

## Formulary Committee Meeting

6/19/2018

Members present were: Bill Wheeler, Maralyn Lytle, Celeste Ackerman, Adrienne McLean, Kristine Ediger, Cindy Zimmerman, Bri Lake, Michelle Fairclough, Tony King and Lance Zanto.

Members present via GoToMeeting: Jennifer Hepfner, Doug Buman, Leslae Dalpiaz, and Mike Marsh.

Others present via GoToMeeting: Vicki Evans, Monica Sanchez, Adam Fowler, Al Smith, Linda Van Dillen, Michele Levine and Peter Vu.

Meeting was opened at 1:03 pm with roll call of committee members and attendees present via GoToMeeting.

Bill Wheeler opened with reminders of speaking up and stating your name and affiliated company.

Bri Lake presented updated charts from the previous meeting –Opioid Utilization in MT Workers' Compensation- which included data for Countrywide rates. No discussion followed.

Bill introduced Linda Van Dillen (Linda) w/ CompAlliance.

Linda presented on Treating Opioid Addiction.

Takeaways and discussion:

- National average is 66. MT is 70/100 scripts per resident
- Heroin addition is 19 times higher if started with opioid usage first and has tripled since 2013
  - Vicki Evans asked, “Is there was any correlation to any addictive drug or just heroin?”. Linda said that studies show primarily heroin.
- On page 21 of the slides- physical dependence is an expected physiologic response that happens quickly. 3 days or less is sufficient for script of immediate-release opioid.
- On page 22- other examples include: patient constipation, spontaneous abortion and psychosocial treatment.
- On page 24- other notes include: there’s a stigma on methadone but now there’s other schedule III agonists available that don’t require a patient to go to a methadone clinic to receive.
  - Al Smith asked, “what % of opioid use in MT is just WC as opposed to the general population?”
    - Linda and Bri replied that they don’t have the % answer because the data we have available is limited to WC.
  - Vicki Evans asked, “who is the “they” doing the studies?”. Linda replied it is WCRI, NCCI, CDC and the Cochran Collaboration.
  - Other notes include the availability of Lofexidine-Lucimera- and could be available in August 2018. A slow taper of 10% may provide a better long-term outcome

- On page 36- “65% graduated in patient treatment”
- On page 59-Days, weeks and up to 2 years later, people can have PAWS. It’s not understood why these time frames vary. Symptoms vary, not sure who to call and more education is needed on the front end.
  - Al Smith asked, “What should treatment guidelines and formularies contain in order to address opioid use and abuse?”. Linda discussed many of the priorities on page 68

Linda concluded, and Bill Wheeler moved to break from 2:52pm-2:57pm

At 2:58pm Bill started the discussion of 1<sup>st</sup> fill and prior auth rules. He motioned to get input and approval from each committee member.

Discussion points included:

- Michelle Fairclough- The State Fund has their own preferred drug list. “Why allow an “N” drug if it won’t be continuing or ongoing? Who decides if the drug is injury appropriate?”. MSF has continued issues with “N” drug inclusion.
  - Bill’s response- We added 2A to the first fill rule.
  - Tony King added that they see a 50/50 on cash or insurance that needs billed. It’s not up to the pharmacy to decide if the script is injury appropriate. The PBM would dictate whether it’s a paid claim or not.
- Doug Buman- 1<sup>st</sup> fill “not a big deal”
- Mike Marsh- 1<sup>st</sup> fill’s are generally not successful and the PBM bears the liability. Concerns are:
  - Challenges constitutionality- change the language in #5 to get around the “insurer or pharm manager by contract”. Bill said we added “or PBM by contract”.
  - Assessment on non-paid claims- “what is the accessibility of 1<sup>st</sup> fill of non-paid claims?” Bill said we could consider adding another reporting line to the QER to track 1<sup>st</sup> fill medical.
  - How to educate rural areas? Roll out should include confirming DOI
  - Self-Insured w/ TPA- TPA’s pay different for claims with payment vs non-payment. What do the TPA agreements look like/include?
- Leslae Dalpiaz- no response online

Bill said he would take 1<sup>st</sup> fill to LMAC.

Bill opened for discussion and approval of Prior Authorization rules:

Discussion points included:

- Michelle Fairclough- OK’d rule
- Lance Zanto- OK’d rule
- Tony King- OK’d rule
- Doug Buman- OK’d rule
- Leslae Dalpiaz- OK’d rule
- Mike Marsh- OK’d rule

Bill said he would take Prior Authorization to LMAC.

Bill opened for discussion of dispute resolution

Discussion points included:

- Michelle Fairclough- OK'd rule
- Lance Zanto- OK'd rule
- Tony King- OK'd rule
- Doug Buman- OK'd rule
- Leslae Dalpiaz- OK'd rule
- Mike Marsh- OK'd rule

Bill said he would take Dispute Resolution to LMAC.

Bill closed with thanks to the committee members and the following “to do’s and next steps”:

- Adrienne will send out Legacy claims rule language out prior to the next meeting (if complete). Hoping for discussion and concurrence.
- Cindy will be scheduling the July meeting
- Adrienne/Bill/Cindy hopefully will present outreach training plan next meeting. Hoping to create a companion guide as part of the outreach plan.
- May have a support letter for the Opioid Grant next meeting
- Bill would like to have the CWCI report from MT State Fund
- Al Smith wanted to know if “Lofexidine, Methadone, Buspirone are on the formulary?”
- Adrienne will send Linda’s slides.

Bill opened for public comment. They included:

- Al Smith would send his comments to Bill or Adrienne
- Michele Levine would send public comments to Bill and Adrienne on proposed rules.

Meeting was adjourned at 3:37 pm.

Next meeting, TBD.

