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# Oklahoma Health Care Authority

## DUUR Newsletter

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### Drug Utilization Review for Oklahoma Medicaid

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#### Electronic Data Systems (EDS) New Medicaid Claims Processor

Beginning mid-December 2002, EDS will become the fiscal agent and claims processor for Oklahoma Medicaid claims. Unisys will no longer be involved in those functions. The tentative start date for EDS is Thursday, December 19. The last day that Unisys will process Point-of-Sale claims will be Tuesday, December 17. Wednesday, December 18 will be a "dead day" with no claims processed.

The system that EDS is building will be one of the most advanced Medicaid Management Information Systems (MMIS) in the nation. Claims may be submitted electronically through Point-of-Sale (POS) using NCPDP version 5.1, over a secure OHCA website, or on paper.

NCPDP version 5.1 allows the pharmacist to enter compounds with up to 25 ingredients. Prospective Drug Utilization Review (ProDUR) functions are enhanced in this version of the NCPDP format, including interactive response to ProDUR alerts, variable levels of alert notification, and more detailed information for pharmacists.

Each provider will be given access to OHCA's secure website. Claims may be processed over the Internet in real time. In addition, pharmacies that are contracted as medical suppliers will be



able to process DME claims over the Internet. This includes diabetic testing supplies and home health care items.

For those providers who will not be able to process POS claims using NCPDP version 5.1 or over the Internet, EDS will continue to accept paper claim submissions. A new paper form for claims will be required.

All providers and clients will be given new identification numbers. Prescriber numbers

will not change. You will be receiving your new provider number in the near future. Medicaid clients will receive a new medical identification card. These cards will be white with blue lettering. Each client will receive his or her own unique ID number.

EDS has recently mailed letters to providers with dates for training seminars. Please read all correspondence from OHCA and EDS carefully during this time of transition.

#### NCPDP version 5.1

The Oklahoma Health Care Authority will implement a new claims processing system during the month of December 2002. Part of the changes associated with the system upgrade is that OHCA Point-of-Sale will accept electronic claims in the NCPDP version 5.1 format only. All versions lower than 5.1 will be rejected.

The decision to migrate the new system to version 5.1 format was based largely on the requirement of the Health Insurance Portability and Accountability Act (HIPAA). There will not be any extensions granted to accept electronic pharmacy claims submitted using the lower versions of the format. Providers who are not able to process electronic claims using version 5.1 will be allowed to process claims electronically over the Internet using the OHCA secure website. Paper claim submissions will also be accepted.

A survey of software vendors serving Oklahoma pharmacies revealed that all vendors either have version 5.1 software available or will have it available within the next few weeks. As other third party payers begin to require version 5.1, it will be imperative that pharmacies upgrade their software to comply with HIPAA and with the requirements of each payer. Please contact your software vendor if you have questions about the capability of your system.

### Use Of Risperdal in Pediatric Patients

Risperdal (risperidone) is an atypical antipsychotic agent currently FDA approved for the management of the manifestations of psychotic disorders in adults, namely schizophrenia. It is considered an atypical agent due to the ability to antagonize serotonin as well as dopamine receptors. Typical antipsychotics, such as haloperidol, tend to work only at the dopamine receptors and primarily effect positive symptoms. Positive symptoms can be thought of as behaviors that are present but should not be. These symptoms include delusions, hallucinations, aggression or paranoia commonly associated with schizophrenia. The ability of risperidone to bind both serotonin and dopamine receptors leads to an improvement in the management of negative symptoms along with a reduction of the extrapyramidal symptoms (EPS) commonly seen with typical

agents. Negative symptoms refer to qualities or behaviors that would be present in a normal individual but are missing in the schizophrenic patient. These include alogia (lack of speech), avolition (lack of motivation), flattened affect and social isolation.

From May 2001 through April 2002, Oklahoma Medicaid paid over \$10 million for risperidone prescriptions. While there are no FDA approved indications for risperidone use in children, twenty seven percent of the clients filling prescriptions for risperidone were under the age of twenty. There were 876 clients under the age of nine and 1,651 risperidone clients between the ages of ten and nineteen. Together these age groups account for close to twenty percent of the Medicaid dollars spent on risperidone.

Although there are currently no approved indications for the use of risperidone in children and adolescents, it is being employed to treat a variety of conditions among these age groups. Management of schizophrenia is the most common use for risperidone among the adult population; however, schizophrenia among the prepubescent population is believed to be extremely rare.<sup>2</sup> Some of the disease states where risperidone is finding a place in therapy are: mood disorders, conduct disorder, autism and other pervasive developmental disorders, mental retardation, movement disorders, and Tourette syndrome. The target symptoms involved are common to many of the above disease states and include aggression, irritability, anxiety, social withdrawal, compulsive and self-injurious behaviors and tics or chorea.<sup>3</sup> Therapy is usually initiated at a dosage range of 0.25 mg to 1mg per day depending on the age of the child and the severity of the condition. The dose can then be

titrated upward until a maximum benefit with minimum side effects is seen. Doses greater than 6mg per day are not recommended for children or adults.<sup>4</sup>

Pervasive Developmental Disorders (PDD) are severe disorders effecting a variety of areas of development. These areas include social skills, communication skills, behavior and interest development and independent social functioning.<sup>5</sup> Autism is the most well defined syndrome within the group of pervasive developmental disorders. Boys with autism consistently outnumber girls with the disorder. Characteristic behaviors include hyperactivity, lack of communication, social withdrawal, self-destructiveness, and stereotypical movements.<sup>2</sup> The resemblance of these behaviors to the positive and negative symptoms associated with schizophrenia led to the use of antipsychotics in autistic children.<sup>5</sup>

Tics are involuntary contractions of groups of skeletal muscles, including vocal muscles. Tourette syndrome is the prototypical tic disorder. The symptoms of Tourette syndrome usually present before puberty and can begin as early as age one or two. The majority of Tourettes sufferers are male. Other symptoms consistent with Tourette syndrome include restlessness, impulsiveness, obsessive argumentativeness and easy frustration. Almost half of all children with Tourette syndrome suffer from ADHD as well. Tics may also result in self-injury due to scratching, self-hitting, or headbanging.<sup>7</sup> Haloperidol, a typical neuroleptic agent is approved for the control of tics and vocal utterances in adults and children with Tourette syndrome.<sup>8</sup> While an effective treatment, the side effects limit the usefulness of this agent.<sup>9</sup> The similar mechanism of action with a decreased incidence of extrapyramidal

side effects led to the investigation of risperidone for the treatment of this disorder.

Conduct disorders are characterized by persistent patterns of behavior that violate either 1) the basic rights of others or 2) major age-appropriate norms and rules set by society and persist for a period of at least six months. The disorder can present as early as preschool and frequently coexists with ADHD. Conduct disorder appears to be more prevalent in boys than girls and presents differently between genders. In males, the disorder tends to manifest as aggressive behavior and generally has an earlier onset (8 to 10 years). In females the onset of symptoms is delayed (14 to 16 years of age), and presents as sexual misbehavior.<sup>13</sup> Haloperidol does have an indication in the treatment of children with severe behavioral problems, but again the side effect profile is undesirable<sup>8</sup>. This led to the initiation of trials with risperidone.

Risperidone may be beneficial in several disease states affecting children and adolescents. Even though the risk of EPS is lower, it is still something to take into consideration when prescribing this medication. This is a product where careful risk/benefit evaluation must be done before a decision to prescribe is made. Unfortunately, the availability of data documenting the safety and efficacy of risperidone in the pediatric population is limited. The available studies do show promise but the validity of the results is questionable. Few of the trials are double-blind, placebo-controlled. Most are open-label or retrospective. The sample sizes tend to be very small and often a large number of participants did not complete the entire trial. Intention to treat analysis was rarely done. In spite of statistically significant results, clinical significance is difficult to assess. More trials need to be done in order to assess the true efficacy and safety of risperidone in this population.

\*References for this article are available upon request.

Meet Dorothy Gourley - DUR Board Member

Dorothy Gourley has served on the DUR Board since January 2000. Dorothy received her BS in Pharmacy in 1967 from Southwestern Oklahoma State University. Dorothy currently practices as a consultant pharmacist for rural hospitals. In her practice, the most gratifying thing that she does is teach. "I think that we as pharmacists are the key to medication safety. I enjoy being a part of the medical team to insure that patients have the best drug treatment for their medical condition. And, that it is delivered to them in a safe and cost effective manner. Our rural hospitals are essential to the residents of this state. I enjoy being involved in preserving that part of medicine."

What does Dr. Gourley think is the most important challenge in healthcare today? "I think that the escalating cost of pharmaceuticals is perhaps the biggest challenge to providing adequate healthcare to our citizens. In addition, our country attempts to provide healthcare to everyone in a free enterprise system. I think that in today's marketplace this is a real challenge. Hospitals have always been there to care for anyone that comes in for medical treatment. This has become a greater burden, as more people are unable to afford healthcare insurance. The gap between employee funded healthcare and state funded

healthcare leaves many people in neither of these groups but desperately needing healthcare. Providing for this population of uninsured is a great healthcare challenge."

When asked what she would like to be doing 10 years from now, Dr. Gourley stated, "Ten years from now, I would like to still be practicing pharmacy. As long as I am able to change and evolve, I think that I will still be able to contribute to the profession." Dr. Gourley is a tireless advocate for the constant improvement of patient care. She is a wonderful asset to the DUR Board. OHCA sincerely appreciates Dr. Gourley's contribution of her valuable time, support and her willingness to share her expertise to benefit Medicaid clients.

Medicaid Pharmacy Help Desk  
Contact Numbers

Pharmacist (Toll Free)	1-800-831-8921
Pharmacist (OKC Metro)	271-6349
Prescriber (Toll Free)	1-877-269-2768
Prescriber (OKC Metro)	271-9048
Email Address: macu@ouhsc.edu	

OHCA Website

[www.ohcs.state.ok.us](http://www.ohcs.state.ok.us)

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