Idaho DUR Board Meeting Minutes

Date: July 20, 2017 **Time:** 9am-12:30pm

Location: Holiday Inn Boise Airport 2970 West Elder Street, Boise, Idaho, 83705

Moderator: David Agler, M.D.

Committee Member Present: David Agler, M.D., Matthew Hyde, Pharm.D., Wayne Baures, RPh

Others Present: Tami Eide, Pharm.D., Christopher Johnson, Pharm.D., Jane Gennrich, Pharm.D., Keshia Schneider, Mark England, Pharm.D.[☆]

[☆]Magellan Rx Management

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
➢ **Call to Order**	David Agler, M.D.	Dr. David Agler, Chairman, called the meeting to order.
➢ **Review of Minutes from April 20, 2017**	David Agler, M.D.	Minutes were approved as written.
➢ **DUR Annual Report - Highlights**	Tami Eide, Pharm.D.	**Slides 2 – 18** Dr. Eide presented the highlights for Federal Fiscal Year 2016 of the DUR Annual Report which she submitted. She gave the background information as it pertains to the Social Security Act of 1927. The contents of this year's report had 126 questions and 8 attachments. Dr. Eide presented lists showing the Top 10 PA Requests by Drug Name, Top 10 PA Requests by Drug Class, Top 5 Claim Denial Reasons, Top 10 Drug Names by Amount Paid/Percent of Total

		Spend, and Top 10 Drug Names by Claim Count/Percent of Total Claims. A slide was presented showing the Generic Utilization which is a requirement for the report; however, Dr. Eide once again expressed how she feels this is not an accurate representation of drug spend as it pertains to FFS Medicaid because of the use of brand name medications when they are less expensive when considering all Federal and Supplemental Rebates for these products. Dr. Eide then showed how with Prospective and Retrospective Reviews the State of Idaho was able to cost avoid/save over 28 million dollars. The State of Idaho has measures in place to monitor and manage the prescribing of methadone for pain management by pharmacist override, deny claims and require PA, quantity limits, intervention letters, morphine equivalent daily dose program, and step therapy or clinical criteria. The State of Idaho also has in place a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children for all children in Medicaid, edit for child's age, edit for dosage, and edit for polypharmacy. Dr. Eide then presented a table showing the Retrospective Educational Outreach Summary for FFY 2016. Following up on that were details of the DUR Board Activities for the year. Innovative Practices that Idaho performed: • Buprenorphine direct to the prescriber intervention • Pharmacist case management

		• Hepatitis C • Hemophilia • Foster Children Collaborative Practice • Oversight of physician administered drugs • Narcotic Prescribing Improvement Project • High Cost Drug Prediction Model Executive Summary Highlights: • Idaho Medicaid and Magellan Partnership • Internal PA Call Center • DUR Outcome Studies on PDL Impact • Lack of Legislative Restriction • Physician Administered Drugs • 19 RetroDUR Studies • Narcotic Analgesics and Psychotropics in Children Emphasis • Generic Utilization – not best measure • > 80 Drug Classes on Preferred Drug List

➢ **Ongoing Reviews**		
• Buprenorphine and benzodiazepine concomitant use	Jane Gennrich, Pharm.D.	**Slides 20 – 34** Dr. Gennrich presented an update on buprenorphine and benzodiazepine concomitant use. A payment block went in to effect 1/6/16 requiring prior authorization for payment for either buprenorphine or benzodiazepine with overlapping days of service. Dr. Gennrich reported that PDMP Interconnect now includes a total of 21 states including Idaho. Dr. Gennrich reviewed new Federal regulations on buprenorphine prescribing which increased the limit to 275 buprenorphine patients per prescriber, effective 8/8/2016. Physicians who have prescribed buprenorphine to 100 patients for at least one year can now apply to increase their patient limits to 275 under new federal regulations. She also discussed new guidelines to be implemented that will enable nurse practitioners and physician assistants to prescribe buprenorphine. Nurse practitioners and physician assistants must complete the 24 hours required training before being able to prescribe buprenorphine for up to 30 patients beginning in early 2017. HHS also is announcing its intent to initiate rulemaking to allow NPs and PAs who have prescribed at the 30-patient limit for one year, to be eligible to apply for a waiver to prescribe buprenorphine for up to 100 patients. SAMHSA last updated their website on 2/28/2017. For NPs and PAs in Idaho to prescribe: Idaho's Board of Medicine has stated that Physician Assistants can only treat and prescribe in accordance to their supervising physician's capabilities. If the MD

		doesn't have a waiver to prescribe buprenorphine for the treatment of opioid addiction, then the physician assistant cannot obtain a waiver. Additional visual data was presented via graphs and tables. • Total number of participants on oral buprenorphine continued to increase this past quarter while those paying cash for an opioid remained similar to previous quarters. • Patients on concomitant benzodiazepines while on buprenorphine also remained similar to previous quarters. Patients paying cash for opioids AND on concomitant benzodiazepines while on buprenorphine increased slightly to 13.
• Hepatitis C Update	Chris Johnson, Pharm.D.	**Slides 35 – 50** Dr. Johnson presented the quarterly Hepatitis-C Outcomes Report for 2nd Quarter 2017 (4/1/2017-6/30/2017) A total of 51 requests for treatment were submitted with 18 approved, 27 denied. Six were pended, awaiting additional information for review to be submitted. A total of 11 males and 7 females were approved for which 10 patients were approved for Harvoni, and 8 for Epclusa. The most prevalent genotype of approved patients was Genotype-1 (12 patients). Genotype-3 (5 patients) and Genotype-2 (1 patient) made up the remainder of approved patients. For approved requests, there were 5 patients with F4 staging, 5 with F3 staging,

		and 8 with F2. Patients with documented cirrhosis accounted for 72% of the approved patients. A total of 17 unique patients were denied for not meeting criteria. Dr. Johnson reported 9 males and 8 females did not meet fibrosis staging criteria for approval. The hepatitis-C agents denied were Harvoni (17), Epclusa (6), and Viekira Pak (4). Liver fibrosis data submitted for denied patients for the following stages were reported: F0 staging (18), F1 staging (6), F2 staging (1), F3 staging (1), and F4 staging (1). The requests were denied for not meeting liver fibrosis criteria (20), active substance abuse (3), and no follow up response (4). Total amount reimbursed in 2Q2017 was $1,700,571 for Hepatitis C agents. Dr. Johnson announced that on July 18, 2017, the FDA approved Vosevi which is the first treatment approved for patients who have been previously treated with the direct-acting antiviral drug sofosbuvir or other drugs for HCV that inhibit a protein called NS5A. Dr. Johnson also gave a pipeline review of agents to watch for in 2017.
• Statin Use in Children	Jane Gennrich, Pharm.D.	**Slides 51 – 59** At the April P&T Meeting there was discussion on the current inconsistent age parameters set in the Pharmacy POS System for statin medications. Dr. Gennrich reviewed recommendations from the American Academy of Pediatrics for cholesterol screening as well as the National Heart, Lung, and Blood Institute Guidelines for children.

		Claims data was run for time period 10/16/16 through 4/16/17 for children less than 10 years old and four children were identified and reviewed by Dr. Gennrich. Next steps are to change minimum age for all statins to 8 years old except for atorvastatin 80mg and Livalo which will remain set at 18 years old. Current patients were grandfathered to provide continuity of care.
• Methadone DUR	Chris Johnson, Pharm.D.	**Slides 60 – 75** Dr. Johnson presented background data on methadone nationally. He then presented both the Methadone Initial Request PA form and the Methadone Reauthorization PA form. Dr. Johnson then presented comparative data for Idaho Medicaid after changing to non-preferred status (4Q2015 through 2Q2017). Methadone total patients, total claims and unique prescribers continues to decrease since the change in prior authorization status. No change was noted though with the percentage of patients on greater than 40 mg/day of methadone. Dr. Johnson also presented data looking at Long Acting Opioids as a class over the past 4 Federal Fiscal Years. The IDHW Pharmacy Unit continues to work with prescribers, pharmacies and patients to decrease the use of methadone.
➢ **Current Interventions/Outcomes Studies**		
• Opana ER	Chris Johnson, Pharm.D.	**Slides 77 – 96**

		Dr. Johnson reviewed the recent FDA requests for removal of Opana ER from the market. For additional background information, he also shared the regulatory history of Opana ER with the FDA dating back to the original approval for oxymorphone up through the current status of the reformulated ER product. Claims data was run from December 13, 2016 to June 13, 2017 to identify Idaho Medicaid recipients who had a history of Opana ER utilization to determine the impact. • 19 patients with a total of 82 claims were identified and only 12 were currently filling prescriptions. • Overall impact is going to be small and there is a generic version still available and those on the brand will likely switch to generic. The Board had no comments or questions at this time.
• Xyrem DUR	Chris Johnson, Pharm.D.	**Slides 97 – 107** Dr. Johnson presented the Prior Authorization Criteria Recommendations for Xyrem. He began with the FDA Approved Indications and followed with background information on the drugs mechanism of action and potential uses in the future. He shared the black box warning and with the safety concerns and specific diagnosis criteria, Dr. Johnson then presented the therapeutic criteria document and prior authorization for with the Board. Dr. Johnson also presented the 5 current patients receiving this medication and all 5 were being treated by a sleep specialist.

		The Board was comfortable with the criteria and prior authorization form at this time.
• Fluoroquinolone use in children	Jane Gennrich, Pharm.D.	**Slides 108 – 125** Dr. Gennrich presented Idaho Medicaid's Preferred Drug List of preferred and non-preferred fluoroquinolones and noted this applies to all patients, not just children. FDA Drug Safety Communication from July 26, 2016 followed by the FDA update on May 10, 2017 was shared with the Board. Dr. Gennrich then went through the current age parameters set in the Idaho Drug file database for each fluoroquinolone along with the FDA approved ages for each product. Dr. Gennrich also presented information on a new fluoroquinolone, Baxdela, which has been approved but is not yet available. Paid claims between 12/1/16 and 5/31/17 for children less than 16 years old was run and 148 unique recipients were identified. There were 116 with ciprofloxacin claims and 36 for levofloxacin. The claims were also broken down by taxonomy of the prescriber as well as age and taxonomy for prescriber groups with greater than 10 claims and this data was presented to the Board. Discussion points presented to the Board were: 1. Do we want to change any of the age parameters in the drug database? 2. Do we want to add any more clinical criteria?

		The Board suggested that if a child has Cystic Fibrosis the claim should pay for any age, but for other indications the age parameters should be set higher than they currently are.
➢ **Idaho Opioid Equivalent Dosing Project**	Mark England, Pharm.D.	**Slides 126 – 140** Dr. England presented the Idaho Opioid Equivalent Dosing Project to the Board. He walked through the current management processes set in place by the IDHW Pharmacy Unit and how the Morphine Milligram Equivalence (MME) Edit will add to these current processes. The goal is to require a prior authorization if a patient exceeds the 90 MME per day threshold. According to the CDC, clinicians should avoid increasing above this or justify why a higher dose is necessary. Because of the number of recipients currently above this level, it was decided that to make this operational, anyone in the past 90 days above this threshold would have an authorization put in place to allow for continuity of care. This will allow the IDHW Clinical Call Center to focus on recipients who reach this threshold moving forward and those who are currently above this level will have an intervention in the future. Dr. England presented reporting showing data over the 2Q2017 to the Board and explained the edit was made operational on July 19, 2017.
➢ **Study Proposals for Next Quarter**	Mark England, Pharm.D.	**Slide 141** Discussion was brought up to look at the potential topic of Deprescribing Proton Pump Inhibitors.

➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	**Slides 142 – 143** Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	**Slide 144** Dr. Eide shared with the Board that a new Director of Idaho Department of Health and Welfare had been named, Russ Barron.
➢ **Adjourn, 12:30pm**	David Agler, M.D.	

Next Meeting: October 19, 2017