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## PHARMACY BENEFIT UPDATE Summer / Fall 2009 Issue

### Preferred Drug List (PDL) News

#### **IMPORTANT PDL UPDATE:**

#### **A. Proton Pump Inhibitors**

#### **Kapidex Preferred, Prevacid non-preferred**

MaineCare currently prefers three PPI drugs- Protonix, Prevacid and omeprazole. Prevacid goes generic in November. Ordinarily a generic would quickly become less expensive than the original brand drug but this will not be true in this instance for two reasons. First of all the generic will be exclusive, produced by a single manufacturer, for the first six months during which time it will cost substantially more than the other contracted preferred PPIs. Second, the PPI category has been very competitive with contract prices already effectively "generic". Further complicating the decision making process is the fact that Takeda (which bought TAP) which has produced Prevacid and contracted with Maine since the PDL was implemented, is now producing Kapidex (a single isomer version of Prevacid). Takeda has offered Maine a good deal on Kapidex which was recently accepted after prolonged and careful deliberation. There were many factors contributing to this decision. Maine is in a very serious fiscal situation. If this were not the case we might have decided to keep people on Prevacid in hopes that the generic would become much less expensive after the first six months. We cannot do this because the Prevacid brand will become much more expensive when the contract expires in November when the generic enters the market and the exclusive generic will become even more expensive than the non-contracted brand. Furthermore, there is no guarantee that the lansoprazole generic will become less costly than the other two currently preferred PPIs after six months. The State needed a remedy that guaranteed its net cost in this major drug budget category (nearly \$15 million annually before rebates). The best solution was to enter into a contract and avoid the downside risks associated with uncertainty. The Kapidex contract is the best option available. It gives the State a generic-like price and will last three years. Clinically Kapidex is very comparable to its parent molecule Prevacid. The relatively higher doses of Kapidex (30 and 60 mg) compared to Prevacid (15 and 30 mg) should result in less BID usage.

The State recognized that this represents a major change on the PDL and that several thousand members will need to change therapy so it negotiated for an extended transition period of three months. **Kapidex becomes preferred October 1, 2009. We can only have three preferred PPIs on the PDL so Prevacid will become non-preferred. Patients trying to start Prevacid for the first time (new starters) after October 1st will require prior authorization. Patients already established on Prevacid will have until December 31<sup>st</sup> to transition to one of the three preferred PPIs- Protonix, Kapidex or omeprazole.**

Patients affected by the recently implemented GI PPI utilization management program may need to switch earlier than December 31st if they don't qualify clinically for continued PPI therapy.

**The following will be the criteria used in determining Prior Authorizations.**

Prior authorization is not required for a preferred proton pump inhibitor (PPI) for a cumulative 60-days of therapy per 12-month period.

Prior authorization is required for any PPI usage longer than 60 days or more frequently than one 60-day course per 12-month period. The 12-month period is patient specific and begins 12 months before the requested date of prior authorization. Payment for usage beyond these limits will be authorized for cases in which there is a diagnosis of:

1. Barrett's esophagus.
2. Erosive esophagitis
3. Hypersecretory conditions (Zollinger-Ellison syndrome, systemic mastocytosis, multiple endocrine adenomas). Recurrent peptic ulcer disease after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses and with documentation of either failure of Helicobacter pylori treatment or a negative Helicobacter pylori test result.
4. Symptomatic gastroesophageal reflux after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses.

Patients obtaining refills as of 7/10/09 began to require prior authorizations if they had been on a PPI longer than 60 days in the past year.

**B. RECENT PDL CHANGES**

The following is a list of the recent changes to the PDL. For a complete list of the Preferred Drug List please refer to [www.mainearepdl.org](http://www.mainearepdl.org)

**Drugs with Positive Change in PDL Status**

Preferred	Notes/Conditions
Bicalutamide	
Mycophenolate	
Sumatriptan	Dosing Limits

<b>Drugs with Negative Change in PDL Status</b>	
<b>Non-preferred</b>	<b>Notes/PA Criteria</b>
Asacol HD	
Casodex	
Cellcept	
Fosamax D	Utilize generic and Vitamin D
Imitrex	

### **C. DIABETIC SUPPLY PREFERRED PRODUCT LIST EXPANDED**

The Department currently has contracts in place for diabetic monitors and test strips with Lifescan (One Touch) and Abbott (Freestyle). Additional agreements have now been reached with several manufacturers of diabetic needles/syringes, lancets and lancet devices.

Becton Dickinson (BD) diabetic needle syringes have become the exclusive preferred products in this category. Nearly eighty-five percent of all current utilization is already with BD needles syringes.

Preferred lancets include Abbott's Freestyle, Lifescan's One Touch UltraSoft, and a variety of Owen Mumford's Unilet series. The preferred safety lancets will be the 21, 23 and 28 gauge Unistick 3s also made by Owen Mumford. For additional information members needing a replacement autoinjection or lancet device, please go to the Diabetic section of the posted Preferred Drug List.

### **D. ACADEMIC DETAILING**

The State of Maine in conjunction with the Maine Medical Association has launched an innovative pilot program call MiCiS (The Maine Independent Clinical Information Service). This Academic Detailing program is designed to provide physicians and healthcare providers with objective information on prescription medications based on the best available evidenced-based science. By providing outreach visits to practitioners with licensed clinicians the MiCiS program hopes to present education and support with evidence-based information about common prescribing choices without the marketing approach used by drug manufacturers. Though academic detailing is foremost a quality driven endeavor, it also has demonstrated an ability to control costs while improving quality. Please see more detailed information by visiting [www.mainemed.com](http://www.mainemed.com)

### **E. PA STATISTICS**

For the second quarter of 2009, there were 22,823 unique PA requests, 74% were approved. The top five most frequently requested drugs were: aripiprazole/Abilify (1,224), duloxetine/Cymbalta (1,004), quetiapine/Seroquel (830), polyethylene glycol/Miralax (684), escitalopram/Lexapro (670)). The average determination time was 2.3 hours.

## **F. MAIL ORDER**

The Department would like to once again remind providers of the mail-order option that is available to MaineCare members. Prescriptions may be obtained in quantities up to a 90 day supply. Cost savings and conveniences to the MaineCare members are greater when prescriptions are written in 90 day quantities when using mail-order.

MaineCare Mail Order Pharmacies

I-Care Pharmacy: 1-888-422-7319

Wal-Mart Mail Order: 1-800-273-3455

## **G. NEXT DUR COMMITTEE MEETING**

The next DUR meeting will be the annual PDL review and will be held on October 13th, 2009 from 1:00 pm to 8:00 pm at OMS (442 Civic Center Drive) in Augusta. 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:**

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