Idaho DUR Committee Meeting Record

Date: October 20, 2011 **Time:** 9:00 a.m. – 3:00 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Conference Room D-West

Moderator: Mark Turner, MD

Committee Members Present: Perry Brown, MD, Wayne Baures, RPh, Suzette Cooper, Pharm.D, Myrna Olson-Fisher, NP, and Mark Turner, M.D.

Others Present: Tami Eide, Pharm.D., Jane Gennrich, Pharm.D., Elise Heil, RPh, Mark England, Pharm.D., and William Milne, RPh

Committee Members Absent: Erich Garland, MD, Paul Cady, Pharm.D, Janet Mayo, Pharm.D.

AGENDA ITEMS	PRESENTER	OUTCOME/ACTIONS
Committee Business		
➢ *Call to order*	Mark Turner, MD	
➢ *Approval of Minutes from July 21, 2011*	Mark Turner, MD	Minutes approved.
➢ *Follow-up Studies – updates*		
o *Tramadol with SSRIs or SNRIs*	Mark England, Pharm.D.	Letters along with Serotonin Syndrome informational sheet were sent to 182 pharmacies regarding 552 patients on 7/18/11. As of 9/27/2011 - 45 responses have been received – a 25% response rate.
o *Colchicine DUR*	Mark England, Pharm.D.	Colcrys – Summary: 72.2% (13/18) of the PA requests received were approved Continue to require PA for Colcrys with the current therapeutic criteria. Off-label use for treatment of chronic constipation was discovered. The Auto Pay rule that approved Colcrys at point of sale if there was a paid claim for generic colchicine in the past 90 days was turned off.
o *Ketorolac DUR*	Mark England, Pharm.D.	29 Patient profiles of patients receiving >40mg Ketorolac daily were evaluated. Letters were sent to 9 prescribers. As of 9/26/11, 4 responses have been received (44% response rate). The maximum quantity per day was reduced from 10 tablets to 4 tablets on 5/24/11.

➢ *Current Interventions/Outcome studies* o Analysis of Auto Refill Practices	Mark England, Pharm.D.	Summary – Some pharmacies are instituting Auto Refill policies to automatically dispense refills based on days since last fill. This practice creates issues: • Potential for stockpiling • Potential for continued fill of discontinued medications • Increased cost and waste. A FAX Blast survey form went out to 318 pharmacies on July 8, 2011 • As of 10/3/2011 a total of 78 surveys had been returned (a 25% response rate). Summaries of those results are shown on slides in the presentation.
	Perry Brown, MD	Several points regarding Auto Refill were discussed. Dr. Brown suggested that a two pronged approach be considered: #1 Rule based change is done for Idaho Medicaid and/or #2 Statutory based change possibility that auto refill not be allowed for any Idaho citizen regardless of payer.
o Hepatitis C	Jane Gennrich, Pharm.D.	Rationale for the Hepatitis C topic: • Multiple ribavirin products are available at a wide range of costs. • Currently there are no prior authorization therapeutic criteria for ribavirin. • A new and expensive class of drugs to treat chronic hepatitis C was approved by the FDA this year: Protease Inhibitors (Incivek and Victrelis). Patients who had at least one paid claim for ribavirin during the study period were reviewed (n=29). All patients had a diagnosis of chronic hepatitis C and were on concomitant interferon therapy. The recommendations from the review include: • Prior authorization for oral ribavirin is not recommended at this time. • Recommend continuing to require prior authorization for Incivek and Victrelis.
o Transdermal Testosterone	Mark England, Pharm.D.	Rationale for DUR project: P&T committee recommended implementing therapeutic criteria, including serum testosterone levels for the Transdermal Testosterone drug class. Approximately half of the patients receiving transdermal testosterone did not have any applicable diagnosis in their electronic profile. 66% of the patients only filled their prescription once or twice. Recommendations from the review: • Initiate therapeutic criteria for transdermal testosterone as outlined in the presentation. • Grandfather current patients receiving transdermal testosterone therapy within the previous two months. • Initial approval of prior authorization would be for three months. • Follow-up serum testosterone level testing would be required • Subsequent approvals would be for one year based on the protocol requirements.

○ Oral Terbutaline Utilization	Mark England, Pharm.D.	FDA Drug Safety Communication dated 2/17/2011: New warnings against use of terbutaline to treat or prevent preterm labor. A review found that within a 90 day period there were 28 female recipients who received prescriptions for oral terbutaline. • Profiles were generated for 7/1/11 – 9/30/11 for the patients identified. • Letter will be sent to the prescribers along with the FDA Safety Announcement and questionnaire.
➢ Working Lunch	12:00 – 1:00	Discussed items of interest from the morning topics.
➢ Afternoon Session		
➢ *Study Proposals for Next Quarter*		
○ *Citalopram High Dose*	Mark England, Pharm.D.	On 8/24/2011 the FDA released a Safety Announcement that decreased the maximum daily dose from 60mg to 40mg. because of potential adverse effects it can have on the heart. • A review of Idaho Medicaid Recipients showed that 234 recipients had received doses greater than 40 mg per day during the previous 90 days. • Letters were sent out on 10/6/2011 to 186 prescribers with a list of their patients along with the FDA announcement and Survey Response Form. • Results will be presented at the January 2012 DUR Board meeting.
○ *Injectable Atypical Antipsychotics*	Mark England, Pharm.D.	Review Invega Sustenna and Risperdal ConstaUsage: • Magellan to identify prescribers, pharmacies, and patients. • Idaho Medicaid Program Integrity – send out letters requesting documentation of dose administration. • Idaho Medicaid Pharmacy unit – analyze report and identify where intervention is needed.
○ P&T Committee Narcotic Analgesic Studies	Mark England, Pharm.D. Perry Brown, MD	The committee recommended a comprehensive drug utilization review of short and long-acting narcotics. This was based on concerns over the misuse/abuse of these agents that is not addressed by the preferred drug list. (Patient profiling list is provided in presentation slides.) Tami Eide presented a schematic for choosing the top 150 chronic users of narcotics. The committee also suggested utilizing several data sources outside Medicaid, including outlier reports from the Board of Pharmacy Prescription Drug Monitoring Program Dr. Brown is interested in determining the per cent of patients identified as pediatrics. He is interested in other alternatives for pain management. The DUR board concurred with changing the allowable refill percentage from 75% to 90% usage level be pursued now.

➢ Synagis Update	Elise Heil, RPh	Synagis Utilization Intervention update using the 2010-2011 RSV season data on the impact of utilization of the 2009 revised AAP recommendations for infants with gestational age between 32 to 35 weeks will be conducted. • Profiles will be reviewed to assess outcomes.
➢ Leukotrienes vs inhaled corticosteroids in children with asthma update.	Mark England, Pharm.D.	Number of recipients <18 years of age with paid claim for Leukotrienes from 7/1/2011 – 9/30/2011: • 3,369 Number of recipients <18 years of age with paid claim for inhaled corticosteroids from 7/1/2011 – 9/30/2011: • 1,595. Note: Diagnosis data is not available.
➢ CMS 2010 Annual Report	Tami Eide, Pharm.D. Mark England, Pharm.D.	Dr. Eide presented an overview of the 2010 CMS Annual Report to the DUR Board – including discussion of the following items covered in the report: • Prospective DUR – comes from First Data Bank • DUR criteria approved by the DUR Board – specific criteria are reviewed each quarter. • Retrospective DUR for 2010: ISU College of pharmacy & Magellan Medicaid Administration shared the responsibility for FFY 2010 – 2 quarters each vendor. • Physician Administered Drugs – the Deficit Reduction Act requires collection of NDC numbers for covered outpatient physician administered drugs. The new MMIS system is designed to incorporate this data into DUR for both Prospective and Retrospective DUR. • DUR Board Activities were included in a summary report within the CMS Annual Report that included the DUR Board involvement in Disease Management Programs and Medication Therapy Management. • Generic Drug Policy and Authorization Data included in the report: - Generic utilization percentage for FFY 2010 = 70% - Generic expenditure percentage = 17% • Fraud, Waste, and Abuse Detection – to assure CMS that the state has ways to identify fraud or abuse of controlled drugs by recipients, prescribers, and/or providers. • The prescription Drug Monitoring Program was included in the report. • E-prescribing was covered. • The new format for the CMS Annual Report created new challenges which the IDHW Pharmacy Department and Magellan will analyze for producing the 2011 report.
➢ ProDUR Quarterly Report	Mark England, Pharm.D.	The Prospective DUR Report was reviewed with the focus this quarter on Drug to Pregnancy ProDUR Encounters.

➢ DUR Newsletter	Mark England, Pharm.D.	New topics to be covered include: Analysis of Auto Refill Practices, Hepatitis C Review, and Oral Terbutaline Intervention.
➢ Medicaid Update	Tami Eide, Pharm.D.	Dr. Eide discussed the pharmacy claim reimbursement changes that took effect on 9/28/11. She explained the new tiered dispensing fee schedule and calculation of the Average Actual Acquisition Cost (AAAC) to replace the Average Wholesale Price (AWP) that had been used historically. Myers and Stauffer is managing the AAAP price calculation and does an annual survey of pharmacy providers to determine their claims volume for placement in the dispensing fee schedule. The state anticipates savings from the new program, but also notes that the tiered dispensing fee reflects equitable reimbursement relative to volume which will be fair to both small and large volume providers.
➢ *Adjourn, 3:00 p.m.*		The Next DUR Board Meeting will be held January 19, 2012 - 9am-4pm at 3232 Elder Street.