Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the September 20, 2007 Meeting

Members Attending: Roy Arnold, R.Ph; Frank Marascalco, R.Ph, Chair; Wallace Strickland; Lee Voulters, M.D.; John Wallace, M.D.

Members Absent: Laura Gray, M.D.; Troy Griffin

Also Present:
DOM Staff: Judith Clark, R.Ph., Director of the Medicaid Pharmacy Bureau: Paige Clayton, Pharm D.; Rosie Moak, Administrative Assistant to the Division of Medicaid

HID Staff: Dennis Smith, R.Ph., Project Manager; Ashleigh Holeman, Pharm. D.; Chris Benton, Pharm. D.; Kathleen Burns, R.N.; Rob DiBenedetto, MBA (CEO, HID)

Call to Order:
Frank Marascalco, R.Ph., Chairman of the Board, called the meeting to order at 2:12 p.m.

Ms. Clark asked that the Board proceed with the meeting with the exception of voting, since a quorum was not present.

Updates:
Pharmacy Program Update

Ms. Clark addressed the upcoming tamper-resistant prescription pad mandate on October 1, 2007. She noted that refills for prescriptions written prior to October 1, 2007 will be exempt. Also exempt will be prescriptions telephoned or faxed from a physician's office. In addition, long term care facilities will be exempt, with the exception of prescriptions for C-2 controlled substances.

Ms. Clark introduced Paige Clayton, Pharm. D., as the new DOM Pharmacy Bureau DUR Coordinator. Also introduced to the Board was Ashleigh Holeman, Pharm. D., HID's newest Clinical Pharmacist.

Cost Management Analysis

Mr. Smith began by presenting reports reflecting pharmacy costs during the months of April 2007 through June 2007. The analysis began with the top 25 agents prescribed by total number of claims during these months. It was noted that in all three months hydrocodone-acetaminophen was the top drug. A lengthy discussion ensued among board members regarding the amount of hydrocodone prescribing. The top 25 drugs, based on total claims cost, were led by Singulair® in April 2007, followed by Risperdal® for the next two months. The top 15 therapeutic classes by total cost of claims over the three

month report time period were headed by antipsychotic agents, followed by anticonvulsants.

New Business:
Potential Misuse of ADHD Agents

At the May 17, 2007 DUR Board meeting, there was some discussion about the potential misuse of stimulants. Specific concerns were raised about the inappropriate use of these medications in the adult population for appetite suppression and weight loss.

Dr. Holeman presented a utilization analysis of these agents in the Mississippi Medicaid population. Utilization data was gathered through RxExplorer®, which searches paid claims data submitted to HID by the fiscal agent. Two unique searches were conducted for the period of 07/01/2006 through 05/25/2007. The search parameters were (1) stimulant utilization based on age and (2) Strattera® utilization based on age. As expected, utilization in both groups was found to be highest among children and adolescents ages five to 20. Utilization of both stimulants and Strattera® dropped to insignificant levels among adults 21 and older, indicating that widespread misuse in adults was not occurring. Dr. Voulters commented that it would be difficult to monitor the sharing of medications in the adult population.

Although the figures do not indicate extensive abuse of ADHD medications in the adult population, a retrospective DUR criterion is recommended to identify those adult patients (21 years and older) who may be using these medications inappropriately. This criterion will be introduced at the next Board meeting.

Inappropriate Use of Antibiotics

Mr. Smith presented introductory information on the inappropriate use of antibiotics. The emergence of bacterial strains that are increasingly resistant to antimicrobial agents is a growing national and worldwide concern. Currently, millions of courses of unnecessary antibiotics are prescribed and administered each year. This misuse may result from inappropriate diagnosis or inappropriate prescribing habits. It was noted that inappropriate antibiotic usage may have implications in addition to the development of multi-drug resistant microorganisms. A study published in the June issue of *Chest* found that children who were given antibiotics in the first year of life were significantly more likely to develop asthma by age seven. There was a positive correlation between the number of antibiotic courses received during the first year and an increased risk of developing asthma. In Mississippi, approximately 66,620 children (age <18) suffer from asthma. Asthma is the third leading cause of hospitalization in children – with an annual direct health care cost of approximately $11.5 billion. In addition, asthma is the leading cause of school absenteeism. Prevention of future asthma cases could present considerable cost savings to the State in drug expenditures alone.

In an effort to educate providers, HID recommends a retrospective DUR criterion to identify those patients less that one year of age that may have been prescribed over-utilized antibiotic treatments. Dr. Wallace noted that pediatrician involvement in this

effort might be beneficial in addressing over-prescription of antibiotics by physicians. Dr. Voulters recommended that physicians identified with these habits receive educational letters addressing this issue, adding that HID might identify the antibiotic treatments prescribed to patients under age one and the related diagnoses.

HIV Criteria Report

Dr. Holeman reported on several criteria approved by the DUR Board at the May 17, 2007 meeting that focus on HIV therapy. HID has designed a system that accounts for the individual patient factors which increase the risk for each criteria. This system also incorporates medical literature documentation of the adverse event related to each criteria. A focused inquiry into the severity of the exceptions generated in May and June revealed that there is not a significant drug therapy problem in HIV patients enrolled in Mississippi Medicaid. Dr. Holeman continued that since the appropriate use of HIV medications is imperative for each patient, retrospective DUR criteria will continue to be used to assist physicians in providing effective treatment for their HIV patients. Dr. Voulters encouraged the continued use of DUR criteria as an important tool for managing and supporting the efforts physicians deem helpful in the HIV patient population.

Proper Singulair Utilization

Montelukast (Singulair®) is indicated for the treatment of asthma and allergic rhinitis. As seen in the cost analysis presented by Mr. Smith, montelukast is consistently one of the highest cost agents to DOM. Due to the consistently large claims costs for Medicaid, there is some concern that this drug may be over-utilized for allergic rhinitis when less expensive alternatives are available. Mr. Smith presented an analysis of montelukast utilization from May 2006 to May 2007. This analysis revealed that approximately 62 percent of patients who received montelukast had a diagnosis of asthma, while approximately 65 percent had a diagnosis of allergic rhinitis. According to this information, there does not appear to be gross over-utilization of montelukast outside of the asthma population. Dr. Voulters voiced concern regarding the approximately 4,000 children identified in the study who did not have a diagnosis of asthma or allergic rhinitis. He continued that the costs to Medicaid on these claims should be identified by indicating the diagnoses that correlated with the dispensing. HID was requested to review these claims to identify the large number of beneficiaries receiving montelukast and report to the Board at the next meeting. All agreed that this was an important issue to pursue.

Criteria Recommendations

The criteria recommendations were read; however, a vote was not taken because a quorum was not present. These criteria will be presented for approval at the next board meeting.

Boxed Warning Update

Mr. Smith presented an overview of black box warnings, other warnings, and labeling changes recently issued by the FDA concerning the following:

Thiazolidinediones - Avandia (rosiglitazone maleate), Actos (pioglitazone) and combination products

After a review of postmarketing adverse event reports, FDA determined that an updated label with a boxed warning on the risks of heart failure was needed for the entire thiazolidinedione class of antidiabetic drugs. These drugs are used in conjunction with diet and exercise to improve blood sugar control in adults with type 2 diabetes. Manufacturers of certain drugs have agreed to the upgraded warning.

The strengthened warning advises healthcare professionals to observe patients carefully for the signs and symptoms of heart failure, including excessive, rapid weight gain, shortness of breath, and edema after starting drug therapy. Patients with these symptoms who then develop heart failure should receive appropriate management of the heart failure and use of the drug should be reconsidered. Patients with questions should contact their healthcare providers to discuss alternative treatments.

Exjade (deferasirox) tablets for oral suspension

Novartis and FDA notified healthcare professionals of changes to the WARNINGS and ADVERSE REACTIONS sections of the product labeling for Exjade, a drug used to treat chronic iron overload due to blood transfusions (transfusional hemosiderosis) in patients two years of age and older. Cases of acute renal failure, some with a fatal outcome, have been reported following the post marketing use of Exjade. Most of the fatalities occurred in patients with multiple co-morbidities and who were in advanced stages of their hematological disorders. Additionally, there were post-marketing reports of cytopenias, including agranulocytosis, neutropenia and thrombocytopenia in patients treated with Exjade where some of the patients died. The relationship of these episodes to treatment with Exjade is uncertain. Most of these patients had preexisting hematologic disorders that are frequently associated with bone marrow failure. Further, cases of leukocytoclastic vasculitis, urticaria, and hypersensitivity reactions (including anaphylaxis and angioedema) were reported.

Healthcare professionals should monitor serum creatinine in patients with increased risk of complications; that is, those who have preexisting renal conditions, are elderly, have co-morbid conditions, or are receiving medicinal products that depress renal function. Blood counts should also be monitored regularly and treatment should be interrupted in patients who develop unexplained cytopenia.

Propofol (marketed as Diprivan and generic products)

FDA informed healthcare professionals about several clusters of patients who experienced chills, fever, and body aches shortly after receiving propofol for sedation or general anesthesia. Multiple vials and several lots of propofol used in patients who experienced these symptoms were tested and there was no evidence that the propofol vials or prefilled syringes were contaminated with bacteria or endotoxins. Propofol is an

intravenous sedative-hypnotic agent used to induce and maintain anesthesia or sedation. To minimize the potential for bacterial contamination, propofol vials and prefilled syringes should be used within six hours of opening. Each vial should be used only for one patient. Patients who develop fever, chills, body aches or other symptoms of acute febrile reactions shortly after receiving propofol should be evaluated for bacterial sepsis. Healthcare professionals who administer propofol for sedation or general anesthesia should carefully follow the recommendations for handling and use in the product's full prescribing information.

Rocephin (ceftriaxone sodium) for Injection

Roche and FDA informed healthcare professionals of revisions to the CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, ADVERSE REACTIONS and DOSAGE AND ADMINISTRATION sections of the prescribing information for Rocephin for Injection. The revisions are based on new information that describes the potential risk associated with concomitant use of Rocephin with calcium or calcium-containing solutions or products. Cases of fatal reactions with calcium-ceftriaxone precipitates in the lungs and kidneys in both term and premature neonates were reported. Hyperbilirubinemic neonates, especially prematures, should not be treated with Rocephin. The drug must not be mixed or administered simultaneously with calcium-containing solutions or products, even via different infusion lines. Additionally, calcium-containing solutions or products must not be administered within 48 hours of the last ceftriaxone administration.

Next Meeting Information:

Ms. Clark reminded the Board of the next meeting on November 15, 2007.

Call for Adjournment:

Frank Marascalco called for the meeting to be adjourned at 3:40 p.m.

Respectfully Submitted:
Health Information Designs, Inc.