Idaho Medicaid Drug Utilization Review Program

16 January 2014
Follow-up to Previous Reviews

- Growth Hormone
- Oral buprenorphine
- Psychotropics in Foster Children 2012 – Children 0-6 years
Non-Preferred Growth Hormone

- Preferred Growth Hormones
  - Norditropin, Nutropin, Nutropin AQ

- Non-Preferred Growth Hormones
  - Genotropin, Humatrope, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive
Non-Preferred Growth Hormone

POS Claims 5/25/2013 through 8/25/2013

<table>
<thead>
<tr>
<th>Growth Hormone Product</th>
<th># of recipients</th>
</tr>
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<tbody>
<tr>
<td>Norditropin*</td>
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<tr>
<td>Genotropin</td>
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<tr>
<td>Nutropin*</td>
<td>9</td>
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<tr>
<td>Humatrope</td>
<td>4</td>
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<tr>
<td>Omnitrope</td>
<td>1</td>
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</tbody>
</table>
Non-Preferred Growth Hormone

Prescribers

- Endocrinologists: 12
- P.A. at Endocrinology Clinic: 1
- Nephrologist: 1
- P.A. (located in Missoula, Mt but prior auth request came from endocrinologist in Idaho): 1
Non-Preferred Growth Hormone

- Each endocrinologist prescribes multiple different growth hormone products so his/her office is familiar with multiple product lines and devices from the different pharmaceutical companies. The actual growth hormone medication is exactly the same.
Non-Preferred Growth Hormone

- Potential Cost Savings
  - Substantial cost savings will be achieved by Idaho Medicaid when patients previously on non-preferred growth hormone products are switched over to preferred growth hormone products.
Non-Preferred Growth Hormone

- Reviewed profiles of 16 patients on non-preferred growth hormone products.
  - 9* – growth hormone product was preferred when first approved; grandfathered ever since
  - 2 - Medicaid is secondary insurance and only paying a small co-pay
Non-Preferred Growth Hormone

- Reviewed profiles of 16 patients on non-preferred growth hormone products.
  - 2* – Started on a preferred agent but then switched to a non-preferred agent (stinging noted with one, can’t call up the old faxes on the other one for the details of why switched)
  - 1 – database error so claim paid for a non-preferred agent even though prior authorization for the medication had been denied
Non-Preferred Growth Hormone

- Reviewed profiles of 16 patients on non-preferred growth hormone products.
  - 2 – no clear notes on why started a non-preferred agent; drug has been grandfathered for years (one patient started therapy in 2003 and the other in 2004*). Not sending a letter to the patient who started therapy in 2003 as medication is up for renewal in October 2013 so will deal with this issue then (and anticipate that growth hormone therapy may be discontinued soon due to patient’s age).
Non-Preferred Growth Hormone

- Letter sent to prescribers of grandfathered non-preferred growth hormone patients.
Non-Preferred Growth Hormone

- 9* – growth hormone product was preferred when first approved; grandfathered ever since
  - Switched to preferred agent – 4
  - Renewal request received for non-preferred agent – sent back fax to prescriber stating that growth hormone would be approved but patient needed to be switched to a preferred agent; still waiting for response back – 2
  - NO response yet to letter asking prescriber to switch – 3
  - No response back from all other letters sent
Non-Preferred Growth Hormone

**Timeline**

- **8/29/13** - Ran a list of all patients on non-preferred growth hormone products.
- **9/6/13** - Profiles were reviewed to determine if Medicaid was secondary insurance or if there was a documented reason to switch products (e.g. local reaction to a preferred agent necessitating a switch to a different product).
- **9/15/13** - 12 letters sent out to prescribers.
- **12/5/13** - Ran another list of all patients on non-preferred growth hormone products.
- **12/6/13** - Follow-up letter sent to prescribers of patients still on non-preferred growth hormone products.
- **1/2/14** - Block payment to non-preferred growth hormone products on those patients with no documentation for why they cannot be on a preferred growth hormone.
Non-Preferred Growth Hormone

Non-preferred growth hormone products paid for by Idaho Medicaid between 9-1-13 and 11-30-13

- **5** patients: Already switched to a preferred agent
- **2** patients: Completed course of therapy
- **2** patients: On Genotropin but Medicaid is secondary insurance and only paying small co-pay
- **4** patients: Still on non-preferred agent
Non-Preferred Growth Hormone

**Prescriber Letter**

- Idaho Medicaid’s preferred growth hormones are Norditropin, Nutropin, and Nutropin AQ (all dosage forms within these product lines). Your patient(s) has been identified as being on a non-preferred growth hormone. As all growth hormone products are the exact same drug, please switch over your patient(s) on non-preferred growth hormone to one of the more cost effective preferred agents by January 1, 2014 as the non-preferred growth hormone will no longer be approved as of that date. Patients with current prior authorization approval for a non-preferred growth hormone will be granted approval for the preferred agent of your choice for the same timespan as previously approved. Please use the attached prior authorization form to let Idaho Medicaid know which preferred growth hormone product you will be using on which patient(s). If there is a valid medical reason why a particular patient needs to remain on the non-preferred growth hormone, please either submit a prior authorization request stating the reason (prior authorization form is attached to this request) or call the Idaho Medicaid Pharmacy Call Center at 208-364-1829 Monday through Friday 8am to 5pm and ask to speak to a pharmacist.
Non-Preferred Growth Hormone

- December 2013 / January 2014
  - By 12-31-13, three of the four patients have been switched to a preferred growth hormone.
  - End-dated the prior authorization approval for Genotropin for the fourth patient on 1-2-14.
  - 1/10/2014: Received prior authorization request on fourth patient for Genotropin. Requested prescriber to switch to a preferred agent.
Non-Preferred Growth Hormone

- Overall Comments
  - No negative feedback from any of the endocrinologists about having to switch patients over from a non-preferred to a preferred agent.
  - All of the endocrinologists use multiple growth hormone product lines, presumably dictated by the insurance company of their patients.
Non-Preferred Growth Hormone

- Questions or Comments ???
Buprenorphine DUR

Suboxone and Participants Paying Cash for Other Opioids
(includes Suboxone film, Suboxone tablets, buprenorphine/naloxone tablets, buprenorphine tablets)
Buprenorphine DUR Follow-Up

- Identified all participants with at least one claim paid for oral buprenorphine by Idaho Medicaid between 9/1/13 and 11/30/13. n=210
- Ran Board of Pharmacy report for all of these participants to identify anyone who had received any other opioid with overlapping days of service and noted payment method (cash, Idaho Medicaid, other insurance).
Buprenorphine DUR Follow-Up

Total number of participants on oral buprenorphine:
- 2/1/2013 - 4/30/2013: 200
- 6/1/2013 - 8/31/2013: 201
- 9/1/2013 - 11/30/2013: 210

Participants who paid cash for an opioid while on oral buprenorphine:
- 2/1/2013 - 4/30/2013: 26
- 6/1/2013 - 8/31/2013: 27
- 9/1/2013 - 11/30/2013: 23
Buprenorphine DUR Follow-Up

Other Opioids
Jun – Aug 2013

Other Opioids
Sep – Nov 2013
Buprenorphine DUR Follow-Up

- 2 patients had both Suboxone and another opioid prescribed by the same doctor. The other 21 patients had different prescriber(s) for the other opioids.
Buprenorphine DUR Follow-Up

- Called Suboxone Prescribers
  - Was prescriber aware of other opioids paid for with cash?
  - What was the consequence to the patient?
Buprenorphine DUR Follow-Up

- Contacted prescribers of 21 patients
  - 11 aware already that patient had paid cash for other opioids
  - 10 NOT aware before I called that patient had paid cash for other opioids

- Did not contact prescribers of 2 patients – both were recent Suboxone starts with other opioids either immediately before or within days of first starting Suboxone (will check PDMP next month)
Called prescriber who was unaware that patient had paid cash for other opioids: 10
Called prescriber who was aware that patient had paid cash for other opioids: 11
Did not call prescriber: 2

# of patients
Buprenorphine DUR Follow-Up

Called prescriber who was unaware that patient had paid cash for other opioids (n=10)

- Prescriber was going to stop Suboxone therapy: 1
- Prescriber was going to counsel patient but continue Suboxone therapy: 8
- Patient s/p surgery and would continue on Suboxone: 1
Buprenorphine DUR Follow-Up

Called prescriber who was aware that patient had paid cash for other opioids (n=7)

- Dental work: 5 patients
- Surgery: 2 patients
- Off oral buprenorphine already when contacted: 2 patients
- Prescribed both oxycodone IR and oral buprenorphine for pain/addiction (have already had discussions that Medicaid will not pay for this treatment plan): 1 patient
- On oral buprenorphine for pain with additional hydrocodone s/p ER visit for fall (see details on next slide): 1 patient
Buprenorphine DUR Follow-Up

Did not call prescriber (n=2)

Both were recent Suboxone starts with other opioids either immediately before or within days of first starting Suboxone (will check PDMP next month)
Buprenorphine DUR Follow-Up

- NP prescribing oral buprenorphine for pain
  - Claim paid at the pharmacy without prior authorization as ICD-9 diagnosis code in electronic profile for opioid abuse
  - NP states prescribing oral buprenorphine for pain not for treatment of opioid addiction (off-label usage)
  - Pharmacy filled prescription
  - Patient paid cash for Norco (7.5mg/325mg #20) prescribed by ER physician s/p fall
Buprenorphine DUR Follow-Up

- Called NP to discuss patient
- Explained that Idaho Medicaid would not pay for oral buprenorphine for chronic pain.
Buprenorphine DUR Follow-Up

1. All prescribers were appreciative of the information Idaho Medicaid provided to them.
2. One prescriber stated that he was now routinely running PDMP reports because of Idaho Medicaid’s phone calls.
3. Another prescriber is now running PDMP reports every month rather than every 3 months.
4. Urine drug screens
Buprenorphine DUR Follow-Up

- **Future Plans**
  - The department plans on running routine Board of Pharmacy controlled substance reports every 3 months on all oral buprenorphine patients.
Psychotropics in Foster Children 2012

Children 0-6 years old sub-analysis
Breakdown

- 125 total children ages 0-6 years meeting criteria for psychotropic drug claims in 2012
- 66 children had more than 10 claims for the year
  - 40 children are now over the age of 6
  - 26 children currently under the age of 6
    - 11 children either no longer on Idaho Medicaid or no longer receiving psychotropics
    - 7 children were receiving anticonvulsants for actual seizure diagnosis
    - 8 children remaining still receiving psychotropic medications
      - Looked at these 8 children for most recent 6 months
Children Currently Receiving Psychotropics

- **CF**
  - Current age 4 years
  - Currently receiving guanfacine and imipramine. Started ADHD drugs in 2012.
  - Diagnosis of urinary incontinence. No diagnosis of ADHD but has received methylphenidate and dextroamphetamine in past.

- **ZHV**
  - Current age 5 years
  - Started ADHD drugs in February 2013. Has received methylphenidate, atomoxetine, clonidine, guanfacine and Intuniv in the last 6 months. There has been triple therapy with Intuniv, methylphenidate and clonidine for 2 of the 6 months. Has been receiving imipramine since May. Previously on trazodone and sertraline when 2012 report was run.
Children Currently Receiving Psychotropics

- TB
  - Current age 4 years
  - Diagnosis ADHD

- CW
  - Current age 5 years
  - Currently on methylphenidate ER and IR. In early 2013 was on amphetamine salt combo. Two prescriptions of chloral hydrate triggered psychotropic use in 2012.
  - ADHD
Children Currently Receiving Psychotropics

- **JS**
  - Current age 5 years
  - Currently on trazodone which was started in 2012. Also received amitriptyline and citalopram in 2012.
  - Post Traumatic Stress Disorder, hyperkinetic syndrome not otherwise specified, sleep disturbance

- **ZHY**
  - Current age 6 years Amphetamine mixed salts combo IR and ER started in 2011. Trazodone started in August 2013.
  - ADHD, unspecified persistent mental disorder due to conditions classified elsewhere.
Children Currently Receiving Psychotropics

• JK
  • Current age 5 years
  • Methylphenidate, sertraline, bupropion SR 150, Abilify (since 2012)
  • Currently on Abilify and bupropion for bipolar I disorder. MD states child needs Abilify three times daily. Bupropion was changed to sertraline for severe depression. Also has ADHD.

• NC
  • Current age 5 years
  • Clonidine since 2012. Also received guanfacine for 3 months early 2013.
  • Anxiety state not otherwise specified, adjustment disorder, conduct disturbance, hyperkinetic syndrome not otherwise specified
Current Interventions/Outcomes Studies

- Oral Albuterol DUR
- Uloric DUR
- Colcrys DUR
- Oseltamivir/Zanamivir DUR
- Influenza Vaccine DUR
- Tobacco Cessation
- Concomitant Oral and Injectable Atypical Antipsychotics
Oral Albuterol DUR

• Background
  • Both the DUR Committee and the P&T Committee have expressed concerns about using oral albuterol, especially in children to treat acute infections. Alternative therapy is albuterol MDI (with correctly sized spacer) or nebulized albuterol that has the benefit of delivering the drug to the lungs with less side effects than the oral route of administration.


  Conclusion of randomized, double-blind, placebo-controlled trial of oral albuterol in infants with mild-to-moderate acute viral bronchiolitis: Oral albuterol is of no benefit for infants with bronchiolitis.
Oral Albuterol DUR

- Pharmacy claims run from 7/1/13 to 9/30/13
- Three patients total
- Reviewed all three profiles
Oral Albuterol DUR

Patient #1 - 57 year old female

- Previously approved by a technician August 2012 x 1 year
- Renewal request received October 2013 for albuterol tablets and processed by a technician
- Denied for no failure of preferred agent (oral terbutaline)
- Diagnosis listed on 2012 request was bronchospasm; no diagnosis was listed on 2013 request; patient does have asthma diagnosis in electronic profile
Oral Albuterol DUR

Patient #1 - 57 year old female (continued)

- No reason given on either 2012 or 2013 request why patient cannot use albuterol MDI
- Patient did have ProAir inhaler filled February 2013
- Another ProAir inhaler was filled October 2013 after oral albuterol was denied
- Prescriber – FP physician
- Never heard back from prescriber about denial
Oral Albuterol DUR

Patient #2 – 13 year old male

- Prescriber – ENT physician
- Requested for asthma patient with a past history of using albuterol tablets for additional coverage over albuterol MDI during football season
- Approved for trial 8/27/13 – 10/26/13
- Was only filled once on 8/28/13
- No further requests received on this patient
Oral Albuterol DUR

Patient #3 – 57 year old female

- She has been on oral albuterol monthly since 2008
- 2013 renewal was done as a phone call to a technician so no documentation to review
- Diagnosis in profile – hypoxemia
- Not on any inhalers – do not know why
Oral Albuterol DUR

Follow-up

1. Education for pharmacy technicians that denial reason should be unable to use albuterol inhaler not trial and failure of oral terbutaline which is listed as the only preferred oral beta agonist.

2. Refer these infrequent requests to a pharmacist for evaluation (even the renewals).
Oral Albuterol DUR

Reviewed oral albuterol prior authorization
DENIALS in 2013

Jan 2
Feb 1
Mar 2
Apr 1
May 2
Jun 1
Jul 1
Aug 1
Sep 1
Oct 1
Nov 2
Dec 0
Oral Albuterol DUR

15 Denials / Age Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th># of Denials</th>
</tr>
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<tbody>
<tr>
<td>&lt; 1 year</td>
<td>3</td>
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<td>1-2 year</td>
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<td>5-6 year</td>
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<td>26</td>
<td>1</td>
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<td>57</td>
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</table>
Oral Albuterol DUR

Prescribers

- Family Practice: 13
- Internal Medicine: 1
- Pediatrics: 1
Oral Albuterol DUR

Diagnosis (Acute Infection* - 13; Asthma - 2)
Oral Albuterol DUR

- Were patients switched over to albuterol MDI or nebulized albuterol when oral albuterol was denied?
  - Both asthma patients – Yes (MDI)
  - Patients with acute infection
    - No – 10
    - Yes – 3 (single fill of albuterol MDI - 2, single fill of nebulized solution – 1)
Oral Albuterol DUR

- Questions/Comments ???
Uloric DUR

• Background

  • Uloric was approved by the FDA in 2009 as a xanthine oxidase inhibitor indicated for the chronic management of hyperuricemia in patients with gout.

  • Allopurinol, which is also a xanthine oxidase inhibitor, is the preferred agent for Idaho Medicaid.
Uloric DUR

- 2012 American College of Rheumatology Guidelines for Management of Gout recommends either allopurinol or Uloric as first-line agents.

- These recommendations are based on level of evidence and safety but do not take cost-effectiveness of therapies into consideration.
Uloric DUR

• Prior authorization is not needed for allopurinol which is Idaho Medicaid’s preferred xanthine oxidase inhibitor.

• Idaho Medicaid’s current therapeutic criteria for prior authorization for Uloric
  1. Continuation of gout attacks after at least three months of allopurinol at a therapeutic dose
     OR
  2. Serum urate level > 6mg/dl after three months of allopurinol at a therapeutic dose
     OR
  3. Intolerance or allergy to allopurinol
Uloric DUR

Number of patients (August through October)

- 2011 (Uloric 4.6%)
- 2012 (Uloric 4.5%)
- 2013 (Uloric 4.3%)

Allopurinol

- 185

Uloric

- 250
- 264

0 50 100 150 200 250 300

Allopurinol  Uloric
Uloric DUR

Number of claims (August through October)

- 2011 (Uloric 4.6%)
- 2012 (Uloric 4.3%)
- 2013 (Uloric 5.1%)
Uloric DUR

Total $ for August through October claims

- $13,062
- $6,306

Uloric 33% of total cost

Average cost per claim:
- allopurinol $20.16
- Uloric $180.16
Uloric DUR (Total $ for August through October claims)

- **2011**
  - Uloric: $3,666
  - Allopurinol: $3,770
  - Uloric 49.3% of total cost

- **2012**
  - Uloric: $6,414
  - Allopurinol: $11,068
  - Uloric 42% of total cost

- **2013**
  - Uloric: $6,306
  - Allopurinol: $13,062
  - Uloric 33% of total cost
Uloric DUR

- Reasons given on prior authorization to start Uloric for patients with paid claims between 8/1/13 – 10/31/13

- Did not tolerate allopurinol (e.g. allergic reaction) (4)
- Failed allopurinol (4)
- Severe renal impairment (4)
Uloric DUR

- Start date of Uloric for patients receiving medication between 8/1/13 – 10/31/13

Only four new prior authorization requests approved for Uloric from January – October 2013
Uloric DUR

- January 1 – October 31, 2013
  - Total of 20 prior authorization requests received
    - 14 approved
      - 10 with paid claims between Aug – Oct
      - 4 without paid claims between Aug – Oct
        - 1 patient no longer Medicaid eligible
        - Other 3 patients stopped therapy prior to August 2013 for unknown reasons
    - 6 denied
      - 3 with no valid reason why allopurinol could not be used
      - 3 stated failure of allopurinol but in reviewing paid claims, patient was not consistently taking allopurinol so compliance issues not drug failure
Uloric DUR

Recommendations

- Continue to require prior authorization for Uloric as it is
  a) Considerably more expensive than allopurinol which is also a first line agent
  b) 30% of patients with prior authorization requests for Uloric did not meet Idaho Medicaid’s therapeutic criteria

- Copy of current PA form in packet
Colcrys DUR

- **Background**
  - In June 2006, the 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)
- Notice that any illegally marketed product is subject to FDA enforcement at any time
- Clarified that the FDA intends to use a risk-based approach to enforcement
- **July 29, 2009:** Colcrys® approved for Familial Mediterranean Fever (FMF)
- **July 30, 2009:** Colcrys® approved for Acute Gout Flares
- **October 16, 2009:** Colcrys® approved for Chronic Gout
Colcrys DUR

• **Background**
  
  • October 1, 2010: FDA sent out a notice that it intends to initiate enforcement action against any marketed and listed unapproved single-ingredient oral colchicine product that is manufactured on or after November 15, 2010, or that is shipped on or after December 30, 2010.
2012 American College of Rheumatology Guidelines for Management of Gout states that NSAIDS, corticosteroids, or oral colchicine are all first-line options for the treatment of acute gout. The guidelines also state that low-dose NSAID therapy or oral colchicine are first-line for gout attack prophylactic therapy for the treatment of chronic gout.

These recommendations are based on level of evidence and safety but do not take cost-effectiveness of therapies into consideration.
Colcrys DUR

- Prior authorization is not needed for preferred oral NSAIDs or for corticosteroids.

- Idaho Medicaid’s current therapeutic criteria for Colcrys
  - ACUTE GOUT
    - Contra-indication or failure to either NSAID or corticosteroid (oral or injectable)
  - CHRONIC GOUT (used in conjunction with oral allopurinol)
    - Contra-indication or failure to NSAID
  - OTHER INDICATIONS
    - Case by case evaluation
Colcrys DUR

Number of patients (August through October)

- 2011: 11
- 2012: 13
- 2013: 33
Colcrys DUR

Number of claims (August through October)

- 2011: 21
- 2012: 27
- 2013: 69

Legend:
- Blue: 2011
- Red: 2012
- Green: 2013
Colcrys DUR

Total cost (August through October)

- 2011: $6,050
- 2012: $4,751
- 2013: $11,610

Total cost: $11,610
Diagnosis for 33 patients with paid claims between Aug 1 – Oct 31, 2013

- Acute gout flairs: 15
- Chronic gout treatment: 13
- Behcet's Disease: 2
- Pericarditis: 2
- Pseudogout: 1
Colcrys DUR

Acute gout flairs breakdown, n=15

Note: fills over the past 3 years
Colcrys DUR

- January 1 – October 31, 2013 prior authorizations
  - Total of 65 requests received
    - 59 approved
    - 6 denied
Colcrys DUR

- 6 denied prior authorization requests

1. Requested for chronic gout; PA stated that allopurinol was ineffective
   Allopurinol filled two days prior to this PA request and then previous fill
   was 8 months earlier.

2. Requested for acute gout; PA request stated patient failed NSAID
   No paid claim for a NSAID.

3. Requested for pseudogout; PA request stated patient has been on
   colchicine
   Medicaid client since 1994 with no paid claims for generic colchicine or
   Colcrys.

4. Request for acute gout – no trial or failure of a preferred agent

5. Request for acute gout – no trial or failure of a preferred agent

6. Request for acute gout – no trial or failure of a preferred agent
Colcrys DUR

Recommendations

1. Continue to require prior authorization for Colcrys
   From previous DUR, off-label use for Colcrys exists

2. Need to implement payment at pharmacy without
   prior authorization for a fill of 3 tablets/1 day supply
   for acute gout (two tablets at the first sign of gout flare
   followed by one tablet one hour later)
Colcrys DUR

- Questions/Comments ???
Oseltamivir/Zanamivir Drug Utilization Review
Oseltamivir/Zanamivir Drug Utilization Review

- Reviewed 2012-2013 Flu Season
  - Oseltamivir (Tamiflu®) and Zanamivir (Relenza®)
  - September 2012 thru May 2013 (3,355 patients)
    - Total Claims = 3,396
      - 38 clients had 1 refill
      - 3 clients had 2 refills
    - Total Cost = $443,860
  - Compared patients who received Oseltamivir/Zanamivir with influenza vaccinations
Oseltamivir/Zanamivir DUR
September 2012 – May 2013

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<td>Zanamivir 5mg</td>
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Oseltamivir/Zanamivir DUR
September 2012 – May 2013

![Bar chart showing total claims for different formulations of Oseltamivir and Zanamivir.](chart.png)

- Oseltamivir Suspension: 1778
- Oseltamivir 75 mg: 1377
- Oseltamivir 30 mg: 128
- Oseltamivir 45 mg: 107
- Zanamivir 5 mg: 6
Oseltamivir/Zanamivir DUR
September 2012 – May 2013
Oseltamivir/Zanamivir DUR
September 2012 – May 2013

Total Cost

- Oseltamivir Suspension: $274,654.00
- Oseltamivir 75 mg: $138,958.00
- Oseltamivir 30 mg: $19,519.00
- Oseltamivir 45 mg: $10,355.00
- Zanamivir 5 mg: $374.00
Oseltamivir/Zanamivir DUR
September 2012 – May 2013

% Cost

- OSELTAMIVIR Suspension: 61.9%
- OSELTAMIVIR 75 mg: 31.3%
- OSELTAMIVIR 30 mg: 4.4%
- OSELTAMIVIR 45 mg: 2.3%
- ZANAMIVIR 5mg: 0.1%
Oseltamivir/Zanamivir DUR
September 2012 – May 2013

Oseltamivir/zanamivir Medicaid Patients

- 16% Patients with Flu Vaccine
- 84% Patients with No Vaccine
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**Total Cost: $283.40**
Recommendations

- Control number of occurrences?
- Age limits on suspension?
- Require history of current flu vaccination?
- Quantity limitations (Number of refills)?
- Other?
2012-2013 Flu Season
Vaccine Report
Influenza Vaccine Report

Report from Sept 1st 2012 thru May 31st 2013

- Pharmacy report obtained by search GSN number for influenza vaccines
- Medical report obtained by search for procedure codes for flu vaccine administration and J-code of flu vaccine.

- Total Cost:
  - Medical: $251,364
  - Pharmacy: $73,031
Influenza Vaccine Report

Medical Influenza Vaccine Report
2012 - 2013 (n=44,648)
Influenza Vaccine Report

Pharmacy Influenza Vaccine Report
2012-2013 (n=3,050)
Influenza Vaccine by Age/Gender Medical

[Bar chart showing the number of patients by age and gender.]
Influenza Vaccine Claims by Age/Gender Pharmacy

![Bar Chart: Influenza Vaccine Claims by Age/Gender Pharmacy]

- **Number of Patients**
- **Age**:
  - 0-9: 96 Male, 80 Female
  - 10-19: 455 Male, 500 Female
  - 20-29: 118 Male, 299 Female
  - 30-39: 158 Male, 365 Female
  - 40-49: 113 Male, 265 Female
  - 50-59: 143 Male, 233 Female
  - >60: 75 Male, 152 Female

Legend:
- Red: Male
- Blue: Female
Inappropriate Billing/Claims

Duplicate billing for same services (more than 1)
- **Medical**: 94 claims for ages greater than 9 y/o
  - Cost: $2,350
- **Pharmacy**: 4 claims for ages greater than 9 y/o
  - Cost: $100

Fluzone intradermal (1 claim)
- Billed for 1 ml vs 0.1ml (cost of $174 vs $31)
Conclusion

Recommendations for Pharmacy Billing

- Occurrence limit for Flu vaccine of 1 injection for ages 9 years and older
- Dose limitation for subcutaneous flu vaccine to 0.1ml
- ??For Medical billing??
Tobacco Cessation

Idaho Medicaid
## Preferred Drug List

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion SR 150 mg</td>
<td>nicotine gum generic</td>
</tr>
<tr>
<td>Nicoderm CQ transdermal</td>
<td>nicotine lozenge generic</td>
</tr>
<tr>
<td>Nicorette Gum OTC buccal</td>
<td>nicotine patch generic</td>
</tr>
<tr>
<td>Nicorette Lozenge OTC</td>
<td>Nicotrol inhalation</td>
</tr>
<tr>
<td></td>
<td>Nicotrol NS nasal</td>
</tr>
<tr>
<td></td>
<td>Chantix (varenicline)</td>
</tr>
</tbody>
</table>
Limitations

- ≥ 18 years old requires PA

**Monthly Quantities**
- Patches 30/30 days
- Gum 2 boxes per 30 days without PA
- Lozenge 2 boxes per 30 days without PA
- Nasal Spray 2 boxes (4x10 ml bottles) per 30 days
- Inhaler 336 (2 cartridges) per 30 days
- Bupropion SR 68 tablets/34 days
- Chantix 60 tablets/30 days

- 90 day limit per prescription
Clinical Criteria Nicotine Replacement and Bupropion SR

- No more than 2 quit attempts (2 x 90 day sessions) per 365 days
- Two months minimum between quit attempts
- Second quit attempt requires proof of counseling
- Must have tried preferred product of same dosage form (gum, patch, or lozenge) to receive non-preferred of same dosage form
- Must have tried and failed nicotine patch, gum, or lozenge to receive nicotine nasal spray or nicotine inhaler
- May use patch plus gum or lozenges together
- May use bupropion plus gum or lozenges together
- If patient is pregnant – denied for manual PA
Clinical Criteria Chantix

- Only 180 days of Chantix per 365 days. First approval for 90 days. Second approval requires manual PA for review of submitted justification.

- Diagnosis:
  - ICD-9 Tobacco Use Disorder
  - ICD-10 F17.200 nicotine dependence, unspecified, uncomplicated

- Trial of nicotine replacement products or bupropion within last 365 days. Must have at least a 60 day break since last quit attempt.

- Proof of counseling
Tobacco Cessation

- Questions/Comments ???
Concomitant Oral and Injectable Atypical Antipsychotics

- Ran profiles of patients with at least one paid claim for an injectable antipsychotic and at least one paid claim for an oral antipsychotic agent between June 1 – November 30, 2013. n=163
Concomitant Oral and Injectable Atypical Antipsychotics

Patients with at least a 60 day overlap between injectable and oral antipsychotic

- Yes (73%) = 119 patients
- No = 44 patients
Concomitant Oral and Injectable Atypical Antipsychotics

- Patients with at least a 60 day overlap between two injectables
  - Note: Typically deny these prior authorization requests when we realize that the plan is to add a second injectable antipsychotic rather than discontinue the current antipsychotic and switch to a different agent.
  - Only one patient – On Invega Sustenna 234mg IM monthly and Abilify Maintena 400mg IM monthly and olanzapine 20mg/day
Concomitant Oral and Injectable Atypical Antipsychotics

<table>
<thead>
<tr>
<th># of patients, n=119</th>
<th>One injectable and one oral</th>
<th>One injectable and two oral</th>
<th>One injectable and three oral</th>
<th>One injectable and four oral</th>
<th>Two injectable and one oral</th>
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<tbody>
<tr>
<td>1</td>
<td>68</td>
<td>33</td>
<td>16</td>
<td>1</td>
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</table>

(Chart showing distribution of patients on different combinations of injectable and oral medication, with 68 patients on one injectable and one oral, 33 on one injectable and two oral, 16 on one injectable and three oral, 1 on one injectable and four oral, and 1 on two injectable and one oral.)
Concomitant Oral and Injectable Atypical Antipsychotics

Same medication being given IM and PO

- **Risperdal Consta plus oral risperidone**: 24 patients
- **Invega Sustenna plus oral risperidone**: 20 patients
- **Invega Sustenna plus oral Invega**: 12 patients
- **Invega Sustenna plus oral Invega plus oral risperidone**: 5 patients
Concomitant Oral and Injectable Atypical Antipsychotics

Cost Analysis of 50 patients
(6 months annualized to one year)

Average Prescription Expenditure, $22,217, 38%

All other Medicaid Expenditures, $36,802, 62%

Average Medicaid expenditure for one patient: $59,019
Concomitant Oral and Injectable Atypical Antipsychotics

- Cost analysis of 50 Patients
  - Minimum monthly cost for prescriptions: $635
  - Minimum monthly total Medicaid expenditure: $701
  - Maximum monthly cost for prescriptions: $4266
  - Maximum monthly total Medicaid expenditure: $14,382
Concomitant Oral and Injectable Atypical Antipsychotics

Discussion Points

- Are injectable medications actually being administered?
- If patient can take oral medications, then why not take all orals?
- Concern over two to four antipsychotics administered concurrently?
- Lack of cost-effectiveness
Concomitant Oral and Injectable Atypical Antipsychotics

- DUR Board Recommendations?
Proposed Studies for Next Quarter:

- Choosing Wisely
- Optum Partnering Studies
- P&T Committee Narcotic Analgesic Studies – Next Steps
- Use of Psychotropic Medications in Foster Children – Next Steps
Optum Partnering Opportunities

- Tracking and identifying high-cost prescribers of psychotropics
- Profiling patterns of prescribing for children and adolescents
- Benzodiazepines and Opiates simultaneously
Narcotic Analgesics – Next Steps
(chronic non-malignant pain)

- January 2014. Letter on limiting to 325 mg acetaminophen doses.
- April 2014. Therapeutic duplication edit for more than one long-acting narcotic analgesic for new starts. Letter with list of current patients receiving more than one to prescribers.
- July 2014. Therapeutic duplication edit for more than one long-acting narcotic analgesic for all patients.
Narcotic Analgesics – Next Steps
(chronic non-malignant pain)

- October 2014. Therapeutic duplication edit for more than one short-acting narcotic analgesic for new starts. Letter with list of current patients receiving more than one to prescribers.
- January 2015. Therapeutic duplication edit for more than one short-acting narcotic analgesic for all patients.
- April 2015. List of patients receiving ≥300 mg morphine equivalents per day to prescribers.
- July 2015. Patients receiving ≥300 mg morphine equivalents per day on automatic lock-in. All narcotic prescriptions prior authorized. No PA over 90 days.
Use of Psychotropic Medications in Foster Children – Next Steps

1. Academic Detailing module on antipsychotics in children finalized.
2. 2013 Data Analysis
3. High utilizer project with Optum to evaluate therapy component and implement interventions
4. Academic Detailing AAP Visits
5. Repeat Red Flag analysis
Prospective DUR Report

- **History Errors:**
  - DD – drug-to-drug
  - PG – drug to pregnancy
  - TD – therapeutic duplication
  - ER – early refill
  - MC – drug-to-disease

- **Non-History Errors:**
  - PA – drug-to-age
  - HD – high dose
  - LD – low dose
  - SX – drug-to-gender
## Prospective DUR Report

### Idaho Medicaid Program

**ProDUR Message Report**

**December-13**

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<td><strong>ALL</strong></td>
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<td><strong>906,152</strong></td>
<td><strong>$178,780,306.01</strong></td>
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**Total Number of Claims with Messages 218,796**

**Average ProDUR Message Per Claim 4.14**
Brainstorm for new topics
Medicaid Update