

North Carolina DUR Board Meeting
July 28, 2011
Minutes

Introductions and Public Comments

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

Minutes

Minutes from the April 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.

Prospective DUR

Pro-DUR Status- May 2011

The May 2011 Pro-DUR Status report was reviewed with the Board and areas of interest were highlighted. A substitute page for the Top 15 by Drug Name chart was handed out as there was an error on the copy included in the packet.

There were no major changes within the Pro-DUR alerts. There were expected, seasonal changes in antiviral and antibiotic drugs in some alert categories.

The Board requested a breakout of the Top 25 drugs for the next Board meeting for the therapeutic duplication alert instead of the Top 10 as usually reported.

Top 200 by GC3

The top 200 drug reports were reviewed. There were no comments or questions from the Board.

Retrospective DUR

Narcotic (H3A) Utilization Trends: Top Prescribers and Geographical Distribution Maps

A report of the top physicians by percentage of their prescriptions written for narcotic analgesics in first quarter 2011 was presented. It was noted that the staff had looked at the H3A claims per prescriber using several different metrics and the report presented seemed to represent the most accurate picture of the prescribing habits that the Board had indicated an interest in examining. It was also shared that Dr. Best has been working with a group looking at chronic pain medical homes and that this information might be of interest to them. It was also noted that this information might be of interest to the CCNC network.

It was moved and seconded that an unblinded copy of the report be given to the CCNC for them to follow up with their providers.

The maps representing the distribution of narcotic analgesic prescriptions filled by recipient county and pharmacy county were discussed. It was recommended that the maps be shared with the administrator of the NC Controlled Substance Reporting System.

It was also noted that not all of the prescribers will be in the CCNC system and that DMA may want to have a communication with practices in the top list that are not in a CCNC network.

Suggested Action Items

1. DMA will provide an unblinded copy of the top prescriber to CCNC.
2. DMA will provide maps to the administrator of the controlled substance reporting system.
3. DMA will determine which identified prescribers are not in a CCNC network for follow up.

Tizanidine and Oral Contraceptives

The interaction and utilization data was discussed. The board requested that this topic be brought back to the next Board meeting with an updated report that includes six months of data. A brief explanation was also given of the layout of the Retrodur profile by the Magellan representative.

Suggested Action Items

1. A new report will be provided at the next meeting with 6 months of data.
2. A sample, blinded patient Retrodur profile will be included in the next DUR Board packet for the committee's information.

Propylthiouracil (PTU) FDA Warning Letter

The PTU warning letter and utilization data were discussed. For follow up on the possible birth defects issue, the Board asked for an updated report at the next meeting to include the gender and age of the recipients. For the liver injury issue, the Board moved that a letter be sent to all prescribers using the provider profiling method that will include a cover letter, the FDA warning and list of the prescriber's patients receiving PTU.

Suggested Action Items

1. Send the approved letter to all PTU prescribers with the FDA warning.
2. Provide an updated report at the next meeting to include gender and age of the recipient.

Benzodiazepine Duplication of Therapy

The report on the prevalence of benzodiazepine therapy duplication was discussed. This was a follow up item from a request made at the January meeting. The Board suggested that the recipients be lettered on if there were more than one prescriber involved. The letter should include information about utilization of the NC controlled substance reporting system. DMA will look at the top 25 recipients and see if any of them are in the lock in program already. The Board requested that an updated report be prepared for the next meeting adding the number of pharmacies utilized. It was also requested that the difference in overall number from the current report to the updated one be reported at the next meeting for trending purposes.

Suggested Action Items

1. Provide an updated report, including the number of pharmacies utilized and limited to recipients where more than one prescriber was involved in the benzodiazepine claims.
2. A draft letter will be included in the next Board meeting packet.

Sympatholytic Hypotensive Duplication of Therapy: Clonidine

The utilization report on recipients receiving both clonidine tablets and patches was discussed. The board asked for an updated report that will include the recipient's age and living arrangement (LTC) be included as well as the number of pharmacies utilized by the recipient for the claims in question.

If possible, the Board would also like to know what the diagnosis was for recipient number 7 in the report as the patient was receiving such a high quantity of clonidine.

Suggested Action Items

1. *Provide an updated report to include the recipient age and living arrangement as well as the number of utilized pharmacies.*
2. *Review the highest utilizing recipient of the clonidine claims if possible.*

Trigger Report

Most of the significant changes in classes are due to new drugs that have been introduced to the market. There was a discussion of the increase in class L2A, emollients and the follow up by CSC and DMA on these products.

DUR Board Recommendations and Discussion

The report on the status of previous interventions was reviewed. The Board suggested looking at whether there have been a significant number of recipients receiving both Zyvox and an SSRI in light of the recent warning information.

Suggested Action Item

1. *A report of recipients receiving SSRI and Zyvox will be prepared.*

The Board was informed that the preparation of the CMS Annual DUR Report is underway. The deadline for 2011 is September 30th due to changes in format of the report and the request by CMS that the report be submitted online. DMA will download the final report on CD's and send to the Board for their review when it is completed.

DMA Pharmacy Updates

The recipient management program is underway. The program looks at the opioid and benzodiazepine claims for high utilizing recipients. A bout 1,165 recipients are currently in the program with a total identified target of 3,000.

CCNC has started a program to monitor the prescribing of antipsychotics in children. It is called A+Kids. Prescribers for recipients ages 0 – 12 are required to register and show evidence of appropriate monitoring for these recipients. This will be expanded up to age 17 in August of this year.

DMA is working an electronic prior authorization for DAW-1. It will exclude seizure medications. This will go live in September.

The PDL has entered its maintenance phase. It is expected that there will be 2 meetings a year going forward. One will be for the annual review and the other will look at new drugs.

The dispensing fee for pharmacies will be changing to a tiered fee based on the generic dispensing rate for the pharmacy. This will be posted for public comment.

The vacation override limit will change to once per year per recipient.

A new policy is under consideration to prohibit auto refilling of prescriptions. This will be published for public comment.

There are new prior authorizations for Xolair, some acne medications and Vusion.

A new RFP for diabetic supplies is posted on the State procurement website. Proposals are due by the end of August.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 3:02 PM.

The next DUR meeting is scheduled for October 27, 2011 from 1:00 PM - 3:00 PM at the Kirby building, room 297.