Idaho DUR Board Meeting Minutes

Date: October 19, 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, Perry Brown, M.D., Paul Cady, PhD., Tami Eide, Pharm.D

Others Present: 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 July 20, 2017**	David Agler, M.D.	Minutes were approved as written.
➢ **Ongoing Reviews**		
• Opioid Patterns of Use in Chronic Non-Malignant Pain	Tami Eide, Pharm.D.	**Slides 3 – 21** Dr. Eide presented information as it relates to the Top 150 patients based on the highest morphine mg equivalents (MME) for the time period of 7/1/16 – 12/31/16.

		All patients were hand reviewed by Idaho Medicaid Pharmacists and were re-evaluated for current utilization as of August 2017. After review of the profiles, 26 were excluded from further evaluation because of 5 with MME currently below 90, liquid opioids presenting as a false high quantity in 13, and 8 that did not have chronic use during the study period. Upon more in-depth analysis 5 additional patients were removed from the study as they had a current diagnosis of cancer leaving a total of 119 patients for final review for Opioid Patterns of Use in Chronic Non-Malignant Pain. Dr. Eide presented various charts that broke the patients down by gender and age, regional variation, along with those paying cash for additional opioids, those with multiple prescribers and those with an abuse diagnosis. Dr. Eide also went into detail on concurrent benzodiazepine use, specific daily morphine equivalents, and a comparison of the study period with the current profiles. Of the 119 patients, 68 were on methadone and those patients are currently under case management. Dr. Eide then described the current targeted interventions which are: 1. MME Edit 2. Methadone Case Management 3. Educational Lettering Dr. Eide noted that the educational letter includes patient specific findings, review of pertinent guidelines and evidence and recommendations for further action. She gave detailed explanation of the recommendation paragraphs to be included in each letter

		and explained how they would be tailored to each individual prescriber for each patient. Not all paragraphs would be included if the patient profile review determined it was not needed. Paragraphs would include overview, treatment duration, opioid dosage, multiple prescribers, paying cash for additional opioids, and concurrent benzodiazepines depending on the findings of each individual patient review.
• Methadone DUR	Mark England, Pharm.D.	**Slides 22 – 35** Dr. England presented background data on methadone nationally. He then presented criteria for both Initial Request and Reauthorization. Dr. England then presented comparative data for Idaho Medicaid after changing methadone to non-preferred status (4Q2015 through 3Q2017). Methadone total patients, total claims and unique prescribers continue to decrease since the change to non-preferred. The percentage of patients on greater than 40 mg/day of methadone has decreased and there has been a shift to a greater percentage of those less than 40 mg/day. Dr. England presented a chart showing 18 patients who were no longer receiving methadone paid by Idaho Medicaid but were paying cash for methadone according to the PMP report. The IDHW Pharmacy Unit continues to work with prescribers, pharmacies and patients to decrease the use of methadone.

• Buprenorphine and benzodiazepine concomitant use	Jane Gennrich, Pharm.D.	**Slides 36 – 51** 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 22 states including Idaho. Dr. Gennrich presented and reviewed an FDA Drug Safety Communication which was released on 9/20/2017 in which the FDA urged caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants. **Health care professionals** should take several actions and precautions and develop a treatment plan when buprenorphine or methadone is used in combination with benzodiazepines or other CNS depressants. Additional visual data was presented via graphs and tables. • The 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 decreased slightly to 10.
• Hepatitis C Update	Mark England, Pharm.D.	**Slides 51 – 66** Dr. England presented the quarterly Hepatitis-C Treatment Utilization Report for 3rd Quarter 2017. A total of 50 requests for treatment were submitted with 20 approved and 19 denied on initial evaluation. 11 were initially pended with a request for additional information to be submitted for review. A total of 10 males and 10 females were approved for treatment of which 11 patients were approved to receive Harvoni, and 9 to receive Epclusa. The most prevalent genotype of approved patients was Genotype-1 (12 patients). Genotype-3 (5 patients) and Genotype-2, 4 and 6 each had 1 patient. For approved requests, there were 4 patients with F4 staging, 4 with F3 staging, and 12 with F2. Patients with documented cirrhosis accounted for 45% of the approved patients. A total of 19 unique patients were denied for not meeting criteria. Dr. England reported that 14 patients were denied for not meeting fibrosis scoring and 5 for active drug abuse. Total amount reimbursed in 3Q2017 was $1,592,799 for Hepatitis C agents. Dr. England announced that on August 3, 2017, the FDA approved Mavyret which is the first treatment FDA approved for 8 weeks duration for patients with no cirrhosis who are naïve to any Hepatitis C treatment. Its treatment duration differs depending on treatment history, viral genotype, and cirrhosis status. It is FDA approved for treatment in Genotypes 1 thru 6.

➢ **Current Interventions/Outcomes Studies**		
• Temazepam	Jane Gennrich, Pharm.D. Mark England, Pharm.D.	**Slides 68 – 74** Dr. Gennrich presented the background information on this topic. • At the 11/18/2016 P&T Committee meeting, the recommendation was made to exclude any benzodiazepine from preferred status in the sedative/hypnotic drug class due to safety concerns. • Prior to 6/1/2017, temazepam 15mg and 30mg capsules were preferred sedatives for Idaho Medicaid. • Temazepam 7.5mg and 22.5mg were non-preferred due to cost Letters were sent to prescribers prior to the status change. Current patients were not automatically grandfathered. The majority of the patients currently on temazepam have tried and failed a preferred sedative (zolpidem and/or Rozerem) and therefore meet Idaho Medicaid's criteria for payment of a non-preferred sedative. Dr. England presented charts showing the utilization numbers of the different strengths of temazepam comparing June 2016 vs June 2017. The total unique patients dropped from 278 in 2016 to 111 in 2017.

• Nifedipine IR / Methyldopa	Tami Eide, Pharm.D.	**Slides 75 – 86** <u>Nifedipine IR</u> At the May 2017 P&T Meeting, the committee expressed concern over the use of immediate release nifedipine. Dr. Eide discussed the FDA Indications for nifedipine. Nifedipine immediate release and extended release formulations are approved for chronic, stable angina and variant angina. Guidelines though do not recommend immediate release nifedipine for use in these angina indications because of an association with excess mortality in patients with acute phase myocardial infarction or unstable angina. Only the extended release and not the IR formulation is approved for treatment of hypertension. Select off-label indications for nifedipine include pregnancy associated hypertension (IR preparation discouraged) and pre-term labor. 104 patients received Nifedipine IR between 3/12/17 and 9/12/17. This included 3 males, 3 females over 50 years old and 98 females ages 14-42. All of the females age 14-42 had 1 – 3 prescriptions with the conclusion being the use was pregnancy related. Further intervention might be warranted though in the 1 male with continuous fills of 90 per month and the 3 females over 50 years old with continuous use. <u>Methyldopa</u> At the May 2017 P&T Meeting, the committee expressed concern over the use of methyldopa since it is not usually a drug of choice for hypertension. Th Committee suspected that the use was for hypertension associated with pregnancy, but clarification was needed.

		Dr. Eide presented her review of utilization data from 3/12/17 to 8/12/17.
		
		• 17 individual patients
		• All female
		• Age range 27-47 years
		• Associated diagnoses
		  ○ Pregnancy Associated Hypertension in 12 patients
		  ○ 2 patients started during pregnancy, but continued to receive for continuing essential hypertension
		  ○ 1 patient received for maternal hypertension for pregnancy in 2013, 2015 and 2017. In between pregnancies received labetalol, lisinopril and nifedipine
		  ○ 1 patient (age 44) receiving continuously for essential hypertension
		  ○ 1 patient (age 41) had no listed diagnosis in record, but receiving continuously with other antihypertensives
		
		No further action was deemed necessary by the Board.

➢ **Study Proposals for Next Quarter**	Mark England, Pharm.D.	**Slide 87**
• Benzodiazepines	Jane Gennrich, Pharm.D. Mark England, Pharm.D.	**Slides 88 – 93** Dr. Gennrich presented information from the National Institute for Health and Care Excellence as it relates to benzodiazepines and use in General Anxiety Disorder, Panic Disorder, and Post Traumatic Stress Disorder. Dr. Gennrich also referenced a University of Washington Telepain Webinar on Treatment of Anxiety. Dr. England then presented two slides looking at the utilization of benzodiazepines and the taxonomy of practitioners who are prescribing them.
• Buprenorphine vs. buprenorphine/naloxone for treatment of substance use disorder	Jane Gennrich, Pharm.D.	**Slides 94 – 96** Dr. Gennrich presented POS Claims Data from September 2017 and the criteria as currently stated on the preferred drug list for Idaho Medicaid that references the SAMSHA website. Dr. Gennrich then explained the issue the Idaho Clinical Call Center is seeing and what data points are to be collected in the future to take a more in-depth look at this issue.
• Deprescribing Proton Pump Inhibitors	Tami Eide, Pharm.D.	**Slide 97** The Board discussed Deprescribing Proton Pump Inhibitors as a potential topic.

• Buprenorphine without naloxone	Tami Eide, Pharm.D.	**Slide 98** The Board discussed buprenorphine without naloxone as a potential topic.
• Buprenorphine and Presence or Absence of Adjunct Therapy	Tami Eide, Pharm.D.	**Slide 99** The Board discussed buprenorphine and presence or absence of adjunct therapy such as behavioral counseling as a potential topic.
➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	**Slides 100 – 101** Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	**Slide 102** Dr. Eide informed the Board that next year's meetings will be held at the Medicaid offices and will be half day meetings starting in January.
➢ **Adjourn, 12:30pm**	David Agler, M.D.	

Next Meeting: January 18, 2018