

**North Carolina DUR Board Meeting
October 23, 2008
Abbreviated Minutes**

Prospective DUR:

Pro-DUR Alerts

Prior to the meeting, EDS and volunteers from the Board reviewed the current Pro-DUR alerts (High Dose by Age, Low Dose by Age and Therapeutic Duplication) and made the following recommendations:

High Dose by Age Alert:

Age includes both pediatric (18 years and under) and adults. First Data Bank sets the alerts based on FDA approved doses for both age categories.

Remove:

H2A	Central nervous system stimulants	(new category)
H2J	Antidepressants	(new category)
H2K	Antidepressant combinations	(new category)
W1B	Cephalosporins	(new category)
W2A	Absorbable sulfonamides	Bactrim
D4E	Anti-ulcer preparations	Carafate
W1Q	Quinolones	Cipro, Levaquin
W1K	Lincosamides	Cleocin
W1D	Macrolides	erythromycin
W1A	Penicillins	penicillin, amoxicillin
Z2D	Histamine H2-receptor inhibitors	Zantac

- With the older antibiotics—seeing higher doses today than in the past

Add:

A1A	Digitalis glycosides	digoxin
A4F	Antihypertensives, angiotensin receptor antagonist	losartan, valsartan
C4M	Hypoglycemics, alpha-glucosidase inhib type	Precose, Glyset
C4N	Hypoglycemics insulin response enhancers	Avandia, Actos, Actos Plus
H2F	Anti-anxiety drugs	Valium, Xanax, Ativan, Buspar
H2G	Antipsychotics phenothiazines	chlorpromazine, perphenazine, thioridazine
H2V	Tx for ADHD/narcolepsy	Ritalin, Provigil, Concerta
H3L	Analgesic, non-ASA, barb, xanthine combination	Esgic, Fioricet
H6C	Antitussives, non-narcotics	dextromethorphan
H7T	Atypical antipsychotics	Risperdal, Seroquel, Zyprexa, Clozaril
J5D	Beta adrenergic agents	albuterol, Xopenex, Serevent
L1A	Antipsoriatic agents, systemic	Soriatane
L1B	Acne agents, systemic	Accutane
M4D	Antihyperlipidemic-HMG CoA reductase inhibitors	simvastatin, atorvastatin
M9L	Anticoagulants, coumarin type	coumadin (FDB sets max dose as 10mg)
W1X	2nd gen cephalosporins	Cefzil
W1Y	3rd gen cephalosporins	Omnicef
Z2P	1st gen antihistamines	promethazine, hydroxyzine
Z2Q	2nd gen antihistamines	Zyrtec, Allegra

The Board unanimously approved the above recommendations and suggested reviewing the alerts six months after the changes are implemented. When reviewing the alerts, it would be beneficial to review the low and high doses that are being triggered for each alert.

Low Dose by Age Alert:

Regarding the GC3 class J5D, Beta-adrenergic agents, it is hard to determine if the dose is low due to a true low dose or incorrect day supply entered by the pharmacist. Also with this group, the long acting and short acting beta-adrenergic agents are in the same GC3 class. It is also difficult to determine if an antibiotic was intentionally prescribed at a lower dose due to a low serum creatinine. It would be beneficial to know what doses trigger the low dose alerts.

Remove:

W1E	Chloramphenicol and derivatives	
W1H	Aminocyclitols	
J5D	Beta-adrenergic agents*	albuterol, Xopenex, Serevent
H2F	Anti-anxiety drugs**	Valium, Xanax, Ativan, Buspar
P5A	Glucocorticoids	prednisone

Add:

W1A	Penicillins	penicillin, Amoxil
W1D	Macrolides	Zithromax, erythromycin
W1W	1st generation cephalosporins	Keflex
W1X	2nd generation cephalosporins	Cefzil
W1Y	3rd generation cephalosporins	Omnicef

The Board unanimously approved the above recommendations and suggested reviewing the alerts six months after the changes are implemented and including the low doses that are triggering the alert.

Therapeutic Duplication Alert

This alert compares drugs within the same GC3 class. It does not compare one GC3 to another GC3 class. For example, it will not alert an SSRI, such as Zoloft, with Amitriptyline, but it will alert with Zoloft and Prozac. Regarding analgesic narcotics, it will alert based on total daily dose. This will trigger if recipient is getting narcotic prescriptions from two different doctors or going to two different pharmacies.

Remove:

H2J	Antidepressants
H2K	Antidepressant combinations
W1B	Cephalosporins

GC3 categories changed; drugs will be included in other alerts

Add:

A4F	Antihypertensives angiotensin recep antag	Cozaar, Micardis, Avapro, Atacand
A4H	Angiotensin receptor antag and CCB	Exforge, Azor
A4I	Angiotensin recep. antag and thiazide combo	Hyzaar, Diovan HCT, Avalide, Atacand HCT
A4J	ACEI and thiazide combo	Zestoretic, Lotensin HCT
A4K	ACEI and CCB combo	Lotrel, Tarka
A4T	Renin inhibitor, direct	Tekturna
A4U	Renin inhibitor, direct/thiazide diuretic combo	Tekturna HCT
C4K	Antihyperglycemic, insulin release stimulant type	glyburide, glipizide

C4L	Antihyperglycemic, biguanide type (non-sulfonylurea)	metformin
C4M	Antihyperglycemic, alpha glucosidase inhibitor N-S	Precose, Glyset
C4N	Antihyperglycemic, insulin response enhancer N-S	Avandia, Actos
C4R	Antihyperglycemic, insulin response and release combo	Avandaryl
C4S	Antihyperglycemic, insulin release stimulator and biguanide combo	Glucovance
C4T	Antihyperglycemic, insulin response enhancer and biguanide combo	Avandamet
H2F	Anti-anxiety drugs	Valium, Xanax, Ativan, Buspar
H2G	Antipsychotics, phenothiazines	chlorpromazine, thioridazine
H2H	MAOIS	Emsam
H7J	MAOIs selective	Nardil
H7O	Antipsychotics, dopamine antag	Haldol
H7T	Antipsychotics, atypical	Zyprexa, Risperdal, Seroquel
H2V	Tx for ADHD and narcolepsy	Ritalin, Provigil
H3L	Analgesic, non-ASA, barbiturate and xanthine combo	Fioricet, Esgic
H6B	Antiparkinsonism drugs, anticholinergic	benztropine, Cogentin
J5B	Adrenergics, aromatic, non-catecholamine	Adderall, Vyvanse
W1W	1st gen cephalosporins	Keflex
W1X	2nd gen cephalosporins	Cefzil
W1Y	3rd gen cephalosporins	Omnicef
Z2Q	Antihistamines-2nd gen	Zyrtec, Allegra

Do not add:

H6A	Antiparkinsonism drugs, other	amantadine, Mirapex, Sinemet
J5D	Beta adrenergic agents*	albuterol, Xopenex, Serevent
C4G	Insulin	Unable to make more specific

The Board unanimously approved the above recommendations and suggested reviewing the alerts six months after the changes are implemented.

The Top 200 Drugs for September 2008 were reviewed. Reports were sorted by GC3 Therapeutic Class, by Drug Name, by Total Amount Paid, and by Total Number of Prescriptions.

Retrospective DUR:

Update on Elidel and Protopic letters sent

- 21 Elidel and/or Protopic letters were sent to providers regarding 19 recipients who were less than two years of age and received more than 600 grams of Elidel and/or Protopic in the time period of August 2007 through July 2008 or 400 or more grams in most recent 4 months with the assumption that if they continued to get the prescription filled as they had, they would have 600 grams in 6 months. If the recipient had not received Elidel or Protopic in the most recent 60 days, letters were not sent.
- Received 15 responses = 71% response rate.

Update on colchicine letters sent

- Letters were sent to seven providers regarding seven recipients who received three or more tablets per day of colchicine for more than six months.
- Received 3 responses = 42% response rate.

ADHD Drugs

The Board listened to a presentation on stimulant use in children under 4 years.

The Board members reviewed complete medical profiles for 24 Medicaid recipients who were less than four years of age and received three or more prescriptions for an ADHD medication in the past year. Also reviewed were two reports generated by Comprehensive NeuroScience (CNS) in response to a request at the last DUR meeting. CNS has two quality indicators (QI) that are applicable to ADHD drugs, excluding Strattera. QI 502 was hit if the recipient had methylphenidate claims at a higher than recommended dose for 45 or more days in the 90 day period of the report. QI 503 was hit if the recipient had amphetamine claims at a higher than recommended dose for 45 or more days in the 90 day period of the report. The time periods of the reports were October 2007 through December 2007, January 2008 through March 2008, and April 2008 through June 2008.

Results of survey from Pediatric Conference

We received some great feedback from the survey that was handed out at the Pediatric Conference in August. Most of the feedback had to do with policy and not utilization. The comments regarding policy were forwarded to DMA. The question asked on the survey was “Do you have any issues or concerns regarding outpatient medication usage in Medicaid recipients that you would like the DUR Board to consider?”

- 10 responses were “No”.
- 13 responses were “Yes”.
 - One of the responses was about atypical antipsychotic medications in children less than five years. Another was concern about patients getting multiple prescriptions for narcotics from different practices and going to different pharmacies. There was also a comment about Singulair being a wonderful drug for pediatric asthma patients.

Top 200 Trigger Report

- Comparing Quarter 1 to Quarter 2, 2008, second generation antihistamines have increased 11% in units but decreased 35.2% in paid amount due to the prior authorization that went into effect May 2008.

DMA Updates:

- Tamper resistant prescription requirements went into effect on October 1, 2008 mandating that all three features must be on the prescription.
- Effective October 10, 2008, the N.C. Medicaid Outpatient Pharmacy Program started to utilize a State-determined upper payment limit for select single source specialty drugs that cost in excess of \$1,500 per month. This is in compliance with a mandate by the N.C. General Assembly to save \$5.1 million in state dollars by June 30, 2009. In December 2008, will review to see if the program is successful.
 - Currently the AWP reimbursement is AWP – 10%. For the select specialty drugs, this has been changed to AWP – 17%. If this does not provide a sufficient savings to the state, the AWP reimbursement may be increased to 18% – 19% or more drugs added to the list.
 - This has to do with per therapy per month, not necessarily per prescription per month.
 - There is a form on the web that pharmacists can use to provide comments to DMA, such as price changes that DMA is not aware.
- Over the last year, there were over 14 million pharmacy claims at approximately \$1 billion.
- Generic utilization is about 65%.

The meeting was motioned and seconded to adjourn at 3:05pm.

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