**Mississippi Division of Medicaid**
**Drug Utilization Review (DUR) Board**
**Minutes of the February 19, 2009 Meeting**

**Members Attending:** William Bastian, M.D.; Alvin Dixon, R.Ph.; Edgar Donahoe, M.D.; Laura Gray, M.D.; Lee Merritt, R.Ph.; Mark Reed, M.D.; Jason Strong, Pharm. D.; Vickie Veazey, R.Ph.; Frank Wade, M.D.;
**Members Absent:** Roy Arnold, R.Ph.; Lee Voulters, M.D.; John Wallace, 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., 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:**
Laura Gray, Chairperson of the Board, called the meeting to order at 2:12 p.m.
Dr. Gray asked for the Board members to introduce themselves as some of the members were new to the Board. Dr. Gray continued by asking for a motion to approve the minutes of the last meeting. Dr. Reed motioned to accept as written; Dr. Donahoe seconded the motion. All voted in favor of the minutes as written.

**New Business:**
Dr. Clayton introduced a visiting speaker to the Board, Dr. Jennifer Gholson, IQH Chief Medical Officer. Dr. Gholson began her presentation on the potentially inappropriate medications prescribed in the elderly population. She continued stating that the cooperation of the Division of Medicaid will serve as a most valuable asset in this educational effort to enlighten the prescribing Medicaid physicians . In sharing her information, Dr. Gholson alerted the Board that the chief medication prescribed in this manner was Darvocet®, ranking Mississippi second in the nation for inappropriate prescribing habits in the elderly. Dr. Gholson continued with a handout to the Board, indicating that Skeletal Muscle Relaxants were also highly prescribed by Mississippi prescribers with Flexeril® leading this chart. The chart also indicated Antihistamines, Antiemetics and Long Acting Benzodiazepines are prescribed inappropriately in the elderly. After much interest indicated by the Board, Dr. Gholson thanked the Board for their time and consideration in this very important matter. Dr. Holeman then continued with studies that HID had reported in the packet . She pointed out that paid claims analyses showed during a six month period that 4655 prescriptions for 1585 beneficiaries were identified for these potentially inappropriate medications in the MS Medicaid elderly. Dr. Holeman reviewed an additional chart HID had provided on alprazolam and lorazepam. Even though these two medications were not included on the IQH report, Dr. Holeman continued that they were included on the Beer's list (higher doses only). The utilization of these two medications in beneficiaries 65 and older was significantly higher than any of the others provided in the first charts. A total of 14,576 claims for 4,088 beneficiaries were found for these two medications, indicating a considerable risk to the elderly Medicaid population.
**Recommendation:**
In the effort to reduce or prevent the incidence of adverse events, HID provided two recommendations for the DUR Board to consider:

1. HID recommended the development of a RDUR criterion identifying elderly patients (>65) who are receiving one or more of the potentially inappropriate medications to educate prescribers about the risks associated with their use in this population
2. HID recommended an edit at the point of sale that would require prior authorization for these medications for any beneficiary>65 years of age.

After much open discussion, Dr. Donahoe moved that Darvocet® and its generic products be required to have a prior authorization for all ages as there are other medications that could be used with safer outcomes. Also, he continued that for the other potentially inappropriate medications, educational letters be sent to the prescribing physicians to alert them of these potentially problematic medications in the elderly. Dr. Reed seconded the motion. All voted in favor of the recommendations. Dr. Clayton explained to the Board that the RDUR process

would target any beneficiary over 65 who received over one of these medications and send an educational letter to the prescriber making them aware of the risks associated with use of these medications in the elderly.

**Vitamin D Utilization in the Mississippi Medicaid beneficiaries:**
Dr. Holeman began her presentation informing the Board that one of the members had asked HID to run reports on the utilization, in the Mississippi Medicaid population, for vitamin D. Since 2006, there has been a 328% increase in the number of beneficiaries receiving vitamin D supplementation through Mississippi Medicaid. The utilization was highest in the ages 50-59, with the next highest being in ages 40-49, followed by pediatric beneficiaries ages 10-19, and then lastly, beneficiaries ages 60-69. In 2008, 78% of Vitamin D utilization was in women and 22% in men. This is indicative of postmenopausal women most likely receiving Vitamin D in conjunction with calcium supplementation for osteoporosis. Of the 226 beneficiaries ≤ 19 years of age, a significant number had an endocrine or metabolic disorder of some type. These diagnoses account for 35% of the total claims for pediatric beneficiaries, followed by 34% diagnosed with obesity. These numbers mirrored those seen in national literature and research trends. Dr. Holeman asked Board member Dr. Bastian, Pediatric Endocrinologist, to elaborate on these findings. Dr. Bastian started by supporting the findings stating that approximately 75 to 80% of the pediatric population he services is noted to have below the normal range of vitamin D in laboratory findings. This, he stated, seems to be independent of seasonal changes, which one would think would significantly affect these lab results. Dr. Bastian stated that the majority of these patients did not have a diagnosis of rickets and did not have low calcium levels reported in testing. He continued that even with aggressive treatments with vitamin D, these patients seem to return to these low levels which he has confirmed by lab tests. Dr. Bastian stated that this is a very serious problem state wide and he is requesting the Board/DOM to develop a plan to identify these patients for early treatment. Dr. Bastian made a motion to recommend that Maternal and Child Health Services for Medicaid be asked to add in their EPSDT screenings a test for vitamin D deficiencies. Dr. Donahoe seconded the motion. All voted in favor of the motion.

**Over-the-counter minimally sedating antihistamines in children under age 2:**
Dr. Holeman pointed out that there had been several reports from the CDC and FDA related to the risks of serious injury or fatal overdose from the administration of cough and cold products to children less than two years of age. Recently, DOM closed coverage of the OTC cough and cold products to this age group. Due to the pushback from the provider community, DOM chose to leave OTC loratadine and cetirizine open for this age group. HID conducted claim analyses to determine utilization for the OTC second generation antihistamines in the Medicaid population under age 2.From June 2008 through November 2008, there were a total of 3286 claims for 2626 beneficiaries under age two. DOM wanted the DUR Board's counsel regarding whether OTC loratadine and cetirizine should be left open for coverage for beneficiaries under the age of two. Dr. Reed voiced his disapproval of any child under the age of 6 being treated with these medications. He stated only those with an allergy-related diagnosis, not cough, cold or flu, should receive these medications. He continued that viral syndromes would clear up over time without medication intervention, and that there was no evidence that antihistamines provide any symptomatic relief in viral syndromes. Dr. Donahoe interjected that there would be an appropriate time to prescribe these medications, agreeing with Dr. Reed that only with the mentioned indications should DOM approve these medications in this age group. Dr. Gray motioned that DOM require a prior authorization for the OTC minimally sedating antihistamines, with approval only for allergy-related diagnoses, for beneficiaries of ages two and under. Dr. Reed seconded the motion. All voted in favor of the motion.

**Other Criteria Recommendations:**
Dr. Gray motioned that the Board accept the recommended criteria additions with a group vote. All voted in favor of the motion.

**Cost Management Analysis:**
Due to the guest speaker, this report was moved to the end of the meeting. Dr. Holeman reviewed briefly the Top 15 therapeutic classes by total cost for the three month span of September 2008 through November 2008. The atypical antipsychotic agents continued to remain the leading therapeutic class, followed by anticonvulsants. Monoclonal antibodies were noted to take the number three place in October and November, as Synagis® began its season in October. The top 25 drugs based on the number of claims for the three month span were led by hydrocodone followed by antibiotics. The top 25 drugs based on total claims costs for September 2008 through November 2008 were led by Singulair® replaced by Synagis® in October and November.

**Pharmacy Program Updates:**
Dr. Clayton began by noting that Suboxone®/Subutex® Criteria were being developed per the Board's request by DOM and HID and will be sent for further review to the legal department and Executive Director of Medicaid when completed. Dr. Clayton also noted that, due to some HIPPA regulations specific for patients receiving addiction treatment, there has been some delay in this development. DOM and HID want to make sure that these regulations are addressed in the appropriate manner. Ms. Clark reported on the E-prescribing Program which has brought national attention to the Mississippi Medicaid Pharmacy program as being a leader in the futuristic use of this important tool by providers. Ms. Clark also requested comments from the Board on any issues in the providers' practices that might be addressed by DOM. The Board physicians brought to DOM's attention that they continue to have issues with chain pharmacies telling their patients that "Medicaid does not pay for this medication, you will have to pay" when it is an issue of the child needing a prior authorization to receive prescriptions above the 2/5 service limit. They stated that the pharmacists never alert them when there is a problem with the pharmacy claim, therefore leaving their patient without needed medications. Ms. Clark said that she has made several attempts to correct this issue with the chain pharmacies and plans to address this in a more assertive manner. Dr. Clayton then stated that DOM is working with the claims vendor to complete the hydrocodone accumulation edit which should be complete by the end of March. Once this endeavor has been completed, the benzodiazepine and sedative/hypnotic quantity and duplicate therapy edits will be instated.

Dr. Gray reminded the Board of the next meeting on May 21, 2009 and requested a motion for the meeting to be adjourned at 3:20 p.m. Motioned: Dr. Donahoe; Seconded by Dr. Reed.

Respectfully Submitted:
Health Information Designs, Inc.