North Carolina DUR Board Meeting
January 28, 2021
Minutes

Board members, Medicaid staff, Vendors, Manufacturer/Public representatives: all were present via virtual meeting.

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

Minutes: The minutes from the October 2020 DUR Board meeting were approved pending 3 changes on dates.

DHB Pharmacy Updates

Angela Smith, the new Medicaid Pharmacy Director, was introduced to the Board. Prior to joining the NC Medicaid Department, Angela worked as the Director of Pharmacy for the Division of State Operated Healthcare Facilities (DSOHF) where she served for 6 years.

The pharmacy key performance indicators were shared with the Board for fiscal year 2019 and 2020; during this year NC Medicaid was impacted by COVID-19. The total Medicaid pharmacy net expenditures after rebates increase by 4.5% compared to 2019. The prescriptions per beneficiary decreased from 6.7 to 6.4. The average per member per month net after rebates increased 8.4% compared to 2019. Pharmacy expenditures after rebate as a percent of Medicaid expenditures decreased slightly compared 2019 which was likely due to COVID-19. Specialty drug utilization has increased 16.4% compared to fiscal year 2019.

The Department continues to provide support to the medical and pharmacy community during COVID-19. The Department has put in benefit flexibility in response to COVID-19 to keep beneficiaries safe and healthy by encouraging social distancing. Other benefit changes were designed to help Medicaid providers. The public health emergency has been extended through April 20, 2021 but there is a chance that it could be further extended through the end of 2021. Three key initiatives implemented by the Department during the pandemic that will become permanent after the public health emergency has been discontinued include allowing a 90-day supply of new fills and refills of most non-controlled substances and additional mailing and delivery fees.

The 2020 cost of dispensing survey was completed in the fall and is current under evaluation.

The Board was informed the Department has been consistently achieving a compliance rate exceeding 95% for the preferred drug list (PDL). This indicates NC prescribers agree the right medications are included on the PDL. This also reflects the engagement the Department staff has with Medicaid providers and their management of the PDL. The PDL allows the Department to deliver overall value, maximize drug rebates, and minimize cost while still meeting the needs of our beneficiaries, providers, and the State. The PDL revisions are posted for public comment and the next PDL Panel meeting is March 25, 2021. The meeting will be virtual and the link to register is posted online.

Managed care will launch July 1, 2021 and there will be 5 plans included in the managed care plan. Approximately 400,000 beneficiaries will remain in the fee-for-service (FFS) program which will be referred to Medicaid Direct. Behavioral health and ID/D will launch July 2022. The pharmacy benefit is a carved in benefit under managed care and the State will oversee and manage the program through current strategies. The managed care plans will be required to use the same PDL, clinical coverage policies, and prior authorization criteria that are used in FFS. After 1 year, the managed care plans will have an option to propose changes to the PDL and prior authorization program.

North Carolina Medicaid flu data was shared with the Board. The incidence of flu this year is low compared to years past. This demonstrates the value of the "3 W's": wait 6 feet, wear your mask, and wash your hands. Data showed beneficiaries were more prompt in their uptake of the flu vaccine this year compared to last. Compared to the last 2 flu seasons the number of claims and expenditures of Tamiflu this year are low which results in expenditure reductions for the State.

Prospective DUR

Pro-DUR Alert (November 2020) – The January 2021 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 treatment for ADHD/narcolepsy (H2V); adrenergics, aromatic, non-catecholamine (J5B); and antipsychotic, atypical, dopamine, serotonin antagonist (H7T). The top 3 low dose alerts were lincosamide antibiotics (W1K); macrolide antibiotics (W1D); 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 1.6M duplicated alerts and 865K unduplicated alerts for November 2020. The Board reviewed summary level pro-DUR alerts from June 2020 through November 2020.

Top 200 by GSNs (November 2020) – The Top 15 Drugs (GSN) by Total Claims chart was reviewed with the Board. The top products were albuterol HFA (~27K claims); cetirizine 10 mg tab (~21K claims); and cetirizine 1 mg/mL (~18K claims). New to the list was Amoxil 400 mg/5 mL (~7K claims) and dropping from the list was omeprazole 40 mg. The Top 15 Drugs (GSN) by Total Amount Paid chart was reviewed with the Board. The top 3 products were Humira CF Pen (~$4.8M); Suboxone Film (~$3.1M); and Biktarvy 50-200-25 tab (~$2.9M). New to the list was Synagis 100 mg/mL (~$1.1M) and Abilify 400 mg (~$1M) and dropping from the list were

diabetic test strips and Genvoya tablet. The Top 15 Drugs (GSN) by Total Amount Paid All Strengths chart was reviewed with the Board. The top 3 drugs were Humira (~$7.8M); Concerta (~$4.7M); and Invega (~$4M). New to the list was Vraylar (~$1.9M) and Dupixent (~$1.9M). Symbicort and Norditropin dropped from the list.

Top 15 GC3 Classes by Payment Amount (November 2020) – The Top 15 GC3 Classes by Payment Amount chart was reviewed with the Board. The top 3 classes were anti-inflammatory tumor necrosis fac (S2J; ~$9.7M); atypical, dopamine, serotonin antagonist (H7T; ~$9.4M); and insulins (C4G; ~$8.4M). New to the list was agents to treat multiple sclerosis (H0E; ~$2.4M)

Retrospective DUR

Trigger Report- The January 2021 DUR Board packet materials were presented and reviewed with the Board. The following had an increase in 3Q2020 compared to 2Q2020: claim count (~3.5M); payment amount (~$523M); and unique recipient (~586K). The following decreased: paid/claim ($151.60); claim per recipient (5.89); and total rebates ($292M). The Board was reminded that some information presented, and the changes noted could have been due to COVID and the Department's policy changes to assist NC Medicaid beneficiaries during the pandemic. Most other changes observed were due to seasonal changes and coverage changes (i.e. Department's coverage of continuous blood glucose monitors).

Oral Oncology Non-Compliance- The January 2021 DUR Board packet materials were presented and reviewed with the Board. The Board discussed patient compliance with medications, in general, and specifically oral oncology medications noting when drugs have higher side effect profiles, compliance decreases. The Board also discussed the importance of patients having a support system at home to help increase medication compliance. The Board stated this intervention would help address potential issues in cancer patients' quality of life.

Action Item

1. *The Board recommends lettering prescribers and pharmacies on non-compliant oral oncology medication patients (> 10-day gap).*
2. *The Board requests the number of patients using oral oncology products to determine the percent of non-compliant users in that population.*

Immunosuppressive Non-Compliance- The January 2021 DUR Board packet materials were presented and reviewed with the Board. The Board emphasized that 3 drugs in the list are required to have laboratory requirements. The Board questioned what percent of the population was non-compliant.

Action Items

1. *The Board requests compliance information on cyclosporine, azathioprine, and mycophenolate.*
2. *Board requests the number of patients using immunosuppressive products to determine the percent of non-compliant users within the population.*
3. *The Board requests information pertaining to non-compliant patients (> 10-day gap) and whether they changed medications.*

Opioid Utilization- The January 2021 DUR Board packet materials were presented and reviewed with the Board. There continues to be a decrease in high dose opioid users and the number of prescribers writing for them over the past 2 years. The Board was also presented data on naloxone use amongst the Medicaid population as it relates to the standing order program. The Board considered the use of edits to increase naloxone screenings at the pharmacy and encourage at home availability in high risk patients. The Board discussed the prevalence of opioid overdose and recognized it to be a significant issue across the United States. The Board noted interventions could increase drug spend but would save lives and possibility reduce hospitalizations. The Board noted that based on claims data is appears patients are refilling naloxone products but mentioned there is no way to tell if patients used them based on pharmacy claims data.

Action

1. *The Board recommends the Department examine potential point-of-sale edits to help pharmacists identify high risk patients who have not received a naloxone prescription.*
2. *The Board requests patient refill data on naloxone within 90 days.*
3. *The Board requests data on patients who continue to refill naloxone claims.*

Benzodiazepine Utilization- The January 2021 DUR Board packet materials were presented and reviewed with the Board. The Board commented, in practice, they observe patients taking benzodiazepines also take stimulants to help them remain alert during the day. When examining the data, it appears adults far outweigh pediatrics in terms of concurrent use of the products. The Board discussed the usefulness of point-of-sale edits. The Board was informed new CMS mandates for controlled substances may address the utilization trends observed in patients using benzodiazepines and concurrent benzodiazepines/stimulants.

Action Items

1. *The Board requests the Department examine potential point-of-sale edits for benzodiazepine use and concurrent benzodiazepine/stimulant use in the Medicaid beneficiary population.*
2. *The Board requests information on concurrent benzodiazepine/stimulant use and whether multiple prescribers are writing for the medications.*
3. *The Board requests letters be sent to prescribers and pharmacies on adult patients who are chronic (>120-day supply in 180 days) and concurrent users of benzodiazepines and stimulants.*

Opioids and Antipsychotics- The January 2021 DUR Board packet materials were presented and reviewed with the Board. The Board was reminded monitoring the concurrent use of opioids and antipsychotics was in response to the Support Act. The Board had no concerns or questions at this time.

Suggested Action Items

1. *No action currently requested.*

Summary of RDUR Activities- The materials were available in the Board packet but were not reviewed during the January 2021 meeting.

Potential Future RDUR Topics- The materials were available in the Board packet but were not reviewed during the January 2021 meeting.

The meeting was adjourned at 3:00 PM.

A copy of these minutes was provided to the State/CSRA via email on 1/30/21