Iowa Medicaid Drug Utilization Review Commission
Meeting Minutes June 3, 2009

Attendees:

Commission Members
Rick Rinehart, M.D.; Bruce Alexander, R.Ph., Pharm.D., BCPP; Dan Murphy, R.Ph., Sara Schutte-Schenck, D.O., FAAP; Laura Griffith, D.O.; Laurie Pestel, Pharm.D.; and Susan Parker, Pharm.D.

Staff
Thomas Kline, D.O.; Chad Bissell, Pharm.D.; and Pam Smith, R.Ph.

Guests
Chuck Wadle,D.O., Magellan; Colleen Kacher, IME; Nick Ford, IME; Kelly Espeland, IME; Sandy Pranger, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Dr. Thomas Kline called the meeting to order at 9:32 a.m. at the West Des Moines Learning Resource Center. Commission members, guests, and observers were welcomed and introduced.

Chad Bissell announced that Dr. Laura Griffith and Dan Murphy had each completed their terms on the DUR Commission. He presented them with certificates and letters of appreciation signed by the Iowa Medicaid Director, Jennifer Vermeer. He also introduced the new DUR member in attendance in the audience, Larry Ambroson, R.Ph.

The minutes from the May 6, 2009 meeting were approved following some noted corrections. (Motion by Dan Murphy, second by Bruce Alexander, unanimous approval by voice vote.)

Iowa Medicaid Enterprise Updates

The IME SURS department reviewed questionable billing practices of a pharmacy that had been brought to light in DUR member profiles. They recently completed an overpayment recovery from this pharmacy of over $36,000 as an indirect result of the Commission's profile review. Also, Medical Services has acquired a new quality assurance tool called a Care Analyzer, a product of John Hopkins University, used for predictive modeling. The Clinical Advisory Committee met and approved a number of policies, and helped the Long Term Care division, as well as the waiver program, develop a level of care checklist for nursing home admission. Nine physicians agreed that the end product was much more user-friendly. Susan Parker mentioned that recommendations for the State Fiscal Year 2011 budget, including improvements to care and cost containment initiatives, were in process on both the DHS and IME levels. Iowa Medicaid membership has increased from 350,000 to 400,000 in the last six months. Dr. Kline noted that Director Vermeer stated that the federal stimulus

package would allow for unchanged Medicaid benefits for the next year. However, there would be no guarantee beyond that. Dr. Chuck Wadle announced that the IowaPlan enrollment had almost doubled since 1995. Magellan was just awarded the re-bid for the IowaPlan. They're working with the IME pharmacy unit to interface the two systems for better diagnostic implications. The discussion regarding literature for public comment was postponed as Dr. Graber was not in attendance and he had been the one to mention it initially.

Case Reviews

Pam Smith presented three intervention case studies. Recommendations by Commissioners from these three examples resulted in annualized total savings of $16,738.97 pre-rebate (state and federal).

Public Comment

There were no speakers in this public comment session.

PA Criteria

Modified Formulations: The Commission reviewed the prior authorization criteria as follows:

> *Payment for a non-preferred isomer, pro-drug, metabolite, and/or alternative delivery system will only be considered for cases in which there is documentation of a recent trial and therapy failure with the original parent drug product of the same chemical entity, unless evidence is provided that use of the original product would be medically contraindicated.*

Drugs to be affected: Abilify Discmelt, Invega, Pristiq, Risperdal-M Tabs, and Zyprexa Zydis.

Other potential candidates:

Flector & Voltaren Gel (both currently non-preferred within the NSAIDs PA Criteria; requires trials with two preferred NSAIDs prior to consideration)

Kapidex (soon to be added to the PPI PA Criteria; requires trials with three preferred PPIs prior to consideration)

Xyzal (currently non-preferred within the Antihistamine PA Criteria; requires trials with OTC loratadine/cetirizine plus a preferred first generation (if over 21) plus a preferred legend second generation antihistamine prior to consideration).

Trilipix and Xopenex, (both are currently non-preferred on the PDL)

Flector & Voltaren Gel, Kapidex, and Xyzal will not be added to this PA form, as they are already managed on other PA forms. Dr. Wadle mentioned that preferred agents other than the parent compounds might need to be considered as well, and Susan Parker recommended that be a second phase of this PA form process. That topic has come up before, but Committee members have had differing opinions. Dan Murphy motioned to add Trilipix and Xopenex to the

Modified Formulations PA Form. Dr. Griffith seconded, and the motion passed with no objections. These two drugs will be added to the already agreed upon PA criteria.

Extended Release Formulations: The Commission discussed the prior authorization criteria as follows:

> *Payment for a non-preferred extended release formulation will be considered only for cases in which there is documentation of previous trial and therapy failure with the preferred immediate release product of the same chemical entity, unless evidence is provided that use of the immediate release product would be medically contraindicated.*
>
> *Prior authorization is required for the following extended release formulation(s):*
>
> *Adoxa, Amrix, Cardura XL, Cipro XR, Coreg CR, Doryx, Flagyl ER, glipizide ER, Glucotrol XL, Luvox CR, metronidazole SR, Prozac Weekly, Requip XL, Ryzolt, Seroquel XR, Solodyn ER, tramadol SR, Ultram ER.*

There was no vote as this had already been discussed at a previous meeting; no concerns were raised.

ADD/ADHD/Narcolepsy Agents: The Commission discussed the prior authorization criteria as follows:

> *Prior Authorization (PA) is required for ADD/ADHD/Narcolepsy Agents for members 21 years of age or older. PA is also required for all non-preferred agents, regardless of age, the first day of therapy. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent, unless evidence is provided that use of these agents would be medically contraindicated. *If a non-preferred <u>long-acting</u> medication is requested, a trial of the preferred immediate release and extended release product of the same chemical entity is required, unless evidence is provided that use of these products would be medically contraindicated.*

Chad Bissell read the responses to the letters that had been sent out to medical and pharmacy associations regarding this proposed PA criteria. There was no vote as this had already been discussed at a previous meeting; no concerns were raised.

Nonsteroidal Anti-Inflammatory Drugs: The Commission discussed the prior authorization criteria as follows:

> *Prior authorization is required for all non-preferred nonsteroidal anti-inflammatory drugs and all non-preferred COX-2 inhibitors. Prior authorization is not required for preferred nonsteroidal anti-inflammatory drugs.*

1. Requests for a non-preferred nonsteroidal anti-inflammatory drug must document previous trials and therapy failures with at least two preferred nonsteroidal anti-inflammatory drugs.
2. Requests for a non-preferred COX-2 inhibitor must document previous trials and therapy failures with two preferred COX-2 preferentially selective nonsteroidal anti-inflammatory drugs.
** If a non-preferred long-acting medication is requested, one of the therapeutic trials must include the immediate release form of the requested product, unless evidence is provided that use of the immediate release product would be medically contraindicated.*

There was no vote as this had already been discussed at a previous meeting; no concerns were raised.

Thrombopoeitin Receptor Agonists: The Commission reviewed the prior authorization criteria as follows:

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) in addition to documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the member has undergone a splenectomy. Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

The Commission members had asked for input from hematologists before proceeding with PA criteria for this new drug class. Chad Bissell reviewed the comments received. Dr. Griffith agreed that these are not intended to be first line therapies. Bruce Alexander moved to accept the proposed criteria, Dan Murphy seconded, and the motion passed with no objections.

Polyethylene Glycol 3350 - Programming: Effective April 23rd CMS changed the DESI status of PEG such that the prescription-only version is no longer payable through Medicaid programs. Only the over-the-counter formulation will be payable. Notification was sent out to pharmacies to let them know that as of Friday May 8, 2009, the OTC PEG will be covered without a prior authorization for kids up to 12 years of age. PA will be required for ages 13-18. This drug will not be covered for anyone 19 or older. The POS programming is currently in the works. If a pharmacy enters a 5 days supply or less for the three approved NDC numbers it will pay. The POS system will be programmed so this can be billed without requiring a PA provided the patient is in the proper age cohort. There is no limit set for these claims, but they will be tracked on a report. Any member with more than one fill of a 5 days supply will be tracked. This will be added to an informational letter once the programming has been completed within the next 30 to 60 days.

Public Comment
There were no speakers in this public comment section.

Focus Studies

Multiple Antipsychotic Use in Children: The purpose of this study was to re-evaluate the list of 52 members whose prescribers received a letter for the Duplicate Antipsychotic Use in Children Focus Study for the time frame of 5/1/2007 through 10/31/2007. The list of 52 members was re-evaluated during the time frame of 2/1/2008 through 7/31/2008 to see whose regimen of duplicate antipsychotics had remained the same and who discontinued using one or more antipsychotic(s). The list of 52 members was re-evaluated a second time from 10/1/2008 - 3/31/2009 to see whose regimen of duplicate antipsychotics had remained the same and who discontinued using one or more antipsychotic(s). Of the 18 members who discontinued one or more antipsychotic(s) initially, 7 discontinued one or more during the second follow-up, 4 continued with the same regimen as before, and 3 added an antipsychotic. Of the 14 members who continued using the same regimen initially, 2 discontinued one or more antipsychotic(s), 7 continued the same regimen, and 2 added an antipsychotic. Finally, of the 14 members who added an antipsychotic to their regimen initially, 1 member discontinued one or more antipsychotic(s), 3 continued with the same regimen, and 8 added an antipsychotic. The number of members taking multiple antipsychotics dropped significantly between the initial analysis and the second follow-up. For instance, there were 15 members taking 3 different antipsychotic drugs initially, but only 6 were found during the second follow-up. This topic will be discussed at the next Mental Health Advisory Group meeting as well.

Chronic Bactroban Use: The purpose of this study was to follow-up on the 113 unique members identified as having three or more fills of Bactroban and/or mupirocin in their claims history for a nine month time frame (1/1/08 to 9/30/08). Letters were sent to providers at the end of November 2008. Of the 113 unique members identified in the original study, only 4 were still using Bactroban/mupirocin chronically after the DUR intervention. Six members started an OTC topical antibiotic. These therapy changes resulted in a cost savings of $11,156.41 (pre-rebate), of which $4,194.81 were state dollars.

Duplicate NSAIDs (including topical diclofenac): The purpose of this study was to identify instances where Iowa Medicaid members are using oral NSAIDs and topical diclofenac (*Flector Patch* or *Voltaren Gel)* in combination. In reviewing claims data between November, 2008 and February, 2009, there were no incidences of duplicate oral NSAID use with a topical diclofenac product. However, other duplicate NSAID use was found in 33 unique members. The DUR Commission currently sends intervention letters to these prescribers when members' profiles are reviewed. The Pharmacy Point of Sale Helpdesk staff has also been calling the individual prescribers requesting one of the NSAIDs be

discontinued on a monthly basis. The Commission agreed that so few claims would not justify any further action or POS programming at this time.

Synagis Utilization: The RSV season has just concluded. Commission members were given statistics from this year, as well as previous years for comparison. The current PA criteria allows for 5 doses, with a sixth contingent on Iowa virology data. Most Iowa Medicaid patients did get a sixth dose this year, as the Iowa RSV season began later than usual. More than 90% of Synagis PA requests are approved. Claims data was reviewed for duplications between the doctor's offices and pharmacies. There were only a couple of true duplicate billings, and those cases have been addressed. The Commission discussed the possibility of changing the refill tolerance for Synagis, as some providers filled every 24 or 25 days, thereby supplying extra doses to the members. Since only a few pharmacies engaged in this practice, the Commission members agreed that this should not be an issue for all the providers and that just a few pharmacies should be contacted and dealt with. No recommended changes to the PA criteria were recommended at this time.

Proton Pump Inhibitors plus Plavix: The purpose of this study was to identify Iowa Medicaid Members using clopidogrel (Plavix) for two or more consecutive months between 11/1/08 and 4/30/09 who are also using a proton pump inhibitor. Within the Iowa Medicaid population, the following utilization data was observed during a six month time period (11/1/2008 through 4/30/2009): 153 members using *Plavix* plus any PPI, with 73 of those members continuing the combination into April 2009; and 34 members using *Plavix* plus omeprazole, with 9 members continuing the combination into April, 2009. The Commission did not believe an intervention needed to occur at this time.

Benzodiazepines without SSRI/SNRI: The purpose of this study was to determine how many Iowa Medicaid members are being treated for various anxiety disorders with benzodiazepines but not a selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI). At the February 2009 DUR Meeting, a report was generated which looked at duplicate benzodiazepine utilization for members between the time period of 9/1/2008 through 11/30/2008. This report found 300 unique members who were using two or more benzodiazepines concurrently. In the discussion, an interest was expressed to look at members who were being treated for anxiety disorders with benzodiazepines but not an SSRI/SNRI. A report was run looking at members with a diagnosis code of anxiety, panic disorder without agoraphobia, generalized anxiety disorder, phobic disorder, obsessive-compulsive disorder, and dysthymic disorder at anytime in their medical claims history. Members identified with a diagnosis of mood disorder and/or depressive disorder were excluded from the sample. These members' pharmacy claims histories were reviewed to identify utilization with SSRI/SNRIs and benzodiazepines between the dates of 3/1/2008 and 3/1/2009. Of the 17,120 members who fit the criteria, 894 had consecutive months of BZD but no SSRI/SNRI (548 of whom were still using BZD but no SSRI/SNRI as of 3/09); 2,821 were using both SSRI/SNRI and BZD concurrently (1,786 of whom were still using both SSRI/SNRI and BZD concurrently as of

3/09); and 3,067 with consecutive months of SSRI/SNRI but no BZD (1,732 of whom were still using SSRI/SNRI but no BZD as of 3/09). Claim diagnosis codes will be whittled down to panic disorder without agoraphobia, panic disorder with agoraphobia, obsessive-compulsive disorder, and dysthymic disorder. The updated data will be brought to the next meeting for further evaluation.

Impact of Methadone Conversion & Dosing Information: The purpose of this study was to assess the impact of the methadone educational letter sent to providers in February 2007. In February 2007, the DUR Commission sent out an educational letter with detailed information on how to convert members on a long acting opioid to methadone. The goal was to encourage prescribers to switch members from more expensive long acting narcotics to methadone. At the time of the intervention, *Oxycontin CR*, *Avinza*, and morphine sulfate er were the preferred long acting narcotics. Since then, *Oxycontin CR* has moved to a non-preferred status and *Kadian* is now preferred. A report was run looking at utilization data for long acting narcotics and methadone between the dates of 2/1/06 and 1/31/09. The dates of 2/1/06 to 1/31/07 were run as a baseline and the dates of 2/1/07 to 1/31/08 were run as the first year after intervention. Long-acting narcotic usage has remained fairly constant. Methadone utilization, however, has increased gradually, though this is possibly just a reflection of an increased Medicaid population.

Subutex/Suboxone plus Narcotics: *The p*urpose of this study was to identify Iowa Medicaid members during a six month time frame (September, 2008 through February, 2009), who have two or more fills for *Subutex/Suboxone* plus any prescriptions for narcotics (including tramadol-containing products). Due to the small number of members being treated, it was recommended this be an article in a DUR Digest as opposed to writing letters to the prescribers.

Miscellaneous

DUR Digest 2009 Volume 21, Number 3: The Commission members offered suggested changes to the updated draft.

SMAC Updates: The Commission members were given a copy of the SMAC changes that would soon go into effect.

FUL Updates: The Commission members were given a copy of the CMS FUL changes that would be implemented by June 13, 2009.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:49 to adjourn the meeting and move to closed session (1st by Bruce Alexander 2nd by Dr. Rick Rinehart).

The next meeting will be held at 9:30 a.m. on Wednesday, August 5, 2009 at the Hoover Building, Level A, Conference Room 6, Des Moines, IA.