North Carolina DUR Board Meeting
January 23, 2020
Minutes

Introductions and Public Comments: The meeting was called to order at 1:05 PM. Board Members, Medicaid Staff, Vendors and Manufacturer/Public representatives introduced themselves. Public comment was offered and there was none.

Minutes: The minutes from the October 2019 DUR Board meeting were approved.

Prospective DUR

Pro-DUR Alert (November 2019) – The January 2020 DUR Board packet materials were presented and reviewed with the Board. The top 3 drug disease contraindication alerts were antihyperglycemic, biguanide type (C4L); skeletal muscle relaxants (H6H); and treatment for ADHD/narcolepsy (H2V). The top 3 drug-drug interaction alerts were opioid analgesics (H3A); narcotic, analgesic and non-salicylate analgesic (H3U); and SSRIs (H2S). The top 3 overuse alerts were treatment for ADHD/narcolepsy (H2V); adrenergics, aromatic, non-catecholamine (J5B); and antipsychotic, atypical, dopamine, serotonin antagonist (H7T). The top 3 high dose alerts were antipsychotic, atypical, dopamine, serotonin antagonist (H7T); adrenergics, aromatic, non-catecholamine (J5B); and antihistamines- 2nd generation (Z2Q). The top 3 ingredient duplication alerts were treatment for ADHD/narcolepsy (H2V); adrenergics, aromatic, non-catecholamine (J5B); and beta-adrenergics agents, inhaled, short acting (B6W). The top 3 low dose alerts were penicillins (W1A); macrolides (W1D); and beta-adrenergic and glucocorticoid combo, inhaled (B63). The top 3 drug underuse alerts were anticonvulsants (H4B); treatment for ADHD/narcolepsy (H2V); and adrenergics, aromatic, non-catecholamine (J5B). The top 3 drug age alerts were antihistamines- 1st generation (Z2P); absorbable sulfonamide antibacterial agents (W2A); and non-opioid antitus- 1st generation antihistamine-decongest (B3R). The top 3 drug pregnancy alerts were anticonvulsants (H4B); SSRIs (H2S); and contraceptives, oral (G8A). The top 3 therapeutic duplication alerts were anticonvulsants (H4B); SSRIs (H2S); and antipsychotic, atypical, dopamine, serotonin antagonist (H7T).

Overall, there were approximately 1.6M duplicated alerts and 862K unduplicated alerts for August 2019.

The Board reviewed summary level pro-DUR alerts from June 2019 through November 2019.

Top 200 by GSNs (November 2019) – The Top 15 Drugs (GSN) by Total Claims chart was reviewed with the Board. The top products were albuterol HFA (~40K claims); cetirizine 10 mg tab (~31K claims); and cetirizine 1 mg/ml sol (~31K claims). New to the list was ondansetron 4 mg tab (~9K claims). The Top 15 Drugs (GSN) by Total Amount Paid chart was reviewed with the Board. The top 3 drugs were Humira CF Pen (~$3.7M); albuterol HFA (~$3.5M); and Suboxone Film (~$3.2M). New to the list was Synagis 100 mg/1 mL vial (~$1.7M); Lidotral 3.88% cream (~$1.5M); and Pulmicort 0.5 mg/2 mL (~$1.3M). The Top 15 Drugs (GSN) by Total Amount Paid All Strengths chart was reviewed with the Board. The top 3 drugs were Humira (~$6.3M); Vyvanse (~$4.3M); and Latuda (~$4.2M). New to the list was the Flovent HFA (~$2.5M) and Pulmicort respules (~$1.9M).

Top 15 GC3 Classes by Payment Amount (November 2019) – The Top 15 GC3 Classes by Payment Amount chart was reviewed with the Board. The top 3 classes were atypical, dopamine, serotonin antagonist (H7T; ~$8.4M); anti-narcolepsy/anti-hyperkinesis (H2V; ~$8.3M); and insulins (C4G; ~$7.3M). New to the list was CFTR potent and correct comb (B0F; ~$2.4M).

Retrospective DUR

Trigger Report- The November 2019 DUR Board packet materials were presented and reviewed with the Board. The following had a decrease in 2019Q3 compared to 2019Q2: claim count (~3.6M); payment amount (~$485M); and unique recipient (~639K). The following increased: paid/claim ($133.06); claim/recipient (5.70); and total rebate amount (~$362M).

Most changes in the Trigger Report were attributed to seasonal changes. Lidotral was discussed and the Board was informed the medication was no longer payable through Medicaid.

Fibromyalgia Diagnosis: Opioid Utilization without Fibromyalgia Non-Opioid Utilization- The November 2019 DUR Board packet materials were presented and reviewed with the Board. The Board discussed the existing opioid policy along with the lock-in program and STOP act. The Board discussed modifications to the opioid prior authorization policy and potential edits at the point-of-sale (POS) to ensure appropriate opioid therapy. The Board discussed the addiction characteristics of opioids and even short-term use has shown to be problematic. The Board discussed the possibility of patients having other chronic pain diagnoses in addition to fibromyalgia.

Suggested Actions Items

1. *The Board recommends the Department consider additional prior authorization policies related to opioids along with POS edits, both hard and soft edits.*
2. *The Board requests incidence of fibromyalgia diagnosis trends within the Medicaid population.*
3. *The Board recommends report revisions by removing patients who also have other chronic pain diagnoses and possibly revising the criteria from "≥ 2 opioids claims" to either a 30-day supply or 90-day supply.*

Migraine Diagnosis: Opioid Utilization without Triptan Utilization- The November 2019 DUR Board packet materials were presented and reviewed with the Board. The Board discussed other pain diagnoses for patients during this time frame. The Board discussed patients' emergency room use resulting in opioid prescriptions and noted the MME use in this patient population.

Suggested Action Items:

1. *The Board recommends revising the report to exclude liquid medications and report those separately.*
2. *The Board recommends taking patients with other chronic pain diagnoses out of the data presented.*

Benzodiazepine Utilization- The November 2019 DUR Board packet materials were presented and reviewed with the Board. The Board discussed types of prescriber specialties that could be prescribing but commented this is a systemic issue across all prescribers and the North Carolina

population; opioids have been highly scrutinized, but benzodiazepine use has had less scrutiny perhaps due to a lack of nationally recognized guidelines. The Board stated many prescribers are having patients choose between their opioid or benzodiazepine prescription as many prescribers will no longer prescribe them together. The Board commented, based on utilization statistics presented in the Board packet, it appears patients are taking more than one benzodiazepine or many of the doses may be large. The most concerning population were patients taking high dose benzodiazepines who did not have a seizure or psychosis diagnosis and that much of the time prescribers are seeing benzodiazepines used for anxiety. The Board discussed the addiction characteristics of benzodiazepines, including physical and psychological addiction, and that it is difficult to get patients off the medication due to withdrawal symptoms. The Board was reminded that previous reports have been provided on the concomitant use of benzodiazepines and opioids. The Board commented on concerns of patients using benzodiazepines and stimulants daily together use since it is an "upper and downer" combination. The Board discussed current benzodiazepine POS edits.

Suggested Action Items:

1. *The Board recommends the Department consider prior authorization criteria and POS edits for benzodiazepines.*
2. *The Board recommends the Department collaborate with the North Carolina Medical Board to examine and provide solutions for benzodiazepine use across the State.*
3. *The Board recommends monitoring utilization trends for benzodiazepines; include statistics on concurrent use of opioids and benzodiazepines.*
4. *The Board recommends examining prescriber specialties prescribing benzodiazepines.*
5. *The Board recommends examining benzodiazepine use by geographic location.*
6. *The Board requests reporting on patients using > 4 mg lorazepam equivalents daily in patients without a seizure or psychosis diagnosis broken out by age (0-17 years old; 18-64 years old; ≥ 65 years old).*

Opioid Utilization- deferred until April 2020 DUR Board meeting.

Duplication of Therapy- Short-Acting Opioids- deferred until April 2020 DUR Board meeting.

Concurrent Use of Opioids and Antipsychotics- deferred until April 2020 DUR Board meeting.

Summary of RDUR Activities- The materials were available in the Board packet but were not reviewed during the January 2020 meeting.

Potential Future RDUR Topics- The materials were available in the Board packet but were not reviewed during the January 2020 meeting.

DHB Pharmacy Updates – On November 19th, the Department announced that Medicaid Managed Care Transformation would be suspended due to the NC General Assembly's inability to pass a budget for the current fiscal year. Until a budget is passed, a new launch date will not be available.

The Healthy Opportunities Pilot RFP was released in December. Responses are due February 14, 2020. The program creates opportunities for payers, providers, and community-based human service organizations to have the tools, infrastructure and financing to integrate non-medical services that are directly linked to health outcomes into the delivery of care for a subset of Medicaid eligible members.
The Tailored Plan RFA will be released soon. Tailored Plans are health plans designed for individuals with significant behavioral health needs and intellectual and developmental disabilities, as well as other special populations.

The Department is purusing initiatives related to value-based purchasing to improve health for Medicaid beneficiaries.

The Department released the Fiscal Year 2019 Annual Report. The report is available online and has different content this year, providing beneficiary experiences within Medicaid.

On January 1, 2020, the Department celebrated their 50th Anniversary.

The meeting was adjourned at 3 PM.