Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the February 18, 2010 Meeting

Members Attending: William Bastian, M.D.; Gera Bynum, R.Ph.; Alvin Dixon, R.Ph.; Jason Dees, D.O.; Edgar Donahoe, M.D.; Laura Gray, M.D.; Lee Merritt, R.Ph.; Mark Reed, M.D.; Jason Strong, Pharm.D.; Vickie Veazey, R.Ph.
Members Absent: Paul Read, Pharm.D.; Frank Wade, M.D.

Also Present:
DOM Staff: Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Paige Clayton, Pharm.D., DOM DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist
HID Staff: Ashleigh Holeman, Pharm.D., Project Manager; Leslie Leon, Pharm.D., Clinical Pharmacist; Kathleen Burns, R.N., Call Center Manager

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:00 p.m. Dr. Reed asked for a motion to accept the minutes from the meeting of November 19, 2009. Dr. Dees made the motion to accept the minutes with a second from Dr. Gray. All voted in favor of the motion.

Dr. Reed continued the meeting by moving into the new business under the direction of Dr. Holeman.

Cost Management Analysis:
Dr. Holeman began with the presentation of the Top 15 Therapeutic classes by the total cost of claims dating September 1, 2009 thru November 30, 2009. The Top Therapeutic class remains constant with Antipsychotic Agents leading. The Top 25 Drugs based on the number of claims for these same dates varied from the norm with Azithromycin leading the first month followed by hydrocodone-acetaminophen then these two shared the top two placements the following two months. The Top 25 Drugs based on total claims cost noted changes each month with Tamiflu® leading in September followed by Singulair® the second month then ending with Synagis® for November.

Pharmacy Program Update:
Dr. Clayton began by noting several implementations within the DOM pharmacy program. These were: the newest PDL introduced on January 1, 2010 and the age edits voted on by the Board for beneficiaries over the age of 21 for all ADHD medications. She continued by explaining that the age edits did not include quantity limits and this would be presented later during this meeting. It was noted that a contract had been granted to implement the E-Prescribing/Electronic Health Records that will go live soon. Physicians and pharmacists will have the opportunity to sign up for these programs which will greatly enhance their practices. Ms. Clark noted that this has been a work in progress for the DOM staff and the state will be one of the first to implement such programs. Ms. Clark also noted that with the recent legislation regarding pseudoephedrine products that DOM will continue to cover the OTC products with this formulation but the prescriptions will need renewing more often.

New Business:

Tamiflu® Utilization Update

In August 2009, a widespread outbreak of H1N1 influenza occurred in Mississippi. DOM, attempting to be proactive in discouraging stockpiling of medications and presenting potential antiviral resistance, asked the DUR Board to consider placing a limit on antiviral medications to two (2) prescriptions per calendar year. The Board voted unanimously on this recommendation. The claims count and the number of beneficiaries receiving an antiviral medication in 2009 were nearly 60 times higher than during the same time period in the previous year. This was notably a favorable move, on the part of DOM with the support of the DUR Board, as the utilization numbers for 2009 would have been even higher in the absence of the approved quantity limits.

Atypical Antipsychotics: Issues within the Mississippi Medical Population

On September 11, 2008, The Division of Medicaid implemented age edits for the atypical antipsychotic class based on the FDA-approved age for each agent. This proactive measure was the result of nationwide scrutiny regarding the growing use of this therapeutic class in pediatric beneficiaries. HID gathered claims data for the year prior to and the year after the implementation of the age edits for beneficiaries less than 13 years of age to see what the impact of these edits were for this population. The claims count for these medications decreased by 53% and the number of beneficiaries noted a decrease of 49%. Clearly, these edits were successful in encouraging responsible and informed prescribing of atypical antipsychotics in this population. DOM then asked HID to analyze utilization data for the atypical antipsychotics specifically related to possible duplicate therapy within the class. With the high cost associated with treatment in a single agent, duplicate therapy presents a great concern. HID gathered utilization data for the six-month period from 6/27/2009 to 12/26/2009. The results obtained indicated that there is a significant amount of duplicate therapy occurring within this class. Nearly 800 beneficiaries received two or more atypical antipsychotics within this six-month analysis. While there are no contraindications for duplicate atypical antipsychotic therapy, this practice causes concern due to the adverse events and high cost associated with single-agent use. HID will continue to monitor the activity of the previously approved RDUR criterion and intervene appropriately when necessary. HID does not recommend any additional action at this time.

ADHD Agents: Issues within the Mississippi Medicaid Population

ADHD agents continue to be one of the most utilized therapeutic classes within the Mississippi Medicaid population. Scrutiny also exists regarding the potential overprescribing of ADHD agents, particularly in young children. DOM monitors the ADHD agents continuously. With this being noted, HID gathered utilization data for the ADHD agents based on three different issues:

1. the impact of age edits implemented for the class in September 2008
2. use of ADHD agents in beneficiaries 21 years of age or older
3. use of multiple daily doses of short-acting ADHD agents

HID gathered claims data for the year prior to and the year after the implementation of the age edits for beneficiaries less than 6 years of age to see what the impact of these

edits was. There was a 341% increase in ADHD agent claims for this age group and a 274% increase in the number of beneficiaries under the age of 6 receiving an ADHD agent. DOM expected to see some increase but the degree of increased utilization in this age group was clearly unexpected by all. Dr. Holeman continued by moving to the new age edits approved by the DUR Board for ages 21 years and older at the last meeting. A total was noted by the data presented that 1189 beneficiaries ≥ 21 years of age received an ADHD agent in FY2009. Of these, 43% were 20 -29 years of age with the beneficiary count steadily declining with each decade of age. HID was also requested by the Board to submit data regarding multiple daily doses of short-acting ADHD agents in the Mississippi Medicaid population. Of all the claims for short-acting ADHD agents, 14% were for more than 62 tablets, followed by 5% for more than 93 tablets. From this data, it appears that a quantity limit may be necessary to curb the potential for abuse with short-acting agents and increase patient compliance by encouraging the use of long-acting agents that allow for once-daily dosing. HID recommends a cumulative quantity limit of 62 per every 31 days on the short-acting ADHD agents. This limit would be in line with the quantity limits present on most all other narcotics through the pharmacy benefit for Mississippi Medicaid. A motion was made by Lee Merritt seconded by Dr. Gray to implement this recommendation. All voted in favor of this motion. Dr. Dees suggested that the development of a Medicaid Prescribing Update for ADHD including information about proper diagnosis and treatment may be helpful, and that sharing this document with the state medical associations for pediatrics and family practice groups might be helpful to gain support throughout the state's medical community. HID was asked by the Board to bring data regarding compliance trends with ADHD agents to the next meeting for review.

Mississippi Medicaid Coverage of Topical Acne Agents

Dr. Holeman noted a common misconception in the retail pharmacy world is that DOM does not cover topical acne agents. DOM does in fact cover these agents for beneficiaries under the age of 21 with the PDL addressing preferred agents. DOM asked HID to develop a Medicaid Prescribing Update merging information from the most recent treatment guidelines for acne and the preferred drug list, in an effort to educate providers about the availability of treatment coverage for beneficiaries in Mississippi. This Medicaid Prescribing Update will be distributed to prescribers by the HID Academic Detailers. Dr. Dees noted that shared information with the school nurses association might be of benefit for beneficiaries with this diagnosis in this age group. He continued that this population has a tendency to have fewer physician visits, which may further limit their access to proper acne treatment. Dr. Reed asked the Board for a vote to approve the Acne Medicaid Prescribing Update to be distributed to providers by the Academic Detailers. All voted in favor.

Other Criteria Recommendations:

Dr. Reed asked for the Board to accept the proposed RDUR criteria recommendations as a block vote. All voted in favor of the motion.

FDA Updates:
Dr. Holeman asked if there were any questions in regard to the submitted updates. No questions were raised.

Dr. Reed called for the meeting to be adjourned at 3:10 p.m. The next meeting will be held at 2:00 p.m. on May 20, 2010.

Respectfully Submitted,
Health Information Designs, Inc.