

TRIAZOLAM OVERUTILIZATION EDUCATIONAL LETTER

Mailed September 16, 2015

BACKGROUND

At the Mississippi Division of Medicaid (DOM) Drug Utilization Review Board meeting on August 6, 2015, the MS-DUR presented results from an analysis of triazolam utilization. A total of 320 unique beneficiaries were identified as taking triazolam in 2014. Approximately 7% had prescriptions from more than 1 prescriber and approximately 14% had 3 or more prescription fills for the product. After discussion, Dr. Parham made a motion that the board approve the recommendations provided by MS-DUR. Dr. Undesser seconded the motion and the following recommendations were passed unanimously:

1. The DUR Board recommends to the P&T Committee that triazolam be changed to non-preferred unless there are supplemental contract requirements preventing this change.
2. MS-DUR initiate an educational intervention with prescribers exceeding the following treatment guidelines:
 - a. Beneficiaries having more than 2 triazolam fills in a year that exceed a total of 30 days supply
 - b. Beneficiaries having 2 or more prescriptions for >15 days supply
3. DOM implement the following clinical edits to assure more appropriate use of Triazolam:
 - a. Quantity limit of 10 day supply per month
 - b. Cumulative quantity limit of 60 days within a 365 day period

The DUR Board recommendation for changing triazolam to a non-preferred product was presented to and approved by the DOM Pharmacy and Therapeutics (P&T) Committee during the August 11, 2015 meeting. This change in status will go into effect on October 1, 2015. MS-DUR in conducted a mailing to providers with patients who have recently filled prescriptions that would be considered to be outside of the recommended use guidelines.

MAILING

Beneficiaries in the FFS and CCO programs that met the criteria in recommendation 2 above were identified. 46 providers were identified as having written the triazolam prescriptions for these beneficiaries. The attached letter was mailed to these providers.



DATE

MD_NAME,
MD_ADDRESS
MD_ADDRESS, MS MD_ZIP

IMPORTANT INFORMATION ABOUT TRIAZOLAM

Dear Dr. MD_NAME,

In accordance with the August 11, 2015 Pharmacy and Therapeutics (P & T) Committee recommendations and effective date of October 1, 2015, **triazolam becomes a non-preferred drug** on the MS Universal Preferred Drug List or UPDL. As of October 1, ALL prescriptions for triazolam will require a prior authorization. Prior authorization criteria and utilization limits will be:

- History of at least one (1) claim for two preferred sedative hypnotics in the past six (6) months, AND
- A quantity limit of 10 days supply per month, AND
- A cumulative quantity limit of 60 days supply in a 365 day period.

WHY THIS ACTION IS BEING TAKEN

Triazolam is an oral benzodiazepine. Guidance on usage and length of therapy from the prescribing information states that triazolam should be used for short-term treatment of insomnia (generally lasting 7 to 10 days) and it should not be prescribed in quantities exceeding a 1-month supply. The failure of insomnia to remit after 7 to 10 days of treatment might indicate the presence of underlying psychiatric and/or medical illness conditions that should be evaluated. A recent analysis of MS Medicaid data found that a large number of patients prescribed triazolam are exceeding the recommended utilization limits.

WHAT WE ASK OF YOU?

You have been identified as having Medicaid patients on triazolam therapy in the last six months. We ask that you refer to the UPDL to identify the preferred drugs in this therapeutic class. The full UPDL can be found at:

<http://www.medicaid.ms.gov/providers/pharmacy/preferred-drug-list/>

Sincerely

Benjamin F. Banahan, III, Ph.D.
Project Director
MS-DUR

Judith P. Clark, R.Ph, B.S. Pharmacy
Director, Office of Pharmacy
Division of Medicaid

