North Carolina DUR Board Meeting
January 26, 2017

Introductions and Public Comments

The meeting was called to order at 1:05 PM. Public comment was offered and there was none.

Minutes

The minutes from the October 2016 DUR Board meeting were approved as is.

Prospective DUR

Pro-DUR Alert (November 2016) - The January 2017 DUR Board packet materials were presented and reviewed with the Board. The top 3 drug disease contraindication alerts were: skeletal muscle relaxants (3,689 alerts); beta-adrenergic blocking agents (2,069 alerts); and treatment for ADHD/narcolepsy (1,986 alerts). The top 3 drug-drug interaction alerts were: SSRIs (29,404 alerts); antipsychotic, atypical, dopamine, serotonin antagonist (23,258 alerts); and NSAIDs, cyclooxygenase inhibitor (19,624 alerts). The top overuse alerts were: treatment for ADHD/narcolepsy (14,778 alerts); adrenergic, aromatic, non-catecholamine (14,395 alerts); and antipsychotic, atypical, dopamine, serotonin antagonist (13,255 alerts). The top 3 high dose alerts were: narcotic analgesic and non-salicylate analgesic (3,900 alerts); anti-anxiety (2,309 alerts); and antipsychotic, atypical, dopamine, serotonin antagonist (1,591 alerts). The top 3 ingredient duplication alerts were: treatment for ADHD/narcolepsy (13,371 alerts); beta-adrenergic agents, inhaled, short-acting (11,532 alerts); and adrenergic, aromatic, non-catecholamine (11,370 alerts). The top 3 low dose alerts were: anti-anxiety drugs (1,397 alerts); lincosamides (623 alerts); and beta-adrenergic and anticholinergic combo, inhaled (546 alerts). The top 3 drug underuse alerts were anticonvulsants (18,100 alerts); treatment for ADHD/narcolepsy (10,850 alerts); and SSRIs (10,184 alerts). The top 3 drug age alerts were: antihistamine- 1st generation (7,269 alerts); absorbable sulfonamide antibacterial agents (6,596 alerts); and non-narc antituss-1st generation antihistamine decongest (2,035 alerts). The top drug pregnancy alerts were: anticonvulsants (63,699 alerts); narcotic analgesic and non-salicylate analgesic (43,827 alerts); and SSRIs (39,986 alerts). The top 3 therapeutic duplication alerts were: anticonvulsants (8,407 alerts); SSRIs (4,963 alerts); and antipsychotic, atypical, dopamine, serotonin antagonist (4,157 alerts).

Top 200 by GSNs (November 2016) – The Top 15 Drugs (GSN) by Total Amount Paid chart was reviewed with the Board. The top 3 drugs were Harvoni (~$6.6M); Humira Pen 40 mg/0.8 mL (~$4M); and albuterol HFA (~$3.9M). Pulmicort 0.5 mg/2 mL suspension (~$2.1M); Synagis (~$1.9M); and Epclusa (~$1.5M) were new to the report. Falling off the report was Abilify 10 mg, EpiPen Jr., and Viekira.

The Top 15 Drugs (GSN) by Total Amount Paid All Strengths chart was reviewed with the Board. The top 3 drugs were: Harvoni (~$6.6M); Abilify (~$6.4M); and Humira Pen (~$5.2M). Abilify was is the top position and Harvoni was in the ninth position in the previous report. New to the list was Pulmicort Respules (~$2.9M) and Synagis (~$2.8M). Epipen ($2.7M in November 2016) products dropped from the second position to the fifteenth in November 2016.

The Top 15 Drugs (GSN) by Total Claims chart was reviewed with the Board. The top 3 drugs were: albuterol HFA (~51K claims); cetirizine 10 mg tab (~35K claims); and cetirizine 1 mg/ mL (~35K claims). Clonidine tablets were new to the report (~12K claims) and vitamin D capsules fell off the November report.

Top 15 GC3 Classes by Payment Amount (November 2016) - The Top 15 GC3 Classes by Payment Amount chart was reviewed with the Board. The top 3 classes were: antipsy, atyp, dop, & sero, antag (~$10.3M); anti-narcolepsy/anti-hyperkinesis (~$9M); and anticonvulsants (~$8.8M). Inhaled corticosteroids (~$4.3M), beta-adrenergic inh short (~$3.4M), beta-adrenergic/glucocorticoid inh (~$3.3M), and PPIs (~$3.1M) were new to the list. The Epipen, glucocorticosteroid, and albuterol classes tablets fell off the report.

Retrospective DUR

Chronic Butalbital Use- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The Board questioned how many patients received medications from ER prescribers. The Board also stated that high daily supplies could cause medical issues such as liver toxicity, additional headaches, and hospitalizations; it was also a pain management issue. The Board also discussed whether patients identified as having high butalbital daily supplies without a triptan claim on file but with opioid claims present was an issue. The Board also stated that high daily doses of butalbital was inadequate headache therapy and treatment should be episodic.

Suggested Action Items

1. *The Board recommends lettering prescribers with patients having ≥ 60 days supply of butalbital within a 90 day time frame.*
2. *The Board requests DMA send CCNC a list of patients with high day's supply of butalbital for potential case management activities.*

Statins in Diabetic Patients- The topic was deferred.

Codeine Use in Pediatric Patients- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The discussion and results regarding this topic from a prior P&T committee meeting was shared with the Board. The NC DUR Board commented that, based on data, it appears that most patients only received one prescription during the time examined. The Board also stated that, in clinical practice, they are seeing the medication used less in the pediatric population. The Board was informed many NC medical associations, including CCNC, have distributed publications to providers in an attempt to educate them.

Suggested Action Items

1. *The Board recommends sending letters to prescribers warning them on the risks of using the medication/the AAP recommendations and to revisit this topic in 6 months.*

Antipsychotic Off-Label Use- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The timeframe lookback for diagnosis was discussed in addition to prescribers billing practices. Off label use (e.g. chronic headaches, anxiety, insomnia) of antipsychotics was discussed along with the prevalence of off-label prescribing. The policy and

procedures for the ASAP program was discussed. International prescribing of quetiapine was shared with the group. The Board question what the top medications were.

Suggested Action Items

1. *The Board would like a report on patients who had a claim for an oral or injectable atypical antipsychotic, who were ≥ 18 years old, and did not have a NC specific mental health diagnosis in the last 540 days with quetiapine claims removed from the report.*
2. *The Board would like a report on patients who had a claim for an oral or injectable atypical antipsychotic, who were ≥ 18 years old, and did not have a NC specific mental health diagnosis or a Board specified diagnosis [anxiety disorders (including OCD, PTSD, panic disorders), insomnia, chronic headache, TBI] in the last 540 days.*
3. *The Board would like a report on patients who had a claim for an oral or injectable atypical antipsychotic, who were ≥ 18 years old, and did not have a NC specific mental health diagnosis or a Board specified diagnosis [anxiety disorders (including OCD, PTSD, panic disorders), insomnia, chronic headache, TBI] in the last 540 days with quetiapine claims removed from the report.*
4. *The Board requests data on patients receiving quetiapine and their mental health diagnoses.*

Atypical Antipsychotic Use without FDA Indication and Dementia- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The Board commented there was a very small number of patients this potential intervention impacted. The Board questioned how many of these patients would be considered terminal and also discussed quality of life. The Board discussed clinical situations where the drug's benefits may outweigh the risks.

Suggested Action Items

1. *The Board requests no actions at this time.*

Naloxone Utilization- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The standing order program, its processes, and purpose were discussed. Pharmacy billing practices and concerns were also discussed specifically when non-family members request the medication. The Board questioned how many patients were receiving the medication frequently and whether they were obtaining medical care after taking naloxone. The Board also discussed substance abuse therapy and the challenges of getting into treatment programs. The Board was informed the Department of Public Health has been monitoring and will continue to monitor this program.

Suggested Action Items

1. *The Board requests this topic as an agenda item for the July 2017 Board meeting and also provide a report which identifies patients with ≥ 2 naloxone prescriptions in the past 6 months.*

Sickle Cell Disease- No Hydroxyurea and High Opioid Use- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The Board was notified there are patients with sickle cell disease who are in the Lock-In program due to high quantities of opioids. The Board stated it appeared that some patients were treating their sickle cell disease with opioids. The Board also commented that many patients are received their opioids from more

than one prescribers which may pose an issue. The Board also discussed whether patients were receiving prescriptions for hydroxyurea but are not getting them filled at the pharmacy; the prescriber may be unaware of their patient's non-compliance.

Suggested Action Items:

1. *The Board recommends lettering prescribers to provide information on standards of care involving hydroxyurea in sickle cell disease, notify prescribers of their patients' high doses of opioids, and inform prescribers there are no claims for hydroxyurea for their patient.*

Trigger Report- The January 2017 DUR Board packet materials were presented and reviewed with the Board. The following has decreased in 2016Q3 compared to 2016Q2: total claims (~4M), total payment amount (~$469M), unique recipients (~701K), and total rebate receipts (~$290M); paid per claim (~$116) and claims per recipient (5.75) have increased. It was noted that most changes were seasonal with topical antibiotics and otic preparations increasing. The anaphylaxis therapy agents (e.g. EpiPen) had a large increase which is most likely due to a new school year starting. The gross paid amount increased in generic and brand drugs but this does not take into account any rebates the state received.

Summary of RDUR Activities- The materials were available in the Board packet but were not reviewed during the January 2017 meeting.

Potential Future RDUR Topics- The materials were available in the Board packet but were not reviewed during the January 2017 meeting.

DMA Pharmacy Updates – The new U.S. President, his potential appointees, and some of his activities related to healthcare were discussed. The Board was informed the new North Carolina Governor, Governor Cooper, directed the DHHS to submit a state plan amendment (SPA) to expand Medicaid; however, a federal judge issued a temporary restraining order which is still in place. A subsequent lawsuit was filed to extend the injunction until the Trump administration is in place. Nevertheless, it seems that Medicaid expansion will be a legislative agenda item. The Board was informed that Governor Cooper recently appointed Dr. Mandy Cohen for NC Secretary of Health and Human Services and she will begin on January 30, 1017. Lastly, the legislative session began on January 25, 2017 and Medicaid will most likely be in the spotlight.

The Board was informed that the pharmacy budget was under budget by ~$77M for the first half of the state fiscal year (SFY). Generic drug expenditure has increased by 11% and brand expenditure has decreased by ~$8.1M. Potential reasons include preferred drug list changes, pharmacy reimbursement methodology, generic EpiPen entering the marketplace and being made preferred (moved brand from preferred status to non-preferred), and rebates increased by 12%. Rebates now represent 60.2% of every dollar spent.

Three of the top 10 generic drugs with the greatest change in expenditure were opioids and included oxycodone/APAP, hydrocodone/APAP, and oxycodone. These 3 products increased in expenditure by ~$5.3M. Narcotic analgesics, as a class, was in the top 10 generic expenditure drug classes and represents ~$8M of total spend in the generic drug class. The opioid prior

authorization policy is no longer posted online for public comment and the point-of-sale vendor is currently working on implementation.

An update was provided on the NC Medicaid reform plan.

The meeting was adjourned at 2:35 PM.