Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the August 20, 2009 Meeting

Members Attending: William Bastian, M.D.; Alvin Dixon, RPh.; Edgar Donahoe, M.D.; Lee Merritt, RPh; Mark Reed, M.D.; Jason Strong, Pharm.D; Vickie Veazey, RPh.
Members Absent: Frank Wade, M.D.

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

Call to order:
Dr. Mark Reed, Interim Chairman of the Board, called the meeting to order at 2:10p.m. Dr. Reed asked for a motion to accept the minutes from the past two meetings, February 19, 2009 and May 21, 2009, and the criteria from the last meeting in one vote rather than reading through all of the items individually. Dr. Donahoe made the motion to accept the recommendation with a second from Dr. Strong. All voted in favor of the motion.

Dr. Reed asked for Dr. Holeman to continue with the new business at hand instead of reviewing the former two business meetings as those present have formally received this presentation.

Cost Management Analysis:
Dr. Holeman began the presentation with the Top 15 Therapeutic Classes by total cost of claims dating March 1, 2009 thru May 31, 2009. The Top Therapeutic class remains Antipsychotic Agents. The Top 25 drugs based on the number of claims continues to be led by hydrodocone-acetaminophen during the reported time span. Ms. Clark noted that with the DUR Board driven edits on these agents along with the benzodiazepines that DOM has noticed a 10% drop in claims with possibly a 20 to 25% drop for future reports which has gone beyond DOM's expectations with the new quantity limits set by the Board. Ms. Clark asked HID to continue to monitor this by preparing a report for the Board at the next meeting. The Top 25 Drugs based on total claims cost was led by Singulair® which was reported as appropriate for the season reviewed.

Pharmacy Program Update:
Dr. Clayton explained the new electronic PA process which will be implemented soon. This has been a lengthy process for both HID and DOM to address, but in the near future a physician may submit his PAs electronically eliminating the need for the paper process, saving valuable time for the provider. The Suboxone®/Subutex® new PA with its criteria has met all of the required steps for approval from the pharmacy and legal departments of Medicaid and is now awaiting approval from the Executive Division of Medicaid. Dr. Holeman passed out a copy of both for the Board's viewing per the request of Dr.

Clayton. Ms. Clark there have been some policy changes in Medicaid so that lengthened the process of developing and approving the buprenorphine PA criteria and form. The criteria were reviewed. Dr. Reed asked should there be a vote from the Board at this time and Ms. Clark answered no, as it had already been discussed and approved by the Board at a previous meeting. Continuing with the Pharmacy Updates, Dr. Clayton reminded the Board that the 2009-2010 Synagis® PA criteria were also awaiting Executive approval, as this season brings many changes as recommended by the new AAP guidelines.

Benefit of Prophylactic PPI use in Asthmatics:

Dr. Holeman addressed PPI use in asthmatics with the data gathered by HID for the calendar year of 2008. She noted that it has become a common practice for prescribers to use a PPI prophylactically in those beneficiaries whose asthma is not well controlled, even if they are not experiencing acid reflux symptoms. A recent government study indicated that such use does not improve asthma control in these patients. The data analyzed by HID for this report clearly showed an overwhelming majority (76%) of Mississippi Medicaid asthmatic beneficiaries that received a PPI in 2008 also had a GERD diagnosis. Even though this report does not indicate that this is a problem in the Mississippi Medicaid population, HID recommended the development of a RDUR criterion to identify those beneficiaries diagnosed with asthma receiving a PPI without a corresponding diagnosis, such as GERD. This intervention would result in an educational letter to the prescribing physician of the PPI to inform them of recent findings indicating that the prophylactic use of PPI's in asthmatics provides no additional benefits but results in higher health care costs. Dr. Reed asked for a motion to approve the HID-submitted RDUR criterion. Dr. Donahoe made the motion with a second from Dr. Strong. All voted in favor of the motion.

Carisoprodol Utilization Update:

Dr. Holeman noted that based on directives from the DUR Board and the P&T Committee, The Division of Medicaid began requiring a prior authorization for carisoprodol-containing products on July 1, 2008. Carisoprodol is used frequently by poly-drug abusers, especially those dependent on opioids. This troubling trend, coupled with the FDA-approved labeling generated the need for this prior authorization requirement. The purpose of this report was to analyze the effectiveness of this prior authorization process and to investigate whether there had been an increase in cyclobenzaprine utilization. Dr. Holeman commented that prior to the implementation of this process, the top prescribers for carisoprodol were identified and a visit was made to each physician by the HID Academic Detailers to alert them of this new implementation by Medicaid. The physicians were supplied with a tapering schedule to permit them to discontinue their chronic patients on carisoprodol. A very favorable report was presented to the Board noting a decrease of claims from 8526 down to 19 indicating a 99% decrease following the implementation of the PA process. The claims cost for cyclobenzaprine increased by 17% which was an expected increase. It is evident with this data that the Division of Medicaid took the proper steps in reigning in potential misuse of carisoprodol products at the expense of the state.

Lipid Screening and Cardiovascular Health in Childhood: New AAP Cholesterol screening and Treatment Recommendations:

Due to the growing epidemic of obesity, Type 2 Diabetes Mellitus, hypertension and cardiovascular disease in children, the American Academy of Pediatrics felt an urgent need to address the issue of dyslipidemia in the pediatric population. Based on a directive from DOM and the DUR Board, HID developed two Medicaid Prescribing updates to be delivered to prescribers by the Academic Detailers. They will also be available, along with others on additional topics, by a link from the Division of Medicaid website. One of these updates will highlight the updated treatment recommendations found within the new AAP clinical report on lipid screening and treatment in children 8 years old and above. The other will provide an overview of metabolic syndrome. Dr. Donahoe asked for Dr. Bastian's input in this material before it was approved as this is his field of expertise. Dr. Bastian commented that this was a good base-line start for a physician who might not have access to a Pediatric Endocrinologist in his area. He also informed the Board of the benefit of Omega 3 or fish oil supplements in the diet of this population. Ms. Clark said that DOM will look into adding this to the preferred OTC list to facilitate use of this product. Dr. Reed asked for other discussions on the Medicaid Prescriber Update material. After much review the Board was asked to make a motion to accept these prescribing updates which HID prepared for physicians. Dr. Donahoe made a motion to accept as stands with a second from Ms. Veazey. All voted in favor of the motion.

Other Criteria Recommendations:
After review of the submitted criterion by Dr. Holeman, Dr. Reed asked for an inclusive vote of all criteria in one vote. Mr. Merritt motioned that it be accepted with a second from Ms. Veazey. All voted in favor of the motion.

Dr. Clayton asked for a moment from the Board to address the H1N1 Flu which seems to be present across the State. She noted that DOM had processed over 600 claims for Tamiflu® since August 1, 2009. Medicaid wants to ensure the ease of obtaining the needed medication for their beneficiaries without enabling abuse of the medication. This being said there was evidence in claims that physicians were writing for more than the recommended dosage by the manufacturer, which might indicate that some physicians were prescribing enough medication in one prescription for multiple family members. With this fraudulent practice and the fact that there might be a decline in availability of these medications, DOM is asking the Board for directions to limit each prescription to 750mg per claim. There is already a limit of two fills per year on these products. There was discussion led by Ms. Veazey as to the exempt status of LTC facilities. Even though it does not affect her facility, she noted that there might be a need in other facilities should there be an outbreak in these facilities. Dr. Donahoe made a motion in favor of limiting each claim to 750mg with exemption status for LTC beneficiaries. This was seconded by Ms. Veazey and all voted in favor of this recommendation. The next item Dr. Clayton wanted addressed by the Board was the product Voltaren Gel which is supplied as three or five tubes per box. The DOM quantity limit on topical preparations is two packages for every rolling 31 days. This has caused a hardship on pharmacists trying to fill this medication as packaged as they receive the denial edit of the two-package size

limit. After much discussion, the Board recommended that DOM remove the two-package size limit on Voltaren Gel®, allowing two 300gm boxes or one 500gm box. DOM will implement this change in the near future.

Ms. Clark thanked the members for their support to DOM and the Board . She also added that since some personnel changes have been made within the pharmacy bureau, all calls will be answered by the main switchboard. She has asked for these calls to be forwarded to the appropriate areas that will handle the questions at hand.

Dr. Reed reminded the Board of the next meeting on November 19, 2009. The meeting was adjourned at 3:15p.m.

Respectfully Submitted:
Health Information Designs, Inc.