Mountain-Pacific Quality Health

DUR PROGRAM NEWS

WINTER
2020 - 2021

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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 Programs members.

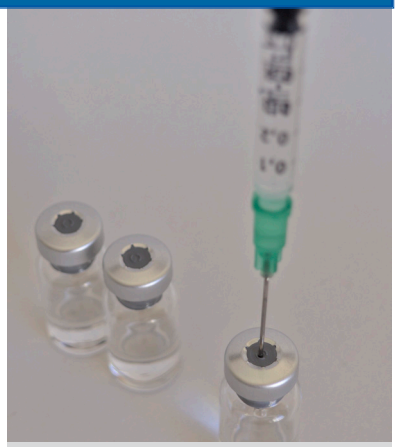
Montana Healthcare Programs
Drug Prior Authorization Unit
1-800-395-7961

Montana Healthcare Programs Synagis® Coverage

Updated for the 2020-2021 Respiratory Syncytial Virus (RSV) Season

Initial guidance from the American Academy of Pediatrics (AAP) for the use of Synagis® (palivizumab) for prophylaxis against RSV was first published in 1998 and is updated periodically as new data becomes available. In 2014, new peer-reviewed, evidence-based data allowed additional clarification and simplification of the AAP recommendations to target children at the highest risk of severe disease. These decisions were reaffirmed again in 2019.

Palivizumab is not a *vaccine*, but a monoclonal antibody produced by recombinant DNA technology that works to bind to the RSV virus and effectively neutralizes the virus and inhibits fusion with respiratory epithelial cells. This only occurs if palivizumab encounters RSV in the lower respiratory tract. Clinical studies show immunoprophylaxis has a limited effect on reducing RSV hospitalizations on a population basis. Additionally, no prospective, randomized clinical trial has demonstrated a significant decrease in the rate of mortality associated with RSV or in the rate of recurrent wheezing after RSV infection among infants who receive prophylaxis.



Per a recommendation from the Montana Healthcare Programs Drug Utilization Review (DUR) Board, Montana Healthcare Programs has adopted the revised American Academy of Pediatrics (AAP) recommendations for the use of palivizumab for RSV prophylaxis.

The majority of RSV hospitalizations occur in healthy, term infants. Updated AAP guidance targets infants at the greatest risk for severe disease with risk factors that are the most consistent and predictive of benefit from prophylaxis. This is based on the evaluation of currently published evidence. It should be noted that 21 AAP sections and committees and also groups outside the AAP have contributed to and concur with the updated guidance.

Please see the following links for the complete AAP reports:

Policy statement: https://pediatrics.aappublications.org/content/134/2/415

Technical report: https://pediatrics.aappublications.org/content/pediatrics/early/2014/07/23/peds.2014-1666.full.pdf

See p. 2 for specific Montana Healthcare Program Coverage Criteria.

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

Montana Healthcare Programs Synagis® Coverage Criteria
2020-2021 RSV Season

Coverage dates for Montana Healthcare Programs and Healthy Montana Kids/CHIP RSV prophylaxis began December 14, 2020, and will end April 30, 2021. These coverage dates are based on epidemiologic surveillance by the Montana Department of Public Health and Human Services Communicable Disease and Epidemiology Program.

- RSV season onset officially begins the first of 2 consecutive weeks with ≥10% of specimens testing positive.
- The RSV season offset is the last of two consecutive weeks with ≥10% of specimens testing positive. Weekly updates can be found at http://www.dphhs.mt.gov/publichealth/cdepi/diseases/rsv.aspx.

Approval will be for 1 dose per month, up to a maximum of 5 doses during the RSV season coverage dates. One 50mg vial (0.5ml) OR one 100mg (1ml) vial will be allowed. Doses above 100mg will require prior authorization based on patient weight.

AGE AT ONSET OF RSV SEASON	RISK FACTORS ELIGIBLE FOR APPROVAL (any of following)
<12 MONTHS (does not include 1st birthday)	
	Estimated Gestational Age **(EGA)<29 weeks**
	EGA < 32 weeks with a **diagnosis of Chronic Lung Disease (CLD) in the past 12 months** and history of requirement for **21% oxygen** for the **first 28 days after birth (CLD of prematurity)**
	Diagnosis of **hemodynamically significant acyanotic congenital heart disease in the past 12 months** AND history of **drugs to treat** congestive heart failure or moderate to severe pulmonary hypertension in the **past 45 days**
	Diagnosis of **hemodynamically significant cyanotic congenital heart disease** in the past 12 months AND **prescriber is a pediatric cardiologist**
	Diagnosis of **severe neuromuscular disease or congenital respiratory abnormalities** (does not include cystic fibrosis) in the **past 12 months**
	Patient undergoing **cardiac transplantation** OR patient is **profoundly immunocompromised** (e.g., stem cell or organ transplant, chemotherapy, etc.) **during RSV season**
>12 and <24 MONTHS (does not include 2nd birthday)	
	Diagnosis of **CLD of prematurity** as defined above in the **past 2 years** WITH **history in past 6 months of O2 supplementation, diuretics or 3 or more claims for systemic or inhaled corticosteroids**
	Patient **undergoing cardiac transplantation** OR patient **profoundly immunocompromised during RSV season**

Synagis® authorization is granted electronically through the SmartPA® Point-of-Sale Prior Authorization system, which evaluates prescription claims against available diagnosis history.

If a request is denied through the SmartPA® system and the patient should meet the above criteria, **please contact the Montana Healthcare Programs Drug Prior Authorization Unit at 1-800-395-7961** to provide additional supporting documentation for review.

Montana Healthcare Program Updates

The following medications were reviewed by the Drug Utilization Review Board (DURB), and clinical criteria for prior authorization have been implemented or updated. Criteria can be found here in the referenced meeting minutes: https://medicaidprovider.mt.gov/19dur#240784712-dur-board-meeting-minutes-

September 23, 2020 Meeting
- Xofluxa™ (baloxavir marboxil)
- Ubrelvy™ (ubrogepant)
- Reyvow™ (lasmiditan)
- Nurtec™ (rimegepant)

October 21, 2020 Meeting
- Fintepla™ (fenfluramine)
- Dayvigo™ (lemborexant)
- Evrysdi™ (risdiplam)
- Epidiolex™ (cannabidiol)

December 9, 2020 Meeting
- Xywav™ (calcium, magnesium, potassium and sodium oxybates)
- Namenda™ (memantine)
- Modafinil/armodafinil

The following physician-administered drugs (PAD) were reviewed, and clinical criteria was implemented or affirmed. Criteria can be found here: https://medicaidprovider.mt.gov/priorauthorization#260627814-physician-administered-drugs

- Cinqair™ (reslizumab)
- Exondys 51™ (eteplirsen)
- Sublocade™ (buprenorphine extended release)
- Xolair™ (omalizumab)
- Vivitrol™ (naltrexone)
- Krystexxa™ (pegloticase)
- Nucala™ (mepolizumab)
- Prolia™ (denosumab)
- Entyvio™ (vedolizumab)
- Ocrevus™ (ocrelizumab)
- Simponi Aria™ (golimumab)
- Evenity™ (romosozumab-aqqg)
- Fasenra™ (benralizumab)
- Xgeva™ (denosumab)
- Spinraza™ (nusinersen)
- Spravato™ (esketamine)
- Supprelin LA™ (histrelin)
- Zinplava™ (bezlotoxumab)
- Zolgensma™ (onasemnogene abeparvovec-xioi)
- Zulresso™ (brexanolone)

For upcoming dates of the DURB meetings and agendas, please visit https://medicaidprovider.mt.gov/19dur.

Physician Administered Drug (PAD) Prior Authorization Requests

Mountain-Pacific Quality Health, in partnership with Telligen, is providing the utilization management and review of Physician Administered Drug (PAD) services covered through the Montana Healthcare Programs provided by the Montana Department of Public Health and Human Services (DPHHS). The implementation began August 10, 2020. Prior authorization requests for PAD services will be processed through Telligen's industry-leading technology platform, called Qualitrac. Telligen offers a secure, Health Insurance Portability and Accountabilty Act (HIPAA)-compliant portal so providers can submit prior authorization requests, supply clinical documentation to support requested services, and receive determinations. Through this partnership, Mountain-Pacific can combine our extensive clinical and utilization review experience with Telligen's technical expertise to implement significant innovations and process efficiencies.

Benefits of the Qualitrac provider portal include:

- 24/7 provider access to:
  - Submit new requests electronically – drag and drop as opposed to faxing or mailing documents
  - Electronically upload supporting documentation, e.g., medical records, letters, etc.
  - Review status of pending requests in real-time
  - Review determinations (determination notifications are emailed to requesters)
  - Retrieve history of previous requests, determinations, and prior authorization numbers
- Two-way, secure data exchange between Mountain-Pacific and the requesting provider
- Efficiencies, time saved, and reduced number of telephone calls

To register, go to https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-document-library/ and click on the "Access provider portal registration and form" link.

Training presentations are available to view online at https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-education-training/ and found under the July 2020 heading.

If you have any questions, Mountain-Pacific has developed a dedicated webpage (https://www.mpqhf.org/corporate/medicaid-portal-home/) that houses provider education materials, user guides, PowerPoint presentations, provider registration packets and a link to access the Qualitrac provider portal for your convenience. For questions, please call Mountain-Pacific at (800) 219-7035.

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 Department of Public Health and Human Services.

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