

**North Carolina DUR Board Meeting
January 27, 2011
Minutes**

Introductions and Public Comments

The meeting was called to order at 1:00 PM. Public comment was offered, but there was none.

Minutes

Minutes from the October 2010 DUR Board meeting were reviewed. No changes or corrections were noted. A motion was made and seconded to approve the minutes. The Board unanimously approved the minutes.

Prospective DUR

Pro-DUR Status-November 2010

The November 2010 Pro-DUR Status report was reviewed with the Board and areas of interest were highlighted.

There were no major changes within the drug-disease Pro-DUR alerts.

Drug-drug interaction alerts were discussed and the Board questioned the drug-drug interactions related to the Statin class. The Board was informed the drug-drug interactions were driven by First Databank and were severity one alerts. The Board requested a claim level drug-drug interaction report to identify which medications, when combined with a Statin, the Pro-DUR alerts are triggering.

Suggested Action Item

- 1. The Board requests a report to identify A9A category (Calcium Channel Blocker) medications that trigger the drug-drug interaction alert with Statins.*

Medications with high overutilization Pro-DUR alerts were discussed. It was noted that albuterol HFA inhalers and omeprazole 20mg topped the list. In November 2010 there were approximately 86,000 overutilization alerts and of these roughly 6,000 were overridden at the point-of-sale. The Board was informed that the rate of overrides may be lower due to pharmacies being required to enter an override reason code. Also, tighter constraints on the overrides were put into effect which most likely impacted the rate of overrides. The Board questioned the vitamin D override utilization and offered reasons for the overrides such as inaccurate days supply entered at adjudication and changes in patient therapy.

The high dose by age alert was discussed and it was noted that albuterol and hydrocodone had the highest number of alerts. Cetirizine syrup also appeared on the list for the first time. High dose by age alerts are driven by First Databank.

Low dose by age alerts were discussed and several different azithromycin strengths appeared in the list which could be attributed to First Databank program modifications or changes in physician prescribing habits. Overall, the alert frequencies were low with only 5,000 alerts in November 2010.

The therapeutic duplication alert by GSN was discussed and narcotics attributed to a majority of alerts since patients often take short-acting and long-acting narcotics concurrently.

Therapeutic duplication alerts by GC3 were reviewed and it was noted that narcotics, antipsychotics, and ADHD drugs were the three most prevalent alerts. The Board was informed that two or more drugs within the same GC3 class would trigger an alert. The Board questioned a patient's need for more than one benzodiazepine. The Board also questioned the SSRI duplication of therapy. The Board was reminded that during the October 2010 DUR meeting SSRI duplication of therapy had been reviewed and it was the decision of the Board to provide a list of patients having SSRI duplication of therapy to CCNC for evaluation. The Board requested feedback is provided on CCNC's findings. The Board discussed the duplication of the GC3 class A4B and stated they were not aware of any indication which required two concurrent A4B medications unless combined with clonidine. The Board stated they would like a report indicating the occurrence rate of benzodiazepine and A4B duplication of therapy.

Suggested Action Item

- 1. The Board requests a report indicating the occurrence rate of benzodiazepine duplication of therapy.*
- 2. The Board requests a report indicating the occurrence rate of A4B duplication of therapy.*

Overall it was noted that the Pro-DUR alert percentage increased from approximately 9.9 percent to 11.8 percent and the rate of overrides was approximately 41 percent.

Top 15 by Amount Paid

Synagis was the top paid drug in November 2010 followed by Abilify and Nexium. The increase in amount paid for Nexium is most likely due to the medication having a preferred status on the preferred drug list (PDL). The Board discussed the pricing of Atripla but noted that this medication is a combination of three different medications and the price might be comparable to its combined single entity components. The Board was informed that the Singulair utilization might change after March 15, 2011 as the six month transition period to a preferred agent will be ending. The Board questioned whether The Division of Medical Assistance (DMA) should send patient notification letters regarding the Singulair change in coverage. The Board questioned whether Mirena should be covered under Medicaid. The Board was informed that Mirena is a drug containing IUD and therefore CMS has defined it as a drug and Federal rebates do exist. DMA is monitoring the use of IUDs to determine the switch rate from non-covered IUD devices to Mirena. The Board was informed that Mirena can be paid through either the Physician Services or the Outpatient Pharmacy program. However due to reimbursement changes in the Physician Services program DMA may see an increase rate of patients receiving Mirena through outpatient pharmacies.

Top 15 by Drug Name

Expenditures for Abilify were the highest paid amount by drug name followed by Seroquel, Singulair, and Concerta. Budesonide appeared on the list for the first time which may be due to its PDL preferred status. The Board questioned the use of antipsychotics and reasons for increased utilization. The Board noted that expansion of use could be due to additional indications and the medications showing improvement in symptoms but not necessarily remission. The Board noted these medications are not without risk of side effects. Reasons for off label and non-psychosis utilization were discussed such as ADHD, anxiety, mood, and sleep induction and the Board stated that this might be the standard of practice but not a standard of care. The Board was informed that

DMA has several different committees addressing these issues as well as new policies being put in place.

Top 15 by Number of RXs

Ventolin HFA was the top medication by number of prescriptions dispensed in November 2010 which could be due to its PDL preferred status. The Board asked whether the number of patients could be added to the Pro-DUR reports and were informed that this is possible however a change in programming used to generate the report is required.

Top 15 by GC3

The Board was informed the amount paid by GC3 class for all ADHD medications combined has increased from approximately \$4.9 million in the previous report to \$5.8 million in November 2010.

Generic Utilization Report

During the October 2010 DUR Board meeting the Board requested generic drug utilization trends over the past year. Four reports were supplied to the Board for informational purposes and it was noted that utilization has stayed consistent. The Board was also informed that the updated Pro-DUR alerts and GC3 changes approved during the October DUR meeting went into production January 27, 2011.

Retrospective DUR

Atypical Antipsychotic Report

The Board was reminded of the origination of this report along with previous Board requests concerning it. The Board was informed the reports are routinely being examined by physicians in order to identify prescribers for potential peer-to-peer consultations. DMA further discussed other State committees, initiatives, and policies similar to this topic and expressed concern that performing a RDUR intervention might duplicate efforts. The Board asked DMA whether someone was coordinating the multiple efforts and they were informed that the different groups communicate with each other regularly.

Polypharmacy and Drug Safety

The Polypharmacy and Drug Safety materials in the Board's packets were reviewed and past Board requests concerning this topic were discussed. The Board was informed of the number of top 50 polypharmacy patients that were eligible for the Lock-In Program in addition to the number of patients who entered the FORM program, were Medicare D eligible, were no longer enrolled with Medicaid, or who were deceased. The differences in patient inclusion between the FORM program and the Lock-In program were explained. The Lock-In program currently has 800 patients locked-in and the number will continue to go up each month by approximately 200 patients. The Board inquired about the feedback DMA has been receiving regarding the lock-in program and they were informed that prescribers and pharmacies have provided positive feedback. The Board felt that there was value in providing prescribers information on their high risk patients for safety reasons. However, the Board questioned whether an intervention on this topic would duplicate any CCNC efforts. The Board recommended DMA consult with CCNC and determine what network activities are currently in progress.

Suggested Action Item

- 1. The Board requests a summary of CCNC activities related to polypharmacy programs and their associated efforts.*

Stimulant Medication Utilization

The utilization of stimulant medication materials in the Board packets were reviewed including number of prescriptions and amount paid (pre-rebate) since 2008. It was noted that the utilization of stimulant medications had seasonal fluctuations in utilization. The Board discussed direct to consumer advertising affecting both prescribers and patients' choice of medication. It was noted that a large drop in brand name Adderall XR utilization occurred in March 2009 due to its generic equivalent becoming available. The Board questioned whether Intuniv had a large impact on prescribing patterns but it appears utilization has been low. The Board noted that long-acting ADHD medication utilization has increased. The Board also noted that overall utilization of ADHD medications has steadily increased over time. Reasons for the increase were discussed which included an increased number of children and adult patients being diagnosed with ADHD, transition of medications to long-acting medications, and comorbid disease states in which ADHD medications may be used. The Board also questioned whether the decrease in state programs targeted at helping patients with ADHD has contributed to the increase in pharmaceutical agents being used. The Board discussed whether a prior authorization program would be appropriate for this drug class since it seemed there was no strong evidence that one ADHD medication was superior over another. However, the Board was informed that ADHD medications were considered mental health medications and North Carolina legislation prohibits any prior authorization programs on these medications. The Board requested data on medications with a large increase or decrease in utilization broken down into two categories, pediatric and adult. The Board also requested statistics on the number of patients using a generic medication prior to using a brand name medication.

Suggested Action Item

- 1. The Board requests pediatric and adult data on ADHD medications with large fluctuations in utilization.*
- 2. The Board requests information regarding the number of patients who used generic medications prior to brand name medications.*

Narcotic (H3A) Utilization Trends: Physician, Pharmacy, and Patient

Narcotic (H3A) Utilization Trends: Physician, Pharmacy, and Patient materials included in the DUR packet were discussed. It was recommended to the Board that they focus efforts on prescriber trends since other Medicaid committees are examining the narcotic issues from the patient standpoint. The prescriber specialty was provided to the Board and it was noted the prescriber specialty is a self-reported process and the prescriber may not have a pain specialist certification. The Board was also informed the data presented excluded liquid medications as liquids falsely increase total utilization. The Board identified several counties for further prescribing trend examination. They also discussed prescribers with a high drug quantity per prescription and would like to see percentage of H3A prescribing compared to total prescribing. The Board recommended hospitals be removed from the list as there are multiple prescribers working under one DEA number or NPI. The Board questioned whether there was any relationship between high H3A prescribers and high H3A dispensing pharmacies. The Board questioned whether Program Integrity was monitoring high prescribers and the Board was informed that Program Integrity has looked at this issue. The Board mentioned some counties have a county wide email alert system managed by local sheriff departments for patients who are possibly obtaining narcotics illegally.

Suggested Action Item

1. *Using the most recent three month's data the Board requests the top 50 H3A prescribers and pharmacies, asks that hospitals be removed from the list moved, and presentation of the updated data be provided at April's DUR meeting.*
2. *The Board requests data showing percentage of H3A prescriptions compared to total prescriptions for the top 50 H3A prescribers and pharmacies.*
3. *The Board requests detailed utilization data is provided on high prescribing counties.*

Atypical Antipsychotics and Metabolic Syndrome

The Atypical Antipsychotic and Metabolic Syndrome packet materials were reviewed with the Board. The criteria identified patients taking an Atypical Antipsychotic who did not have evidence of glucose and lipid testing within the last year. Using these criteria the system flagged approximately 24,000 patients for possible intervention. The Board was informed that the data will be revised to only contain information on patients 18 years and older since several initiatives are underway to target appropriate use of therapy in patients less than 18 years old.

Trigger Report

The Trigger Report was reviewed with the Board and it was noted that no significant changes had occurred since the last review. The changes which did occur were most likely due to seasonal fluctuations.

DUR Board Recommendations and Discussion

The Board inquired about the status of previously approved intervention topics. The Board was informed of all completed interventions as well as interventions that are in progress.

DMA Pharmacy Updates

During September 2010 the latest phase of the preferred drug list (PDL) was put into place. The supplemental rebate savings from approximately two quarters totaled approximately \$20 million. The Panel will be meeting on January 28, 2011 to review eight specialty drug classes for the PDL. During the PDL maintenance phase DMA plans to conduct two PDL review cycles per year and anticipates they will occur in early summer and January.

The Board was informed that during SFY 2010 the SMAC program saved approximately \$107 million.

The Board was updated on proposed prior authorization programs currently posted for public comment which involved Vusion, Xolair, and Dispense as Written procedures.

The Board was notified that 800 of the 3,000 patients identified for Lock-In program inclusion have been locked into one prescriber and one pharmacy. Each month additional patients will be locked in until all 3,000 patients are enrolled.

The Board was informed that vacation overrides at the point of sale are being examined. Since eliminating the lost prescription override DMA has seen the number of vacation overrides increase.

The Board was informed that Darvocet-N 100 was removed from market and will no longer be covered by Medicaid. Additionally on January 1, 2011, many active pharmaceutical ingredients, or bulk powders, used for compounding were no longer covered by Medicaid. CMS stated the agents are not considered drugs and therefore are not covered. DMA continues to receive CMS notifications

instructing them to remove additional bulk powders from coverage. DMA has been communicating these changes in coverage through Medicaid newsletters. The Board discussed additional methods of educating North Carolina prescribers such as speaking at Grand Rounds and CE programs.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 3:00 PM.

The next DUR meeting is scheduled for April 28, 2011 from 1:00 PM - 3:00 PM at the Kirby building, room 297.