



# Drug Utilization and Clinical Policy Review

Health Care Services  
April 19<sup>th</sup>, 2017

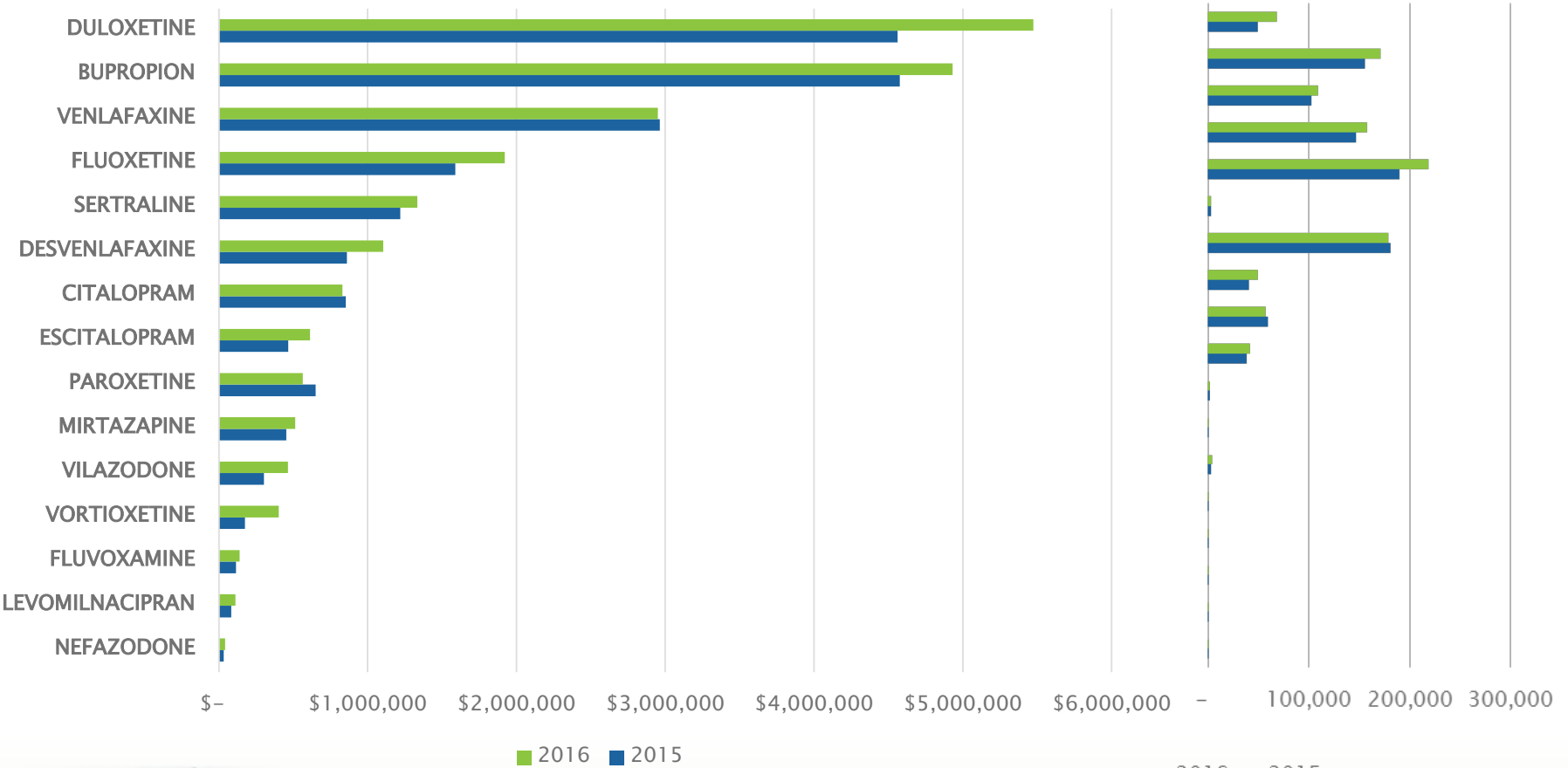
# Second Generation Antidepressants

Ingredient	Label Name	Generic Available	Current PDL Status as of 2/24/2016
Bupropion HBr	Aplenzin®	No	Non-Preferred
Bupropion HCl	Wellbutrin®/SR/XL	Yes	Generic Preferred
Citalopram	Celexa®	Yes	Generic Preferred
Desvenlafaxine	Khedezla®	Yes	<i>Not Reviewed</i>
Desvenlafaxine Succinate	Pristiq®	Yes	Non-Preferred
Duloxetine	Cymbalta®, Irenka	Yes	Non-Preferred
Escitalopram	Lexapro®	Yes	Generic Preferred
Fluoxetine	Prozac®	Yes	Generic Preferred
	Prozac Weekly®	Yes	Non-Preferred
Fluvoxamine	Luvox®	Yes	Generic Preferred
	Luvox CR®	Yes	Non-Preferred
Levomilnacipran	Fetzima®	No	<i>Not Reviewed</i>
Mirtazapine	Remeron®, Remeron Soltab®	Yes	Generic Preferred
Nefazodone	Nefazodone	Yes	Non-Preferred
Paroxetine	Paxil®	Yes	Generic Preferred
	Paxil CR®	Yes	Non-Preferred
Paroxetine Mesylate	Brisdelle, Pexeva	No	<i>Not Reviewed</i>
Sertraline	Zoloft®	Yes	Generic Preferred
Venlafaxine	Effexor®/XL, Venlafaxine ER	Yes	Generic Preferred
Vilazodone	Viibryd®	No	Non-Preferred
Vortioxetine	Trintellix®	No	<i>Not Reviewed</i>

# Antidepressant Utilization

Amount Paid

Users



# Second Generation Antidepressants

- **Current Limitations**
  - Continuation of therapy required, refill protected class RCW 69.41.190
  - Generics first
  - Try and fail two preferred products prior to a non-preferred being authorized
  - Dose Limits
    - Duloxetine max 60mg per day
    - Citalopram max 40mg per day
  - EA criteria
    - Bupropion: NOT for smoking cessation
    - Duloxetine: for diagnosis of diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain
  - For under 18 years of age
    - Antidepressant duplications require a Second Opinion Network (SON) consultation
- **Recommendation:**
  - Continue all limitations as currently listed



# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program continue the current limitations for the second generation antidepressant drug class listed on slide #4 as recommended”
- Johnson
- Sanderson
- Passed

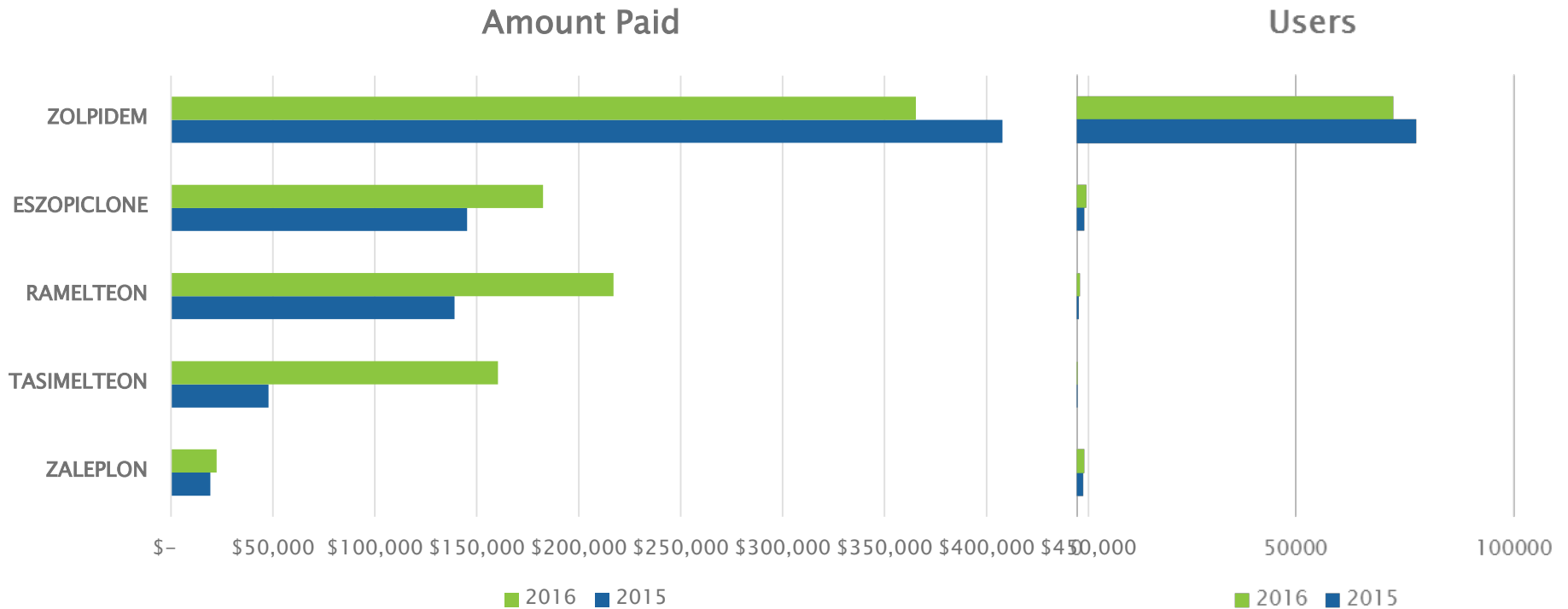


# Newer Sedative Hypnotics

Ingredient	Label Name	Generic Available	Current PDL Status as of 2/24/2016
Eszopiclone	Lunesta®	Yes	Non-Preferred
Remelteon	Rozerem®	No	Preferred
Suvorexant	Belsomra®	No	<i>Not Reviewed</i>
Zaleplon	Sonata®	Yes	Generic Preferred
Zolpidem tartrate	Ambien®	Yes	Generic Preferred
	Intermezzo® SL tab	Yes	<i>Not Reviewed</i>
	Edluar® SL tab	No	<i>Not Reviewed</i>
	Zolpimist® oral spray	No	<i>Not Reviewed</i>
Zolpidem tartrate controlled-release	Ambien CR®	Yes	Non-Preferred



# Sedative Hypnotic Utilization



# Newer Sedative Hypnotics - Limitations

- **Current Limitations**

- Under 18 years of age require a Second Opinion Network (SON) consultation
- Age 18 years and older
  - Maximum daily dose of one per day
- Must try all preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.

- **Recommendation:**

- Continue all current limitations





# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for the newer sedative hypnotic drug class listed on slide #8 as recommended”
- Chew
- 2<sup>nd</sup> – Storhaug
- Passed
- No stakeholdres

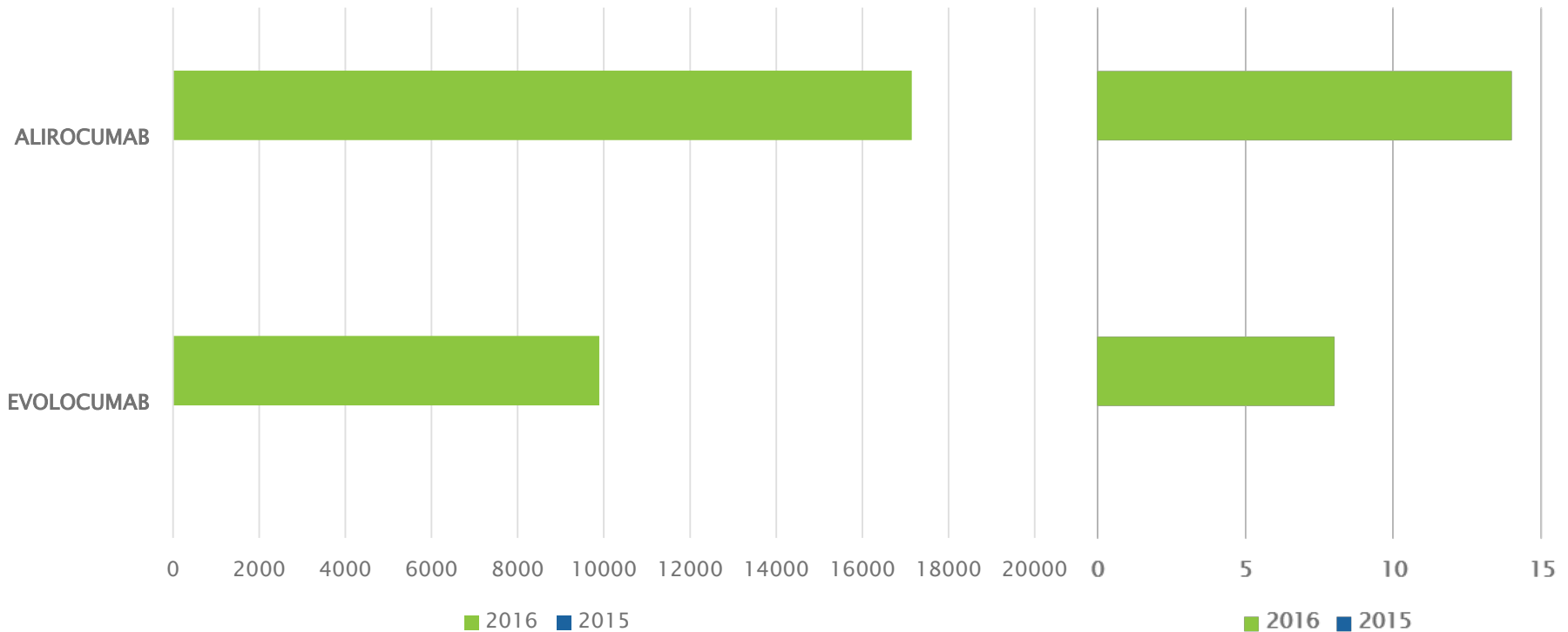
# PCSK9 Inhibitors

Ingredient	Label Name	Generic Available	Current PDL Status as of 12/16/2015
Alirocumab	Praluent™	No	Non-Preferred
Evolocumab	Repatha™	No	Preferred

# PCSK9 Inhibitors Utilization

Amount Paid

Users



# PCSK9 Inhibitors

- **Current Limitations**

- Prescribed by, or in consultation with cardiologist or endocrinologist
- Diagnosis of
  - Homozygous Familial Hypercholesterolemia (HoFH); **OR**
  - Heterozygous Familial Hypercholesterolemia (HeFH); **OR**
  - Primary Hypercholesterolemia with Atherosclerotic Cardiovascular Disease (ASCVD)
- Concomitant therapy with the highest-tolerated statin regimen required
- Statin intolerant patients must be on other LDL lowering therapies (ezetimibe, LDL apheresis)

- **Recommendation:**

- Continue all current limitations



# PCSK9 Inhibitors (Definitions)

- Statin Intolerance:
  - Documentation trial and failure of at least two statins after ruling out hypothyroidism, changes in physical activity and exercise, and potential for drug-drug interactions, due to pre-specified intolerance symptoms that began or increased during statin therapy and stopped when statin therapy was discontinued.
  - Rhabdomyolysis caused by a statin, after ruling out other causes, will be considered as a contraindication to statins as a class.



# PCSK9 Inhibitors (Definitions)

- Pre-specified Intolerance Symptoms:
  - Myopathy or myalgia: Muscle pain, ache, or weakness without CK elevation
  - Myositis: muscle symptoms with increased CK levels
- Lowest Starting Daily Doses (Statins):
  - atorvastatin 10mg
  - fluvastatin 40mg
  - lovastatin 20mg
  - pitavastatin 2mg
  - pravastatin 40mg
  - rosuvastatin 5mg
  - simvastatin 10mg



# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for the PCSK9 drug class listed on slide #12 as recommended”
- Motion: Johnson
- Second: Sanderson
- Passed



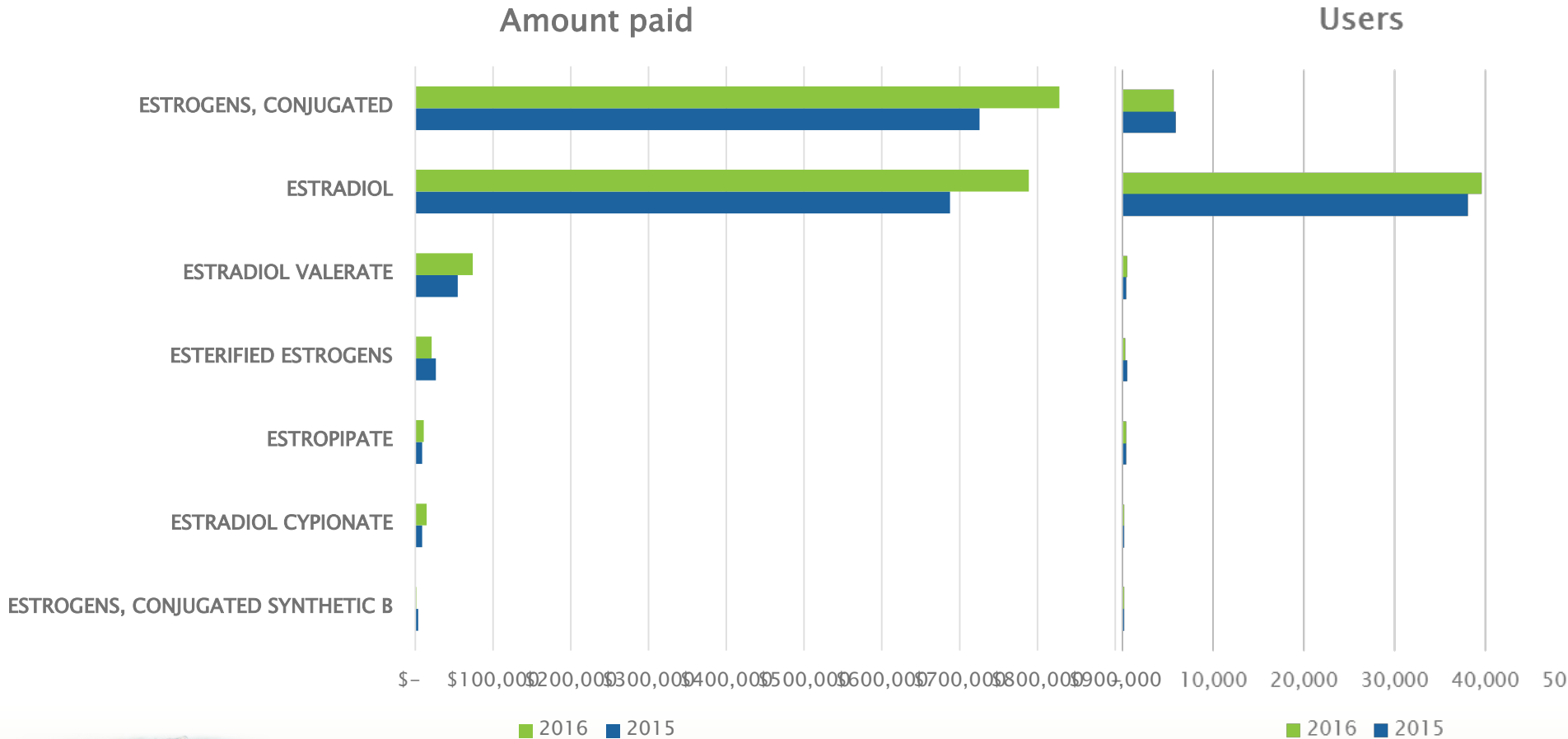
# Hormone Therapy - Estrogen

Ingredient	Label Name	Generic Available	Current PDL Status as of 2/24/2016
<b>Estrogen – Oral</b>			
Conjugated Estrogens–Bazedoxifene	Duavee®	No	<i>Not Reviewed</i>
Esterified Estrogens	Menest®	No	Non-Preferred
Estradiol	Estrace®	Yes	Generic Preferred
Conjugated estrogens	Premarin®	No	Non-Preferred
Synthetic conjugated estrogens	Enjuvia®	No	Non-Preferred
Estropipate	Ortho-Est®	Yes	Generic Preferred
<b>Estrogen – Transdermal</b>			
Estradiol	Alora®, Climara®, Divigel®, Elestrin®, Estrogel®, Menostar®, Minivelle®, Vivelle-Dot®	Yes	Non-Preferred
	Evamist®	No	<i>Not Reviewed</i>
<b>Estrogen – Vaginal</b>			
Estradiol acetate	Femring®	No	Non-Preferred
Estradiol	Estrace®, Vagifem®, Yuvaferm®	No	Non-Preferred
	Estring®	No	Preferred





# Hormone Utilization



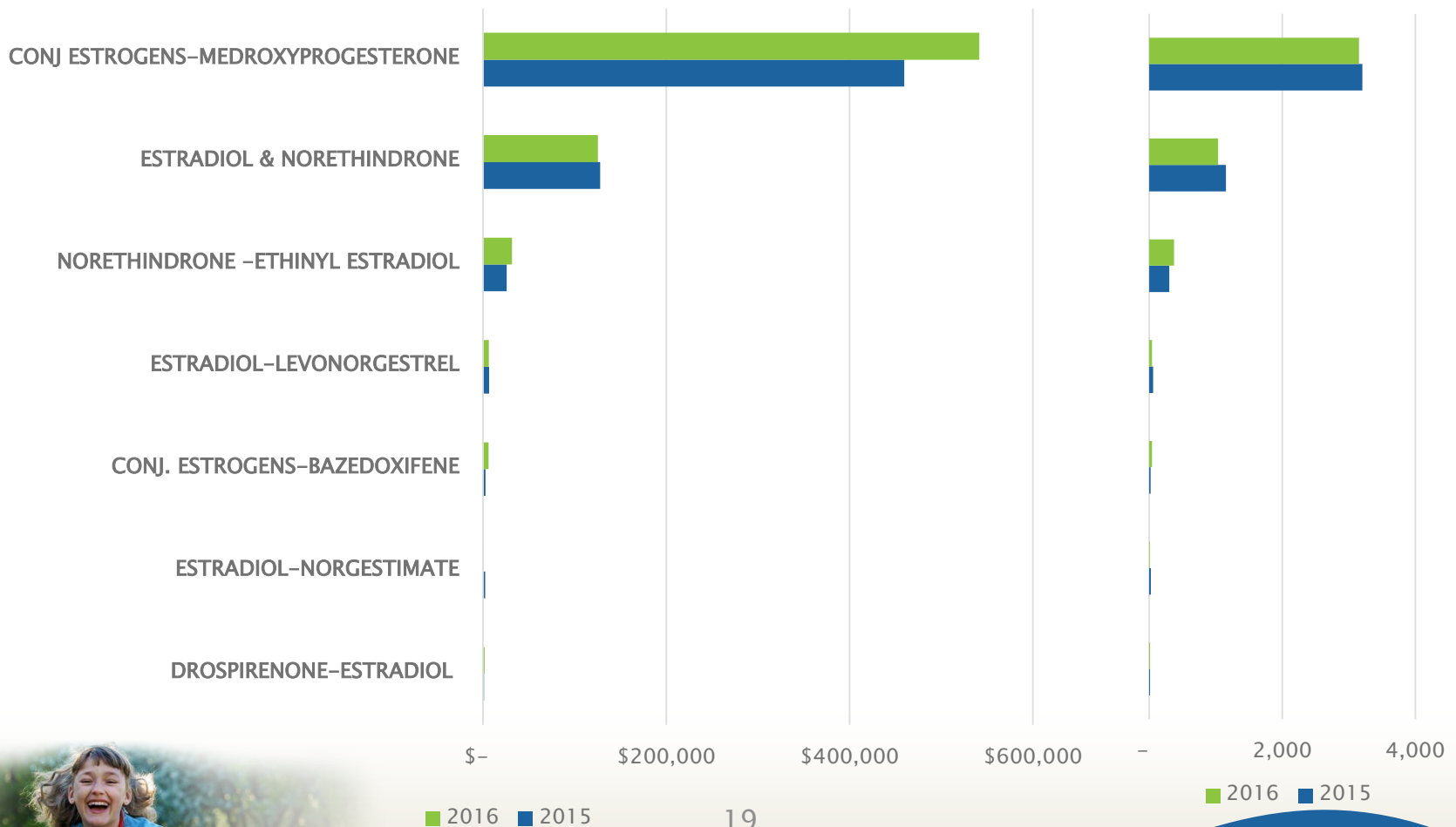
# Hormone Therapy – Estrogen Combination

Ingredient	Label Name	Generic Available	Current PDL Status as of 2/24/2016
<b>Estrogen Combination – Oral</b>			
Conjugated Estrogen – Medroxyprogesterone Acetate	Premphase®, PremPro®	No	Non-Preferred
Estradiol–Drospirenone	Angeliq®	No	Non-Preferred
Estradiol–Norethindrone	Activella®, Ambelz®, Lopreeza®, Mimvey Lo®	Yes	Generic Preferred
	Mimvey®	Yes	Preferred
Estradiol–Norgestimate	PreFest®	No	Non-Preferred
Ethinyl estradiol– Norethindrone acetate	FemHRT®, Fyavolv®, Jevantque Lo®	Yes	Non-Preferred
	Jinteli®	Yes	Preferred
<b>Estrogen Combination – Transdermal</b>			
Estradiol–Levonorgestrel	Climara Pro®	No	Non-Preferred
Estradiol–Norethindrone acetate	Combipatch®	No	Non-Preferred

# Hormone Combination Utilization

Amount Paid

Users



# Hormone Therapy

- **Current Limitations**
  - EA for diagnosis of gender dysphoria
  - Must try one preferred drug according to formulation before a non-preferred drug will be authorized
- **Recommendation:**
  - Must try all preferred drugs according to formulation before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.
  - EA for estrogen cream for labial adhesions in age 0-5
  - EA for diagnosis of gender dysphoria



# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for the hormone therapy drug class listed on slide #20 as recommended”
- Motion: Figueroa
- 2<sup>nd</sup>: Johnson
- Passed

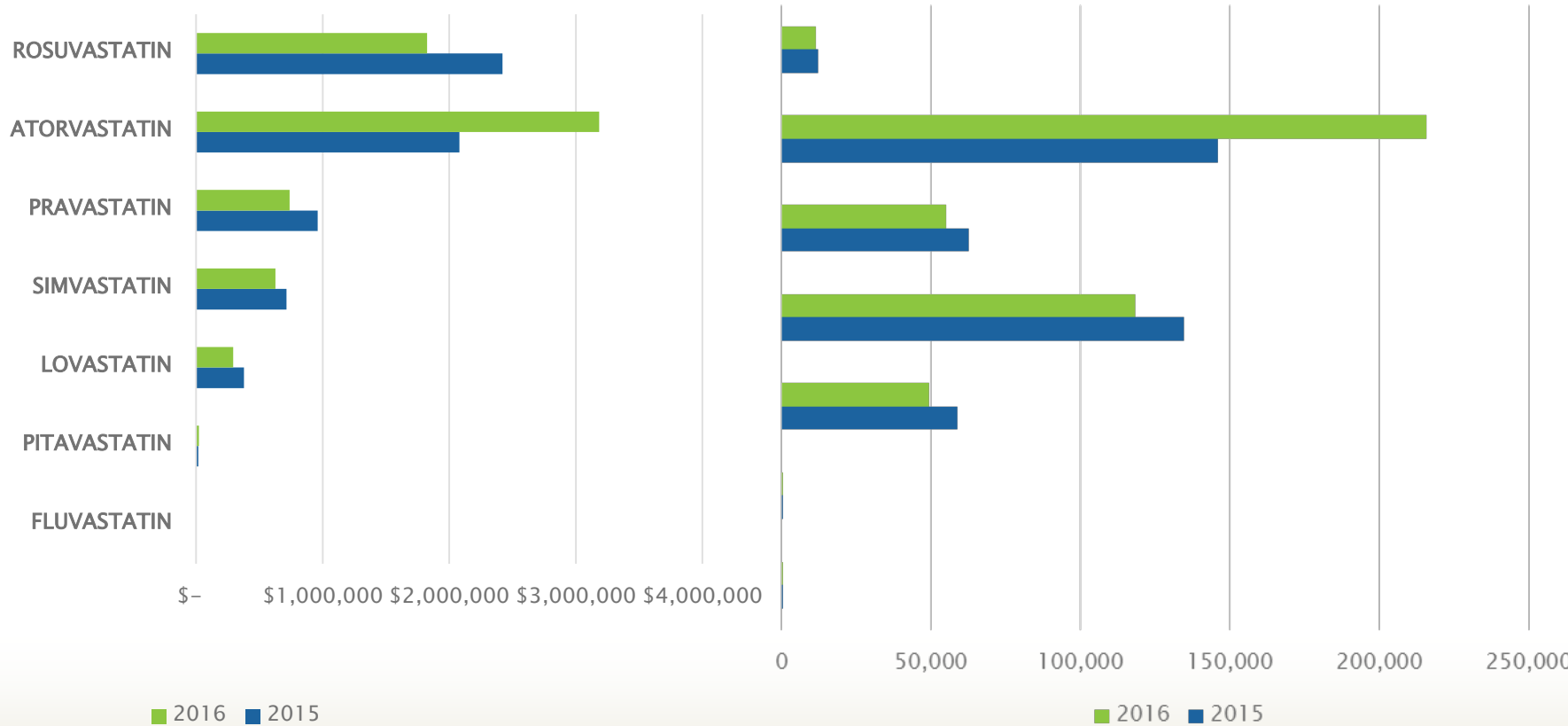
# Statins

Ingredient	Label Name	Generic Available	Current PDL Status as of 4/20/2016
Atorvastatin	Lipitor®	Yes	Generics Preferred
Fluvastatin	Lescol®	Yes	Generics Preferred
	Lescol XL®	Yes	Non-Preferred
Lovastatin	Altoprev®	No	Non-Preferred
	Mevacor®	Yes	Generics Preferred
Pitavastatin	Livalo®	No	<i>Not Reviewed</i>
Pravastatin	Pravachol®	Yes	Generics Preferred
Rosuvastatin	Crestor®	Yes	Non-Preferred
Simvastatin	Zocor®	Yes	Generics Preferred

# Statin Utilization

Amount Paid

Users



# Statins

- **Current Limitations**

- Generics first
- Must try generic atorvastatin at highest tolerated dose before a non-preferred generic or brand drug will be authorized
- Dose Limits
  - Simvastatin less than 80mg per day (unless have already been on 80mg per day for previous 12 months)
  - Rosuvastatin max 40mg per day

- **Recommendation:**

- Continue all current limitations





# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for the statin drug class listed on slide #24 as recommended”
- Motion: Johnson
- 2<sup>nd</sup>: Chew
- Passed



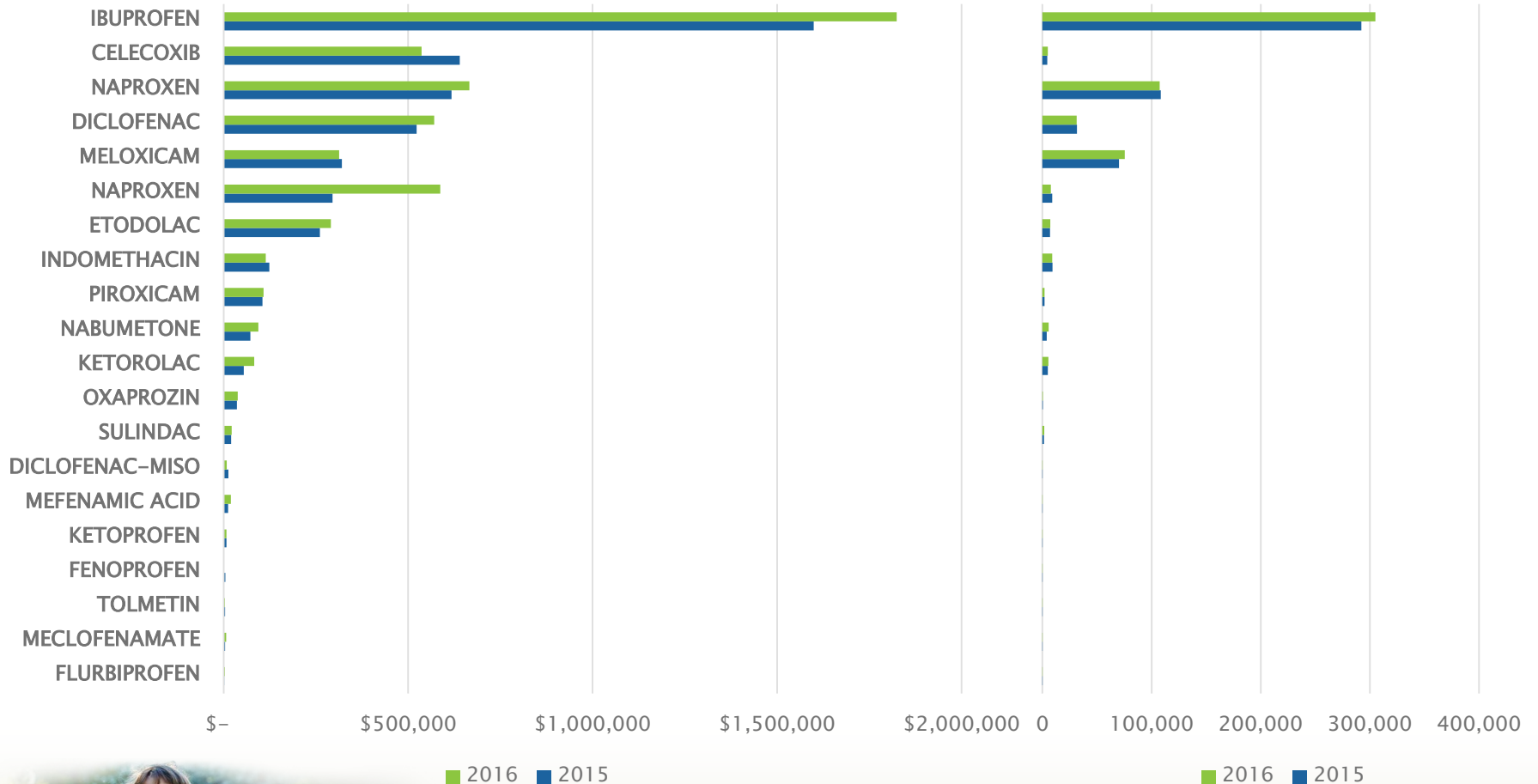
# NSAIDs

Ingredient	Label Name	Generic Available	Current PDL Status as of 8/21/2013
Celecoxib	Celebrex®	Yes	Non-Preferred
Diclofenac	Zorvolex®	No	<i>Not Reviewed</i>
Diclofenac Epolamine	Flector®	No	Non-Preferred
Diclofenac Potassium	Zipsor® Cambia®	Yes No	Generic Preferred <i>Not Reviewed</i>
Diclofenac Sodium (oral)	Voltaren® XR	Yes	Generic Preferred
Diclofenac Sodium (topical)	Pennsaid®, Solaraze®, Voltaren® Klofensaid, Rexaphenac, Vopac MDS	Yes No	Non-Preferred <i>Not Reviewed</i>
Diflunisal	Diflunisal	Yes	Generic Preferred
Etodolac	Etodolac	Yes	Generic Preferred
Fenoprofen calcium	Nalfon®	Yes	Generic Preferred
Flurbiprofen	Flurbiprofen	Yes	Generic Preferred
Ibuprofen	Ibuprofen	Yes	Generic Preferred
Indomethacin	Indocin® Tivorbex™	Yes No	Generic Preferred <i>Not Reviewed</i>
Ketoprofen	Ketoprofen/ER	Yes	Generic Preferred
Ketorolac tromethamine	Ketorolac tromethamine	Yes	Generic Preferred
Meclofenamate sodium	Meclofenamate sodium	Yes	Generic Preferred
Mefenamic acid	Ponstel®	Yes	Generic Preferred
Meloxicam	Mobic® Vivlodex™	Yes No	Generic Preferred <i>Not Reviewed</i>
Nabumetone	Nabumetone	Yes	Generic Preferred
Naproxen	Anaprox®/DS, Naproxyn®	Yes	Generic Preferred
Oxaprozin	Daypro®	Yes	Generic Preferred
Piroxicam	Feldene®	Yes	Generic Preferred
Salsalate	Salsalate	Yes	Generic Preferred
Sulindac	Sulindac	Yes	Generic Preferred
Tolmetin sodium	Tolmetin sodium	Yes	Generic Preferred

# NSAID Utilization

Amount Paid

Users



# NSAIDs

- **Current Limitations**

- Must try TWO preferred products before a non-preferred product will be authorized
- Prior authorization for Cambia, Flector patch, Pennsaid, Voltaren gel 1%, Solaraze gel 3%, and Rexaphenac cream according to FDA approved indication (see below)

Drug Name	FDA Approved Indication
Flector Patch	Topical treatment of acute pain due to minor strains, sprains, and contusions
Pennsaid	Osteoarthritis of the knee(s)
Voltaren gel 1% & Rexaphenac	Osteoarthritis of the joints amenable to topical treatment (Knees, fingers) Voltaren gel was not evaluated for use on joints of the spine, hip or shoulder
Solaraze gel 3%	Topical treatment of actinic keratosis.



# NSAIDs

- **Current Limitations (Continued)**

- Dose limits
  - Toradol (ketorolac)
    - Max 5 day supply
  - Celebrex (celexicob)
    - Max #3/day for 200mg capsule
    - Max #2/day for all other strength capsules

- **Recommendation:**

- Continue current prior authorization criteria and dose limits
- Must try ALL preferred drugs with the same indication before a non-preferred drug will be authorized unless contraindicated or not clinically appropriate.



# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for the NSAID drug class listed on slide #29 as recommended”
- Motion: Storhaug
- 2<sup>nd</sup>: Chew
- Passed

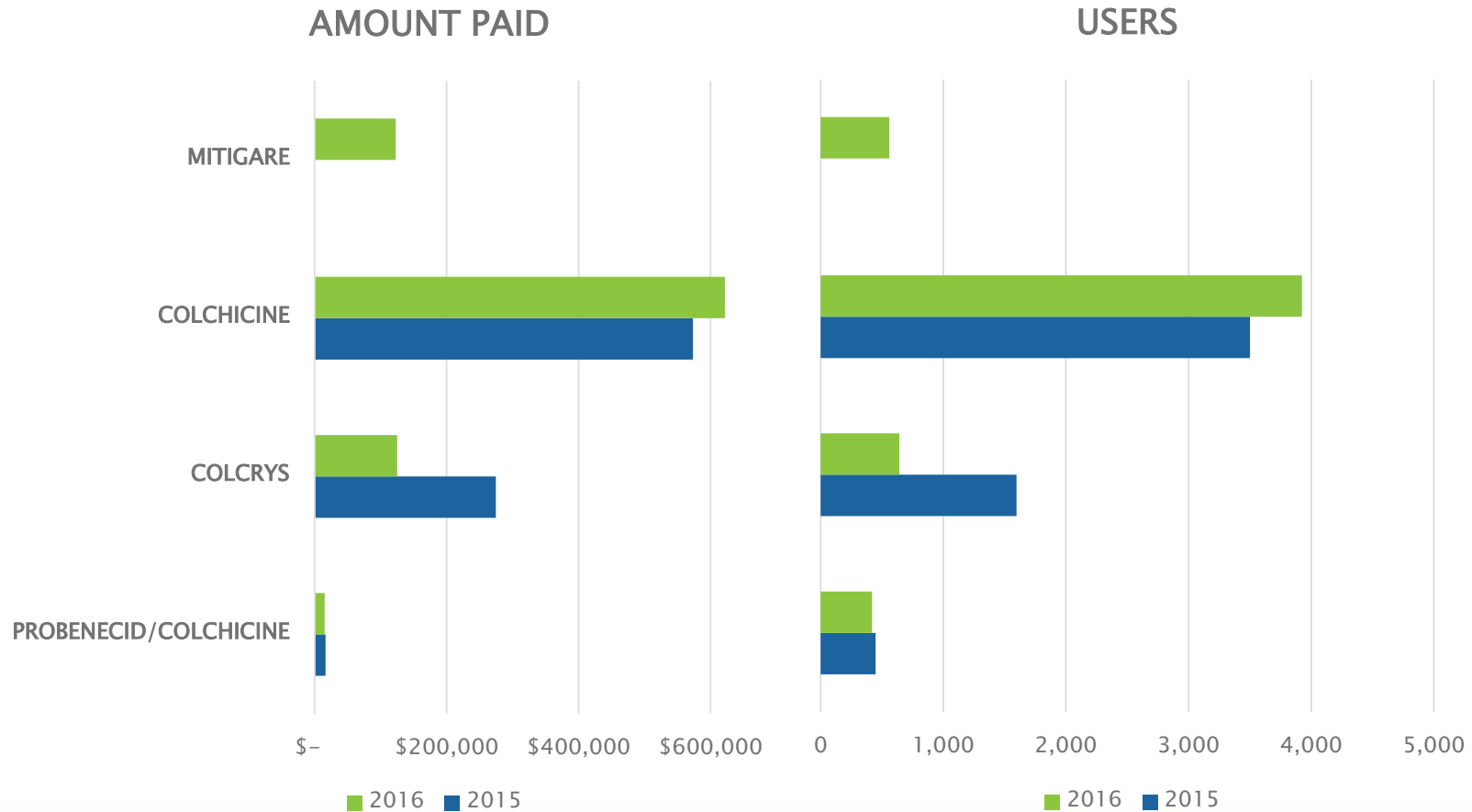


# Colchicine Policy

- **Current Limitations**
  - For acute gout
    - Tried and failed an NSAID or prednisone; **OR**
    - Have a history of GI bleed or ulcer; **OR**
    - Have renal disease
  - For chronic hyperuricemia/gout prophylaxis
    - Tried and failed allopurinol, probenecid, or probenecid/colchicine combination; **OR**
    - History of renal disease
    - Max dose 1.2mg per day
  - Familial Mediterranean Fever (FMF)
    - Max dose 2.4mg per day



# Colchicine Utilization





# Colchicine

- **Recommendation:**

- Remove PA criteria from generic colchicine products
- Colcrys® and Mitigare® remain on PA for use of less costly alternatives
- Set maximum daily supply 2.4 mg (4 doses) per day; Avg = 1.5/day

Product	AWP	NADAC	WAC
Colchicine tabs	\$6.73630	\$5.00708	\$5.61360
Colchicine caps	\$6.16576	\$4.18342	\$4.9264
Colcrys®	\$8.13360	\$6.52476	\$6.7780
Mitigare®	\$6.85	\$5.48624	\$5.7154

# Stakeholder Comments?

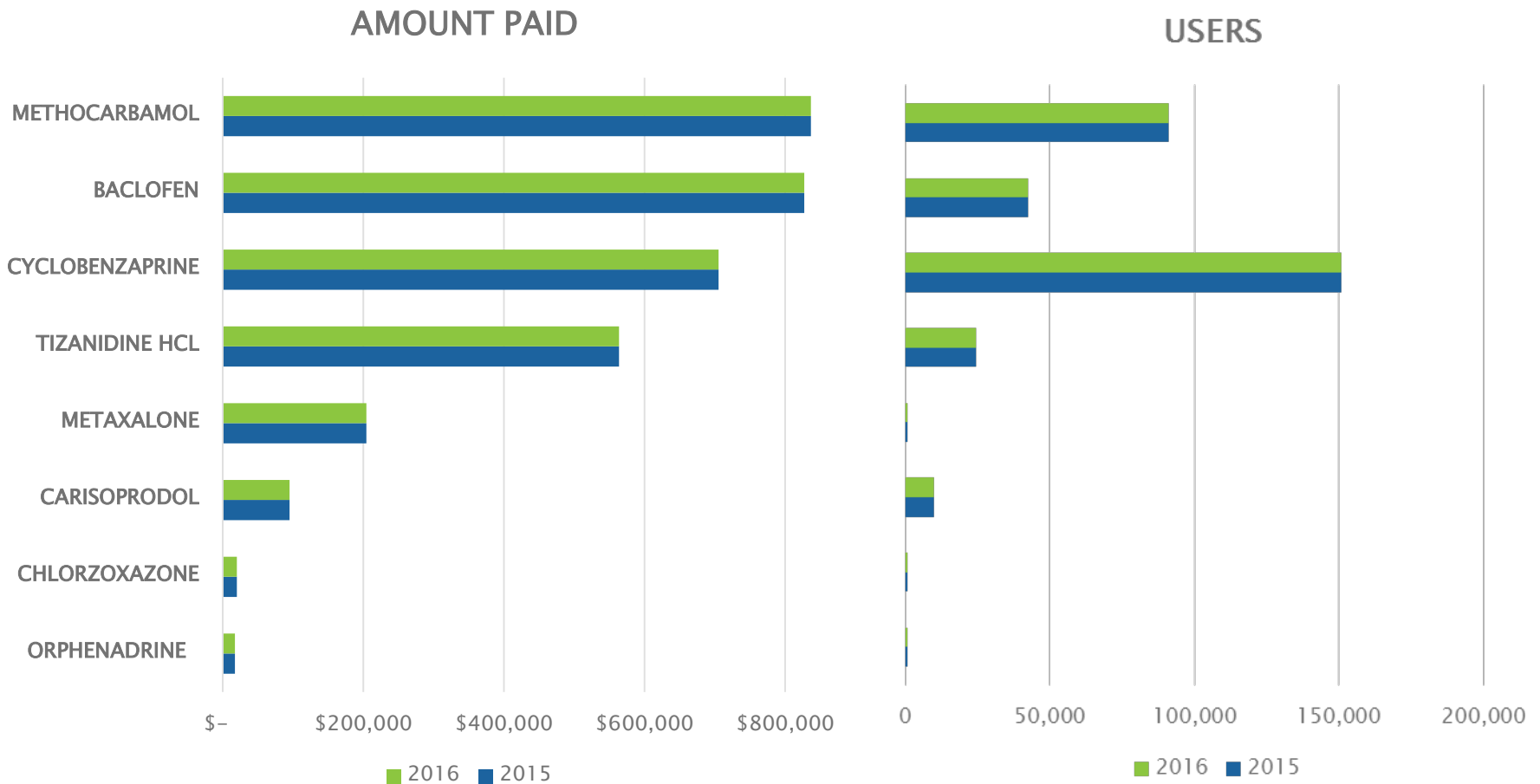
- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for colchicine listed on slide #33 as recommended”
- Motion: Johnson
- 2<sup>nd</sup>: Chew
- Passed



# Skeletal Muscle Relaxants

Ingredient	Label Name	Generic Available	Current PDL Status
Baclofen	Baclofen	Yes	Generics Preferred
Carisoprodol	Soma®	Yes	Non-Preferred
Chlorzoxazone	Lorzone, Parafon Forte®	Yes	Non-Preferred
Cyclobenzaprine	Fexmid®	Yes	Generics Preferred
Cyclobenzaprine ER	Amrix®	No	Non-Preferred
Dantrolene	Dantrium®	Yes	Non-Preferred
Metaxalone	Skelaxin®	Yes	Non-Preferred
Methocarbamol	Robaxin®	Yes	Generics Preferred
Orphenadrine	Norflex®	Yes	Non-Preferred
Tizanidine	Zanaflex®	Yes	Generics Preferred

# Skeletal Muscle Relaxant Utilization



# Skeletal Muscle Relaxants

- Current Limitations
  - Generic first
  - Must try one preferred product before a non-preferred product will be authorized
  - Carisoprodol requires prior authorization (*P&T motion 6/15/2016 recommend carisoprodol not be covered*)
    - Only indicated for acute treatment ( $\leq 21$  days); **AND**
    - Must try all other skeletal muscle relaxants
- Recommendation:
  - Must step through all preferred products before a non-preferred product will be authorized unless contraindicated or not clinically appropriate.



# Cyclobenzaprine Policy

- **Cost per tablet (NADACG as of 3/23/2017)**
  - Cyclobenzaprine 5mg tablet – \$0.04
  - Cyclobenzaprine 7.5mg tablet – \$3.77
  - Cyclobenzaprine 10mg tablet – \$0.03
- **Recommendation**
  - Cyclobenzaprine 7.5mg tablet only non-preferred status
  - Cyclobenzaprine 5mg tablet and 10mg tablet continued preferred status



# Stakeholder Comments?

- Motion: “I move the Medicaid Fee-For-Service Program implement the limitations for skeletal muscle relaxers and cyclobenzaprine listed on slide #37 and #38 as recommended”
- Motion: Figueroa
- 2<sup>nd</sup>: Johnson
- Passed

