

Idaho DUR Board Meeting Minutes

Date: April 17, 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.,

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.	The meeting was called to order by Dr. Mark Turner, Chairman.
➤ Review of Minutes from Jan.16 , 2014	Mark Turner, M.D.	Minutes were approved as written.

<p>➤ Follow-up to Previous Reviews</p> <p>Buprenorphine DUR</p>	<p>Jane Gennrich, Pharm.D</p>	<p>Slides 3 - 4</p> <p>Dr. Gennrich provided a high-level overview of total number of participants on oral buprenorphine and paid claims. Reports reveal a continued uptrend. Additional follow-up and reporting will be provided next quarter due to unforeseen delay in ability to access controlled substance reports.</p> <ul style="list-style-type: none"> • The Idaho Board of Pharmacy is now using PMP AWARE for controlled substance reports as of February 2014. • Idaho Medicaid is continuing to run quarterly controlled substance reports on all participants with paid claims for oral buprenorphine and contacting prescribers if patients are paying cash for other opioids while on oral buprenorphine for treatment of opioid addiction.
<ul style="list-style-type: none"> ○ American Drug Utilization Review Society (ADURS) 	<p>Chris Johnson, Pharm.D</p>	<p>Slides 5-9</p> <p>Dr Johnson attended ADURS February 21-23, 2014 in Scottsdale, AZ. Each State's representative attended a round table discussion on top education topics (refer to slide 6). Hepatitis C was a major discussion topic. Of interest was Delaware's, aggressive approach to limiting breakthrough medication for chronic narcotic patients. Hawaii was identified to have a legislative mandate that Hepatitis C treatments cannot be restricted. Dr Johnson is reaching out to further gain knowledge of this mandate.</p>
<ul style="list-style-type: none"> ○ Multiple Dosage Forms of Olanzapine Prescribed Concomitantly 	<p>Jane Gennrich, Pharm.D</p>	<p>Slides 10-31</p> <p>Patients receiving greater than 20 mg/day olanzapine (maximum FDA approved dose) by using multiple tablet strengths and having the therapeutic</p>

		<p>duplication code overridden by the dispensing pharmacist were reviewed. Therapeutic justification was requested from the prescriber and the responses were reviewed by Idaho Medicaid's Medical Director. In the future, this therapeutic duplication will be a hard stop and it will not be possible to be overridden by the dispensing pharmacist. Prior authorization will be required.</p>
<ul style="list-style-type: none"> ○ Acetaminophen combos with > 325 mg APAP obsolete 1/14/14 	<p>Mark England, Pharm.D.</p>	<p>Slides 32-36</p> <p>The U.S. Food and Drug Administration (FDA) published a drug safety and availability announcement on January 14, 2014 recommending the discontinuation of prescribing and dispensing of prescription combination products of opioids with more than 325 mg of acetaminophen as a protection to consumers.</p> <ul style="list-style-type: none"> • Letters were sent on 3/6/2014 to 246 prescribers concerning 1,041 patients. • As of 4/2/2014, 50 responses have been received (20% response rate.) – refer to slide 34-35 for specific responses. • Copy of the letter to providers was provided in DUR meeting packet.
<ul style="list-style-type: none"> ○ Oral Diazepam DUR 	<p>Jane Gennrich, Pharm.D.</p>	<p>Slides 37-60</p> <p>Oral diazepam currently has a quantity limit set at eight (8) tablets daily for 2 mg and 5 mg strength tablets and six (6) tablets daily for the 10 mg tablet strength in the Idaho Medicaid POS system. The FDA approved daily dosing for adults is 2-10 mg three to four times daily.</p> <p>Paid claims were analyzed between 11/13/2013 and 1/12/2014 to identify patients routinely receiving more than four tablets daily.</p> <p>Ten patients were identified and letters were sent to</p>

		<p>the prescribers. Responses were reviewed by Idaho Medicaid's Medical Director.</p> <p>Effective 6-1-2014, quantity limits will be reduced to four tablets daily for all tablet strengths. Prior to 5-1-2014, any new patients will be identified and letters will be sent to their prescribers.</p>
<ul style="list-style-type: none"> ○ Inhaled Corticosteroids/Long Acting Beta Adrenergics 	Mark England, Pharm.D.	<p>Slide 61</p> <p>Beginning April 1, 2014 changes were made to the preferred and non-preferred Glucocorticoid/Bronchodilator Combinations</p> <ul style="list-style-type: none"> • Letters were sent to prescribers along with a list of their affected patients (letter included in DUR meeting packet).
<ul style="list-style-type: none"> ➤ Current Interventions/Outcomes Studies <ul style="list-style-type: none"> ○ Treatment of Hepatitis C 	Chris Johnson, Pharm.D	<p>Slides 62-168</p> <p>Dr. Johnson discussed the Hepatitis C disease state including:</p> <ul style="list-style-type: none"> • Epidemiology/Prevalence • Virus transmission • Persons at risk • Natural History of HCV • Regional variation of HCV genotypes • Liver biopsy grading and staging • Screening • Disease symptomology • Compensated vs decompensated liver disease <p>Current treatments and 2014 treatment guidelines were then presented. Comparisons of guidelines from the following associations were discussed. Drugs used and treatment durations were included in the discussion.</p>

		<ul style="list-style-type: none"> American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA) European Association for the Study of the Liver (EASL) World Health Organization (WHO) <p>Responses from CTAF (California Technology Assessment Forum) voting members of current evidence for new treatments of Hepatitis-C was also reviewed.</p> <p>Potential treatment impact specific to Idaho Medicaid was then presented.</p>
➤ Study Proposals for Next Quarter Synagis DUR	Jane Gennrich, Pharm.D.	It was suggested to include number of requests approved and denied.
Choosing Wisely	Tami Eide, Pharm.D	<p>Slide 171-177</p> <p>Dr. Eide reviewed the Choosing Wisely program. The Medicaid Pharmacy Staff reviewed the guidelines and pulled out topics that possibly could be used for future DUR studies. The DUR Board discussed and proposed one proposed topic per quarter be inserted into the DUR newsletter as education.</p>
P&T Committee Narcotic Analgesic Studies – Next Steps	Tami Eide, Pharm.D	<p>Slides 178-179</p> <p>Dr. Eide reviewed which initiatives had been completed and the timeline for the remaining initiatives including limits on long and short acting narcotics, morphine equivalent limitations, lock-in and PA requirements.</p>

<ul style="list-style-type: none"> ○ Use of Psychotropic Medications in Foster Children – Next Steps 	Tami Eide, Pharm. D	<p>Slide180 Dr. Eide outlined the next steps in improving the use of Psychotropic Medications in Foster Children.</p> <ul style="list-style-type: none"> • An Academic Detailing module on antipsychotics in children is being written and reviewed. • 2013 Data Analysis to be completed • High utilizer project with Optum to evaluate therapy component and implement interventions • Academic Detailing AAP Visits • Repeat Red Flag analysis
<ul style="list-style-type: none"> ○ Acne DUR 	Chris Johnson, Pharm.D	<ul style="list-style-type: none"> • Study on oral antibodies for acne • Because of the large increase in cost of the oral antibiotics, we will analyze effectiveness and utilization of topical vs. oral agents. • Will also look at the possibility of covering currently excluded OTC agents.
<ul style="list-style-type: none"> ○ Truvada DUR 	Tami Eide, Pharm. D	<ul style="list-style-type: none"> • Analysis of patients with paid claims • Use for treatment vs. risk of HIV
<ul style="list-style-type: none"> ○ Prescriber Profiling 	Tami Eide, Pharm. D	<p>Slide 183-184</p> <p>Review of list referencing what Dr Eide would like to profile vs. MMA's ability to profile.</p>
<ul style="list-style-type: none"> ➤ ProDUR Quarterly Report 	Mark England, Pharm.D.	Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.
<ul style="list-style-type: none"> ➤ DUR Newsletter 	Mark England, Pharm.D.	<p>Next Newsletter</p> <ul style="list-style-type: none"> • Choosing Wisely topics, refer to slides for specific topics. • Physicians responsibility when prescribing Opioids • Long term use of proton pump inhibitors
<ul style="list-style-type: none"> ➤ Medicaid Update 	Tami Eide, Pharm.D.	<ul style="list-style-type: none"> • Announcement of Paul Leary's retirement, Lisa Hettinger taking position. • Development of SHIP, new Medical Director for SHIP program TBD

		<ul style="list-style-type: none"> • Expanded managed Care Dual Eligible. Program <ul style="list-style-type: none"> ○ Rebate is the only component which will effect Medicaid pharmacy program • Optum – positive relationship efforts so far • Focus on Hep C
➤ <i>Adjourn, 1pm</i>	Mark Turner, M.D.	
Next Meeting: July 17, 2014	Mark England, Pharm.D.	