

**North Carolina DUR Board Meeting
July 23, 2020**

Manufacturer/Public representatives: Guests were present via virtual meeting.

Introductions and Public Comments: The meeting was called to order at 1:05 PM.

Minutes: The minutes from the April 2020 DUR Board meeting were approved.

Prospective DUR

Pro-DUR Alert (May 2020) – The July 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 anticonvulsants (H4B). The top 3 overuse alerts were antipsychotic, atypical, dopamine, serotonin antagonist (H7T); adrenergics, aromatic, non-catecholamine (J5B); and treatment for ADHD/narcolepsy (H2V). The top 3 high dose alerts were antipsychotic, atypical, dopamine, serotonin antagonist (H7T); antihistamines- 2nd generation (Z2Q); and adrenergics, aromatic, non-catecholamine (J5B). The top 3 ingredient duplication alerts were adrenergics, aromatic, non-catecholamine (J5B); treatment for ADHD/narcolepsy (H2V); and antipsychotic, atypical, dopamine, serotonin antagonist (H7T). The top 3 low dose alerts were macrolides (W1D); anti-anxiety-BZD (H20); and penicillins (W1A). The top 3 drug underuse alerts were anticonvulsants (H4B); SSRIs (H2S); and treatment for ADHD/narcolepsy (H2V). The top 3 drug age alerts were antihistamines- 1st generation (Z2P); absorbable sulfonamide antibacterial agents (W2A); and topical immunosuppressive agents (Q5K). 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 1.5M duplicated alerts and 810K unduplicated alerts for May 2020.

The Board reviewed summary level pro-DUR alerts from December 2019 through May 2020.

Top 200 by GSNs (May 2020) – The Top 15 Drugs (GSN) by Total Claims chart was reviewed with the Board. The top products were albuterol HFA (~37K claims); cetirizine 10 mg tab (~31K claims); and fluticasone nasal (~25K claims). New to the list were loratadine 10 mg tab (~11K claims); clonidine 0.1 mg tab (~10K claims); montelukast 10 mg tab (~10K claims); pantoprazole 40 mg tab (~9K claims); IBU 800 mg tab (~9K claims); and omeprazole 40 mg cap (~8K claims). Cefdinir, amoxicillin, Tamiflu, ondansetron, and albuterol nebulizer dropped from the list. The Top 15 Drugs (GSN) by Total Amount Paid chart was reviewed with the Board. The top 3 drugs were Humira CF Pen (~\$5.4M); Biktarvy 50-200-25 tab (~\$3.6M); and Suboxone Film (~\$3.4M). New to the list were Symbicort inhaler (~\$1.6M); Genvoya (~\$1.4M); Latuda 40 mg tab (~\$1.3M); and Epidiolex 100 mg/mL (~\$1.2M). Tamiflu, Synagis, Concerta, and albuterol inhaler dropped from the list. The Top 15 Drugs (GSN) by Total Amount Paid All Strengths chart was reviewed with the Board. The top 3 drugs were Humira (~\$6.4M); Concerta (~\$4.2M); and Invega (~\$3.9M). New to the list were Adderall XR (~\$2.2M); Norditropin (~\$1.8M); and Vraylar (~\$1.7M). Tamiflu, Synagis, and albuterol dropped from the list.

Top 15 GC3 Classes by Payment Amount (May 2020) – The Top 15 GC3 Classes by Payment Amount chart was reviewed with the Board. The top 3 classes were atypical, dopamine, serotonin antagonist (H7T; ~\$9.3M); anti-inflammatory tumor necrosis fac (S2J; ~\$8.1M); and insulins (C4G; ~\$7.9M). New to the list were antipsych, atyp, D2 part AG/5HT mix (H7X; ~\$3M); antihypergly, incretin mimetic (C4I; ~\$2.8M); inhaled corticosteroids (B6M; ~\$2.7M); and agents to treat multiple sclerosis (H0E; ~\$2.4).

Retrospective DUR

Trigger Report- The July 2020 DUR Board packet materials were presented and reviewed with the Board. The following had an increase in 1Q2020 compared to 4Q2019: claim count (~3.9M); payment amount (~\$536M); paid/claim (\$136.45); unique recipient (~711K); and total rebates (\$360M); claim per recipient remained the same (5.53). Most changes in the Trigger Report were attributed to seasonal changes.

Montelukast Strengthened Warnings- The July 2020 DUR Board packet materials were presented and reviewed with the Board. The Board discussed the geographic locations of the top prescribers. The Board noted that behavior in children has been adversely impacted by the medication and that prescriber education to families may be valuable. It was noted that the medication is used off-label for many indications. The Board noted that it may be of value to prescribers to get a list of their patients on the medications.

Suggested Action Items

1. *The Board recommends lettering prescribers and providing a list of their patients on montelukast who do not have asthma and do have an indication of allergic rhinitis.*

Opioids and Antipsychotics- The July 2020 DUR Board packet materials were presented and reviewed with the Board. The Board was reminded the concurrent use of opioids and antipsychotics was in response to the Support Act. The Board questioned whether any edits were adjusted pertaining to opioids and antipsychotics due to COVID-19 and they were informed the edit was not removed. The Board was informed the information included all age ranges.

EpiPen and Authorized Generics- The July 2020 DUR Board packet materials were presented and reviewed with the Board. The Board was reminded of the PA requirements for the medication in that it limits patients to no more than 12 injections annually; quantities higher require a prior authorization. The Board was informed that there is often a surge of prescriptions near the beginning of school each year. The Board commented on the importance of pharmacies to educate their patients on the proper use of the medication to ensure accurate dosing. The Board also commented that teachers and school personnel should be aware of the issue with the injections.

Suggested Action Items

1. *The Board recommends a letter to pharmacies regarding patients who have had a prescription in the last year to request they educate their patients.*

Gabapentin and Pregabalin Serious Breathing Difficulties- The July 2020 DUR Board packet materials were presented and reviewed with the Board. The Board was informed this information was being presented as a patient safety concern especially given its widespread use. The Board stated that antidepressants and anticonvulsants are being used as standard of care in patients with chronic pain. The Board also commented that gabapentin is being used more for pain instead of opioids. Opioids should be used as a last line of therapy. The Board was informed there is an edit in the point-of-sale system that alerts for concurrent use of opioids and benzodiazepines.

Suggested Action Items

1. *The Board recommends lettering prescribers who have patients with COPD using gabapentin or pregabalin and an opioid or benzodiazepine.*
2. *The Board recommends providing a trend report of patients with COPD, taking gabapentin or pregabalin and an opioid or benzodiazepine, at the July 2021 meeting.*

CMS Annual Report- The Board was informed that CMS has delayed the due date for this report due to COVID and the Board will receive the report when completed.

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

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

DHB Pharmacy Updates – The Board was provided two year gross and net cost per prescription pricing trend in addition to rebate per prescription trends. The Board was informed of clinical policy changes due to COVID-19 which included: allowing up to 90 days’ supply fills or refills of most non-controlled substances; allowing early refills of most non-controlled substances, subject to pharmacist and prescriber clinical judgement; allowing up to 14 days’ supply of a medication waiting on prior authorization; allowing up to 14 days’ supply of an emergency lock-in prescription (with limitations); suspending behavioral health edits to lessen administrative burdens on pharmacies and prescribers; updating the beta agonist inhaler category due to shortages in the marketplace (more on this later in the meeting); allowing up to 90 days’ supply of certain Schedule II stimulant medications; allowing up to 90 days’ supply of certain medication assisted treatment (MAT) medications; adding a mailing fee of \$1.50 (with restrictions) to retail pharmacy claims; adding a delivery fee of \$3.00 (with restrictions) to retail pharmacy claims; and increasing traditional dispensing fees and diabetic supply rates by 5%. The Board was also updated on Medicaid Managed Care. Senate Bill 808 was passed and signed by Governor Cooper on July 2, 2020. Medicaid Managed Care transformation is slated to launch July 1, 2021. DHHS is also maintaining a hotline for customer service questions related to transformation.

The meeting was adjourned at 2:30 PM.

A copy of these minutes was provided to the State/CSRA via email on 7/24/2020