

DRAFT Minutes—Indiana Medicaid DUR Board
Meeting of April 17, 2009—Meeting No. 148

In attendance:

Brian Musial, R.Ph. - Chair
John Wernert, M.D. - Vice-Chair
Philip Eskew, Jr., M.D.
Patricia Treadwell, M.D.
Terry D. Lindstrom, Ph.D.
Jeff Brown, R.Ph., MS, BCPS

Also present:

Michael Sharp, R.Ph. - OMPP
Marc Shirley, R.Ph. - OMPP
Medina Lee, R.Ph. - OMPP
Kristin Johnson - OMPP
Emily Hancock, PharmD, MPA - OMPP
Jeannine M. Murray, R.Ph. - Anthem
Chris Johnson, R.Ph. - MDwise
Kelly Henderson, PharmD - MDwise
James J. Santella, Jr., PharmD - Managed Health Services
Randall Renshaw, PharmD, BCPS - ACS
John Stancil, Jr., R.Ph. - ACS

MEETING CALLED TO ORDER: Mr. Brian Musial, Board chairman, called the meeting of the Indiana Medicaid DUR Board to order.

APPROVAL OF MINUTES: The request for approval of the minutes from the February and March meetings were moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: None

OPENING COMMENTS: Mr. Marc Shirley advised that the proposed Managed Care Organization (MCO) carve-out, slated to begin on July 1, 2009, is currently on hold. Mr. Shirley also stated that he would provide updates to the Board regarding this topic pending further direction from the Secretary's office. He also pointed out that the calendar year 2010 meeting schedules for the Therapeutics Committee meetings and the DUR Board meetings had been sent out to the Board members, and that schedules for these meetings were also posted on the FSSA website. Mr. Shirley informed the Board that significant topics for the May 15 DUR Board meeting would include the Therapeutics Committee recommendations for the Preferred Drug List (PDL) and the DUR Annual Report. He also added that the June 19th DUR Board meeting agenda would include the Board's review of draft PDL Report #10.

ACS UPDATE: Dr. Randall Renshaw presented the prior authorization statistics for the months of February 2009 and March 2009. Dr. Renshaw said that there were 3,563 prior authorizations for February and 3,881 prior authorizations for March 2009. Dr. Lindstrom questioned why the denial rate for the non-sedating antihistamines increased in March 2009. Dr. Renshaw responded that it is probably due to our entry into the allergy season and that some patients may not be meeting the requirement of a trial of generic loratadine. Dr. Wernert asked for a breakdown of the brand medically necessary prior authorizations. Dr. Renshaw responded that he did not have this information at hand but would bring this information to the next DUR Board meeting.

RETRO-DUR PROPOSALS: Dr. Renshaw presented three retrospective drug utilization review (retro-DUR) proposals. He stated the intervention topics were short-acting opiates, diabetes, and gastrointestinal medications. Dr. Renshaw reminded the Board members that these interventions were initially presented in February 2009 and were brought back for review today because there were not enough physicians at the February meeting to approve

these interventions. He also added that the Board requested statistics relating to the number of physicians involved in each intervention and the projected amount of savings for each intervention. Dr. Renshaw informed the Board that the number of physicians impacted by the diabetes interventions would be 11,340. He also informed the Board that the short-acting opiates intervention would impact 1,325 physicians and the gastrointestinal intervention would impact 7,380 physicians. Dr. Renshaw added the projected pharmacy and medical savings for the diabetes, short-acting opiates, and the gastrointestinal interventions would be \$450,000, \$1,738, and \$93,337, respectively. He pointed out that compliance interventions may increase pharmacy drug spend but decrease medical expenditures. Dr. Wernert questioned why the drug-spend for the short-acting opiates would increase when these agents tend to be inexpensive. Dr. Renshaw explained that the intent of this intervention was to transition those patients taking over a certain number of dosage units per day for chronic pain to a long-acting opiate to increase compliance. He added that the long-acting opiates tend to be more expensive. Dr. Renshaw pointed out that the contractual goal for retro-DUR interventions is 3,600 physician targets per year. He noted that the goal of 3,600 interventions may be reached soon and that once this goal was reached, the remaining retro-DUR interventions would be held until the new fiscal year, beginning on July 1, 2009. Dr. Wernert asked if there would be an additional charge if the 3,600 goal was exceeded. Dr. Renshaw indicated that no additional charge would be incurred if the goal of 3,600 interventions were exceeded. He also stated that once an intervention was started, it would be finished regardless of exceeding the yearly target. Dr. Lindstrom questioned why the phrase “adverse events” was in the gastrointestinal proposal and not in the gastrointestinal intervention letter. Dr. Renshaw stated that this wording could be changed to include the phrase “adverse events”. Dr. Renshaw reminded the Board that the metabolic syndrome and hypertension interventions were the next interventions to be mailed. Dr. Wernert asked why the retro-DUR interventions are being held. Dr. Renshaw responded that, typically, only one intervention per month is mailed in order to avoid inundating prescribers with mailings. Dr. Wernert expressed concern over the possibility of aged data if the interventions are being held. Dr. Renshaw stated that the retro-DUR mailing data is refreshed prior to mailing. There was substantial discussion among the Board members about the timing of queued interventions to be mailed and the reason for the specific number of 3,600 interventions per year. Dr. Renshaw pointed out that the order of mailing of the interventions could be specified by the Board. Mr. John Stancil stated that the 3,600 number was a contractual requirement. Mr. Stancil went on to say that ACS had been in discussions with Emily Hancock of the Office of Medicaid Policy and Planning (OMPP) about a future intervention involving newly diagnosed diabetic patients and blood glucose monitoring compliance. Mr. Michael Sharp confirmed that the contractual obligation between OMPP and ACS is 3,600 retro-DUR interventions per year. Mr. Sharp suggested that a mailing schedule be developed and brought to the next DUR Board meeting to provide an overall picture of what interventions have been mailed and what interventions are yet to be mailed. He also added that the interventions--for example, the diabetic intervention--could be stratified to include only the most critically ill patients. Dr. Eskew asked if the information contained in the retro-DUR interventions could be put into a newsletter. Mr. Sharp stated putting the retro-DUR information into a newsletter is a great idea. Dr. Wernert commented that he would like to see the Board move away from the specific number of 3,600 physicians contacted in favor of one intervention topic per calendar quarter. Dr. Lindstrom added that regardless of the projected amount of savings, these interventions must also contain safety issues. Dr. Wernert asked when the current ACS contract would expire so the 3,600 interventions could be renegotiated to four interventions per year. Mr. Sharp stated that nothing would prohibit OMPP from renegotiating this part of the contract with ACS at present. The motion to approve the three retro-DUR interventions with the stipulation of adding “adverse events” language to the gastrointestinal letter, with that letter not having to come back to the Board, was seconded and approved unanimously.

INDIANA DUR BOARD NEWSLETTER – CARDIOVASCULAR DISEASE IN WOMEN: Dr. Renshaw asked the Board if there were any questions relating to the Cardiovascular Disease in Women newsletter. There were no questions from the Board. The motion to approve this newsletter was seconded and it was approved unanimously.

TRANSITION FORM FTP TO SHAREPOINT WEBSITE: Dr. Renshaw asked if anyone was having trouble getting onto the SharePoint website. Dr. Treadwell stated that her username and password was not working. Dr. Renshaw stated he would consult with the ACS technical team that provides this information and e-mail a resolution to her.

MANAGED CARE ORGANIZATION UPDATE:

- Review of MCO Prescription Drug Programs: Ms. Kristin Johnson of OMPP presented the Annual MCO Report which contains an executive summary of each section of the report, a PDL comparison report between the MCO PDLs and the Medicaid Fee-For-Service (FFS) PDL, an Excel workbook containing reports from each MCO, and patient and provider satisfaction surveys. Ms. Johnson stated that once DUR Board approval is obtained, this report would be sent to the Select Joint Commission on Medicaid Oversight. She asked if there were any questions. Dr. Lindstrom pointed out that the provider satisfaction survey percentage seems to trail other satisfaction survey percentages published in Indiana. Dr. Kelly Henderson explained that tiered copays seen in the commercial market provide an incentive for patients to obtain less expensive agents. Dr. Henderson went on to say there was not such an incentive in the Medicaid population thus leading to lower satisfaction scores when compared to commercial plans. Dr. Wernert added that there is proposed legislation to make the MCOs' formularies and the Medicaid FFS formulary more compatible. Dr. Lindstrom asked if clopidogrel was on the Anthem PDL. Ms. Jeanine Murray responded that aspirin is the preferred agent and that clopidogrel is listed on the restricted portion of the current Anthem PDL. Dr. Lindstrom was very complimentary of the report. Mr. Sharp pointed out that Kristin Johnson did the lion's share of this report. Dr. Lindstrom asked why the requested hyperlink to the World Health Organization assessment tool was not on the PDL document. Dr. Renshaw responded by saying the hyperlink to the World Health Organization assessment tool is on the Forteo prior authorization form. Mr. Sharp offered to place hyperlinks on the PDL document that would link to the various prior authorization forms found on the fiscal agent website. The motion to approve the Annual MCO Report was seconded and approved unanimously.
- Proposed PDL Changes—MDwise: Mr. Chris Johnson presented material previously sent to the Board members. It was moved and seconded that the PDL changes be approved. The motion passed with five in favor and one abstention.
- Proposed PDL Changes—Anthem: Ms. Jeannine Murray presented material previously sent to the Board members. It was moved and seconded that the PDL changes be approved. The motion passed unanimously.
- Proposed PDL Changes—MHS: Dr. James Santella stated that he did not have any updates for the Board

NEW DRUGS: None.

LIAISONS WITH OTHER BOARDS: None.

PUBLIC COMMENT: None.

OLD BUSINESS: None.

NEW BUSINESS: Dr. Wernert reminded everyone of the symposium being held on April 25, 2009 regarding stimulant psychotropic medication use in pediatric populations.

MEETING ADJOURNED.