syringes every three months
    Emgality®: Loading dose of 2 x 120mg autoinjectors and then 1 x 120mg autoinjector per month
  - o Initial authorization: Three months
  - o Reauthorization
    Continued prescribing by, or consultation with, a neurologist or pain specialist
    Recipient must have a documented response to therapy as demonstrated by reduction in migraine frequency compared to number of migraine days at baseline
    Reauthorization approved x 12-month intervals

**Note: Aimovig® (erenunumab)** criteria, previously implemented, has been updated from **two to three trials** on prophylactic conventional therapies to mirror these requirements.

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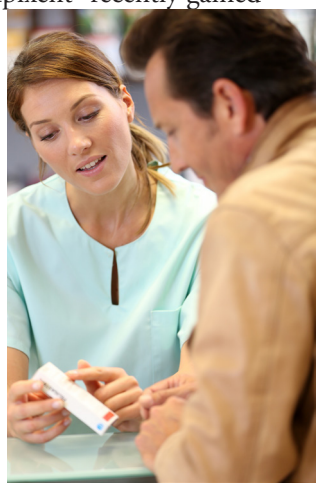
**Montana Healthcare Pharmacy Programs Link**
(Current Montana Medicaid Preferred Drug List, Provider Notices, DUR Board/Meeting Information, Resources)
http://medicaidprovider.mt.gov/19

**Epidiolex® (cannabidiol)** is the first U.S. Food and Drug Administration (FDA)-approved prescription product derived directly from the marijuana plant and is indicated for the treatment of specific, hard-to-treat, childhood-onset epilepsy syndromes. It carries a C-V designation, because it contains cannabidiol (CBD), which has a very low potential for abuse. CBD has very low affinity for cannabinoid receptors and therefore lacks euphoric side effects (this is in contrast to delta-9-tetrahydrocannabinol (THC), which primarly acts on cannabinoid receptors). Average cost is approximately $32,000 annually. The following clinical criteria will apply:

- Recipient must have a diagnosis of either Lennox-Gastaut or Dravet Syndrome
- Recipient must be two years of age or older
- Medication must be prescribed by, or in consultation with, a neurologist
- Seizures must have been inadequately controlled by trial of at least three other conventional anti-epileptic therapies
- Medication must be used as adjunctive therapy with at least one other anti-epileptic medication
- **LIMITATIONS:** Max dose 20mg/kg/day. Initial approval x 4 months, continuation approval x 12 months

**Dupixent® (dupilumab)** is an interleukin-4 receptor alpha antagonist previously indicated for the treatment of moderate-severe atopic dermatitis in patients 12 and older whose disease is not adequately controlled. Dupixent® recently gained approval as add-on maintenance treatment in patients with moderate-severe asthma aged 12 years and older with an eosinophilic phenotype or with oral corticosteroid dependent asthma. The following criteria have been approved in addition to previously developed criteria for atopic dermatitis:



- Recipient must have a diagnosis of moderate to severe asthma with an eosinophilic phenotype or corticosteroid dependent asthma
- Medication must be prescribed by, or in consultation with an allergist, pulmonologist or immunologist or prescriber practices in one of these specialty clinics
- Recipient must have a history of moderate to severe asthma attacks despite treatment with the following medications at optimized doses in combination for three consecutive months (Eosinophilic phenotype requires ICS and LABA; corticosteroid-dependent requires ICS/LABA/OCS):
    - Inhaled corticosteroid (ICS)
    - Long-acting beta2-agonist (LABA)
    - Oral corticosteroid (OCS)
- If eosinophilic phenotype, initial peripheral baseline eosinophil count is required
- **LIMITATIONS:**
    - Maximum dose: 2 x 200mg syringes (loading dose) and 1 x 200mg every other week for maintenance or 2 x 300mg (loading dose) and 1 x 300 g every other week for maintenance
    - Initial authorization will be issued for six months
    - Continuation of therapy:
        - Patient must be adherent to therapy
        - Documentation must be provided supporting positive response to therapy as demonstrated by a reduction in the frequency and/or severity of symptoms and exacerbations or medication dose reduction
        - Annual specialist consult must be provided if prescriber is not a specialist

**Ingrezza® (valbenazine) and Austedo® (deutetrabenazine)** are vesicular monamine transporter 2 (VMAT2) inhibitors indicated for the treatment of adults with tardive dyskinesia (TD). Existing criteria have been updated to require a minimum Abnormal Involuntary Movement Scale (AIMS) score of 6 using items 1-7 on this testing tool. In addition, approval requires documentation that TD interferes with the recipient's functional status. The initial authorization period has been reduced to 12 weeks and renewals authorized every six months.

Example AIMS testing tool: https://www.documentforsafety.org/kids/pub/forms/AIMS_Scale_OverView20101007085810 26.pdf

## FAQ Corner

**Why does the Montana Medicaid Preferred Drug List (PDL) prefer some branded medications versus the generic counterpart?**

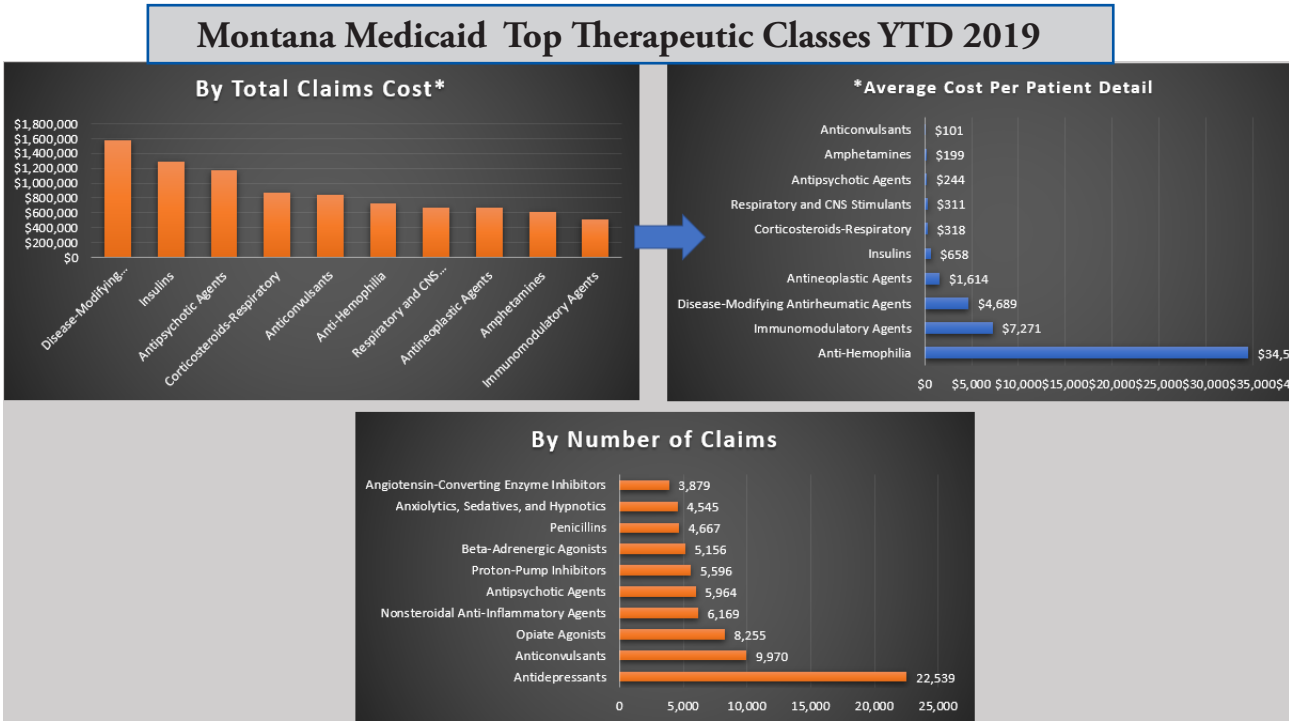
**This seems to be counterintuitive. However, preferred drug lists allow state Medicaid programs to participate in multi-state pooling initiatives and receive supplemental rebates from drug manufacturers for preferred agents. Oftentimes, the net cost of the branded product is much lower than its generic counterpart due to significant supplemental rebates. Therefore, preferring the brand product ultimately produces substantial cost savings to the state.**

## Opioid Spotlight - *Dedicated to Highlighting Current Montana Medicaid Opioid-Related Initiatives*

**Maximum Morphine Milligram Equivalent (MME) Phased Reduction Effort for All Opioids** was initiated in August 2017 with a maximum limit of 180 MME allowed non-malignant pain. In January 2019, this limit was reduced to the current limit of 150 MME. With advance provider notice, the next phase will reduce the maximum to 120 MME. This is anticipated within the next quarter.

**The Naloxone Academic Detailing Program,** initiated in August 2017, is 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, or opioid dosages ≥50 MME). This is an ongoing educational project.

**Opioid Prescribing Reports** are currently under development. As part of an ongoing educational effort to ensure safe and effective opioid prescribing, the report will be shared with specific prescribers to compare their opioid prescribing with aggregate data from other prescribers. This is anticipated to be launched within the next quarter.




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



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