Mountain-Pacific Quality Health
DUR PROGRAM NEWS

SUMMER
2020

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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 Healthcare Program recipients.

Montana Healthcare Programs
Drug Prior Authorization Unit
1-800-395-7961

# Coronavirus (COVID-19) Update

## FDA Warns of Newly Discovered Potential Drug Interaction

The U.S. Food and Drug Administration (FDA) is warning health care providers about a newly discovered potential drug interaction related to the investigational antiviral drug remdesivir, which has received emergency use authorization for the treatment of hospitalized COVID-19 patients with severe disease.

Based on a recently completed, non-clinical laboratory study, the FDA is revising the fact sheet for health care providers that accompanies the drug to state that co-administration of remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended as it may result in reduced antiviral activity of remdesivir. The agency is not aware of instances of this reduced activity occurring in the clinical setting but is continuing to evaluate all data related to remdesivir.

In addition, the FDA revised the fact sheet for health care providers to clarify dosing and administration recommendations and to provide additional safety data and supporting data from clinical trials conducted by both the National Institutes of Health and the drug sponsor, Gilead Sciences Inc. The fact sheet for patients and caregivers was also updated to include additional information about possible allergic reactions and to alert patients to tell their health care providers if they are taking chloroquine phosphate or hydroxychloroquine sulfate.

"Over the course of this unprecedented pandemic, the FDA has issued emergency use authorizations for a variety of medical products after evaluating the available scientific evidence and carefully balancing any known or potential risks against the benefits of making these products available during the current public health emergency. We understand that, as we learn more about these products, changes may be necessary based on new data such as today's updates for health care providers about a potential drug interaction and other important information about using remdesivir to treat COVID-19 patients," said Patrizia Cavazzoni, M.D., acting director of the FDA's Center for Drug Evaluation and Research. "As we have done throughout the pandemic, the FDA continues to evaluate all of the emergency use authorizations issued and their related materials and will continue to make changes as appropriate based on emerging science and data."

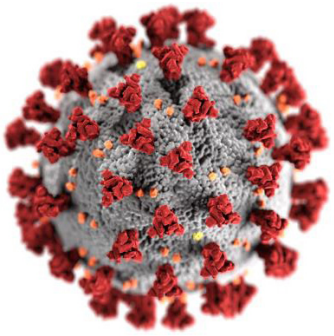
Following an evaluation of the emergency use authorization criteria and the scientific evidence available, the FDA issued an emergency use authorization (EUA) in May 2020 allowing for remdesivir to be distributed in the U.S. and to be administered intravenously by health care providers, as appropriate, to treat suspected or laboratory-confirmed COVID-19 in adults and pediatric patients hospitalized with severe disease.

*Continued on p. 2.*

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

## COVID-19 Update: Newly Discovered Drug Interaction

*(continued from p. 1)*



The safety and efficacy of remdesivir for the treatment of COVID-19 continue to be evaluated, and preliminary clinical trial results have shown that, on average, patients treated with remdesivir had more rapid time to recovery.

The EUA requires that fact sheets about using remdesivir in treating COVID-19 be made available to health care providers and to patients and caregivers. These fact sheets include information on possible side effects such as

- increased levels of liver enzymes, which may be a sign of inflammation or damage to cells in the liver;
- allergic reactions, which may include
  - low blood pressure,
  - high heart rate,
  - low heart rate,
  - shortness of breath,
  - wheezing,
  - angioedema (for example, lip or tongue swelling),
  - difficulty swallowing,
  - rash,
  - nausea,
  - vomiting,
  - sweating,
  - shivering,
  - respiratory distress.

*Source: U.S. Food & Drug Admnistration press release, released June 15, 2020. Access press release here:* https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-warns-newly-discovered-potential-drug-interaction-may-reduce

## Frequently Asked Questions (FAQ) Corner

**Q:** ***What is the mechanism to obtain a drug prior authorization approval in an emergency, after-hours or on holidays and weekends?***

**A:** If a medication rejects for prior authorization, an emergency, 72-hour supply of medication may be dispensed by the pharmacy after hours, on weekends, holidays and emergency situations when the Drug Prior Authorization Unit is closed. This override is to only be used when clinically appropriate and is auditable by the Montana Department of Public Health and Human Services.

Payment is authorized by the pharmacy entering a "3" in the Days Supply field, entering a Medical Certification Code of "8" in the PA/MC Code Field and changing the quantity dispensed to equal a 3-day supply.

### Goodbye and Good Luck, Lisa Sather!

This August, Lisa Sather, RPh, is retiring from Mountain-Pacific Quality Health. With more than 25 years of experience in pharmacy services, Lisa has been an integral part of Mountain-Pacific's pharmacy programs for the past 17 years, previously leading our pharmacy team and working as editor of this newsletter. She has also served as one of the hosts of Mountain-Pacific's weekly television program *Healthy Living for Life*. We hope you will join us in wishing Lisa the best of luck in her new endeavors. We are forever grateful for her leadership, mentorship and friendship.

If you would like to send Lisa any farewell wishes, be sure to email her before the end of the month at lsather@mpqhf.org.

# Substance Use Disorder in Montana

Starting in November 2016, the Montana Department of Public Health and Human Services (DPHHS) convened five meetings of the Opioid Abuse Strategic Task Force to form a strategic plan to address substance use and abuse in Montana. Representation from 82 agencies (114 individuals) participated in at least part of these meetings. Through participation and discussion, the task force was renamed the Montana Substance Use (SUD) Strategic Task Force to better incorporate addressing the broader issues in Montana to include additional medications, alcohol and illicit drugs. The first strategic plan outlined by this group covered 2017-2019.

The goals outlined in the strategic plan include:

- Reduce drug overdose deaths
- Decrease the number of Montanans misusing or abusing substances
- Increase the number of Montanans with SUD who are in treatment or recovery

The focus areas for the strategic plan are:

- Partnerships
- Prevention and education
- Enforcement
- Treatment
- Family and community resources

Through the work of this task force and its partnerships, more than $30 million in federal funding was secured to help combat substance abuse in Montana:

- More than 100,000 prescription disposal bags distributed
- 164 prescription drop boxes installed across the state
- 25% increase in drug treatment court participants
- Naloxone master trainers grew from 0 to 530
- Buprenorphine waivered providers grew from 38 to 143

From this report, several key pieces of state legislation were passed during the 2019 session.

### Montana House Bill (HB) 86

- Positive identification is required to pick up a controlled substance in Montana.
- Providers may prescribe no more than a seven-day supply to opioid-naïve patients.
- Providers must check the drug registry before issuing an opioid or benzodiazepine prescription (effective July 2, 2021).
- All providers must register to use the drug registry.

### Montana Senate Bill (SB) 61

- Requires providers to resister to use the drug registry
- Allows the drug registry to integrate into a health information system (electronic medical record [EMR], health information exchange [HIE], pharmacy operating system)
- Allows for the operation of the registration in perpetuity

### Montana HB 137

Montana drug take-back day

### Montana HB 654

Wholesalers selling opioid in state to pay a licensing fee to fund drug treatment courts

A new strategic plan is currently being finalized for 2020-2023, and a link will be provided upon its release.


***Medicaid Clinical Pharmacy Case Management Services***
Administered by Mountain-Pacific Quality Health

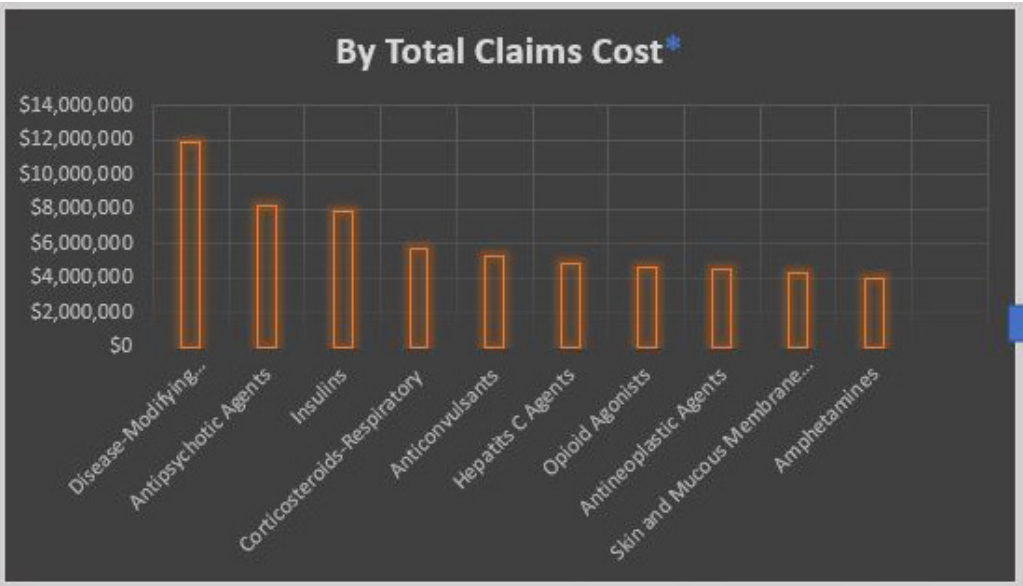
The Medicaid Pharmacy Case Management clinicians are available to exchange information with providers about drug therapy and patient-specific drug usage. This may help to improve clinical outcomes and reduce patient risk by

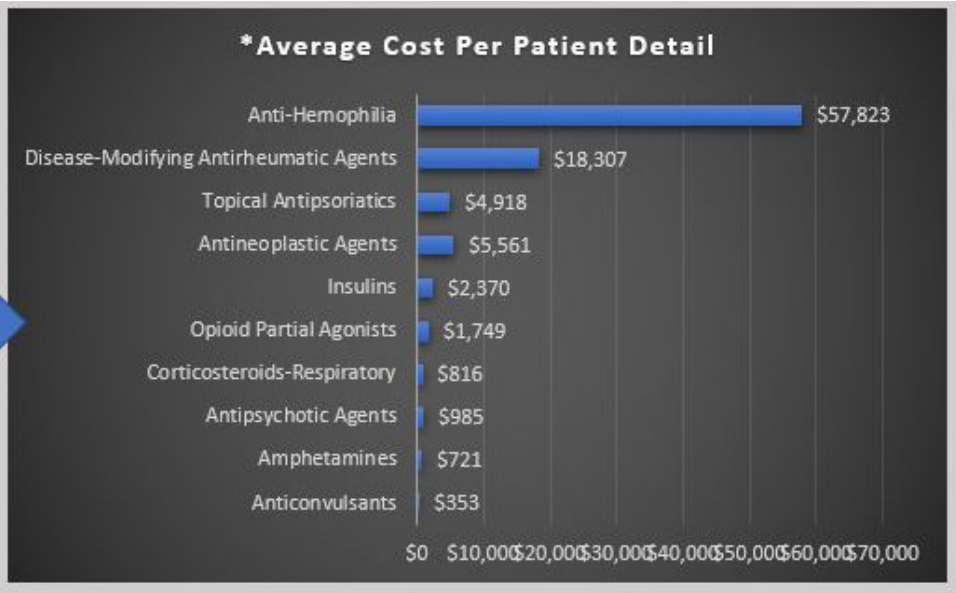
- Providing medication and drug diagnosis history to facilitate continuity of care (i.e., Medicaid foster care recipients)
- Identifying medication noncompliance
- Preventing medication duplication
- Identifying drug-drug or drug-disease state issues
- Identifying multiple pharmacies or providers
- Providing unbiased, evidence-based disease management interventions

How we do it: This is accomplished by our access to all of the medical and pharmacy services your patients receive through Medicaid.

***See what we can do for you*** Mountain-Pacific Quality Health ***1.800.395.7961***

# Montana Medicaid Top Therapeutic Classes YTD 2020




**Note:** Brand products are preferred in some instances; dollars are pre-rebate.