

Alabama Medicaid DUR Board Meeting Minutes April 23, 2008

Members Present: Kelli Littlejohn, Christina Faulkner, Tiffany Minnifield, Clemice Hurst, Robert Moon, Kevin Green, Bernie Olin, Daniel Mims, Kevin Royal, Paula Thompson, Denise Thornley-Brown

Members Absent: Rob Colburn, Michael Gosney, Rhonda Harden, Jimmy Jackson, Gurinder Doad

Chairman Paula Thompson called the meeting to order at 1:00 p.m.

Review and Adoption of Minutes of January 23, 2008 meeting: Paula Thompson asked if there were any additions, deletions or changes to the minutes of the January 23, 2008 meeting. No changes were suggested by the Board. Paula Thompson asked for a motion to approve the minutes. A motion was made by Robert Moon, and seconded by Denise Thornley-Brown. A voice vote to approve the minutes as presented was unanimous.

Prior authorization and Overrides Update: Christina Faulkner began the Prior Authorization and Overrides Update by calling members' attention to the Monthly Manual Prior Authorization and Overrides report for the month of December, 2007, on page 16. For the month of December, she reported 8,344 total requests. She noted two acne approvals and two maximum allowable cost approvals. Christina reported a grand total of 11,711 requests for the Monthly Electronic Prior Authorizations and Overrides for the month of December. In response to a request from Robert Moon at the last meeting, Christina listed the top four classes denied by electronic PA. Those classes were cardiac agents, intranasal corticosteroids, skeletal muscle relaxants and triptans. Referencing the Monthly Help Desk Report on page 18, Christina reported 4,832 incoming calls, an average time of incoming calls of 1 minute 55 seconds, 7,823 incoming faxes and 23,122 outgoing faxes. Christina then directed the Board to the Response Time reports on page 19. She reported that 74.27% of manual requests were responded to in less than two hours and 92.40% of total requests were responded to in less than two hours, 86.18% of manual requests were responded to in less than four hours and 95.94% of total requests were responded to in less than four hours. Additionally, 87.54% of manual requests were responded to in less than eight hours and 96.32% of total requests were responded to in less than eight hours. Calling the members' attention to the Cost Management Analysis reports, Christina reported the top five drugs from the Top 25 Drugs Based on Total Claims report for the month of December as hydrocodone-acetaminophen, amoxicillin, Singulair[®], azithromycin and alprazolam. The top five drugs from the Top 25 Drugs Based on Total Claims Cost report for the month of December were Synagis[®], Singulair[®], Risperdal[®], Seroquel[®] and Protonix[®]. From the Top 15 Therapeutic Classes by Total Cost of Claims report for the month of December, the top five classes were antipsychotics, anticonvulsants, monoclonal antibodies, selective beta-2-adrenergic agonists and leukotriene modifiers.

For the month of January, 2008, from the Monthly Manual Prior Authorizations and Overrides report on page 23, Christina reported 9,483 total requests and three maximum allowable cost

requests. Christina reported a grand total of 13,996 requests on the Monthly Electronic Prior Authorizations and Overrides report for the month of January. The most denied classes of drugs in the electronic PA category are anxiolytics/sedatives/hypnotics, cardiac agents, intranasal corticosteroids and skeletal muscle relaxers. From the Monthly Help Desk Report, Christina reported an average time per incoming call of two minutes. From the Prior Authorization and Override Response Time Ratio report, Christina reported 72.86% of manual requests and 92.45% of all requests were responded to in less than two hours, 85.47% of manual requests and 95.92% of all requests were responded to in less than four hours and 88.14% of manual requests and 96.65% of all requests were responded to in less than eight hours. From the Top 25 Drugs Based on Total Claims report, Christina reported the top five drugs: hydrocodone/acetaminophen, amoxicillin, azithromycin, Singulair[®] and alprazolam. From the Top 25 Drugs Based on Total Claims Cost report for January, Christina reported the top five drugs: Synagis[®], Singulair[®], Risperdal[®], Seroquel[®] and Protonix[®]. From the top 15 Therapeutic Classes by Total Cost of Claims report for January, the top five classes were antipsychotics, anticonvulsants, monoclonal antibodies, selective beta-2-adrenergic agonists and proton-pump inhibitors.

For the month of February, from the Monthly Manual Prior Authorizations and Overrides report, Christina reported a grand total of 7,813 requests and one maximum allowable cost request. From the Monthly Electronic Prior Authorizations and Overrides report, she noted 11,740 total requests. The four classes of drugs most often denied on the electronic PA program are cardiac agents, intranasal corticosteroids, skeletal muscle relaxers and triptans. Referencing the Monthly Help Desk Report, she reported an average time per incoming call of three minutes 42 seconds. Christina noted that these numbers are somewhat increased from the norm due to issues with interChange and system slowdown during the transition. From the Prior Authorization and Override Response Time Ratio report, Christina reported 69.67% of manual requests and 91.67% of total requests were responded to in less than two hours, 78.50% of manual requests and 94.20% of total requests were responded to in less than four hours and 84.65% of manual requests and 95.84% of total requests were responded to in less than eight hours. Christina noted that response times were increased due to interChange issues. Referencing the Top 25 Drugs Based on Total Claims report for February, Christina reported the top five drugs as hydrocodone/acetaminophen, amoxicillin azithromycin, Singulair[®] and albuterol sulfate. From the Top 25 Drugs Based on Claims Cost report, she reported the top five drugs as Synagis[®], Singulair[®], Risperdal[®], Seroquel[®] and Abilify[®]. From the Top 15 Therapeutic Classes by Total Cost of Claims report for February, she reported the top five classes as antipsychotics, anticonvulsants, monoclonal antibodies, selective beta-2-adrenergic agonists and proton pump inhibitors.

Christina informed the Board that the reports for the Manual and Electronic Prior Authorizations and Overrides for March were not yet available at the time of the preparation of the meeting materials and would be presented at the next meeting. Christina began the review of March reports with the Top 25 Drugs Based on Total Claims Cost report. The top five drugs on the report were Synagis[®], Singulair[®], Risperdal[®], Seroquel[®] and Abilify[®]. From the Top 15 Therapeutic Classes by Total Cost of Claims report, she noted the top five classes: antipsychotics, monoclonal antibodies, anticonvulsants, beta-adrenergic agonists and leukotriene modifiers.

Singulair® Update: Christina called the Board members' attention to the reference material beginning on page 40 of the manual regarding Singulair® utilization. This information was presented at the last DUR meeting. Referencing page 40, Christina reminded the Board that Singulair® is consistently one of the leaders in the monthly cost analysis reports and consequently there is some concern that it may be over utilized for allergic rhinitis when less expensive alternatives are available, such as generic antihistamines. She informed the Board that in response to a request at the last meeting, HID gathered Singulair® utilization data from State X, a state with a similar Medicaid base as Alabama. This information was gathered using RxExplorer and was taken from May 1, 2006 to May 1, 2007. HID found that a total of 29,273 individual beneficiaries in State X received Singulair®. In that time period approximately 62% of patients in State X who received Singulair® had an asthma diagnosis as compared to 48% in Alabama, while approximately 65% of patients who received Singulair® had an allergic rhinitis diagnosis in State X, as compared to 49% in Alabama. Approximately 43% of those patients who had a prescription for Singulair® filled during this time period had diagnoses of both asthma and allergic rhinitis in State X, as compared to 24% in Alabama. Christina presented RDUR criteria regarding Singulair® utilization. After a discussion among Board members, Kelli Littlejohn requested that after the intervention takes place, that HID track Singulair® utilization and report back to the Board.

Program Summary: Christina presented the Program Summary by briefly reviewing the 6 Month Assessment on page 46 of the meeting manual. She reported 3,512,859 total prescriptions; 386,702 using pharmacy benefits, an average paid per prescription of \$60.43. She noted that the average cost per claim in January 2006 was \$56.22, in January 2007 was \$59.04 and in December 2007 was \$61.66. She reflected that this amount is less than the national average and is likely due to the Agency's efforts. Referencing the Drug Analysis for the 4th quarter of 2007, Christina noted that 61.98% of claims were generic multisource, 23.78% were brand single source, 13.53% were brand multi-source and 0.71% were "other". Christina informed the Board that HID receives its drug information from First Data Bank, which has recently changed their file layout. Christina noted that she anticipates that the data will be more accurate in the future.

Intervention Activity Report: Christina began the RDUR Intervention Letter Activity Report for the 1st quarter of 2008 by informing the Board that 345 letters were sent to physicians. The criteria set used included history of drug abuse, therapeutic duplication and underutilization. The distribution of letters was as follows: 95 letters for drug/disease interaction; 72 letters for drug/drug conflicts, four letters for possible non-compliance; 58 letters for clinical appropriateness; and one letter for over utilization. She reported that of those 345 letters, 43 responses had been received as of the preparing of this meeting material. Twenty four of 32 physicians reported that they found the information "useful" or "extremely useful". Christina briefly reviewed the RDUR Intervention Letter Activity Report Summary for June 2007 through November 2007. There were a total of 749 profiles reviewed, 748 letters generated and 740 letters sent. As of the preparation date of the meeting manual, 158 responses had been received. Of those, nine physicians reported that they would reassess and modify drug therapy. Eighteen reported that the patient had an appointment to discuss therapy. Sixty four of 109 physicians indicated that they found the RDUR letters "useful" or "extremely useful."

Proposed Future Intervention: Christina presented eight sets of criteria to the Board for proposed future intervention. After discussion, the Board agreed to reject criteria #1 at this time pending more research by HID. The Board suggested changing the age range on Criteria #8 to 0-21 years. Criteria #8 was approved as amended with suggested changes. Paula Thompson instructed board members to mark criteria ballots and return them to Tiffany Minnifield.

Medicaid Pharmacy Update: Tiffany Minnifield began the Medicaid Pharmacy Update by announcing that the Agency's new computer system is now functional. Alerts are being sent to keep providers informed of system changes and problem resolutions. New Medicaid numbers are now being utilized. She noted that the DAW1 edit will be effective May 1 and will require an override for any name brand drug with an exact generic equivalent available submitted with a DAW code of 1. In those instances, a MedWatch form will be required. Exceptions include drugs falling in the following categories: phenytoin, carbamazepine, levothyroxine, and warfarin. Starting April 1, Tamper Resistant Prescription Pads are required. Beginning October 1, 2008, all three characteristics stated in the Tamper Resistant ALERT will be required on the tamper resistant prescription pads. Tiffany reminded the Board that the listserv includes communications regarding all Alerts and changes in Agency policy and encouraged board members to sign up. She informed the Board that there is also a compliance form on the web for reporting non-compliance with the tamper resistant requirement. She noted that there are currently two ITBs from the pharmacy department on the web. She asked all board members to update addresses and email addresses on the sign-in sheet and to complete and return vouchers before leaving the meeting.

Kelli Littlejohn announced that all pharmacies should have recently received a Cost of Dispensing Survey. She anticipates that an executive summary of this survey will be completed by the end of Summer 2008.

P & T Update: Clemice Hurst presented the P & T report to the Board. She announced that at the last P & T meeting, on February 20, the committee reviewed the estrogens and anti-diabetic agents. As a result of that meeting, Lantus was added to the PDL. The next P & T meeting is scheduled for May 14, 2008 at 9 am. On the agenda are reviews of cardiac agents, platelet aggregation inhibitors and anti-hyperlipidemics.

Paula Thompson asked if there was any further business to be brought before the Board. There being none, she asked for a motion to adjourn. Kevin Royal made a motion to adjourn. The motion was seconded by Bernie Olin. A voice vote to approve the motion was unanimous. The meeting was adjourned at 2:10 pm.

Respectfully Submitted,

Christina Faulkner, Pharm.D.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

3. Desmopressin / Therapeutic Appropriateness

8

Alert Message: Desmopressin may cause severe hyponatremia which may put patients at risk for seizures and death. Intranasal desmopressin is no longer indicated for the treatment of primary nocturnal enuresis (PNE). The agent should not be used in patients with hyponatremia or a history of hyponatremia. Desmopressin tablets are still indicated for the treatment of PNE but therapy should be interrupted during acute illness that may lead to fluid or electrolyte imbalance.

Conflict Code: TA - Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C

Desmopressin

References:

MedWatch - The FDA Safety Information and Adverse Event Reporting Program, 2007.

DDAVP Prescribing Information, October 2007, Sanofi-Aventis.

4. Singulair/ No DX Asthma or Allergic Rhinitis (Negating)

7 1

Alert Message: Singulair (montelukast) is FDA approved for the treatment of asthma, allergic rhinitis, and exercised-induced bronchoconstriction. There are insufficient data available to warrant use of this medication in other disease states. Inappropriate use of medications can lead to decreased patient outcomes and increased medical costs.

Conflict Code: TA – Therapeutic Appropriateness

Drugs/Diseases

Util A

Util B

Util C (Negating)

Montelukast

Asthma

Allergic Rhinitis

Exercise-induced bronchospasm

References:

Facts & Comparisons, 2008 Updates.

Micromedex Healthcare Series, DrugDex Drug Evaluations, 2008.

Singulair Prescribing Information, Sept. 2007, Merck & Co, Inc.

5. Clonidine / Drug Abuse

8

Alert Message: The patient has a history of substance abuse and is receiving clonidine. While clonidine is used off-label to help manage opioid or alcohol withdrawal it can also be misused. Clonidine can be taken at regular doses for its psychoactive effects (e.g., sedation and euphoria) or at high doses with opiates to prolong the opioid effect. This patient population should be monitored for signs of clonidine misuse and informed of the adverse effects as well as the danger associated with abrupt clonidine cessation.

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs/Diseases

Util A

Util B

Util C (Negating)

Clonidine

Hx of Drug Abuse

Hypertension

Opiate Dependence

Antihypertensive Medications

Opiate Withdrawal

References:

Dy EC, Yates WR, Atypical drug abuse: A case report involving clonidine, American Family Physician, Sept. 1996.

Dennison SJ, Clonidine abuse among opiate addicts. Psychiatric Quarterly, Vol. 72, No.2, 2001.

Anderson F, Paluzzi P, Lee J, et al., Illicit use of clonidine in opiate abusing pregnant women. Obstetrics and Gynecology 90:970-794, 1997.

Bueger M, Tommasello A, Schwartz R., Clonidine use and Abuse among methadone program applicants and patients. J of Subst Abuse Treat. 1998 Nov-Dec; 15(6):589-93.

Criteria Recommendations

**Accepted Approved Rejected
As
Amended**

6. Amitriptyline / Drug Abuse

8

Alert Message: Amitriptyline should be prescribed with caution to patients with a history of substance abuse. The medication can be misused in this patient population for its euphoric and opiate potentiating effects. Observe patient for signs of amitriptyline misuse and advise patients of amitriptyline adverse effects and drug interactions.

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs/Diseases

Util A

Amitriptyline

Util B

Hx of Drug Abuse
Opiate Dependence
Opiate Withdrawal

Util C

References:

Peles D, Schreiber S, and Adelson M, Tricyclic antidepressant abuse, with or without benzodiazepines abuse, in former heroin addicts currently in methadone maintenance treatment (MMT). Eur Neuropsychopharmacol. 2008 Mar;18(3):188-93.

Prahlow JA, Landrum JE. Amitriptyline abuse and misuse. Am J Forensic Med Pathol. 2005 Mar;26(1):86-8.

Ashton CH and Young AH, Selective Serotonin Reuptake Inhibitors (SSRIs): Past Present and Future, Chapter 5, Ed. Claire Stanford, University College London, 1999.

Available at: <http://www.benzo.org.uk/ssri.htm>

Hepburn S, Harden J, Grieve JHK, Hiscox J, Deliberate misuse of tricyclic antidepressants by intravenous drug users – case studies and report. SMJ 2006 50(3): 131-133.

7. Dextromethorphan / Drug Abuse

8

Alert Message: Dextromethorphan (DXM)-containing products should be prescribed with caution to patients with a history of substance abuse. The agent can be used in high doses to produce euphoria and hallucinations. Patients abusing this agent risk significant adverse effects not only from dextromethorphan but also from the other medications if a combination product is used (e.g., antihistamines, acetaminophen, decongestants). Chronic high-dose use of DXM can lead to the development of toxic psychosis

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs/Diseases

Util A

Dextromethorphan

Util B

Hx of Drug Abuse
Opiate Dependence
Opiate Withdrawal

Util C

References:

FDA Paper Talk: FDA Warns Against Abuse of Dextromethorphan (DXM), May 20, 2005.

Micromedex Healthcare Series DrugDex Drug Evaluations, 2008.

Intelligence Bulletin: (DXM) Dextromethorphan. National Drug Intelligence Center, U.S. Department of Justice Product No. 2004-L0424-029. Available at: <http://www.usdoj.gov/ndic/pubs11/11563/11563p.pdf>

8. Dextromethorphan / Drug Abuse

8

Alert Message: This adolescent patient has received multiple prescriptions for a dextromethorphan (DXM)-containing product in recent months. DXM is used in high doses (240 to 1500 mg) to obtain euphoria and hallucinations. Patients abusing this agent risk significant adverse effects not only from dextromethorphan but also from the other medications if a combination product is used (e.g., antihistamines, acetaminophen, decongestants). Chronic high-dose use of DXM can lead to the development of toxic psychosis.

** Age amended to read 0-21 years of age, below in "Age Range", in bold type.

Conflict Code: MC – Drug (Actual) Disease Precaution

Drugs/Diseases

Util A

Util B

Util C

Dextromethorphan

Age Range: **0-21** years of age

Day Supply: 60 day supply

References:

Drug and Chemicals of Concern: Dextromethorphan, U.S. Department of Justice Drug Enforcement Administration, September 2007.

Available at: http://www.deadiversion.usdoj.gov/drugs_concern/dextro_m/dextro_m.htm

FDA Paper Talk: FDA Warns Against Abuse of Dextromethorphan (DXM), May 20, 2005.

Micromedex Healthcare Series DrugDex Drug Evaluations, 2008.

Intelligence Bulletin: (DXM) Dextromethorphan. National Drug Intelligence Center, U.S. Department of Justice Product No. 2004-L0424-029. Available at: <http://www.usdoj.gov/ndic/pubs11/11563/11563p.pdf>

The minutes of the April 23, 2008 DUR Board Meeting have been reviewed and approved as submitted.

Carol H. Steckel Approve () Deny June 9, 2008
Carol H. Steckel, Commissioner Date

Kathy Hall Approve () Deny June 3, 2008
Kathy Hall, Deputy Commissioner Date

R. Moon MD Approve () Deny 6-6-08
Robert Moon, M.D., Medical Director Date