North Carolina DUR Board Meeting
April 22, 2010
Minutes

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

Minutes
Minutes from the January 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-February 2010 2009
The February 2010 Pro-DUR Status report was reviewed with the Board and areas of interest were highlighted. The drug-drug interactions were discussed and the analgesic narcotic Pro-DUR alert still remains prominent. The high prevalence and concurrent use of morphine and naltrexone was brought to the Board's attention.

Medications having high Pro-DUR overutilization alerts were discussed. It was noted that no significant changes occurred since the November 2009 Pro-DUR report. Lorazepam was new to the list for overutilization.

High Dose by age was discussed and it was noted that Omnicef/cefdinir will be removed from the list as requested by the Board. Albuterol had the highest occurrence and has consistently appeared in this alert. However, this was the first time propoxyphene appeared in the high dose by age alert.

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

Hydrocodone/acetaminophen and oxycodone/acetaminophen represented nearly 85 percent of the therapeutic duplication by GSN alerts of which more than half were overridden by the pharmacy.

Narcotic analgesics, atypical antipsychotic, and attention deficit hyperactivity disorder medications topped the list for therapeutic duplication by GC3 alert.

Overall it was noted that the Pro-DUR alert percentage was 11.66 percent which is higher than the goal of less than ten percent. In general, the percentage has steadily increased over time.

Top 15 by Amount Paid
Synagis 100 mg/mL vial remains the medication with the highest paid amount followed by Abilify 5 mg tablet, and Abilify 10 mg tablet.

Top 15 by Drug Name
Expenditures for Abilify were the highest paid amount by drug name followed by Seroquel, Synagis, and Singulair. Budesonide and Lantus appeared on this report for the first time.

Top 15 by Number of RXs
An increase in the antibiotics amoxicillin and Omnicef was noted. Amoxicillin had the largest number of claims.

Top 200 by GC3
The report did not show any significant changes from previous Pro-DUR reports. Antipsychotics (H7T and H7X) remain as one of the classes with the highest amount paid and totaled approximately $11 million for February 2010. Antivirals (W5D) and medications to treat attention deficit disorder (H2V) also had large expenditures.

The Board was informed that pricing represented the amount paid to pharmacies and did not account for any rebates the state received.

Edit 907
The Board was provided a chart indicating the antipsychotics, atypical, dopamine, and serotonin antagonists 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 percent. When claims for doses above the 150 percent 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. If patients are under 18 years old, the edit is based on the average weight of a child. The Board asked how often doses are exceeding the maximum daily dose and caught by 907 alert edit. The Board also asked if the claims data contained the diagnosis and prescriber for prescriptions. Diagnosis information is not captured within the claims adjudication and the prescriber information is often incomplete. The Board questioned whether some prescriptions hit the 907 edit due to pharmacies entering incorrect day supplies at the point of sale. It was also noted that some medications exceed the maximum daily dose in actual clinical practice and that an increase from the current 907 edit's maximum daily dose may be needed. Additional research will be performed regarding the frequency of patients exceeding the edit 907 dosing limit and will be made available for the July 2010 DUR Board meeting.

Suggested Action Item;

1. *A Pro-DUR 907 edit frequency report will be provided to the Board for the July DUR meeting.*

Retrospective DUR

Dose Optimization Program
The dose optimization has been postponed until the North Carolina Preferred Drug List has been established since it may contain dose optimization and quantity limits.

Duplication of Therapy- SSRI
The SSRI duplication of therapy materials in the Board packets were reviewed and it was noted that 141 patients appeared to be taking more than one SSRI concurrently. The Board was also informed that some patients received medications from multiple providers although there were instances where only one prescriber existed. The Board was informed that the vendor is currently pulling data to determine prescriber specialties. The report also does not indicate whether patients receiving prescriptions from multiple providers were actually in the same practice. The Board stated there was no clinical reason for patients to take more than one SSRI at the same time and it appeared that many prescribers were not allowing enough time for medications to work before switching or adding

another SSRI. The Board felt that placing the indication for the medication on the prescription would increase the value of care and education should be provided in the Medicaid newsletter regarding its inclusion. Furthermore, the Board was informed that the vendor would monitor response rates to the DUR physician letters and report outcomes to the Board members. The Board motioned and approved performing a six month look back on claims and lettering prescribers with patients on two or more SSRI concurrently. A motion was also made and approved to include education in the Medicaid newsletter encouraging prescribers to indicate the diagnosis on prescriptions.

Suggested Action Items:

1. *An intervention letter will be sent to prescribers who have patients filling more than one SSRI and appear to be taking both concurrently.*
2. *The Board requests DMA include an article in the Medicaid newsletter encouraging prescribers to indicate the patient diagnosis on the prescription.*

Utilization of Topical Acne Products Over $200 per Claim

The information in the DUR packets regarding the utilization of topical acne products over $200 per claim was reviewed with the Board and the increased utilization from 2008 to 2009 was noted. The Board asked whether a Pro-DUR edit was in place and they were informed no Pro-DUR edits exist. It was noted by pharmacist board members that generic products are considerably cheaper than brand name products but there could be issues with co-pays if patients were required to use individual ingredients instead of combination products. The Board also questioned whether dermatologists were prescribing the higher cost medications and skipping lower cost medications due to disease severity. The Board asked that prescriber specialty information be populated and supplied at the July DUR meeting.

Suggested Action Items:

1. *Prescriber specialty will be provided to the Board for prescribers with patients filling topical acne products over $200 per claim who have not tried a generic alternative since 2006.*

Utilization of Tretinoin Products Over Age 30

The information in the DUR packets regarding the utilization of tretinoin products in patients over age 30 was reviewed. The Board was informed that the purpose of this report was to identify patients possibly taking the medication for cosmetic use. North Carolina Medicaid does not pay for medications for cosmetic use. The Board asked whether these patients had a diagnosis of acne or actinic keratosis and whether dermatologists were prescribing the products.

Suggested Action Items:

1. *Prescriber specialty will be provided to the Board for prescribers with patients over age 30 and using tretinoin products*.
2. *Patients with a diagnosis of acne or actinic keratosis will be filtered out of the data in order to better determine who may be using these medications for cosmetic purposes.*

Valproate, Valproic Acid, or Divalproex Use in Pregnancy

The information in the DUR packets regarding patient utilization of valproate, valproic acid, or divalproex while pregnant was discussed. The Board felt that by the time letters reached prescribers the medication would have already caused fetal damage and the intervention would be ineffective. The Board recommended including educational information regarding this topic in the Medicaid newsletter in addition to encouraging the use of folic acid when appropriate. The Board also asked whether the neurology professional organizations have come out with position statements regarding

the use of these medications. The Board commented that single entity folic acid should be made available for childbearing age females or pregnant patients. Although, the Board mentioned CMS might classify folic acid as a supplement and therefore no federal coverage may exist.

Suggested Action Items:

1. *The upcoming Medicaid newsletter should include information regarding avoidance of valproate, valproic acid, or divalproex in pregnant and/or childbearing age females and encourage the use of folic acid (prescription prenatal vitamins).*
2. *Research position statements from neurology associations on the use of these medications in childbearing age females/pregnant patients.*
3. *DMA is to research the possibility of providing coverage of folic acid for childbearing age females.*

Colcrys Utilization

During the January DUR Board meeting it was requested that Colcrys utilization be examined. The utilization data was reviewed and the Board was informed that only four prescriptions were dispensed in the last year.

Anticonvulsants and Mood Disorder

During the January DUR Board meeting it was requested a review be performed on the utilization of anticonvulsants for the diagnosis of mood disorder. The data was reviewed and presented to the Board. The Board discussed the use of various anticonvulsants for mood disorders and the changes in the standards of care for this condition.

Trigger Report

The Trigger Report indicating the top 200 drugs was reviewed with the Board. There was an approximate four and five percent increase in claims and patients when comparing quarter two to quarter three of 2009, respectively, but only three tenths of a percent increase in total cost. Seasonal trends in prescription utilization were noted in addition to the effects of prior authorization. The addition of new generics to the market also impacted the total amount spent.

Recommendations for Future Topics

- Utilization of three or more atypical antipsychotics by age
- Duplication of therapy of muscle relaxers
- Utilization of Soma for the last two years
- Trends in HIV/AIDs medications and possible ADAP waitlist effects

DMA Pharmacy Updates

The Controlled Substances Task Force Lock-In Program was discussed. Patients who have more than six claims for benzodiazepines, more than six claims for opiates, or more than three prescribers for opiates and/or benzodiazepines during two consecutive months will be locked into one pharmacy and one prescriber of their choice. An emergency second prescriber may be authorized. It is anticipated that approximately 200 to 300 new patients per month will be locked in and trending in physician prescribing and pharmacy dispensing will be monitored. The program should take effect in July 2010.

The North Carolina Preferred Drug List is in development and forums have been available to drug manufacturers allowing them to present their drug's clinical information. Information regarding the

dates and times of the manufacturer open forums are located on the Medicaid website. Information provided during the forums is being provided to the Pharmacy and Therapeutics Committee.

The Governors budget is addressing the issue of lost prescriptions and possibly limiting this to one occurrence per year. The Governors budget is also considering the elimination of the FORM program due to lack of proven savings.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 3:00 PM.

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