

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

November 17, 2011

|                                                                      |                                                 |
|----------------------------------------------------------------------|-------------------------------------------------|
| <b>Welcome</b>                                                       | Mark Reed, M.D. (Chair)                         |
| <b>Old Business</b>                                                  | Mark Reed, M.D. (Chair)                         |
| Approval of August 2011 Meeting Minutes                              |                                                 |
| <b>Resource Utilization Review</b>                                   | Kyle D. Null, Pharm.D.                          |
| Program Summary Report                                               |                                                 |
| Top 15 Drug Classes and Top 25 Drug Detail – Amount Paid*            |                                                 |
| Top 15 Drug Classes and Top 25 Drug Detail – Number of Claims        |                                                 |
| <b>Pharmacy Program Update</b>                                       | Shannon P. Hardwick, R.Ph.<br>(DUR Coordinator) |
| Elect DUR Board Chair and Co-Chair                                   |                                                 |
| <b>New Business</b>                                                  | Kyle D. Null, Pharm.D.                          |
| Background on Medicaid Quality Measures                              | Ben Banahan, Ph.D.                              |
| <i>Special Analysis Projects</i>                                     |                                                 |
| Update: Medical and POS Billings for Drug Products                   |                                                 |
| Dilantin Shortage and Potential Problems with Unmonitored Switching  |                                                 |
| Clinical Edits Addressing the New Indications for Cialis (tadalafil) |                                                 |
| <i>Exceptions Monitoring</i>                                         |                                                 |
| FDA Safety Warnings and Exceptions Monitoring                        |                                                 |
| Exceptions Monitoring Criteria Recommendations                       |                                                 |
| <i>Addendum</i>                                                      |                                                 |
| Soma (carisoprodol) use                                              |                                                 |
| <b>Next Meeting Information</b>                                      | Mark Reed, M.D. (Chair)                         |

## Soma (carisoprodol) Use

### Background:

MS-DUR was asked to examine the use of carisoprodol during the prior 12 months with respect to the current clinical PA restriction. Of specific interest were (a) whether the current criteria are being enforced, and (b) whether a more rigid criterion of 84 units every 12 months is warranted. The current edit posted on the web site is:

**Soma & Soma Combinations**                      **one time Rx of up to 84, every 6 months**

### Analysis and Results:

An analysis was conducted of all prescription claims for carisoprodol during the 12-month period October 1, 2010 through September 30, 2011. The initial analysis included a comparison of claims within the POS system and the MSCAN program.

| <b>Claims from Oct 1, 2010 - Sept 30, 2011</b>         |          |            |              |
|--------------------------------------------------------|----------|------------|--------------|
|                                                        |          | <b>POS</b> | <b>MSCAN</b> |
| <b>Benes by total units of carisoprodol dispensed</b>  | <=84     | 21 (68%)   | 218 (30%)    |
|                                                        | 85 - 168 | 5 (16%)    | 150 (21%)    |
|                                                        | > 168    | 5 (16%)    | 362 (50%)    |
| <b>Benes - number of carisoprodol Rx fills &gt; 84</b> | 0        | 26 (84%)   | 458 (63%)    |
|                                                        | 1        | 2 (6%)     | 72 (10%)     |
|                                                        | 2        | 2 (6%)     | 44 (6%)      |
|                                                        | 3+       | 1 (3%)     | 136 (21%)    |

As shown above, only 31 beneficiaries in the POS system used carisoprodol. Only 2 claims were filed in during the last 3 months of 2010. Use of carisoprodol in the MSCAN program appears to be widespread with 730 beneficiaries in MSCAN receiving carisoprodol during the observation period. It should be noted that the MSCAN results only include 9 months of data compared to 12 months for the POS program.

**The time period between the first fill date and the last fill date for ALL 31 POS beneficiaries using carisoprodol was < 6 months.**

10 POS beneficiaries exceeded a quantity of 84 units of carisoprodol within 6 months. Of these, only 5 beneficiaries had individual prescriptions filled that exceeded the quantity limit of 84 units.

As shown below, another 5 beneficiaries exceeded 84 or 168 units in 6 months by filling multiple RXs, none of which exceeded the quantity limit of 84.

|                                                |          | Benes by number of carisoprodol Rx fills > 84 |   |   |    |
|------------------------------------------------|----------|-----------------------------------------------|---|---|----|
|                                                |          | 0                                             | 1 | 2 | 3+ |
| Benes by total units of carisoprodol dispensed | <=84     | 21                                            | 0 | 0 | 0  |
|                                                | 85 - 168 | 3                                             | 2 | 0 | 0  |
|                                                | > 168    | 2                                             | 0 | 2 | 1  |

Last fill date for RXs exceeding quantity limit of 84 units in 6 months are spread from January – September of 2011. This indicates that the problems with overuse of carisoprodol is due to (a) the clinical edits in SmartPA not being set correctly or (b) manual edits approving these exceptions.

| Last Fill Date<br>for POS Beneficiaries Exceeding 84 units in 6 months |           |   |
|------------------------------------------------------------------------|-----------|---|
| Last fill date                                                         | 7-Jan-11  | 1 |
|                                                                        | 17-Mar-11 | 1 |
|                                                                        | 5-Apr-11  | 1 |
|                                                                        | 30-May-11 | 1 |
|                                                                        | 13-May-11 | 1 |
|                                                                        | 27-Jun-11 | 1 |
|                                                                        | 6-Jul-11  | 1 |
|                                                                        | 9-Sep-11  | 1 |
|                                                                        | 19-Sep-11 | 1 |
|                                                                        | 30-Sep-11 | 1 |

### Conclusions:

Overall use of carisoprodol is fairly low in the Medicaid population. 10 of 31 POS beneficiaries using carisoprodol should have had some prescriptions denied based on the currently posted clinical edit criteria. These exceptions to the criteria included both (a) individual prescriptions that exceeded the 84 unit limit and (b) multiple prescriptions within 6 months that exceeded 84 total units.

These results indicate that a more restrictive criterion of 84 units every 12 months would have no effect on current utilization patterns in the POS program since all current POS beneficiaries filled prescriptions for less than 6 months. Current exceptions to the existing criteria must be due to either (a) manual PA approvals or (b) inappropriate coding of the existing criteria in the SmartPA system.

Although no evidence exists that a change is needed in the PA criteria used in the POS program for carisoprodol, there does appear to be a much more liberal use of carisoprodol in the MSCAN program. This may produce significant PA problems when patients transition from MSCAN to back to POS.