Idaho DUR Board Meeting Minutes

Date: October 16, 2014 **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., Mark Turner, M.D., Matthew Hyde, Pharm D., Wayne Baures, R. Ph., Elaine Ladd, Pharm.D.

Others Present: Tami Eide, Pharm.D., Christopher Johnson, Pharm.D., Jane Gennrich, Pharm.D., Mark England, Pharm.D., Jeanie Armstrong

Committee Members Absent: Paul Cady, Ph.D., Lane Deitchler, DNP

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 April 17, 2014**	Mark Turner, M.D.	Minutes were approved as written. It was noted that the July 17, 2014 meeting had been cancelled.
➢ **Follow-up to Previous Reviews** • Multiple Dosage Forms of Olanzapine Prescribed Concomitantly	Jane Gennrich, Pharm.D	**Slides 2 – 7** Prior authorization has been required since 6/17/2014 for patients receiving multiple tablet strengths of olanzapine concomitantly due to the number of patients utilizing multiple tablet strengths to exceed the maximum FDA approved daily dose of 20 mg. Between 6/17/2014 and 9/24/2014, Medicaid pharmacists processed 118 quantity override

		requests for multiple tablet strengths. These were evaluated on a case by case basis with input from Medicaid Medical Director, Dr. Mark Turner. Patients receiving multiple tablets for a total daily dose of less than 20 mg were in general approved, as were stable patients receiving > 20 mg for over 6 months. In most cases, new requests to increase doses above 20 mg were denied.
➢ **Ongoing review** ○ Buprenorphine DUR	Jane Gennrich, Pharm.D	**Slides 9-30** All participants with at least one claim paid by Idaho Medicaid for oral buprenorphine between 3/1/14 to 5/31/14 (n=222) were identified and a controlled substance Board of Pharmacy report was reviewed to identify patients who had paid cash for opioids. The DUR Board was advised that when Idaho Medicaid identifies patients on oral buprenorphine, they are blocked from Medicaid payment for any other opioid. Prescribers of oral buprenorphine who had patients who had paid cash for opiods were contacted by phone. Refer to slides for details on their responses. Dr. Gennrich provided an update on tramadol. On 7/2/14 the DEA released the final rule adding tramadol to the Schedule IV list of the Controlled Substances Act. On 8/18/14 this rule went into effect. Tramadol is now blocked for payment (along with other opioids) when Idaho Medicaid pays for oral buprenorphine for opioid abuse/dependence treatment.
○ Narcotic Analgesic Studies	Tami Eide, Pharm.D	**Slides 31-35** Dr. Tami Eide presented background information including the Eight Factor Analysis performed by the FDA to reschedule hydrocodone combination products to Schedule II narcotics in the Controlled Substance Act.

		Highlights include; • Went into effect October 6, 2014 • All new prescriptions treated as Schedule II • Prescriptions written prior to October 6, 2014 with refills can be refilled until April 8, 2015. The Board discussed how this change could affect prescribers and Medicaid patients due to high utilization of these agents. There was discussion on how this would affect future initiatives looking at > 1 long-acting opioid, > 1 short-acting opioid and > 300 mg daily morphine equivalents. We will monitor and review at the next Board meeting changes in utilization and shift to other agents such as acetaminophen with codeine and tramadol.
○ Use of Psychotropic Medications in Foster Children	Tami Eide, Pharm.D	**Slides 36-51** Dr. Tami Eide presented the 2013 update of the use of psychotropic medications in foster children. Tables and graphs were provided to review the following 2007-to-Current comparisons; • Idaho Medicaid to five states in GAO study • Percentage of foster children and non-foster children receiving psychotropic medications over time Additional review of 2013 focus included graphs and tables to illustrate; • Percent of total foster and non-foster children receiving psychotropics by class • Claims and cost comparison for foster and non-foster children • Percent of foster children and non-foster children receiving psychotropics by year • ADHD drug use by gender and age in foster children and non-foster children • Antianxiety drug use by gender and age in foster children and non-foster children • Mood stabilizer use by gender and age in foster children and non-foster children

		• Antidepressant use by gender and age in foster children and non-foster children. • Atypical antipsychotic use by gender and age in foster children and non-foster children • Prescriber type by claims volume statewide • Regional prescriber variation by prescriber type • Regional prescriber variation by region
○ Hepatitis C DUR	Chris Johnson, Pharm.D	**Slides 52 - 70** Dr. Chris Johnson provided a brief history of newer agents for the treatment of Hepatitis C and the implementation of updated guidelines for Hepatitis C in response to these newer agents. • Olysio was FDA approved 11/22/2013 for once a day dosing and is similar to previous agents Incivek and Victrelis. These agents are limited to the treatment of genotype 1 of Hepatitis C infections. • Sovaldi was approved through the FDA's Priority Review and Breakthrough Therapy designation on 12/6/2013. Sovaldi has a broader range of treatment for genotypes 1, 2, 3, and 4. Dr. Johnson reported the publication of updated guidelines for the treatment of Hepatitis C with the newer agents preferred over previous agents Incivek and Victrelis. Due to the rapid FDA approval of Sovaldi it was decided to hold requests for Sovaldi until the May 2014 P&T committee in order to present current guidelines and an effective therapeutic criteria proposal congruent with Medicaid's limited resources. Dr. Johnson reported on the results of the Center for Evidence-based Policy at Oregon Health & Science

		University review of the AASLD/IDSA guidelines that were published on May 20, 2014. They concluded that the currently available studies did not provide sufficient evidence of the routine use of Sovaldi containing regimens for the treatment of Hepatitis C infection. They stated "The recently published HCV treatment guideline published by AASLD and IDSA is of poor methodological quality and does not adhere to international or US standards for guideline development." Shortly after the review, Idaho Medicaid submitted their therapeutic criteria for the use of Sovaldi and Olysio to the May 2014 P&T committee. Dr. Johnson noted the AASLD/IDSA Hepatitis C guidelines are considered a "Living Document" and are updated when newer information is provided. The most recent change was the addition of "When and In Whom to Initiate HCV Therapy" category. This category noted the need for prioritized treatment for patients who will derive the most benefit from treatment and stated others should be treated as resources allow. Dr. Johnson noted that Idaho Medicaid's therapeutic criteria met these recommendations prior to its publication. Dr. Johnson reported on the requests for Sovaldi for 47 patients from the implementation of prior authorization through 9/30/2014. A total of 10 patients met criteria for approval for which 1 completed treatment, 5 were actively being treated at the time of the DUR meeting, 2 had no claims submitted, and 2 were approved but were not treated due to illness. There were 8 patients approved for Genotype 1 infections and 3 patients with Genotype 3 infections.

		Dr. Johnson reported that the 37 patients who were not approved because of the following reasons: 18 patients did not meet criteria for liver staging for fibrosis, 15 patients did not have liver staging documentation and had a history of drug/alcohol abuse with no follow up reply, and 4 met criteria but had a continued history of drug/alcohol abuse. Dr. Johnson concluded with the need for an updated "Hepatitis C Patient Readiness Evaluation" catered to the newer and shorter regimens to help clinicians determine the best candidates for treatment.
➢ **Current Interventions/Outcomes Studies** o Syngas DUR	Jane Gennrich, Pharm.D.	**Slides 72-99** The 2014 AAP (American Academy of Pediatrics) Guidance for palivizumab (Synagis) prophylaxis was presented. The update for the Board included who had input into this updated AAP Policy Statement and quotes from both the policy statement and technical report. Paid Synagis claims for 2013-2014 RSV Season were reviewed and discussed including an estimate of the effect of 2014 AAP changes and historical start and end dates of Idaho's RSV season for the last ten years. 2014-2015 RSV Season in Idaho recommendations : • Continue December 1 as start date for Synagis prophylaxis for upcoming 2014-2015 RSV Season • Implement 2014 AAP Criteria • Monitor severity of 2014-2015 RSV season • At the end of the season evaluate those children who would have met previous guidelines, but do not meet current

		guidelines Evaluation to include trends, mortality, increased hospital stays, etc.
○ **Hospice**	Jane Gennrich, Pharm.D.	**Slides 100-109** Dr. Gennrich reviewed changes to how the Department handles Hospice requests for drug coverage. A CMS Update for Medicare on July 18, 2014 stated that hospice providers should provide all the medications that are reasonable and necessary for the palliation and management of a beneficiary's terminal illness and related condition. They stated that this will routinely include drugs in these four categories: • Analgesics • Antinauseants (antiemetics) • Laxatives • Antianxiety drugs (anxiolytics) Effective October 1, 2014, hospice agencies can no longer use *Debility* or *Adult Failure to Thrive* as a hospice diagnosis. Subsequently, Idaho Medicaid is seeing an increase in *Malnutrition* and *Nutritional Marasmus* listed as the hospice diagnosis. Prior authorization requests received for hospice patients between January 1 through April 30, 2014 were reviewed. Refer to slides for details.
○ **Botulinumtoxin DUR**	Jane Gennrich, Pharm.D.	**Slides 110-132** Prior authorization for all botulinumtoxin products was instituted July 2013. Current therapeutic criteria were discussed.

○ **Acne DUR**	Chris Johnson, Pharm.D	**Slides 133-144** Dr. Chris Johnson presented the drug utilization of doxycycline and tetracycline oral antibiotics for the treatment of acne. Dr. Johnson noted the increase in price for doxycycline and tetracycline due to drug shortages from increased demand, manufacturing delays, and limited raw material. Idaho Medicaid reviewed the impact of the chronic use of doxycycline and tetracycline for the treatment of acne. Dr. Johnson provided a brief review of the current guidelines for the treatment of acne in pediatric patients. The use of oral antibiotics is indicated for moderate to severe inflammatory acne vulgaris at any age, but tetracycline should be limited to children greater than 8 years of age. Oral antibiotic therapy should be used in combination with a topical regimen that includes benzoyl peroxide. Dr. Johnson reported the use of oral minocycline, doxycycline, and tetracycline for the review dates of 7/2014 thru 10/14/2014. A majority of drug use was noted for minocycline (841 unique clients) and doxycycline (1018 unique clients). Tetracycline had a total of 16 unique clients. Total claims for minocycline were 1451 claims, doxycycline 1316 claims, and tetracycline 20 claims. Average cost data was provided per each claim with minocycline reporting $22/claim, doxycycline $77/claim, and tetracycline $96/claim. The average

		day's supply for minocycline was 29 days, doxycycline 16 days, and tetracycline 22 days. A majority of prescriptions per a unique recipient reported doxycycline as being most often prescribed for one prescription, indicating short term treatment of an infectious process not related to acne treatment, with minocycline prescribed greater than one prescription, indicating chronic use for possible acne treatment. The use of tetracycline was limited due to the current drug shortage at the time of the data collection.
○ **Truvada DUR**	Chris Johnson, Pharm.D	**Slides 145 – 149** Dr. Chris Johnson provided a follow up report of the prior authorization of Truvada for the 7/2012 FDA approved indication for the treatment of HIV prophylaxis in non-HIV patients for prevention of HIV among those at high risk for infection. A total of 352 claims with 49 unique recipients were reported. Because a majority of patients were prescribed Truvada for a documented history of HIV infection, these were excluded from review. A total of 9 prior authorizations were submitted for review. Six patients were either new to Medicaid with HIV diagnosis or newly diagnosed with HIV infection. One patient was prescribed Truvada for pre-exposure prophylaxis. One patient was prescribed for post-exposure prophylaxis and one patient was prescribed for the off-label treatment for Hepatitis B. The DUR committee concluded that the need to prior authorize Truvada was not necessary, based upon the limited use reported by Medicaid.

○ **Annual Report** ▪ **New DUR Survey Questions**	Tami Eide, Pharm.D	**Slides 150-166** Dr. Tami Eide presented the Annual DUR report as well as new DUR survey questions. Responses to DUR survey questions: • Early refill DUR Alert, is filling pharmacist able to override for lost/stolen RX, vacation, or other ➢ No, this would create abuse • Idaho Lock-in program period ➢ 2 years • Do you require prescribers (through provider agreement) to access the PDMP patient history before prescribing restricted substances? ➢ CMS pushing to enforce in every state. • Obtain DEA Active Controlled Substance Registrant's File to identify prescribers not authorized to prescribe controlled drugs? ➢ Idaho, no • POS edits to limit the quantity of short-acting Opioids and long-acting Opioids? ➢ Idaho, yes • Do you have an algorithm in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded? ➢ MMA efforts in motion

➢ **Study Proposals for Next Quarter** o Prescriber Profiling o Multiple Dosage Forms of Ziprasidone Prescribed Concomitantly	Tami Eide, Pharm.D	**Slides 167-178** Additional topics suggested include; Methadone use Oxycodone IR Colchicine
➢ **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 • PMP Interconnect Search tool
➢ **Medicaid Update**	Tami Eide, Pharm.D.	IDHW continued change in upper management Current priority IT projects • CCF10615 – Prescriber file . Only providers enrolled in Idaho Medicaid will be allowed to prescribe. • CCF10668 – 834 Elig. File. Eligibility files will now come to Magellan from Molina so both systems of the MMIS can be in sync.
➢ ***Adjourn, 1pm***	Mark Turner, M.D.	
Next Meeting:	Mark England, Pharm.D.	TBD 2015