Idaho DUR Board Meeting Minutes

Date: April 16, 2020 **Time:** 9am-12:00pm

Location: Idaho Medicaid, WebEx Meeting

Moderator: Magni Hamso, M.D.

Committee Member Present: Sabrina Allen, Pharm.D., Wayne Baures, RPh, Perry Brown, M.D., Chris Owens, Pharm.D., Chris Partridge, M.D.

Others Present: Tami Eide, Pharm.D., Suzanne Fox, Jane Gennrich, Pharm.D., Chris Johnson, Pharm.D., Dawn Berheim, Pharm.D., Mark England, Pharm.D.[☆]

[☆]Magellan Rx Management

AGENDA ITEMS	PRESENTER	OUTCOMES/ACTIONS
➢ **Call to Order**	Magni Hamso, M.D.	Dr. Magni Hamso, Chairman, called the meeting to order.  DUR_4_16_2020_Final (3)_Presentation s
➢ **Review of Minutes from January 16, 2020**	Magni Hamso, M.D.	Minutes were approved as written.
➢ **Foster Children and Behavioral Health Drugs**	Tami Eide, Pharm.D.	**Slides 2 – 21**

		Dr. Eide provided an update of foster children and behavioral health medication use in Idaho Medicaid. Idaho has been tracking utilization since 2011 when a GAO study looking at 5 states was published. A detailed look at 2019 data was presented. Overall rates for Foster Children with a Behavioral Health Medication was 19.7% and for Non-Foster Children it was 7.2%. The SUPPORT Act has specific requirements for use of antipsychotics in children • The state must have in place a program (as designed and implemented by the state), to monitor and manage the appropriate use of antipsychotic medications by children enrolled under the State plan (or under a waiver of the State plan). • Additionally the state must submit, annually as part of the DUR report under section 1927(g)(3)(D) of the Act, information on activities carried out under this program for individuals not more than the age of 18 years old generally, and children in foster care specifically. For 2019, a higher percentage of foster children received ADHD, antianxiety and sedative hypnotic, anticonvulsants, miscellaneous, antidepressants, antimanic and antipsychotic agents than non-foster children. Breakdown of drug class by age is similar for foster and non-foster children for ADHD drugs, antianxiety and sedative hypnotic, anticonvulsants, antidepressants, antimanic, and antipsychotics. The claims per foster child were higher than for non-foster children: 2.83 vs. 0.82. The cost per foster child was also higher at $174 vs. $62 non-foster.

		The following is a breakdown by % of claims by prescriber type for foster children: Nurse Practitioner – 38% Child/Adolescent Psychiatrist/Developmental Specialist – 15% Pediatrician – 11% Physician Assistant – 15% Psychiatrist – 11% Family Practice/Internal Medicine – 9% Dr. Eide presented slides and explained how different regions within the State of Idaho have a different breakdown of Specialist, Generalist, and Mid-levels prescribing medications for these members.
➢ **ADURS – American Drug Utilization Review Society**	Chris Johnson, Pharm.D.	**Slides 22 – 39** Dr. Johnson presented information from the 2020 American Drug Utilization Review Society Symposium which he attended at the end of February. Topics included Antiseizure Medications in the Treatment of Epilepsy; The Assessment, Diagnosis, and Treatment of Complex Mood Disorders and Treatment Resistant Depression; Gabapentin: Off-Label Utilization and Potential Abuse; Novel Drug Therapies; A Near Real-Time Fax-Based Approach to Retrospective Drug Utilization Review; Non-Fax-Based Approach to Retrospective Utilization Review; Therapeutic Guidelines: Background, Use and Abuse; New Drug Review 2019; Pipeline Preview 2020, and finally Using the CMS Medicaid Scorecard to Improve Recipient Health.

		Dr. Johnson shared highlights from the gabapentin topic in detail. He then shared in further detail the pipeline review of medications that will be coming to market soon. Dr. Johnson concluded by presenting the information he gathered from the State round table reports from the symposium. The DUR Board recommended looking into gabapentin utilization in the future.
➢ **Medicaid Expansion Update**	Tami Eide, Pharm.D.	**Slides 40 – 62** Dr. Eide shared with the DUR Board a Pharmacy update on the Medicaid Expansion population over the 1st Quarter of 2020. Membership and Utilizers continue to rise and as of March there were 70,880 members and 25,142 utilizers. Total spend was at $7,614,903. She then broke down the drug spend in more detail by traditional and specialty drugs, gender, age and medical conditions. Of significance, approvals for Hepatitis C treatment reached 81 participants with 54 being new to Medicaid since 1/1/2020. Dr. Eide presented actual vs previously predicted expenditures for the Medicaid Expansion Population. With the increase in claims and expenditures came an increase for the Idaho Medicaid Pharmacy Unit's Workload. PA requests have nearly doubled for 1Q2020 compared to 4Q2019, and Dr. Eide shared with the DUR Board a chart of unprocessed faxes at the end of the week over the first quarter. Numbers are decreasing, but remain much higher than previously seen prior to Medicaid Expansion.
➢ **Ongoing Reviews**		

• Lacosamide and Heart Disease	Jane Gennrich, Pharm.D.	**Slides 64 – 73** Dr. Gennrich shared the Warnings and Precautions from the lacosamide (Vimpat) prescribing information, specifically cardiac rhythm and conduction abnormalities. Obtaining an ECG before beginning and after titration to steady-state maintenance dosing is recommended in patients with underlying proarrhythmic conditions or for those on concomitant medications that effect cardiac conduction. As recommended by the DUR Board at the January 2020 meeting, letters were sent on 3-17-2020 to lacosamide prescribers for patients who are currently also being prescribed a beta blocker or a calcium channel blocker (n=17). Five additional letters were sent to lacosamide prescribers whose patients have a diagnosis for an arrythmia or for chronic heart failure. Of the 22 letters sent, 15 responses came back and Dr. Gennrich shared the comments from the 15 letters with the DUR Board. The Board did not have any additional comments.
• Naloxone Utilization and Interventions	Tami Eide, Pharm.D.	**Slides 74 – 87** Dr. Eide presented Naloxone Utilization data for first quarter 2020. She reviewed the number of pharmacy claims from 2018 Q2 to 2020 Q1. There was more than a doubling of claims in 2020 Q1. The same trend was also seen in the unique number of patients. There was a 72% increase in the number of prescribers. Dr. Eide then presented information from the Intervention of High Dose Opioid Use Participants and Naloxone Use study. Analysis was done on participants receiving > 90 MME per day and presence or

		absence of any naloxone prescription. [Opioid Utilization at designated dose target from 5/24/2019 to 8/22/2019 (90 days). Naloxone Utilization from 11/25/2018 to 8/22/2019 (180 days)] Of the 247 total participants, 48 had at least one prescription for naloxone (19%). An intervention letter was sent out with one letter per pharmacy with their list of patients and addressed to the Pharmacist- In- Charge. The letter emphasized the unique opportunity for retail pharmacists to intervene. The letter also reviewed CDC Guidelines for prescribing naloxone (high risk patients), provided a link to the Office of Drug Policy website for instructions on administration of intranasal naloxone, copies of patient educational pamphlets and instructions for billing Medicaid. A response letter to report back to Medicaid and give input on usefulness of the intervention was included. Between 2/14/2020 and 3/12/2020 letters on 34 individual participants for 27 dispensing pharmacies have been distributed. Four responses have been returned and two additional comments were shared with the Board.
• Idaho Opioid Equivalent Dosing Project	Mark England, Pharm.D.	**Slides 88 – 104** Dr. England presented an update on the Idaho Opioid Equivalent Dosing Project to the DUR Board. He reviewed the methods used by the IDHW Pharmacy Unit in managing opioid utilization and noted that the MME 90 edit was made operational on July 19, 2017. Dr. England presented data from 1Q2020 to the Board. There was also quarterly data presented showing trends from 1Q2017 through 1Q2020. There had been a 37% decrease from 1Q2017 to 4Q2019 in Members on Opioids and a 39% decrease in Opioid Members on > 90 MME during that same time period. With the addition of the Medicaid Expansion population, the overall number of members on

		opioids and number of members receiving > 90 MME jumped back up and has created a reset of the baseline values from early 2017. Dr. England also showed the increased number of denied claims hitting the MME edit along with the increased number of PA requests for 1Q2020.
➢ **Current Interventions/Outcomes Studies**		
• Antipsychotics AND Opioids	Dawn Berheim, Pharm.D.	**Slides 106 – 113** Dr. Berheim shared with the Board how the recently passed Support Act required Medicaid Drug Utilization Review Boards to specifically review patients on concurrent antipsychotics and opioids. The purpose is to reduce the potential harm associated with concurrent therapy. Focusing on calendar year 2019, there were 1127 participants who had prescriptions for both an antipsychotic and an opioid. Looking at these members there were 12,544 prescriptions and 312,326 days of therapy. 22 participants were pediatric patients. The inability to identify days of overlap of therapy of both drug classes with this initial review was noted as a data limitation. Dr. Berheim broke down the top drugs and days supply for both opioids and antipsychotics and days of therapy by drug class. She noted 70% were from different prescribers for the two classes. Educational letters were sent out to prescribers and pharmacies for patients who received opioids with any therapy length of antipsychotics along with a list of their patients. Response letter acknowledgement from prescribers was requested. The goal with this

		intervention was to improve the prescribing practices through awareness, adjustment in therapy, and coordination of care between prescribers.
• Sublocade	Jane Gennrich, Pharm.D.	**Slides 114 – 124** Dr. Gennrich provided background information on the product which is an extended release buprenorphine injection, its administration, FDA indications and REMS information. Dr. Gennrich shared data on Prior Authorization requests between 9/1/2019 and 2/29/2020. There were 13 unique patient approvals. and 2 denials for 8 total requests for males and 7 requests for females. Current clinical criteria are listed on PDL (Preferred Drug List) SUBLOCADE (buprenorphine) injection will be approved for patients who are stable on sublingual buprenorphine at doses between 8-24 mg daily for at least 30 days with the following documentation: • Evidence that the patient has had their cravings and withdrawal symptoms clinically controlled while on sublingual buprenorphine. • A clinically valid evidence-based reason to switch from sublingual buprenorphine to injectable Sublocade. No change in criteria was recommended by the DUR Board.
• Esketamine	Chris Johnson, Pharm.D.	**Slides 125 – 132** Dr. Johnson provided background information on the product, how it is administered, FDA indications and REMS information.

		Idaho Medicaid has received two requests to date. 1. 39 y/o female (approved) 2. 50 y/o female (denied). More detailed documentation of previous treatments and duration of treatment was requested with no response (Since 11/29/2019) Dr. Johnson provided concerns of esketamine use, its FDA approval as well as perspectives on effectiveness and value of esketamine. In conclusion: Pharmacologically a new class of antidepressant for adults with treatment resistant depression (TRD). Currently there are mixed opinions on the definition of TRD and whether failure of any 2 antidepressants vs failure in different pharmacological classes should be the standard. Treatment comparisons are lacking with esketamine, and long-term effects with esketamine have yet to be established. The Idaho P&T Committee requested that the DUR Board continue to monitor the utilization of esketamine in the Idaho Medicaid population.
➢ **Study Proposals for Next Quarter**	Mark England, Pharm.D.	**Slide 133** Potential topics suggested: gabapentin utilization, psychiatric medications and opioids, antipsychotics in foster children as well as general population of children, adherence rates of Humira, autoimmune/anti-inflammatory class utilization.
➢ **ProDUR Quarterly Report**	Mark England, Pharm.D.	**Slides 134 - 135**

		Dr. England reviewed the quarterly ProDUR trends. No significant changes in trends were noted.
➢ **Medicaid Update**	Tami Eide, Pharm.D.	**Slide 136** Dr. Eide gave an update on COVID-19 and Medicaid Expansion and their impacts on the pharmacy unit. Dr. Hamso discussed how Idaho Medicaid is trying to make it as easy as possible for providers to utilize tele-health in the coronavirus pandemic and ensuring that no members are being dropped from Idaho Medicaid during the current pandemic.
➢ **Adjourn, 12:00 pm**	Magni Hamso, M.D.	

Next Meeting: July 16, 2020