



Kentucky Medicaid Drug Management Review Advisory Board (DMRAB) Meeting

May 13, 2010



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Agenda

- Welcome and Introductions
- New Business
 - DUR 101
 - Population Statistics
 - Utilization Data
 - Prospective Drug Utilization Review (ProDUR)
 - Review of Retrospective Drug Utilization Review (RetroDUR) Activities
 - Future DUR Activities
- Future Meetings Planning

DUR 101

A state shall provide for a drug use review program for covered outpatient drugs in order to assure that prescriptions (i) are appropriate, (ii) are medically necessary, and (iii) are not likely to result in adverse medical results. The program shall be designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, among physicians, pharmacists, and patients, or associated with specific drugs or groups of drugs, as well as potential and actual severe adverse reactions to drugs including education on therapeutic appropriateness, overutilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug-drug interactions, incorrect drug dosage or duration of drug treatment, drug-allergy interactions, and clinical abuse/misuse.

Predetermined Standards

- The program shall assess data on drug use against predetermined standards, consistent with the following:
 - Compendia which shall consist of the following:
 - American Hospital Formulary Service Drug Information
 - United States Pharmacopeia-Drug Information
 - The DRUGDEX Information System
 - American Medical Association Drug Evaluations
 - The peer-reviewed medical literature

Prospective DUR

Review of drug therapy before each prescription is filled

- The pharmacist must offer to discuss with each individual receiving benefits under this title who presents a prescription, matters which in the exercise of the pharmacist's professional judgment, the pharmacist deems significant.
- A reasonable effort must be made to obtain, record and maintain information regarding individuals receiving benefits under this title.

Retrospective DUR

The program shall provide for the ongoing periodic examination of claims data in order to identify patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care, among physicians, pharmacists and individuals receiving benefits under this title.

Application of Standards

- The program shall assess data on drug use against explicit predetermined standards (using the compendia and literature mentioned previously)
 - Monitor therapeutic appropriateness
 - Over & Underutilization
 - Therapeutic Duplication
 - Drug-Drug Interaction
 - Incorrect Dosage or Duration
 - Clinical Abuse/Misuse
 - Remedial Strategies in order to improve quality of care and to conserve program funds or personal expenditures.

Educational Program

The program shall provide for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems with the aim of improving prescribing or dispensing practices.

Activities

- The activities of the DUR Board shall include but not be limited to the following:
 - Retrospective DUR
 - Application of Standards
 - Ongoing interventions for physicians and pharmacists, targeted toward therapy problems or individuals identified in the course of retrospective drug use reviews performed. Intervention programs shall include, in appropriate instances:
 - Information dissemination to practitioners
 - Written, oral or electronic reminders
 - Face-to-face discussions between health care professionals
 - Review or monitoring of selected prescribers or dispensers

Re-Review

- The Board shall re-evaluate interventions after an appropriate period of time to determine if the intervention improved the quality of drug therapy, to evaluate the success of the interventions and make modifications as necessary.

Pharmacy Data

- Population Statistics
- Utilization Data
 - Total Population
 - Adult Population (age 19 and above)
 - Child Population (ages 0 through 18)
 - Utilization Trends

Population

	1Q2010	1Q2009
Non-Dual Children (<19)	335,305	343,099
Non-Dual Adults (≥19) with Rx Limit	154,665	150,138
Dual Eligible Children	157	161
Dual Eligible Adults	86,095	82,821
Total Medicaid Population	576,222	576,219
Ave Pharmacy Utilizing Members per month < 19 (Children)	115,513	114,083
Ave Pharmacy Utilizing Members per month ≥19 (Adults)	133,539	132,422

Utilizing Members

	1Q2010	1Q2009
# Utilizing Members / Month	248,835	246,450
# Prescriptions / Month	937,899	913,257
Total Amount Paid / Month	\$48,514,260	\$48,492,823
Average # Rxs / Utilizing Member / Month	3.8	3.7
Average Amount Paid / Claim	\$51.74	\$53.11
Average Amount Paid / Utilizing Member	\$194.71	\$196.73
Average Amount Paid / Eligible Member	\$84.19	\$84.16

Average Prescription Payment

	Percent of Total Prescriptions		Average Rx Payment	
	1Q2010	1Q2009	1Q2010	1Q2009
Single Source Brand	20%	20%	\$169.05	\$161.09
Multi-Source Brand	6%	8%	\$88.25	\$105.08
Generic	74%	72%	\$16.75	\$17.52

Utilization Data

Total Population

Top 10 Therapeutic Classes By Claim Volume

1Q2010			1Q2009	
Rank 2010	Therapeutic Class	# Claims 2010	Rank 2009	# Claims 2009
1	Analgesics, Narcotics	148,010	1	148,577
2	Anticonvulsants	142,915	2	134,392
3	Antihistamines – 2 nd Gen	96,712	5	85,215
4	Penicillins	96,147	3	100,548
5	Anti-Anxiety Drugs	89,930	4	86,972
6	Proton-Pump Inhibitors	88,177	6	83,170
7	NSAIDS, COX - Type	82,919	7	82,436
8	Beta-Adrenergic Agents	80,074	9	74,106
9	Antihistamines – 1st Gen	74,643	8	75,651
10	SSRIs	71,318	11	68,683

Top 10 Therapeutic Classes By Payment Amount

1Q2010			1Q2009	
Rank 2010	Therapeutic Class	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	Atypical Antipsychotics	\$16,427,628	1	\$15,668,136
2	ADHD	\$9,740,546	3	\$8,813,424
3	Proton-Pump Inhibitors	\$7,294,973	4	\$5,844,330
4	Anticonvulsants	\$7,138,353	2	\$12,101,818
5	Analgesics, Narcotics	\$6,943,309	5	\$5,711,128
6	Insulins	\$4,203,971	8	\$3,498,275
7	Leukotriene Receptor Antagonist	\$4,116,594	7	\$3,539,631
8	Beta-Adrenergic and ICS Combos	\$3,913,439	9	\$3,371,456
9	Beta-Adrenergic Agents	\$3,311,298	10	\$3,067,923
10	Glucocorticoids	\$3,247,705	11	\$2,912,088 ₁₇

Top 10 Drugs By Claim Volume

1Q2010			1Q2009	
Rank 2010	Drug	# Claims 2010	Rank 2009	# Claims 2009
1	hydrocodone-APAP	76,877	1	74,212
2	amoxicillin	67,432	2	68,251
3	azithromycin	63,699	3	67,574
4	loratadine	59,099	5	57,052
5	Prilosec OTC [®]	53,523	4	57,558
6	clonazepam	45,917	6	44,408
7	ibuprofen	44,121	7	44,392
8	promethazone	37,514	8	38,774
9	lisinopril	35,359	9	32,747
10	Singulair [®]	34,599	11	31,490

Top 10 Drugs By Payment Amount

1Q2010			1Q2009	
Rank 2010	Drug	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	Abilify [®]	\$5,024,639	2	\$4,604,195
2	Seroquel [®]	\$4,237,616	3	\$4,239,706
3	Singulair [®]	\$4,080,599	4	\$3,498,478
4	Nexium [®]	\$3,847,867	10	\$2,086,219
5	Synagis [®]	\$2,765,456	1	\$5,550,564
6	Crestor [®]	\$2,713,562	8	\$2,292,524
7	Advair Diskus [®]	\$2,698,946	6	\$2,617,648
8	Adderall XR [®]	\$2,468,186	7	\$2,516,114
9	Suboxone [®]	\$2,371,493	19	\$1,615,273
10	Concerta [®]	\$2,344,651	11	\$2,055,315 19

Utilization Data

Adult Population (Ages \geq 19)

Top 10 Therapeutic Classes By Claim Volume-Adults

1Q2010			1Q2009	
Rank 2010	Therapeutic Class	# Claims 2010	Rank 2009	# Claims 2009
1	Analgesics, Narcotics	138,638	1	137,842
2	Anticonvulsants	123,709	2	115,980
3	Anti-Anxiety Drugs	88,663	3	85,470
4	Proton-Pump Inhibitors	77,808	4	74,200
5	SSRIs	59,282	5	57,797
6	NSAIDS, COX - Type	55,284	6	53,082
7	Analgesic/Antipyretics, Salicylates	52,244	7	53,071
8	Laxatives and Cathartics	49,434	8	47,480
9	HMG COA Reductase Inhibitors	49,253	11	42,960
10	Antihistamines – 2nd Generation	48,655	9	46,111

Top 10 Therapeutic Classes By Payment Amount-Adults

1Q2010			1Q2009	
Rank 2010	Therapeutic Class	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	Atypical Antipsychotics	\$11,461,861	1	\$10,459,330
2	Analgesics, Narcotics	\$6,843,186	3	\$5,573,467
3	Proton-Pump Inhibitors	\$6,263,186	4	\$4,992,706
4	Anticonvulsants	\$5,377,804	2	\$9,140,816
5	Insulins	\$3,596,731	5	\$2,991,004
6	HMG COA Reductase Inhibitors	\$3,191,281	6	\$2,767,897
7	Beta-Adrenergic / ICS Combos	\$3,012,776	7	\$2,588,218
8	Platelet Aggregation Inhibitors	\$2,068,366	8	\$1,864,857
9	Lipotropics	\$1,973,014	10	\$1,739,605
10	SNRIs	\$1,594,560	14	\$1,283,814

Top 10 Drugs By Claim Volume-Adults

1Q2010			1Q2009	
Rank 2010	Drug	# Claims 2010	Rank 2009	# Claims 2009
1	hydrocodone/APAP	70,213	1	67,120
2	Prilosec OTC [®]	48,938	2	53,287
3	clonazepam	44,667	3	43,145
4	loratadine	36,206	4	35,910
5	lisinopril	34,362	6	31,934
6	aspirin EC	31,448	5	32,543
7	alprazolam	31,182	7	28,003
8	gabapentin	30,555	9	24,937
9	diazepam	26,646	8	25,565
10	levothyroxine	23,272	13	21,833

Top 10 Drugs By Payment Amount-Adults

1Q2010			1Q2009	
Rank 2010	Drug	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	Nexium [®]	\$3,558,439	7	\$1,914,541
2	Seroquel [®]	\$3,318,791	1	\$3,208,549
3	Crestor [®]	\$2,701,309	3	\$2,283,332
4	Abilify [®]	\$2,555,183	4	\$2,219,860
5	Suboxone [®]	\$2,352,884	11	\$1,593,924
6	Advair Diskus [®]	\$2,173,954	5	\$2,088,104
7	Zyprexa [®]	\$1,995,723	6	\$1,947,084
8	Plavix [®]	\$1,973,497	8	\$1,780,673
9	Lyrica [®]	\$1,597,978	9	\$1,665,533
10	Lidoderm [®]	\$1,503,945	10	\$1,663,705

Utilization Data

Child Population (Ages 0 through 18)

Top 10 Therapeutic Classes By Claim Volume-Children

1Q2010			1Q2009	
Rank 2010	Therapeutic Class	# Claims 2010	Rank 2009	# Claims 2009
1	Penicillins	73,868	1	77,032
2	ADHD Drugs	66,052	2	62,954
3	Antihistamines – 2 nd Generation	47,875	5	38,919
4	Macrolides	47,644	3	51,080
5	Beta-Adrenergic Agents	41,862	6	38,371
6	Non-Narc Antituss – 1 st Gen. Antihistamine-Decongest	40,215	4	43,659
7	Glucocorticoids	36,449	7	32,421
8	Antihistamines – 1 st Gen	28,327	8	29,883
9	NSAIDs – COX Type	27,409	9	29,197
10	Leukotriene Receptor Antagonist	23,758	11	21,096

Top 10 Therapeutic Classes By Payment Amount-Children



1Q2010			1Q2009	
Rank 2010	Therapeutic Class	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	ADHD Drugs	\$9,115,816	1	\$8,252,070
2	Atypical Antipsychotics	\$4,947,140	3	\$5,177,988
3	Antiviral Monoclonal Antibodies	\$2,816,918	2	\$5,509,815
4	Leukotriene Receptor Antagonist	\$2,800,294	5	\$2,344,636
5	Glucocorticoids	\$2,687,421	6	\$2,317,038
6	Anticonvulsants	\$1,762,369	4	\$2,944,751
7	Beta-Adrenergic Agents	\$1,754,831	7	\$1,590,845
8	Macrolides	\$1,335,547	8	\$1,535,565
9	Non-Narc Antituss – 1 st Gen. Antihistamine-Decongest	\$1,331,684	9	\$1,379,088
10	Growth Hormones	\$1,303,304	13	\$968,458

Top 10 Drugs By Claim Volume-Children

1Q2010			1Q2009	
Rank 2010	Drug	# Claims 2010	Rank 2009	# Claims 2009
1	Amoxicillin	54,252	1	54,669
2	azithromycin	45,105	2	47,977
3	Singulair®	23,754	4	21,080
4	loratadine	22,762	5	21,041
5	ibuprofen	21,567	3	22,832
6	cefdinir	20,524	6	20,101
7	albuterol	20,018	7	18,180
8	ceterizine	17,642	14	11,359
9	amox TR-potassium clavulanate	16,947	8	16,825
10	Concerta®	15,049	10	14,614

Top 10 Drugs By Payment Amount-Children

1Q2010			1Q2009	
Rank 2010	Drug	Payment Amount 2010	Rank 2009	Payment Amount 2009
1	Synagis [®]	\$2,816,918	1	\$5,509,815
2	Singulair [®]	\$2,800,120	3	\$2,342,992
3	Abilify [®]	\$2,460,680	2	\$2,375,813
4	Adderall XR [®]	\$2,300,091	4	\$2,312,664
5	Concerta [®]	\$2,293,048	5	\$2,004,822
6	Vyvanse [™]	\$1,812,246	7	\$1,368,597
7	azithromycin	\$1,251,496	6	\$1,439,083
8	cefdinir	\$1,103,315	8	\$1,225,232
9	Nasonex [®]	\$1,060,465	11	\$982,283
10	Strattera [®]	\$1,042,853	9	\$1,041,629

Prospective Drug Utilization Review (ProDUR)

Edit Definitions

- **ProDUR Edit** – A computer system review of the member’s medication profile to identify potential drug therapy problems prior to dispensing the medication. Examples would include but not limited to:
 - Therapeutic Duplication (TD), Early Refill (ER), Max Dose, Drug to Gender, Drug to Drug, Drug to Inferred Disease, Geriatric and Pediatric Warnings
 - **Hard Edit** – These edits will cause the claim to deny at the point of sale (POS)
 - **Soft Edit** – These edits will cause an alert or warning message to be returned to the dispensing pharmacist to inform them of a potential problem. The pharmacist can bypass this message to process the claim after further evaluation and/or consultation with the patient or prescriber.

Edits Currently in POS System

ProDUR Conflict Type	Deny or Message Only	Provider Level Override or PA Required
Drug-to-Drug Interaction (DD)	Deny SL1	PA
Early Refill (ER) 80% tolerance	Deny	Provider PA CII
Therapeutic Duplication (TD)	Deny	Provider PA-Stimulants
Duplicate Ingredient (ID)	Deny	Provider
Min/Max Daily Dose (LD, HD)	Message	N/A

Review of Retrospective Drug Utilization Review (RetroDUR) Activities

RetroDUR Activities

October 2009 Claims

- Carisoprodol (Soma) Interacts with Opioid Analgesics
 - 406 Recipients
 - 430 Prescribers
- Responses returned:
 - 24.3% response rate
 - Responses with approval ratings:
 - Very Useful = 16%
 - Useful = 22%
 - Somewhat Useful = 5%
 - Neutral = 21%
 - Not Useful = 8%

RetroDUR Activities

November 2009 Claims

- Cyclobenzaprine >3 week duration
 - 293 Recipients
 - 329 Prescribers
- Responses returned:
 - 19% response rate
 - Responses with approval ratings:
 - Very Useful = 7%
 - Useful = 26%
 - Somewhat Useful = 7%
 - Neutral = 15%
 - Not Useful = 16%

RetroDUR Activities

December 2009 Claims

- Lidoderm[®] Provider Profiling
 - 2977 Recipients
 - 1028 Prescribers
- New Criteria for Lidoderm[®]:
 - A diagnosis of Postherpetic Neuralgia via an ICD-9;
OR
 - Appropriate trial and therapeutic failure of any of the following agents:
 - Tricyclic antidepressant, or
 - Anticonvulsant, or
 - SNRI.

Ideas for Future DUR Activities

- Chronic utilization of beta agonists without ICS, Leukotriene Receptor Antagonist, cromolyn, theophylline, or immunomodulator
- Benzodiazepine in patients 18 – 40 without anxiety, stress disorder, insomnia or seizure
- Short-acting narcotics duplicating for more than 6 wks with diagnosis of acute pain or headache
- No metabolic monitoring in patients on atypical antipsychotics



Next DMRAB Meeting August 12, 2010