Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Services
Drug Management Review Advisory Board Meeting
November 4, 2010

Meeting Minutes

Voting Members in attendance:
Kim Croley, Kimberly Eakle, MD, Patricia Freeman, Kathy Hager, DNP, APRN, FNBC, CDE, Gerald Payne, B.S., BHS, PA-C, Clay Rhodes, PharmD, MBA, BCPS, Kathryn Schat, MD, Sarah Smith, PharmD, Glenn Stark, RPh, Carmel Wallace, Jr, MD
Non-Voting Members in attendance:
Thomas Badgett, MD, Chief Medical Officer
Laura Hieronymus
Non-members present from Magellan Medicaid Administration:
Alan Daniels, RPh, Account Manager, Tina Hawkins, PharmD, Clinical Program Manager, Kasie Purvis, Provider Services Manager
Non-members present from Department for Medicaid Services:
Trista Chapman, Contract Monitor

I. Welcome and Introductions of Committee Members

- A quorum was present.

II. Approval of August 12, 2010 Meeting Minutes

- Motion to approve the minutes as presented by Magellan Medicaid Administration.
    - **Passed; 10 in favor, 0 against**

III. <u>Old Business (Slide Presentation is embedded for reference) [slides 3-53]</u>

November DMRAB Presentation PUBLIC

A. Utilization of Suboxone®/Subutex® with Opioids (slides 4-9)

- On slide 4-6, the previous utilization data for Suboxone®/Subutex® was updated with utilization from 3Q2010.
- On slide 7-9, it was clarified that these utilization data looked at unique drugs and not unique claims.
- On slide 7, it was noted that we should consider not approving Suboxone®/Subutex® if the patient is currently taking a narcotic. The PA criteria that will go to P&T will place a therapeutic duplication edit and require additional PA for those who have an opioid in the past 30 days.
- It was noted that many of the addictionologists out there feel that Suboxone®/Subutex® will be needed life-long in many patients. There are no data that defines appropriate taper therapy.

- On October 13, Medicaid implemented an edit to deny prescriptions for controlled substances from Non-KY Medicaid prescribers. The utilization may decrease significantly during the months of October and November; however, we will need to watch to see if Suboxone®/Subutex® prescribers simply become enrolled as prescribers and the utilization goes back up.

B. Atypical Antipsychotics (slides 10-11)

- Utilization with Drugs that Could Exacerbate Psychosis (slide 10)
  - On slide 10, it was noted that the top drugs utilized with an antipsychotic which can exacerbate psychosis are drugs commonly used to treat psychosis.
  - There are some drugs that could be considered if an activity is selected.
- Multiple Prescribers (slide 11)
  - It was noted that these data could be misleading because these prescribers could be in the same practice.

C. Utilization of Branded Anticonvulsants (slides 12-13)

- Again, these data may be misleading because patients could indeed have a diagnosis of epilepsy; however, that diagnosis does not show up in the diagnosis history.

D. Top Prescribers (slides 14-18)

- It was noted that narcotics were defined as DEA schedule II-IV as well as tramadol, carisoprodol products.

E. Top Recipients (slides 19-53)

- It was noted that it's not general practice to change a patient's pain medication multiple times in a 3 month period.
- It was also noted that Medicaid does not cover drugs for patients on Hospice through the pharmacy benefit, so none of these patients would be on Hospice.
- The Board asked for an edit to prevent more than 4 grams per day of acetaminophen. That edit is in the works and should be implemented shortly after the 1st of the year.
- It was noted that KY has a diversion problem and some of these top recipients are very evident of that diversion issue.
- It was noted that we have quantity limits on long-acting narcotics, so many of these patients had to have a prior approval for these drugs.
- The board would like for Medicaid to investigate possibly only allowing long-acting narcotics for an approvable diagnosis.
- The board would like for Medicaid to investigate possibly adding the requirement of a therapeutic plan before allowing the use of long-acting narcotics.

IV. New Business (Slide Presentation is embedded above for reference) [slides 54-90]

A. Population Statistics (slides 55-57)

- On slide 55, it was noted that dual eligible patients are eligible for both Medicaid and Medicare. Medicare paying for most of the pharmacy benefit for dual eligible patients.

B. Utilization Data (slides 58-81)

- Total Population (slides 47-50)
- Adult Population (age 19 and above) [slides 52-55]
- Child Population (ages 0 through 18) [slides 57-60]
- Utilization by Disease State-Total Population (slides 62-63)
  - It was noted that these data were pulled using ICD-9, drugs or a combination of both depending on the likelihood that the drugs could be used for multiple diagnoses.
- Utilization by Disease State-Adult Population (slides 65-66)
- Utilization by Disease State-Child Population (slides 68-69)

C. Prospective Drug Utilization Review (ProDUR) [slides 82-85]

D. Review of Retrospective Drug Utilization Review (RetroDUR) Activities [slides 86-89]

E. Future DUR Activities (slide 90)

- It was noted that polypharmacy could be tailored for controlled substances. This would potentially target some of the top prescribers and recipients. A treatment plan may be added to the educational material as well.
- The use of 7 days from diagnosis of URI and claim for an antibiotic would result in too many false positive exceptions.
- It was pointed out that the use of a claim for a prenatal vitamin was not specific enough to defer a diagnosis of pregnancy. The Board asked that a diagnose code for pregnancy be used instead.
- The Board would like to focus on disease state management for potential DUR activities.
- The Board would like to look at how many patients are taking bisphosphonates without calcium.

F. Public Comment (slide 91)

Speaker: **Anthony Tommasello, RPh, PhD**
Reckitt Benckiser
Suboxone® Sublingual Film

G. The following topics were chosen:

- Polypharmacy-controlled substances
- Benzodiazepine duplication
- ≥3,200 mg ibuprofen per day.

H. The following data were requested for the next meeting:

- Number of patients on a bisphosphonate without calcium.
- Number of patients with diabetes and no ACE or ARB or Direct Renin Inhibitor.
- Number of patients post MI who are not on aspirin or a beta blocker.
- Patients with a history of fracture and not on a bisphosphonate.

- Number of patients with diagnosis of pregnancy on a category D drug

V. Meeting Adjourned

A. Future Meetings

- February 10, 2011
- May 12, 2011

B. Collection of Travel Vouchers