Minutes of the June 24, 2004
Drug Utilization Review (DUR) Board Meeting

Members Attending: Tim Alford, M.D., Bob Broadus, RPh, Clarence Dubose, RPh, John Mitchell, M.D., Joe McGuffee, RPh., Andrea Phillips, M.D., Cynthia Undesser, M.D., Rudy Runnels, M.D., Diana McGowan, RPh. ,Leigh Anne Ramsey, PharmD., Sara Weisenberger, M.D.

Members Absent: Montez Carter

Also Present: Lew Anne Snow, R.N., Pam DeRuiter, RPh, - HID, Judith Clark, RPh, Terri Kirby, RPh, Phyllis Williams, Sharon Barnett- Myers, DOM.

Dr. Tim Alford called the meeting to order at 2:07 p.m.
Lew Anne Snow introduced Pam DeRuiter from the Auburn office of HID to the DUR Board.

Approval of minutes of last meeting (March 25, 2004): Bob Broadus made a motion to accept the minutes as written. Joe McGuffee seconded the motion. All voted in favor of the approval.

Reports:
Update on Over-Utilization of Carisoprodol:
Lew Anne Snow presented a report requested by the DUR Board on the over-utilization of Carisoprodol. Data was reviewed from July, 2003 through September, 2003, with a finding of 308 recipients identified for possible intervention. Of those profiles reviewed 197 intervention letters were mailed. As of 04/15/04 73 responses were received.

The following recommendations were made.
1. Continue to mail intervention letters where appropriate regarding the over utilization of carisoprodol.
2. Continue to record and evaluate prescriber responses.
3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Report those responses that suggest lock-in or possible drug-seeking behavior to DOM due to the fact that 47 beneficiaries had intervention letters mailed to multiple prescribers.

Update on Over Utilization of Narcotic Agents:
Lew Anne Snow (HID) presented an update on the over-utilization of narcotic (C II – V) agents. Data was reviewed from June, 2003 through January, 2004. A total of 69 beneficiaries were available for intervention letters. It was reported that those beneficiaries with a diagnosis of cancer were excluded from the interventions.

Recommendations:
1. Continue mail intervention letters where appropriate regarding the over utilization of narcotic agents
2. Continue to record and evaluate prescriber responses.

3. Communicate the findings of this evaluation to prescribers and pharmacy providers.
4. Conduct additional retrospective evaluations targeting over utilization of narcotic agents by identifying beneficiaries that utilize multiple prescribers and providers.

Black Box Warning:
Lew Anne Snow presented black box warnings issued by the FDA concerning the following:

- Zelnorm – The new information relates to a warning for serious consequences of diarrhea and a precaution for rare reports of ischemic colitis in post marketing use of Zelnorm.

Pam DeRuiter (HID) informed the board that Serzone had been removed from the market due to warnings issued regarding hepatic toxicity.

Pharmacy Program Updates:
Judy Clark gave an update regarding the new Maximum Dosage Requirements effective July 1, 2004. In order for a beneficiary to receive more than the maximum daily dose allowed by the MS Division of Medicaid, the physician must submit a Maximum Unit override request to HID. The maximum daily dose is determined according to the FDA approved and manufacturers suggested recommended daily dose. MS Division of Medicaid will allow a 34 days supply of medication at the recommended dose. Mrs. Clark explained that maximum dose limits are assigned and utilized as a way to address abuse and over utilization of all medications. Medicaid is currently reviewing Hypnotics, Narcotic Analgesic Combinations, Central Analgesics, Non-Narcotic Analgesics with Barbiturates, Skeletal Muscle Relaxants, Flextra DS and Flextra 650. After much general discussion regarding the above classes, the general consensus of the Board was to set a maximum daily limit of 3 Grams of acetaminophen per day.

Beginning August 1, 2004, MS Division of Medicaid will require counterfeit-proof prescription pads for all controlled substances. After October 1, 2004 when a counterfeit-proof prescription pad is not used, the pharmacy will be required to contact the prescribing physician's office to verify authenticity of the prescription.

Sharon Barnett-Myers was introduced as the new Deputy Administrator for MS Division of Medicaid. She gave a brief statement regarding the vision of the MS Division of Medicaid. Sharon Barnett-Myers then excused herself to attend other obligations.

Beta Agonist Over-Utilization:
Pam DeRuiter presented the intervention letters that would be sent to both the prescribing physician as well as the provider pharmacy for those beneficiaries identified with possible over-utilization of inhaled beta agonists.

<u>Recommendation</u>:
Joe McGuffee made a motion to accept both intervention letters. Dr. Mitchell seconded the motion. All voted in favor of the motion.

RDUR Criteria Recommendations:
Several new criteria recommendations used in the retrospective DUR process were presented. The RDUR criteria recommendations included:

- Diabetes/Hypertension/Cardiovascular Drugs
  Patient has a history of diabetes and hypertension and may benefit from the addition of an anti-hypertensive agent to reduce cardiovascular morbidity and mortality.
- Certain Antihypertensive Agents/Post MI/Beta-blockers, ACE Inhibitor & Aldosterone Antagonist
  Patient has a diagnosis of myocardial infarction and is on an anti-hypertensive medication. The current JNC-7 report recommends a beta-blocker, ACE inhibitor or an aldosterone antagonist as optimal antihypertensive therapy for hypertensive post myocardial infarction patients, if no contraindications are present.
- Certain Antihypertensive Agents/Stroke/Thiazide diuretics & ACE Inhibitors
  Patient has a history of stroke and is on an anti-hypertensive medication. The current JNC-7 report suggests that recurrent stroke rates are lowered by the combination of an ACE inhibitor and a thiazide-type diuretic, if no contraindications are present.
- Certain Antihypertensive Agents/Chronic Kidney Disease/ACE Inhibitors & ARBs
  Patient has a diagnosis of chronic kidney disease and is on an anti-hypertensive medication. The current JNC-7 report recommends an ACE inhibitor or angiotensin II receptor antagonist as optimal antihypertensive therapy in these patients, if no contraindications are present.

Recommendation: Dr. Ramsey made a motion to not vote for any new criteria recommendation at this time. Dr. Mitchell seconded the motion. All voted in favor of motion.

Suggested Interventions:
Pam DeRuiter 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:

Hypertension:

- Adverse Cardiovascular Effects—COX-2 Inhibitors & CHF/Edema/Fluid Retention
- Drug-Drug Interaction—Clonidine & Beta Blockers
- Drug-Drug Interaction—ACEI & K+ sparing diuretics
- Under-Utilization of Beta Blockers
- Therapeutic Appropriateness—Cardio Post MI Drug & Post Myocardial Infarction
- Drug (Actual) Disease Precaution—NSAIDS & Hypertension

Recommendation: Bob Broadus made a motion to approve the suggested interventions. Lee Ann Ramsey seconded the motion. All voted in favor of motion.

Next Meeting Information:
Dr. Alford reminded the Board of the next meeting on September 23, 2004 at 2:00 p.m. There being no other business, Dr. Alford asked for a motion to adjourn the meeting. Bob Broadus made a motion to adjourn. Joe McGuffee seconded the motion. The meeting was then adjourned at 3:32 p.m.

Respectfully submitted;
Health Information Designs