

## North Carolina DUR Board Meeting July 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 April 2014 DUR Board meeting were approved.

### **Prospective DUR**

Top 200 by GSNs (May 2014) – The Top 15 GSNs by Total Amount Paid report was reviewed with the Board. It was noted that the top three medications were Sovaldi (≈\$ 3.6 million); Abilify 5 mg tablet (≈\$ 3.0 million); and albuterol 90 mcg inhaler (≈\$ 2.1 million). Synagis was not on the list when compared to the February data last presented. Pataday (≈\$ 1.3 million) entered the May list in 12<sup>th</sup> rank but was not in the top 15 list during February.

The Top 15 GSNs by Number of Claims report was reviewed with the Board. It was noted that albuterol 90 mcg inhaler (≈ 36K claims); cetirizine 1 mg (≈ 33K claims); and cetirizine 10 mg tablet (≈ 31K claims) were the top three medications. The number of claims for fluticasone has also increased by approximately 10K claims and now totals approximately 27K claims in May 2014. The increase is most likely due to the seasonality of the medication. Pataday use has also increased from approximately 3K claims in February 2014 to 9K claims in May 2014.

The Top 15 by Drug Name report was reviewed with the Board. The top three medications were Abilify (≈\$ 8.6 million); Sovaldi (≈\$ 3.6 million); and methylphenidate (≈\$ 3.6 million). Invega expenditures have increased from approximately \$1.4 million in February to approximately \$2.3 million in May. Synagis dropped off the May 2014 report due to the seasonality of the medication.

Top 15 GC3 Classes by Payment Amount (May 2014) - The Top 15 GC3 Classes by Payment Amount report was reviewed with the Board. It was noted that the top classes have remained the same when compared to the February 2014 data. The top three classes include Antipsych, Atyp, D2 Part AG/5HT Mix (H7X; ≈\$ 7.1 million); Antipsych, Atyp, Dop, & Sero, Antag (H7T; ≈\$ 6.6 million); and Anticonvulsants (H4B; ≈\$ 5.8 million). The H3A class, Analgesics, Narcotics, went back down to the ranking of sixth which was previously ranked number four in February 2014. Synagis and the inhaled corticosteroids dropped off the list in May 2014 when compared to the February 2014 data. The Board discussed the use of Abilify and the indications prescribers may be using it for.

### *Suggested Action Items*

1. *The Board requests Abilify utilization by dose with overview of patient diagnosis, age stratification, and prescriber specialty, if possible, using either the DUR program or the ASAP/A+ Kids information.*
2. *The Board requests the top 15 reports indicate when a medication is a preferred medication on the North Carolina Preferred Drug List.*

## **Retrospective DUR**

Non-Adherence to Board Selected Medications- The materials in the July 2014 Board packet were presented and reviewed with the Board. The Board noted that an improvement in adherence has been seen in many drug classes with the exception of the oral and injectable Hepatitis C medications. The Board questioned what activities were being performed which would increase the adherence in the HIV drug class. The Board examined the possibility of looking through the medical profiles of the non-adherent Hepatitis C patients.

### *Suggested Action Items*

1. *The Board requests the DUR vendor to provide DMA with the Medicaid ID numbers of the patients identified as non-adherent to oral and injectable Hepatitis C agents.*
2. *The Board requests the DUR vendor to continue to provide non-adherence statistics at future DUR Board meetings.*

High Dose Diazepam in Pediatric Patients- The materials in the July 2014 Board packet were presented and reviewed with the Board. The Board discussed the ages of the children who were getting high dose diazepam and noted that most patients were in the five to six years of age range. However, they also noted there were younger patients also getting the medication. The Board questioned how many one day supply prescriptions accounted for this population and stated patients may be getting sedation dentistry.

### *Suggested Action Items*

1. *The Board requests the information be re-evaluated and patients with prescriptions indicative of a procedure being performed (i.e. one day dose) are excluded from the data provided.*

Duplication of Therapy- Skeletal Muscle Relaxants- The materials in the July 2014 Board packet were presented and reviewed with the Board. The Board discussed the most common medications used and questioned whether including patient age was beneficial. The Board was also informed of the 2011 intervention performed on this topic and noted that some patients were excluded from lettering due to certain diagnoses they had per the Board's advisement.

### *Suggested Action Items*

1. *The Board requests patient exclusion criteria for the 2011 intervention be provided to the Board for further discussion and possible reuse for lettering in 2014.*

Off-Label Metformin Use for Weight Loss in Patients taking Antipsychotics - The materials in the July 2014 Board packet were presented and reviewed with the Board. The Board discussed the weight gain potential of antipsychotic medications. Further, the Board discussed the use of Abilify with other antipsychotic medications and if patients are actually experiencing a weight gain from the other product. It was also noted that the 748 patients identified in this population is very small compared to the number of patients on antipsychotic medications. The Board questioned whether other DMA programs encouraging the close monitoring of patients on antipsychotics has impacted the use of metformin and whether its use in this population is becoming the standard of care. The Board stated that due to the low cost of metformin, and that

it might be providing both clinical and financial benefits, no further action is needed on this topic.

High Dose Tramadol Use- The materials in the July 2014 Board packet were presented and reviewed with the Board. For the patients that were no longer taking tramadol, the Board questioned what other medications the patients may have been switched to. The Board noted that tramadol is moving to a schedule IV controlled substance in August 2014 and advised the Board wait to examine the need for an intervention until January 2015. The Board also asked about the use of tramadol immediate release versus tramadol extended release and noted that patients may experience fewer side effects and have better compliance on the extended release.

*Suggested Action Items*

- 1. The Board requests an updated High Dose Tramadol Use report be provided during the January 2015 DUR Board meeting.*
- 2. The Board requests utilization statistics for immediate and extended release tramadol products be presented at the October 2014 DUR Board meeting.*

Trigger Report- The materials in the July 2014 Board packet were presented and reviewed with the Board. It was noted that the number of claims has remained relatively consistent but the amount paid has increase by approximately \$20 million when comparing 2013Q4 to 2014Q1. Also increasing from 2013Q4 to 2014Q1 were the paid amount per claim (\$88.18 versus \$93.48, respectively) and unique recipients receiving an outpatient claim (approximately 674K versus 690K, respectively); however, the number of claims per recipient has decreased from 5.74 to 5.59 in 2013Q4 and 2014Q1, respectively.

A supplemental Trigger Report that takes into account seasonal changes was provided to the Board as requested. Medications that had greater than a ten percent change in claim count and payment amount were included in the report. Most medication classes followed the same pattern. However, the GC3 class, antiviral, general (W5A), had a recent percent change of approximately 49% but a year ago the percent change was approximately -34%. The difference in percent change was due to Tamiflu and the influenza season beginning at different times. The Board was also informed that the number of antimigraine and topical acne agent claims had also increased in 2013/2014 compared to the 2012/2013 data. The Board was informed that when comparing 2013Q4 to 2014Q1 there was a decrease in payment amount for the following GC3 classes: Nose Preps, Antiinflammatory; Leukotriene Receptor Antagonists; Serot-Norepineph-Reup-Inhib (SNRIS); Topical Antifungals; Quinolones; and Benign Prostatic Hypertrophy Mict. The GC3 class, Antipsych, Atyp, D2, Part AG/5HT Mix, was the only class with an increase in amount paid. The Board noted the helpfulness of the supplemental report and would like an updated report at future meetings in addition to the previous DUR Board meeting's report.

The Board commented that a large portion of expenditures are related to a relatively small number of patients; if the Board would like to affect quality of care/expenditures it might be beneficial to examine these patients.

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

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

DMA Pharmacy Updates- The Board was informed that due to access issues generic Adderall immediate release tablets were moved to a preferred status on the Preferred Drug List on July 18, 2014. The Board was also notified that due to access issues Vivitrol and naltrexone were removed from the Preferred Drug List allowing them to be obtained without restriction on July 4, 2014.

The Board was informed that the late implementation of the 2013/2014 Preferred Drug List has pushed back the Preferred Drug List review for 2014/2015. The review will be performed by the P&T committee on August 19, 2014 with a 45 day public comment period to follow shortly after. The North Carolina Panel meeting will be held in October with a final date to be determined.

The Board questioned the new medication to market policy/procedure. The policy was explained to the Board.

The meeting was adjourned at 2:35 PM.

*A draft version of these minutes was provided to NC DMA/CSC via email on 7/31/14.*