North Carolina DUR Board Meeting
July 23, 2009
Abbreviated Minutes

DMA Pharmacy Updates:
A letter of acknowledgement was presented from DMA to Joe Moose. Dr. Moose received the 2009 M. Keith Fearing Jr. Community Pharmacy Practice Award from Campbell University in April 2009. The Department's new website was discussed. Information about the State budget shortfall and the DMA proposals for saving the $25 million that they have been charged with are located on the website. At this time, DMA is not planning on implementing a preferred drug list. The website information will be sent to the Committee.
There are several new Prior Authorizations that have been proposed. Information about these proposals is on the website. The Medicaid Director has asked the staff to limit industry visits during the budget process time period. The best method for comment will be the website.
There is a proposal to allow DHHS to change pharmacy reimbursement. At this time, this function is limited to the legislature. It has not yet passed. The proposal would still allow the legislature to make changes as well.
There is a proposal to remove the language that prohibits restrictions to mental health drugs. This has also not yet passed.
The Mental Health Task Force is a group of providers, advocates and others looking at ways to control the spending for mental health drugs while preserving services. It was explained that the task force has requested designation as an official committee that would report as a sub-committee of the DUR Board. MSA is awaiting formal approval by the Director of Medicaid before asking the committee to vote. The minutes of the task force meeting will be distributes to the committee members.

Prospective DUR:
Clonidine claim overrides report was discussed. The claims were for May 2009. It was noted that the Omeprazole 40 mg edit had been ready for implementation, but the price of the product dropped, eliminating the need for the edit.
There were no significant changes noted in the ProDUR reports. There was some discussion of the overuse of albuterol inhalers. It was noted that it is not clear whether this information represents over use or if it is a reflection of how the claims are entered.

The Top 200 Drugs reports for May 2009 were reviewed.

<u>Top 15 Drugs by Amount Paid</u>
It was noted that the total cost of Topamax and Adderall has decreased since these products recently became available generically.

Suggested Action item:
1. Details of any RetroDUR criteria that First Health has in place for albuterol inhaler overuse will be communicated to the committee, as well the estimated number of patients who are showing up with that criteria.

Retrospective DUR:
Metoclopramide
The Metoclopramide report was discussed. It was noted that in long-term use, the tardive dyskinesia risk is about 5% and about 20% of that number is not reversible. It was also noted that use in pediatrics is declining. It was also commented that in long term care more patients are being seen with a "pseudo-parkinsonism" from metoclopramide. It was suggested that a sentence or two added to the letter about indications. Also requested was that an addition be made to the second paragraph of the letter about side effects and that the phrase "May be irreversible" be bolded and whether any alternative therapy could be recommended. It was noted that the education is useful, but that the alternatives are mostly non-pharmacological. The committee is interested in knowing how many of the recipients are also diabetic.

Suggested Action item:

1. *FH will determine the number of identified patients who also appear to be diabetics and the information to the committee by email. Suggested changes will be made to the letter. The Board will provide feedback by email.*

EpiPen Report:
The EpiPen report included in the DUR packets was discussed. It was noted that this review was triggered by a random report that picked up a patient who had received 26 EpiPens in a year. The Board suggested that letters go to both the dispensing pharmacist and the prescriber and that some language directed at the pharmacies be added to the letter. It was agreed that letters will go out on patients who have received 13 or more EpiPens in one year and/or 4 or more pens at one time.

Suggested Action item:

1. *Letter will have pharmacist language added.*
2. *Letters will be sent on patients with parameters as indicated above.*

Intranasal Steroids:
The report on intranasal steroid possible over use that was included in the Board packet was discussed. It was suggested that since these products will shortly be requiring a prior authorization, further review should wait until after the PA has been implemented. The committee agreed.

Criteria Exception Report:
The criteria exception report was reviewed, including the purpose and product of the report by First Health. A committee member noted that she did not think all of the pediatric criteria reflected current guidelines. Several documents on current pediatric dosing guidelines were distributed. First Health will follow up. The Plavix/PPI criteria and the acetaminophen greater than 4 grams per day dosing were discussed as possible studies. It was requested that MSA Staff send out the top criteria that the State Staff and First Health suggest by email and that the committee members respond back with feedback and their top four choices.

Suggested action item:
1. FH will review the materials on pediatric dosing guidelines with the First Health staff.
2. DUR Coordinator will send out the top recommended criteria for next quarter to all committee members by email for their feedback.

Dose Optimization:
The First Health representative went over the report of other clients who have a dose optimization program. The committee asked if she could supply a list of drugs that other FH clients currently have for dose optimization at the next meeting.

Suggested action item:
1. FH will compile a list of dose optimization edits from other FH clients for the October DUR Board meeting.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 3:16 pm.

The next DUR meeting is scheduled for October 22, 2009.