

# PHARMACY BENEFIT UPDATE

## FALL/WINTER 2015 ISSUE



*Preferred Drug List (PDL) News:*

### PDL Changes

**This issue of the Pharmacy Benefit Updates contains recent changes to the Preferred Drug List as well as updates on MaineCare pharmacy benefit changes.**

Non-preferred			
Adderall Tabs	Androgel 1.62% Gel	Androgel 1.62% Pumps	Extavia
Focalin IR Tabs	Ribapak Pak	Lovenox	Nutropin AQ
Odomzo	Synjardy	Tobradex Sus	Zarxio
Preferred			
Adcirca	Aerospan	Amphetamine Salt Combo	Aubagio
Besivance	Betaseron	Butrans	Dexmethylphenidate IR Tabs
Eliquis	Fycompa	Genotropin	Humalog 50/50 Vial
Lotemax Oint	Lotemax Gel	Pradaxa	Ribasphere Tab 400mg
Ribasphere Tab 600mg	Tobradex Oint	Tobradex ST	Xarelto
Zetia			
The following Medications have additional PDL clarifications or criteria			
<b>Aurodex, Auroguard, Auroto Otic, Antipyrine/Benzocaine, Auralgan, Ear-gesic, Zoto-HC, -AeroOtic, Cetraxol, Vosol-HC, Zotane-HC, Pediotic, Oticaine</b> are will be removed from the PDL due to the lack of FDA approval.			
<b>Adcirca</b> will be preferred requiring a clinical PA for WHO Group 1 diagnosis of primary PAH (Primary Pulmonary Hypertension) and NYHA functional class 2 or 3.			
<b>Aristada</b> will be non preferred requiring a clinical PA to establish significant reason why an oral agent can't be used (Abilify/ oral Aripiprazole).			
<b>Cosentyx</b> will be preferred for the indication of plaque psoriasis <i>only</i> after trial and failure of Humira			
<b>Enoxaparin</b> will be preferred durations greater than 7 days require PA			
<b>Farxiga</b> will be preferred <i>only</i> if therapeutic doses of metformin are seen in members drug profile for at least 60 days within the past 18 months.			
<b>Zecuity Patch</b> will be non preferred requiring a clinical PA to establish significant contraindication to other preferred and non preferred agents.			



## **Pharmacy Care Management**

The Department, in conjunction with Goold Health Systems, has been operating a program called Pharmacy Care Management (PCM) for the past two years as of October with great success. The MaineCare PCM program is intended to provide increased management of both high-cost drugs and high-cost pharmacy users that have the potential to increase MaineCare's pharmacy spend exponentially over the next few years. High cost and specialty medications are projected to use up to 50 % of the entire pharmacy budget by 2018. Many of these medications cost more than the price of gold. The clinical staff at GHS reviews MaineCare data to identify high cost members and medications to be of focus. Interventions can involve communication and collaboration with the targeted member, prescriber, and/or dispensing pharmacy in an effort to ensure proper medication utilization. Aspects of concern include using medications for their FDA approved durations, indications, and dosing, receiving and recording proper metabolic monitoring and the largest emphasis of our work is on improving medication adherence. The expectation is that there will be a rising number of highly specialized medications that are for a relatively small number of MaineCare members and this program gives those members the additional attention that is warranted.

Over the past two years the PCM program has monitored over 1200 members on over 100 unique medications. We have worked with various providers and pharmacies throughout the state to seek and share information as needed and to gather patient monitoring. We continue to add new members through prior authorization requests as well as on a weekly basis through a report generated by our analysts.

We also add new targeted medications as they enter the specialty market.

The PCM program has been highly successful in achieving its primary goals which include medication adherence. As measured by appropriate metrics (medication possession ratio), members enrolled in the PCM program achieved high levels of medication adherence. Patients on hepatitis C treatments – which are both highly clinically effective and costly – achieved adherence rates in the range of 85-90 %, much higher than typical compliance measures of 50 %. Abatement of inappropriate use was also substantial, achieving over 2 million dollars this fiscal year alone.

Members enrolled in the PCM program also has statistically significant reductions in hospital admissions, total spending for hospital admissions and number of ER visits. If you have any questions please contact Goold Health System at 622-7153 ext. 1362.



## **Opiate Related Drug Overdoses**

Maine continues to experience an epidemic of opiate related drug overdoses. Many individuals who become dependent upon opiates are first prescribed an opioid analgesic for a legitimate medical use. Drug overdoses may frequently include benzodiazepines which synergistically add to the respiratory depression associated with opiates. It is imperative that all providers are aware of the risks associated with co-prescribing benzodiazepines (and other sedative hypnotics) concurrently with opiates. Prescribers are often aided by specific metrics which provide direct feedback as to where ones prescribing patterns line up compared with other prescribers. Direct provider feedback often leads to changes in prescriber behavior and

can curtail excessive and dangerous over utilization.

### Hepatitis C Update



Treatment guidelines for hepatitis C continues to evolve and changes reflecting the availability of novel treatment regimens continue to be introduced. Numerous treatments for specific genotypes are available. The department and GHS frequently update the MaineCare preferred drug list (pdl) to reflect the dynamic and evolving nature of the this disease state. The most recent prior authorization form may be found at <http://www.mainearepdl.org/pdl>.

### PCSK 9 Inhibitors Update



The PCSK 9 inhibitors Praluent ® and Repatha ® are now available to MaineCare members who meet prior authorization criteria. PA criteria include active cardiovascular disease which has been insufficiently responsive to high intensity treatments with both statins and ezetimibe and members must be free of alcohol. While these medications have been demonstrated to lead to robust decreases in LDL, no advantages in morbidity or mortality have yet been demonstrated. As such, these medications will continue to be subject to prior authorization.



### PA Statistics

For the third quarter of 2015 there were 29,302 unique PA requests, 90.60% were approved. The average determination time was 1.55 hours. The top five most frequently requested drugs were:

- Suboxone (1,703)
- Oxycodone HCL (1,445)
- Omeprazole (1,385)
- Adderall (1,137)
- Abilify (951)

### Next DUR Committee Meeting

**Date:** February 9 , 2016  
**Time:** 6:00-8:00pm  
**Location:** The Armory  
(Augusta, ME)

Comments on the PDL or any PA's, either proposed or already in effect, may be made at these meetings or by e-mail, letter or phone if more convenient.

### For DUR questions you may contact:

Roger Bondeson, Director of Operations,OMS  
[Roger.Bondeson@maine.gov](mailto:Roger.Bondeson@maine.gov)

### For PA/PDL questions you may contact:

Michael Ouellette, R.Ph at [mouellette@ghsinc.com](mailto:mouellette@ghsinc.com)  
Jeffrey Barkin, MD at [jbarkin@ghsinc.com](mailto:jbarkin@ghsinc.com)

