



Virginia Medicaid DUR Quarterly Newsletter

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Introduction

In this issue of the quarterly Drug Utilization Review (DUR) newsletter we look at specialty products for inflammatory conditions; review a study focused on rates of metabolic monitoring in Medicaid patients taking atypical antipsychotics, and furnish some utilization data related to metabolic monitoring of adult and pediatric patients taking atypical antipsychotics. Also included in this issue are the topics discussed at the November Board meeting.

Inflammatory Conditions

A review of the specialty pharmacy pipeline quickly reveals that an area set to grow tremendously within the next year is the treatment of inflammatory conditions, such as rheumatoid arthritis, psoriasis, ankylosing spondylitis and lupus. For the remainder of 2015 and 2016, there are 11 approvals slated for this class alone, from expanded indications to biosimilars to new entities. The chart below outlines these expected approvals through 2016.

Drug	Indication	Expected Approval
Inflectra (infliximab biosimilar)	Rheumatoid arthritis, psoriasis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, psoriatic arthritis	2015
Xeljanz (tofacitinib)	Psoriasis	2015
Rituxan biosimilar	Rheumatoid arthritis	2015
Baricitinib	Rheumatoid arthritis	2016
Brodalumab	Psoriasis	2016
Clazakizumab	Psoriatic arthritis, rheumatoid arthritis	2016
Cosentyx (secukinumab)	Psoriatic arthritis, ankylosing spondylitis	2016
Ixekizumab	Psoriasis	2016
Lupuzor (forigerimod)	Lupus	2016
LymphoCide (epratuzumab)	Lupus	2016
Sarilumab	Rheumatoid arthritis	2016

CONTACT INFORMATION

Virginia Department of Medical Assistance Services (DMAS) Pharmacy Department

<http://www.dmas.virginia.gov/>

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal>

Xerox Pharmacy Technical Support Call Center

1-800-774-8481

Magellan Pharmacy Clinical Call Center

Service Authorizations: 1-800-932-6648

Service Authorization Fax: 1-800-932-6651

Website

<https://www.virginiamedicaidpharmacyservices.com/default.asp>

DUR BOARD MEETINGS

March 10, 2016

May 12, 2016

August 11, 2016

November 10, 2016

P&T COMMITTEE MEETINGS

April xx, 2016

October xx, 2016

EDITORIAL STAFF

Rachel Cain, PharmD

DMAS

Donna Johnson, PharmD

Xerox

With such a large amount of growth expected in the next year, pharmacy programs should start preparing now to manage this class in order to ensure the appropriate use of these medications, from both clinical and cost perspectives.

Metabolic Monitoring in Patients Taking Atypical Antipsychotics

The newer second generation antipsychotics (SGAs), commonly referred to as atypical antipsychotics, are associated with a lower incidence of movement-related adverse events (EPS) than the first generation agents which they have largely replaced. However, the newer agents are not without potential serious adverse effects. They carry risks for metabolic adverse events such as weight gain, dyslipidemia and type 2 diabetes mellitus. Individuals with schizophrenia and affective disorders have been shown in numerous studies to have a higher incidence of diabetes and obesity than is found in the general population, so these adverse effects should be of particular concern.

The American Diabetes Association joined forces with the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American Association for the Study of Obesity to evaluate the impact of these metabolic effects. They published a consensus statement in 2004 that remains current today. The panel recommends a baseline and routine monitoring protocol for patients on atypical antipsychotic therapy. BMI and waist circumference should be recorded at baseline and tracked throughout treatment. Fasting plasma glucose and a lipid panel are recommended at baseline, 3 months, then annually thereafter.

A review of paid pharmacy and medical claims for several Xerox Medicaid Fee-For Service (FFS) accounts was conducted to determine the incidence of metabolic monitoring of members treated with atypical antipsychotics. There were 196,654 total members that were on atypical antipsychotics from 06/01/2014 to 08/31/2014. Of these members, 111,375 (56.64 percent) had evidence of lipid and glucose monitoring in their medical claims history during the following 12 months. The remaining 85,279 (43.46 percent) members had no evidence of metabolic monitoring during this period. A further breakdown of the members by age revealed that 54.39 percent of the members under age 19 and 38.94 percent of members 19 years of age and older lacked evidence of metabolic monitoring.

	Members with SGA Claims	Members with Metabolic Monitoring Claims	Members WITHOUT Metabolic Monitoring Claims
Member Count (All Ages)	196,654	111,375 (56.64%)	85,279 (43.36%)
Member Count (≥19 yrs)	140,374	85,708 (61.06%)	54,666 (38.94%)
Member Count (<19 yrs)	56,280	25,667 (45.61%)	30,613 (54.39%)

November DUR Board Summary

The Board reviewed two new drugs (Addyi™ and Odomzo®) and approved service authorization criteria. Additionally, the Board reviewed the results of several utilization analyses: compounded prescriptions, morphine equivalent dosing for narcotics, Synagis utilization and concurrent use of opioids in members being treated for opioid addiction.

Compounded prescriptions have been in the news a great deal over the past few years. The Board looked at the volume of compounded pharmacy claims for the Fee-for-Service population and reviewed the ingredients in these medications. Overall, the percentage of compounded claims is less than 1% of the total pharmacy claim volume.

The Board reviewed narcotic claims to determine if they exceed morphine equivalent dosing thresholds. Methodologies derived from the CMS recommendations for Medicare Part D sponsors were applied to the analysis. The results of this review will be used to update the current FFS narcotic quantity limits.

The Board evaluated the use and ages of the members receiving Synagis for the 2014-15 RSV season. The safety and efficacy of Synagis in pediatric patients greater than 2 years of age has not been established although Synagis

is sometimes used in older patients who are seriously ill and at risk of RSV infections. The RSV season for Virginia is defined as October 1 through March 31. In July 2011, an edit requiring a service authorization (SA) for Synagis was implemented in accordance with the guidelines developed by the American Academy of Pediatrics. The purpose of this activity was to evaluate the use and ages of the members receiving Synagis for the 2014-15 RSV season. There has been a huge drop in claims volume and utilizing members compared to the usage prior to the implementation of the SA in 2011. This is predominantly due to the shifts in the Medicaid population from FFS to managed care thus preventing any straight comparisons due to the Synagis edit. However, the range of ages of the Synagis recipients has reduced considerably from a maximum age of 22 years in the 2010-11 season to a maximum age of 10 years during our most recent 2014-15 season.

Opioid abuse continues to be a challenge in the Medicaid population, with states opting to paying for opioid dependence treatment medications. The Board reviewed an analysis of utilization of buprenorphine agents for opioid addiction. During the first 6 months of 2015, there were 1503 claims (\$255,035.91) for buprenorphine addiction agents for 472 unique recipients. Of these recipients, 37 had concurrent therapy with an opioid and 147 had concurrent therapy with a benzodiazepine. Opioid claims were written by different prescribers for 22 of the 37 recipients who had concurrent use of opioids and a buprenorphine addiction agent on board. The most commonly used benzodiazepine was clonazepam.

The next DUR Board meeting is scheduled for February 11, 2016.

The minutes from the August meeting can be found at http://www.dmas.virginia.gov/Content_pgs/pharm-durb.aspx.

New Clinical Service Authorizations - effective date January 1, 2016

Brand Name	Generic Name	Indication
Addyi	flibanserin	hypoactive sexual desire disorder (HSDD) in premenopausal women
Odomzo	sonidegib	basal cell carcinoma

The SA Request Fax Forms can be found at <https://www.virginiamedicaidpharmacyservices.com/asp/authorizations.asp>.