North Carolina DUR Board Meeting
July 22, 2010
Minutes

Introductions and Public Comments

The meeting was called to order. Public comment was offered, but there was none. The DUR Coordinator announced that a longstanding Board member will be resigning their position and thanked the member for their commitment and contributions.

Minutes

Minutes from the April 2010 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-May 2010

The May 2010 Pro-DUR Status report was reviewed with the Board and areas of interest were highlighted. There were no major changes with the drug-disease pro-DUR alerts. Drug-drug interactions were discussed. It was noted that First DataBank recently made changes which removed the severity 1 level alerts on some narcotic pro-DUR alerts. However, a new drug-drug interaction alert appeared warning pharmacists of patients at increased risk of myopathies due to statins and combination therapies.

Medications with high pro-DUR overutilization alerts were discussed. It was noted that the list has remained consistent and no major changes have occurred. The Board was informed that a patient must have used at least 75 percent of their prescription, based on previous claim, quantity and days supply entered at the pharmacy; prior to getting their next refill otherwise an overutilization alert occurs. The pharmacist must enter a reason code for overriding the overutilization alert. The Board discussed reasons for early refills such as dose titration and pharmacies submitting inaccurate days supply during claim adjudication.

High dose by age was discussed and it was noted that Omnicef/cefdinir was removed from the high dose and low dose alert around June 20 as requested by the Board. This will no longer appear in the future. Albuterol inhalers topped the list but it the Board was informed that this may be due to inaccurate day supply entered at the pharmacy. Sertraline and hydroxyzine appeared for the first time in the high dose for age alert.

Low dose by age was discussed and no significant changes occurred.

The therapeutic duplication alert by GSN was discussed and narcotics attributed to the majority of alerts. Therapeutic duplication by GC3 was also reported and narcotics and antipsychotics represented a bulk of the alerts. Therapeutic duplication on narcotics could be due to patients receiving both a short-acting narcotic and a long-acting narcotic.

Overall it was noted that the pro-DUR alert percentage was 12.09 percent which is higher than the goal of less than ten percent. In general, the percentage has steadily increased over time.

Three DUR Board members volunteered to review and provide suggestions regarding the pro-DUR alerts. Recommendations will be reviewed during the October 2010 DUR Board meeting.

Top 15 by Amount Paid

Abilify 5mg tablets were the highest amount paid for May 2010. This was a change from the April 2010 DUR meeting since Synagis topped the list and is likely due to the time of the year. The Board discussed the cost of

brand versus generic prescriptions according to the pro-DUR report. However, the Board was reminded the dollar amounts provided did not take into account and Federal or supplemental rebates.

Top 15 by Drug Name

Expenditures for Abilify were the highest paid amount by drug name followed by Seroquel, Singulair, and Concerta. Omnicef fell off the list due to its seasonal use.

Top 15 by Number of RXs

It was note that vitamin D and test strips appeared on the list for the first time.

Top 15 by GC3

The Board was informed the Leukotriene Modifier drug class had an increase in amount paid since the April 2010 DUR Board meeting. The group discussed the difference in price between different formulations of the same drug and dose. The Board was reminded the State's Preferred Drug List will assist prescribers in selecting the most cost effective medications. Pharmacies will be alerted at the point-of-sale if the medication is a non-preferred medication.

Edit 907

Education was provided regarding the difference between a pro-DUR alert and a system edit. The Board was informed that a prescription could hit both the edit and the high dose DUR alert and could require two overrides during claim adjudication. The edit 907 was put in place several years ago to ensure pharmacies billed medications appropriately using quantity and day supply. The edit 907 limit is based on the FDA approved maximum dose supplied by First DataBank multiplied by 150 percent. The group determined the FDA dosages used for this alert were based on drug unit strength. The Board discussed whether the dose limits were practical based on today's prescribing patterns and the need for higher medication dosages.

Suggested Action Item;

1. *The Board requests the three volunteer Board members examine the low dose, high dose, and duplication of therapy pro-DUR edits and provide feedback during the October 2010 DUR Board meeting.*

Retrospective DUR

Typical and Atypical Antipsychotic Utilization ≥3 Prescriptions per Patient

The Typical and Atypical Antipsychotic Utilization ≥3 Prescriptions per Patient materials in the Board packets were reviewed. The Board was informed that 140 pediatric patients and 505 adult patients met these criteria. It was noted that patients who were transitioning to different antipsychotic medications would have been included in the report if they had three or more fills during February and March. The Board inquired whether the Behavioral Health Medication Task Force could examine these patients' profiles and target prescribers for peer-to-peer consultations. The Behavioral Health Medication Task Force Coordinator stated they would be willing to review the patients' profiles, eliminate transitional patients, and conduct peer-to-peer consultations. The Board was informed of new legislation which allows the State to consider limitations on mental health medications when medications are used off label or prescribed above the FDA recommended dose. The Board had concerns regarding the legislation as it pertains to the pediatric population since most prescriptions are prescribed off-label but is considered standard practice. The Board was informed of the Pharmacy and Therapeutics Committee's mental health subcommittee which will assist in recommending potential mental health policies. A motion was made and approved to provide the Behavioral Health Medication Task Force a list of patients who are on three or more antipsychotics over three months and are less than 19 years old.

Suggested Action Items:

1. *The Board requests the retro-DUR vendor supply the Behavioral Health Medication Task Force a list of patients who are less than 19 years old and are on three or more antipsychotics for the past three months and the State Task Force provide an update at the October 2010 DUR Board meeting.*

Brand and Generic Soma Utilization

The brand and generic Soma utilization materials in the DUR packets were reviewed and it was noted that the brand name skeletal muscle relaxant prior authorization went into affect July 2009. Based on the number of claims billed after the prior authorization went into affect it appears the prior authorization was effective since the number of generic prescriptions increased, number of brand name medications decreased, and overall expenditures decreased. However, the total number of brand and generic prescriptions dispensed remained relatively pre- and post-prior authorization which may indicate patients did not go without medication but were instead switched to generic products.

Skeletal Muscle Relaxants

The skeletal muscle relaxant duplication of therapy and high dose materials in the Board packets were reviewed. It was noted that 196 patients took more than one skeletal muscle relaxant from February through March and most received their prescription from one prescriber. It was also noted that some patients were not flagged for the intervention despite meeting the criteria due to exclusion of certain disease states. The Board concluded that additional disease states for exclusion are needed in order to identify possible inappropriate prescribing. The Board also examined high dose skeletal muscle relaxant regimens and questioned potential drug diversion. The Board stated that some states have placed carisoprodol on state schedule-4 substance lists since meprobamate is a metabolite of carisoprodol. The Board asked that the listed patient's pharmacy information be provided to determine if there was a subset of pharmacies automatically filling as needed medications for financial gains. The Board was also informed that no quantity limit or prior authorizations exist on the skeletal muscle relaxants. The Board requests an extended date range of three months for data extraction on the duplication of therapy and exclusion of patients with certain diagnosis is expanded (list to-be-determined by the Board).

Suggested Action Items:

1. *The Board shall provide a list of additional disease states for exclusion and requests an updated intervention summary be provided during the October DUR Board meeting.*
2. *The Board requests the duplication of therapy and high dose RDUR intervention date range be extended to three months and findings presented during the October DUR meeting.*
3. *The Board requests that pharmacy utilization be provided for the patients meeting the new duplication of therapy and high dose intervention criteria.*

Benzodiazepines

The benzodiazepine duplication of therapy and high dose materials in the Board packets were reviewed. The Board was informed the data could contain Medicare Dual Eligible patients since benzodiazepines are excluded from Medicare coverage. It was noted that most patients received benzodiazepine prescriptions from one provider but the Board questioned whether the highest benzodiazepine users were receiving prescriptions from multiple prescribers. The Board discussed the benzodiazepine high daily dose data and discussed the possibility of drug diversion. The Board commented that the data provided did not include patients paying cash for prescriptions. The Lock-In Program was discussed with the Board and criteria for program inclusion were explained. The Board was informed that patients may be referred to the program through several different state agencies including the DUR Board. The Board discussed creating a Physician Profile Letter versus a Patient Medical Profile Letter due to the large volume of patients and the need to maximize prescriber outreach. The Board questioned how many patients in the benzodiazepine intervention also were on antipsychotics in order to assess proper treatment. The Board expressed concerns about abrupt discontinuation of benzodiazepines and recommended that prescribers taper their patient's daily dosages when applicable. A motion was made and approved to send Physician Profiling Letters to prescribers of patients

who were taking daily doses equal to or greater than 150 percent of the maximum FDA recommended daily dose.

Suggested Action Items:

1. *The Board requests a list of patients taking high dose benzodiazepines and also taking antipsychotic medications.*
2. *The Board requests Physician Profile Letters are sent to prescribers who have patients prescribed daily doses of benzodiazepines greater than or equal to 150 percent of the FDA maximum recommended daily dose and warn them about abrupt discontinuation of therapy.*

Tramadol

The tramadol duplication of therapy and high dose materials in the Board packets were reviewed. It was noted that the top two patients receiving high doses of tramadol were referred to program integrity to ensure a billing error had not occurred due to the exceptionally large quantities dispensed. The Board was educated on the Program Integrity process and new technologies becoming available. The Board asked if Program Integrity could work with the Medical Board if they found prescribers whose prescribing patterns were questionable. It was also noted that the FDA recently provided warnings about the use of tramadol and suicide risks. A motion was made and approved to send Patient Medical Profile Letters to prescribers with patients taking daily doses over the FDA daily recommended dose using the most recent data available.

Suggested Action Items:

1. *The Board requests Patient Medical Profiles are sent to prescribers who have patients prescribed daily doses of tramadol greater than the FDA maximum recommended daily dose and inform them of the recent FDA warnings.*

Polypharmacy

The polypharmacy intervention was deferred to the October 2010 DUR Board meeting due to time constraints.

Trigger Report

The Trigger Report comparing fourth quarter 2009 to first quarter 2010 was reviewed with the Board. A decrease in the number of claims and recipients was noted and may be contributed to a decrease in influenza antiviral prescriptions. The amount paid per claim per quarter increased and was higher in first quarter 2010 compared to fourth quarter 2009. A majority of changes occurred in quantities of medications that fluctuate seasonally but some non-seasonal medication utilization also changed. It was noted that the “unknown” on the chart represented Intuniv.

DMA Pharmacy Updates

Program improvements were discussed with the Board. The Board was informed that Medicaid will be implementing a policy in August which will stop unlimited reimbursement for lost prescriptions. The new policy will allow Medicaid recipients a one time occurrence override per year.

Medicaid will be implementing a prior authorization process on “brand medically necessary” prescriptions to ensure clinical justification exists for brand name products.

A specialty drug network will be created allowing only approved pharmacies to dispense certain high cost medications such as hemophilia medications and IVIG. Pharmacies will be required to pass a certification process ensuring they meet pre-determined standards.

Medicaid is expanding their prior approval process on Synagis.

The Focused Risk Management (FORM) program will be discontinued.

Medicaid will be eliminating coverage for vitamins and minerals except for prenatal vitamins and fluoride. The vitamins and minerals affected by the new policy are federally excluded products and coverage can be determined by the State.

New legislation was created allowing Medicaid to place prior authorizations on mental health medications when they are prescribed for off-label use or above the recommended FDA daily dose.

New legislation was formed allowing Medicaid to substitute brand name medications for its generic when the brand name is less expensive. Medications which are currently affected are BenzaClin, Duragesic, Cozaar, and Hyzaar.

The Secretary appointed 11 members to a public panel that assembles to discuss the preferred drug list (PDL) as proposed by the Pharmacy and Therapeutics Committee. The Pharmacy and Therapeutics Committee and Panel then report their recommendations to the Secretary for approval. The next Panel meeting is July 27, 2010.

The PDL implementation date is tentatively scheduled for September 15, 2010 pending all preceding Panel meetings have occurred, the Secretary approves the proposed PDL, and programming changes take place.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 2:55 PM.

The next DUR meeting is scheduled for October 28, 2010 from 1:00 PM - 3:00 PM at the Kirby building, room 297.