

North Carolina DUR Board Meeting January 22, 2015

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 October 2014 DUR Board meeting were approved.

Prospective DUR

Top 200 by GSNs (November 2014) – The Top 15 GSNs by Total Amount Paid chart was reviewed with the Board. It was noted that the top five drugs were the same as the last review. Sovaldi 400 mg tab (~\$2.9 million); Abilify 5 mg tab (~\$2.6 million); and albuterol 90 mcg inhaler (~\$2.5 million) were the top three products. New to the list was Synagis (~\$1.3 million) and Intuniv 1 mg tab (~\$1.3 million).

The Top GCNs by Total Number of Claims chart was reviewed with the Board. It was noted that the top three products were albuterol 90 mcg inhaler (~41K claims); cetirizine 1 mg/mL (~27K claims); and cetirizine 10 mg tablet (~26K claims). New to the list was prednisolone sodium phos liq (~10K claims) and azithromycin 200 mg/5 mL (~10K claims).

The Top 15 drugs by Total Amount Paid chart was reviewed with the Board. It was noted that Abilify remained in the number one position with (~\$9 million) followed by Intuniv (~\$3.7 million); and methylphenidate (~\$3.6 million). It was also noted that the top six products were the same as the last review. New to the list was budesonide (~\$2.5 million); Advate (~\$2.3 million); QVAR (~\$2.1 million); and Latuda (~\$2.1 million). It was noted that the spending on Abilify has increased from the \$8.5 million documented during the last review.

Top 15 GC3 Classes by Payment Amount (November 2014) - The Board was informed that the top three classes have consistently remained the same. The top three classes are Antipsych, Atyp, D2, Part AG/5HT Mix (H7X, ~\$7.4 million); Antipsy, Atyp, Dop, & Sero, Antag (H7T, ~\$7 million); and Adrenerg, Aromat, Non-Catecholamine (J5B, ~\$6.4 million). New to the list was Glucocorticoids, Systemic (P5A, ~\$3.9 million). Anaphylaxis agents dropped off the November 2014 report.

Retrospective DUR

Duplication of Therapy-Skeletal Muscle Relaxant- The materials in the January 2015 Board packet were presented and reviewed with the Board. The Board was reminded that this same lettering had been performed in 2011 but there are still a large number of patients meeting these criteria.

Suggested Action Items

1. *The Board recommends sending a patient medical profile letter to prescribers who have patients on more than one skeletal muscle relaxant. However, patients meeting the criteria from the exclusion list should not have a letter sent to their prescriber.*

Non-Adherence to Board Selected Medications- The materials in the January 2015 Board packet were presented and reviewed with the Board. It was noted that the most significant change on the report was the expenditures for Hepatitis C agents. The Board discussed the methodology for identifying non-adherent patients and reasons for non-adherence. The Board was also reminded that the vendor's clinical reviewers would monitor for things such as evidence of change in therapy and only letter on patients who truly appear to be non-adherent will have letters sent on them. The Board also noted that the change of the PDL which occurred in January 2015 may impact future data since this report is done on drug level.

Suggested Action Items

1. *The Board requests that DMA work with the Board to determine if other ad hoc reports should be built to further identify non-adherent patients with alternative methodology.*
2. *The Board requests that SSRI's be added to the standard non-adherence report.*

Abilify Utilization- The materials in the January 2015 Board packet were presented and reviewed with the Board. Utilization statistics by age were also provided to the Board. The Board discussed instances when a patient would need twice daily dosing or non-commercial strengths and acknowledged this would be extremely rare. The Board stated when they have patients on twice daily dosing they have switched their patients to once daily with success since the half-life of the drug is 75 hours. CCNC stated they have done local projects where they have been able to reduce twice daily dosing up to 50 percent with prescriber education. The Pharmacy Director stated that DMA is in favor of placing utilization management edits on this class in order to reduce expenditures and would welcome a letter of support from the Board, if applicable. The Board also stated that Seroquel XR, Invega, and Latuda twice daily dosing should also be monitored as it is intended to be once daily prescribing. The Board also discussed off label use of Abilify and the costs associated with this trend and whether this is becoming the standard of care. The A⁺ Kids program was also discussed.

Suggested Action Items

1. *The Board requests a utilization report of Seroquel XR, Latuda, and Invega where the quantity per day is greater than one tablet.*
2. *The Board requests a list of all the ICD9 codes used to identify off-label use.*
3. *The Board will provide DMA a letter of support for a dose optimization program for antipsychotics.*

Neonatal Abstinence Syndrome- The materials in the January 2015 Board packet were presented and reviewed with the Board. The Board was informed that CCNC, through their Pregnancy Medical Home program, has been working on a project similar to this. Continuing drug use and abruptly stopping drug use and the consequences of each were discussed. CCNC stated they would work with DMA on this topic, if needed. The Board was informed that an article regarding this topic will be sent out in a newsletter. The Board was also informed that neonatal ICU admissions are also being looked at by DMA.

CNS Polypharmacy- The materials in the January 2015 Board packet were presented and reviewed with the Board. The report methodology and clinician review processes were discussed with the Board. The Board questioned how many patients may also have a diagnosis of alcoholism and methods of focusing the Board's attention to the most critical patients.

Suggested Action Items

- 1. The Board requests an updated report identifying patients who are chronic users of these products and would be more at risk for an adverse reaction.*
- 2. The Board requests an updated report identifying patients who are chronic users of these products and would be more at risk for an adverse reaction who also have a diagnosis of alcoholism.*

Tobacco Use- The materials in the January 2015 Board packet were presented and reviewed with the Board. The prevalence of smoking in the Medicaid population was discussed in addition to community resources available to North Carolina residents in order to assist them in smoking cessation. The Board was reminded that OTC nicotine replacement therapy was covered by Medicaid. CCNC also noted they were doing some anti-smoking initiatives and would contact the DUR Coordinator with more details on their program. The Board discussed methods of identifying CCNC prescribers in order to only send letters to prescribers who are not enrolled; however, that data is not currently sent to the DUR vendor. The Board discussed this intervention as a possible prescriber profile letter.

Suggested Action Items

- 1. The Board requests an updated report which includes bupropion.*
- 2. The Board requests DMA work with CCNC to unify efforts and look for potential ways to identify CCNC prescribers.*

Trigger Report- The total number of claims in 2014Q3 have decreased to approximately 3.97 million compared to 4.05 million in 2014Q2. Also decreasing in 2014Q3 compared to 2014Q2 was the number of unique recipients (approximately 694K versus 708K) and claims per recipient (5.71 versus 5.72). When comparing 2014Q3 to 2014Q2 the total payment amount (\$392 million versus \$374 million) and paid per claim amount (\$99 versus \$92) increased. Drug classes with a large change in the number of paid claims and/or payment amount were reviewed with the Board. Statistics on those drug classes from the previous year were also provided to the Board. The Board noted that the progestational agents' percent change paid per unit increased over 860 percent. The Board was provided real-life examples of how supplemental rebates can lower the cost of brand name drugs so that they are actually cheaper than their generic equivalents.

Summary of RDUR Activities- The January 2015 DUR Board packet materials were presented and reviewed with the Board.

Potential Future RDUR Topics- The January 2015 DUR Board packet materials were presented and reviewed with the Board. The Board expressed interest in looking at patients who are taking an atypical antipsychotic who have not had blood glucose testing in the last year; duplication of

therapy for short-acting narcotics; atorvastatin dose greater than 80 mg per day; and use of lidocaine patches without a diagnosis of postherpetic neuralgia.

DMA Pharmacy Updates- The Board was informed that CMS will be at DMA for CMS certification of the NC Tracks system. The Board was also informed that the Pharmacy Lock-In Program has resumed and the first 200 patients have been locked in. The 2015 PDL went into effect on January 1, 2015; however, the approved PDL statuses for the antipsychotics will not go into effect until February or March to allow time for additional point of sale programming. The Board was notified that the new pharmacy reimbursement program did not go into effect as CMS has not provided a final approval and has asked for additional information. DMA is working with CCNC and Mercer to develop a reform model to create revenue opportunities for pharmacies and gain utilization management savings for the population. Drug spending was discussed and areas that contributed to increases such as Hepatitis C medications. The Board was informed that a PA policy for Hepatitis C products has been approved after working closely with subject matter experts. Tamiflu utilization, trends, and spending was discussed with the Board as well as the need for a contingency fund.

The meeting was adjourned at 2:45 PM.

A draft version of these minutes was provided to NC DMA/CSC via email on 1/28/2015.