

**North Carolina DUR Board Meeting**  
**April 28, 2011**  
**Minutes**

**Introductions and Public Comments**

The meeting was called to order at 1:07 PM. Public comment was offered, but there was none.

**Minutes**

Minutes from the January 2011 DUR Board meeting were reviewed. One spelling correction and one grammar correction were noted. A motion was made and seconded to approve the minutes as amended. The Board unanimously approved the minutes.

**CCNC Update**

A CCNC network pharmacist gave the Board a brief overview of Community Care of North Carolina. CCNC is a network of care managers. They work with primary care providers for medical homes for Medicaid and Medicare recipients. CCNC has two broad areas of activity: administrative and clinical. She gave examples of both types of activities. The relationship of CCNC and DMA is twofold: CCNC can assist with prescriber education for DMA policies and drug coverage changes and can also give DMA feedback from the provider community.

The Board asked questions about the eprescribing process. It was noted that the eprescribing vendors do not all seem to follow NC regulations.

There was also a brief discussion of the narcotic lockin procedure and whether the state narcotic prescription system was referenced by the prescribers.

It was noted that CCNC is open to looking at specific topics and issues on the behalf of the Board.

**Prospective DUR**

Pro-DUR Status-February 2011

The February 2011 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. It was noted that the macrolides and simvastatin were new to the top alerts for this month. It was noted that the ergocalciferol dose in the overutilization category was higher than currently recommended. It was also noted that montelukast was added to the high dose by age category in the fall, which is why it is bolded on the report.

The Board expressed interest in knowing what dose was actually submitted for the high dose alerts. There was also comment on the therapeutic duplication that many of the drugs were short acting narcotics which were likely hitting against duplication with long acting narcotics for the same patient.

Top 200 by GC3

Seasonal increases in Synagis and Tamiflu were noted. There was discussion concerning if it were possible to tell if the recipients who received Tamiflu had received an influenza vaccine. It was

further noted that this was most likely not a good year to make that evaluation, however, since many influenza cases have been seen in people who had vaccinations since one of the prevalent strains this year was not included in the vaccine. It was noted that CCNC might be able to assist in this evaluation.

The large number of claims for mental health drugs was noted. A board member commented that it would be interesting to see how North Carolina compares to other state Medicaid programs for their mental health drug expenditures.

## **Retrospective DUR**

### ADHD Medication Utilization

The graphs for utilization of ADHD drugs were briefly discussed. It was noted that the color printing made the graphs easier to analyze. The data was broken out by ages. It was noted that Intuniv use has risen significantly. Comments were made that prescribers and parents are looking for alternative drugs that are not controlled substances and it is expected that this trend will continue.

The report of patients using brand name ADHD medication without using generics was discussed.

The Texas Children's Medication Algorithm Project was discussed. The question was posed as to whether the 2007 version was the most recent one. Long acting non-stimulant medications are the most popular class of drugs for ADHD at this time. It was suggested that if the algorithms were not followed, some intervention might be appropriate.

The Board decided to table further discussion of ADHD drugs at this time. They would like to reconsider the matter if the current legislation prohibiting prior authorization of mental health drugs is changed.

There was a lengthy discussion about whether it was appropriate for the Board to send a letter to comment on legislation that they feel is prohibiting effective use of medications. The Board has done so in the past. It was noted that the Board could send a letter to this effect to DMA that DMA could use when they comment on pending legislation. The Board may also send letters to other State Boards about their concerns, such as the Pharmacy and Therapeutics Committee and the PAG.

### *Suggested Action Item*

- 1. DMA will send the proposed legislation on changes to the restriction of prior authorization of mental health drugs to the Board. Board members will provide feedback to DMA.*

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

Reports of the top 50 physicians and pharmacies by units dispensed were presented. There was discussion about whether there was a regional trend in high use. The Board asked whether the utilization could be put on a county map of the state to allow better visualization of any trends. It was requested that this be done for pharmacies and recipients, but not prescribers.

It was suggested that a letter might be sent to high prescribers and pharmacies that should include information about the State's controlled substance tracking system and other resources. The activity

should focus on the top 50 prescribers and pharmacies by the percentage of prescriptions filled for controlled substances versus total prescriptions.

It was decided that a subcommittee of Dr. Perry, Dr. Johnson and Dr. Moose would look at the available resources before deciding which ones to include.

#### *Suggested Action Item*

- 1. DMA will provide suggested resources to the subcommittee for their review.*
- 2. DMA will determine the top 50 pharmacies and prescribers of controlled substances by percentage of claims.*
- 3. Magellan will consult their other divisions and clients for resources.*

#### Atypical Antipsychotics and Metabolic Syndrome

The Atypical Antipsychotic and Metabolic Syndrome report for recipient 18 years and older was discussed. The analysis still includes 13,500 recipients without the children. It was commented that nationally, only 25% of prescribers follow the monitoring guidelines for these drugs. It was suggested that this information be included in a newsletter, perhaps the Board of Medicine newsletter. It was also suggested that the data be shared with CCNC.

In the interest of time, the other Retrodur topics were tables for the next meeting.

#### Trigger Report

It was noted that the trends seen are mostly seasonal, such as antibiotics. While the claim counts are higher, the paid amount per claims has slightly decreased. Most of the significant changes in classes are due to new drugs that have been introduced to the market. There were no questions.

#### DUR Board Recommendations and Discussion

The report on the status of previous interventions was reviewed. There were no questions.

#### DMA Pharmacy Updates

The Board was informed that the Preferred Drug List review is underway. It is expected to be completed in May and will be posted for comments in June.

A new prior authorization for Brand Medically Necessary has been implemented.

There is a new vacation override limit of one per year in place.

Under consideration is a proposal to make the dispensing fee to pharmacies tiered.

DMA is also considering a policy to prevent auto fills that are not initiated by the recipient.

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 July 28, 2011 from 1:00 PM - 3:00 PM at the Kirby building, room 297.

