Nebraska Medicaid

DUR Matters

Newsletter of the Nebraska Drug Utilization Review (DUR) Program

Administered for the Department of Health and Human Services by the Nebraska Pharmacists Association

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2015 - The Year in Review

The goals of the Drug Utilization Review (DUR) Board are to improve the quality of pharmacy services and to ensure rational, cost-effective medication therapy for Nebraska Medicaid clients. These goals are accomplished by publishing a quarterly newsletter to providers, sending intervention letters to prescribers on specific issues, reviewing drug use by individual patients, reviewing Prior Authorization criteria and new drug products, and making recommendations to Nebraska Medicaid about the pharmacy benefit including limits for pharmacy claims.

The DUR Board sends a quarterly newsletter, *DUR Matters,* to providers on a variety of topics. In 2015, the newsletters focused on the use of psychotropic medications in children, limits for the use of opioids, and a summary of the year's activities. Subscriptions to the electronic newsletter are free. Anyone interested in receiving the newsletter by fax or email should complete the form at www.durnebraska.org by clicking on the "DUR Matters" link.

Letters were sent to prescribers on the following issues: use of antipsychotics in doses greater than recommended for children; use of trazodone in recipients under 14 years of age; use of stimulants in doses greater than recommended for children; use of trazodone in doses greater than 100 mg in recipients between 14 and 19 years of age; use of 4 or more albuterol inhalers in 90 days; non-adherence to metformin therapy; use of cyclobenzaprine in excess of 6 weeks; use of topical tretinoin in recipients over 25 years of age; and use of more than 1 short-acting opioid in a 15 day period. Responses to the letters are reviewed by the DUR Board.

Each month, the profiles of recipients utilizing multiple prescribers and pharmacies are reviewed. Based on this review, recipients may be referred to their managed care organization for lock-in evaluation. If a recipient is identified as a lock-in recipient, he or she may be required to use one prescriber and one pharmacy.

In 2015, the DUR Board met six times and completed several projects. The Board's recommendations were forwarded to the Nebraska Department of Health & Human Services Division of Medicaid & Long Term Care. Meeting agendas and minutes can be found on the DUR website at www.durnebraska.org. The DUR Board reviews policy issues and provides recommendations on a variety of topics, including Prior Authorization (PA) criteria. The following PA criteria were reviewed by the DUR Board in 2015: Amylinomimetics, Glucagon-Like Peptide-1 Receptor Antagonists, COX 2 NSAIDs, Hepatitis C, Growth Hormone, and Insulin-Like Growth Hormone.

New drug products that are not included in the Preferred Drug List are reviewed by the DUR Board. Criteria for coverage for Qudexy XR and Evotaz were recommended to Nebraska Medicaid.

Nebraska Medicaid requested that the DUR Board make recommendations for an over the counter (OTC) Covered Products List, as OTC products are optional for coverage in the Medicaid Pharmacy benefit. A subcommittee of DUR Board members volunteered to review each OTC class and their recommendations were discussed by the Board. This review was initiated in 2014 and the remaining classes reviewed in 2015 included vitamins, emollients, and hemorrhoid preparations.

One area of particular concern for the DUR Board is the safe and appropriate use of pain medications. With national attention on the rising rates of drug abuse and death due to opiate overdose, the DUR Board has discussed how to determine specific limits for the use of narcotic analgesics for the treatment of both acute and chronic non-cancer pain.

In May, a group of Medicaid providers with a background in pain management met to offer advice about new policies for the management of acute and chronic, non-cancer pain in Medicaid recipients. The following limits were recommended to Nebraska Medicaid based on the group's suggestions:

- Any opioid should require Prior Authorization in recipients taking Subutex or Suboxone
- Recipients may only receive one short-acting opioid without Prior Authorization
- Recipients may only receive one long-acting opioid without Prior Authorization
- Recipients taking methadone for pain should be required to use a single prescriber and pharmacy
- Recipients should be limited to 150 doses of a short-acting opioid in a 30 day period

These recommendations are being evaluated by Nebraska Medicaid. The implementation of two of the recommendations are outlined below.

On or around November 5, 2015 claims for any opioid will reject for patients who have a claim for Subutex or Suboxone in the prior 30 day period. On or around February 5, 2016 a claim for a short-acting opioid will reject if the patient has a claim from a different prescriber for another short-acting opioid in the prior 15 days.

In 2016, the DUR Board will continue to evaluate the drug utilization of Nebraska Medicaid recipients and make recommendations to Nebraska Medicaid about the pharmacy benefit. Anyone with suggestions for the DUR Board should contact the Nebraska DUR Director, Marcia Mueting PharmD, RP at the NPA office at 402-420-1500 or at marcia@npharm.org.

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