

**North Carolina DUR Board Meeting
January 28, 2010
Minutes**

Introductions and Public Comments

The meeting was called to order. Public comment was offered, but there was none.

Minutes

Minutes from the October 2009 DUR Board meeting were reviewed. No changes or corrections were noted. A motion was made and seconded to approve the minutes. The Board unanimously approved the minutes.

Prospective DUR

Pro-DUR Status-November 2009

The November 2009 Pro-DUR Status report was reviewed and areas of interest were highlighted. The drug-drug interaction report was reviewed and it was noted that approximately 65% of the analgesic, narcotic claims are overridden. Morphine-naltrexone combination was a new drug-drug interaction to the report.

The Board was informed that albuterol was the top claim overridden by the pharmacy for overutilization. Omeprazole 20mg was the second highest claim for overutilization overrides. The pharmacies must indicate a reason for the early refill override which most often was due to vacation, lost, and change in therapy.

Medications new to the high dose alert edit were noted and will continue to be monitored. Albuterol was the most common medication for high dose override which may be due to pharmacies entering an incorrect day supply at the point-of-sale. It was noted that cefdinir suspension also appeared frequently in the high dose alert with many pharmacies overriding the edit at the point-of-sale. Due to the high override rate and possible standard of treatment change a motion was made and seconded to remove cefdinir suspension from the high dose and low dose alert.

The therapeutic duplication report indicated narcotic alert overrides were most frequent. Narcotics have historically been the top claim in the therapeutic duplication alert. Therapeutic duplication alerts may appear at a higher frequency due to pharmacies submitting claims multiple times in failed attempts to override the Pro-DUR edit. The Board recommended sending a bulletin to pharmacies instructing them on how to submit and override online Pro-DUR alerts successfully.

Suggested Action Items:

1. *Cefdinir suspension high dose and low dose alerts will be removed from the Pro-DUR alert edits.*
2. *Include an article in the Medicaid bulletin instructing pharmacies on how to submit and override online Pro-DUR alerts successfully.*

Top 200 by Amount Paid

Synagis 100mg/ml vial was the number one prescription in amount paid which was typical for the time of year. Previously ProAir was highly prescribed but it is no longer appearing due to the medication recently requiring prior authorization. The report also showed a drop in Singular expenditures due to the medication requiring a prior authorization for a short period of time.

Top 200 by Drug Name

Abilify was the number one prescription in amount paid followed by Seroquel. It was noted that expenditures in Pulmicort have increased since the last Board meeting. The amount paid in Singulair prescriptions dropped due to the short-lived prior authorization placed on the medication.

Top 200 by Number of RXs

The data has been consistent between reviews. Omeprazole was the top prescription by number of prescriptions closely followed by amoxicillin.

Top 200 by GC3

The GC3 class H7T (Dopamine and Serotonin Atypical Antipsychotics) had the highest expenditures totaling over \$6 Million in November. The H7X class (D2 Partial Agonist/5HT Mixed Atypical Antipsychotics) was the second highest in amount paid.

Edit 907

The Board was provided a chart indicating the statin, Singular, and Plavix upper dosing limits according to the Pro-DUR 907 point-of-sale edit. The upper limit is based on FDA maximum approved dose multiplied by 150%. When claims for doses above the 150% threshold are submitted an alert will appear. The pharmacies can override the edit but it assists pharmacies to ensure they are entering a correct day's supply. All medications have this edit, therefore the Board requested a mental health edit 907 report be prepared for the April DUR meeting.

Suggested Action Item;

1. *A Pro-DUR 907 edit report will be provided to in the April DUR meeting regarding mental health medications.*

Retrospective DUR

Patient Medical Profile Update

The Board was provided with the current status of the Retro-DUR Patient Medical Profiles. The Board was informed that the Attorney General's Office has approved the inclusion of mental health information in the profiles. Currently, the profiles are waiting guidance pertaining to substance abuse treatment.

Albuterol Utilization

The report provided included patients with 14 or more short-acting beta agonist (SABA) claims from August 1, 2008 through July 31, 2009 as requested by the Board in October. The Board discussed the problem with overutilization of albuterol products and that physician notification and patient education was needed. The Board requested the list of patients be screened in order to determine who were CCNC enrollees to prompt case manager intervention. Due to the high utilization of SABAs, regardless of controller therapy, the Board motioned and seconded lettering physicians who have patients with SABA utilization greater than or equal to 14 fills per year or if ICS medication possession ratio was less than 80%.

Suggested Action Items:

1. *A list of patient MID numbers being lettered on will be provided to CCNC for case management*
2. *An intervention letter will be sent to physicians who have patients filling 14 or more SABA claims per year or if ICS medication possession ration less than 80%.*

Dose Optimization Program

The dose optimization materials in the Board's packets were reviewed. The patient volume was added to the medication list as requested during the October 2009 Board meeting. The Board was informed the list comprised of medications that other Medicaid programs have as either a dose optimization or quantity limits prior authorization and could provide significant savings to the state. The list provided indicated pre-rebate expenditures and the Board was informed that post-rebate costs are being obtained. The Board asked the list to be revised and identify dose optimization medications based on net cost.

Suggested Action Items:

1. *Provide the Board a list of medications for a dose optimization program using the net cost of medications.*

Utilization of Acetaminophen Prescription Products Greater than Four Grams per Day

The acetaminophen (APAP) materials in the Board packets were reviewed. The Board felt this was a definite patient safety concern especially since this data was only able to reflect prescription level medications and could not take into account over-the-counter APAP utilization. The Board was informed that the Controlled Substances Task Force was also examining prescription use of many highly abused medications. In addition to the FORM program the Controlled Substances Task Force is considering locking patients who have high utilization of controlled substances into one prescriber and one pharmacy as a way to curb diversion and increase patient safety. The Board was informed about upcoming initiatives concerning fraud and abuse programming software which will be used by vendors for routine prescribing and patient trending reports. The Board recommended the Medicaid newsletter contain information regarding APAP dosing and risks associated with high doses. The Board motioned and seconded that physicians and pharmacies who have patients chronically using APAP above four grams per day receive letters. The Board requested the link to the Controlled Substance Reporting System (CSRS).

Suggested Action Items:

1. *A Medicaid newsletter will be provided to physicians and pharmacies containing APAP dosing and safety information.*
2. *Physicians and pharmacies with patients chronically receiving greater than four grams per day of APAP will receive letters.*
3. *Send CSRS link to the Board.*

Concurrent Utilization of Clopidogrel (Plavix) and CYP2C19 Inhibitors

The clopidogrel and CYP2C19 Inhibitor materials in the Board packets were reviewed. The data provided in the packets reflected prescribing trends when the November 2009 FDA physician warnings were published. Therefore, the Board asked the data be re-run since providers may have switched their patient's drug regimen after reading the FDA publication. The Board also asked that a notification be placed in the EDS newsletter informing prescribers of the FDA recommendations.

Suggested Action Items:

1. *The Board will be provided data on prescribing trends after November 2009 since the FDA recommendation could have prompted prescription changes.*
2. *Information regarding the drug-drug interaction and FDA warnings will be published in the EDS newsletter.*

Trigger Report

The Trigger Report and supplemental drug utilization materials were reviewed with the Board. The Trigger Report provided the utilization and trending of the top 200 medications by claim count. Medications with large changes in utilization were highlighted. The Board was informed that the large decrease in the anticonvulsants amount paid could be contributed to many brand name medications now being available generically. The antiviral expenditures have increased dramatically due to increased Tamiflu utilization. The ARB class had a decrease in expenditure due to a prior authorization placed on the class. The amount paid in acne products has increased and the Board felt this might be an area to monitor. The Board also asked whether Colcrys has had an increase in utilization and therefore increased class expenditures. It was also requested that the anticonvulsant class be examined to determine what volume of patients taking anticonvulsants could potentially be using them for mood disorders. The Board was asked for suggestions regarding the content of the report and the number of classes they would like to review. The Board prefers the Trigger Report how it has been provided.

Suggested Action Items:

- 1. The Board will be provided with Colcrys utilization and expenditures.*
- 2. The Board will be provided anticonvulsant utilization and patients who could be using them for mood related disorders.*

DMA Pharmacy Updates

Savings for the state fiscal year 2009 were provided and totaled \$196.3 million between the SMAC (State Maximum Allowable Cost) (\$171.2 million), prior authorization (\$11.6 million), and specialty medication discount programs (\$13.5 million).

Medicaid is also looking into additional programs to increase patient care and savings including the Controlled Substances Task Force lock-in program, DAW-1 missed opportunities, and increasing generic dispensing at pharmacies.

The state is also researching lost prescription override trending to determine if a policy is needed. The board was also informed that the decision on a Preferred Drug List was pending.

Other Business

The Board inquired about disseminating a survey at the Annual Medical Society meeting regarding prior authorizations would be beneficial. They would like to determine how prior authorizations have affected physician's practices to aid in streamlining the prior authorization process. A survey will be drafted and provided it to the DUR Coordinator.

The Board also inquired whether patient asthma management has improved in practices where physicians are dispensing nebulizers at the point of care.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 3:15 PM.

The next DUR meeting is scheduled for April 22, 2010 from 1:00 PM - 3:00 PM at the Kirby building, room 297.