September 2011 (Third Quarter) Volume 1, Number 3

Idaho Medicaid Pharmacy Department

1-208-364-1829

Magellan Medicaid Administration Pharmacy Support Center

1-800-922-3987

24 hours/day/7 days per week

- Claims processing assistance
- Drug coverage and payment information
- Eligibility
- Plan limitations
- Coordination of benefits
- Prior authorization status

Idaho Medicaid Pharmacy Call Center

1-866-827-9967

1-208-364-1829

8:00 a.m. – 5:00 p.m. MT

Monday – Friday

Closed federal and state holidays

- Initiate prior authorizations

Prior Authorization Fax

1-800-327-5541

Websites

www.medicaidpharmacy.idaho.gov

- Preferred Drug List
- PA forms
- P &T information

https://Idaho.fhsc.com

DUR Board Meetings

- January 20, 2011
- April 14, 2011
- July 21, 2011
- October 20, 2011

P&T Committee Meetings

- April 15, 2011
- May 20, 2011
- October 21, 2011
- November 18, 2011

State of Idaho Drug Utilization Review Program

The Idaho Drug Utilization Review (DUR) Program was established in 1993 to fulfill specific requirements of the Omnibus Budget Reconciliation Act of 1990 (OBRA 90) as a contingency for the Idaho Department of Health and Welfare to receive federal funding. The DUR program uses a structured process to review claims data and interpret patterns of drug use in relation to predetermined criteria. The goals of the program are to reduce potentially inappropriate prescribing and dispensing of medications, enhance the counseling of patients, and reduce growth in expenditures for drugs.

The Director of the Idaho Department of Health and Welfare appoints the members of the DUR Board, which consists of three practicing Idaho physicians, three practicing Idaho pharmacists and a practicing Idaho Nurse Practitioner or Physician Assistant. Medicaid contracts with Magellan Medicaid Administration to provide support to the Board. The Board meets four times each year. Members are asked to serve three-year terms and are paid a modest honorarium for their time. A major component of the DUR program is retrospective population-based review of drug claims data and other records to identify prescribing and dispensing patterns for potential problems such as drug-disease contraindications, drug-drug interactions, incorrect drug dosage, incorrect duration of drug treatment, over and under utilization, and therapeutic duplication. Beneficiary profiles are screened against predetermined criteria developed from peer-reviewed medical literature and standard drug compendia. Board members are blinded to the identity of prescribers and beneficiaries. If a patient profile does not meet the criteria, an educational intervention is undertaken. These interventions can take the form of educational leaflets, face-to-face visits, continuing education programs, and informational newsletters. The DUR Board also conducts outcome studies to ensure that Medicaid cost containment strategies have had a positive effect and have not resulted in negative outcomes for our beneficiaries. More detailed information may be found on the State of Idaho's Website for the Program: http://www.healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/DrugUtilizationReview/tabid/1727/Default.aspx and on Magellan's website at: https://idaho.fhsc.com/providers/dur.asp.

Upcoming Narcotic Reviews

Prescription drug abuse is fast becoming one of the most dangerous forms of drug abuse affecting our population today. The Centers for Disease Control and Prevention has classified prescription drug abuse as an epidemic. The statistics

reported are staggering. The State of Idaho Medicaid's Pharmacy and Therapeutics (P&T) Committee as well as the Drug Utilization Review (DUR) Board are well aware of the problems that exist in the State of Idaho and are beginning the process of gathering as much information as they can to make the most appropriate choices to improve the safety and welfare of individuals in the State of Idaho. With the direction of the P&T Committee, the DUR Board is going to begin looking at the Medicaid population and is planning on focusing one review per quarter on narcotics specifically. The goal is that over the next two years the DUR Board will be able to gather and analyze data that will assist both groups in making decisions to address issues with narcotic prescription medications.

Colchicine Drug Utilization Review

In June 2006, the Food and Drug Administration (FDA) announced a new drug safety initiative to remove unapproved drugs from the market, including a final guidance entitled "Marketed Unapproved Drugs-Compliance Policy Guide (CPG)." The purpose of this guidance was to send notice that any illegally marketed product is subject to FDA enforcement at any time. The FDA also clarified that it intended to use a risk-based approach to enforcement of this initiative. On July 29, 2009, Colcrys® was approved for Familial Mediterranean Fever (FMF) and on July 30, 2009, Colcrys® was approved for Acute Gout Flares. On October 16, 2009, Colcrys® was approved for Chronic Gout. On October 1, 2010, the FDA sent out a notice that it intended to initiate enforcement action against any marketed and listed unapproved single-ingredient oral colchicine product that was manufactured on or after November 15, 2010, or that was shipped on or after December 30, 2010. In the Medicaid population in the State of Idaho in May 2010, there were no prescriptions for Colcrys® and 42 prescriptions for generic colchicine. By May 2011, there were no prescriptions for generic colchicine and 8 prescriptions for Colcrys®. Patient profiles were reviewed and it was found that patients had been taking Colcrys® not only for FDA-approved indications, but also for off-label uses including constipation. Therapeutic criteria were developed and now Colcrys® requires prior authorization and is approved for Familial Mediterranean Fever (FMF) , Acute Gout if there is a contra-indication and/or failure to NSAIDs or corticosteroids, and Chronic Gout as an adjunct to allopurinol if there is a contra-indication or failure to NSAIDs.

High Dose Ketorolac Use

In a review of the drug database, it was noticed that the maximum allowed daily dose of ketorolac was erroneously set at 100mg (ten 10mg tablets). The maximum daily dose edit of ketorolac was immediately changed to 40mg (four 10mg tablets) in the claims processing system and a review of all Medicaid participants with paid claims over the past six months for > 40mg per day or for > 5 days of therapy was performed. Ketorolac has a black box warning that states TORADOL ORAL, a nonsteroidal anti-inflammatory drug (NSAID), is indicated for the short-term (up to 5 days in adults) management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation treatment following IV or IM dosing of ketorolac tromethamine, if necessary. The total combined duration of use of TORADOL ORAL and ketorolac injectable should not exceed 5 days. Letters were sent to prescribers of those patients identified, educating and warning of the potential harm that could come from the prescribed high doses. This is one example of how an alert pharmacist can trigger a chain of events from identifying patients who are receiving inappropriate doses of a medication, setting up a maximum dose edit in the point-of-sale pharmacy program, and sending out educational information to prescribers, all in the effort to make sure the Medicaid participants receive the safest and most effective medication available.