Idaho DUR Committee Meeting Record

Date: April 19, 2012 **Time:** 9:00 a.m. – 3:00 p.m. **Location:** Idaho Medicaid, 3232 Elder Street, Boise, Idaho - Conference Room D-West

Moderator: Mark Turner, MD

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

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

Committee Members Absent: Erich Garland, MD,

AGENDA ITEMS	PRESENTER	OUTCOME/ACTIONS
Committee Business		
➢ Call to order	Mark Turner, MD	
➢ Approval of Minutes from January 19, 2012	Mark Turner, MD	Minutes approved as presented.
➢ **Follow-up Studies – updates**		
o Citalopram High Dose	Mark England, Pharm.D.	As of 4/11/2012, 60 responses have been received, a 32% response rate (186 prescriber letters regarding 235 patients were sent along with the FDA Safety Announcement). The January 12, 2012 DUR Board Recommendations were: Decrease the maximum daily dose to 40mg & require prior authorization over 40mg. Do not grandfather current patients. Dr. Gennrich reviewed comments from prescribers that were included on prior authorization requests for quantity limit overrides. On March 28, 2012 the FDA issued a revised Drug Safety Communication with updated recommendations: The maximum recommended dose of citalopram is 20mg per day for patients over 60 years. Citalopram is recommended to be discontinued in patients who are found to have persistent QTc measurements greater than 500ms. Magellan surveyed data from 1/1/2012 to 3/25/2012 and there were 76 recipients over 60 years receiving 40mg of citalopram daily.

		A DUR letter with a copy of the latest FDA Drug Safety Communication will be sent to current prescribers of patients over 60 years receiving more than 20mg per day.
○ Transdermal Testosterone Intervention	Jane Gennrich, Pharm.D.	The Idaho Medicaid Pharmacy and Therapeutics Committee recommended that therapeutic criteria be set up on this class of medication including requiring low baseline testosterone levels. RetroDUR activity was completed and new criteria was implemented based on these recommendations. 48 prescribers with 52 recipients received a DUR letter, an educational handout, and a transdermal testosterone PA form. As of 4/11/2012, 24 completed PA forms (46%) were received, plus 3 new PA requests outside of DUR activity. 18 of the 27 PA requests (67%) were approved. 5 recipients are no longer on therapy and 22 recipients will have claims deny on next fill.
○ Colchicine DUR	Mark England, PharmD	Background: October 1, 2010 – FDA sent out a notice that it intends to initiate enforcement action against any marketed and listed unapproved single-ingredient oral colchicine product that is manufactured on or after November 15, 2010 or that is shipped on or after December 30, 2010. Regarding Colcrys – the Idaho Medicaid Pharmacy & Therapeutics Committee has recommended that no PA be required for acute cases of gout. Note: Pharmacies do have the ability to use a 3 day emergency override if the prescription falls under the appropriate criteria for acute gout. Therapeutic criteria has been established for Colcrys: For acute gout – contra-indication and/or failure to NSAIDs or corticosteroids. For chronic gout – adjunct to allopurinol and contra-indication or failure to NSAIDs. The DUR Board discussed that pharmacies tend not to use the 3 day emergency override. The DUR Board recommended that the 3 Day Emergency Override policy be included in the DUR Newsletter.
○ Ketorolac DUR	Mark England, Pharm.D.	Background for DUR: It was discovered that the maximum quantity for ketorolac had been inadvertently set at 10 tablets per day, which was changed to 4 tablets per day and a report was generated to review if any patients were taking more than the recommended 4 doses per day. There were 39 claims that reflected greater than 4 tablets per day. DUR letters were sent on 6/20/2011 to 9 prescribers. Three patient profiles were included in this meetings' DUR packet for review. Currently

		there are no patients receiving more than 4 tablets daily.
➢ **Current Interventions/Outcomes studies** ○ P&T Committee Narcotic Analgesic Studies	Mark England, Pharm.D.	Background: At the January 19, 2012 DUR Board meeting the Idaho P&T Committee recommendations for narcotic analgesic DUR activities were presented to the DUR Board. The resulting DUR activity included generation of profiles for the top 150 recipients by total narcotic claim count for the recipients who had at least one narcotic claim in each of the 24 months for the period ending December 2011. For the time period of May 1, 2011 through December 31, 2011 the 150 profiles were generated and 90 profiles have been evaluated, which included a cancer diagnosis for 3 patients. The profiles were reviewed by Idaho Medicaid pharmacists. Dr. Eide reviewed the following parameters as outlined by the P&T Committee – the results for this review are included here. • Length of time for continuous opioid use – average = 9.8 years. • Number of different opioids used – average = 2.6 different drugs • Daily morphine equivalents – average = 202 mg. • Number of prescribers per participant – on average 2 different prescribers for their narcotic prescriptions. • Other concurrent potentially addictive drugs being used – most patients were on concurrent potentially addictive drugs, most commonly benzodiazepines and/or muscle relaxants and/or sedative hypnotics. • Diagnosis and indications – most patients had multiple diagnoses with the most common diagnoses being lumbago/back pain and chronic pain syndrome. • Average days prior to prescription refill was reviewed. The average was 30 days. • Number of Medicaid pharmacy lock-in patients – included 3 patients for this study. • Non-Medicaid opioid prescription fills – using the Idaho Board of Pharmacy reports – 34% of the patients reviewed had opioid prescriptions paid for outside of Medicaid pharmacy benefits.

		The DUR Board discussed the information reviewed and outlined ideas for continued analysis. Dr. Turner agreed to call certain providers to gather more information. The pharmacy staff will continue to review profiles.
○ Ophthalmic Antibiotic/Steroid Combinations	Mark England, Pharm.D.	Background: The P&T Committee requested a DUR activity to evaluate whether the prescribing physicians were specialists (ophthalmologists), primary care, or ER prescribers. The age of the recipients was included in the review. A taxonomy review of prescribers was produced for all ophthalmic antibiotic/steroid combinations from 1/1/2011 – 3/19/2012. Over 1600 prescribers were identified ranging from ophthalmologists and optometrists to physician assistants and nurse practitioners. Approximately 35% were optometrists/ophthalmologists. A chart reviewing the antibiotic/steroid claims for January – March 2012 was presented. The DUR Board expressed concern that the number of prescriptions seemed to be considerably higher than possibly necessary or advisable given the negative side effects of steroid use in the eye. The Board recommended that the diagnoses codes be reviewed for these claims. The standards of practice should be reviewed for steroid ophthalmic use. Also the staff was requested to discuss this study with the pediatric ophthalmology community for input on current practices and standards of care.
○ Atopic Dermatitis	Mark England, Pharm.D.	The P&T Committee requested a DUR on topical calcineurin inhibitors for atopic dermatitis including patterns of use, the presence or absence of step therapy from topical corticosteroids, specialty of prescribers, and geographic regional differences in prescribing patterns. The P&T Committee suggested the DUR should include an educational piece on the risks of these agents compared to risks from steroids. Dr. England reviewed the description and causes of atopic dermatitis as well as both topical and oral treatment options. The Black Box warnings for Elidel and Protopic were presented. In March 2010, the FDA issued a public health advisory about the potential cancer risk associated with the use of Elidel and Protopic products applied to the skin. The regional map analysis reviews claims data for the drugs for 2011. The percent of recipients with calcineurin inhibitor claims by age group and by number of claims per age group as well as the number of patients with paid claims for topical corticosteroids were all presented for evaluation. The DUR Board noted that the use of these drugs appeared to be appropriate. The

		DUR Board will report their findings to the P&T Committee.
○ Senator Grassley letter	Tami Eide, Pharm.D.	Dr. Eide outlined the data requested from Senator Grassley regarding the following drugs for 2010: Ability, Geodon, Seroquel, Zyprexa, Risperdal, OxyContin, Roxicodone, and Xanax. A handout summary of the 2010 report was presented. The premise for the January 23, 2012 letter from Senator Grassley is to follow up from his previous letter which included his concern about fraud and abuse with respect to pain medications and mental health drugs. Senator Grassley's letter requested responses to 12 specific questions regarding Idaho Medicaid drug management practices. Dr. Eide addressed each question and the response that was prepared and returned to the Senator. (Those Questions and individual responses are included on the DUR Board meeting slides for the April 19, 2012 meeting, which are posted on the website along with these minutes.)
○ Protease Inhibitors and Statins	Mark England, Pharm.D.	On March 1, 2012 the FDA issued a safety communication in regard to interactions between protease inhibitors and statins. Idaho Medicaid had one patient on both drugs. The patient's course on Incivek will be complete soon and he has not been compliant on his statin usage so it was decided not to send any correspondence to the prescriber.
○ Synagis 2010-2011 Season Review	Jane Gennrich, Pharm.D.	The Impact of using the 2009 revised American Academy of Pediatrics (AAP) recommendations for infants with gestational age between 32-35 weeks was reviewed. The review criteria specifically looked at 56 infants between 32 to 35 weeks gestational age and <6 months chronological age as of December 1, 2010. Only one of the 56 infants was RSV positive with hospitalization. There was no information submitted with this prior authorization request (i.e., no risk factors indicated) that would have led to prior authorization approval using either the 2006 or the 2009 Red Book criteria. The impact of implementing the 2009 AAP guidelines continues to be not significant.
➢ **Study Proposals for Next Quarter**		
○ P&T Committee Narcotic Analgesic Studies	Mark England, Pharm.D.	Continued next quarter: Narcotic Analgesic Studies
○ Leukotrienes vs. Inhaled	Mark England, Pharm.D.	Approved for next quarter.

corticosteroids in children with asthma.		
○ Use of Psychotropic Medications in Foster Children	Tami Eide, Pharm.D.	Dr. Eide outlined the need for a comprehensive plan outlining how the state of Idaho Medicaid program is going to approach the recommendations of the AACAP Practice Parameters on the use of psychotropic medication in children and adolescents. Dr. Eide reviewed possible red flags for the Medicaid Pharmacy program to identify. The DUR Board concluded it best to start with reviewing patients with five or more psychotropic medications prescribed concomitantly. The DUR Board also suggested that one to two red flags be reviewed per quarter going forward.
○ Use of Lupron	Jane Gennrich, Pharm.D.	The use of Lupron for transgender transformation was discussed. (recent prior authorization request).
➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	The Prospective DUR Report was submitted to the DUR Board for the quarter ending March 31, 2012.
➢ **DUR Newsletter**	Mark England, Pharm.D.	Ideas for the Spring 2012 Newsletter included: • Education on the 3-Day Emergency policy to be used when necessary and the criteria are met. • FDA recommendation for no more than 20mg citalopram daily for patients over 60 years of age. • Paper claim forms information. • Atopic dermatitis
➢ **ADURS 2012 Update**	Jane Gennrich, Pharm.D.	Dr. Gennrich attended the Annual American Drug Utilization Review Society (ADURS) Meeting – February 23-25, 2012 in Scottsdale, Arizona to represent the Idaho Medicaid Pharmacy department. Representatives from 43 states attended the meeting. Oral reports on DUR activities were given by the representative from each state – examples of the reports included projects done on: • Atypical antipsychotics • Suboxone Therapy • Polypharmacy

		• Methadone • Topical Immunomodulators • Pain Therapy • Controlled Substances • Twice-daily PPI Alternatives Refer to the slides for more details.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	Dr. Eide covered the following topics to update the DUR Board on Medicaid Pharmacy Unit recent activities: • Pharmacist Elise Heil has left Medicaid. Search for her replacement is underway. • The State Plan Amendment (SPA) for the change in the pharmacy dispensing fee schedule has been approved by CMS. • Recent audits included an Idaho legislative audit for drug rebates and an OIG audit for rebates on physician administered drugs. • A major long term project called the Medicaid Readiness Project is in the analysis phase now. It will include preparations for the effects of the Affordable Care Act, plus a major Idaho state initiative to bring the state eligibility system (IBES) up to CMS standards. The project will be an 18 month project with major emphasis from Idaho Medicaid management.
➢ *Adjourn, 2:15 PM* ***Next Meeting: July 19, 2012 – 9 AM***		