

North Carolina DUR Board Meeting April 24, 2014

Introductions and Public Comments

The meeting was called to order at 1:05 PM. Public comment was offered, but there was none.

Minutes

The minutes from the January 2014 DUR Board meeting were approved pending a few minor grammatical changes.

Prospective DUR

Top 200 by GSNs (February 2014) – Synagis 100 mg/mL (≈\$2.8 million), Abilify 5 mg (≈\$2.4 million), and albuterol 90 mcg (≈\$1.8 million) were the top three medications by paid amount. Sovaldi 400 mg (≈\$1.4 million) was new to the report with 50 claims. The Board discussed the clinical and financial issues with Sovaldi and Hepatitis C.

Albuterol 90 mcg (30,400 claims), amoxicillin 400 mg/5 mL (19,500 claims), and cetirizine 1 mg (17,700 claims) were the top three medications by number of claims. Albuterol was also ranked number one by number of claims in the November 2013 data. No significant changes were noted when comparing November 2013 data to February 2014 data.

Abilify (≈\$7.9 million), Synagis (≈\$4.1 million), and methylphenidate (≈\$3.1 million) were the top three medications by drug name. It was noted that Synagis use increased when comparing November 2013 data to February 2014 data due to seasonal use. Sovaldi (≈\$1.4 million) was new to the February 2014 chart. No other significant changes were noted.

Top 15 GC3 Classes by Payment Amount (February 2014) - Antipsych, Atyp, D2 Part Ag/5HT Mix (H7X) (≈\$6.7 million); Antipsych, Atyp, Dop, & Sero, Antag (H7T) (≈\$6.1 million); and Anticonvulsants (H4B) (≈\$6.0 million) were the top three GC3 classes by payment amount. Synagis (W5D) moved up from rank 15 in November 2013 to the 10th position (≈\$2.7 million) in February 2014. The H3A class (Analgesics, Narcotics) moved from number six to number four when comparing November 2013 data to February 2014 data. No other significant changes were noted.

Retrospective DUR

Suboxone Utilization- The April 2014 DUR Board packet materials were presented and reviewed with the Board. It was noted that the use of naloxone-buprenorphine (Suboxone) has steadily increased. The Board was reminded that DMA has a prior authorization (PA) on the medication and that only prescribers with an “X” DEA number are allowed to prescribe the medication. The Board noted that patients are using the medication long-term and discussed prescribing patterns of the medication. The Board also noted challenges with monitoring the use of the medication since often times patients will pay cash for the medications. They also commented that often times they see patients on naloxone-buprenorphine (Suboxone) concurrently with narcotics. The DUR Coordinator reminded the Board that the P&T committee/Community Care of North Carolina (CCNC) researched patients with concurrent use of the two products. Those entities

found that most often patients were on the narcotic analgesic short-term; therefore, P&T did not make any recommendations to change the current PA policy. The Board stated that prescribing patterns are shifting away from methadone to naloxone-buprenorphine (Suboxone) due to safety. It was also noted that Vivitrol use has decreased.

Suggested Action Items

1. *No additional action needed at this time.*

Non-Adherence to Atypical Antipsychotics, Hypertension Medications, and Lipotropics (Medication Possession Ratio Method) - The April 2014 DUR Board packet materials were presented and reviewed with the Board. It was noted that the non-adherence to hypertension medication data is still in development and will be provided to the Board at a later date. The two non-adherence identification methodologies were discussed along with the pro's and con's of each. The Board questioned community and/or case management outreach to patients who are identified as non-adherent. A representative from CCNC discussed activities they perform in order to increase adherence. The Magellan representative stated they would share the Medicaid patient's identification (MID) number with the State if they would like to coordinate Magellan activities along with CCNC's.

Suggested Action Items

1. *The Board requests that Magellan provide the State the MID numbers of patients who are identified as non-adherence to oral diabetic medications and who will have letters sent to their prescriber(s).*
2. *The Board requests non-adherence information be presented at the July 2014 DUR Board meeting using the automated non-adherence method for the following classes: lipotropics, hypertension, and HIV medications.*

High Dose Diazepam in Pediatric Patients - The April 2014 DUR Board packet materials were presented and reviewed with the Board. The Board discussed reasons for potential high dose diazepam use among patients with and without neurological disorders and noted particular concern depending on what type of prescriber was issuing the medication. The Board also inquired about the timeliness of medical information entering the Medicaid system.

Suggested Action Items

1. *The Board requests data, pharmacy and medical, be presented during the July 2014 Board meeting on patients who do not appear to have a neurological condition (two year medical look back requested) and are taking high dose diazepam.*
2. *The Board requests the prescriber's medical specialty be provided on all of the patients or a sample of the patients.*

Duplication of Therapy- Skeletal Muscle Relaxants - The April 2014 DUR Board packet materials were presented and reviewed with the Board. It was noted that this intervention was also performed in 2011. The Board noted that some prescribers switch their patients between two medications depending on the severity of the patient's condition at the time. The Board discussed the benefits of doing this intervention again and to determine what happened to the patients who were lettered on in 2011.

Suggested Action Items

- 1. The Board requests drug information on the patients lettered on in 2011 for skeletal muscle relaxant duplication of therapy to determine if prescribing patterns changed as a result of lettering.*

Off-Label Metformin Use for Potential Weight Loss in Patients Taking Anti-Psychotics - The April 2014 DUR Board packet materials were presented and reviewed with the Board. The Board discussed the benefits and drawbacks of using metformin for weight loss and also noted that prescribers should be monitoring patient's laboratory results, including blood glucose levels. The Board questioned whether this type of metformin use is becoming the standard of care and noted that it seems to be more prevalent among psychiatrists compared to endocrinologists. The Board was also informed that the DMA programs, A+ Kids and ASAP, push for more screening and monitoring of metabolic syndrome and may influence the use of metformin. The Board noted the data indicates a large number of prescribers are writing for off-label metformin use. The Board discussed the weight gain potential for various antipsychotic medications.

Suggested Action Items

- 1. The Board requests the frequencies of each antipsychotic used in the 748 patients who have been identified as using metformin off-label who are also on an antipsychotic medication.*

Trigger Report- The April 2014 DUR Board packet materials were presented and reviewed with the Board. The Board was informed that total claims (≈ 3.9 million), number of unique recipients ($\approx 673K$), and number of claims per recipient (5.74) remained relatively consistent when comparing 2013Q3 to 2013Q4. However, total payment amount ($\approx \$340$ million) and amount paid per claim ($\$88.18$) increased when comparing 2013Q3 to 2013Q4. The Board noted the increase in the amount paid per claim and stated it could be due to more specialty drugs entering the market which are being paid through the Outpatient Pharmacy Program at DHHS. The Board was informed that most changes in the Trigger Report were due to seasonal changes. However, they were informed that GC3 class Q5P (Topical Antiinflammatory Prep) has had an increase in the amount paid but a decrease in the number of claims dispensed which was due to triamcinolone. The Board also noted that GC3 class D4K (Gastric Acid Secretion Reducers) has had a decrease in claims but an increase in percent change paid per unit.

Suggested Action Items

- 1. The Board requests a detailed report on the CG3 class D4K (Gastric Acid Secretion Reducers).*
- 2. The Board requests a supplemental Trigger Report be provided which compares the same quarter year over year in order to take out seasonal changes in prescribing.*

Summary of RDUR Activities- The April 2014 DUR Board packet materials were presented and reviewed with the Board.

Potential Future RDUR Topics- The April 2014 DUR Board packet materials were presented and reviewed with the Board.

DMA Pharmacy Updates- The Board was informed that the CMS Annual Report submission date has been pushed back to September and the Board will receive the NC report in the near future for review.

It was announced that a Board member has resigned their position on the DUR Board to pursue other opportunities. The NC DUR Coordinator has begun interviewing candidates to fill this position.

It was announced that the Pharmacy Chief at NC Medicaid resigned their position on March 31, 2014 and interviews for candidates have begun.

It was announced that a new pharmacist has been hired by NC Medicaid to lead the Physician Drug Program and Pharmacy Lock-In Program.

The Board was informed that the 2013/2014 PDL is slated to begin in mid-May. They were also informed that the 2014/2015 PDL process has already begun and it is anticipated that the recommendations will be taken to the June P&T committee meeting date. The PDL determinations of that meeting will then be posted for a 45 day public comment period.

The meeting was adjourned at 2:35 PM.

A draft version of these minutes was provided to NC DMA/CSC via email on 4/30/2014.