

Second Generation Antipsychotics

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the second generation antipsychotics listed below”**
 - Continuation of therapy required, refill protected class RCW 69.41.190
 - No TIP based on most recent P&T Committee motion
 - Antipsychotic duplication for under 18 years of age require a Second Opinion Network (SON) review
 - Oral antipsychotics:
 - Under 18 years of age require SON review if outside dose limits (see slide #4)
 - Limits recommended by Pediatric Mental Health Workgroup and approved by DUR Board
 - Injectable antipsychotics:
 - Under 18 years of age require SON review
 - Over 65 years of age require PA to verify not being used for treatment of dementia-related psychosis
 - Limited to FDA labeled maximum doses
 - Generics First
 - Must try three preferred drugs one of which must be a preferred generic with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.

Moved:

Second: Harvey

Decision:

Long-Acting Insulins

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the long acting insulin class listed below”**
 - EA code for diagnosis of type 1 diabetes mellitus
 - Continuation of therapy for patients already using Long Acting Insulins
 - Uncontrolled (HbA1C >8%) on another basal insulin regimen, such as combination of NPH insulin with meal-time boluses of fast-acting insulin
 - Must try 3 months for diagnosis of type 2 diabetes mellitus
 - Must try 1 month for diagnosis of gestational diabetes
 - Must NOT have...
 - Concomitant use of Bydureon (exenatide), Saxenda (liraglutide), or rosiglitazone
 - Other contraindications or hypersensitivity to insulin products or one of their excipients
 - Dosing limitation of 100 units/day (except Lantus 300 units per day)
 - Must step through all preferred long-acting insulin products before a non-preferred will be authorized
 - TIP is allowed based on most recent P&T Committee motion

Moved: Rowe

Second: Figueroa

Decision:

Alzheimer's

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the Alzheimer's class listed below"**
 - No TIP according to most recent P&T Committee motion
 - Continue to require PA for under 18 years of age
 - Must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.

Moved: Bowman

Second: Johnson

Decision: Passed.

Vivitrol

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the Vivitrol listed below"**
 - Remove all PA requirements
 - Vivitrol must be allowed to be dispensed from retail pharmacies

Moved: Rowe

Second: Harvey

Decision: Passed

Long-Acting Opioid - Methadone

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the methadone listed below"**
 - Does not apply to methadone dispensed from an opiate treatment program.
 - Step through ALL other generic long-acting opioids before methadone will be authorized
 - Max dose 40mg per day
 - EA code for active cancer pain and hospice
 - Continuation of therapy allowed for patients currently taking > 40mg

Moved: Johnson

Second: Figueroa

Decision: Passed.

Long-Acting Opioid - other

- **MOTION: I move the Medicaid Fee-For-Service Program implement the limitations for the long acting opioids listed below”**
 - Prior Authorization to ensure consistency with AMDG and CDC opioid guideline recommendations
 - Continuation of therapy for current or lower levels of MEDs
 - Step through ALL preferred long-acting opioids before non-preferred long-acting opioids will be authorized
 - Maximum of 1 unit per day for 24-hour oral formulation and maximum 2 units per day for all other oral formulations
 - EA code for active cancer pain and hospice

Moved: Johnson
Second: Rowe
Decision: Passed.