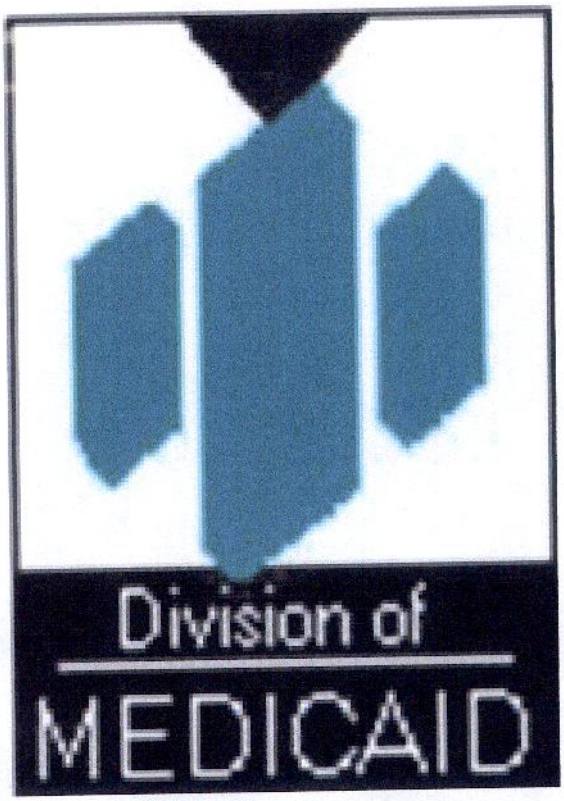

DUR BOARD MEETING November 21, 2002

DIVISION OF MEDICAID
OFFICE OF THE GOVERNOR
DRUG UTILIZATION REVIEW BOARD
AGENDA
November 21, 2002

I.	Call to Order, opening remarks	Tim Alford, MD	5min
II.	Reading & Approval of Minutes of June 13, 2002 DUR Board Meeting	Lew Anne Snow, RN	5min
III.	Generic Provider ID	Laura Neumann, RPh	15min
IV.	PPI Study	Laura Neumann, RPh	15min
V.	Prior Authorization Update	Laura Neumann, RPh	5min
VI.	Intervention Activity Report Suggested Interventions	Laura Neumann, RPh	10min
VII.	Lock-In Program Overview	Carlis Faler-DOM	15 min
VIII.	Old Business/New Business	Tim Alford, MD	10min
IX.	Set Future Meeting Date(s)	Laura Neumann, RPh	5min
X.	Closing	Tim Alford, MD	5min

Minutes of the September 12, 2002 Drug Utilization Review Board

Members Attending: Tim Alford, M.D., Robert Smith, M.D., Diana McGowan, R.Ph, Lee Ann Ramsey, R.Ph, Bob Broadus, M.D., Cynthia Undesser, M.D., Montez Carter, R.Ph, Andrea Phillips, M.D.,

Members Absent: Clarence DuBose, R.Ph, Joe McGuffee, R.Ph, and John R. Mitchell, M.D.

Others Present: Laura Neumann, R.Ph. (HID), Pam DeRuiter, R.Ph. (HID), Felicia Lobrano, R.N. (HID), Gay Gipson, R.N. Pharmacy Bureau, Rica Lewis-Payton, Executive Director of DOM, Bo Bowen, Deputy Administrator of DOM

Dr. Alford called the meeting to order at 1:35 pm.

Approve minutes of the last meeting (June 13, 2002): Bob Broadus made a motion to accept the minutes as written and Cynthia Undesser seconded. All voted in favor of approval.

Recommendation: Tim Alford made a recommendation to remove the prior authorization process. He inquired as to what was the response of the P&T committee. Rica Lewis-Payton responded that the prior authorization process will not be removed, but DOM will note his recommendation. She suggested that he outline his recommendation to improve the prior authorization process and this can be submitted to the P&T committee.

Pam DeRuiter, R.Ph, (Criteria Manager, HID), gave an overview of Retrospective DUR and how criteria for Prior Authorizations are derived. This included the 22 criteria recommendations as noted in the attachment.

Action: Cynthia Undesser made a motion to accept the 22 criteria as recommended. Bob Broadus seconded the motion. All voted in favor of approval.

Pam DeRuiter, R.Ph, went over the information considered when criteria are written. One of the areas she covered was the black box warnings. She said they consider all black box warnings when writing criteria.

Action: Bob Broadus made a motion to accept all future black box warnings automatically as part of the Retro-DUR criteria. Robert Smith seconded the motion. All voted in favor of approval.

Laura Neumann gave an update of the prior authorization process and the changes made.

- Effective August 1, 2002, drugs and drug classes added to the PA process were brand and non-sedating antihistamines and Enbrel.
- Effective August 1, 2002, revisions were made to the PPI and COX 2 criteria.
- Effective August 1, 2002, drug class removed from the PA process: growth hormones.

- Effective November 1, 2002, drug class added to the PA process: Oral Sustained Release (SR) Opioid Agonists.
- Effective November 1, 2002, drug classes removed from the PA process: Benzodiazepines and Clozapine.

Laura mentioned that HID received several calls asking DOM to focus retrospectively on Benzodiazepines and Antipsychotics.

Action: Bob Broadus made a motion to look at Benzodiazepines and Antipsychotics retrospectively; Cynthia Undesser seconded this. All voted in favor of approval.

Andrea Phillips asked if there was a way to limit the number of pharmacies the patients use because of the over utilization/duplication of therapy. Bo Bowen responded that there is a Beneficiary Lock-In Program being reviewed.

Recommendation: Tim Alford made a recommendation to eliminate the Prior Authorization process for Extension of Benefits. Rica Lewis-Payton addressed this recommendation, saying that this is outlined in legislation and would have to be acted upon by legislation. She stated that he could bring his recommendation to the Legislators. This discussion led to the next request.

Bob Broadus requested that a report be run to compare the number of prescriptions written per recipient before the 7-medication limitation to the number of prescriptions currently being received. He wants to exclude nursing home patients.

Laura discussed the 12 Educational Interventions and the following motion was made in response. (See attached interventions)

Action: Bob Broadus made a motion to accept all Interventions, which was seconded by Robert Smith. All voted in favor of approval.

There was no discussion prior to the next action.

Action: Bob Broadus made a motion to omit DUR Interventions for physicians that see less than 100 beneficiaries a year. He specifically wanted to know what % of beneficiaries the top 200 physicians see. Failed for lack of a second.

It was brought to the Board members attention at the beginning of the meeting that without 2/3rds of the DUR Board members present, a quorum would not exist.

Action: Bob Broadus made a motion to amend the current by-laws to state that there must be a majority of DUR Board members present in order to form a quorum, instead of the current requirement that two-thirds be present to form a quorum. Lee Ann Ramsey seconded this motion. All voted in favor of approval.

No discussion was held prior to the following motion.

Action: Bob Broadus made a motion that HID provide an agenda for future DUR Board meetings to anyone who requests one, specifically that they be placed on a mailing list and receive it when the DUR Board does. Failed for lack of a second.

It was announced that the next scheduled meeting is November 21, 2002 at 1:30 pm.

There was no further business; therefore, the meeting was adjourned.
Respectfully Submitted
Health Information Designs

MISSISSIPPI MEDICIAD
RETROSPECTIVE DRUG UTILIZATION REVIEW
CRITERIA RECOMMENDATIONS
SEPTEMBER 12, 2002

Recommended Additions *Accepted* *Rejected*

1. Nefazodone/Pimozide √

Alert Message: Coadministration of nefazodone and pimozide is contraindicated. Nefazodone inhibits the metabolism of pimozide, which results in increased levels. Increased plasma concentrations of pimozide are associated with QT prolongation, which can result in death due to ventricular tachycardia of the torsades de pointes type.
Conflict Code: DD - Drug/Drug Interaction – Contraindication - Major
Exclusion Days: 180
Drugs:

Util A	Util B
Nefazodone	Pimozide

Reason to support addition:
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.
Facts & Comparisons, 2002 Updates.
Physicians's Desk Reference, Micromedex Healthcare Series, Vol. 113. 2002.

2. Nefazodone/Carbamazepine √

Alert Message: Coadministration of nefazodone and carbamazepine is contraindicated. Carbamazepine induces the metabolism of nefazodone, which does not allow nefazodone to achieve sufficient plasma concentrations for an antidepressant effect. Additionally, nefazodone inhibits the metabolism of carbamazepine, which may result in toxicity.
Conflict Code: DD – Drug/Drug Interaction – Contraindication - Major
Exclusion Days: 180
Drugs:

Util A	Util B
Nefazodone	Carbamazepine

Reason to support addition: References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.
Facts & Comparisons, 2002 Updates.
Physicians's Desk Reference, Micromedex Healthcare Series, Vol. 113. 2002.

3. Nefazodone/Hepatic Failure √

Alert Message: Cases of life-threatening hepatic failure have been reported in patients treated with nefazodone. This drug should be discontinued if clinical signs or symptoms suggest liver failure. This medication should not be used in patients with active liver disease or with elevated baseline serum transaminases.
Conflict Code: MC – Drug (Actual) Disease Precaution – Major: Black Box Warning
Exclusion Days: 180
Drugs:

Util A	Util B
Nefazodone	Liver Disease (ICD-9s)

Reason to support addition: Black Box Warning – Feb. 2002
References:
Medwatch, FDA Drug Safety Information and Adverse Event Reporting, Jan. 2002.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.
Facts & Comparisons, 2002 Updates.
Serzone Product Information, Feb. 2002, Bristol-Myers Squibb Company.

Recommended Additions *Accepted* *Rejected*

4. Bextra/Max Dose ___√___ _____

Alert Message: Bextra (valdecoxib) may be over-utilized. The manufacturer's recommended maximum dose is 40 mg per day.
Conflict Code: ER – Overutilization - Major
Exclusion Days: 180
Drugs:

Util A	Max Dose
Valdecoxib	40mg/day

Reason to support addition: Package Insert Information
References:
Bextra Product Information, Nov. 2001, Pharmacia.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.

5. Bextra/Hepatic Impairment ___√___ _____

Alert Message: In patients with mild or moderate hepatic impairment, doses of Bextra (valdecoxib) 10 mg should not be exceeded, and patients should be closely monitored for signs of edema. The drug should be avoided in patients with severe liver dysfunction, and in patients with any degree of hepatic insufficiency who cannot tolerate fluid retention (e.g., heart failure).
Conflict Code: MC – Drug Disease Precaution - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Valdecoxib	Hepatic Impairment

Reason to support addition: Package Insert Information
References:
Bextra Product Information, Nov. 2001, Pharmacia.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.

6. Bextra/Fluconazole & Ketoconazole ___√___ _____

Alert Message: The concurrent use of Bextra (valdecoxib) with fluconazole or ketoconazole may result in elevated plasma concentrations of valdecoxib, increasing the risk of adverse effects.
Conflict Code: DD - Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Valdecoxib	Fluconazole
	Ketoconazole

Reason to support addition: Package Insert Information
References:
Bextra Product Information, Nov. 2001, Pharmacia.

7. Bextra/Anemia ___√___ _____

Alert Message: Anemia is sometimes seen in patients receiving Bextra (valdecoxib). Patients on long-term valdecoxib treatment should have their hemoglobin checked if they exhibit signs and symptoms of anemia.
Conflict Code: MC – Drug (Actual) Disease Precaution - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Valdecoxib	Anemia

Reason to support addition: Package Insert Information
References:

Bextra Product Information, Nov. 2001, Pharmacia.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.

Recommended Additions ***Accepted*** ***Rejected***

8. Cox-2 Inhibitors/ Fluid Retention, Edema & Hypertension

__√__ _____

Alert Message: COX-2 Inhibitors should be used with caution in patients with fluid retention, hypertension, or heart failure. These conditions may be aggravated by a COX-2 Inhibitor due to the potential for fluid retention and edema caused by the agent.
Conflict Code: MC – Drug (Actual) Disease Precaution - Moderate
Exclusion Days: 360
Drugs:

Util A	Util B
Celecoxib	Fluid Retention (ICD-9s)
Rofecoxib	Edema (ICD-9s)
Meloxicam	Hypertension (ICD-9s)
Valdecoxib	Heart Failure (ICD-9s)

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol.110, 2001.
Bextra Product Information, Nov. 2001, Pharmacia.
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 110, 2001.

9. COX-2 Inhibitors/ Pregnancy

__√__ _____

Alert Message: The use of COX-2 Inhibitors should be avoided during pregnancy, especially during the third trimester, to prevent adverse fetal cardiovascular effects (premature closure of the ductus arterious). COX-2 Inhibitors are rated pregnancy category C.
Conflict Code: MC – Drug (Actual) Disease Precaution – Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Celecoxib	Pregnancy (ICD-9s)
Rofecoxib	
Meloxicam	
Valdecoxib	

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 110, 2001.
Bextra Product Information, Nov. 2001, Pharmacia.

10. Mobic/Max Dose

__√__ _____

Alert Message: Mobic (meloxicam) may be over-utilized. The manufacturer's recommended maximum dose is 15 mg per day.
Conflict Code: ER - Overutilization – Major
Exclusion Days: 180
Drugs:

Util A
Meloxicam

Reason to support addition: Product Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.
AHFSfirst, 2001.

Recommended Additions *Accepted* *Rejected*

11. Celebrex/Max Dose ___√___ _____

Alert Message: Celebrex (celecoxib) may be over-utilized. The manufacturer's recommended maximum dose is 400 mg per day.
Conflict Code: ER - Overutilization - Major
Exclusion Days: 180
Drugs:
Util A
Celecoxib

Reason to support addition: Product Information
References:
Facts and Comparisons, 2001 Updates.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001
Medscape DrugInfo with ASHP, Medscape Inc., 2000.

12. Vioxx/ Max Dose ___√___ _____

Alert Message: Vioxx (rofecoxib) may be over-utilized. The manufacturer's recommended maximum dose is 50 mg per day.
Conflict Code: ER - Overutilization – Major
Exclusion Days: 180
Drugs:
Util A
Rofecoxib

Reason to support addition: Product Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts & Comparisons, 2001 Updates.
Medscape DrugInfo with ASHP, Medscape Inc., 2000.

13. Topamax/Overutilization ___√___ _____

Alert Message: Topamax (topiramate) may be over-utilized. For adults 17 years and older the manufacturer's recommended maximum daily dose is 400 mg per day in two divided doses.
Conflict Code: ER - Overutilization - Major
Exclusion Days: 180
Drugs:
Util A
Topiramate

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.

Recommended Additions *Accepted* *Rejected*

14. Topamax/Ocular Syndrome ___√___ _____

Alert Message: Topamax (topiramate) may cause an ocular syndrome. Patients receiving topiramate should be advised to seek immediate attention if they experience blurred vision or periorbital pain. The primary treatment is discontinuation of topiramate as rapidly as possible, according to the judgement of the treating physician.
Conflict Code: TA -Therapeutic Appropriateness – Warning Section
Exclusion Days: 360
Drugs:

Util A
Topiramate

Reason to support addition: Medwatch Warning
References:
Medwatch, FDA Safety Information and Adverse Event Reporting Program, 2001.
Facts and Comparisons, 2001 Updates.

15. Topamax/Carbonic Anhydrase Inhibitors ___√___ _____

Alert Message: The concurrent use of Topamax (topiramate) and a carbonic anhydrase inhibitor should be avoided due to the increased risk of nephrolithiasis.
Conflict Code: DD - Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Carbonic Anhydrase Inhibitors
	Acetazolamide
	Dichlorphenamide
	Methazolamide

Reason to support addition: Product Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
USP-DI, Micromedex Healthcare Series, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.

16. Topamax/Carbamapzepine ___√___ _____

Alert Message: The concurrent use of Topamax (topiramate) and carbamazepine may result in decreased topiramate concentrations. The dose of topiramate may need to be increased to compensate for the increased clearance.
Conflict Code: DD – Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Carbamazepine

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001, Updates.
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.

Recommended Additions *Accepted* *Rejected*

17. Topamax/Oral Contraceptives (Ethinyl Estradiol) ___√___ _____

Alert Message: The concurrent use of Topamax (topiramate) and an oral contraceptive containing ethinyl estradiol may result in decreased levels of ethinyl estradiol, reducing the efficacy of the oral contraceptive. Consider alternate methods of birth control or initial therapy with an agent containing more than 35 mcg of ethinyl estradiol.
Conflict Code: DD - Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B	Util C
Topiramate	Oral Contraceptives	High Dose OC

Reason to support addition: Package Insert Information
References:
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.

18. Topamax/Phenytoin ___√___ _____

Alert Message: The concurrent use of Topamax (topiramate) and phenytoin may result in altered levels of either or both drugs. Dosing adjustments may be required for either or both drugs. Patients should be monitored for seizure control and excessive adverse effects.
Conflict Code: DD – Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Phenytoin

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Facts and Comparisons, 2001, Updates.

19. Topamax/Valproic Acid ___√___ _____

Alert Message: The concurrent use of Topamax (topiramate) and valproic acid may result in altered levels of either or both drugs. Dosing adjustments may be necessary for either or both drugs. Patients should be monitored for seizure control and excessive adverse effects.
Conflict Code: DD – Drug-Drug Interaction - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Valproic Acid

Reason to support addition: Package Insert Information
References:
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Facts and Comparisons, 2001, Updates.

Recommended Additions *Accepted* *Rejected*

20. Topamax/Renal Impairment √

Alert Message: In patients with moderate to severe renal impairment receiving Topamax (topiramate) the manufacturer's recommended dose is one-half (200mg/day) of the usual adult dose (400mg/day). Such patients will require a longer time to reach steady state at each dose.
Conflict Code: MC – Drug (Actual) Disease Precaution - Moderate
Exclusion Days: 360
Drugs:

Util A	Util B
Topiramate	Renal Impairment (ICD-9s)

Reason to support addition: Package Insert Information
References:
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.

21. Topamax/Hepatic Impairment √

Alert Message: Topamax (topiramate) should be used with caution in patients with hepatic impairment, due to possible decreased clearance of the drug.
Conflict Code: MC – Drug (Actual) Disease Precaution - Moderate
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Hepatic Impairment

Reason to support addition: Package Insert Information
References:
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.
Physicians' Desk Reference, Micromedex Healthcare Series, Vol. 110, 2001.

22. Topamax/Pregnancy √

Alert Message: Topamax (topiramate) may be used during pregnancy only if the potential benefit outweighs the possible risk to the fetus. Topiramate is rated pregnancy category C.
Conflict Code: MC - Drug (Actual) Disease Precaution
Exclusion Days: 180
Drugs:

Util A	Util B
Topiramate	Pregnancy (ICD-9s)

Reason to support addition: Package Insert Information
References:
Topamax Product Information, Dec. 2001, Ortho-McNeil Pharmaceutical, Inc.
Micromedex Healthcare Series, Drugdex Drug Evaluations, Vol. 110, 2001.
Facts and Comparisons, 2001 Updates.

Criteria	Interventions Targeted
566	Sonata and Ambien dosing in elderly
64	Additive anti-cholinergic effects
305	Carisoprodol intended for short term use
620	Therapeutic duplication of skeletal muscle relaxants
183	NSAIDS may reduce the effects of ACE(-)
186	NSAIDS may reduce the effects of beta blockers
187	NSAIDS may decrease the effects of loop diuretics
191	NSAIDS should be used with caution in patients with hypertension
445	Sympathomimetics may cause or exacerbate hypertension due to drug-induced cardiovascular effects.
591	Tertiary amine tricyclic antidepressants should be used with caution in the elderly with depressive symptoms. These have significant anticholinergic side effects and are sedating, increasing the risk of falls/fractures. Secondary amine tricyclic antidepressants or selective/non-selective serotonin reuptake inhibitor anti-depressants are alternative agents with more favorable adverse effect profiles.

DEFAULT PROVIDERS 2002

Prescribers	Description	Rx Count	Dollar Total	Dollar/
19999	DEFAULT PROVIDER-VOID VOID	1,242,533	$70,712,555.67	$56.91
1999999	ALL NINES, PROVIDER	41,409	$2,370,790.56	$57.25
TOTAL		1,283,942	$73,083,346.23	
% OF TOTAL		19%	20%	

	Rx COUNT	DOLLARS
Jan-02	935,186	$52,917,483.42
Feb-02	908,522	$50,831,328.96
Mar-02	887,968	$50,484,917.67
Apr-02	921,779	$51,474,923.37
May-02	901,267	$48,515,874.51
Jun-02	708,254	$37,256,980.80
Jul-02	769,821	$41,040,139.17
Aug-02	634,547	$33,601,941.37
TOTAL	6,667,344	$366,123,589.27

In order to decrease the usage of generic provider ID numbers and improve the effectiveness of RDUR, it is suggested that a prospective DUR process be implemented. This can be implemented with a series of soft edits at the point of service with a final hard edit to utilize a generic provider IDnumber:

The computer system should match the prescriber ID number with the physician's name. No edit will occur with a match and the claim is allowed to be processed.

If there is no match, the pharmacist maynoverride this error with specific codes. For example, if the prescriber is not a MS Medicaid provider.

If by this prospective DUR, the utilization of generic provider ID numbers to not decrease, then hard edits requiring a PA or manual override could be implemented.

513

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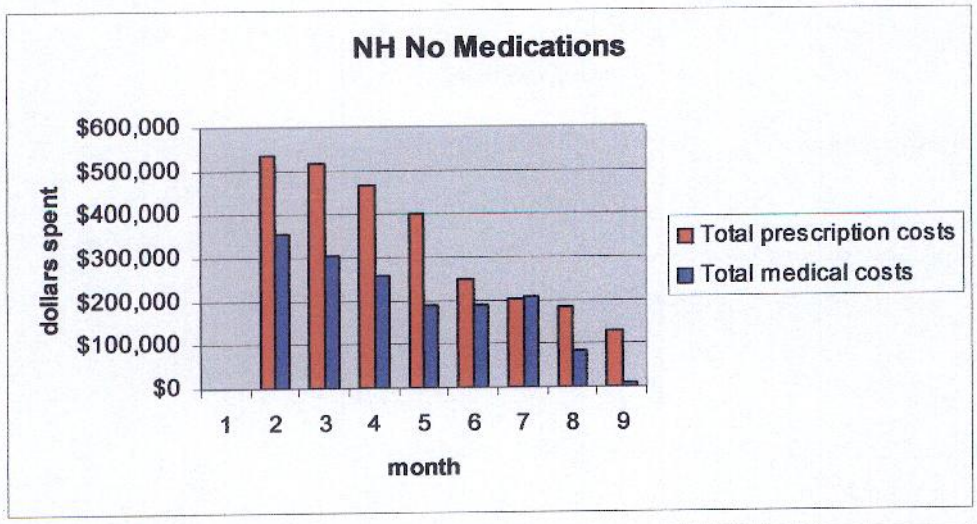
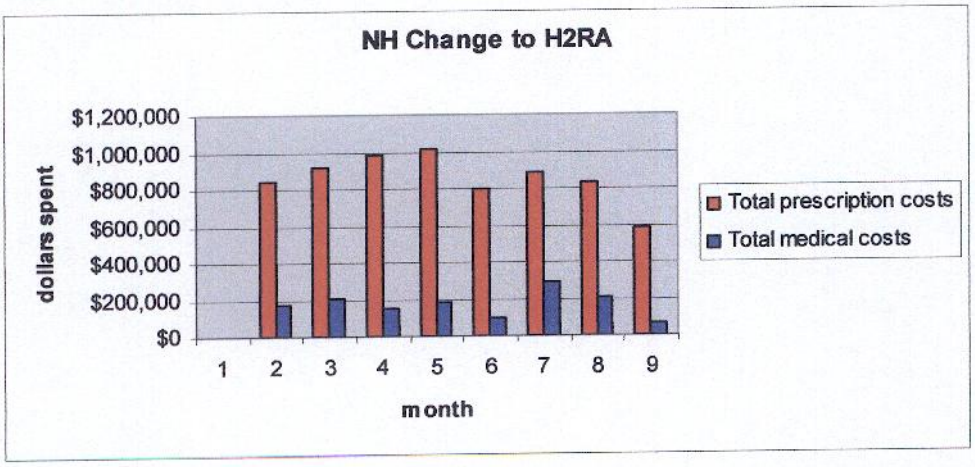
FLOWOOD, MISSISSIPPI 39208

800-355-0486
FAX 800-459-2135

THE IMPACT OF PPI PRIOR AUTHORIZATION ON MEDICAL COSTS

Laura Neumann, RPh
Account Manager



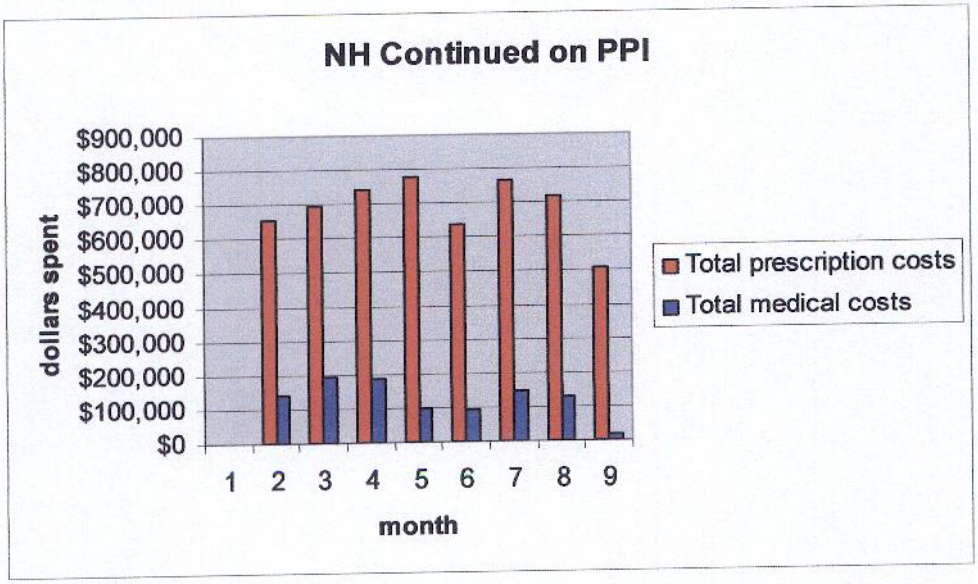


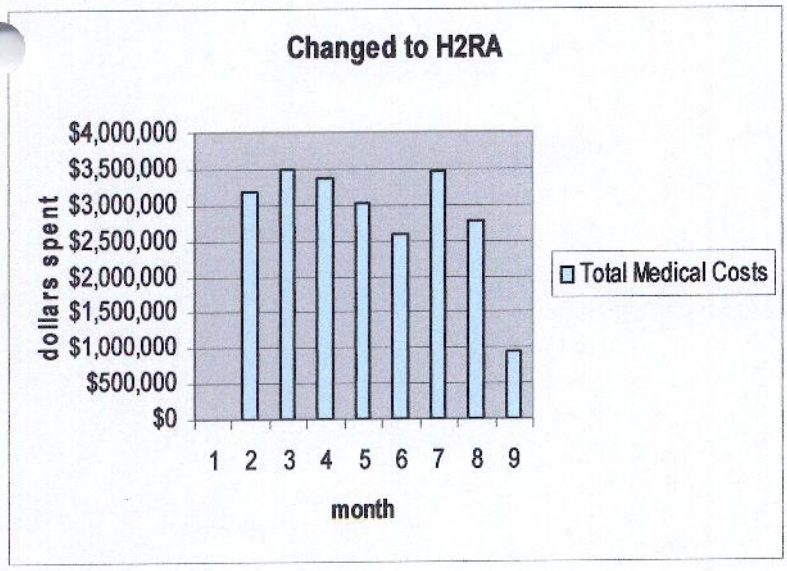
1. Those that continued on PPI therapy after June 1, 2002 (1,440).
2. Those that took neither a PPI or H2RA after June 1, 2002 (1,142).
3. Those that changed to H2RA therapy after June 1, 2002 (1,854).

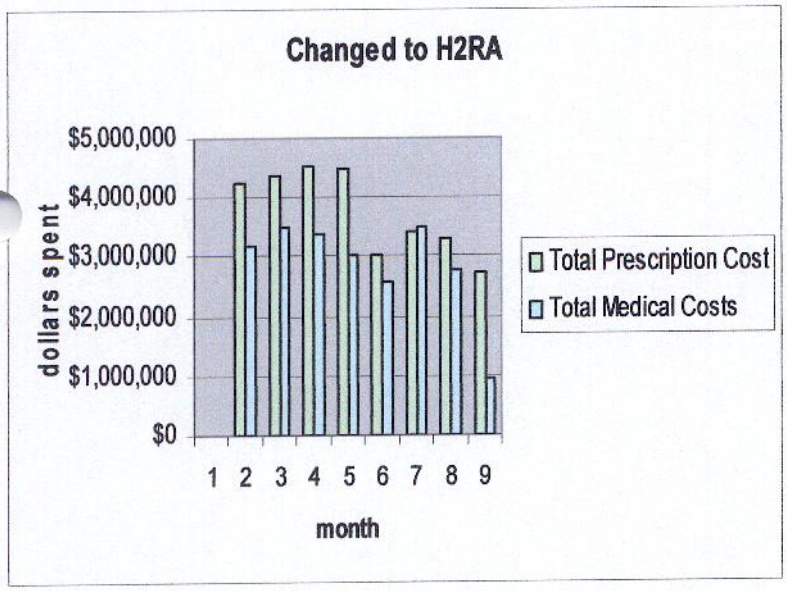
- Medical costs for all three groups appear to be trending downward.
- Medical costs for patients who stopped GI medications after June 1, 2002 has decreased from a high of $597,644.00 in April 2002 to $420,407.00 in August 2002. Prescription medication expenditures have also decreased. By using an average cost of $130.00 per prescription, the state has an estimated savings of $148,460.00 (130* 1,142 patients).
- Savings attributed to beneficiaries changing from a PPI to a H2RA can be estimated to be $194,670.00 Since the average price of a H2RA is around $25.00, a savings of $105.00 per month can be attributed to these 1,854 lives in this group.
- In addition, total medical costs for all patients receiving PPI's prior to June 1, 2002 has decreased from $18,947,062 in April 2002 to $12,652,024 .
- Combined estimated pharmacy savings and medical costs savings is calculated to be around $520,367.00

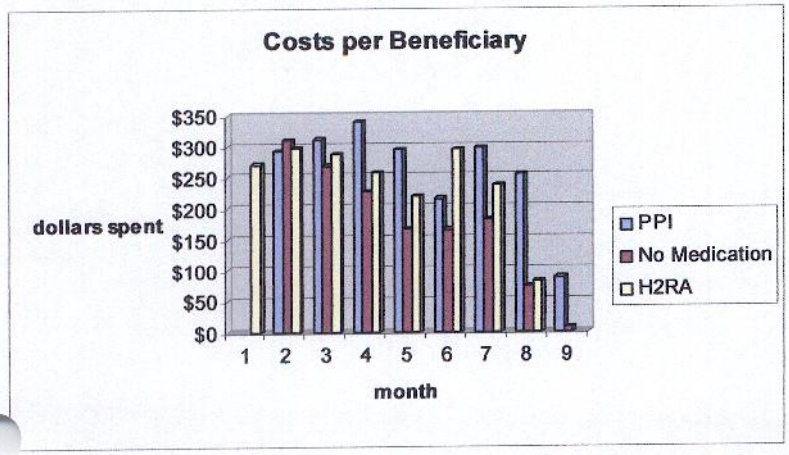
- Medical costs for all three groups appear to be trending downward.
- Medical costs for patients who stopped GI medications after June 1, 2002 has decreased from a high of $10,718,195.00 in April 2002 to $6,238,486.00 in August 2002. Prescription medication expenditures have also decreased. By using an average cost of $130.00 per prescription, the state has an estimated savings of $2,681,380.00 (130* 20, 626 patients).
- Savings attributed to beneficiaries changing from a PPI to a H2RA can be estimated to be $1,236,270.00 Since the average price of a H2RA is around $25.00, a savings of $105.00 per month can be attributed to these 11,774 lives in this group.
- In addition, total medical costs for all patients receiving PPI's prior to June 1, 2002 has decreased from $18,947,062 in April 2002 to $12,652,024 .
- Combined estimated pharmacy savings and medical costs savings is calculated to be around $10,000,000.00

The same trends were seen when long term care resident data was extracted from the population in the original study.

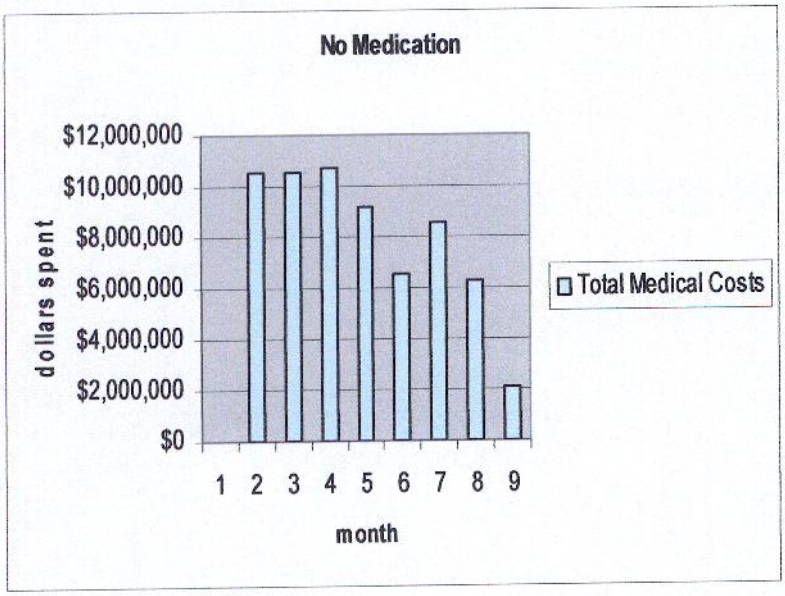




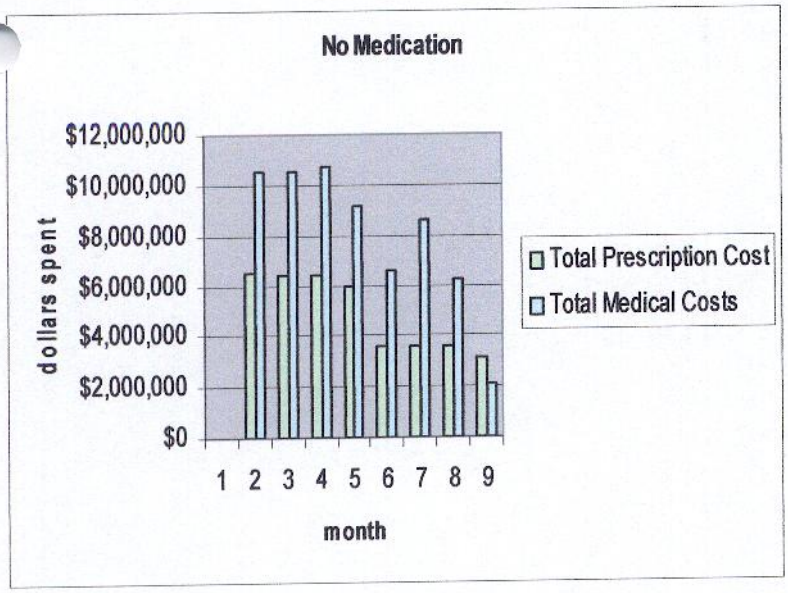




Month	Total Prescription Cost	Total Medical Costs
2	$ 4,261,889.33	$ 3,191,971.42
3	$ 4,367,665.21	$ 3,491,977.73
4	$ 4,525,386.45	$ 3,379,001.38
5	$ 4,475,769.01	$ 3,032,025.04
6	$ 3,021,444.14	$ 2,574,035.59
7	$ 3,419,246.72	$ 3,474,129.13
8	$ 3,288,072.99	$ 2,782,251.13
9	$ 2,746,706.51	$ 944,422.99



Month	Total Prescription Cost	Total Medical Costs
2	$ 6,540,269.49	$ 10,528,012.49
3	$ 6,454,044.26	$ 10,561,444.74
4	$ 6,392,249.89	$ 10,718,195.17
5	$ 5,940,765.77	$ 9,194,458.68
6	$ 3,551,806.86	$ 6,549,662.19
7	$ 3,537,282.57	$ 8,579,981.02
8	$ 3,547,802.41	$ 6,238,486.10
9	$ 3,084,135.29	$ 2,126,801.64

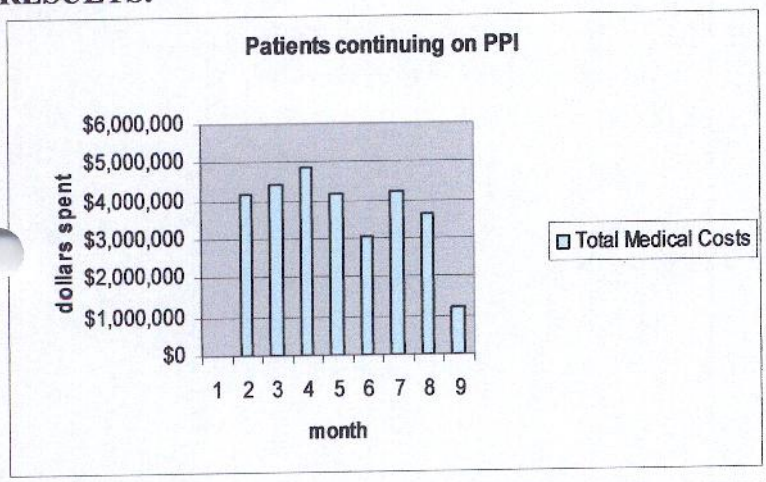


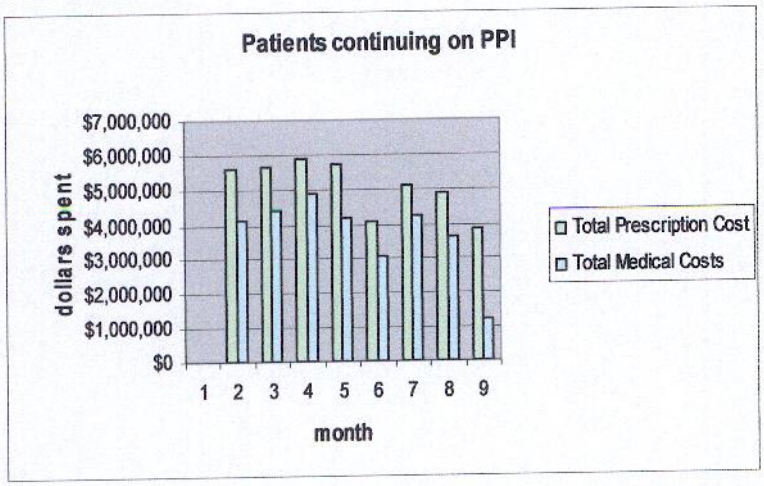
Prior to implementing a prior authorization program for Proton Pump Inhibitors on June 1, 2002, 46,655 Mississippi Medicaid beneficiaries received monthly prescriptions for at least one of the medications in this drug class. It is known that limiting these drugs to beneficiaries who meet certain medical requirements will decrease the pharmacy costs to the Division of Medicaid and has been argued that this restriction will in turn increase medical costs. This report is an initial study into medical costs trends after the implementation of prior authorization. This study will be continued in the following months to ensure accuracy in reporting.

The medical claims data for the 46, 655 beneficiaries receiving a PPI prior to June 1, 2002 were evaluated for trends. The study included data beginning 4 months prior to the initiation of the prior authorization program. Diagnosis costs, emergency room costs and hospital costs were parameters chosen to determine medical costs. Beneficiaries were then divided into 3 groups:

1. Those that continued on PPI therapy after June 1, 2002 (14,255).
2. Those that took neither a PPI or H2RA after June 1, 2002 (20,626).
3. Those that changed to H2RA therapy after June 1, 2002 (11,774).

The following data is from February 1, 2002 through September 25, 2002.
RESULTS:





Month	Total Prescription Cost	Total Medical Costs
2	$ 5,573,751.91	$ 4,169,739.01
3	$ 5,671,109.81	$ 4,425,649.64
4	$ 5,907,132.71	$ 4,849,866.05
5	$ 5,724,831.57	$ 4,196,428.46
6	$ 4,083,407.85	$ 3,068,350.99
7	$ 5,083,316.78	$ 4,232,906.25
8	$ 4,852,693.62	$ 3,631,287.17
9	$ 3,860,973.25	$ 1,231,423.50

Changes in Pharmacy Prior Authorization

Effective November 1, 2002

- Children less than 21 years of age no longer require and extension of benefits PA.
- PA is no longer required for benzodiazepines.
- PA in no longer required for clozapine.
- Prior authorization is required for oral sustained release opioid agonists.

Mississippi Monthly Statistical Report

	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02
# of diagnosis claims			3426518		1236522	1197485	1081067	920397	849683	1041737		
# of pharmacy Claims			2344841	877513	1017712	826346	728813	862629	742697	930645		
# of lab claims			3259255		2301081	949848	844123	1288806	1069096	1450969		
# of tce hits	113477		164490		134114	113757	95206	96600	91656	97717		
PROFILES												
PRINTED/REVIEWED	591				1509	846	841	818	763	626		
REJECTED	215	0	0	0	451	277	362	223	151	232	0	0
CASE INFORMATION												
IDENTIFIED	376				1188	654	505	638	612	394		
CASE RATE	64%	#DIV/0!	#DIV/0!	#DIV/0!	79%	77%	60%	78%	80%	63%	#DIV/0!	#DIV/0!
LETTER GENERATION												
PHARMACY LETERS	0				0	0	0	0	0	0		
Pharmacy Letters generated	0				0	0	0	0	0	0		
Pharmacy calls Nabp cals	0				0	0	0	0	0	0		
Total pharmacy letters sent	0				0	0	0	0	0	0		
PHYSICIAN LETTERS MAILED												
Physician Letters generated	0				1530	896	760	829	725	543		
Pharmacy calls physician	0				4	0	4	1	0	0		
Total physician letters sent	0				1082	633	487	589	461	349		
Deleted Generic Physician Id	0				408	173	156	159	173	118		
LETTERS Deleted in QA	0				40	90	117	81	91	76		
Total Pharmacy calls	0											
TOTAL LETTERS SENT	0	0	0	0	1082	633	487	589	461	349	0	0
DISTRIBUTION OF CASES												
DRUG/DISEASE INTERACTIONS	13				158	19	61	10	43	91		
DRUG/DRUG CONFLICTS	47				250	240	117	334	138	90		
OVER-UTILIZATION	231				258	76	164	139	334	103		
POSSIBLE NON-COMPLIANCE	0				91	0	2	22	6	4		
CLINICAL APPROPRIATENESS	85				431	319	161	133	91	125		
start-date	11/1/2001		1/1/2002		3/25/2002	4/28/2002	5/26/2002	6/23/2002	7/27/2002	8/24/2002		
end-date	12/7/2001		2/23/2002		4/27/2002	5/25/2002	6/22/2002	7/26/2002	8/23/2002	9/27/2002		
icer-date	1/28/2002		3/27/2002		5/20/2002	6/14/2002	7/12/2002	8/8/2002	9/5/2002	10/15/2002		
run-no	1		2		3	4	5	6	7	8		
cycle name	January		March		May	June	July	August	September	October		
run-dates	1/24/2002		3/26/2002		5/18/2002	6/13/2002	7/10/2002	8/7/2002	9/3/2002	10/14/2002		
	1/28/2002		3/27/2002		5/20/2002	6/14/2002	7/12/2002	8/8/2002	9/5/2002	10/15/2002		

No letters sent

Suggested Interventions
November 21, 2002

- Under-utilization of Statin Drug Class
- Disease State Management eg: diabetes, osteoporosis, asthma
- Continue Retrospective study of PPI vs medical costs
- Continue overutilization of narcotics interventions.
- Suggestion of the Board