

Idaho DUR Committee Meeting Record

Date: July 15, 2010 **Time:** 9:00 a.m. – 3:00 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Conference Room D West

Committee Members Present: Myrna Olson-Fisher, A.N.P., Wayne Baures, R.Ph., Janet Mayo, R.Ph., Paul Cady, Ph.D., Suzette Cooper, R.Ph., Mark Turner, M.D.

Others Present: Tami Eide, Pharm.D., Jane Gennrich, Pharm.D., Melinda Sater, Pharm.D.,

Guests: Russ Meyers, Eli Lilly

Committee Members Absent: Greg Kadlac, M.D., Perry Brown, M.D.

AGENDA ITEMS	PRESENTER	OUTCOME/ACTIONS
Call to Order	Mark Turner, M.D.	The meeting was called to order at 9:10 am by Mark Turner, Chair.
Committee Business		
➤ <i>Introductions</i>	Tami Eide, Pharm.D., BCPS	
➤ <i>Approval of Minutes from May 20, 2010 Meeting</i>	Mark Turner, M.D.	Minutes approved with corrections.
➤ <i>Review of Annual DUR Report</i>	Tami Eide, Pharm.D., BCPS	Dr. Eide reviewed the annual DUR report sent to CMS June 30, 2010.
➤ <i>Follow-up Studies</i>	Melinda Sater, Pharm.D.	
○ <i>Oral Beta-Agonist use in Patients of All Ages</i>		New information was reviewed – 63 responses were received (19% response rate). Responses were reviewed by the committee.
○ <i>Narcotic/Acetaminophen Combination Product Use</i>		No new information was available. Responses to be reviewed in October.
➤ <i>Current Interventions</i> ○ <i>Type 2 Diabetes Treatment Guidelines</i>	Melinda Sater, Pharm.D. and Tami Eide, Pharm.D., BCPS	Overview of the intervention was presented. Objectives of the intervention and methods were outlined. Magellan’s First IQ Severity Ranking Algorithm was discussed. One hundred profiles were reviewed and 69 were flagged for intervention. Letters were sent to 241 providers. Issues identified were possible failure to maximize metformin therapy, multiple diabetes agents without identifiable rationale and potential underutilization of insulin.

<ul style="list-style-type: none"> ○ <i>Suboxone/Subutex</i> 	<p>Melinda Sater, Pharm.D. and Jane Gennrich, Pharm.D.</p>	<p>The committee briefly discussed the inability of a person to hold a valid Commercial Drivers License if they are on insulin and other reasons why patients may not be on insulin. Intervention documents were reviewed</p> <p>Overview of the intervention was presented. Profiles of Idaho Medicaid participants who had been prescribed Suboxone/Subutex between 12-01-2009 and 05-31-2010 were reviewed (n=126). Only 52/126 patients had a diagnosis for opioid dependency within the six month study period. 76/126 patients had at least one prescription for an opioid and/or a benzodiazepine within the same timeframe as receiving Suboxone/Subutex. For these 76 patients, there were 198 opioid prescriptions, 205 benzodiazepine prescriptions, 3 dronabinol prescriptions, and 20 stimulant prescriptions paid for by Idaho Medicaid during the same timeframe. For these 76 patients, 52 were prescribed the concomitant drugs by OTHER prescribers than the Suboxone/Subutex prescriber, 17 patients had concomitant drugs prescribed by both the SAME and OTHER prescribers than the Suboxone/Subutex prescriber, and 7 patients had the concomitant drugs prescribed only by the Suboxone/Subutex prescriber. DUR letters were sent to prescribers of Suboxone/Subutex as well as prescribers of the concomitant drugs. The DUR board endorsed the concept to only allow the Suboxone/Subutex prescriber to prescribe opioids and benzodiazepines for these patients. Intervention documents were reviewed.</p>
<ul style="list-style-type: none"> ○ <i>Long-Acting Narcotics Duplication</i> 	<p>Melinda Sater, Pharm.D.</p>	<p>Overview of the intervention was presented. Objectives, methods and potential limitations were outlined. Ninety-four profiles of patients receiving more than one long-acting narcotic analgesic concurrently were reviewed, 19 were flagged for intervention and 24 letters were sent to providers. Limitations included need for manual review since patients receiving different strengths of the same drug were flagged as outliers and methadone was not included as a long-action narcotic. Raw data sheet and a few patient profiles were reviewed by the committee members.</p>
<ul style="list-style-type: none"> ➤ <i>ProDUR Quarterly Report</i> 	<p>Melinda Sater, Pharm.D.</p>	<p>ProDUR interventions, edits and messaging for the previous quarter were presented and discussed. Only severity level 1 interactions are included, and most receive messages only. For the next meeting, the committee will start reviewing the top interventions and responses, reviewing one intervention type per meeting.</p>
<ul style="list-style-type: none"> ➤ <i>Medicaid Update</i> 	<p>Tami Eide, Pharm.D., BCPS</p>	<p>Dr. Eide gave the Medicaid Update, including provider payment holdbacks, the new Molina MMIS system and pharmacy provider enrollment issues. Alternative pharmacy reimbursement models were discussed, along with mandatory submission of invoices from pharmacy providers. The RetroDUR vendor name change to Magellan Medicaid Administration was announced.</p>

<p>➤ <i>Study Proposals for Next Quarter</i></p> <ul style="list-style-type: none"> ○ <i>Synagis</i> ○ <i>Metformin Non-Adherence</i> ○ <i>Suboxone/Subutex pharmacy provider</i> ○ <i>Multiple Short-Acting Narcotic Agents</i> ○ <i>Other potential topics</i> <p>➤ <i>DUR Summer Newsletter</i></p> <p>➤ <i>Adjourn, 3:00 p.m.</i></p>	<p>Melinda Sater, Pharm.D., Jane Gennrich, Pharm.D., Tami Eide, Pharm.D., BCPS</p> <p>Melinda Sater, Pharm.D., Tami Eide, Pharm.D., BCPS</p> <p>Melinda Sater, Pharm.D., Jane Gennrich, Pharm.D.</p> <p>Melinda Sater, Pharm.D., Tami Eide, Pharm.D.</p> <p>Committee members</p> <p>Melinda Sater, Pharm.D.</p> <p>Mark Turner, M.D.</p>	<p>Synagis – Next quarter’s Synagis DUR was discussed. Patients who did not meet the updated 2009 AAP criteria for Synagis but who would have met the criteria the year before will be identified and reviewed.</p> <p>Profiles of patients who are identified as non-adherent with metformin will be reviewed by the Department staff. Letters and educational information will be sent out as appropriate. Pharmacy intervention letters may be appropriate as well.</p> <p>Suboxone – Prescriptions will be analyzed to determine if Idaho Medicaid participants are using the same pharmacy or different pharmacies to obtain opioids and/or benzodiazepines when they are on Suboxone/Subutex. Pharmacy providers who dispensed Suboxone/Subutex will be provided with educational information on these medications. In addition, the prescribers for Suboxone/Subutex patients who did not have a diagnosis for opioid dependency in their electronic profile will be contacted to determine the reason that the medications were prescribed.</p> <p>Patients receiving overlapping segments of short-acting narcotics will be evaluated for therapy in accordance with current pain management guidelines. The committee discussed the definition of overlapping and the definition of chronic use. The non-preferred status of Darvocet was also discussed.</p> <p>Proper use of spacers and masks with inhalers for pediatric patients was discussed. Dr. Eide stated Medicaid will be covering spacers and masks through the POS system in the near future. Use of atypical antipsychotics in pediatrics, especially foster care children was discussed.</p> <p>Current DUR interventions and appropriate pharmacy responses to ProDUR messaging will be included in the newsletter.</p>
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