# Alabama Medicaid DUR Board Meeting Minutes
# April 22, 2009

**Members Present:** Bernie Olin, Clemice Hurst, Kelli Littlejohn, Tiffany Minnifield, Christina Faulkner, Robert Moon, Jimmy Jackson, Kevin Royal, Daniel Mims, Kevin Green, Denyse Thornley-Brown

**Members Present via web conferencing:** Rhonda Harden, Paul Nagrodzki

**Members Absent:** Paula Thompson

Kevin Royal, Chairman, called the meeting to order at 1:00pm.

Kelli Littlejohn welcomed the board members to the meeting. Kelli asked members attending the meeting via web conferencing to identify themselves.

**Review and Adoption of Minutes of January 28, 2009 meeting:** Kevin Royal asked if there were additions, deletions, or changes to the minutes of the January 28, 2009 meeting. No changes were brought to the attention of the Board. Kevin Royal asked for a motion to approve the minutes as presented. Jimmy Jackson made a motion to accept the minutes. The motion was seconded by Paul Nagrodzki A voice vote was unanimous to accept the minutes as presented.

**Prior Authorization and Overrides Update:** Christina Faulkner began the Prior Authorization and Overrides Update with the Monthly Manual Prior Authorizations and Overrides Report for the month of December, 2008. She reported 9,678 total requests. Christina moved on to review the Monthly Electronic Prior Authorization and Overrides report for December. This report showed 13,960 total requests. Citing the Prior Authorization and Override Response Time Ratio Report, also for December, Christina noted that 52-55% of manual requests were responded to in less than two hours, 82-83% in less than four hours and approximately 93% in less than eight hours. Christina continued the Prior Authorization Update with the January, 2009 Monthly Manual Prior Authorizations and Overrides. She reported 9,665 total requests. From the Monthly Electronic Prior Authorizations and Overrides Report for the month of January, she reported 17,687 requests. From the Prior Authorization and Override Response Time Ratio Report for January, Christina noted that 69-70% of manual requests were responded to in less than two hours, 85-86% in less than four hours and approximately 93% in less than eight hours. For the month of February, from the Monthly Manual Prior Authorizations and Overrides Report, Christina reported 8,727 requests. For the month of February, from the Monthly Electronic Prior Authorizations and Overrides Report, Christina reported 15,793 requests. From the Prior Authorization and Override Response Time Ratio Report for February, Christina noted that 74% of manual requests were

responded to in less than two hours, 92-93% in less than four hours and 95-96% in less than eight hours.

From the Cost Management Analysis reports, Christina referred to the Top 25 Drugs Based on Total Claims for December 2008. The top five drugs were hydrocodone-acetaminophen, amoxicillin, azithromycin, Singulair® and alprazolam. From the Top 25 Drugs Based on Total Claims Cost for December, Christina reported the top five drugs as Synagis®, Singulair®, Abilify®, Seroquel® and risperidone. The top five classes from the Top 15 Therapeutic Classes by Total Cost of Claims for December 2008 were antipsychotic agents, anticonvulsants (miscellaneous), monoclonal antibodies, beta-adrenergic agonists and leukotriene modifiers. It was clarified that the cost data did not include federal/state rebates.

Bernie Olin requested to see the last five years of top 25 drugs by number of claims and by cost of claims. This information will be presented to the Board at the next DUR meeting.

There was also a question about the $4.00 prescriptions at chain drug stores. Kelli explained that the state pays the pharmacy's usual and customary price; for pharmacies with advertised lower cost drugs who bill Medicaid over the advertised price, the difference is recouped through audit procedures.

Christina referenced the Program Summary on page 27 and noted that the Average Paid Per Prescription varied from $60.91 for the third quarter of 2008 to $63.19 for the fourth quarter. The Average Paid Per Prescription for the same six months was $62.10. From the Cost Management Analysis, she noted that the Cost per Claim for January 2007 was $59.21 and the Cost per Claim for December 2008 was $62.37.

**Methadone Review:** In response to a request from the Board at the previous meeting, Christina presented an overview of methadone and methadone related deaths. She reported that according to the Food and Drug Administration (FDA), the number of prescriptions for methadone has continued to increase since 2003. The number of methadone related deaths also has continued to rise. In November of 2006, the FDA amended the package labeling for methadone to include a warning about the dangers related to methadone use. She also reported that the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) formed a committee to investigate the FDA reports of increasing methadone-related mortality. They reported the following findings: methadone associated deaths continue to rise as supported by medical examiner, toxicology and other data sources; males 35 and older had the highest rate of methadone associate deaths, approximately twice that of females; the reason for the majority of methadone-associated deaths is often unknown, but if known, is largely the result of accidental exposures; all forms of methadone distribution continue to rise, with the greatest increase in distribution for the tablet form and going to pharmacies.

Christina reported that the number of prescriptions for methadone has risen, although they are far lower than for other opioids. Circumstances of methadone-associated deaths vary by state, suggesting a complex phenomenon. Christina then reviewed the activities undertaken by Alabama Medicaid to address appropriate methadone use through the retrospective DUR program and Maximum Quantity limit and review of utilization trends for methadone in relation to the PA requirement changes for oxycodone extended release. She explained that the PA changes for oxycodone did not seem to cause an increase in the utilization of methadone. A board member suggested that the methadone information be shared with MASA.

A discussion followed regarding methadone and its PA status. A motion was made and seconded to present the P & T Committee with a recommendation to review methadone for safety and efficacy.

**Overview of DUR:** Christina presented a detailed overview of the Retrospective Drug Utilization Review process to include the origination of DUR, the selection and presentation of criteria to the Board, special mailings, criteria maintenance, Internal Criteria Exception Reports (ICER), review of patient profiles, and review of a sample patient letter and response form.

**RDUR:** Christina presented the RDUR Intervention Activity report for January 2009. The intervention date was January 20, 2009. The criteria was polypsychotherapy. There were 944 profiles reviewed, 4,295 conflicts were reviewed, 357 cases identified, 505 letters generated and 490 letters sent. Christina reported that as of the date of the DUR meeting, 115 responses had been received. A request was made that HID perform a trend analysis of responses. This information will be presented to the Board at the next DUR meeting.

**QTool Update/ProDUR Criteria:** Kim Davis Allen of the Alabama Medicaid Agency presented information on QTool, Alabama Medicaid Agency's electronic health record tool. Kim demonstrated the QTool's query and electronic prescribing capability. Kim presented the set of five ProDUR criteria for the QTool prospective drug utilization feature and asked board members to vote on the criteria. Board members discussed the QTool and Kim answered questions relating to information available on the QTool.

**Medicaid Update:** Tiffany Minnifield called board members' attention to the DAW 2 Alert, voucher forms, Medicaid Matters Newsletters and Provider Insider newsletters contained in their member folders. Tiffany reminded members to complete and return travel vouchers before leaving the meeting.

**P & T Update:** Clemice Hurst provided a brief update of the P & T Committee. She stated that the P & T Committee, at its last meeting on February 11, reviewed the pain medications, skeletal muscle relaxants, opioids, triptans, antiemetics and PPIs. She informed the Board that generic omeprazole is now available without PA and Aciphex® has been added to the preferred drug list. Imitrex® and Metadate CD® have been removed from the PDL. Relenza® and Tamiflu® will remain on the PDL until May 30th. Clemice

reminded the Board that the next P & T Committee meeting will be held on May 13 at 9:00am at the state capitol auditorium. The Committee will review the skin and mucous membranes agents.

**Next DUR meeting:** The next DUR Board meeting will be held on July 22, 2009.

**New Business:** Kevin Royal, Chair, asked if there was new business to be brought before the Board. Kelli Littlejohn briefly discussed the PAM project regarding antipsychotic use in children. There being no further business brought before the Board, the meeting was adjourned at 2:35pm.

Respectfully submitted,

Christina Faulkner, Pharm.D.

The minutes of the April 22, 2009 DUR Board Meeting have been reviewed and approved as submitted.

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| Carol H. Steckel, Commissioner | (X) Approve ( ) Deny | 5/19/09<br>Date |
| Kathy Hall, Deputy Commissioner | (✓) Approve ( ) Deny | 5/19/09<br>Date |
| Robert Moon, M.D., Medical Director | (✓) Approve ( ) Deny | 5-19-09<br>Date |