

**North Carolina DUR Board Meeting
July 24, 2008
Abbreviated Minutes**

Prospective DUR:

Pro-DUR Alerts

- Lists of drug classes that currently trigger Pro-DUR alerts were reviewed.
- The Pro-DUR alerts reviewed include: High Dose by Age, Low Dose by Age and Therapeutic Duplication.
- Pro-DUR Status Reports for June 2008 were reviewed.
- Clonidine is one of the drugs on the Overutilization Alert report. This may be due to up titration of a dose and based on the previous claim's day supply, the claim is being filled too early. Many of these alerts could be due to the use of Clonidine in children. Reasons for overutilization could be a therapy change, which is the most common reason for overutilization. Other reason codes allowed are vacation or lost medication. Controlled substances do not allow early refills for either vacation or lost medications. The alerts are specific to age and 18 years and over are considered one age group. Therefore, geriatric patients are not in an age category of their own.

Top 200 Drugs for June 2008

- Reports were sorted by GC3 Therapeutic Class, by Drug Name, by Total Amount Paid, and by Total Number of Prescriptions.
- Top 200 By Number of Rxs, Proventil HFA is number four. It has more than doubled from 3,162 in March 2008 to 8,881 prescriptions in June 2008.
- In the Top 200 By Drug Name, Synagis is no longer on the report since Synagis season is over. This report is based on the amount paid per drug name; therefore, brand and generic drugs are separate and classified either as the brand name or generic name. Using First Data Bank's criteria for generic indicator, this identifies the drug as a B for Brand (single source), M for multisource meaning the drug is a brand with generic sources available and G for generic. GCN and GCN Sequence are proprietary codes set by First Data Bank.

Data from the Top 200 Report for the State Fiscal Year 2008 (SFY08)

- Includes all claims paid from July 1, 2007 through June 30, 2008.
- Synagis was the number one drug with approximately \$18.3 million paid. Singulair 10 mg and 5 mg were respectively \$10 and \$9.8 million. Abilify 5 mg was approximately \$8.5 million and Seroquel 200 mg was about \$8 million.

Auralgan Otic is no longer covered by Medicaid. The manufacturer did not go through the proper FDA channels for approval of the new formulation. The generic versions are still covered by Medicaid.

Retrospective DUR:

Soma/Carisoprodol and Ultram/Tramadol

- August 2007, intervention letters were sent to providers who had patients on Soma/carisoprodol, Tramadol, Ultram ER or Ultracet with doses over the FDA recommended daily dose.

- Soma/carisoprodol: letters were sent to 23 providers regarding 29 recipients. Since the letters, six discontinued or decreased the daily dose; 19 had no change in therapy; four were no longer on Medicaid. One of the recipients is no longer getting brand which was \$1396 for one prescription compared to \$16.50 for the generic.
- Tramadol: letters were sent to 36 providers regarding 30 recipients. Six discontinued or decreased the daily dose; 17 had no change in therapy; five were no longer on Medicaid; two recipients have increased therapy (540/month and 720/month).
- Ultram ER 100: one letter was sent regarding one recipient, which resulted in a decrease in therapy.
- Ultram ER 200: two letters were sent regarding two recipients; one resulted in no change in therapy and one was no longer on Medicaid.
- Ultram ER 300: two letters were sent regarding two recipients which did not result in a therapy change. Ultracet, two letters were sent regarding two recipients. One did not change therapy and one was no longer on Medicaid.

Comments:

- Concern about the results and that the letters do not appear to be influencing the therapy or prescribing habits.
- The Board suggested being more firm in the intervention letters and on the feedback form to have the physician acknowledge the letter and provide feedback.

ADHD Drugs

- During April's meeting, the Board requested to see if Comprehensive NeuroScience (CNS) could provide reports that could be applied to children less than four years of age.
- CNS had three quality indicators that were applicable to ADHD drugs. The following reports in the time period October 2007 through December 2007 and January 2008 through March 2008 were provided by CNS. The reports show Medicaid recipients less than four years of age who hit the Quality Indicators (QI) 502, 503 and 504 and the prescriber's specialty. If there are two or three specialties listed for one MID, this indicates that the prescriptions were written by different providers. If the specialty is "null" this means the provider or specialty could not be identified.
- The first table lists the highest appropriate doses for children less than four years of age. Methylphenidate SA is the only drug listed that has a dose limitation greater than 0 mg/day, which is 22.5 mg/day.
- QI 502 was hit if the recipient had a methylphenidate at higher than recommended dose for 45 or more days in the 90 day period of the report (either October thru December 2007 or January thru March 2008). The Indicator was not hit if the recipient had a prescription for methylphenidate for 30 days and a prescription for amphetamine for 30 days or if the recipient had a 30 day supply, but only took the tab on Monday through Friday, therefore the prescription was lasting more than 30 calendar days. CNS uses a medication possession ratio which measures compliance. The report shows the specialties of prescribers of recipients taking the drug routinely.
- QI 503 was hit if the recipient had an amphetamine at higher than recommended dose for 45 or more days in the 90 day period of the report. Any dose would hit the indicator since the maximum dose is 0 mg in children less than four years of age.
- QI 504 was hit if the recipient had an ADHD Non-stimulant (Strattera) at higher than recommended dose for 45 or more days in the 90 day period of the report. No children less than four years had 45 or more days of Strattera in either of the 90 day reporting periods.

- The second report was a DRIVE report looking at the utilization of drugs in the GC3 class J5B (amphetamine derivatives: Adderall, Dexedrine, Dextrostat, Desoxyn, Vyvanse and d-Amphetamine SA), H2V (methylphenidate derivatives: include Focalin, Ritalin, Metadate, Methylin, Concerta and Daytrana) and Strattera (10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg) in children less than three years of age in the time period of January 1, 2007 through May 31, 2008. 45% (18 out of 40) of the recipients less than two years billed for an ADHD drug were billed to the wrong recipient at the pharmacy. These profiles were turned over to program integrity.

Suggested Action item:

1. *Compare prescribers and specialties in children 0-4 years and 5-15 years to see the distribution of physician specialties with the two different age groups.*
2. *Look at complete profiles of children less than three years of age on ADHD medications.*

Elidel and Protopic

- A report was generated showing the utilization of Elidel and Protopic in children less than two years of age receiving more than 299 grams in the 12 month period of June 1, 2007 through May 31, 2008. A Pediatric Dermatologist at Duke, was contacted to see if he could recommend a maximum yearly amount to be considered for the letter. His comments were, “To my knowledge, there is no data that correlates amount applied to serum levels or side effects.”

Suggested action items:

1. *Send a letter to the provider if the recipient received more than 600 grams of Elidel and/or Protopic in the last year. Consider not sending a letter if the recipient has not received a prescription in the past 45-60 days. Modify the letter to change the first paragraph to say “The purpose of this letter is to educate and get feedback on the potential over utilization of Elidel and/or Protopic. Please respond to this letter with the enclosed Intervention Feedback Form by ___provide a date—ten or so days.” Change the “I” in the first sentence of the last paragraph to “we”.*
2. *Also modify the Feedback Form to remove the first sentence.*

Gout Therapy

- During April’s meeting we discussed lettering providers of recipients who were getting three or more tablets per day of colchicine. According to Facts and Comparison, for prophylactic treatment during intercritical periods, severe cases may require two or three 0.6 mg tablets daily.

Suggested action item:

1. *Send a letter to the provider if the recipient received three or more tablets of colchicine per day for more than six months.*

Top 200 Trigger Report

- When looking at the trigger report last quarter, comparing Q3 and Q4 2007, there was a 75.4% increase in units of Ear Preparations. In this report, Ear Preparations, Local Anesthetics have increased another 23.8% in percent changed units and 50.75% increase in

paid/units. This was probably due to Auralgan Otic whose formulation was changed, but is no longer covered by Medicaid.

- Calcium channel blockers had a significant change. This could be due to new generic calcium channel blockers.
- Nonnarcotic to narcotic antitussives increased, which probably was due to the removal of dextromethorphan from cough products.

DMA Pharmacy Updates:

- In the current legislation session, specialty drugs will be added to the State Maximum Allowable Cost (SMAC) List. A specialty drug was defined in section 10.10(e) as costing in excess of \$1,500. It is not clear if this is per month, per year or quarter. In the Statutes, this is to begin August 1, 2008. The actuary agent will report in December 2008 to see if on budget. If not on budget, additional drugs may need to be added to the list of specialty drugs.
- Total expenditures for last year were \$986,596,000 —this is an unofficial number without all of the adjustments factored in. The average number of recipients was 410,000 per month. The average price per prescription was \$70.63. Generics were about \$25.00 and brands approximately \$125.00. Prior Authorization had a savings of \$5.1 million Q2 SFY08 (October-December 2007) which is down from \$6.9 million from Q1 SFY08. This number will go up with the addition of nonsedating antihistamines.
- FORM compliance is holding steady with the number of recipients who have more than 11 prescriptions per month. Not all pharmacies are asking for reimbursement for FORM fees.
- Generic efficiency rate is at almost 95% generic. This is the number of generics that are used when a generic is available.
- In Q3 SFY08, 14 new drug products were approved and six existing medications got new indications. Humera got its sixth indication for the treatment of moderate to severe polyarticular juvenile idiopathic arthritis. Risperdal and Zyrtec lost their patent.
- August 4, 2008, NC Medicaid Outpatient Pharmacy Program will implement a new prior authorization program for brand name schedule II narcotics. Endocet and Roxicodone are considered brand name products with First Data Bank, therefore will need a prior authorization. If the recipient has a current PA for Oxycontin, they will not need a new PA.

Meeting was adjourned at 3:15pm.

The next DUR meeting is scheduled for October 23, 2008.