Idaho DUR Committee Meeting Minutes

Date: July 18, 2013 **Time:** 9am-2pm

Location: Idaho Medicaid, 3232 Elder Street, Boise, Idaho, Conference Room D-West

Moderator: Mark Turner, M.D.

Committee Member Present: Perry Brown, M.D., Wayne Baures, R. Ph., Mark Turner, M.D., Matthew Hyde, Pharm D., Paul Cady, Ph.D.
Others Present: Tami Eide, Pharm.D., Christopher Johnson, Pharm.D., Jane Gennrich, Pharm.D., Mark England, Pharm.D., Jeanie Armstrong

Committee Members Absent: Suzette Cooper, Pharm.D. Myrna Olson-Fisher, FNP,

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
Committee Business ➢ **Call to Order**	Mark Turner, M.D.	 DUR_7_18_2013_Final (2).pptx
➢ **Introductions** ➢ **Review of Minutes from April 18, 2013**	Mark Turner, M.D.	Minutes were approved as written.
➢ **Follow-up to Previous Reviews** o Botulinumtoxin DUR	Jane Gennrich, Pharm.D.	Botulinumtoxin products are only payable on the medical side as they are physician administered and not safe for patients to "brown bag" to the physician's office. Prior authorization was required starting July 1, 2013. Prior authorization requests received prior to June 2013 were returned with a note that prior to July, prior authorization was not required. Prior authorizations received after June 1, 2013 were processed with approval dates starting 7/1/2013. Denials were sent back with an

		explanation of why request was denied. All claims still paid through 6/30/13. Therapeutic criteria for chronic daily headaches/migraines was reviewed. Submitted documentation including chronic daily headache diaries has greatly improved with the implementation of the PA process.
○ Hydrocodone/Acetaminophen DUR	Mark England, Pharm.D .	The Pharmacy and Therapeutics Committee for safety reasons has recommended that IDHW shift use of hydrocodone and acetaminophen combination products to those products with lower amounts of acetaminophen. This review characterized utilization of the various products by total number of claims as well as number of unique recipients. Hydrocodone/Acetaminophen 5 mg/325 mg had the highest utilization for unique recipients and total number of claims. **Discussion** The Board felt it was positive to see prescribing shift to an increased percentage of use of the Hydrocodone/APAP 5MG-325 MG formulation. Unfortunately there is no way to capture over the counter acetaminophen use or complete patient history for alcoholism/abuse. **Conclusions/Action** The Board recommended preferring those drug combinations that contain the < or = to 500 mg acetaminophen due to concerns over toxicity due to excess acetaminophen and continuing provider educational outreach.

○ Nystatin/triamcinolone Combinations DUR	Mark England, Pharm.D.	This study reviewed utilization numbers of various nystatin and triamcinolone combination products from 1/1/13 through 4/30/13. There was higher use and paid claims for creams over ointments. Age group 0-3 years followed by 19-55 years had the highest number of paid claims. **Discussion** It was acknowledged that winter data was used for analysis and summer usually has higher antifungal use. Concern for use of potent steroid on genital area was expressed. The Board asked that a comparison be done to nystatin monotherapy and rerun for the summer months.
➢ **Current Interventions/Outcomes Studies** ○ Hepatitis C DUR	Mark England, Pharm.D., Chris Johnson, Pharm.D	A review was completed on quarterly usage trends of Incivek and Victrelis beginning with FDA approval of both agents in May of 2011. It was noted that physician specialists had held off initially on starting patients on double therapy (ribavirin/interferon), "warehousing" them until triple therapy with Victrelis or Incivek was available. The study evaluated reasons for therapy discontinuation, adherence, geographical differences in treatment patterns, and appropriate viral count monitoring. The highest number of paid claims were in 2nd quarter 2013. The number of unique prescribers and recipients remained steady from the 3rd quarter of 2011 through the 2nd quarter of 2013. Total paid claims were higher for Incivek than for Victrelis.

		53 patients were identified with paid claims for either Incivek or Victrelis between 5/1/12 and 5/26/13 for case review. Issues identified included that not all patients completed a full course of therapy and other patients received a longer course of therapy than FDA approved therapy duration. **Discussion** With initial FDA approval of the drugs, no prior authorization was required. This review was to evaluate whether there was a need for prior authorization or other restrictions. Letters have been sent out to prescribers of Incivek or Victrelis requesting baseline and follow-up laboratory values (viral titers and liver function tests) as well as chart notes. The Pharmacy unit is still waiting for return of a high percentage of the requested documentation. The Pharmacy Program is also planning on limiting the allowed number of fills for Incivek and Victrelis to prevent therapy duration exceeding the FDA approved treatment duration. One- on-one education may be needed for outlier prescribers.
○ Demographics of the Idaho Medicaid Prescription Utilizer Population	Mark England, Pharm.D .	Review of Paid Pharmacy Claims 1/1/2013 through 4/30/2013. • 0-9 years in age highest unique recipients of paid claims • Male ages 0-9 and 10-19 highest total claims, female over age 20 highest total paid claims • Highest total payment amount fell into male age group 10-19, $8,000,000.

		Discussion Recognition of one unique hemophilia patient that skews the data due to high cost of factor product was discussed.
○ CHIC – Children's Healthcare Improvement Collaboration	Jane Gennrich, Pharm.D.	**Slides 32-34** CHIC (Children's Healthcare Improvement Collaboration) - Mental health learning collaborative on depression screening in adolescent patients Target prescribers are pediatricians and family practice physicians with the goal of increasing screening for depression in adolescent patients with appropriate follow-up for those patients with positive screenings Baseline antidepressant use in Idaho Medicaid patients aged 12-17 years was presented.
○ Geo-Mapping Analysis ○ Utilization of Narcotic Analgesics (HIC3 = H3A)	Mark England, Pharm.D., Tami Eide, Pharm.D .	**Slide 35** Handout prepared by MMA (Magellan Medicaid Administration) on 6/13/2013 was provided to committee members. • Tami provided background including prior discussions of narcotic use in different regions. • One year study - June 1, 2012-May 31, 2013 • Study broke down by region/zip code, recipient, total claim, payment amount, narcotic analgesic. • Claims per region: Region 2 and 4 highest total utilization, Region 2 and 4 highest total paid claims, Region 2 highest H3A paid claims, Region 1-2 highest H3A claims

		Discussion • Idaho Medicaid recipients with out of state zip codes were discussed – should these recipients be eligible for Idaho Medicaid? • Discussion of reason for high use: industry, agricultural land, prone to injury, demographics of Washington (legal marijuana) • Asked that the report be re-looked at without children less 15 years old.
• P&T Committee Narcotic Analgesic Studies • Narcotic Analgesics in Chronic Non-Malignant Pain 2012 Update	Tami Eide, Pharm.D.	Follow up from 2011 review of narcotic patterns of use in chronic non-malignant pain study. Medicaid pharmacists reviewed profiles for top 150 recipients by total narcotic claim count for a 24 month period, ending March 2013. Eight patients with cancer diagnosis excluded from analysis. Graphs and charts reviewed (slides 40-48) • Length of time for continues opioid use. Average 9 years. • Number of different opioids, average 3. • Daily Morphine equivalents. Range 14-1340 mg with an average of 200 mg. • Number of prescribers per participant, average 1. • Other concurrent centrally acting/potentially addictive drugs percentages, Benzodiazepine highest at 30%. • Diagnosis and indications review, Most common diagnosis was lumbago/lower back pain. • Average days prior to refill was 30. • 24% of recipients paid cash outside of Medicaid reimbursement. • 46 % had a concurrent drug abuse diagnosis. • Comparison of original and follow up data showed similar numbers with an increased percent of recipients having a concurrent drug

		abuse diagnosis.
• Participants Receiving More Than 1 Long Acting Opioid at a Time	Tami Eide, Pharm.D.	**Slides 49-51** Dr. Eide reviewed profiles of participants receiving two or more than long-acting narcotic analgesics concurrently to evaluate the impact of the Department's planned change that would only allow one long-acting and one short-acting narcotic analgesic per participant without further prior authorization.
• Suboxone and Participants Paying Cash for Other Opioids	Jane Gennrich, Pharm.D.	**Slides 52-72** Dr. Gennrich reviewed data on participants receiving Suboxone while paying cash for other opioids.(includes Suboxone film, Suboxone tablets, buprenorphine/naloxone tablets, buprenorphine tablets), Currently, if Medicaid pays for Suboxone for a participant, then payment for any other opioid is blocked for that participant 200 Idaho Medicaid participants were identified with at least one paid claim for buprenorphine between 2/1/13 and 4/30/13. Board of Pharmacy reports were run on all 200 participants and 26 of them were identified as having paid cash for other opioids during the same timeframe that they were on buprenorphine. Letters were sent to the prescribers of both buprenorphine and the other opioids. One week after the letters were sent, payment for buprenorphine was blocked by Idaho Medicaid. Feedback received from the physicians was in general positive. Future plans include routinely (maybe every 3-6 months) checking Board of Pharmacy Reports on Idaho Medicaid participants who are receiving buprenorphine.

		The Committee reiterated their recommendations that the state have a rule/statute that prevents recipients from paying for narcotics above and beyond Medicaid payments. Dr. Eide stated that the Department is planning on taking this to the Medicaid Advisory Board for input on this issue before seeking a rule change or addendum. The Committee discussed the need for future collaboration among private and public healthcare plans to study prescribing and/or abuse of narcotics.
➢ **Study Proposals for Next Quarter** o Synagis		The Board reviewed the past season RSV activity in Idaho. Consensus opinion was that the RSV 2012-2013 season was a typical season with no significant issues and that a retrospective DUR project is not needed.
o P&T Committee Narcotic Analgesic Studies – Next Steps		The next narcotic analgesic study will be to look at patients receiving two or more short-acting narcotic analgesics concurrently.
o Use of Psychotropic Medications in Foster Children – Next Steps o 2012 Data Analysis Update o Three (3) or more concomitant mood stabilizer medications		Next data review will be on Idaho Medicaid foster children with paid claims for three of more concomitant mood stabilizer medications

o IVIG o Levofloxacin o Antipsychotic Indication Evaluation- Hold for Future		IVIG prior authorization criteria were implemented 1-1-2013. This study will review the prior authorized patients including changes in cost of therapy for both pharmacy and medical claims. . The levofloxacin minimum age was decreased from 16 years to 0 years on 11-1 2012. This review will compare usage patterns from January through June 2013 as compared to a baseline of January through June 2012. .
➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	Dr. England reviewed the quarterly report. ProDUR trends remain the same. No specific actions taken.
➢ **DUR Newsletter**	Mark England, Pharm.D.	Current Newsletter was provided via hard copy which included a review of Idaho Medicaid Drug expenditures, top 10 drug breakdown, psychotropic medication in foster children, and J-code prior authorization requirements. The Newsletter is available on Magellan IDHW website. The goal is to improve distribution of newsletter. It was suggested that a future newsletter discuss the use and clinical indications for antifungal and steroid combinations since there is rarely a need for steroids in most cases.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	Dr. Eide discussed the Idaho Medicaid Innovation Grant. IDHW has contracted with Mercer to transform Service & Payment Model. She also announced that the Behavioral Health MCO contract was awarded to Optum and is set to begin 9/1/2013. Medications are not part of this contract.
➢ ***Adjourn, 2pm***	Mark Turner, M.D.	
Next Meeting: **Oct 10, 2013 – 9:00 AM**	.	