Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the May 21, 2009 Meeting

Members Attending: William Bastian, M.D.; Laura Gray, M.D.; Mark Reed, M.D.; Jason Strong, Pharm.D; Vickie Veazey, RPh.
Members Absent: Roy Arnold, RPh.; Alvin Dixon, RPh.; Edgar Donahoe, M.D.; Lee Merritt, RPh.; Lee Volters, M.D.; Frank Wade, M.D.; John Wallace, M.D.

Also Present:
DOM Staff: Judith Clark, RPh.,DOM Pharmacy Bureau Director; Paige Clayton, Pharm.D., DOM DUR Coordinator; Carlis Faler, DOM Director of Program Integrity
HID Staff: Ashleigh Holeman, Pharm.D., Project Manager; Leslie Leon, Pharm.D., Clinical Pharmacist; Kathleen Burns, R.N. Call Center Manager

Ms Clark asked for a delay awaiting the remainder of the Board to arrive in order to have a quorum.

Call To Order:
Dr. Gray, Chairperson of the Board, called the meeting to order at 2:20 p.m. It was acknowledged to all that there was not a quorum to address any of the issues to be voted on at this time.

Cost Management Analysis:
Dr. Holeman reviewed the Top 15 Therapeutic Classes for the months of December 2008 thru February 2009. The top 3 agents remain the same with Antipsychotic agents as number one for the three month studied. The Top 25 drugs based on claims volume for the same three month analysis were then reviewed; ranking number one in MS Medicaid as well as the national top 200, remains Hydrocodone-Acetaminophen. Continuing, Dr. Holeman noted that in the 3 month analysis of the Top 25 Drugs based on cost was led by Synagis®, which is appropriate for the season reviewed.

Pharmacy Program Update:
Dr. Clayton noted the implementation by DOM on May 15, 2009 of new claims edits that were put in place addressing: Anxiolytic Agents, Oxycodone short-acting agents, Oxycodone oral Liquids and Sedative Hypnotics. This was in accordance with the DUR Board's recommendations at an earlier meeting. The Suboxone® update was addressed also by Dr. Clayton to notify the Board that the Legal Division was reviewing the recommendations along with the HIPPA issues associated with treatment for substance abuse. Dr. Gray asked if there was an indication for Pain Management. Dr. Clayton responded that Medicaid paid for opioid dependence only. Ms. Clark continued reminding the Board that a New PDL would be implemented July 1, 2009. Also, the New Children's edits were implemented to facilitate the pharmacists with claims on Children under age 21. The 2 brand or 5 drug limit does not apply to a child under the age of 21 when the medication is deemed medically necessary by the physician. There are overrides in place to allow the child to obtain their medication with a PA.

New Business:

Concurrent Use of ACEI and ARBS

Dr Holeman reviewed briefly the Concurrent use of ACE inhibitors and Angiotensin-Receptor Blockers with the Board. The information presented showed that 4% of all beneficiaries on an ACEI or ARB had received concurrent therapy with the other class as well. A RDUR criterion was created but not voted on due to lack of quorum.

Pharmacological Interventions for Dyslipidemia in Children

Dr. Holeman presented data regarding Mississippi Medicaid pediatric beneficiaries diagnosed with dyslipidemia who have not received pharmacological treatment for the disorder. It was found that during 2008, only 11% of all pediatric beneficiaries ages 8-18 diagnosed with a lipid disorder had received medication. Dr. Bastian interjected several very important thoughts to be revisited with more data for the full Board at the next meeting. Ms. Clark suggested that HID produce a "one-pager" to address issues in Children with Metabolic Syndromes, Obesity and Dyslipidemia. These would be overseen by Dr. Bastian, who graciously agreed to provide his services.

Metoclopramide: New Boxed Warning

The new boxed warning for metoclopramide was the next topic of discussion. The FDA now requires manufacturers of metoclopramide to add a Boxed Warning to their product labeling regarding the risk of tardive dyskinesia with long-term or high-dose use. Several RDUR criteria were created but not voted on due to lack of quorum.

Effects of PPIs on Plavix Efficacy

The use of Plavix® and proton pump inhibitors was the next topic for Dr. Holeman to present. Recent studies have shown that PPIs may decrease the efficacy of Plavix. During the 3-month interval presented to the DUR Board, 14% of beneficiaries who had received Plavix had also received a PPI. Again, a RDUR criterion was created but not voted on due to lack of quorum.

Potential for the Overutilization of Strattera

The final discussion related to the potential for overutilization of Strattera. DOM has learned from other Medicaid agencies that this is an issue in other states, and DOM wants to address the issue before it becomes a problem in Mississippi. From the data presented, it appears that there is potential overutilization already occurring in Mississippi Medicaid. There are beneficiaries who are receiving more than 62 capsules of Strattera per month, taking more than one strength of Strattera, and receiving more than 100mg/day, the maximum recommended daily dose. DOM is considering implementation of cumulative quantity limits of 62 capsules per month for Strattera, with any beneficiary needing more than this limit requiring a Maximum Unit Override.

Dr. Gray reminded the Board of the next meeting date on August 20, 2009. The meeting was adjourned at 3:06 p.m.

Respectfully Submitted:
Health Information Designs, Inc.