

Alabama Medicaid DUR Board Meeting
Minutes
April 25, 2007

Attendees: Denyse Thornley-Brown, Christina Daniels, Kevin Green, Rhonda Harden, Clemice Hurst, Jimmy Jackson, Kelli Littlejohn, Daniel Mims, Tiffany Minnifield, Bernie Olin, Kevin Royal, John Searcy, Paula Thompson.

Absent: Rob Colburn, Jerome Harrison.

Kevin Green, Chairman, called the meeting to order at 1:10pm.

Review and Adoption of Minutes of January 24, 2007 meeting: Kevin Green asked if there were additions, deletions, or changes to the minutes of the January 24, 2007 meeting. No changes or additions were brought to the attention of the Board. Kevin Green asked for a motion to approve the minutes as presented. Bernie Olin made a motion. Paula Thompson seconded the motion. A voice vote was unanimous to accept the minutes as presented.

Overview of Alabama Prescription Drug Monitoring Program (PDMP): Patti Stadlberger, R.N., B.S.N., Manager of the Prescription Drug Monitoring Program for the state of Alabama, gave a brief overview of the program. The program is administered through the Alabama Department of Public Health and is currently available for use by the professional boards. The program will be available to law enforcement agencies in May and to providers in July. Ms. Stadlberger briefly discussed the fraud hotline. She also mentioned that currently Alabama cannot share information with other states, but efforts are ongoing to make information sharing between the states possible.

DUR Update / Prior Authorizations and Overrides Update: As follow up to a question in the January DUR meeting, Christina reported that there were 1960 patients in calendar year 2006 with an HIV diagnosis.

Christina began her review of the reports with the Prior Authorizations and Overrides for the month of November 2006. For the manual requests, Christina reported an approval rate of 60.61%. For the electronic prior authorizations for November, Christina reported an approval rate of 14.08%. She directed the Board members' attention to the Response Time Ratio Report, where HID reported a total of 33,259 prior authorizations and overrides, with 99.75% responded to in less than 8 hours for the month of November. Christina reviewed the Top 25 Drugs Based on Total Claims from 10/16/06 – 11/15/06 and reported the top 5 drugs as: hydrocodone with acetaminophen, azithromycin, amoxicillin, Singulair[®] and ibuprofen. On the Top 25 Drugs Based on Total Claims Cost from 10/16/06 – 11/15/06, Christina reported that the top 5 drugs were: Synagis[®], Singulair[®], Risperdal[®], Seroquel[®], and Protonix[®]. The next report was the Top 15 Therapeutic Classes by Total Cost of Claims from 10/16/06 – 11/15/06. Christina

reported the top 5 classes were: antipsychotic agents, anticonvulsant/miscellaneous, hemostatics, amphetamines and monoclonal antibodies. Christina then called the members' attention to the December reports, beginning with the Manual Prior Authorizations and Overrides. She reported 8,495 requests with an approval rate of 61.15%. She noted 1 brand limit switchover, 188 early refill overrides, zero emergency brand early refills, and 1 maximum allowable cost override. For the electronic prior authorizations, HID reported 12,164 unique requests with 14.25% of those requests approved. On the Response Time Ratio Report, HID reported 6,242 manual prior authorizations and 2,253 manual overrides, each category having more than 98% of requests responded to in under 8 hours. For the month of December, HID received a grand total of 32,080 requests with 99.53% of those requests being responded to in less than 8 hours. For the Top 25 Drugs Based on Total Claims from 11/16/06 – 12/15/06, Christina reported that the top 5 drugs were: azithromycin, hydrocodone with acetaminophen, amoxicillin, Singulair[®], and ibuprofen. For the Top 25 Drugs Based on Total Claims Cost from 11/16/06 – 12/15/06, HID reported that the top 5 drugs on the report were: Synagis[®], Singulair[®], Risperdal[®], Seroquel[®], and Protonix[®]. On the Top 15 Therapeutic Classes by Total Cost of claims from 11/16/06 – 12/15/06, Christina pointed out the five top classes as: antipsychotic agents, anticonvulsant/miscellaneous, amphetamines, monoclonal antibodies and antidepressants. For the month of January, 2007, Christina began with the review of the Manual Prior Authorizations and Overrides. She noted a grand total of 10,253 requests with 61.33% approved. For the Monthly Electronic Prior Authorizations and Overrides, HID reported 14,652 requests with 9.85% approved. On the Response Time Ratio Report, Christina noted 37,540 total requests with 98.11% responded to in less than 8 hours. For the manual overrides, 92.17% of requests were responded to in less than 8 hours. For the manual PAs, 93.4% were responded to in less than 8 hours. On the Top 25 Drugs Based on Total Claims from 12/16/06 – 01/15/07 report, the top 5 drugs were: azithromycin, hydrocodone with acetaminophen, amoxicillin, Singulair[®], and amoxicillin TR-potassium clavulanate. On the Top 25 Drugs Based on Total Claims Cost from 12/16/06 - /1/15/07, the top 5 drugs were: Synagis[®], Singulair[®], Risperdal[®], Seroquel[®] and Protonix[®]. On the Top 15 Therapeutic Classes by Total Cost of Claims from 12/16/06 – 01/15/07, the top 5 classes were: antipsychotic agents, anticonvulsants/miscellaneous, monoclonal antibodies, amphetamines and antidepressants. For the month of February, Christina noted the Monthly Manual Prior Authorization and Overrides report. She stated that HID received a total of 8,768 requests with 62.94% of those being approved. On the Monthly Electronic Prior Authorization and Overrides Report, she reported a total of 12,354 requests with 9.16% of those being approved. For the Response Time Ratio Report for February, Christina reported 92.99% of manual PAs responded to in less than 8 hours, and 92.32% of the manual overrides responded to in less than 8 hours. She reported a grand total of 31,569 requests and 98% of those being responded to in less than 8 hours. From the Top 25 Drugs Based on Total Claims from 01/16/07 – 02/15/07, the top 5 drugs were: azithromycin, hydrocodone with acetaminophen, amoxicillin, Singulair[®], and amoxicillin TR-potassium clavulanate. From the report entitled Top 25 Drugs Based on Total Claims Cost from 01/16/07 – 02/15/07, Christina reported the top 5 drugs as: Synagis[®], Singulair[®], Risperdal[®], Seroquel[®], and Protonix[®]. From the Top 15 Therapeutic Classes by Total Cost of Claims from 01/16/07 – 02/15/07 report, Christina reported the top 5 classes: antipsychotics,

anticonvulsants/miscellaneous, monoclonal antibodies, amphetamines and antidepressants.

Quarterly (Program Summary) Reports: Christina began the Program Summary report review with the 6 month assessment. For the time period of July 01, 2006 through December 31, 2006, she reported a prescription claims cost of \$196,448,155.29. During that time period there were 3,456,519 prescriptions, 394,000 recipients who received prescriptions, and average paid per recipient per month of \$172.13 and an average paid per prescription of \$56.83. She directed the board members' attention to the handout that was provided in response to a request by Dr. Searcy to provide Cost Management information for a time span of the last three years. Christina briefly reviewed the Drug Analysis for the 4th quarter of 2006. She noted that 61.46% of claims were generic multi-source, 24.62% were brand single source (drugs without generics) and 13.15% were brand multi-source (drugs with generics available).

Intervention Activity Report: For the 1st quarter of 2007, Christina reported that the criteria used were History of Drug Abuse, Therapeutic Duplication and Underutilization. 379 letters were sent, including 85 for Drug/Disease Interaction, 79 for Drug/Drug Conflicts, 8 for Possible Non-Compliance, and 18 for Clinical Appropriateness. Of the letters sent, thus far, 92 responses have been received. Of those, 4 prescribers said they would reassess and modify drug therapy, 6 have appointments to discuss therapy and 46 out of 58 physicians indicated that they found the RDUR letters "useful" or "extremely useful". Dr. Thornley-Brown mentioned that 14 respondents indicated "not my patient," and asked if there was follow up on those cases. Kelli Littlejohn suggested that in the future those cases be sent to Medicaid's Program Integrity department for follow up.

ProDUR Criteria: Tiffany Minnifield stated that Stephen Moore from EDS was connected to the meeting via conference call and was available to answer any technical proDUR questions.

Christina gave a brief overview of both prospective and retrospective DUR, explaining that the Omnibus Budget Reconciliation Act (OBRA '90) mandated the process. Alabama Medicaid has both prospective and retrospective DUR in place. Health Information Designs (HID) administers the retroDUR program. Electronic Data Systems (EDS) administers the proDUR program, with an online system for realtime processing. The DUR Board meets quarterly to review and recommend areas that need to be evaluated in the drug therapy review process.

Christina discussed the proDUR alerts that are currently in place, and explained that there will be an opportunity to expand the proDUR program once the new MMIS system is implemented. She went on to explain that the DUR Board will be asked to vote on new proDUR criteria, and to decide if the edits will be hard (requiring an override from HID), soft (pharmacist uses conflict/intervention/outcome codes), or informational (no override required) in nature. The Agency has recommended that the DUR Board review the adult and pediatric low-dose information for the antipsychotic class first.

Christina went on to explain how the low-dose antipsychotic proDUR information would be presented and that the DUR board would not be voting on the information at this meeting, but would just become familiar with the format and vote on the information at the July meeting.

Dr. Royal asked about the purpose of the low-dose edit and Kelli Littlejohn explained that it was a way to make sure appropriate doses were being used for appropriate indications. Mr. Mims added that it is a way to double check and make sure an error hasn't been made entering the prescription into the pharmacy computer.

The committee requested that the FDA recommended doses be included as reference in the July 2007 meeting packet.

RetroDUR Criteria: Christina presented information regarding the prevalence of asthma in the United States as well as in the state of Alabama. She briefly reviewed the characteristics of asthma and the Global Initiative for Asthma (GINA) 2006 treatment guidelines. The committee reviewed the criteria that would be used, as well as the physician letters, and educational materials that will be sent to the providers. The criteria had been used previously, so it did not require a committee vote, but the members requested that minor changes be made to one of the criteria, in light of the 2006 GINA treatment guidelines. Christina then reviewed the new criteria (based on new drugs, new indications, new FDA warnings, etc.) that will be added to the base set of criteria. The criteria were briefly discussed, then voted on by the committee.

Medicaid Update/ P & T Update: Tiffany Minnifield began the Medicaid Update by welcoming a new board member, Daniel Mims. She announced the new Vice Chair, Paula Thompson. Tiffany directed Board members to the packet of information at their seats. She pointed out the updated PDL and copy of recent Medicaid ALERTS. She announced that the new MMIS implementation has been postponed and that provider training will take place prior to the implementation. Advanced notice for provider training dates will also be available on the Medicaid website. She reminded members to sign in and provide current contact information. She also reminded them to complete any member correspondence and turn it in before leaving the meeting.

Clemice Hurst began the P & T portion of the update by reviewing the changes to the PDL that were effective April 2, 2007. Those changes included the requirement that prior therapies for the Triptans and Skin and Mucous Membrane Agents be prescribed and preferred. She also informed the committee that for safety reasons the P & T Committee recommended that generic lindane be moved to non-preferred status. Levemir was reviewed as a new agent. Clemice announced that the next P & T meeting would be held on May 9 at the state capitol auditorium and that it is an open public meeting. The anti-infective agents will be reviewed at the May meeting.

Kelli Littlejohn added that a Transformation Grant meeting would be held on May 9 at 1:00pm and invited the DUR Board members to attend.

Kelli Littlejohn recognized Dr. John Searcy and announced his upcoming retirement from the Alabama Medicaid Agency. After 15 years of service to Alabama Medicaid, Dr. Searcy, a pediatrician, will be joining his daughter in private practice in Dothan, AL. On behalf of the DUR Board and the Agency, Kelli expressed her appreciation for Dr. Searcy's many years of service and dedication to both the Agency and the DUR Board.

Tiffany Minnifield announced that the next DUR Board meeting will be held on July 25 at 1:00pm.

Kevin Green asked if there was any further business to be brought before the Board. There being none, he asked for a motion to adjourn. Bernie Olin made a motion. The motion was seconded by Paula Thompson. Chairman Green adjourned the meeting at 3:00pm.

The minutes of the April 25, 2007 DUR Board Meeting have been reviewed and approved as submitted.

_____ () Approve () Deny _____
Carol H. Steckel, Commissioner Date

_____ () Approve () Deny _____
Kathy Hall, Deputy Commissioner Date