Mountain Pacific DUR PROGRAM NEWS

SPRING 2026

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

For current drug prior authorization criteria:
https://mpqhf.org/resources/pharmacy-resources/#drug-prior-authorization

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.

Adult Antipsychotic Oversight Program

The Clinical Issue

The Federal Consolidated Appropriations Act of 2024, Section 203, of House Rule 4366 requires monitoring for the safe and appropriate use of antipsychotics in adults (≥18 years old) who reside in an institutional setting or who receive home and community-based services (HCBS). Antipsychotic drugs are used for primary or adjunctive treatment in individuals diagnosed with schizophrenia, bipolar disorder, major depressive disorder, autism spectrum disorder and Tourette syndrome. Although antipsychotic therapy can be of great value, first generation, second generation and long-acting injectable antipsychotics are not without risks. Risks also vary depending on if the antipsychotic is a first generation, second generation or long-acting injectable.

Antipsychotic medications are not U.S. Food and Drug Administration (FDA)-approved for controlling behavioral and psychological symptoms of dementia such as agitation, aggression, wandering, inappropriate behavior and sleep disturbances.[1]

The Response

Using our case management pharmacists, Mountain Pacific evaluates the prescribing of antipsychotic medications. In addition, we monitor for appropriate metabolic lab monitoring, off-label dosing, concurrent antipsychotics, concurrent psychotropics and comorbid disease states associated with increasing the risk of an adverse event.

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

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www.mpqhf.org

Adult Antipsychotic Oversight Program (cont.)

Major Risks Associated with Antipsychotics:[2,3]

- **Mortality in those with dementia-related psychosis:** All antipsychotics carry the FDA black box warning of increased mortality in elderly patients with dementia-related psychosis. The mortality risk is 1.6 to 1.7 times higher in those taking an atypical antipsychotic compared to those taking a placebo based on the compilation of data from 17 controlled studies. The primary causes of death included infection (i.e., pneumonia) and cardiovascular etiology (i.e., sudden death and congestive heart failure).[4]
- **Increased Age:** Antipsychotics are included within the Beers criteria, as they are considered high-risk medications in individuals aged 65 years or older, due to the significant safety concerns noted above, as well as the increased risk for movement disorders such as tardive dyskinesia, sedation and anticholinergic effects such as urinary retention and constipation[5]
- **Metabolic:** Weight gain, diabetes, dyslipidemia.
- **Neurological:** Extrapyramidal symptoms (EPS), tardive dyskinesia, sedation, serotonin syndrome.
- **Cardiovascular:** Hypotension, arrhythmias, venous thromboembolism, stroke, QT interval prolongation.
- **Fall risk:** Increased falls and fractures due to sedation or hypotension.
- **Respiratory depression:** Reasons for this are multifactorial and include increased sedation, which can lower the respiratory rate, high doses, taking combinations of other central nervous system (CNS) depressants (e.g., opioids, benzodiazepines), increased age or in the setting of a comorbid disease state such as chronic obstructive pulmonary disease (COPD), asthma or sleep apnea.

The Goal of the Program:

It is important to continue to weigh the risks of these medications against the benefits. Some clinical action points to consider include:

1. **Try non-pharmacological interventions first.** For dementia-related behaviors, it is important to try environmental (e.g., adjusting the lighting, reducing noise) or behavioral (e.g., exercise, sleep hygiene) changes.
2. **Take it low and slow.** Try the lowest effective dose and titrate cautiously.
3. **Review regularly.** Assess if medication can be discontinued or if dose can be lowered, at least every 6 months.

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Adult Antipsychotic Oversight Program (cont.)

References:

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5. By the 2023 American Geriatrics Society Beers Criteria® Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023 Jul;71(7):2052-2081. doi: 10.1111/jgs.18372. Epub 2023 May 4. PMID: 37139824; PMCID: PMC12478568.

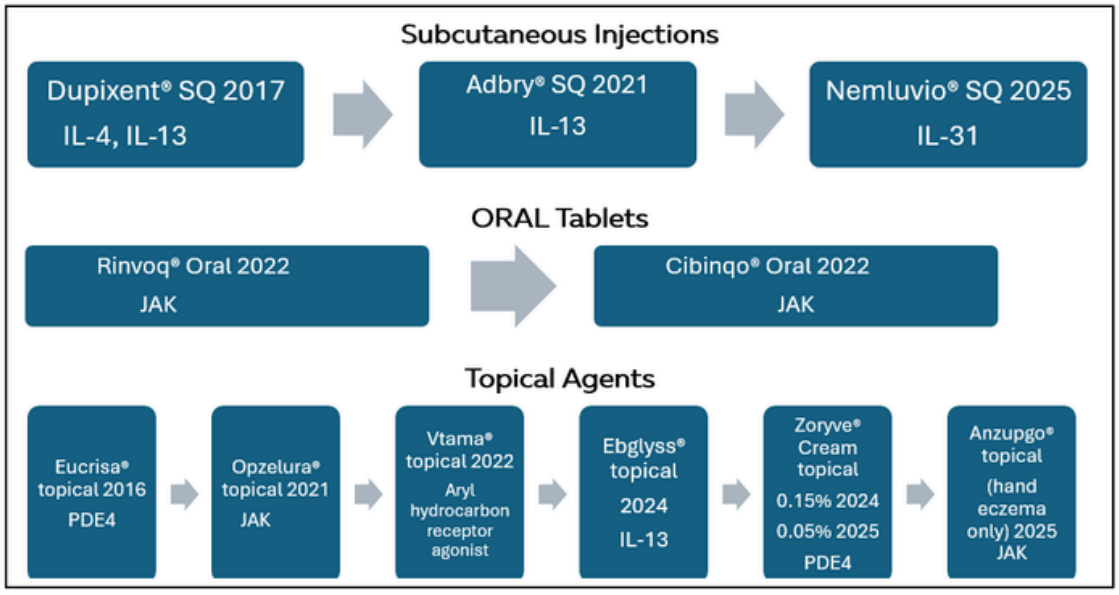
Atopic Dermatitis

Atopic dermatitis (AD) is a chronic skin disease that can affect both adults and children. Symptoms of AD include itching, red dry patches, rashes that may ooze, weep or bleed when scratched and skin thickening. The exact cause of AD is unknown, but it has been determined that changes in the protective layer of the skin can cause it to lose moisture. Dryness can result in inflammation, triggering itching. Scratching further damages the skin and increases the risk of infection[1]. A 2021 study found the incidence of AD in the adult population of the United States to be 16.5 million persons[2].

For decades baseline care of AD remained the same. Diagnosis, education, identification of exacerbating factors, addition of moisturizers or emollients and recommended bathing practices have been the agreed upon initial approach from the American Academy of Dermatology[3] and the American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force[4].

Prior to 2016 the treatment landscape for AD beyond baseline care consisted of topical corticosteroids and topical calcineurin inhibitors. While effective and still considered a starting point for treatment, patients who were unable to achieve sustainable results with these agents had few options. In the last few years, major advancements have been made in the treatment of AD. These agents have been developed as topical, oral and subcutaneous injections. The common feature of all is they are non-steroidal options with indications for AD. The need to limit dose and length of chronic topical steroid use has driven the need for innovation[5].

In 2016 Eucrisa®, a phosphodiesterase 4 inhibitor (PDE4) and novel topical product entered the market, followed by Dupixent® in 2017, another novel agent. Dupixent® broke away from the traditional topical treatment idea and presented a subcutaneous novel agent that inhibits IL-4 and IL-13 signals. This was a new step in systemic treatment of AD.



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Atopic Dermatitis (cont.)

Fast forward to 2026. We now have a much greater variety of agents approved for those patients who need additional treatment for AD. New PDE4 agents, new interleukin agents targeting different inflammatory pathways and Janus kinase inhibitors (JAK) have been developed and FDA-approved for AD. They are available in a variety of dosage forms. Rinvoq® and Cibinqo® are oral JAK inhibitors. Dupixent®, Adbry® and Nemluvio® are subcutaneous IL antagonists. Topical options are PDE4 inhibitors Eucrisa® and Zoryve®, an IL-13 antagonist Ebglyss®, a JAK inhibitor Opzelura® and a topical aryl hydrocarbon receptor agonist Vtama®. Also new to the market is a topical JAK inhibitor approved only for hand eczema, Anzupgo®. Many of these agents were approved initially for adults only but have expanded their indications to include pediatric patients.

This explosion in treatment options for AD does not appear to be diminishing soon. New and different agents are already in the development pipeline and will continue to come to market. Considering the cost of new drugs, this speaks to the attempt to address the unmet need in this area of dermatology. A study published in JAMA in 2024 reported the cost of developing a new drug at $515.8 million when cost of failures was included and $879.3 million when both drug development failure and capital costs were included[6]. Pharmaceutical manufacturers are investing staggering amounts of capital in this area to develop newer and better drugs. The amount spent on AD worldwide annually was approximately 17.6 billion dollars in 2024 and is projected to increase to over 29 billion dollars by 2030.[7] According to the Commonwealth Fund, the average period of exclusivity for a prescription drug is 12 to 16 years. With this timespan to produce a return on their investment, this strategy may produce significant returns. The bottom line, however, is new opportunities to benefit patients with atopic dermatitis.

References:

1. National Institute of Arthritis and Musculoskeletal and Skin Diseases. Atopic dermatitis. Accessed October 24, 2024. https://www.niams.nih.gov/health-topics/atopic-dermatitis
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7. Atopic Dermatitis Drugs Market Size & Outlook, 2030. (2026, January 14). https://www.grandviewresearch.com/horizon/outlook/atopic-dermatitis-drugs-market-size/global#:~:text=Country%2Dwise%2C%20China%20is%20expected,PDE4%20Inhibitors

Prior Authorization Requirements for GLP-1/GIP and Combo Agents

Montana Healthcare Programs coverage of GLP-1/GIP agonists for **members with type 2 diabetes:**

- Drugs included are Ozempic® (semaglutide), Trulicity® (dulaglutide), Victoza® (liraglutide), Mounjaro® (tirzepatide), exenatide and liraglutide.
- Coverage approval is based on:
  - A **diagnosis of type 2 diabetes** is required to meet the FDA-approved indication, AND
  - Member must have had an **inadequate treatment response or contraindication to metformin**, AND
  - A **trial of two preferred agents from the Montana Preferred Drug list** for six months each is required **for approval of a non-preferred** agent.
  - Gastrointestinal (GI) side effects are not considered a therapeutic failure and need to be addressed by dosage reduction and/or antiemetic therapies.
  - Current PDL list can be found at 19 (mt.gov) .
- If the member has in claims history a diagnosis of type 2 diabetes and has been on metformin within the past two years, a call to the Drug Prior Authorization Unit is not required for a preferred agent. If the member requires a dose change or a change to a different GLP-1, a call may be required to the **Drug Prior Authorization Unit at (800) 395-7961.**

Montana Healthcare Program coverage of GLP-1/GIP for members **without type 2 diabetes:**

- **Approval of these agents, Wegovy® (semaglutide) and Zepbound® (tirzepatide), for Montana Healthcare Covered indications will require prior authorization forms, which are available from the Drug Prior Authorization Unit at (800) 395-7961 or online at https://mpqhf.org/resources/pharmacy-resources/.**
- Wegovy® is semaglutide, the same active ingredient as Ozempic®, but is not approved for and is not covered for type 2 diabetes.
  - It has an FDA indication but is **not covered for weight loss or obesity by Montana Healthcare Programs.**
  - Wegovy® injection is **covered in adults for diagnoses:**

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Prior Authorization Requirements for GLP-1/GIP and Combo Agents (cont.)

        - Noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH) with moderate to advanced liver fibrosis.
        - Reduction of risk of major adverse cardiovascular events (MACE) in adults with established cardiovascular disease (CVD) and either obesity or overweight.
    - Wegovy® tablet is covered in adults for reduction of risk of major adverse cardiovascular events (MACE) in adults with established CVD and either obesity or overweight ONLY. The tablet is not indicated for MASH.
- Zepbound® is tirzepatide, the same active ingredient as Mounjaro®, but is not approved for and will not be covered for type 2 diabetes.
    - It has an FDA indication for but is **not covered for weight loss or obesity by Montana Healthcare Programs.**
    - Zepbound® **is covered in adults for:**
        - A diagnosis made by a sleep specialist of obstructive sleep apnea (OSA) with an apnea-hypopnea index (AHI) greater or equal to 15 while on current positive airway pressure treatment (either CPAP or BiPAP). Test for AHI must have been done within the last 12 months, AND
        - Body mass index **(**BMI) at time of sleep study was greater than or equal to 30 kg/m^2, AND
        - Member has been on PAP continuously for at least six months prior to request, AND
        - Member is currently using AND will continue to use PAP unless contraindicated.

Provider Enrollment Alert

Federal regulation 42 CFR 455.410 requires all providers who order, refer or prescribe (ORP) services for Montana Healthcare Programs members to be actively enrolled. Active enrollment is required even if the ORP provider does not bill Montana Healthcare Programs for their services. Currently, tens of thousands of members receive medications prescribed by nonenrolled providers, and starting in March 2027, these claims will be denied if the prescriber has not completed the enrollment process.

Enrolling as an ORP provider does not require the provider to accept Montana Healthcare Programs members or submit claims for payment. ORP providers can continue to provide services for enrolled members without billing Montana Healthcare Programs. Active ORP provider enrollment ensures services rendered as a result of an order, referral or prescription are eligible for reimbursement. If an enrolled provider submits a claim for services ordered, referred or prescribed by a nonenrolled provider, the enrolled provider's claim will be denied. Additional information regarding provider enrollment can be found at medicaidprovider.mt.gov/providerenrollment.

While the Department has sent out multiple notifications to providers and is actively outreaching provider associations, hospital, clinics, etc., we encourage pharmacies to provide this information to their Medicaid clients so they have time to ensure their prescriber is enrolled or find an alternate provider.

For More Information

Scan the QR code to the left or use the link for the current Montana **DPHHS PDL**.

Scan the QR code to the right or use the link for Mountain Pacific **drug PA resources**.

Hello Spring

As the season of renewal begins, we want to thank you for the care and expertise you bring to the communities we serve. Have a very happy spring!

Mountain Pacific
INNOVATING BETTER HEALTH