

Idaho DUR Board Meeting Minutes

Date: Jan. 15, 2015

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., Elaine Ladd, Pharm.D., Lane Deitchler, DNP

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

Committee Members Absent: Wayne Baures, R. Ph.

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
<p>Committee Business</p> <ul style="list-style-type: none"> ➤ Call to Order 	<p>Mark Turner, M.D.</p>	<p>The meeting was called to order by Dr. Mark Turner, Chairman.</p>  <p>DUR_1_15_2015_Final.pptx</p>
<ul style="list-style-type: none"> ➤ Review of Minutes from Oct 17, 2014 	<p>Mark Turner, M.D.</p>	<p>Minutes were approved as written.</p>
<ul style="list-style-type: none"> ➤ Follow-up to Previous Reviews <ul style="list-style-type: none"> • Foster Children Prescribers (Nurse Practitioner Practice Sites) 	<p>Tami Eide, Pharm.D</p>	<p>Slide 3</p> <p>A separate slide presentation, “2013 Nurse</p>

		<p>Practitioner Foster Children Prescriber Characteristics” containing study results was provided by Dr Eide.</p> <p>With 22% of foster children psychotropic medications being prescribed by Nurse Practitioners, the Board was interested in whether nurse practitioner prescribers were working independently or under a physician or psychiatrist.</p> <ul style="list-style-type: none"> • Total NP claims: 4643 • Number of individual nurse practitioners: 97 <ul style="list-style-type: none"> ○ 30 in solo practice with 1696(37%) claims • 24 Urban/6 Rural • Majority had taxonomy of Psychiatry/Mental Health or Family Medicine which corresponded to the practice sites. <p>The Board will continue to monitor. It was suggested possibly comparing to other states in the future.</p>
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<p>➤ Ongoing review</p> <ul style="list-style-type: none"> ○ Buprenorphine DUR 	<p>Jane Gennrich, Pharm.D</p>	<p>Slides 5 – 15</p> <p>Dr. Gennrich provided an update of the PMP Interconnect Search program with 2 new states added since last quarter. The Board would like to see border states join, however this is unlikely to happen anytime soon.</p> <p>The study included participants with at least one claim for oral buprenorphine paid by Idaho Medicaid between 9/1/14 to 11/30/14. n=212</p> <ul style="list-style-type: none"> • Members who had received any other opioid with overlapping days of service were stratified by payment method (cash, Idaho Medicaid, other insurance) • Identified patients on oral buprenorphine are blocked from payment for any other opioid. • Graphs and tables showed: <ul style="list-style-type: none"> ○ Total number of participants on oral buprenorphine ○ Number of participants who paid cash for an opioid while on oral buprenorphine ○ Breakdown by specific opioid used for three separate 3 month time periods <p>Dr. Gennrich contacted by telephone all oral buprenorphine prescribers who had patients who had paid cash to discuss the patient. She noted that physicians are getting better at checking for other opioid use.</p>
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<ul style="list-style-type: none"> ○ Narcotic Analgesic Studies 	<p>Tami Eide, Pharm.D</p>	<p>Hydrocodone Compound Scheduling Change Update</p> <p>Slides 16 - 24 Dr Eide provided background of hydrocodone combination products, prescribing patterns, and details of the rescheduling to Schedule II which took place October 6th.</p> <ul style="list-style-type: none"> ● Utilization changes seen by Idaho Medicaid <ul style="list-style-type: none"> ○ Hydrocodone Combination Products and Alternatives showed the claim count has decreased by 22%. ○ Hydrocodone Combination Products and Alternatives by Expenditures has decreased 17% ○ Hydrocodone Combination Products and Alternatives by Unique Recipients is down 17% ○ Hydrocodone Combination Product Prescription Characteristics <ul style="list-style-type: none"> ▪ Average quantity per claim has increased by 8.74 tablets ▪ Average payment per claim has increased \$1.39 ▪ Average days' supply has increased 1.33 dosage units <p>Questions/feedback Are there any reports or outcome studies to provide evidence of improvements for members prescribed narcotics for chronic pain long-term?</p>
<ul style="list-style-type: none"> ○ Acne DUR 	<p>Chris Johnson, Pharm.D</p>	<p>Slides 25 – 32 Dr. Johnson presented drug utilization of oral isotretinoin. Idaho Medicaid has been receiving</p>

		<p>requests from medical providers to extend treatment beyond the FDA approved recommendations for 5 months. Prescribers have reasoned an extra one to two months treatment is necessary due to the patient not receiving the total cumulative dose treatment in the approved 5 months. Medical providers are gradually titrating the dose to limit GI side effects. The dosing is based upon a 2mg/kg dosing per day in which they calculate the total cumulative dose for 5 months treatment. If the total is not obtained during the first 5 months, then a continuation of treatment is deemed necessary.</p> <p>Dr. Johnson reported on utilization for oral isotretinoin from 7/1/2014 thru 11/30/2014.</p> <ul style="list-style-type: none">• Total claims = 975• Total cost = \$375,882.• Total number of unique patients= 298<ul style="list-style-type: none">• 171 male• 127 female.• Average age<ul style="list-style-type: none">• 17 years old for males• 19 years old for females. <p>Dr. Johnson reported the average cost/dose and number of claims for each dose of oral isotretinoin.</p> <p>Combined unique number of patients with one or more claims reported a majority of claims were 5 or less. About 9% of claims were 6 or greater. Those with 6 claims or more were either extended treatment requests for nodulocystic acne or for other FDA approved treatments including squamous cell carcinoma, severe keratosis or basal cell</p>
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		<p>carcinoma.</p> <p>The DUR Board concluded that the extra 1 or 2 months of treatment may be clinically relevant and Idaho Medicaid will continue to review requests on a case by case basis. The Board would like to see the rate of use in Idaho compared to other states.</p>
<ul style="list-style-type: none"> ○ Use of Psychotropic Medications in Foster Children 	<p>Tami Eide, Pharm.D</p>	<p>Slides 33 - 41</p> <p>Dr. Eide drilled down on the 2013 Foster Children utilization of psychotropics to look at those with the highest utilization of psychotropics.</p> <p>High utilizers were defined as more than 50 psychotropic claims in calendar year 2013.</p> <p>There were 68 children meeting the high utilizer criteria which is 5.75% of the total foster children receiving psychotropics, 20.5% of the claims, and 20.3% of the cost. Cost per high utilizer averages \$6100.</p> <p>Dr. Eide shared the utilization by age and gender.</p> <p>Next Steps – Evaluation of each patient and identify potential medication-related problems based on best-practice and evidence-based guidelines. Will also evaluate whether the child is receiving concurrent psychotherapy.</p> <p>Intervention letters will be sent to prescribers if needed and patients may be referred to Optum.</p> <p>It was suggested that we look at the specific types of providers, geographic location and availability of</p>

		psychotherapy.
<ul style="list-style-type: none"> ○ Hepatitis C DUR 	Chris Johnson, Pharm.D	<p>Dr. Johnson reported a follow up of Hepatitis C agent reviews from 10/1/2014 to 1/13/2015. Twenty- two requests were submitted during the reporting period.</p> <p>A total of 9 patients were approved with 5 females and 4 males. The average age was 56 for both males and females.</p> <p>Thirteen requests were denied for not meeting liver staging criteria (11), incomplete submission (1), or non-FDA approved diagnosis (1). Dr. Johnson also reported total patients that have been approved/denied since the initiation of hepatitis C criteria. A total of 26 patients were approved and 47 were denied. Future DUR reports will include newer agents and recommendations for therapeutic criteria if needed.</p>
<p>➤ Current Interventions/Outcomes Studies</p> <ul style="list-style-type: none"> ○ Multiple Dosage Forms of Ziprasidone Prescribed Concomitantly 	Jane Gennrich, Pharm.D.	<p>Slides 52 - 61</p> <p>Dr. Gennrich presented details on paid claims for oral ziprasidone between 9/1/2014 and 11/30/2014. Data included total claims, unique recipients, and total cost.</p> <p>Patients were identified who were on two capsule strengths concomitantly for at least two consecutive months. Patients were differentiated between those on more than the FDA maximum daily dose and</p>

		<p>those on less than the FDA maximum daily dose.</p> <ul style="list-style-type: none"> • Daily dose ≤ 160mg, n=66 • Daily dose > 160mg, n=19 <p>DUR intervention letters will be sent to prescribers of patients receiving > 160 mg daily.</p>
<ul style="list-style-type: none"> ○ Oxycodone IR 	<p>Chris Johnson, Pharm.D</p>	<p>Slides 62- 71</p> <p>Dr. Johnson reported drug utilization of the narcotic agent oxycodone IR. Oxycodone IR prior authorization was initiated in August of 2014 as a non-preferred agent due to increased utilization following abuse-deterrent formulation changes to long-acting oxycodone. A review of the impact on this change was reported.</p> <p>Total claims from 7/2014 to 11/2014 were submitted for review.</p> <p>Dr. Johnson provided a time line chart of total claims for each strength of oxycodone IR that reported about an average decrease of 100 claims during the reporting period. Majority of claims submitted was for 10mg dose (32%), 5mg dose (22%), and 15mg dose (21%). Total payment was \$176,708 for all strengths.</p> <p>The average number of pills/claim was highest for the 30mg dose at 126 tablets/claim, followed by 20mg (123 tablets/claim), 15mg (118 tablets/claim), 10mg (107 tablets/claim), and 5mg (84 tablets/claim). A total of 1051 unique patients were reported with 940 patients treated for non-cancer</p>

		<p>pain and 111 patients treated for cancer pain. A majority of claims were for less than 4 claims per patient but some were up to 17 claims per patient. The excessive number of claims was due to the pharmacy refilling weekly prescriptions.</p>
<ul style="list-style-type: none"> ○ Methadone DUR 	Chris Johnson, Pharm.D	<p>Slides 72 - 80</p> <p>Dr. Johnson reported on drug utilization of the narcotic agent methadone. Total claims from 7/2014 to 11/2014 were submitted for review. The following summary data is noted:</p> <ul style="list-style-type: none"> • Total Claims: 1,618 with total cost of \$38,929 • Total unique patients: 390 <ul style="list-style-type: none"> • Male: 145 <ul style="list-style-type: none"> • Average age: 47 (15 to 68) • Female: 245 <ul style="list-style-type: none"> • Average age: 44 (18 to 68) <p>A time line chart reported 350 claims per month for methadone 10mg (84%) and about 60 claims (16%) per month for 5mg methadone. The average number of tablets/claim was 63 tablets/claim for methadone 5mg and 135 tablets/claim for methadone 10mg. A majority of unique patients had less than 4 claims per the reporting period. One patient had up to 22 claims due to every 2 days prescribing by the physician. Most of the patients were treated for non-cancer pain (357) and only 33 patients were treated for cancer related pain.</p>
<ul style="list-style-type: none"> ○ Colcrys DUR 	Jane Gennrich, Pharm.D	<p>Slides 81 - 92</p> <p>Dr. Gennrich presented background summary, recommendations, and Idaho Medicaid's current</p>

		<p>therapeutic criteria for Colcrys.</p> <p>She reviewed utilization, number of claims, cost per claim, diagnoses for patients with paid claims and denial reasons for the time period of September through November 2014.</p> <p>There were 18 PA requests with 15 approved and 3 denied. She reviewed the denial reasons for those three patients.</p> <p>The following recommendations were presented and approved by the Board.</p> <ol style="list-style-type: none">1. Continue to require prior authorization for Colcrys. From previous DUR, off-label use for Colcrys exists. From current DUR, not all patients meet Idaho Medicaid’s current therapeutic criteria.2. Remind pharmacies that they can run a prescription for 3 tablets for acute gout as an emergency override.3. Consistently request renal function numbers rather than just accept “chronic kidney disease” on prior authorization request.4. Review duration of colchicine used for prophylaxis of gout flares. “Prophylactic therapy may be beneficial for at least the first six months of uric acid–lowering therapy.” Don’t just renew prior authorization annually for chronic gout prophylaxis.
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<p>➤ Study Proposals for Next Quarter</p> <ul style="list-style-type: none"> ○ Atypical Antipsychotics ○ Synagis ○ Prescriber Profiling 	<p>Tami Eide, Pharm.D</p>	<p>Slides 93 – 98</p> <p>Atypical Antipsychotics. Dr. Johnson will review patients receiving concurrent oral and injectable atypical antipsychotics.</p> <p>Synagis. As of 1/9/2015, 183 requests for the 2014-2015 RSV season have been submitted. 107 (58%) were approved, 76 were denied. Dr. Gennrich is tracking the number of requests that are being denied because of the new 2014 AAP recommendations and will report on the outcomes.</p> <p>Prescriber Profiling. Dr. Eide and MMA are looking at a report that will meet IDHW needs, but can be efficiently obtained by MMA. The Board expressed the need to ensure prescriber profile is viewed as informative vs. punitive.</p>
<p>➤ ProDUR Quarterly Report</p>	<p>Mark England, Pharm.D.</p>	<p>Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.</p>
<p>➤ DUR Newsletter</p>	<p>Mark England, Pharm.D.</p>	<p>Next Newsletter</p> <ul style="list-style-type: none"> • Hep C news • New agents • Magellan hot topics
<p>➤ Medicaid Update</p>	<p>Tami Eide, Pharm.D.</p>	<p>Dr. Eide provided an update on the changes in Medicaid upper management.</p> <p>She reviewed for fiscal year 2014: drug expenditures, paid claim numbers, the number of prescription benefit utilizers, claims per utilizer, cost per claims and cost per utilizer.</p>

		<p>She also reviewed the therapeutic classes with the highest payment amount and the top ten individual drugs by expenditure and volume. She discussed the rising costs of generic drugs.</p> <p>Dr. Eide also provided an overview of the Statewide Healthcare Innovation Plan (SHIP) which received one of the CMS innovation grants for implementation.</p>
<p>➤ Adjourn, 1pm</p>	<p>Mark Turner, M.D.</p>	

Next Meeting: April 15, 2015