Idaho DUR Board Meeting Minutes

Date: April 16, 2015 **Time:** 9am-2pm

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

Moderator: Mark Turner, M.D.

Committee Member Present: Mark Turner, M.D., Matthew Hyde, Pharm. D., Paul Cady, Ph.D., Lane Deitchler, DNP, 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: Perry Brown, M.D., Elaine Ladd, Pharm.D.

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
Committee Business ➢ **Call to Order**	Mark Turner, M.D.	Dr. Mark Turner, Chairman, called the meeting to order. DUR_4_16_2015_Final.pdf
➢ **Review of Minutes from Jan. 15, 201**	Mark Turner, M.D.	Correction to Jan. 15, minutes; Committee Member Lane Deitchler, DNP was present. Minutes were approved as corrected.
➢ **Follow-up to Previous Reviews** o Outcome studies for long term narcotic use in chronic non-malignant pain	Tami Eide, Pharm.D	**Slides 3 - 11**

		Dr. Eide provided an overview of outcome studies for long-term narcotic use. Report "The Effectiveness and Risks of Long-term Opioid Therapy for Chronic Pain: A Systematic Review for a National Institutes of Health Pathways to Preventions Workshop" funded by AHRQ was released in Feb. 2015 by Annals of Internal Medicine Vol. 162 No. 4. The purpose of the study was to evaluate evidence on the effectiveness and harms of long-term (>3 months) opioid therapy for chronic non-malignant pain in adults. The evidence was used to facilitate a National Institutes of Health Pathways to Prevention Workshop which was co-sponsored by NIH Office of Disease Prevention, NIH Pain Consortium, National Institute on Drug Abuse, National Institute of Neurological Disorders and Stroke. For effectiveness, there was no study of opioid therapy versus no opioid therapy that evaluated long-term (> 1 year) outcomes related to pain, function, quality of life, opioid abuse or addiction. For harms, good and fair quality observational studies suggest opioid therapy for chronic pain is associated with an increased risk of overdose, opioid abuse and dependence, myocardial infarction and an increase in use of medications to treat sexual dysfunction. For some harms higher doses are associated with increased risk. No study evaluated the effectiveness of risk mitigation strategies such as urine drug screening, prescription drug monitoring program data or abuse-

		deterrent formulations to reduce harms. Rates of opioid abuse or dependence increased with an increase in daily morphine equivalent dose (MED). Individuals on long term opioids receiving ≥ 120 mg (MED) per day had an odds ratio of 122.5 for developing opioid abuse or dependence. In conclusion there is a lack of quality evidence to determine the effectiveness of long-term opioid therapy for improving chronic pain and function. Observational studies do support a dose-dependent risk for serious harms.
• Hospice	Jane Gennrich, Pharm.D	**Slides 12-23** Dr. Gennrich presented information on prior authorization requests received January 1, 2014 through December 31, 2014 on hospice patients. According to CMS, as of July 2014 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. This will routinely include drugs in four categories including analgesics, antinauseants (antiemetics), laxatives, and antianxiety drugs (anxiolytics). Dr. Gennrich reported that 34% of the prior authorization requests received were for patients no longer on hospice. Communication needs to be improved from the medical care unit to the pharmacy unit when patients go on and off of

		hospice. For the 109 medication requests received for patients currently enrolled in hospice, 59% were denied. Denial reasons were insufficient documentation (35), medication that hospice should cover such as pain or nausea medication (23) and for medication that should be discontinued such as calcium or iron supplements (6).
• **Ongoing review** ○ Foster Children and Psychotropic Drugs 2014	Tami Eide, Pharm.D	**Slides 25 – 44** Dr. Eide provided an update of foster children and psychotropic drug use in Idaho Medicaid. Idaho has been tracking utilization since 2011 when a GAO study looking at 5 states was published. Compared to those states, Idaho is one of the highest for antipsychotic use in foster children and significantly higher than other states for use of psychotropic medications in non-foster children. Overall, in the past 4 years the use in non-foster children has remained the same, but use in foster children has continued to rise. A comparison of utilization from 2011 to 2014 showed that Idaho had an increase of children (0-17 years old) prescribed psychotropic medications. Foster children usage increased from 42.9% to 46.1% and non-foster children usage increased from 14.8% to 16%. For 2014, a higher percentage of foster children received ADHD, antianxiety, mood stabilizers, antidepressants and atypical antipsychotics than

		non-foster children. Breakdown of drug class by age is similar for foster and non-foster children for ADHD drugs, mood stabilizers, antidepressants, and atypical antipsychotics. The claims per foster child were substantially higher than for non-foster children – 7.88 vs. 1.67. The cost per foster child was also substantially higher – $778 vs. $176 non-foster. In comparing prescriber type between 2013 and 2014, it was noted that there was a significant decrease in number of child and adolescent psychiatrist prescribers, but an in increase in general psychiatrists. There was a also an increase in nurse practitioner prescribing accounting for 34 % of the prescriptions which was more than double the percentage of any other prescriber type. There continues to be wide variation in prescriber type between the Regions.
○ Hydrocodone compound products update	Tami Eide, Pharm.D	**Slides 45 -52** Dr. Eide provided an update on utilization patterns of hydrocodone combination products since being rescheduled to Schedule II on October 6, 2014. These drugs rank number 1 in utilization by volume for Idaho Medicaid. Hydrocodone combination products initially showed a 22% decrease in claims between October and December, but utilization since has plateaued to a level at 12% below the September baseline, translating to approximately 1000 less claims per month. A similar pattern was seen with the number

		of unique recipients. The utilization of tramadol, tramadol with acetaminophen and acetaminophen with codeine has not changed indicating that there has not been a switch over to these agents. Hydrocodone combination products expenditures have increased, primarily due to an increase in drug cost with minor contribution from changes in quantity per claim and days' supply per claim. The Board concluded that no further study is required at this time.
○ Buprenorphine	Jane Gennrich, Pharm.D	**Slides 53 – 62** This review included all participants with at least one claim paid by Idaho Medicaid for oral buprenorphine between 12/1/14 and 2/28/15. 223 participants were identified. 31 of these participants paid cash for other opioids while on oral buprenorphine. (*NOTE - When Idaho Medicaid identifies patients on oral buprenorphine, they are blocked from payment for any other opioid.)* Dr. Gennrich contacted prescribers of patients who paid cash for other opioids. ○ 23 aware, 4 not aware, 4 no return call ○ Of 23 aware ▪ 4 - Contacted Medicaid ahead of time ▪ 9 - Aware and had counseled patient

		▪ 5 - Aware - patient having surgery/kidney stones/car accident ▪ 5 - Aware and had already discharged patient from Suboxone program Overall response has been positive. Prescribers are appreciative of the information provided and all prescribers are using the Idaho Board of Pharmacy PMP report. In review of PMP Interconnect search, one new state was identified, Mississippi.
○ Hepatitis C	Chris Johnson, Pharm.D	**Slides 63 – 70** Dr. Johnson provided an updated review on Hepatitis C requests from January through March 2015. He also provided an overview of new FDA approved agents, Harvoni and Viekira Pak, both for patients with Genotype 1. Dr. Johnson stated the current therapeutic criteria had not been yet been updated with the newer agents (Harvoni and Viekira Pak). Therapeutic criteria for current agents Sovaldi and Olysio are available and extrapolated to newer agents until the next P&T review. Dr. Johnson reported that a total number of 44 patients were reviewed from January through March 2015. Of these requests, 15 were approved, 23 denied and we are awaiting follow-up information from 6 patients. Of those approved, 13 patients

		were approved for Genotype 1 and 2 patients were approved for Genotype 3. He reported on the reasons for the 23 denials. Dr. Johnson expressed the need to make urinary drug screening mandatory. Follow up requests for urine toxicology screening has come back positive for substance abuse, although the documentation submitted by the provider states no history of substance abuse. Costs for Hepatitis C direct acting antiviral agents for January through March has been approximately 1.7 million dollars. Cost avoidance (PA denials) is estimated at 2.1 million dollars. Dr. Johnson closed his review with discussion of a draft of therapeutic criteria and prior authorization forms. The therapeutic criteria form will include criteria for all Hepatitis C agents and can be easily adapted to changes when newer agents are approved by the FDA.
➢ **Current Interventions/Outcomes Studies** ○ Foster children high utilizers	Tami Eide, Pharm.D	**Slides 72 - 100** Dr. Eide reported results of study on foster children that are high utilizers of psychotropic drugs. Statistics are based on foster children with 50 or more psychotropic claims during calendar year 2014. Of the foster children using psychotropic drugs, 3% are classified as high utilizers, accounting for 20% of the total cost of psychotropics in foster children. The

		percent of high utilizers has decreased from 6%.The high utilizers had 50-87 claims per child and cost was $ 6,660 per child compared to the average psychotropic drug cost of non-foster children at $ 989 per child. The highest utilizers are males in the 7-17 year old age range. Dr. Eide presented 5 case studies of foster children on high amounts of psychotropic drugs. Data included age, sex, psychiatric diagnoses, other diagnoses, number of claims CY 2013 and 2014, change in claims, current active claims per month, counseling/health services/labs, current medication list, prescriber type(s). She stressed that these case studies were a snapshot in time over the last 6 months and reflected claim data, not clinical information. The plan is to continue the study, including a request for clinical information from the providers and working with Optum for non-drug treatment options.
○ Ziprasidone multiple dosage strengths	Jane Gennrich, Pharm.D	**Slides 101- 108** Dr. Gennrich shared results of the study on multiple dosage forms of ziprasidone prescribed concomitantly. • Usual maximum FDA approved daily dose for ziprasidone (Geodon) is 160mg. • Capsules available in 20mg, 40mg, 60mg, 80mg strengths • Baseline

		○ Paid claims for oral ziprasidone between 9/1/2014 and 11/30/2014 were evaluated. ○ 85 patients identified with two or more fills for two or more capsule strengths ▪ 66 (78%) on ≤ 160mg daily ▪ 19 (22%) on > 160mg daily Dr. Gennrich presented a copy of the DUR letter sent to prescribers of 19 patients on 1/14/2015. As of 3/23/2015 • 9 - No response, still on same dose • 2 - No response, but dose decreased to ≤ 160mg daily • 3 - No response, but drug discontinued • 4 - Quantity override request received • 1 - Patient no longer eligible for Medicaid A hard stop for multiple dosage forms of ziprasidone was implemented on 4-1-2015.
○ Synagis	Jane Gennrich, Pharm.D	**Slides 109 -111** As of 4-7-2015, 212 prior authorization requests have been processed, Only 12 requests denied because of new 2014 AAP criteria. Dr. Gennrich presented the weekly RSV Activity in Idaho for the 2014-2015 RSV season.
○ Continuous oral plus injectable AAP	Chris Johnson, Pharm.D	**Slides 112 – 130** Dr. Johnson reported that the Medicaid Pharmacy Unit had observed an increased incidence of treatment with LAIA (Long Acting Injectable Antipsychotics) concurrently with oral

		antipsychotics. Current guidelines for (LAIA) are limited to use in patients who are non-compliant to oral therapy or who pose a risk to others (BMC Psychiatry 2013, 13:340). A review of the use of both oral and LAIA agents for the same agent was completed to determine frequency of the practice for using both agents concurrently. Dr. Johnson reviewed usage of aripiprazole, risperidone, and paliperidone. A total of 3,695 recipients had a history of aripiprazole use in 2014. Total claims of 293 Abilify Maintena® was reported. Total payment for injections was $445,276. Overall, of the 33 unique recipients prescribed Abilify Maintena®, 10 patients had a history of concurrent use of both oral and injectable agents of Abilify® and Abilify Maintena ®. A total of 137 recipients had a history of Risperdal Consta ® in 2014. Total claims of 1,261 for Risperdal Consta ® were reported. Total Cost of $968,514 for Risperdal Consta ® was reported. Overall, of the 52 unique recipients prescribed Risperdal Consta ®, 32 patients have a history of concurrent use of both oral and injectable agents of risperidone oral and injectable. A total of 423 recipients had a history of Invega Sustenna® in 2014. Total claims of 2,596 for Invega Sustenna® was reported. Total cost of $3,734,608 for Invega Sustenna® was reported. Overall, of the 76 unique recipients prescribed Invega Sustenna®, 15 patients have a history of concurrent use of both

		oral and injectable agent of Invega® and Invega Sustenna®. Dr. Johnson concluded that Idaho Medicaid has some patients taking both oral and injectable agents concurrently. Most patients start with an oral agent and transition to injectable agents and some overlap in claims are expected. The chronic use of both oral and injectable agents of the same active agent has limited evidence. There are no guidelines for the use of both atypical oral and (LAIA) injectable agents published at the time of this review and current prescribing practice is based upon expert opinion. The Board recommended that concurrent use of oral atypical agents of different active agent prescribed with LAIA's be studied for the next quarter.
○ DUR Annual Report – Other state highlights/comparison	Tami Eide, Pharm.D	**Slides 131- 144** Dr. Eide provided an overview of information submitted by other states on their annual DUR Annual reports to CMS. All states are required to submit an annual report on the operation of its Medicaid DUR Program to include: • Prescribing patterns • Cost savings generated from DUR • Program operations • Adoption of new innovative practices **General Information Overview topics** • Physician administered drugs : 10 states have redesigned their MMIS systems to incorporate Physician Administered Drugs

		into their DUR criteria (prospective and retrospective)
		• DUR activities saved an average of 18% on drug cost savings/cost avoidance compared to the total drug spend - Range is 0-73%, Idaho is 14%.
		• Medication Therapy Management (MTM) has been approved by CMS in 7 states.
		• Identification of pharmacy provider fraud and abuse is monitored in 34 states with actions ranging from claim denial to investigation.
		• Lock-in Criteria exists in 49 states.
		• Prescription Monitoring Programs are in every state but Missouri. 27 states have the ability to query the database.
		• Nine states have Morphine Equivalent Daily Dose (MEDD) limits and 8 have an algorithm in their POS system to alert pharmacies when exceeded.
		• Five states reported on targeted practices with psychotropic drugs
		• Several states have limits on stimulants in adults.
		• Innovative Practices
		  ○ Controlled substances
		  ○ Children on Psychotropics
		  ○ Statin medication therapy management
		  ○ Provider outreach/academic detailing
		  ○ Online provider education modules
		  ○ Live provider education

○ ADURS Annual Meeting	Jane Gennrich, Pharm.D	**Slides 145 - 157** Dr.Gennrich attended the annual American Drug Utilization Review Society meeting, February 26-28, 2015. 39 states sent representatives to this meeting. **Meeting Highlights** • Two speakers on hepatitis C • Delaware's Limits on High Dose Immediate Release Oxycodone • National Association of Medicaid Directors • Using Pharmacy Quality Measures in Medicaid DUR Programs • CMS: A Federal Update of DUR in Medicaid • New Drugs 2015 • Pipeline Preview 2015 • Risk and Benefit of Concomitant Benzodiazepines and Opiates • Psychotropic Medication Monitoring Program for Children in Texas Foster Care
➢ **Study Proposals for Next Quarter** ○ Narcotics > 1 LAO ○ Antipsychotics in children and ER visits ○ Narcotics: short-acting > long-acting ○ Buprenorphine plus benzodiazepines ○ Atypical Antipsychotics without metabolic testing ○ Abilify multiple dosage strengths ○ Atypical Antipsychotics in children ≤ 6 years of age	Tami Eide, Pharm.D Chris Johnson, Pharm.D Jane Gennrich, Pharm.D	**Slides 158 – 168** Dr. Eide will research Narcotics > 1 LAO, goal to have members on 1 long-acting and 1 short-acting. Dr. Eide will also research data on Narcotics: short-acting > long-acting. Dr. Johnson will follow up on atypical injectable plus oral agent (different drugs). Dr. Gennrich will lead research on buprenorphine plus benzodiazepines and Abilify multiple dosage strengths.

➢ **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 • Test Strips
➢ **Medicaid Update**	Tami Eide, Pharm.D.	Dr. Eide stated there were no significant updates to report for 1Q -2105.
➢ **Adjourn, 2:15pm**	Mark Turner, M.D.	

Next Meeting: July 16, 2015