

THE UNIVERSITY OF OKLAHOMA

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MEMORANDUM

TO: Drug Utilization Review Board Members

FROM: Ron Graham, D.Ph.

SUBJECT: **Packet Contents for Board Meeting – February 10, 2004**

DATE: February 3, 2004

NOTE: **CLINICAL SUBCOMMITTEE WILL MEET AT 5:00 P.M.**
THE FULL DUR BOARD WILL MEET AT 6:00 P.M.

Enclosed are the following items related to the February meeting. Material is arranged in order of the Agenda.

Call to Order

Public Comment Forum

Action Item – Approval of DUR Board Meeting Minutes – **See Appendix A.**

Update on DUR/MCAU Program - **See Appendix B.**

Presentation and Discussion of Comprehensive NeuroSciences Prescriber Education Intervention Project.

Annual Review of Anti-Ulcer Medication Utilization – **See Appendix C.**

Annual Review of Growth Hormone Utilization - **See Appendix D.**

30 Day Notice of Intent to Prior Authorize Forteo™ – **See Appendix E.**

Proposed Executive Session as Recommended by the General Counsel and Authorized by the Open Meetings Act, 25 Okla. State. § 307 (B)(4),(7).

Future Business

Adjournment

Drug Utilization Review Board
(DUR Board)
Meeting – February 10, 2004 @ 5:00p.m.

Oklahoma Health Care Authority
4545 N. Lincoln Suite 124
Oklahoma City, Oklahoma 73105
Oklahoma Health Care Authority Board Room

Clinical Subcommittee Meeting at 5:00 p.m.

Board member dinner and discussion of medical literature relating to 2nd Generation Antipsychotic medications.

Full DUR Board Meeting at 6:00 p.m.

AGENDA

Discussion and Action On the following Items:

Items to be presented by Dr. Whitsett, Chairman:

1. **Call To Order**
 - A. Roll Call – Dr. Graham

Items to be presented by Dr. Whitsett, Chairman:

2. **Public Comment Forum**
 - A. Acknowledgment of Speakers and Agenda Item

Items to be presented by Dr. Whitsett, Chairman:

3. **Action Item - Approval of DUR Board Meeting Minutes – See Appendix A.**
 - A. January 13, 2004 DUR Minutes
 - B. January 13, 2004 DUR Board Memorandum

Items to be presented by Dr. Flannigan, Dr. Browning, Dr. Whitsett, Chairman:

4. **Update on DUR/MCAU Program - See Appendix B.**
 - A. Retrospective DUR Report for October 2003
 - B. Medication Coverage Activity Audit for January 2004
 - C. Help Desk Activity Audit for January 2004
 - D. Pharmacotherapy Management Activity Update
 - E. DUR Newsletter

Items to be presented by Dr. Nesser, Dr. Whitsett, Chairman:

5. **Presentation and Discussion of Comprehensive NeuroSciences Prescriber Education Intervention Project.**
 - A. Keith Schafer - Presenting

Items to be presented by Dr. McIlvain, Dr. Whitsett, Chairman:

6. **Annual Review of Anti-Ulcer Medication Utilization– See Appendix C.**
 - A. Oklahoma Medicaid Utilization
 - B. COP Recommendations

Items to be presented by Dr. Flannigan, Dr. Whitsett, Chairman:

7. **Annual Review of Growth Hormone Utilization – See Appendix D.**
 - A. Oklahoma Medicaid Utilization
 - B. COP Recommendations

Items to be presented by Dr. Browning, Dr. Whitsett, Chairman:

8. **30 Day Notice of Intent to Prior Authorize Forteo™ – See Appendix E.**
 - A. Follow-Up Report

Items to be presented by Dr. McIlvain, Dr. Whitsett, Chairman:

9. **Proposed Executive Session as Recommended by the General Counsel and Authorized by the Open Meetings Act, 25 Okla. State. § 307 (B)(4),(7).**
Retrospective drug review of Medicaid beneficiaries' stimulant use.
10. **Future Business**
 - A. Antihistamines Annual Review
 - B. Plavix™ Annual Review
 - C. Sedative / Hypnotic Annual Review
 - D. Synagis™ Utilization Review
 - E. Antiviral Utilization Review
 - F. Hepatitis C Agents Review
 - G. Economic SMAC Report
11. **Adjournment**

APPENDIX A

**OKLAHOMA HEALTH CARE AUTHORITY
DRUG UTILIZATION REVIEW BOARD MEETING
MINUTES of MEETING of JANUARY 13, 2004**

BOARD MEMBERS:

	PRESENT	ABSENT
Rick G. Crenshaw, D.O.	X	
Dorothy Gourley, D.Ph.	X	
Cathy Hollen, D.Ph.	X	
Thomas Kuhls, M.D.	X	
Dan McNeill, Ph.D., PA-C	X	
Cliff Meece, D.Ph.	X	
Dick Robinson, D.Ph., Vice-Chair		X
James M. Swaim, D.Ph.	X	
Greg Tarasoff, M.D.	X	
Thomas Whitsett, M.D., Chair	X	

COLLEGE of PHARMACY STAFF:

	PRESENT	ABSENT
Leslie Browning, D.Ph./Clinical Pharmacist	X	
Jack Coffey, Assistant Dean, College of Pharmacy		X
Karen Egesdal, D.Ph./Clinical Pharmacist/OHCA Liaison		X
Kelly Flannigan, D.Ph./Clinical Pharmacist	X	
Shellie Gorman, Pharm.D./Clinical Pharmacist	X	
Ronald Graham, D.Ph., Manager, Operations/DUR	X	
Elgene Jacobs, Ph.D.; Manager, Research		X
Ann McIlvain, Pharm.D.; Clinical Pharmacist	X	
Carol Moore, Pharm.D.; Clinical Pharmacist	X	
Douglas Voth, MD./Dean, College of Pharmacy		X
Visiting Pharmacy Student: Ly Pham	X	

OKLAHOMA HEALTH CARE AUTHORITY STAFF:

	PRESENT	ABSENT
Mike Fogarty, C.E.O	X	
Lynn Mitchell, M.D., M.P.H, Medical Director	X	
Nancy Nesser, D.Ph., J.D.; Pharmacy Director	X	
Howard Pallotta, J.D.	X	
Lynn Rambo-Jones, J.D.		X
Kristall Bright, Pharmacy Claims Specialist	X	
Alex Easton, Pharmacy Economics Specialist	X	
Rodney Ramsey, Pharmacy Audits	X	

OTHERS PRESENT:

Cindy Flesher, BMS	Scott Johnson, Pfizer	Phil Lohec, Sanofi
Candie Phipps, Boehringer Ingelheim	Kenneth Waldrop, Sanofi	Jeff West, Chiron
Tammie Kilpatrick, Astra Zeneca	Lee Stephens, Shire	Jeannie Gillmore, McNeil Spec.
JoAnne Hargraves, Schering	Libbi Rose, Janssen	Jorge Nassar, BMS
Mark DeClerk, Lilly	Charlene Kaiser, Wyeth	Emily Sabaca, Shire
Meg Propes, Lilly	Theresa Burnett, Merck	Cris Andreson, Otsuka
Leo Hauser, Pfizer	Evan Leonard, McNeil	Toby Thompson, Pfizer
Wiley Williams		

PRESENT FOR PUBLIC COMMENT:

Jeff Tallent, NAMI

AGENDA ITEM NO. 1: CALL TO ORDER**1A: Roll Call**

Dr. Whitsett called the meeting to order. Roll call by Dr. Graham established the presence of a quorum.

ACTION: NONE REQUIRED.

AGENDA ITEM NO. 2: PUBLIC COMMENT FORUM**2A: Acknowledgement of Speakers and Agenda Item**

Jeff Tallent for Agenda Item No. 7.

ACTION: NONE REQUIRED.

AGENDA ITEM NO. 3: APPROVAL OF DUR BOARD MINUTES**3A: November 18, 2003 DUR Minutes**

Dr. Swaim moved to approve minutes; motion seconded by Dr. Meece.

ACTION: MOTION CARRIED.

AGENDA ITEM NO. 4: UPDATE ON DUR/MCAU PROGRAM**4A: Prospective DUR Quarterly Report: October, November, December 2003**

Total average ER edits for 2nd Quarter FY04 were 33,347. Total Super PA overrides for 2nd Quarter FY04 were 280. Total Emergency P A's for 2nd Quarter FY04 were 3. Materials included in agenda packet; presented by Dr. Gorman.

4B: Retrospective DUR Report: September 2003

The Top 200 RPS were selected for retrospective review for September 2003. Pharmacy and physician response was 54% and 58% respectively. Savings related to this DUR run was \$116,901. Potential annualized savings total calendar-YTD is \$1,281,897. Materials included in agenda packet; presented by Dr. Flannigan.

4C: Medication Coverage Activity Report: November, December 2003

The November 2003 activity audit noted total number of petitions submitted was 7,201 including super-PA's and special circumstance PA's. The December 2003 activity audit noted total number of petitions submitted was 7,391 including super-PA's and special circumstance PA's. Approval/denial/duplicate percentages were indicated on the reports included in the agenda packet for this meeting. Materials and 2nd Quarter reports were included in agenda packet; presented by Dr. Browning.

4D: Help Desk Activity Report: November, December 2003

Total calls for November 2003 numbered 9,178 (85.8% pharmacies, 6.6% clients, 1.9% physicians, 5.5% other). Total calls for December 2003 numbered 11,461 (87.3% pharmacies, 6.2% clients, 1.9% physicians, 4.7% other). Call Volume and Call Log reports were submitted to the Board in the agenda packet for this meeting. Materials and 2nd Quarter reports were included in agenda packet; presented by Dr. Browning.

ACTION: NONE REQUIRED.

AGENDA ITEM NO. 5: ANNUAL REVIEW OF STIMULANTS AND VOTE ON CRITERIA CHANGE RECOMMENDATIONS

Materials included in agenda packet; presented by Dr. McIlvain. It was recommended by Dr. Whitsett to use a subcommittee to review specific problems with providers and high dosage over 1.5 times the FDA maximum approved dose. Dr. Tarasoff suggested that providers have to justify anything over 1.5 times the maximum. Dr. Kuhls recommended that prescribers who continually use high-doses of stimulants be referred to SURS or Quality Assurance Unit.

Dr. Tarasoff moved to approve COP recommendations for criteria; motion seconded by Dr. Gourley.

ACTION: MOTION CARRIED.

AGENDA ITEM NO. 6: ANNUAL REVIEW OF NSAIDS

Materials included in agenda packet; presented by Dr. Gorman. Dr. Whitsett suggested that someone do a study on occurrence of GI Bleeds within the Medicaid Population.

ACTION: NONE REQUIRED.

AGENDA ITEM No. 7: REVIEW & DISCUSS ATYPICAL ANTIPSYCHOTIC UTILIZATION

Jeff Tallent, for Public Comment: *My name is Jeff Tallent. I'm the Oklahoma State Executive Director of the National Alliance for the Mentally Ill. It's good to see a lot of you here. It gives me great pleasure to tell you that we heartily endorse the recommendations of the College of Pharmacy for this particular action. We think it's a reasonable approach. Our contention all along is that these drugs should be made available for people with schizophrenia and bipolar disorder. It's who they were designed for. And it's obvious when you look at the spiraling utilization and keep in mind the actual incidence of schizophrenia and bipolar disorder, that they're being prescribed in many cases for other purposes. This plan gives us an opportunity to not prior authorize the drugs, but to prior authorize the prescribers. And we think that that's where we ought to be. This is an approach that we had recommended to Heartland over a year ago when they started with their prior authorization plan. We thought that we had a good, we were getting pretty far on that and it fell apart; so we think this is a good approach and we would be happy to work with the College of Pharmacy and the DUR Board . . . moving forward . . . think it's a great idea. Thank you*

Dr. Tarasoff asked the question "Why do we have this large number of Long-Term Care Clients using these drugs? He suggested that we use the term "2nd generation anti-psychotics" in the future when we talk about the "Atypicals". Dr. Tarasoff suggested that the DUR Board develop a plan to track these medications better and to look at what other states are doing as far as restrictions and such.

Materials included in agenda packet; presented by Dr. McIlvain.

ACTION: NONE REQUIRED.

AGENDA ITEM NO. 8: REVIEW AND DISCUSS FORTEO™, CALCIUM REGULATORS, AND EVISTA UTILIZATION

Materials included in agenda packet; presented by Dr. Browning.

ACTION: NONE REQUIRED.

AGENDA ITEM No. 9: FDA & DEA INFORMATION UPDATES

11A: FDA Updates

11B: DEA Updates

Updates included in agenda packet; presented by Dr. Graham.

ACTION: NONE REQUIRED.

AGENDA ITEM No. 10: FUTURE BUSINESS

11A: Antiviral Utilization Review

11B: Anti-Cholesterol Medications

11C: Economic SMAC Report

11D: Annual Antihistamines Review

11E: Annual Anti-Ulcer Medications Review

11F: Synagis Utilization Review

Materials included in agenda packet; presented by Dr. Graham.

ACTION: NONE REQUIRED.

AGENDA ITEM No. 13: ADJOURNMENT

The meeting was declared adjourned.



The University of Oklahoma College of Pharmacy



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Pharmacy Management Consultants

ORI W-4403; PO Box 26901

Oklahoma City, OK 73190

(405)-271-9039

Memorandum

Date: February 3, 2004

To: Nancy Nesser, DPh, JD
Pharmacy Director
Oklahoma Health Care Authority

From: Ron Graham, DPh
Operations Coordinator / DUR Manager
Pharmacy Management Consultants

Subject: DUR Board Recommendations from Meeting of **January 13, 2004.**

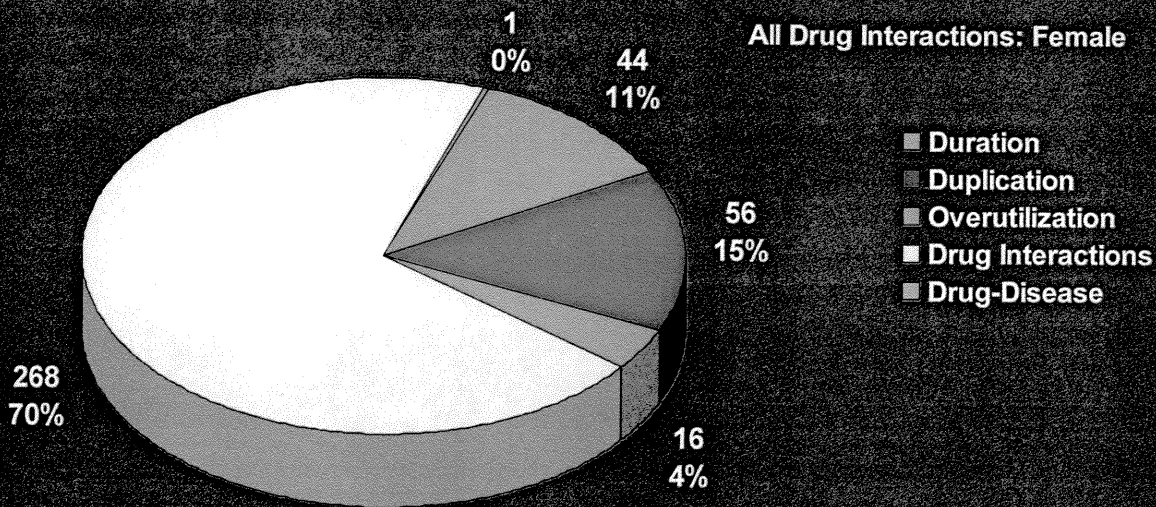
Recommendation 1: Annual Review of Stimulants and Vote on Criteria Change Recommendations.

- Stimulant doses over 1.5 times the FDA approved maximum should not be covered.
- When the prescriber requests stimulant doses over 1 but not more than 1.5 times the FDA approved maximum, the following additional information will be requested before the prior authorization is approved:
"For dosing in excess of the FDA approved maximum please provide information about patient's titration up to and, if available, progress on this high dose stimulant therapy. We request that prescriber send information about: patient's level of appetite suppression, sleep loss, and hallucinations; whether patient is receiving any psychosocial treatment along with drug therapy; and whether any testing via objective rating scales has been done on patient recently to assess patient's response to treatment. Thank you."
- More than one dosage unit of Concerta or Adderall XR should not be covered.

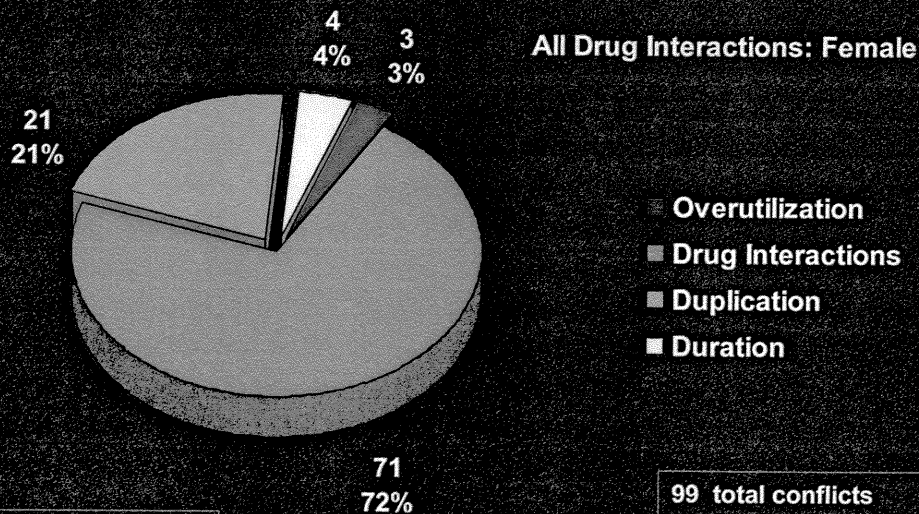
MOTION CARRIED.

APPENDIX B

Oklahoma Medicaid RetroDUR Activity Report - Reviewed October 2003



Oklahoma Medicaid RetroDUR Activity Report - Follow Up October 2003

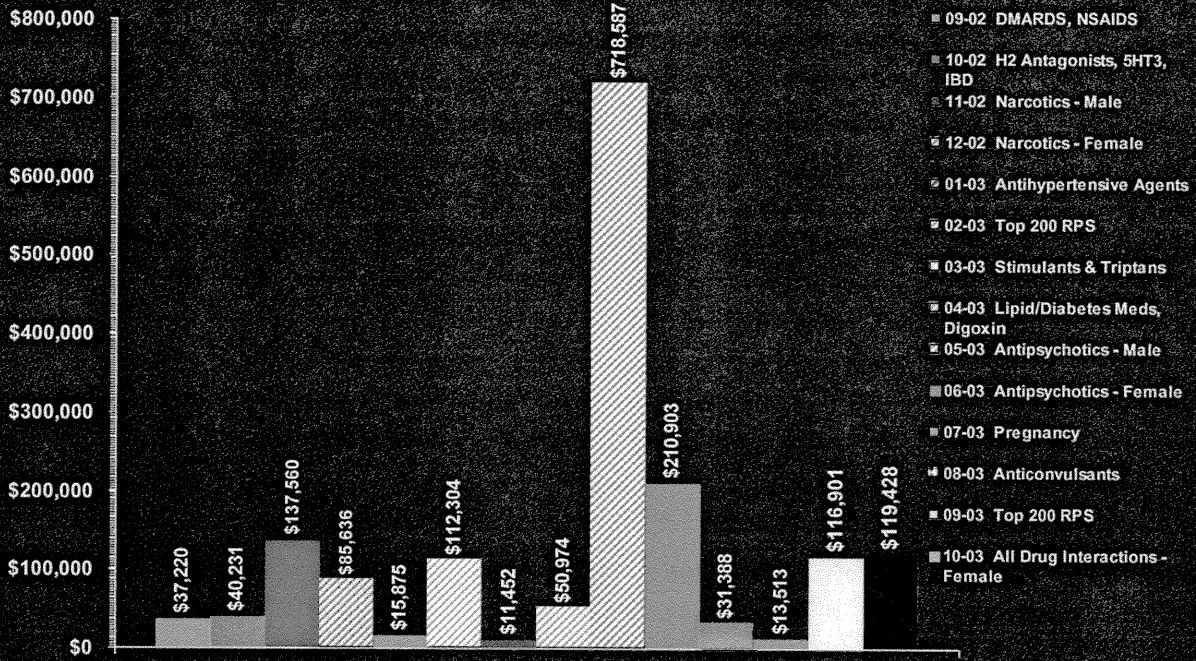


Total Responses	
Pharmacy =	29/92 32%
Physician =	42/89 47%

99 total conflicts
74 cases followed up



Oklahoma Medicaid RetroDUR Savings Report September 2002 – October 2003



Calendar YTD Savings
1-03 / 10-03 **\$1,401,325**



Activity Audit for

January 01 2004 Through January 31 2004

Date	Antilucers		Anxiolytic/ Hypnotics		Antihistamine		Growth Hormones		Stimulant		Smoking Cess.		Nsaids		ACE Inhibitors		HTN Combos		Calcium Channel Blockers		Plavix		NPA		Misc		Daily Total
	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	19	17	123	17	28	19	1	0	49	18	0	0	13	21	6	13	2	6	2	7	17	4	4	0	0	0	386
3	5	12	77	5	17	4	0	0	22	6	0	0	7	11	2	4	0	2	3	8	6	4	1	0	0	2	198
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	21	25	90	11	33	25	7	0	40	20	1	0	19	26	7	7	4	7	3	7	19	3	3	0	1	1	380
6	18	37	145	15	38	32	0	0	71	46	0	1	16	33	5	11	5	5	1	17	19	15	3	0	2	3	538
7	28	48	182	12	38	46	2	0	100	52	3	0	17	37	4	7	4	6	11	30	32	16	8	0	0	4	687
8	29	49	136	8	35	31	2	0	127	30	1	0	10	50	6	12	5	4	4	22	34	17	2	0	2	1	617
9	24	41	137	17	30	21	2	1	118	36	0	1	17	37	2	8	2	2	7	15	26	10	4	0	2	2	562
10	10	22	57	7	21	17	0	0	51	26	1	0	5	26	5	11	3	2	2	10	13	9	1	0	0	0	299
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	7	43	88	11	18	21	0	0	72	13	0	0	7	24	6	12	0	6	7	21	19	4	6	0	0	5	390
13	16	38	121	16	15	37	7	0	117	32	4	0	11	29	3	7	3	4	8	17	17	12	9	0	2	10	535
14	22	48	143	27	29	26	3	0	145	39	1	1	20	37	6	10	6	6	4	11	19	9	6	0	3	4	625
15	24	52	129	22	39	45	4	0	108	54	5	0	15	46	3	9	6	4	12	13	27	15	41	3	1	3	680
16	31	68	157	26	40	31	2	0	170	39	5	0	21	45	3	12	5	4	9	13	37	4	18	1	3	9	753
17	8	10	27	6	14	7	0	0	40	9	2	0	4	12	1	1	0	1	0	3	4	1	2	0	2	1	155
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	18	38	110	13	24	42	3	0	114	41	1	0	19	22	3	3	2	2	7	8	24	11	26	0	0	5	536
20	7	26	72	7	23	14	2	0	83	27	1	0	4	20	1	4	4	1	3	10	20	5	19	1	0	1	355
21	28	33	96	26	36	27	1	0	123	33	2	0	21	33	4	3	4	9	6	6	26	11	24	3	1	13	569
22	19	50	80	14	41	33	0	0	132	24	7	0	12	43	5	11	6	8	3	11	22	9	26	2	1	3	562
23	22	27	105	8	29	34	0	0	122	23	3	0	12	30	4	8	4	3	9	5	20	9	23	3	0	13	516
24	18	39	132	18	21	25	0	0	62	11	0	0	11	18	2	10	2	3	1	14	15	8	7	0	0	2	419
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	17	23	93	10	39	22	2	1	90	22	0	0	17	28	8	7	1	2	11	8	19	4	16	0	1	1	442
27	19	34	101	15	50	44	0	0	111	33	0	0	7	31	5	11	2	3	4	21	21	12	26	3	1	9	563
28	12	36	126	18	30	43	0	1	103	34	1	0	10	24	7	9	3	5	10	26	25	9	16	3	1	7	559
29	18	40	106	10	40	34	1	1	122	31	9	0	15	29	5	11	5	3	8	11	24	6	11	0	0	3	543
30	23	36	111	18	27	30	1	0	93	25	4	0	11	25	1	10	8	2	3	16	23	10	22	4	3	3	509
31	5	13	35	8	11	11	0	1	32	10	3	1	6	11	1	4	3	0	3	4	12	8	10	0	1	3	196

Activity Audit for January 01 2004 Through January 31 2004

Date	Anxiolytic/ Hypnotics		Antihistamine		Growth Hormones		Stimulant		Smoking Cess.		Nsaids		ACE Inhibitors		HTN Combos		Calcium Channel Blockers		Plavix		NPA		Misc		Daily Total
	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	app.	den.	
App. 468	2779	766	2417	54	327	105	89	141	540	334	27														
Den. 905	365	721	734	4	748	215	100	334	225	23															108

Average Length of Approvals in Days	101	93	101	83	352	356	363	350	289	180	129
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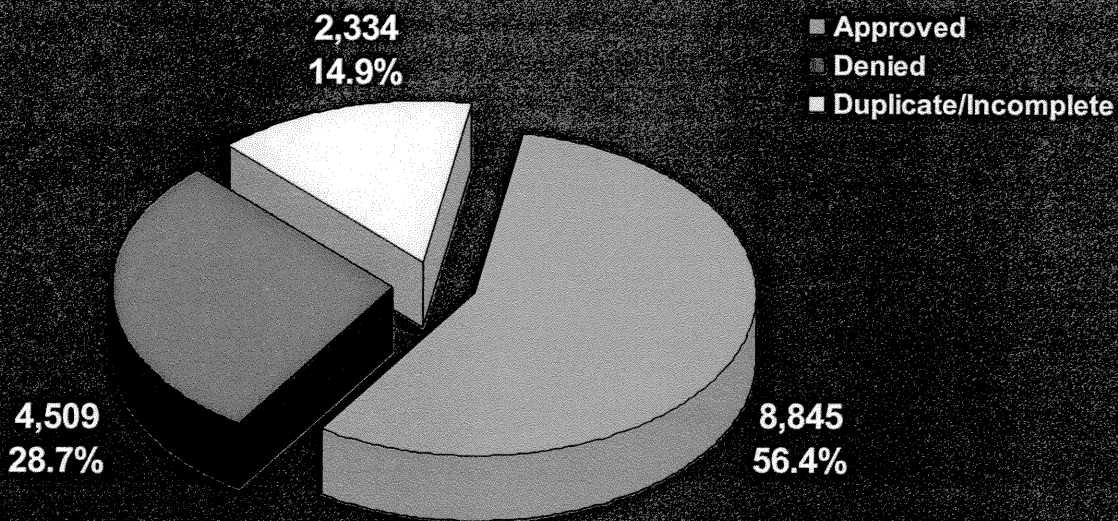
Smoking Cessation	12 PA's for Zyban	54 Total PA's Approved	360
	42 PA's for Nicotine Patch	50 Unique RID's	7797
* Denial Codes			
762 = Lack of clinical information		32.76%	48765
763 = Medication not eligible		3.33%	431
764 = Existing PA		12.62%	69
772 = Not qualified for requested Tier		10.71%	146
			74

Monthly Totals		
Approved	Number	Percent of Total
Additional PA's	8107	51.68%
SUPER PA's	13	0.08%
Emergency PA's	720	4.59%
Duplicates	5	0.03%
Incompletes	837	5.34%
Denied *	1497	9.54%
Total	4509	28.74%
Daily Average of 603.38 for 26 Days		

Changes to existing PA's: Backdates, changing units, end dates, etc.
 Additional PA's: Done by the help desk (doctor letter responses, PA ran for the wrong person)
 Incompletes: Missing necessary information (NDC, SIG, Diagnosis, etc.)

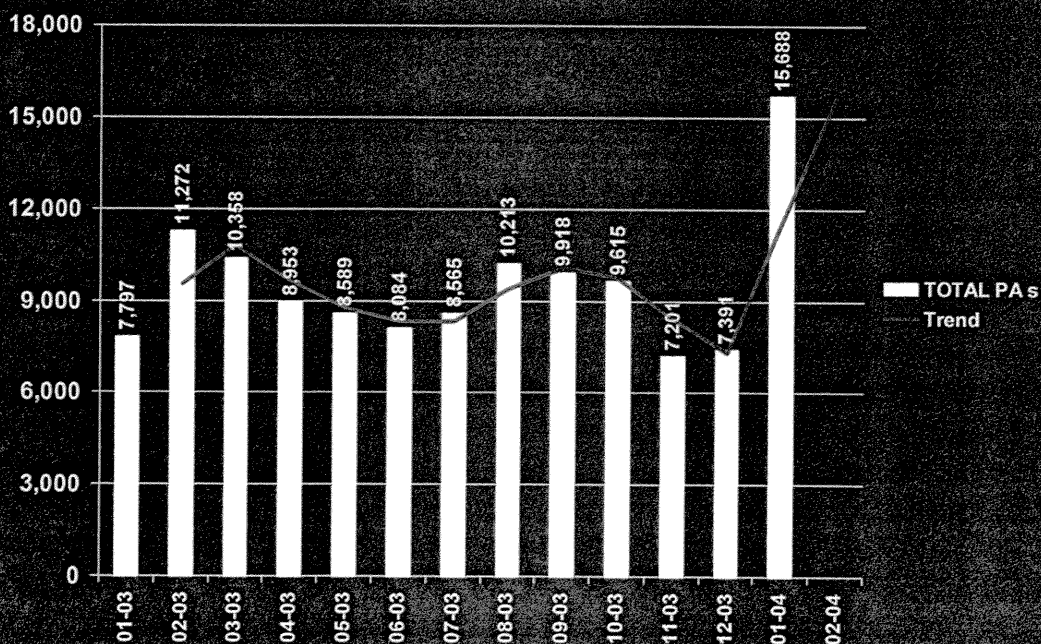
PRIOR AUTHORIZATION ACTIVITY REPORT

January 2004



PRIOR AUTHORIZATION REPORT

January 2003 – January 2004



PRIOR AUTHORIZATION ACTIVITY AUDIT

Monthly Totals

MONTH	1999 Total (approved/ duplicates/ denied)	2000 Total (approved/ duplicates/ denied)	2001 Total (approved/ duplicates/ denied)	2002 Total (approved/ duplicates/ denied)	2003 Total (approved/ duplicates/ denied)	2004 Total (approved/ duplicates/ denied)
January	4,124	8,669	9,296	8,427	7,797	15,688
February	3,542	8,077	7,194	6,095	11,272	
March	3,856	7,588	7,748	6,833	10,358	
April	3,867	6,390	7,676	13,381	8,953	
May	3,959	6,711	7,980	12,082	8,589	
June	3,884	6,565	7,249	8,550	8,084	
July	3,523	6,181	8,133	8,775	8,565	
August	10,676	7,183	8,195	9,353	10,213	
September	8,387	6,585	7,438	9,793	9,918	
October	3,863	6,140	7,956	11,584	9,615	
November	3,919	6,961	7,949	7,921	7,201	
December	3,953	6,206	6,385	4,867	7,391	
Calendar Year Total	57,553	83,256	93,199	107,661	107,956	15,688

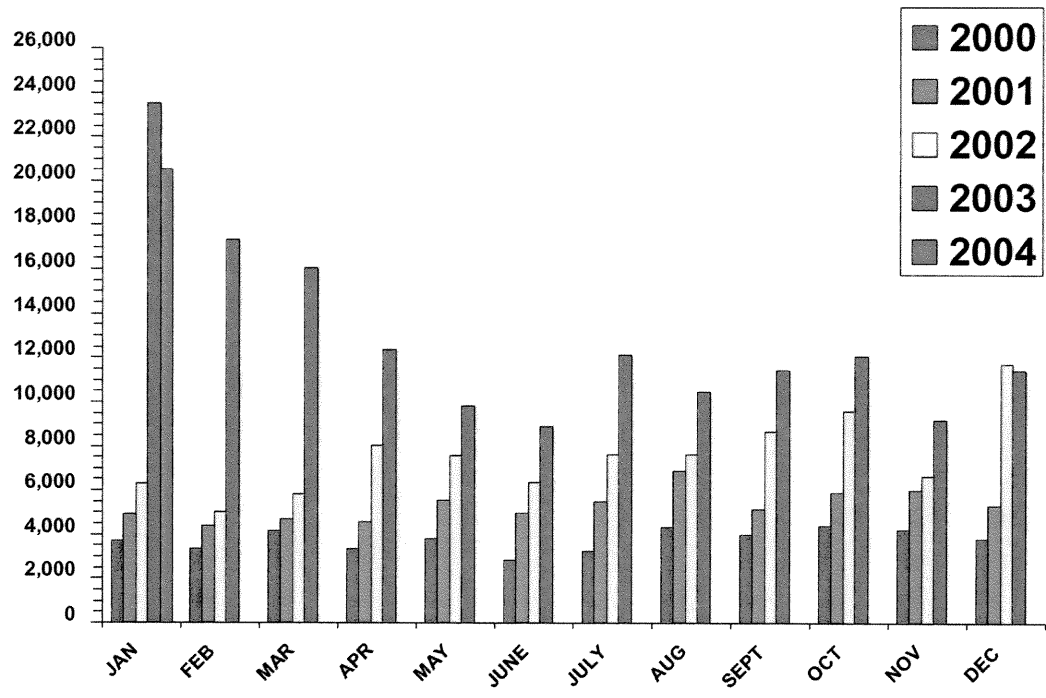
CALL VOLUME

Monthly Totals

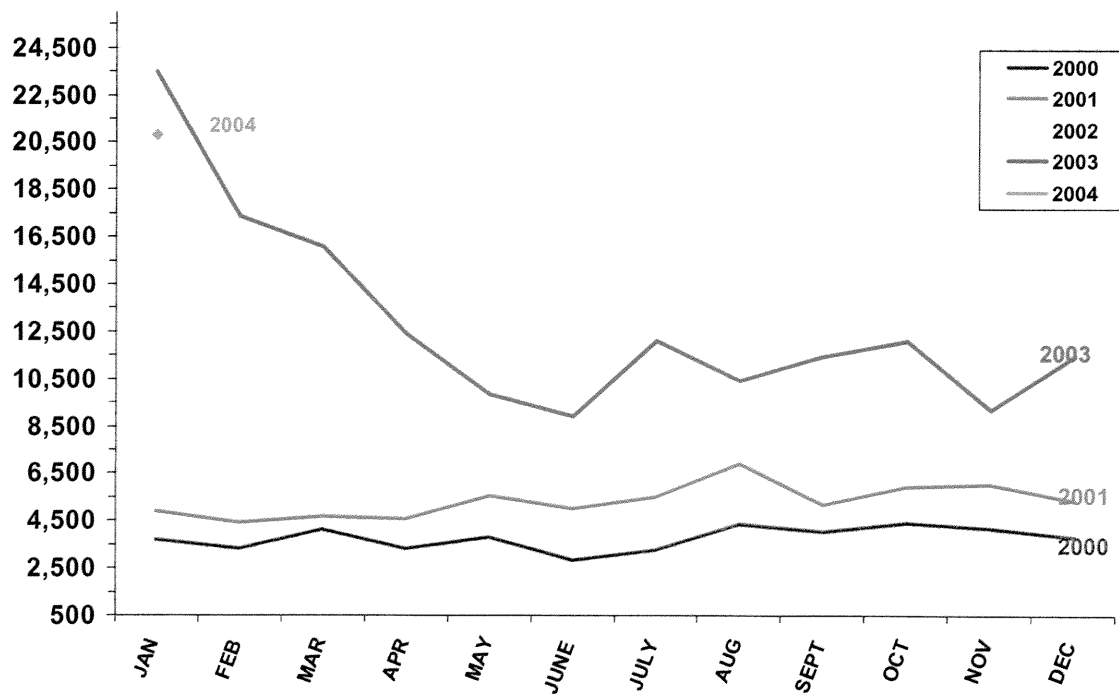
MONTH	1999 Total	2000 Total	2001 Total	2002 Total	2003 Total	2004 Total
January	* 0	3,697	4,905	6,295	23,499	20,498
February	* 0	3,335	4,393	5,049	17,354	
March	* 0	4,157	4,668	5,858	16,081	
April	* 0	3,337	4,556	8,047	12,378	
May	* 0	3,804	5,540	7,586	9,836	
June	* 0	2,820	4,982	6,368	8,917	
July	* 0	3,242	5,465	7,651	12,126	
August	3,883	4,333	6,881	7,629	10,454	
September	2,360	4,015	5,145	8,664	11,449	
October	1,963	4,398	5,912	9,608	12,102	
November	1,721	4,216	6,011	6,627	9,178	
December	2,475	3,804	5,314	11,710	11,461	
Calendar Year Total	12,402	45,158	63,772	91,092	154,835	20,498

* Help Desk Call Center implemented in August 1999.

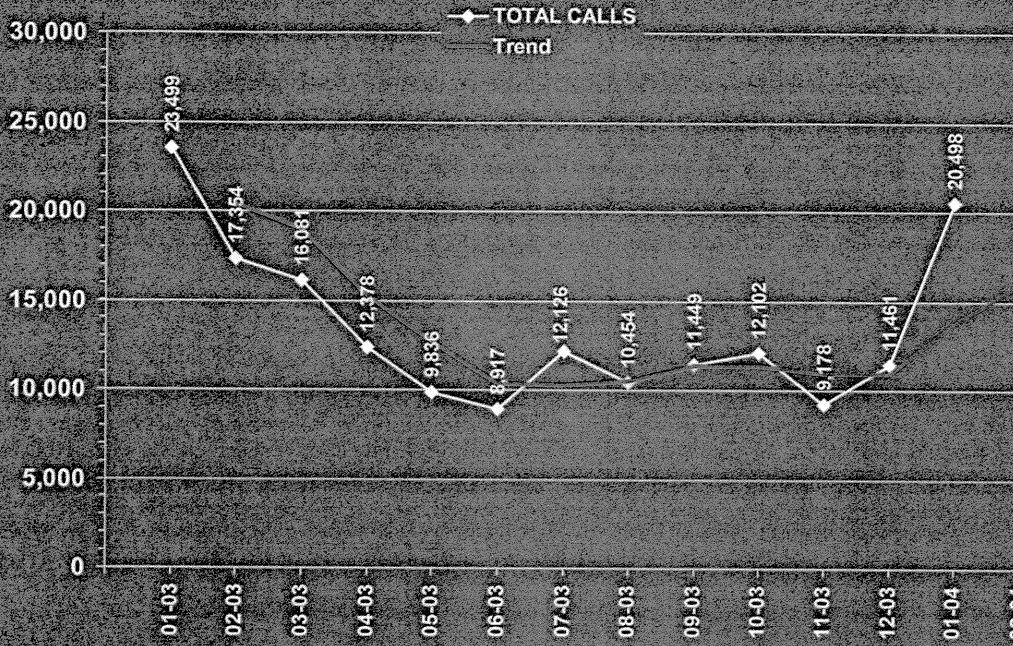
Monthly Call Volume Calendar Years 2000-2004



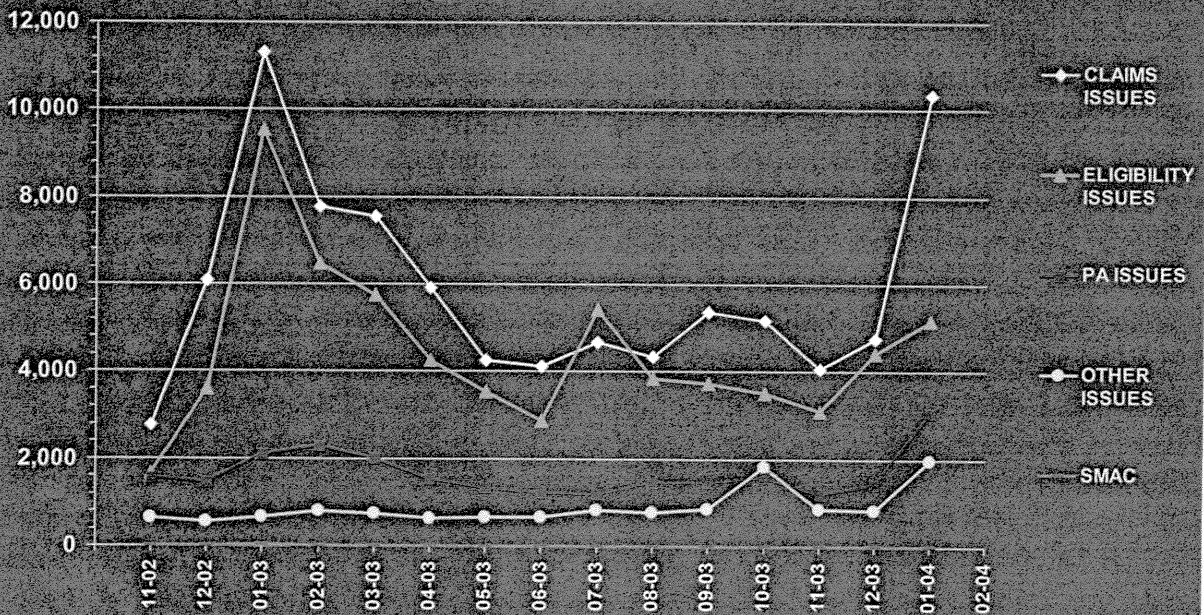
Monthly Call Volume Calendar Years 2000-2004



CALL VOLUME MONTHLY REPORT January 2004 – January 2004



CALL VOLUME ISSUES January 2003 – January 2004



Pharmacotherapy Management Program Report Oklahoma Medicaid February 2004

Summary of Program

Starting January 1, 2004, Pharmacy Management Consultants, at the request of OHCA, implemented the Pharmacotherapy Management Program (PM Program). The mission of the program is to assist health care providers optimize safe and effective pharmacotherapy for Medicaid clients by minimizing adverse drug events and improving clinical outcomes. Currently, the PM Program is only accepting Waiver clients. Clients may be referred into the program by physicians, pharmacists, or case managers. Waiver clients that require more than 3 brand prescriptions per month or 13 total prescriptions a month are automatically placed into the program. Future plans include expanding this program to include other client categories.

After referral and receipt of necessary client information, the client's current pharmacotherapy profile is reviewed to identify drug-drug and drug-disease interactions, over and underutilization, unnecessary duplications, and potential opportunities to maximize the client's therapy and pharmacy benefit. Authorization requests are approved when appropriate and if the client meets PA criteria, if applicable. Physicians will receive correspondence outlining the program, its mission, and suggested changes to optimize the client's pharmacotherapy outcomes. The client's therapy will be reviewed again in several months to note any medication changes and suggest any further therapy modifications to enhance outcomes.

Program Activity for January 2004

Number of Clients Referred	204
Number of Clients Eligible	167
Number of Petitions Processed	477
Approved	265
Denied	41
Incomplete	171

Oklahoma Health Care Authority



Newsletter

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Fall 2003

Drug Utilization Review for Oklahoma Medicaid

Pharmacy Benefit Changes

Welcome to all new Medicaid Fee for Service and Sooner Care Choice providers. To assist with the transition from the HMO plans, this article will provide an overview of the Medicaid Fee for Service pharmacy benefit. This benefit now applies to all Medicaid clients, whether they are members of Sooner Care Choice or fee for service Medicaid.

Adults - Adults have coverage for up to six (6) prescriptions each month beginning 1-1-04. From those 6 prescriptions, there is a limit of three (3) brand name products. Adults in the Home and Community Based Waiver programs such as the Advantage or DDSD waivers are eligible to receive an additional seven (7) generic prescriptions each month. Waiver patients who require more than 3 brand name drugs and/or more than a total of 13 drugs may petition for coverage of additional medications through the Pharmacotherapy Management Program.

Certain medications do not count against the prescription limit including anti-retrovirals used to treat HIV/AIDS, anti-neoplastic chemotherapeutic agents, drugs for which frequent laboratory testing must be performed, and both prescription and non-prescription contraceptives.

Children - Children under 21 years of age have unlimited prescription coverage.

Long Term Care - Patients in long term care facilities are covered for all medically necessary prescriptions.

Drugs not covered - Fertility agents, hair growth or cosmetic agents, cough and cold products, vita-



mins and minerals, weight loss or appetite suppressants, weight gain or anabolic steroids, food supplements, experimental drugs, and most over the counter medicines.

Medications with Unique Coverage - Smoking cessation agents are covered for 90 days without a prior authorization. This includes nicotine replacement products and Zyban. After 90 days, proof of enrollment in a behavior modification program is required for prior authorization.

Claritin-OTC and generic preparations containing only loratadine are covered without prior authorization for children under 21 years old and with prior authorization for adults. Other antihistamine-only products (no decongestant combinations) are covered with prior authorization for adults and children.

Prenatal vitamins are covered for pregnant women up to age 50. Fluoride preparations are covered for persons under 16 years old or pregnant. Calcifediol/calciferol are covered when used to treat end stage renal disease.

Prilosec OTC and Changes to the Anti-Ulcer Medications

Prilosec OTC IS COVERED for clients and does NOT require prior authorization. Beginning February 1, 2004, Prilosec OTC will be the only Tier 1 drug in the anti-ulcer category. This means that a trial with Prilosec OTC will be required for all patients starting Proton Pump Inhibitor therapy. Current users of Nexium, Protonix, Aciphex, and Prevacid will be allowed to continue with those drugs with prior authorization. A chart showing all Tiered Categories is found on pages 2-3.

NSAIDS	
Tier 1 - No PA Required	Tier 2 - PA Requires Trial with 2 Tier-1 NSAIDs or Clinical Exception
diclofenac, diclofenac salts	Arthrotec and generic equivalents
etodolac	Bextra (valdecoxib)
fenoprofen	Celebrex (celecoxib)
flurbiprofen	indomethacin
ibuprofen	Mobic (meloxicam)
ketoprofen	Naprelan and generic equivalents
meclofenamate	piroxicam
mefanamic acid	Vioxx (rofecoxib)
nabumetone	
naproxen, naproxen salts	
oxaprozin	
sulindac	
tolmentin	
Anti-Ulcer Medications	
Tier 1 - No PA Required	Tier 2 - Requires PA
OTC Prilosec	Aciphex (rabeprazole)
	Nexium (esomeprazole)
	omeprazole Rx
	Prevacid (lansoprazole)
	Protonix (prantoprazole)
	rantidine capsules and effervescent dose forms
ACE/CCB Combinations	
Tier 1 - No PA Required	Tier 2 - Requires PA
	Lexxel (enalapril/felodipine)
	Lotrel (benazepril/amlodipine)
	Tarka (trandolapril/verapamil)
ACE/HCTZ Combinations	
Tier 1 - No PA Required	Tier 2 - Requires PA
captopril/HCTZ	Accuretic (quinapril/HCTZ)
enalapril/HCTZ	Lotensin HCT (benazepril/HCTZ)
lisinopril/HCTZ	Monopril HCT (fosinopril/HCTZ)
	Uniretic (moexipril/HCTZ)

Calcium Channel Blockers - CCB Medications	
Tier 1 - No PA Required	Tier 2 - Requires PA
diltiazem products (except for those listed as tier-2)	Cardene SR (nicardipine)
nifedipine products	Cardizem LA (diltiazem)
nicardipine	Covera HS (verapamil)
verapamil (except for those listed as tier-2)	Dynacirc, Dynacirc CR (isradipine)
	Nimotop (nimodipine)
	Norvasc (amlodipine)
	Plendil (felodipine)
	Sular (nisoldipine)
	Tiazac (diltiazem)
	Vascor (bepridil)
	Verelan PM (verapamil)
Angiotensin Converting Enzyme (ACE) Inhibitors	
Tier 1 - No PA Required	Tier 2 - Requires PA
captopril	Accupril (quinapril)
enalapril	Aceon (perindopril)
lisinopril	Altace (ramipril)
	Lotensin (benazepril)
	Mavik (trandolapril)
	Monopril (fosinopril)
	Univasc (moexipril)
Stimulant/ADHD Medications	
Tier 1 - No PA Required	Tier 2 - Requires PA
Children up to 21 years of age	
amphetamine salt combo	Adderall XR (amphetamine salt combo)
dextroamphetamine	Concerta (methylphenidate)
methylphenidate	Desoxyn (methamphetamine)
methylphenidate SR	Focalin (dexmethylphenidate)
methylphenidate ER	Metadate CD (methylphenidate)
	pemoline
	Ritalin LA (methylphenidate)
	Strattera (atomoxetine)
Adults 21 years of age and older	
	all stimulants
	Strattera (atomoxetine)

Helpful Hints

To assist you in having your petitions reviewed and processed more quickly, here are some suggestions.

- Your pharmacy provider number should be exactly 9 digits long plus an alpha character.
- Make sure the provider number you use is your **pharmacy** provider number and NOT your **DME** provider number.
- All numbers should completely fill the boxes provided, i.e. UCI, NDC and provider prescriber number.
- Writing the numbers and letters clearly and legibly within the boxes provided will help ensure a timely process.
- If your pharmacy uses a typed script to fill our petitions, please use a large font to ensure legibility.
- Any and all separate pages sent with a petition (i.e. copy of prescription, letter from the doctor, additional information), should include the recipient's 9 digit UCI number so it can be correlated with the correct petition.
- Please allow 24 hours before calling to check the status of a petition. Do not resend the petition unless you have confirmed that it has not been received. Duplicate petitions delay processing.
- Take advantage of the section at the top of each petition indicating the reason for authorization request, especially if it is a dosage change or change in pharmacy in which an old authorization number needs to be discontinued. The most current version of the PA petition can be downloaded from the

OHCA website.

- If you are unsure whether a drug requires prior authorization, please call the Pharmacy Help Desk at the number listed below.
- Prescriber Numbers can now be found on the OHCA Secured Website at www.ohca.state.ok.us. This site requires a log on ID and is password protected. OHCA Customer Service can assist those needing passwords.
- The Medicaid system does not have "dummy" prescriber numbers. Each prescriber has a unique prescriber number. This number ties the prescriber to the pharmacy claim. If you require assistance obtaining a prescriber ID number, please call either the Pharmacy Help Desk at the number listed below or OHCA Provider Contracts at 405-522-6205, option 5 (toll free 1-800-522-0114, option5).

Medicaid Pharmacy Help Desk Contact Numbers

Pharmacies Call

State Wide (Toll Free)	1-800-831-8921
OKC Metro	271-6349

Physicians Call

State Wide (Toll Free)	1-877-269-2728
OKC Metro	271-9048

Email address: mcau@ouhsc.edu

OHCA Website

www.ohca.state.ok.us

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APPENDIX C

Prior Authorization Annual Review - Fiscal Year 2003

Anti-Ulcer Drugs

Oklahoma Medicaid

January 2004

Product Based Prior Authorization

With respect to the anti-ulcer medications there are two tiers of medications in the therapeutic category. A failed trial with a tier-1 anti-ulcer medication within the past 120 consecutive days is required before a tier-2 anti-ulcer medication can be approved.

Clinical exceptions to tier-1 anti-ulcer trials are the following:

1. H pylori eradication
2. Prophylaxis or treatment of NSAID induced ulcer
3. Erosive esophagitis or maintenance of healed erosive esophagitis
4. GERD complications (e.g. esophageal strictures, dysphagia, Barrett's esophagus)
5. Scleroderma

Anti-Ulcer Medications	
Tier 1	Tier 2
ranitidine (Zantac®) tablets	ranitidine (Zantac®) capsules & other forms
cimetidine (Tagamet®)	rabeprazole sodium (Aciphex®)
famotidine (Pepcid®)	esomeprazole magnesium (Nexium®)
nizatidine (Axid®)	lansoprazole (Prevacid®)
omeprazole (Prilosec®) OTC & generic* 20 mg daily	pantoprazole sodium (Protonix®)
	omeprazole (Prilosec®) > 20 mg daily

* All versions of the prescription only product will remain Tier 2 until a SMAC can be applied.

Fiscal Year 2003 Changes

Product moved from tier-2 to tier-1: omeprazole (Prilosec®) OTC & generic* 20 mg daily

Product moved from tier-1 to tier-2: ranitidine (Zantac®) capsules & other forms

Utilization

For the period of July 2002 through June 2003, a total of 34,881 clients received H2 antagonists or proton pump inhibitors through the Medicaid fee-for-service program.

Product	# of Claims	Total Units	Total Days	Units/Day	Total Cost	Total Clients	Per Diem
Tier 1 drugs	80,457	4,538,404	2,556,959	1.77	\$1,039,353.64	20,584	\$0.419
Tier 2 drugs	97,942	5,052,811	3,328,768	1.52	\$12,941,331.37	18,611	\$3.986
Total	178,399	9,591,215	5,885,727	1.63	\$13,980,685.01	34,881*	\$2.441

*Total unduplicated clients for FY03

Total Cost FY 2003	\$13,980,685.01
<i>Total Cost FY 2002</i>	<i>\$12,692,671.23</i>
Total Claims FY 2003	178,399
<i>Total Claims FY 2002</i>	<i>177,028</i>
Total Clients FY 2003	34,881
<i>Total Clients FY 2002</i>	<i>31,854</i>
Per Diem FY 2003	\$2.44
<i>Per Diem FY 2002</i>	<i>\$2.43</i>

Total petitions submitted in for this category during specified time period: 15,879

Approved	8,323
Denied	6,668
Incomplete	888

Claims were reviewed to determine the age/gender of the clients.

Age	Female	Male	Totals
0 to 9	1,330	1,427	2,757
10 to 19	1,917	1,252	3,169
20 to 34	2,017	706	2,723
35 to 49	2,617	1,604	4,221
50 to 64	3,847	2,054	5,901
65 to 79	6,258	2,313	8,571
80 to 94	5,744	1,202	6,946
95 and Over	517	76	593
Totals	24,246	10,634	34,881

New product: Prevacid NapraPac

Product contains a daily dose of one Prevacid 15 mg capsule and two Naprosyn tablets of either 375 mg or 500 mg. These are packaged as 28-day supply blister cards.

Recommendations

The college of pharmacy has the following recommendation for Fiscal Year 2004:

Place Prevacid NapraPac on tier-2 status. Require documentation which justifies patient's need for this product rather than using a tier-1 NSAID plus a tier-1 anti-ulcer medication.

APPENDIX D

Prior Authorization Annual Review - Fiscal Year 2003

Growth Hormone

Oklahoma Medicaid

February 2004

Definition of Prior Authorization Category for FY '03

COVERED INDICATIONS

- Classic hGH Deficiency
- Short Stature (including Prader-Willi Syndrome)
- Short Stature associated with chronic renal insufficiency
- Small for Gestational Age (SGA)
- Turner's Syndrome or 45 X, 46 XY mosaicism in males
- Hypoglycemia associated with hGH insufficiency
- AIDS wasting (Serostim only)

Utilization

For the period of July 2002 through June 2003, a total of 102 clients received growth hormone products through the Medicaid fee-for-service program.

Product	# of Claims	Total Units	Total Days	Units/Day	Total Cost	Total Clients	Per Diem
<i>Protropin 5 mg</i>	5	65	145	0.45	\$10,989.40	1	\$75.79
<i>Protropin 10 mg</i>	4	32	116	0.28	\$14,154.66	2	\$122.02
<i>Nutropin AQ 5mg</i>	181	1,570	4,876	0.32	\$335,265.57	41	\$68.76
<i>Humatrope 5 mg</i>	43	436	1,218	0.36	\$92,509.46	9	\$75.95
<i>Nutropin 5 mg</i>	42	272	1,092	0.25	\$53,251.32	8	\$48.76
<i>Genotropin 5.8 mg</i>	69	486	1,998	0.24	\$100,274.22	18	\$50.19
<i>Humatrope 6 mg</i>	42	141	1,163	0.12	\$34,221.69	9	\$29.43
<i>Humatrope 12 mg</i>	19	66	619	0.11	\$33,397.66	7	\$53.95
<i>Genotropin 13.8 mg</i>	50	271	1,276	0.21	\$132,262.48	14	\$103.65
<i>Nutropin 10 mg</i>	100	552	2,911	0.19	\$232,069.50	18	\$79.72
<i>Humatrope 24 mg</i>	26	88	790	0.11	\$89,033.08	5	\$112.70
<i>Genotropin 0.2 mg</i>	11	308	308	1.00	\$2,530.00	2	\$8.21
<i>Genotropin 0.4 mg</i>	12	331	331	1.00	\$5,383.70	2	\$16.26
<i>Genotropin 0.6 mg</i>	7	198	198	1.00	\$5,220.67	2	\$26.37
<i>Genotropin 0.8 mg</i>	3	84	84	1.00	\$2,943.11	2	\$35.04
<i>Genotropin 1 mg</i>	6	168	170	0.99	\$5,684.64	2	\$33.44
<i>Genotropin 1.2 mg</i>	37	1,020	1,036	0.98	\$50,944.02	9	\$49.17
<i>Genotropin 1.4 mg</i>	15	348	420	0.83	\$18,855.02	3	\$44.89
<i>Genotropin 1.6 mg</i>	6	168	168	1.00	\$11,558.34	2	\$68.80
<i>Genotropin 1.8 mg</i>	11	392	308	1.27	\$24,009.90	2	\$77.95
<i>Nutropin Depot</i>	25	32	645	0.05	\$18,478.45	6	\$28.65
<i>Nutropin Depot</i>	25	28	565	0.05	\$21,142.55	5	\$37.42
<i>Nutropin Deopt</i>	2	2	56	0.04	\$953.74	1	\$17.03
<i>Saizen 5 mg</i>	14	122	378	0.32	\$23,812.56	2	\$63.00
<i>Serostim 6 mg</i>	16	406	452	0.90	\$89,113.51	5	\$197.15
<i>Saizen 8.8 mg</i>	5	44	98	0.45	\$12,644.63	3	\$129.03
Total	776	7630	21,421	0.36	\$1,420,703.88	102*	66.32

*Total unduplicated clients for FY03

Total Cost FY '03	\$1,420,703.88
<i>Total Cost FY '02</i>	<i>\$1,008,598.55</i>
Total Claims FY '03	776
<i>Total Claims FY '02</i>	<i>543</i>
Total Clients FY '03	102
<i>Total Clients FY '02</i>	<i>93</i>
Per Diem FY '03	\$66.32
<i>Per Diem FY '02</i>	<i>\$65.06</i>

Total petitions submitted in for this category during specified time period: 215

<i>Approved</i>	<i>189</i>
<i>Denied</i>	<i>12</i>
<i>Incomplete</i>	<i>14</i>

Claims were reviewed to determine the age/gender of the clients.

Age	Female	Male	Totals
0 to 9	10	26	36
10 to 19	19	35	54
20 to 34	2	5	7
35 to 49	1	3	4
50 to 64	0	1	1
65 to 79	0	0	0
80 to 94	0	0	0
95 and Over	0	0	0
Totals	32	70	102

Recommendations

The college of pharmacy has the following recommendation(s) for Fiscal Year 2004:

The College of Pharmacy recommends no changes to the Growth Hormone category at this time.

APPENDIX E

Calcium Regulators Follow Up

30 Day Notification of Intent to Prior Authorize Forteo®

Oklahoma Medicaid
February 2004

Duplication of Osteoporosis Medications with Fosamax® 70mg

November 2002 through October 2003

During this period, 8,322 clients were taking medications indicated for Osteoporosis. Of the clients receiving Fosamax® 70 mg, 249 had concurrent claims for the following medications.

	Number of clients receiving medication for:			
	1-60 days	61-120 days	121-180 days	181days+
Fosamax® 5mg	3	1		
Fosamax® 10mg	36	2		
Fosamax® 35mg	4			
Actonel® 5mg	3			
Actonel® 30mg	2			
Actonel® 35mg	42	2		
Miacalcin® inj	2			
Miacalcin® spr	58	17	5	
Forteo®	1	1		
Evista®	32	14	11	20

Intent to Prior Authorize Forteo®

The College of Pharmacy has the following recommendation(s) for Fiscal Year 2004:

Prior authorization criteria:

- Postmenopausal women at high risk for fracture, or that cannot tolerate, are allergic to, or have failed to improve while on other agents.
- Men with primary or hypogonadal osteoporosis.
- Appropriate ICD-9 code.
- No concurrent use of Forteo® with other agents until/when more information is available.
- Minimum 12 month trial with any one other agent (unless contraindicated, intolerant, or allergic) and a BMD test within the last month (results indicated on petition).
- PA approval for one month's supply per fill for duration of 1 year. With a maximum renewal period of 2 years.