Idaho DUR Board Meeting Minutes

Date: July 16, 2015 **Time:** 9am-1:30pm

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., Perry Brown, M.D., Elaine Ladd, Pharm.D.

Others Present: Tami Eide, Pharm.D., Christopher Johnson, Pharm.D., Jane Gennrich, Pharm.D., Tammy Haugland, Mark England, Pharm.D.

Committee Members Absent:

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
Committee Business ➢ **Call to Order**	Mark Turner, M.D.	Dr. Mark Turner, Chairman, called the meeting to order. DUR_7_16_2015_Final.pdf
➢ **Review of Minutes from April 16, 2015**	Mark Turner, M.D.	Minutes were approved as written
➢ **Follow-up to Previous Reviews** • Multiple Dosage Forms of Ziprasidone Prescribed Concomitantly	Jane Gennrich, Pharm.D.	**Slides 2 - 8** Paid claims for oral ziprasidone between 1/1/15 and 3/8/15 were evaluated. 65 patients were identified

		with two or more fills for two or more capsule strengths. 48 on <= 160mg daily, 17 > 160mg daily. A second round of letters was mailed out on 3/25/2015 for those receiving > 160mg daily. Prior authorizations for the majority (11) of these were approved by Dr. Turner to continue high dose therapy. A "hard stop" edit was put into the system on 4/1/2015 to stop therapeutic duplication for multiple strengths of ziprasidone. The Department pharmacists proactively entered duplicate therapy prior authorization for patients on ≤160mg daily. **Questions/Comments** Question was raised if this edit was "worthwhile"? The response was that looking forward that stopping new high doses was a safety issue and there is no literature to support higher than recommended doses.

• **Ongoing review** o Buprenorphine	Jane Gennrich, Pharm.D.	**Slides 9 – 28** Dr. Gennrich presented updates of the Buprenorphine DUR. The current study included all participants with at least one paid claim for oral buprenorphine by Idaho Medicaid between 3/1/15 to 5/31/15 (n=241). Any of those participants who had received any other opioid with overlapping days of service were evaluated for payment method (cash, Idaho Medicaid, other insurance) through the Prescription Monitoring Program (PMP). • Of the 241 participants on oral buprenorphine, 35 paid cash for an opioid while on oral buprenorphine • Hydrocodone and oxycodone were the drugs participants were most often paying cash for • Buprenorphine prescribers of patients who paid cash for other opioids were contacted to see if they were aware the participant was paying cash and whether there had been any consequences to the patient. o 27 aware ▪ 17 reported patient was having surgery/baby/shingles/burn/ dental issues ▪ 6 counseled patient ▪ 4 had already discharged patient from Suboxone program o 7 not aware o 1 no return call

		Overall response to the intervention has been positive and prescribers are appreciative of the information provided. All prescribers are now using the Idaho Board of Pharmacy PMP report. NOTE - When Idaho Medicaid identifies patients on oral buprenorphine, they are blocked from payment for any other opioid. **Buprenorphine and Benzodiazepine DUR:** This combination was reviewed because the literature shows increased risk of death when taken together. Of the 241 participants receiving buprenorphine, 57 were also receiving a benzodiazepine. • 44 had one benzo • 12 had two benzos • 1 had 3 benzos 2 prescribers were identified that had multiple participants on concomitant benzos. A DUR intervention letter was sent to prescribers on 7/2/2015 for the identified participants. **Questions/Comments** Waiting on responses at this time. In the future, it was suggested to look at participants on multiple benzodiazepines. It was also recommended by the Committee that they did not need to see the buprenorphine report going forward.

➢ **Current Interventions/Outcomes Studies** o Foster children high utilizers	Tami Eide, Pharm.D.	**Slides 30 - 31** Dr. Eide provided a letter in the DUR Packet for the Board to review which would be sent to prescribers for these participants. Suggestions for changes were made and duly noted.
o Aripiprazole multiple dosage strengths	Jane Gennrich, Pharm.D.	**Slides 32- 41** Dr. Gennrich shared results of her study on multiple dosage forms of aripiprazole prescribed concomitantly. • Usual maximum FDA approved daily dose for aripiprazole (Abilify) is 30mg. • Tablets available in 2, 5, 10, 15, 20, and 30mg strengths • Discmelt tablets as 10, 15mg strengths • Baseline o Paid claims for oral aripiprazole between 3/1/2015 and 5/31/2015 were evaluated. o 74 patients identified with two or more fills for two or more capsule strengths ▪ 62 (84%) on ≤ 30mg daily ▪ 12 (16%) on > 30mg daily Dr. Gennrich presented a copy of the DUR letter sent on 7/7/2015 to prescribers of patients receiving multiple tablet strengths of aripiprazole concomitantly. It was found during review that many participants

		who were receiving ≤ 30mg could use a single tablet at a different strength to be cost effective. These prescribers were contacted by phone by the medical director to discuss switching to a single tablet. **Questions/Comments** Prescribers have been shocked at the costs and have been willing to adjust therapy to provide a more cost effective treatment without a threat to the participant's health.
o Synagis	Jane Gennrich, Pharm.D.	**Slides 42 -67** Dr. Gennrich presented background information and reviewed the 2014 updated Guidance for Synagis from AAP. One letter was received from a neonatologist and several phone calls were received upset with the new AAP recommendations. Idaho hospitals, however ended up switching to the 2014 AAP recommendations as well. A vast majority of other state Medicaid programs have also changed to the updated recommendations. The total number of PA Requests went down considerably compared to past years. The percentage of requests denied, however, as compared to previous years remained similar. Denials for the 2014-2015 RSV season (n=81) were evaluated and it was determined that 12 of these were denied based on the new 2014 AAP Guidance and would not have been denied per previous

		guidelines. Ten were denied for gestational age between 29 weeks to 31 weeks, 6 days. Two were denied for heart disease for second season prophylaxis. 2014-2015 compared to 2013-2014 showed a 33% decrease in expenditures, 52% decrease in claims, and a 46% decrease in approved patients. This equates to a $ 603,613 savings annually. Dr. Gennrich presented historical data of RSV Activity in Idaho since 2004. 2014-2015 report revealed consistency of the expected 5 month trend. It was recommended for the 2015-2016 RSV Season in Idaho to continue the December 1 start date and to continue to utilize the most current AAP Guidance for Synagis Prophylaxis. **Questions/Comments** A question was raised if there would be a way to determine the number of hospital claims of those that were denied. It was decided that specific data would be hard to gather at this time.
• Gemfibrozil and Statin Interaction	Jane Gennrich, Pharm.D.	**Slides 68 – 83** Dr. Gennrich presented background information on the gemfibrozil and statin interaction. A review of 62 patients with paid claims for both gemfibrozil and a statin between 1/1/15 and 4/30/15 was performed.

		Letters were mailed to prescribers of 55 patients currently on concomitant gemfibrozil and a statin. A majority (80%) were being prescribed both gemfibrozil and a statin by the same prescriber. As no responses were received from prescribers, it was decided to mail letters to 20 pharmacies of patients currently on gemfibrozil and simvastatin since this combination is CONTRA-INDICATED and should not be over-ridden by the pharmacy. 11 responses were received back at the time of the meeting and feedback was provided to the DUR Board. **Questions/Comments** Feedback was positive from the pharmacies and several patients had their therapies adjusted.
• Continuous oral plus injectable AAP	Chris Johnson, Pharm.D.	**Slides 84 – 104** Dr. Johnson performed a literature search for the use of oral atypical antipsychotics concurrently with atypical long acting injections and found that there are limited clinical studies to support oral/injectable combination use. Reviews found in the literature suggest though that the practice is more common than expected. A review of all patient claims of injectable atypical antipsychotics between 1/1/15 and 5/31/15 was done and those with active concomitant oral atypical antipsychotics use were further reviewed.

		Review of tables and graphs with data date span of 1/1/2015 – 5/31/2015 was shown on the individual injectable products with a concluding slide of summary data. Idaho Medicaid's prevalence of a concomitant oral atypical antipsychotic use and a long acting injectable atypical antipsychotic is 41% of those receiving long acting injectable atypical antipsychotics. It is unknown if this practice is being utilized in patients refractory to single atypical antipsychotic treatments. **Questions/Comments** The Board asked if DERP could add concurrent use as a Key Question in the next Second Generation Antipsychotic evidence update. A potential future topic for review was evaluating maximum dosages of injectable atypical antipsychotics being used in the Idaho Medicaid population. It was suggested that IDHW o Explore granting prior authorizations for a set amount of time and request administration records prior to subsequent authorization o Look into the specific prescribers of these medications and their professional background o Send a survey to prescribers of these recipients and inquire as to

		why they are currently using both oral and injectable
• DUR Annual Plan Highlights	Tami Eide, Pharm.D.	**Slide 105** Dr. Eide provided a handout for the Board to review of select items included in the Annual Report submitted to CMS on June 30th and some highlights from other states. **Questions/Comments** Based on some of the pointed questions in the report survey, the Board raised concerns about the Fraud and Abuse Unit and the inactivity of this unit when it comes to the Medicaid Pharmacy Program. The Board requested that the Fraud and Abuse Program Lead as well as IDHW Administration come to the next DUR Board Meeting and explain their program and how the Pharmacy Unit ties into Fraud and Abuse.
• Idaho Medicaid Program Monthly Summary	Mark England, Pharm.D.	**Slide 106** Dr. England provided a handout for the Board to review. **Questions/Comments** No questions or comments were raised.

➢ **Study Proposals for Upcoming Quarters** o Narcotics > 1 LAO o Narcotics > 1 SAO o Narcotics: short-acting > long-acting o Opioid and benzodiazepine concomitant use o Atypical Antipsychotics without metabolic testing o Atypical Antipsychotics in children ≤ 6 years of age	Mark England, Pharm.D.	**Slides 107 – 108** Dr. England presented proposals for upcoming meetings **Questions/Comments** Other topics: • Skeletal Muscle Relaxants o Long-term Use o Diagnosis o Combination with other drugs • Benzodiazepine Use
➢ **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.	Clinical Alerts and Quarterly Trends provided
➢ **Medicaid Update**	Tami Eide, Pharm.D.	Dr. Eide stated there were no significant updates to report for 2Q -2015.
➢ **Adjourn, 1:30pm**	Mark Turner, M.D.	

Next Meeting: October 15, 2015