Division of Medicaid
Office of the Governor
State of Mississippi
DUR Board Meeting

March 31, 2005

Room 117 Woolfolk Building

2 PM

DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA

March 31, 2005

Welcome	**Tim Alford, MD**
Reading & Approval of Minutes Of November 18, 2004 DUR Board Meeting	**Lew Anne Snow, RN**
Update on Inappropriate Therapy for Elderly Interventions	**Sam Warman, RPh**
Effect of Recent News on COX-2 Inhibitor Utilization	**Sam Warman, RPh**
Drug Utilization in Children	**Sam Warman, RPh**
1st Quarter Criteria Recommendations	**Sam Warman, RPh**
Black Box Warnings or Boxed Warning Update	**Sam Warman, RPh**
Suggested Interventions	**Sam Warman, RPh**
Cost Management Analysis	**Sam Warman, RPh**
Introduction to Academic Detailing Program	**Dennis Smith, RPh**
Pharmacy Program Update	**Judith Clark, RPh**
Next Meeting Information	**Tim Alford, MD**

Minutes of the November 18, 2004
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Billy Brown, PharmD, Randy Calvert, R.Ph., John Mitchell, M.D., Lee Montgomery, M. D., Joe McGuffee, R.Ph., Andrea Phillips, M.D., Cynthia Undesser, M.D.

Members Absent: Montez Carter, R.Ph., Clarence Dubose, R.Ph., Rudy Runnels, M.D., Leigh Anne Ramsey, PharmD.

Also Present: Judith Clark, R.Ph., Terri Kirby, R.Ph., Phyllis Williams –DOM
Lew Anne Snow, R.N., Kathleen Burns, R.N., Dennis Smith, R.Ph., Sam Warman, R.Ph.-HID

Dr. Tim Alford called the meeting to order at 2:10 p.m.
Judith Clark introduced three new DUR Board members- Randy Calvert, RPh, Billy Brown, PharmD and Lee Montgomery, M.D. Mrs. Clark also introduced Dennis Smith, RPh, clinical pharmacist with Health Information Designs, Inc.

Approval of the minutes of last meeting (June 24, 2004): Dr. Mitchell made a motion to accept the minutes as written. Dr. Undesser seconded the motion. All voted in favor of the approval.

Reports:
Update on Therapeutic Duplication of Atypical Antipsychotics:
Sam Warman presented an update on therapeutic duplication of atypical antipsychotics. A beneficiary must receive at least (2) atypical antipsychotic medications within a 90 day period to be identified as receiving duplicate therapy. Results of the update identified 186 beneficiaries for possible interventions due to therapeutic duplication. After the profiles were reviewed, intervention letters were mailed to 94 physicians. There were 308 less prescriptions written with a cost savings of $44,746.69.

The following recommendations were made:
1. continue to identify beneficiary criteria exceptions and mail intervention letters
2. continue to record and evaluate prescriber responses
3. communicate the findings of this evaluation to prescribers and pharmacy providers

Update on over utilization of sedative agents-Ambien and Sonata:
A report on the over-utilization of Ambien and Sonata was presented. The report identified all beneficiaries receiving over a 30 day supply of Ambien or Sonata. Those beneficiaries with a diagnosis of cancer, mental illness, or chemotherapy within the last 90 days were excluded. There were 410 beneficiaries identified for possible interventions. After review, 277 physician interventions letters were sent. After the intervention letters were mailed there were 91 less prescriptions written for Ambien and Sonata which resulted in a cost savings totaling $27,689.82.

The following recommendations were made:

1. Continue to identify beneficiary criteria exceptions and mail intervention letters
2. Continue to record and evaluate prescriber responses
3. Communicate the findings of this evaluation to prescribers and pharmacy providers
4. Record and report to DOM and the DUR Board the effectiveness of this criterion

Survey on the off-label use of Neurontin (gabapentin):

Sam Warman presented a report on the off-label use of Neurontin. In 2003, there were 89,918 Neurontin or gabapentin prescriptions written at a total cost of $11,452,178.24. Medical data and pharmacy claims data from August 2003 through July 2004 indicated that only 0.16% of the claims had an approved indication or a documented indication for the utilization of Neurontin. A motion was made by Dr. John Mitchell to make the recommendation to the P & T Committee that brand name Neurontin would require prior authorization while generic gabapentin would be exempt form prior authorization. The motion was seconded by Dr. Phillips. All voted in favor of this motion.

Pharmacy Program Update:

Judith Clark, Director of Pharmacy Bureau, distributed a copy of the Preferred Drug List to the board members. Dr. Phillips requested a list of OTC preferred drugs to be offered to physicians for easy accessibility. Ms. Clark presented information regarding the utilization of carisoprodol. Ms. Clark stated that although currently there are quantity limits placed on this medication, frequently this medication is used in conjunction with many narcotic analgesics. Mrs. Clark asked the DUR board to consider placing further restrictions on the quantity allowed per month. After general discussion, a motion was made by Dr. Mitchell to limit the quantity of carisoprodol to 60 tablets per 34 days. The motion was seconded by Dr. Phillips. All voted in favor of this motion.

Mrs. Clark gave a brief report on recent pharmacy program expenditures. A list of the products with quantity limits was distributed to the board by Judy Clark. The list, effective July 1, 2004, includes hypnotics, narcotic analgesic combinations, central analgesics, non-narcotic analgesics with barbiturates, skeletal muscle relaxants, and Flextra. Ms Clark explained that when the quantity requested exceeds the maximum quantity allowed by the Division of Medicaid, a maximum override PA is required with supporting medical documentation from the prescribing physician.

Black Box Warnings:

Sam Warman presented black box warnings issued by the FDA concerning the following:

- Antidepressants-The FDA issued a Public Health Advisory, asking manufacturers of all antidepressant drugs to revise labeling for their products to include a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidal thinking and behavior in children and adolescents being treated with these agents.

- Remicade- FDA notified healthcare professionals of revisions to the WARNINGS and ADVERSE REACTIONS section of the prescribing information for Remicade, regarding a higher risk for the development of lymphoma. The FDA has recommended a warning concerning malignancy to be added to the labeling for all therapeutic agents that block TNF.
- Risperdal-FDA and Janssen revised the WARNING section of labeling, describing the increased risk of hyperglycemia and diabetes in patients taking Risperdal.
- Adderall XR-Misuse of amphetamine may cause sudden death and serious cardiovascular adverse events.
- Vivelle- The Women's Health Initiative Memory Study reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years treatment with oral conjugated estrogens plus medroxyprogesterone acetate relative to placebo.

Suggested Interventions:
Sam Warman presented several intervention recommendations. Each suggested intervention included the number of recipients identified during profile review as being at risk for the specific intervention. These suggested interventions included:

- Over Utilization of Stimulants
- Over Utilization of Anxiolytic Agents
- Over Utilization of Inhaled Beta Agonists
- Over Utilization of Narcotic Agents
- Over Utilization of Sedative Agents Ambien and Sonata
- Therapeutic Duplication of Atypical Antipsychotics

Recommendation: Judith Clark suggested the Board study non-institutional children to review medications they are currently taking. Joe McGuffee suggested that this study include information regarding duplicate therapy within 30 days with special interest on antibiotics. John Mitchell made a motion to approve the suggested interventions. Andrea Phillips seconded the motion. All voted in favor of this motion.

Election of New Officers:

Dr. Alford called for nominations from the floor for both Chairman and Vice Chairman of the DUR Board. Dr. Mitchell nominated Tim Alford to continue as Chairman of the DUR Board. Mr. McGuffee seconded the nomination. All voted in favor of the nomination. Lee Montgomery nominated John Mitchell for Vice-Chairman of the DUR Board. Andrea Phillips seconded the nomination. All voted in favor of the nomination.

Lew Anne Snow presented the following suggested meeting dates for 2005:

- March 24, 2005
- June 23, 2005
- September 22, 2005
- November 17, 2005

Dr. Mitchell motioned that the Board accept these dates as read. Dr. Undesser seconded the motion. All voted in favor of motion.

There being no other business, Dr. Alford asked for a motion to adjourn the meeting. John Mitchell made a motion to adjourn. Joe McGuffee seconded the motion. All voted in favor of the motion. The meeting was adjourned at 4:00 p.m.

Respectfully submitted;
Health Information Designs

Update on Inappropriate Therapy For The Elderly

Introduction

The Mississippi Drug Utilization Review (DUR) Board approved criteria exceptions, recommendations, and prescriber letters for interventions regarding the inappropriate therapy for the elderly.

Methodology

Paid claims data is forwarded from ACS to Health Information Designs, Inc (HID) for review and evaluation. The DUR Board, Division of Medicaid (DOM), and HID developed the criteria for this evaluation. There are several intervention exceptions within the class of exceptions for inappropriate therapy for the elderly. These specific interventions are listed below:

1. **Criterion 566**—Inappropriate Therapy for the elderly-Ambien and Sonata
2. **Criterion 587**—Inappropriate Therapy for the elderly-Long Half-life Benzodiazepine Anxiolytics
3. **Criterion 588**—Inappropriate Therapy for Elderly-Long Half-life Benzodiazepine Sedatives
4. **Criterion 590**—Inappropriate Therapy for Elderly-Barbiturate Sedative/Hypnotics
5. **Criterion 591**—Inappropriate Therapy for Elderly-Certain Tertiary Tricyclic Amines

These criteria exceptions are based on updated Beer's Criteria, medical literature, and printed manufacturer labeling. These are updated regularly by the HID criteria manager/clinical pharmacist. Claims data were evaluated against the criteria and cases were identified for review by a HID clinical pharmacist April 2004 through June 2004. Approved educational intervention letters with attached response forms were mailed to prescribers for identified recipients. The response form asks the prescriber to indicate any action taken in response to the intervention letter. Response forms were returned to HID for review and evaluation.

Results

- A total of 2,547 profiles were selected from 10,353 possible criteria exceptions.
- Of the 2,547 profiles reviewed, 900 beneficiaries were identified for possible intervention.
- 203 profiles were deleted for either generic prescriber identification number or other quality assurance reasons.

After profiles were reviewed, 697 intervention letters were mailed.
163 responses have been received equating to a 23% response rate. Table 1 summarizes the total prescriber responses received.

Table 1-Response Summary

Response	Number of Responses
Physician feels problem is insignificant. No change in therapy	67
Patient never under this physician's care	17
Benefits of the drug outweigh the risks	15
Physician will reassess and modify drug therapy	14
Tried to modify therapy, symptoms recurred	11
Patient has appt. to discuss drug therapy problem	9
Physician tried to modify therapy, patient non-cooperative	7
Patient has diagnosis that supports therapy	7
Physician response does not discuss drug therapy conflict	5
MD saw patient only once in ER or as on-call MD	4
Patient is no longer under this physician's care	2
MD did not prescribe drug attributed to him/her	2
MD no longer at practice where alert letter was sent, but did prescribe RX	2
Patient has/will enter a rehabilitation/pain facility	1

While Table 1 shows the response types and numbers overall, Table 2 shows specifically the responses per criterion.

Table 2-Criterion Specific Responses

Response	Number of Responses
Criterion 566-Ambien & Sonata	
• Physician feels problem is insignificant. No change in tx	27
• Physician will reassess and modify drug therapy	4
• Patient never under this physician's care	3
• Patient has appt. to discuss drug therapy problem	3
• Physician response does not discuss drug therapy conflict	2
• Benefits of the drug outweigh the risks	2
• MD did not prescribe drug attributed to him/her	2
• Tried to modify therapy, symptoms recurred	2
• Patient is no longer under this physician's care	1
Criterion 587-Long Half-life BDZ Anxiolytics	
• Physician feels problem is insignificant. No change in tx.	34
• Tried to modify therapy, symptoms recurred	7
• Patient has appt. to discuss drug therapy problem	6
• Patient never under this physician's care	6
• Physician tried to modify therapy, patient non-cooperative	4
• Patient has diagnosis that supports therapy	4
• Physician will reassess and modify drug therapy	3
• Benefits of the drug outweigh the risks	2
• Physician response does not discuss drug therapy	2

conflict • Patient is no longer under this physican's care • MD did not prescribe drug attributed to him/her	 1 1
Criterion 588- Long Half-life BDZ Sedatives • Physician will reassess and modify drug therapy • Physician tried to modify therapy, patient non-cooperative	 1 1
Criterion 590-Barbiturate Sedative/Hypnotics • Benefits of the drug outweigh the risks • Physician will reassess and modify drug therapy	 4 1
Criterion 591-Certain tertiary tricyclic amines • Physician feels problem is insignificant. No change in tx • Benefits of the drug outweigh the risks • Patient never under this physician's care • Physician will reassess and modify drug therapy • Tried to modify therapy, symptoms recurred • MD saw patient only once in ER or as on-call MD • Patient has diagnosis that supports therapy • MD no longer at practice where alert letter was sent, but did prescribe RX • Physician tried to modify therapy, patient non-cooperative • Patient has appt. to discuss drug therapy problem • Is my patient but have not seen in most recent 6 mos • Physician response does not discuss drug therapy conflict	 17 7 7 5 3 3 3 3 2 2 1 1

Discussion

These interventions were successful in reducing prescriptions in the identified beneficiaries by 919 prescriptions. The cost-impact of the reduction in prescriptions was a $14, 838.86 cost-savings or $98.32 per beneficiary in which an intervention was performed. Retrospectively, this is significant in part because long-term care beneficiaries were excluded from intervention in order to avoid duplication of services performed by consultant pharmacists.

Challenges still remain in proper prescriber identification which represented nearly 13% of the responses. Over 25% of the responses do indicate a possible change or recent change in drug therapy. 41% of responses feel the problem is insignificant. The interventions regarding sleep-aids stands only to be more confusing with the introduction of a new non-benzodiazepine sedative approved for long-term use. Most treatment guidelines for sedatives recommend a drug holiday every 9-10 days. One avenue of approach would be to enforce product quantity limits for sedative agents to no more than 15 per month. This has been recommended before by the DUR Board. Another mechanism for reducing criteria exceptions from occurring would be to place age-exception edits on appropriately identified medications.

Conclusion

The elderly are more susceptible to the possible side-effects with these medications. These interventions, based on recommendations from medical literature and guidelines, are essential in preventing additional medical consequences due to side effects such as falls, fractures, confusion, increased sedation, and/or dependence (physical or psychological), and the costs associated with these consequences. The resulting changes in patient prescription profiles and prescriber intervention responses reflect a positive effect of these criteria interventions.

Recommendations

1. **Identify those medicines in which an age-exception edit may be appropriate and provide this as a prospective drug utilization review (pro-DUR) edit proposal to the DUR Board and DOM.**
2. **Reduce product quantity limits on agents used for sedation/insomnia to reflect recommendations proposed in the Beers' criteria.**
3. **Continue to identify beneficiary criteria exceptions and mail intervention letters when appropriate regarding**
4. **Continue to record and report to DOM and the DUR Board the effectiveness of these criteria.**

MISSISSIPPI MEDICAID

Utilization of Selected NSAIDS

	Vioxx		Celebrex		Bextra	
Month	$	Rx	$	Rx	$	Rx
Jan 04	$200,813.74	2,186	$475,307.56	4,205	$229,431.21	2,358
Feb 04	$190,795.08	2,063	$462,456.01	4,008	$224,862.89	2,276
Mar 04	$205,074.94	2,215	$511,305.19	4,440	$246,394.87	2,514
Apr 04	$209,701.15	2,214	$506,238.41	4,381	$249,787.07	2,538
May 04	$205,815.09	2,157	$506,705.71	4,398	$250,945.14	2,530
Jun 04	$216,273.68	2,261	$545,292.97	4,731	$272,212.14	2,767
Jul 04	$206,499.17	2,151	$517,596.32	4,488	$250,714.07	2,537
Aug 04	$205,314.97	2,144	$515,047.99	4,485	$261,549.75	2,665
Sep 04	$183,852.83	1,915	$525,471.85	4,607	$271,618.97	2,755
Oct 04	$907.63	11	$465,782.17	4,124	$249,990.00	2,569
Nov 04	$84.29	1	$463,441.18	4,141	$230,905.00	2,382

Changes in Prescribing Habits of Vioxx Following Sept. 2004

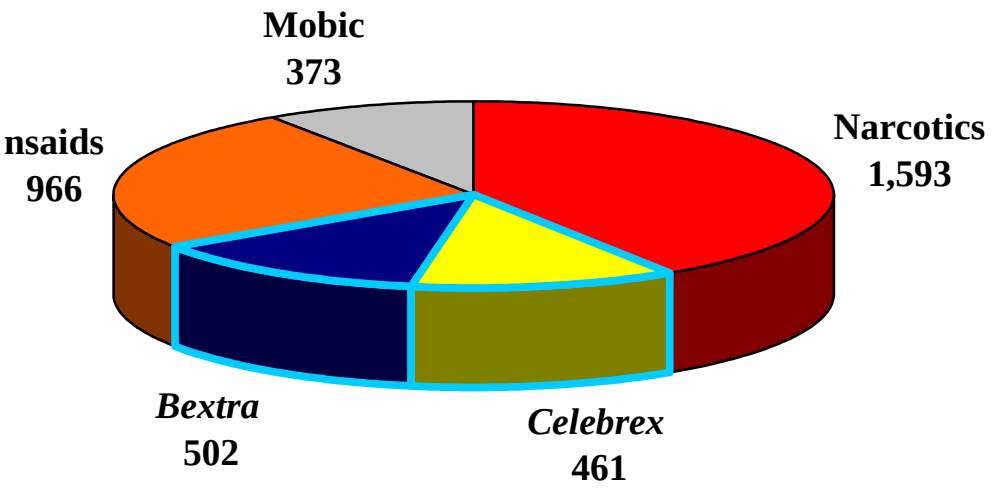
Drugname	Remaining Unique N After Sept	Number Receiving Narcotics	Number Receiving Celebrex	Number Receiving Bextra	Number Receiving Nsaids*	Number Receiving Mobic**
Vioxx	4,190	1,593	461	502	966	373

n/a = not applicable

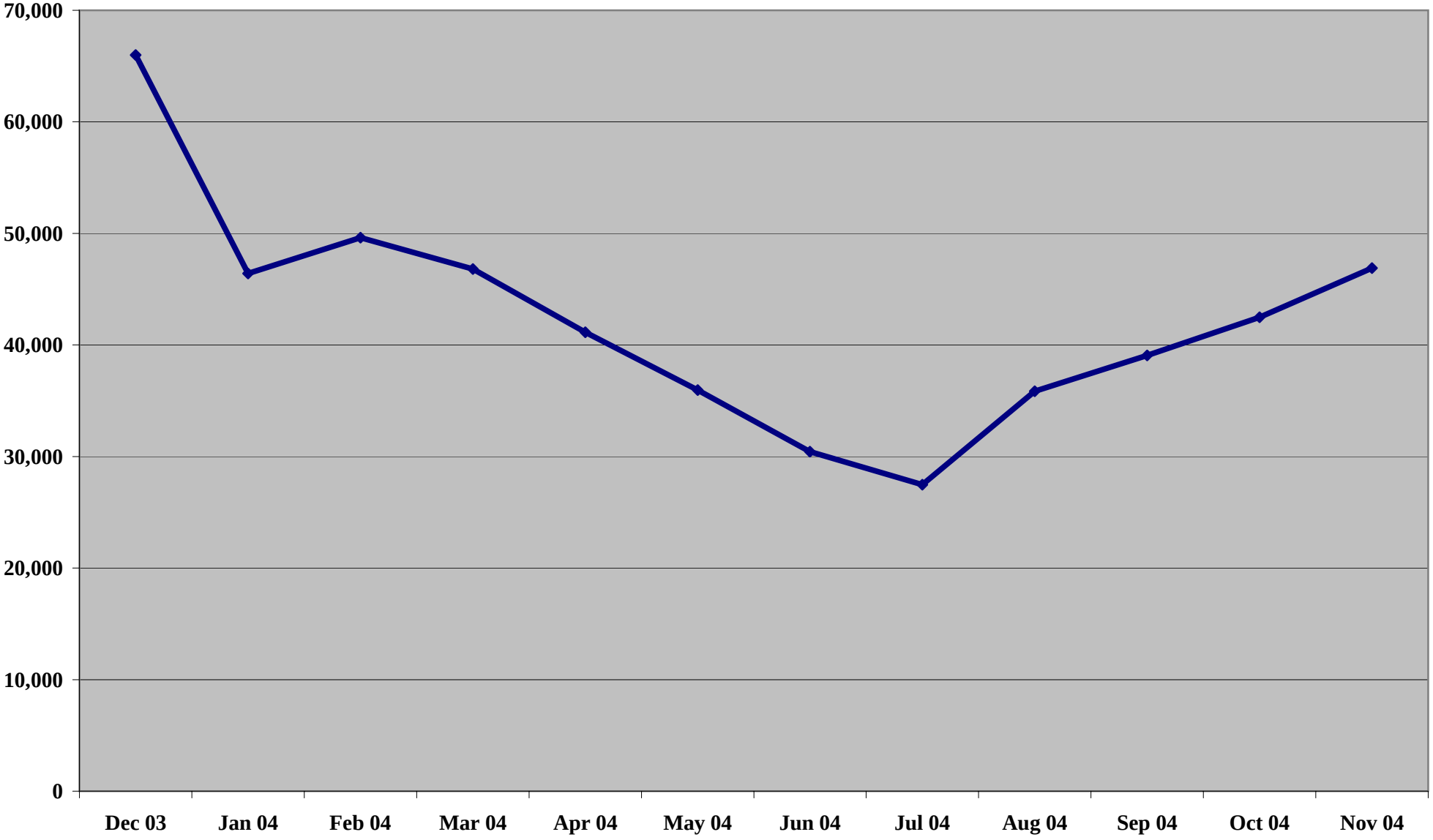
*Excludes Celebrex and Bextra

**Included in the Unique N to Nsaids

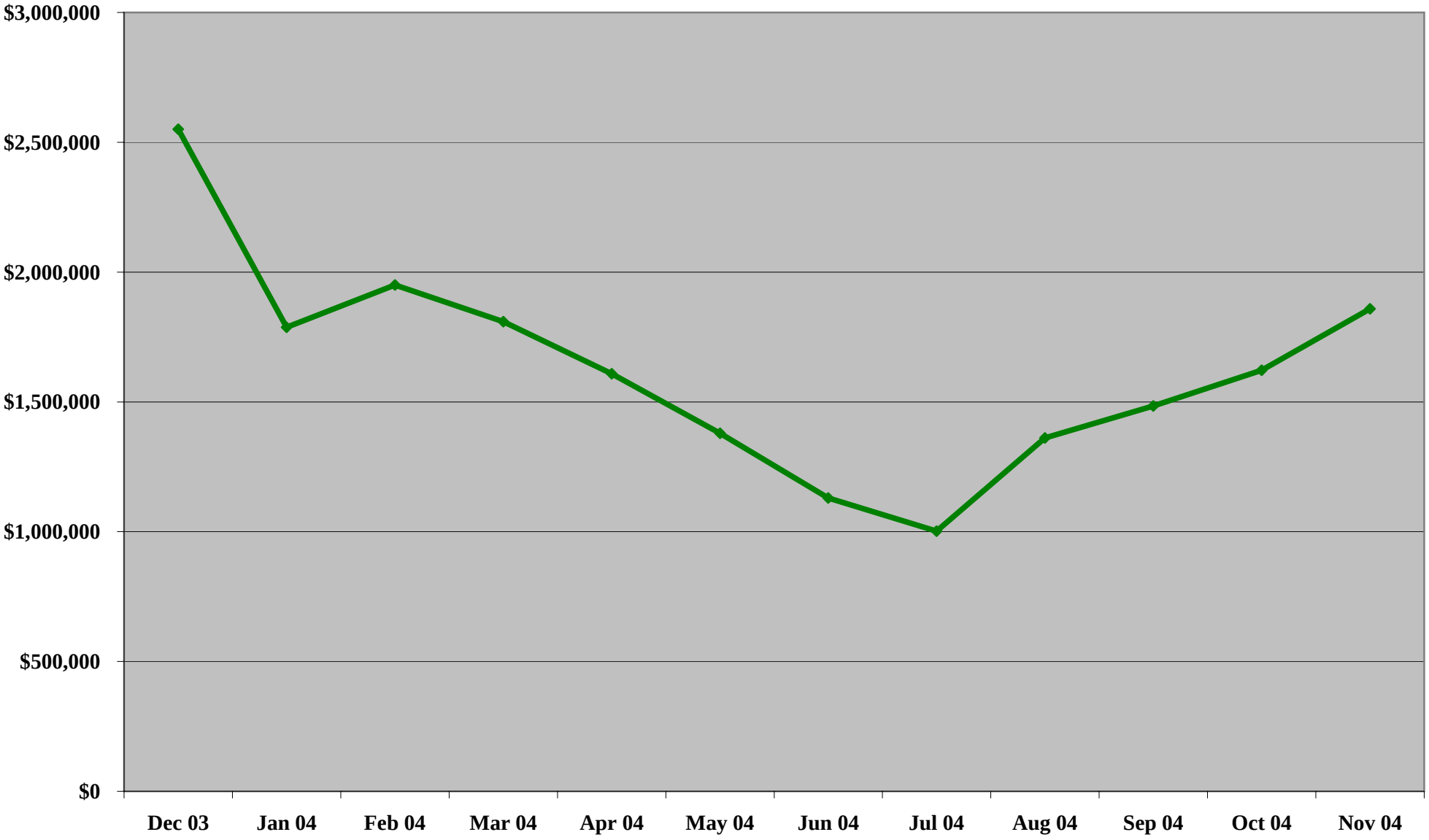
Unique Recipient Count by Drug for All Vioxx Users Following September 2004



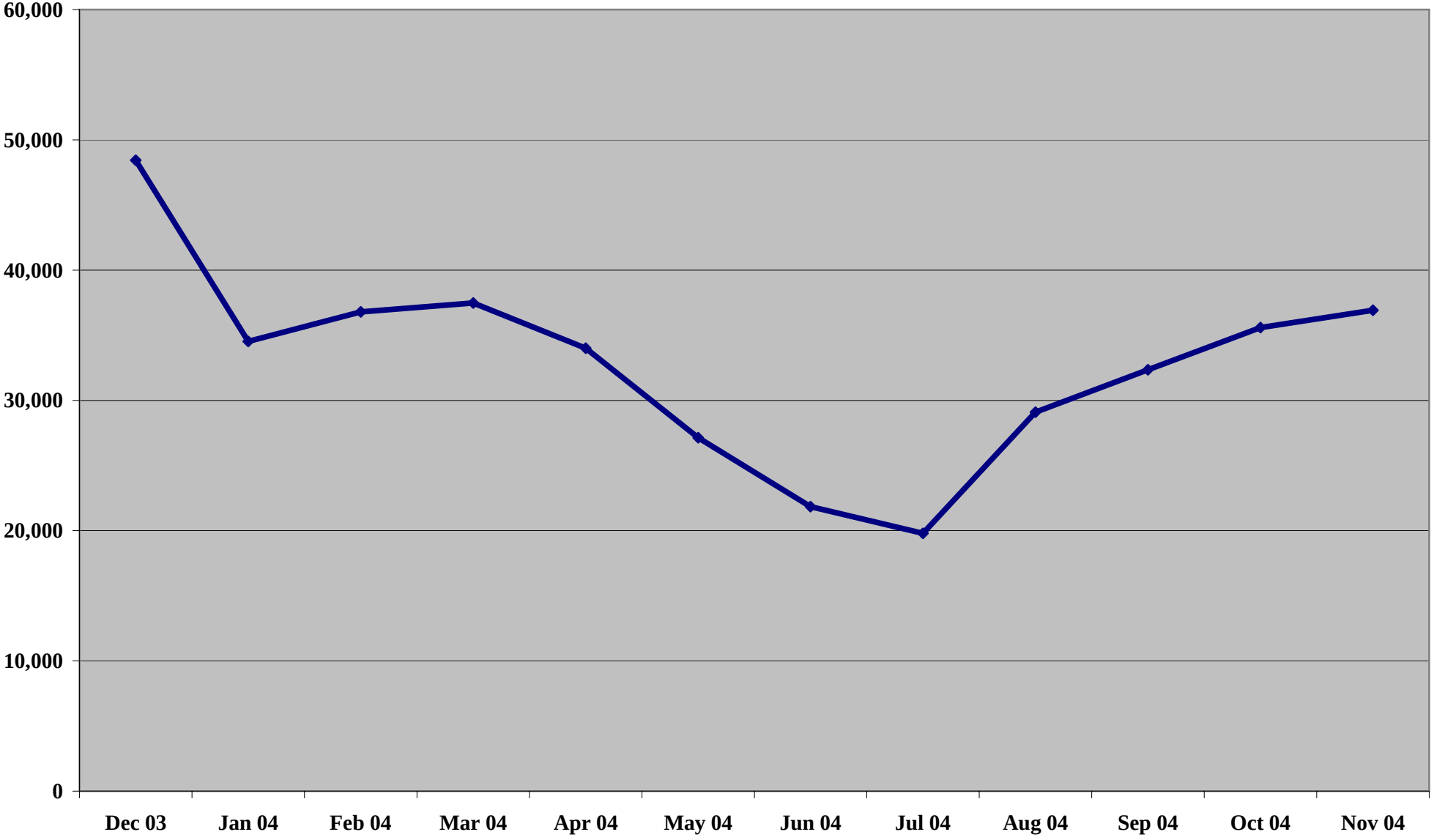
MISSISSIPPI MEDICAID
Total Prescriptions Per Month for Antibiotics
Ages 0 - 20 Only



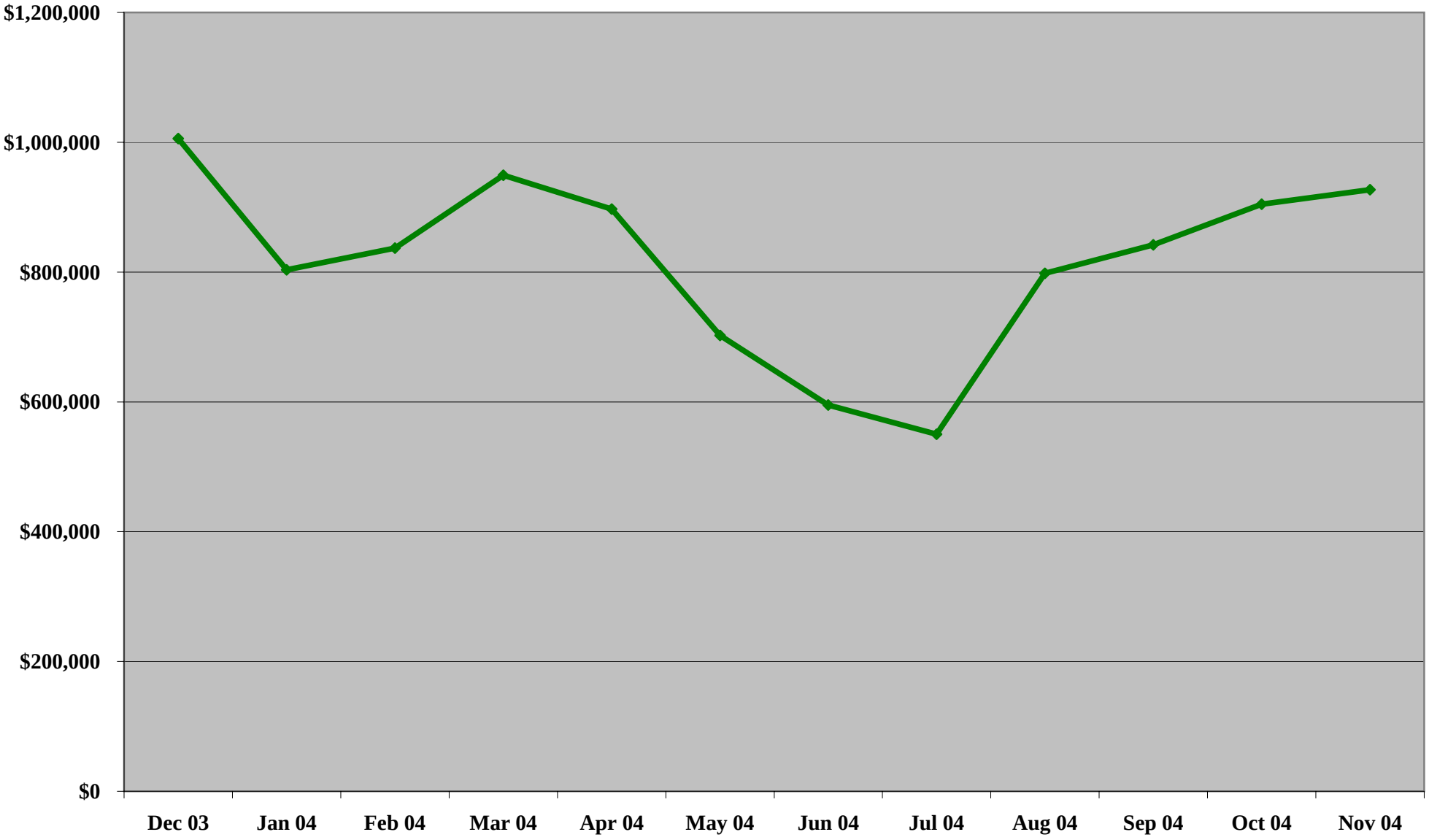
MISSISSIPPI MEDICAID
Total Dollars Spent Per Month for Antibiotics
Ages 0 - 20 Only



MISSISSIPPI MEDICAID
Total Prescriptions Per Month for Antihistamines
Ages 0 - 20 Only



MISSISSIPPI MEDICAID
Total Dollars Spent Per Month for Antihistamines
Ages 0 - 20 Only



MISSISSIPPI MEDICAID

Top 10 Antibiotics for Therapeutic Duplication

Ages 0 - 20 Only

Drug Name	Count
ZITHROMAX	2,617
OMNICEF	863
CEFZIL	501
TRIMOX 250	360
AUGMENTIN ES-600	261
SULFAMETHOXAZOLE/TRIMETHOPRIM	260
CEPHALEXIN	256
BIAXIN	237
VANTIN	226
SULFATRIM	219

MISSISSIPPI MEDICAID

Top 10 Antihistamines for Therapeutic Duplication

Ages 0 - 20 Only

Drug Name	Count
ZYRTEC	1,030
PROMETHAZINE HCL	593
PEDIATEX-D	373
HYDRO-TUSSIN CBX	307
ED A-HIST	155
PEDIATEX	149
PEDIOX	146
NOREL DM	142
VAZOL-D	135
PALGIC DS	112

What this represents is therapeutic duplications for each class within 1 given 30 day period from 12/1/2003-12/31/2003. For example there were 2, 617 beneficiaries that received Zithromax and another antibiotic in the same time period

Recommendations

There are several solutions if applicable to stem the therapeutic duplications in these two classes of medications.
First, a retrospective DUR criterion can be implemented to notify providers of the therapeutic duplication that had occurred. While this may be effective in preventing future therapeutic duplications it will not prevent a beneficiary from visiting a different physician/pharmacy and receiving another antibiotic/antihistamine thus causing another therapeutic duplication.
The second option would be to place product quantity limits on these agents. Perhaps, product quantity limits on antibiotic "convenience packs" within a 30 day period may reduce multiple dispensing of the same antibiotic within a set period of time. The same quantity limit can be placed on antihistamines. Again, the disadvantage to product quantity limits is, it will only prevent the same drug from being dispensed above the quantity limit set.
The third option is more than likely the most effective. This option refers to a therapeutic duplication edit that would involve the class of medications. In this instance, the duplicate prescription claim will deny for further review upon submitting a request. Thus, another antibiotic prescribed within a set time of a previous antibiotic would require a review and approval before dispensing.
To summarize, the three possible solutions offered here are:

1. **RDUR criterion**
2. **Product Quantity limit**
3. **Review Prior to Dispensing**

MISSISSIPPI MEDICAID
RETROSPECTIVE DUR
CRITERIA RECOMMENATIONS
FIRST QUARTER 2005

Recommendation ***Approved*** ***Rejected***

1. Narcotics/Sickle Cell/Hydroxyurea _____ _____

Alert Message: This patient has sickle cell anemia and appears to be receiving only narcotics for associated pain. The patient may benefit from the addition of hydroxyurea for pain prevention. Hydroxyurea has been shown to reduce the frequency and severity of sickle cell crises, chest syndrome and transfusion requirements. Re-evaluation of the patient's condition and treatment regimen may be necessary.
Conflict Code: TA - Therapeutic Appropriateness
Drugs

Util A	Util B	Util C
Morphine	Sickle Cell Anemia	Hydroxyurea
Meperidine		
Hydromorphone		
Oxymorphone		
Codeine		
Hydrocodone		
Oxycodone		
Levorphanol		
Methadone		
Fentanyl		
Propoxyphene		
Opium		
Pentazocine		

References:
Facts & Comparisons, 2004 Updates.
Micromedex Healthcare Series, DISEASEDEX Emergency Medicine Clinical Reviews, 2004.
Steinberg MH, Barton F, Castro O, et. al. Effect of Hydroxyurea on Mortality and Morbidity in Adult Sickle Cell Anemia. *JAMA.* 2003;289:1645-1651

2. Estazolam/ Azole Antifungals _____ _____

Alert Message: Estazolam use is contraindicated with the potent CYP3A4 enzymes inhibitors, ketoconazole or itraconazole, due to their inhibition of estazolam metabolism. Concomitant use of these agents may result in estazolam toxicity.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Major - 10
Drugs:

Util A	Util B	Util C
Estazolam	Ketoconazole	
	Itraconazole	

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2004.
Prosom Product Information, Jan. 2004, Abbott Laboratories.

Recommendation ***Approved*** ***Rejected***

3. Estazolam/ Certain 3A4 inhibitors (Moderate) _____ _____

Alert Message: Estazolam, a CYP 3A4 substrate, should be prescribed with caution in patients receiving drugs that exhibit significant inhibition of 3A4 metabolism (e.g., nefazodone, fluvoxamine, cimetidine, diltiazem, isoniazid and some macrolide antibiotics). Concomitant therapy may result in elevated estazolam concentrations. Consideration should be given to appropriate dosage reduction of estazolam.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Moderate - 5
Drugs:

Util A	Util B		Util C
Estazolam	Nefazodone	Erythromycin	
	Fluvoxamine	Clarithromycin	
	Cimetidine		
	Diltiazem		
	Isoniazid		

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2004.
Prosom Product Information, Jan. 2004, Abbott Laboratories.

4. Estazolam/ CYP3A4 Inducers _____ _____

Alert Message: Estazolam, a CYP 3A4 substrate, should be used with caution in patients receiving potent CYP3A4 enzymes inducers (e.g., carbamazepine, phenytoin, rifampin and barbiturates). While no in-vivo drug-drug interaction studies have been conducted between estazolam and inducers of CYP3A it would be expected that concomitant use would decrease estazolam concentrations. Monitor for signs of benzodiazepine clinical effectiveness.
Conflict Codes: DD – Drug/Drug Interaction
Severity: Moderate - 5
Drugs:

Util A	Util B		Util C
Estazolam	Carbamazepine	Phenobarbital	
	Phenytoin	Butalbital	
	Rifampin	Butabarbital	
	Mephobarbital		
	Secobarbital		
	Pentobarbital		

References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, 2004.
Prosom Product Information, Jan. 2004, Abbott Laboratories.

5. Valdecoxib / Therapeutic Appropriateness _____ _____

Alert Message: Serious skin reactions have been reported in patients receiving Bextra (valdecoxib). These skin reactions are most likely to occur in the first 2 weeks of treatment, but can occur any time during therapy. In a few cases, these reactions have resulted in death. Valdecoxib should be discontinued at the first appearance of a skin rash, mucosal lesions, or any sign of hypersensitivity. Valdecoxib contains sulfa, and patients with a history of allergic reactions to sulfa may be at a greater risk of skin reactions.
Conflict Code: TA – Therapeutic Appropriateness
Severity: Major – Boxed Warning
Drugs:

Util A	Util B	Util C
Valdecoxib		

References:
Bextra Product Information, Nov. 2004, Pfizer Inc.
Medwatch: FDA Safety Information and Adverse Event Reporting Program, 2004.

Recommendation	*Approved*	*Rejected*

6. Valdecoxib / Therapeutic Appropriateness _____ _____

Alert Message: Bextra (valdecoxib) is contraindicated for treatment of postoperative pain immediately following coronary artery bypass graft surgery (CABG). Patients treated with valdecoxib for pain following CABG have a higher risk for cardiovascular/thromboembolic events, deep surgical infections or sternal wound complications.
Conflict Code: TA - Therapeutic Approriateness
Severity: Major
Drugs:

Util A	Util B	Util C
Valdecoxib		

References:
Bextra Product Information, Nov. 2004, Pfizer Inc.
Medwatch: FDA Safety Information and Adverse Event Reporting Program, 2004.

7. Celecoxib / Overutilization _____ _____

Alert Message: A recent clinical trial involving the use of Celebrex (celecoxib) to prevent colon polyps was halted due to an increased risk of cardiovascular (CV) events. Patients taking 400 mg of celecoxib twice a day had a 3.4 times greater risk of CV events compared to placebo and 2.5 times greater for 200 mg twice a day. The FDA is advising that all physicians prescribing celecoxib consider the evolving information in evaluating the risks and benefits for the individual patient. Dosage reduction or alternative therapy may be necessary.
Conflict Code: ER - Overutilization
Drugs

Util A	Util B	Util C
Celecoxib		

Max Dose: > 400mg
References:
FDA Statement on Halting of a Clinical Trial of the Cox-2 Inhibitor Celebrex, Dec. 17, 2004.

Boxed Warning Update

Code of Federal Regulations definition for Black Box:

Citation: Title 21 CFR 201.57 Section E

(e) Warnings. Under this section heading, the labeling shall describe serious adverse reactions and potential safety hazards, limitations in use imposed by them, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with a drug; a causal relationship need not have been proved. A specific warning relating to a use not provided for under the "Indications and Usage: section of labeling may be required by the Food and Drug Administration if the drug is commonly prescribed for a disease of condition, and there is lack of substantial evidence of effectiveness for that disease or condition, and such usage is associated with serious risk or hazard. Special problems, particularly those that may lead to death or serious risk or hazard. Special problems, particularly those that may lead to death or serious injury, may be required by the Food and Drug Administration to be placed in a prominently displayed box. The boxed warning ordinarily shall be based on clinical data, but serious animal toxicity may also be the basis of a boxed warning in the absence of clinical data. If a boxed warning is required, its location will be specified by the Food and Drug Administration. The frequency of these adverse reactions and , if known, the approximate mortality and morbidity rates for patients sustaining the reaction, which are important to safe and effective used of the drug, shall be expressed as provided under the "Adverse Reactions" section of the labeling.

Crestor (rosuvastatin calicum)

Audience: Physicians, pharmacists, and other healthcare professionals

FDA issued a public health advisory describing revisions to the WARNINGS, DOSAGE AND ADMINISTRATION, CLINICAL PHARMACOLOGY, and PRECAUTIONS sections of the labeling. The revisions include results from a Phase 4 pharmacokinetic study in Asian-Americans and highlight important information on the safe use of Crestor to reduce the risk for serious muscle toxicity (myopathy/rhabdomyolysis), especially at the highest approved dose of 40 mg. At this time, the FDA is also making statements about the muscle and kidney safety of Crestor based on extensive review of available information.

Agrylin (anagrelide hydrochloride)

Audience: Hematology/Oncology and other healthcare professionals

Shire and FDA notified healthcare professionals about changes to the CONTRAINDICATIONS and WARNINGS sections of the prescribing information for Agrylin (anagrelide hydrochloride), a medication approved for the treatment of thrombocythemia secondary to myeloproliferative disorders to reduce platelet count and the risk of thrombosis and to ameliorate associated symptoms including thrombohemorrhagic events. Pharmacokinetic studies have

revealed an 8-fold increase in total exposure (AUC) to anagrelide hydrochloride in patients with moderate hepatic impairment. Use of anagrelide hydrochloride has not been studied in patients with severe hepatic impairment. Labeling changes include the contraindication to the use of Agrylin in patients with severe hepatic impairment. The WARNINGS section describes the need for dosage reduction in patients with moderate hepatic impairment and the necessity of monitoring these patients carefully for cardiovascular effects.

Gabitril (tiagabine)

Audience: Neuropsychiatric and other healthcare professionals

FDA and Cephalon, Inc. notified healthcare professionals and the public that a Bolded Warning has been added to the labeling for Gabitril (tiagabine) to warn prescribers of the risk of seizures in patients without epilepsy being treated with Gabitril. FDA has received reports of the occurrence of seizures in more than 30 patients prescribed Gabitril for conditions other than epilepsy. Most of these uses were in patients with psychiatric illnesses. Such off label prescribing is a common practice among physicians. Because of the risk of seizures, however, in addition to adding the Bolded Warning to product labeling, the sponsor has agreed to undertake an educational campaign, targeted to healthcare professionals and patients, in which such off-label use will be discouraged.

Phenergan (promethazine hydrochloride)

Audience: Pediatricians and other healtcare professionals

FDA and Wyeth notified healthcare professionals of revisions to the CONTRAINDICATIONS, WARNINGS/Use in Pediatric Patients, and DOSAGE AND ADMINISTRATION sections of the prescribing information for Phenergan. Phenergan is contraindicated for use in pediatric patients less than two years of age because of the potential for fatal respiratory depression. Postmarketing cases of respiratory depression including fatalities, have been reported with use of Phenergan in pediatric patients less than two years of age. Caution should also be exercised when administering Phenergan to pediatric patients two years of age and older.

Estraderm (estradiol transdermal system)

CONTRAINDICATIONS

Estrogens should not be used in individuals with any of the following conditions:

- Liver dysfunction or disease

BOXED WARNING

The Women's Health Initiative (WHI) study reported increased risks of myocardial infarction, stroke, invasive breast cancer, pulmonary emboli, and deep vein thrombosis in postmenopausal women (50-79 years of age) during 5 years of treatment with oral conjugated equine estrogens (CE 0.625 mg) combined with medroxyprogesterone acetate (MPA 2.5 mg) relative to placebo.

The Women's Health Initiative Memory Study (WHIMS), a substudy of WHI, reported increased risk of developing probable dementia in postmenopausal women 65 years of age or older during 4 years of treatment with oral conjugated equine estrogens plus medroxyprogesterone acetate relative to placebo. It is unknown whether this finding applies to younger postmenopausal women or to women taking estrogen alone therapy.

Other doses of oral conjugated estrogens with medroxyprogesterone acetate, and other combinations and dosage forms of estrogens and progestins were not studied in the WHI clinical trials and, in the absence of comparable data, these risks should be assumed to be similar.

WARNINGS

Cardiovascular Disorders

Risk factors for arterial vascular disease (e.g. hypertension, diabetes mellitus, tobacco use, hypercholesterolemia, and obesity) and/or venous thromboembolism (e.g., personal history or family history of VTE, obesity, and systemic lupus erythematosus) should be managed appropriately.

Breast Cancer

The use of estrogens and progestins by postmenopausal women has been reported to increase the risk of breast cancer. The most important randomized clinical trial providing information about this issue is the Women's Health Initiative (WHI) substudy of CE/MPA. The results from observational studies are generally consistent with those of the WHI clinical trial and report no significant variation in the risk of breast cancer among different estrogens or progestins, doses, or routes of administration.....(See prescribing information.)

Dementia

In the Women's Health Initiative Memory Study (WHIMS) ..... After an average follow-up of 4 years, 40 women being treated with CE/MPA (1.8%, n = 2,229) and 21 women in the placebo group (0.9%, n = 2,303) received diagnoses of probable dementia. The relative risk for CE/MPA versus placebo was 2.05 (95% confidence interval 1.21 – 3.48), and was similar for women with and without histories of menopausal hormone use before WHIMS.....(See prescribing information.)

Visual Abnormalities

If examination reveals papilledema or retinal vascular lesions, estrogens should be permanently discontinued.

Suggested Interventions
March 31, 2005

Inappropriate Therapy for Elderly-Long Half-Life Benzodiazepine Anxiolytics
Initial Criteria Exception Report Count—633 bneficiaries

Inappropriate Therapy for Elderly-Barbiturate Sedative/Hypnotics
Initial Criteria Exception Report Count—150 beneficiaries

Inappropriate Therapy for Elderly—Certain Tertiary TCA's
Initial Criteria Exception Report Count—865 beneficiaries

Inappropriate Therapy for Elderly—Famotidine
Initial Criteria Exception Report Count—1,827 beneficiaries

Inappropriate Therapy for Elderly—Sonata and Ambien
Initial Criteria Exception Report Count—1,021 beneficiaries

Drug (Actual) Disease Precaution—Adverse Cardiovascular Effects COX-2 Inhibitors (All)
Initial Criteria Exception Report Count—1,713 beneficiaries

Celecoxib / Overutilization

Valdecoxib / Therapeutic Appropriateness

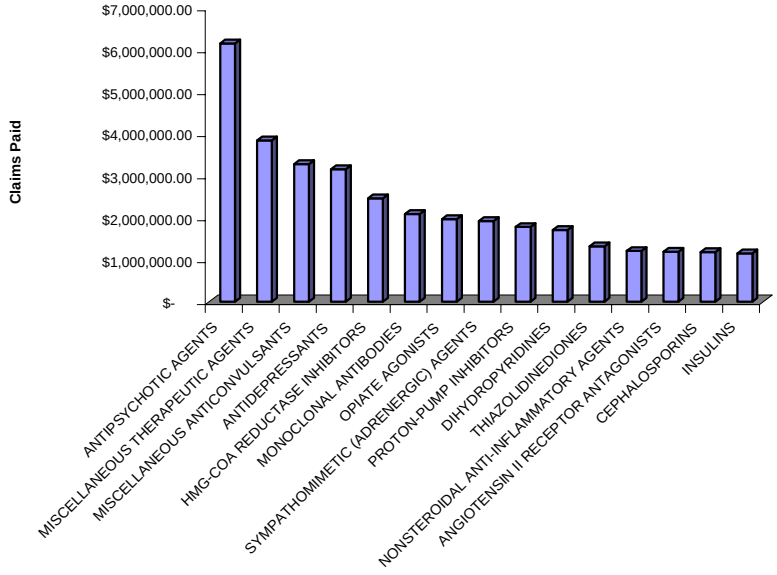
MISSISSIPPI MEDICAID
Cost Management Analysis

TOP 15 THERAPEUTIC CLASSES BY TOTAL COST OF CLAIMS FROM 01/01/05-01/31/045

AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
ANTIPSYCHOTIC AGENTS	25,933	$ 6,151,332.79	$ 237.20	2.73%
MISCELLANEOUS THERAPEUTIC AGENTS	32,869	$ 3,844,398.95	$ 116.96	3.47%
MISCELLANEOUS ANTICONVULSANTS	22,800	$ 3,279,573.32	$ 143.84	2.40%
ANTIDEPRESSANTS	46,577	$ 3,154,210.00	$ 67.72	4.91%
HMG-COA REDUCTASE INHIBITORS	23,882	$ 2,460,411.21	$ 103.02	2.52%
MONOCLONAL ANTIBODIES	1,710	$ 2,086,930.97	$ 1,220.43	0.18%
OPIATE AGONISTS	57,840	$ 1,964,861.34	$ 33.97	6.10%
SYMPATHOMIMETIC (ADRENERGIC) AGENTS	25,590	$ 1,924,480.58	$ 75.20	2.70%
PROTON-PUMP INHIBITORS	15,880	$ 1,780,610.59	$ 112.13	1.67%
DIHYDROPYRIDINES	25,742	$ 1,709,178.04	$ 66.40	2.71%
THIAZOLIDINEDIONES	9,181	$ 1,321,688.48	$ 143.96	0.97%
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	28,954	$ 1,208,849.12	$ 41.75	3.05%
ANGIOTENSIN II RECEPTOR ANTAGONISTS	20,469	$ 1,187,839.12	$ 58.03	2.16%
CEPHALOSPORINS	21,669	$ 1,182,885.13	$ 54.59	2.28%
INSULINS	12,741	$ 1,150,074.13	$ 90.27	1.34%
TOTAL TOP 15	371,837	$ 34,407,323.77	$ 92.53	39.20%

Total Rx Claims	948,449
From 01/01/05-01/31/05	

Top 15 Therapeutic Classes
Based on Total Cost of Claims

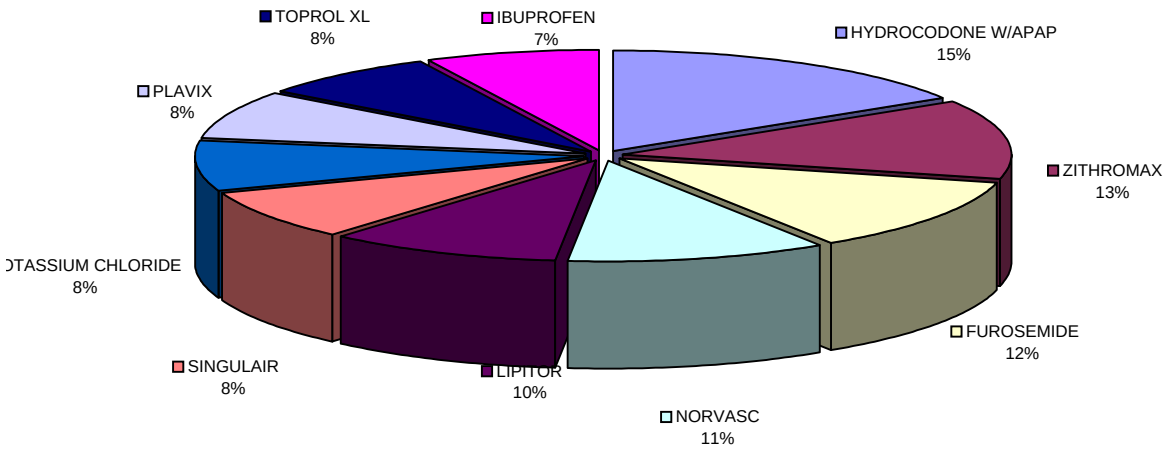


TOP 25 DRUGS BASED ON NUMBER OF CLAIMS FROM 01/01/05-01/31/05

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
HYDROCODONE W/APAP	OPIATE AGONISTS	19,927	$283,088.80	$14.21	2.10%
ZITHROMAX	MACROLIDES	15,923	$703,074.37	$44.15	1.68%
FUROSEMIDE	DIURETICS	14,825	$88,878.74	$6.00	1.56%
NORVASC	DIHYDROPYRIDINES	13,455	$797,442.08	$59.27	1.42%
LIPITOR	HMG-COA REDUCTASE INHIBITORS	12,287	$1,138,945.98	$92.70	1.30%
SINGULAIR	MISCELLANEOUS THERAPEUTIC AGENTS	10,017	$910,952.86	$90.94	1.06%
POTASSIUM CHLORIDE	REPLACEMENT PREPARATIONS	9,686	$183,960.11	$18.99	1.02%
PLAVIX	MISCELLANEOUS THERAPEUTIC AGENTS	9,674	$1,231,283.51	$127.28	1.02%
TOPROL XL	BETA-ADRENERGIC BLOCKING AGENTS	9,348	$317,724.50	$33.99	0.99%
IBUPROFEN	NONSTEROIDAL ANTI-INFLAMMATORY AGENTS	9,078	$81,597.98	$8.99	0.96%
ZYRTEC	SECOND GENERATION ANTIHISTAMINES	8,595	$437,430.64	$50.89	0.91%
RANITIDINE HCL	HISTAMINE H2-ANTAGONISTS	8,500	$271,166.70	$31.90	0.90%
AMOXICILLIN	PENICILLINS	8,430	$70,372.30	$8.35	0.89%
PROPOXYPHENE NAP. W/APAP	OPIATE AGONISTS	7,999	$95,701.16	$11.96	0.84%
PROMETHAZINE HCL	FIRST GENERATION ANTIHISTAMINES	7,444	$139,460.87	$18.73	0.78%
LOTREL	DIHYDROPYRIDINES	7,311	$601,768.29	$82.31	0.77%
ZOLOFT	ANTIDEPRESSANTS	7,211	$683,598.24	$94.80	0.76%
CEPHALEXIN	CEPHALOSPORINS	7,177	$143,847.55	$20.04	0.76%
GABAPENTIN	MISCELLANEOUS ANTICONVULSANTS	7,136	$885,271.52	$124.06	0.75%
ALBUTEROL	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	7,091	$145,555.57	$20.53	0.75%
HYDROCHLOROTHIAZIDE	DIURETICS	6,938	$46,530.77	$6.71	0.73%
OMNICEF	CEPHALOSPORINS	6,772	$498,224.88	$73.57	0.71%
LEXAPRO	ANTIDEPRESSANTS	6,743	$482,237.20	$71.52	0.71%
AMOX TR-POTASSIUM CLAVULANATE	PENICILLINS	6,725	$422,806.98	$62.87	0.71%
SEROQUEL	ANTIPSYCHOTIC AGENTS	6,387	$1,439,905.69	$225.44	0.67%
TOTAL TOP 25		234,679	$ 12,100,827.29	$51.56	24.74%

Total Rx Claims From 01/01/05-01/31/05	948,449

Top 10 Drugs
Based on Number of Claims

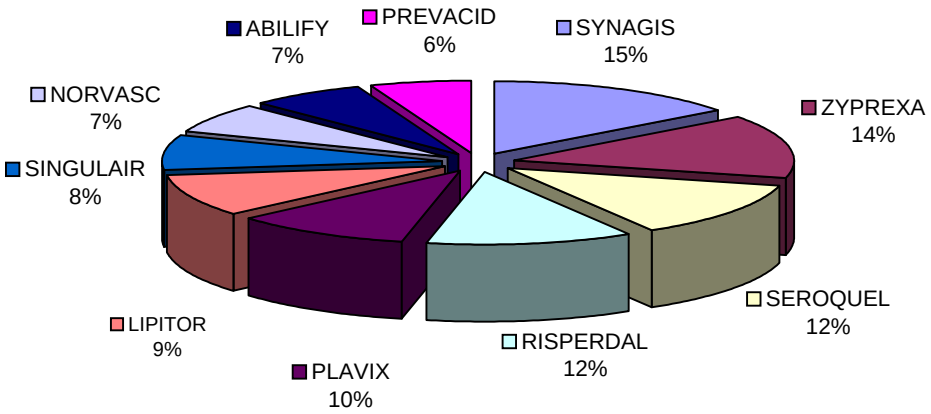


TOP 25 DRUGS BASED ON TOTAL CLAIMS COST FROM 01/01/05-01/31/05

Drug	AHFS Therapeutic Class	Rx	Paid	Paid/Rx	% Total Claims
SYNAGIS	MONOCLONAL ANTIBODIES	1,448	$ 1,734,021.09	$ 1,197.53	0.15%
ZYPREXA	ANTIPSYCHOTIC AGENTS	4,695	$ 1,650,496.36	$ 351.54	0.50%
SEROQUEL	ANTIPSYCHOTIC AGENTS	6,288	$ 1,448,527.14	$ 230.36	0.66%
RISPERDAL	ANTIPSYCHOTIC AGENTS	6,354	$ 1,390,453.35	$ 218.83	0.67%
PLAVIX	MISCELLANEOUS THERAPEUTIC AGENTS	9,735	$ 1,221,401.29	$ 125.46	1.03%
LIPITOR	HMG-COA REDUCTASE INHIBITORS	12,047	$ 1,085,625.65	$ 90.12	1.27%
SINGULAIR	MISCELLANEOUS THERAPEUTIC AGENTS	9,854	$ 896,504.11	$ 90.98	1.04%
NORVASC	DIHYDROPYRIDINES	13,695	$ 791,639.82	$ 57.81	1.44%
ABILIFY	ANTIPSYCHOTIC AGENTS	2,193	$ 782,170.45	$ 356.67	0.23%
PREVACID	PROTON-PUMP INHIBITORS	5,217	$ 677,838.65	$ 129.93	0.55%
ZOLOFT	ANTIDEPRESSANTS	7,381	$ 677,301.96	$ 91.76	0.78%
ZITHROMAX	MACROLIDES	15,498	$ 660,265.58	$ 42.60	1.63%
NEURONTIN	MISCELLANEOUS ANTICONVULSANTS	3,261	$ 639,778.53	$ 196.19	0.34%
ZOCOR	HMG-COA REDUCTASE INHIBITORS	4,919	$ 625,477.91	$ 127.16	0.52%
ADVAIR DISKUS	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	4,050	$ 600,732.04	$ 148.33	0.43%
LOTREL	DIHYDROPYRIDINES	7,391	$ 599,748.56	$ 81.15	0.78%
ACTOS	THIAZOLIDINEDIONES	3,770	$ 598,002.98	$ 158.62	0.40%
XOPENEX	SYMPATHOMIMETIC (ADRENERGIC) AGENTS	4,265	$ 575,731.54	$ 134.99	0.45%
TOPAMAX	MISCELLANEOUS ANTICONVULSANTS	2,434	$ 564,718.53	$ 232.01	0.26%
DURAGESIC	OPIATE AGONISTS	1,707	$ 537,440.20	$ 314.84	0.18%
PULMICORT	ADRENALS	2,722	$ 525,024.16	$ 192.88	0.29%
ARICEPT	PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)	3,712	$ 521,785.75	$ 140.57	0.39%
NEXIUM	PROTON-PUMP INHIBITORS	3,645	$ 518,557.97	$ 142.27	0.38%
LEXAPRO	ANTIDEPRESSANTS	6,841	$ 486,136.96	$ 71.06	0.72%
GABAPENTIN	MISCELLANEOUS ANTICONVULSANTS	4,733	$ 477,677.89	$ 100.92	0.50%
TOTAL TOP 25		147,855	$ 20,287,058.47	$ 137.21	15.59%

Total Rx Claims From 01/01/05-01/31/05	948,449

Top 10 Drugs
Based on Total Claims Cost



Academic Detailing Program

Description:
A program through which Medicaid Pharmacy Specialists make scheduled visits for face to face interactions with prescribers around the state. They will provide education regarding all aspects of the Mississippi Division of Medicaid (DOM) pharmacy program. These visits will focus on relevant provider issues such as prior authorization procedures, preferred drug list usage and implementation, and general DOM pharmacy policy.

Goals:
- To promote usage and understanding of the preferred drug list (PDL).
- To distribute timely information about DOM pharmacy policy changes.
- To provide educational materials pertaining to the prior authorization process.
- To collect and respond to questions and comments from providers.

Qualifications:
- BA or BS degree
- Self-motivated
- Ability to establish priorities and work independently
- Excellent communication skills

Locations:
- Jackson
- Hattiesburg
- Oxford

Supervision:
The Medicaid Pharmacy Specialists will be supervised and directed by HID and will report directly to a clinical pharmacist in the Flowood office. They will communicate weekly with the supervising pharmacist regarding their performance and activity and the HID clinical staff will be available to them daily.

Mississippi

Population: 2,871,782
Land area: 46,907 sq. mi.
Capital: Jackson

Cities and Towns

Aberdeen	C-5
Ackerman	D-5
Amory	C-6
Anguilla	E-2
Baldwyn	B-5
Batesville	B-3
Bay Springs	G-4
Bay St. Louis	J-4
Beaumont	H-5
Belmont	B-6
Belzoni	D-3
Biloxi	J-5
Booneville	B-5
Brandon	F-3
Brookhaven	G-3
Brooksville	D-5
Bruce	C-4
Bude	H-2
Byhalia	A-4
Calhoun City	C-4
Canton	F-3
Carthage	E-4
Centreville	H-2
Charleston	C-3
Clarksdale	C-2
Cleveland	C-2
Clinton	F-3
Coffeeville	C-4
Collins	G-4
Columbia	H-4
Columbus	D-6
Como	B-3
Corinth	A-6
Crystal Springs	G-3
D'Iberville	J-5
De Kalb	E-5
Decatur	F-5
Drew	C-2
Durant	E-3
Edwards	F-2
Ellisville	G-5
Eupora	D-4
Fayette	G-2
Forest	F-4
Fulton	C-6
Gautier	J-5
Greenville	D-2
Greenwood	D-3
Grenada	C-4
Gulfport	J-5
Hattiesburg	H-4
Hazlehurst	G-3
Hernando	A-3
Hollandale	D-2
Holly Springs	B-4
Horn Lake	A-3
Houston	C-5
Indianola	D-2
Itta Bena	D-3
Iuka	B-6
Jackson	F-3
Kosciusko	E-4
Laurel	G-5
Leakesville	H-5
Leland	D-2
Lexington	E-3
Long Beach	J-5
Louisville	E-5
Lucedale	I-5
Lumberton	H-4
Macon	E-5
Madison	F-3
Magee	G-4
Magnolia	H-3
Marks	C-3
Mathiston	D-5
McComb	H-3
Mendenhall	G-3
Meridian	F-5
Mississippi State	D-5
Monticello	G-3
Morton	F-4
Moss Point	J-6
Mount Olive	G-4
Natchez	G-1
Nettleton	C-5
New Albany	B-5
Newton	F-5
Ocean Springs	I-5
Okolona	C-5
Olive Branch	A-4
Oxford	B-4
Pascagoula	J-6
Pass Christian	J-4
Pearl	F-3
Petal	H-4
Philadelphia	E-5
Picayune	I-4
Pickens	E-3
Pontotoc	C-5
Poplarville	I-4
Port Gibson	G-2
Prentiss	G-3
Purvis	H-4
Quitman	G-5
Raleigh	G-4
Raymond	F-3
Richton	H-5
Richland	F-3
Ridgeland	F-3
Ripley	B-5
Rolling Fork	E-2
Rosedale	C-2
Ruleville	D-2
Sardis	B-3
Seminary	G-4
Shannon	C-5
Shaw	D-2
Shelby	C-2
Southaven	A-3
Starkville	D-5
Summit	H-3
Tchula	D-3
Terry	F-3
Tunica	B-3
Tupelo	C-5
Tutwiler	C-3
Tylertown	H-3
Union	F-5
Utica	F-2
Vancleave	I-5
Vicksburg	F-2
Water Valley	C-4
Waynesboro	G-5
Webb	C-3