
Oklahoma Health Care Authority

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DUR Newsletter

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Rx-POS Upgrade and Prospective DUR

Pharmacy providers will soon be seeing changes in the adjudication of Medicaid pharmacy claims. The Oklahoma Health Care Authority and Unisys are in the process of testing a new prescription point-of-sale (Rx-POS) system along with a comprehensive prospective Drug Utilization Review (pro-DUR) program. Upon implementation, providers should notice a more flexible, responsive, and reliable process with expanded capabilities, including the ability to interface with the new Pro-DUR program. Recently, staff from OHCA, Unisys, and the OU College of Pharmacy presented a pharmacy provider training seminar at six locations across the state in preparation for these changes. The following information was presented at these seminars.

Claims processing changes

The new Rx-POS system will continue to accept NCPDP version 3.2C, but will now also be able to accept version 5.0. Enhanced messaging will be available, which will allow greater detail with regard to MMIS text and "cutbacks". If NCPDP version 5.0 is used, a pharmacy will be able to submit up to 25 ingredients for a single compounded product. The new system will also accept decimal amounts in the "quantity" field and expanded digits in the "dollar amount" field. Pharmacies using NCPDP version 5.0 may also be able to respond to educational alerts generated as a result of the pro-DUR program.



Prior authorization (PA)

The flexibility of the new Rx-POS system will allow the addition of new features to the current PA program, including:

- Emergency PA- this option is already available in emergency situations for pharmacy providers who are unable to reach the physician for PA information pertaining to NSAIDs. This authorization is good for a 72 hour supply of medication and does not count towards the monthly three prescription limit. It is only good for a single dispensing of the medication.
- Super PA- this option will provide the capability to override PA requirements in exceptional cases. It will not override recipient eligibility or the three-prescription limit, and is good only for a single dispensing of the medication. Once available, this option will be closely monitored to assure that it is being utilized only in appropriate situations.
- PA specificity- prior authorizations are currently issued for a specific NDC; thus, if the pharmacy switches generic manufacturers, a call to the helpdesk must take place. In the future, PA's will be generated at the level of GenCode Sequence Number. This will enable the authorization to work across different bottle sizes and generic manufacturers.

Prospective DUR: Part One

The recent explosion of new information is particularly noticeable in the healthcare arena, and already-busy providers must make additional time to familiarize themselves with the uses, dosages, and side effects of new products. Poor communication can compound this matter, particularly when patients see multiple physicians, and move from pharmacy to pharmacy. As discussed in the Summer DUR Newsletter, medication errors occur frequently, and can result in significant morbidity or death.

One tool to aid in the identification and prevention of medication errors is Drug Utilization Review. In Oklahoma Medicaid, both retro- and pro-DUR have been ongoing since 1993. This winter, in addition to the enhancements with the Unisys Rx-POS system, the OHCA will be implementing a comprehensive Pro-DUR program. This program will aid pharmacists in identifying drug-related conflicts occurring in their Medicaid fee-for-service and SoonerCare Choice patients, even if the conflict has involved a prior medication filled at a different pharmacy.

Several pro-DUR modules are available to be implemented, and the specific criteria are provided by First DataBank and reviewed by the Oklahoma DUR board prior to implementation. The DUR board recommends which modules to use, which criteria to use, modify, or discard, and whether a conflict should result in an educational alert ("soft" edit) or a claim reject ("hard" edit). Following careful review of criteria and testing, modules will be activated individually followed by post-implementation review to confirm that the module is functioning as intended.

Pro-DUR Modules

The following modules will be the first three implemented in Oklahoma:

Early Refill (ER) - This module detects prescription refills for a medication with the same strength and dosage form. Attempts to refill a prescription before 75% of the previous fill is exhausted or overlap greater than seven days between prescriptions will result in an ER alert. Early refill alerts will result in a claim reject.

Drug-Drug Interaction (DD)- This module detects whether a patient's new medication may cause a harmful interaction with a drug currently being taken. Attempts to dispense conflicting medications result in

a DD alert. The Oklahoma DUR board has reviewed and designated severity levels for each DD interaction.

- **Severity Level 1 (SL1)** interactions are those rare drug combinations which are absolutely contraindicated according to product labeling and other clinical references (e.g. meperidine + MAOI). Initially, a SL1 alert will be educational only. The Pro-DUR system will eventually be programmed to generate a claim reject on these conflicts following post-implementation review.
- **SL2** drug interactions are those drug combinations that are not recommended by product labeling, or those for which caution must be exercised when prescribing and dispensing (e.g. warfarin + cimetidine). Attempts to dispense medications with a SL2 drug interaction will result in an educational alert.
- **SL3** drug interactions occur with frequently encountered and often appropriate drug combinations which have some degree of risk (e.g. NSAIDs + loop diuretics). Alerts will not be generated on SL3 drug interactions.

Therapeutic Duplication (TD)- This module detects if therapeutic effects of a current prescription may already exist for the patient due to a previous prescription that is still active. Attempts to dispense multiple medications from the same or similar therapeutic classes result in a TD alert. The Oklahoma DUR board has reviewed and designated significance levels for each TD.

- **SL1** duplications are those drug combinations for which no additional therapeutic benefit exists beyond the effect of a single drug (e.g. captopril + enalapril; ranitidine + omeprazole). Initially, a SL1 alert will be educational only. The Pro-DUR system will eventually be programmed to generate a claim reject on these conflicts following post-implementation review.
- **SL2** duplications are those drug combinations for which additional therapeutic benefits may be present, depending on the specific combination (e.g. hydrocodone + oxycodone; trazodone + fluoxetine). Attempts to dispense medications with a SL2 drug interaction will result in an educational alert only if this duplication involves multiple prescribers.

Response to Pro-DUR edits

As mentioned above, some Pro-DUR conflicts may result in educational alerts. Pharmacists will be able to respond to these messages with NCPDP Provider Response Codes. There are three general code types for every Pro-DUR response:

- DUR Conflict Code- these codes describe the type of Pro-DUR alert involved (e.g. Low Dose="LD"; Drug-Drug Interaction="DD")
- DUR Intervention Code- these codes describe the action taken by the pharmacist in response to the Pro-DUR alert (e.g. Prescriber consulted="M0"; Patient consulted="P0")
- DUR Outcome Code- these codes describe the result of the pharmacist's response to the Pro-DUR alert (e.g. Filled, False Positive="1A"; Filled with different directions="1D")

Pharmacists will be able to use these response codes to respond to an educational Pro-DUR alert. However, NCPDP version 5.0 software is required to accommodate these responses, so it is important to check with your vendor regarding your software's capabilities.

Claims rejected due to an early refill or some other Pro-DUR alert will require the use of a "Super PA" obtained through the Medicaid pharmacy helpdesk.

Software Variability

Pro-DUR alerts will be transmitted to pharmacies in a standardized fashion compliant with NCPDP requirements. The format in which a Pro-DUR alert is displayed will be determined by each individual pharmacy's software. Pharmacists unsure of how their computer will handle a Pro-DUR alert should check with their pharmacy's software vendor.

Testing & Implementation

OHCA and Unisys have begun several weeks of testing to identify and correct problems prior to implementation of the new Rx-POS and Pro-DUR system. The actual "live" date is not currently set, and pharmacists should expect more specific information regarding the new Rx-POS and Pro-DUR system as implementation draws closer. The Medicaid pharmacy helpdesk will be available to assist with questions and issues that will inevitably arise as OHCA moves forward to improve the way pharmacy transactions occur in Oklahoma Medicaid.

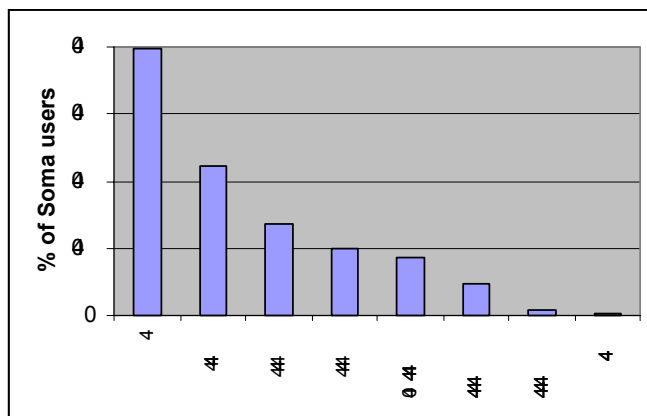
Carisoprodol Use in Oklahoma Medicaid

Carisoprodol (Soma) is a centrally-acting skeletal muscle relaxant indicated for use as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. Because it does not directly relax muscle tissue in humans, the mechanism of carisoprodol is not clear. Metabolism of carisoprodol produces the CNS-active compound meprobamate, which is also available pharmaceutically under the tradename Equanil.

The addiction risks of meprobamate have been documented in case reviews, and are reflected in its classification as a C-IV controlled substance. Similar risks have been noted with carisoprodol, and while it is not currently scheduled on the federal level, it was classified in 1991 as a C-IV product in Oklahoma.

Utilization of carisoprodol in Oklahoma Medicaid was reviewed for the calendar year 1999. A total of 13,427 prescriptions were filled for 3,145 patients (average of 4.3/person). The largest group by age was 40 to 49 years. In 1999, 38% of carisoprodol users had more than three prescriptions, and five percent received more than 12 prescriptions for carisoprodol.

Prescriptions per Patient



Because the risk for dependence or addiction is expected to increase with chronic use, all patients receiving more than four carisoprodol prescriptions in 1999 were identified. After excluding patients with significant comorbidities (e.g. quadriplegia, multiple sclerosis), chronic users will be evaluated for a possible intervention. Specifically, the prescribing physician will receive a letter documenting the carisoprodol usage pattern, along with educational information regarding the potential risks associated with chronic carisoprodol use.

Advertisements and Prescription Drugs

In 1997, the Food & Drug Administration modified the requirements associated with the advertisement of prescription medications. Since that time, direct-to-consumer (DTC) marketing of these products has greatly increased. Drug manufacturers are using television, magazines and newspapers, the internet, and even billboards to create name recognition of, and subsequently demand for, their products. In 1999, pharmaceutical companies spent \$1.8 billion on DTC advertising, an increase of 38.5% from the previous year.

The following table lists the 20 prescription products with the greatest advertising expenditures in 1999. Most are new products -- released to the market in the last three years. All products are early enough in the "drug life cycle" that generic equivalent versions are not yet available. In Oklahoma Medicaid, for calendar year 1999, these 20 products accounted for 168,506 prescriptions and \$11,431,347, about 4.3% of all prescriptions and 6.6% of total outpatient drug expenditures.

The recent rise in prescription drug advertisements has coincided with significant increases in prescription drug utilization and cost. Although a cause-and-effect relationship has not been proved, it is reasonable to point to DTC advertising as one of several factors influencing the increase of pharmaceutical expenditures. The National Institute for Health Care Management Foundation has published a research brief entitled "Prescription Drugs and Mass Media Advertising". The data from the following table was taken from this report, which can be found at www.nihcm.org.

DTC Advertising Expenditures (1999)

Product	Category	Promotional expenditures (\$million)
Claritin	Antihistamine	136.8
PriLOSEC	Proton pump inhibitor	79.4
Xenical	Anti-obesity	76.2
Propecia	Anti-baldness	71.1
Zyrtec	Antihistamine	57.1
Lipitor	Anti-hyperlipidemic	55.5
Zyban	Smoking cessation	53.9
Flonase	Nasal steroid	53.5
Viagra	Erectile dysfunction	53.0
Nasonex	Nasal steroid	52.3
Ortho-Tricyclen	Oral contraceptive	50.1
Meridia	Anti-obesity	43.5
Glucophage	Anti-diabetes	43.1
Allegra	Antihistamine	42.8
Valtrex	Antiviral	40.9
Detrol	Bladder control	39.6
Zocor	Anti-hyperlipidemic	35.0
Prempro	Estrogen replacement	34.7
Zomig	Anti-migraine	34.4
Flovent	Oral inhaled steroid	31.7

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