Idaho DUR Board Meeting Minutes

Date: Jan. 16, 2014 **Time:** 9am-1pm

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

Moderator: Mark Turner, M.D.

Committee Member Present: Perry Brown, M.D., Mark Turner, M.D., Matthew Hyde, Pharm D., Paul Cady, Ph.D., Wayne Baures, R. Ph., Myrna Olson-Fisher, FNP

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.

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
Committee Business ➢ **Call to Order**	Mark Turner, M.D.	The meeting was called to order by Dr. Mark Turner, Chairman.
➢ **Review of Minutes from Oct 10, , 2013**	Mark Turner, M.D.	Minutes were approved as written.

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- **Follow-up to Previous Reviews**
  - Growth Hormone

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<td>Jane Gennrich, Pharm.D</td>
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Slides 3-18

Dr. Gennrich provided an update of utilization of preferred and non-preferred growth hormones between 5/25/2013 and 8/25/2013 and then between 9/1/2013-11/30/2013.

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<tr><td>Preferred Growth Hormones</td></tr>
<tr><td>o Norditropin, Nutropin, Nutropin AQ</td></tr>
<tr><td>Non-Preferred Growth Hormones</td></tr>
<tr><td>o Genotropin, Humatrope, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive</td></tr>
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Letters were sent to prescribers of non-preferred growth hormone products in September 2013 and again in December 2013 requesting them to switch patients to a preferred growth hormone or provide documentation as to why the patient should remain on a non-preferred growth hormone.

The majority of patients were switched to a preferred growth hormone with no complaints by the prescribers.

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○ Oral Buprenorphine	Jane Gennrich, Pharm.D	**Slides 19-33** This follow-up study reviewed all participants (n= 210) with at least one claim paid for oral buprenorphine by Idaho Medicaid between 9/1/13 and 11/30/13 and evaluated cash payment for opioids during this same time period. A Board of Pharmacy controlled substance report was run for all of these participants to identify anyone who had received any other opioid with overlapping days of service to buprenorphine. Payment method (cash, Idaho Medicaid, other insurance) was noted. 25 of the 210 patients (11%) paid cash for other opioids during the same timeframe when Idaho Medicaid was paying for oral buprenorphine for opioid abuse. Prescribers were contacted by phone to determine if they were aware of the additional opioids and to find out what the consequence to each patient would be. One nurse practitioner was identified who was prescribing oral buprenorphine for pain which is a non-FDA approved indication. This nurse practitioner was contacted and the patient has been switched to alternative pain therapy treatment. **Conclusions**: The Board endorsed this review as a routine

		quarterly review. The Board requested that education be provided on DEA-X numbers.
○ Use of Psychotropic Medications in Foster Children	Tami Eide, Pharm.D.	**Slides 34-39** Dr. Eide did a follow-up review of the 2012 Psychotropic Medications in Foster Children breaking out all children less than 6 years old. ○ 125 total foster children ages 0-6 years met criteria for psychotropic drug claims in 2012 ○ 66 children had more than 10 claims for the year ▪ 40 children are now over the age of 6 ▪ 26 children currently under the age of 6 • 11 no longer on Medicaid or no longer receiving psychotropics • 7 children anticonvulsants for actual seizure diagnosis • 8 children still receiving for a mental health indication • The 8 case studies of children still receiving for mental health issues were reviewed **Conclusions:** The Board concluded that no additional action was needed at this time. This subgroup will be reviewed again when the 2013 data is reviewed.

➢ **Current Interventions/Outcomes Studies** o Oral Albuterol	Jane Gennrich, Pharm.D.	**Slides 42-53** Both the DUR Board and the P&T Committee have expressed concerns about using oral albuterol, especially in children as part of the treatment in acute infections. Three patients were identified with paid claim(s) for oral albuterol between 7/1/2013 and 9/30/2013. Refer to slides for details. None are still receiving. The Department continues to receive 1-2 prior authorization requests monthly for oral albuterol that are denied. Conclusions: No further action needed.
o Uloric	Jane Gennrich, Pharm.D.	**Slides 54-64** The 2012 American College of Rheumatology Guidelines for Management of Gout were reviewed. This guideline states that either allopurinol or Uloric can be used as first-line agents. Idaho Medicaid prefers allopurinol as it is more cost effective. Uloric requires prior authorization. Refer to slides for details on therapeutic criteria as well as an analysis of patients with both approved and denied prior authorization requests. Currently Uloric's utilization is approximately 4.5% of the total number of patients receiving xanthine oxidase inhibitors, with the remainder using allopurinol. Uloric prescriptions account for 33% of the total cost. Conclusions: The Board agreed that the Pharmacy

		program should continue to require prior authorization for Uloric as it is considerably more expensive than allopurinol which is also a first line agent and 30% of patients with prior authorization requests for Uloric did not meet Idaho Medicaid's therapeutic criteria.
○ Colcrys	Jane Gennrich, Pharm.D.	**Slides 65-77** Dr. Gennrich presented background information on FDA decisions in 2006 that pulled generic colchicine from the market and approved Colcrys. She also reviewed the American College of Rheumatology Guidelines for Management of Gout. Idaho Medicaid's current therapeutic criteria for the treatment of acute gout, chronic gout, and other indications were reviewed. An analysis was done of current paid claims for Colcrys between 8/1/2013-10/31/2013. Prior authorization denials for Colcrys were also reviewed. Conclusions: Based on the review of prior authorization approvals and denials for Colcrys as well as concern for the steady increase in utilization of patients, claims and expenditures for the past three years, it was recommended that we continue to require prior authorization for Colcrys. The pharmacy program still needs to implement P&T recommendations enabling payment at a pharmacy without prior authorization for a fill of 3 tablets for a 1 day supply for acute gout.
○ Oseltamivir/Zanamivir	Chris Johnson, Pharm.D	**Slides 78-87** A review was done on utilization of oseltamivir (Tamiflu) And zanmivir (Relenza) for the 2012-2013 flu season.

		During this time period there were 3,355 patients with 3,396 claims for a total cost of $443,860. The majority of the claims as well as the highest percentage of cost were for oseltamivir suspension followed by oseltamivir 75 mg capsules. It was noted that 16% of the patients also had received flu vaccine. This would indicate that 84% had not received the vaccine. Limitations were that we could only look at what was paid for by Medicaid. For instance, some children get free flu vaccine at school. Dr. Johnson also reviewed the out of season use of oseltamivir from June 2013 through August 2013. Four patients had out of season use. Conclusions: Considerations for improving utilization in the future. • Control the number of occurrences (number of doses a participant can get per year) • Age limit on the suspension. Education on cost differential of oral vs suspension was suggested and a first step before restriction. • Require the submission of current flu vaccination status with requests for anti-influenza prescriptions • Send letters to those who received Tamiflu this year with recommendation to get flu vaccine in the next season. Suggested that letters go out in August • Publish a general education article on Tamiflu resistance.
○ Influenza Vaccine	Chris Johnson, Pharm.D	**Slides 88-96** Dr. Johnson reviewed influenza vaccine use from 9/1/2012 through 5/31/2013. This included both pharmacy POS and medical claims. The total

		expenditures were $ 251,364 for medical claims and $ 73,031 for pharmacy POS claims. The highest percentage of vaccines administered in a clinic setting were children between ages 0-9 years with ages 10-19 years composing the highest percentage for pharmacy POS usage. There were duplicate claims billed for 98 claims ($2450) and one claims mis-billed for 1 ml vs 0.1 ml (cost of $ 174 vs $31). Conclusions: Pharmacy through Magellan to make the following changes. • Set an occurrence limit for Flu vaccine of 1 injection per participant per year for ages 9 years and older. • Limit dose for subcutaneous flu vaccine to 0.1ml
○ Tobacco Cessation Products	Tami Eide, Pharm.D.	**Slides 96-101** As of January 1, 2014, all Medicaid programs will be required to cover Tobacco Cessation products. Dr. Eide reviewed the Pharmacy and Therapeutics Committee recommended preferred and non-preferred products as well as coverage limitations for age, quantity and duration. She also reviewed clinical guideline criteria for use of nicotine replacement products, bupropion SR and Chantix which includes the number of quit attempts paid for, concurrent counseling and contraindications.

○ Concomitant Oral and injectable Atypical Antipsychotics	Jane Gennrich, Pharm.D.	**Slides 102-110** Medication profiles were run on 163 patients with at least one paid claim for an injectable antipsychotic and at least one paid claim for an oral antipsychotic agent between June 1 – November 30, 2013. These profiles were reviewed by the Medicaid pharmacists. Dr. Gennrich reviewed the findings. 44 or the 163 patients had at least a 60 day overlap between injectable and oral antipsychotics. Those patients were analyzed, looking at which medications were being used. Most patients (68) were receiving one injectable and one oral agent concurrently, but 50 patients were receiving one injectable and 2-4 oral agents. One patient was receiving 2 injectables and one oral agent. Approximately 60% of the patients were receiving the same medication IM and orally. A comparison was done comparing the prescription expenditures to all other Medicaid expenditures for these patients. Prescription costs varied from $625 - $ 4266/month. Concerns discussed included: • Whether injectable medications were actually being administered • Why patients who could take oral medications needed injectables • Rational and safety of 2-4 antipsychotics administered concurrently • Lack of cost-effectiveness of the combinations Conclusions: The Board recommended that the pharmacy unit

		explore focused education**.** It was also suggested that the Department require proof of administration after 90 days as well as validation of oral discontinuation before continuing PA approval.
➢ **Study Proposals for Next Quarter** o Choosing Wisely	Tami Eide, Pharm.D	See additional document in packet. Dr. Eide reviewed Choosing Wisely, an initiative of the American Board of Internal Medicine. The recommendations of the various Boards provide an opportunity for some medication-related education. The Board will review the list of recommendations to determine which topics to be further pursued.. On those topics chosen, an educational piece as well as patient list will be sent to providers.
o Optum Partnering	Tami Eide, Pharm.D	**Slide 113** Optum as Medicaid's vendor for mental health and substance abuse treatment services would like to partner with the DUR program with quality improvement initiatives. In addition to working together on foster children over utilization of psychotropics the following topics have been suggested. • Tracking and identifying high-cost prescribers for psychotropics • Profiling patterns of prescribing for children and adolescents • The usage of benzodiazepines and opioids simultaneously Board Members showed interest in studying the use of Benzodiazepines and Opiates simultaneously.
o P&T Committee Narcotic Analgesic Studies – Next Steps	Tami Eide, Pharm.D	**Slides 114-115**

		Dr. Eide reviewed the next steps and a time line for improving usage and limiting overutilization of narcotic analgesics.
○ Use of Psychotropic Medications in Foster Children - Next Steps	Tami Eide, Pharm. D	Slide116 Dr. Eide reviewed the next steps for the ongoing initiative for decreasing use of psychotropic medications in foster children.
➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.
➢ **DUR Newsletter**	Mark England, Pharm.D.	Next Newsletter • High Cost Generics ○ List of ones with most significant increase in the last 6 months ○ Brand preferred over generic list • Alternatives for colchicine and nystatin.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	No additional updates not already covered in agenda were presented.
➢ ***Adjourn, 1pm***	Mark Turner, M.D.	
Next Meeting: April 17, 2014	Mark England, Pharm.D.	