Mississippi Division of Medicaid

Drug Utilization Review (DUR) Board

Minutes of the August 18, 2011 Meeting

DUR Board Members:	Present	Absent
Gera Bynum, R.Ph.	✓	
Jason Dees, D.O.	✓	
Edgar Donahoe, M.D. **(Co-Chair)**	✓	
Laura Gray, M.D.		✓
Antoinette M. Hubble, M.D.	✓	
Cherise McIntosh, Pharm.D.	✓*	
Lee Merritt, R.Ph.	✓	
Paul Read, Pharm.D.	✓	
Mark Reed, M.D. **(Chair)**	✓	
Dennis Smith, R.Ph.		✓
Cynthia Undesser, M.D.	✓	
Vicky Veazey, R.Ph.	✓	
Total	**10**	**2**

*Arrived late due to weather. Not present to vote for approval of meeting minutes.

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist

MS-DUR Staff:
Kyle Null, Pharm.D., Clinical Director; Ben Banahan, Ph.D., Project Director; Thomas Chapman, M.S., Analyst.

ACS Staff:
Leslie Leon, Pharm.D.

Visitors:
Dan Barbera, Lilly; Bruce Christian, Lilly; Chris Davis, Pfizer; John Harris, Abbott; Ed MacMillan, Abbott; Callista Goheen, Medimmune; Terri Johnson, UM pharmacy student; Patrick Harvey, Sunovion; Al Reine, Takeda; Marcus Kirby, Takeda; Hope Berry, Forest.

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:00pm. Dr. Reed welcomed new members to the DUR Board and asked for introductions to be made around the table, including the DUR Board members, Mississippi Medicaid Staff, and MS-DUR staff.

Dr. Reed asked for a motion to accept the minutes from the May 19, 2011 meeting, as well as the February 17, 2011 meeting, which was not voted on due to lack of a quorum at the May 2011 DUR Board meeting. Dr. Mark Reed made a motion to accept the minutes from both the February 2011 and May 2011 DUR board meetings, with a second from Dr. Jason Dees. All voted in favor of the motion.

Resource Utilization Review:
Dr. Null reviewed the revised format of the resource utilization report, which incorporated suggestions from previous DUR Board meetings and from DOM staff. It was pointed out that the new format consists of a rolling three month utilization trend with one report sorted by quarterly claims paid and a second report sorted by the quarterly prescription volume. Dr. Dees asked about the increase in prescriptions in June relative to April and May. Dr. Null explained that MS-DUR's hypothesis is that much of increase is due to shift of beneficiaries out of the MississippiCAN program and back into the fee-for-service program. Ms. Clark explained options in MS CAN enrollment and shift and dynamic nature of monthly enrollment. Dr. Null added that MS-DUR has recently received expanded beneficiary information from Medicaid's fiscal agent ACS and will begin incorporating Medicaid enrollment into future reports, including information about the number of beneficiaries enrolled in MississippiCAN and fee-for-service Medicaid each month.

In discussing the new format changes to the resource utilization report, Dr. Null noted that the PDL indicator found on the report was for information purposes and to facilitate discussion among the DUR Board members and should not be interpreted as the official PDL list.

Pharmacy Program Update:
Ms. Clark reviewed the DUR Board and DUR program responsibilities and objectives. She discussed examples of how DUR process and Board have led to implementation of clinical edits for quantity limits, age limits, etc. Ms. Clark welcomed and thanked new members and especially those with pediatric and mental health backgrounds since these represent important large segments of the Medicaid program. Ms. Clark explained how the PA process was moved in-house in January 2011.

Ms. Clark introduced Terry Johnson, UM pharmacy student, and explained how the inappropriate prescribing project by Ms. Johnson grew out of an issue that came to the attention of the Pharmacy Bureau. The initial question was what would and would not be appropriate for non-traditional prescribers to prescribe.

Ms. Johnson presented an overview of her project while on rotation at DOM in June. Her project involved reviewing Mississippi law and regulations regarding prescriptive authority for dentists, podiatrists, and optometrists. Information was also collected from other states. Ms. Johnson reported that most often, law and regulations simply state the providers were allowed to prescribe within their "scope of practice." Some states had specific groups of drugs that were acceptable to prescribe, but many, including Mississippi, did not have a list.

Working with DOM staff, Ms. Johnson developed a list of therapeutic categories that could be considered clearly appropriate, possibly appropriate, or clearly inappropriate. Micromedex information was used to determine potential appropriateness based on all medically acceptable uses for questionable therapeutic categories, not just FDA indication.

The Board thanked Ms. Johnson for her presentation. Dr. Null noted that he would also have rotation students and that if it were acceptable to the Board, that he would like for his students to occasionally present relevant projects to the Board. The Board concurred.

Ms. Clark introduced Shannon Hardwick as the new DUR Coordinator – as of November 2011 – and stated that she will be assuming a greater role in the meetings in the future. Ms. Hardwick pointed out the PDL full list and alphabetical list for easy reference. Ms. Hardwick also discussed the updated OTC drug list that will go into effect September 1, 2011. Dr. Donahoe questioned whether Sudafed was still available in Mississippi. The ensuing discussion clarified that Sudafed products were moved to controlled substance by Mississippi but are still available. Dr. Paul Read pointed out that some pharmacy chains are limiting ordering by stores and problems with availability may be due to local store policiess. Discussion ensued about the other drugs that recently were moved into a new schedule, including tramadol, butalbital, lacosamide, and carisoprodol. Additionally, the appropriate routes of receiving a controlled substance prescription were discussed (i.e., hand signatures and facsimiles are appropriate; electronically signed prescriptions are not appropriate).

Ms. Hardwick explained the SmartPA process, noting that SmartPA still has some problems with children with EPSDT coverage and that it is critical that diagnoses are on the medical claims in order for SmartPA to detect and automatically approve PAs, when possible. Dr. Hubble indicated that when coding well care visit for EPSDT it is good idea to put, asthma for example, in secondary diagnosis fields on claims in order to be sure the diagnosis is getting into the system. Ms. Hardwick explained that diagnoses for clinical edits must be in a claim within the last two years in order to be identified by SmartPA.

Ms. Hardwick reviewed problems occurring with PAs submitted for children being prescribed outside of standard uses. The process can be improved by the provider filling out the document in his/her own handwriting or submitting via Web Portal. Illegible or incomplete forms are going to be sent back to prescribers. Dr. Undesser indicated that the paper form needs to have a place on page 2 to identify the beneficiary in case the pages get separated. Ms. Clark concurred and said that DOM is aware of that issue and they are working on a resolution that will balance what the legal department and PA staff need on the form.

Ms. Hardwick explained the state prescription drug monitoring program and encouraged providers to sign up for an account to be able to view the patient's controlled substances utilization, among other drug that might be useful to providers. Dr. Dees pointed out that the SureScript e-prescribing system provides full drug profile information to prescribers. Dr. Dees also noted that as of this month, SureScript will begin including cash, mail order, etc. into the drug profile information and not simply the claims submitted to an insurance switch for

reimbursement. Dr. Dees requested that DOM explore sharing of prescription information with SureScript, or another appropriate vendor, so the DOM prescriptions can be included in what the provider sees in the system. Ideally, the system would also show PDL etc., if information is provided by DOM. Dr. Donahoe indicated he did not get this type of information from the AllScript e-prescribing system. Dr. Dees added that most of the commercial electronic medical records (EMR) allow providers to incorporate the patient's medication profile into the requesting provider's EMR, including formulary information. Ms. Clark responded by saying that DOM would look into the possibility of incorporating information from DOM into the network. Dr. Hubble added that one of the requirements for "meaningful use" is that the EMR system should have the ability to check with formularies. Ms. Clark concurred.

Ms. Hardwick reported on the updated forms and criteria for Synagis prescriptions, noting that they are available on the DOM website. Dr. Hubble indicated concerns about premature babies and the seasonal limit. Ms. Clark indicated that DOM generally considers the RSV season to be from November to March, but individual cases will always be considered. Ms. Hardwick reported on the annual DUR report required by CMS. She noted that significant changes had been made from the previous years and that DOM was diligently working on the report with ACS and MS-DUR.

Ms. Hardwick reported that the Suboxone PA process continues to be issue and DOM hopes to have new guidelines and recommendations for board at the November meeting. Dr. Donahoe asked about the current quantity limits on Suboxone. DOM responded and noted that they have developed new proposed guidelines and are consulting with an addictionologist to review and finalize the guidelines. Dr. Paul Read questioned whether Suboxone is something DOM should be covering and whether it should be classified differently. He has seen increase in use and considerable uptake by psychiatrists. Ms. Clark responded that DOM must cover the drug according to CMS guidelines, but they can develop guidelines for assuring the appropriate use of the drug. MS-DUR hopes to have new Suboxone guidelines for Board review and approval at the next meeting. Dr. Dees offered to work with DOM to help with development of the guidelines. He noted that his practice writes for Suboxone and just recently passed a DEA audit. Dr. Dees questioned whether DOM should even cover the tablets at all because they are seriously abused. Ms. Clark responded by noting the previous discussion about CMS guidelines requiring coverage of the drugs, but that the PA process could assist in that effort. Dr. Donahoe requested that Boards concerns about the product be reflected in the guidelines being developed.

New Business:

Overview of Medical and POS Billings

Dr. Null began by describing the new process of reporting on ad-hoc or special topic issues, noting that rather than always presenting final results to the Board with recommendations from MS-DUR, the approach would be to present on key project at their current stage such that the Board could provide feedback on preliminary results and help guide further analysis.

Dr. Null asked Dr. Banahan to outline what has been done so far on a project examining issues related to J-code billing through Medical Services and POS billing for the same products. Dr. Banahan pointed out that this analysis is preliminary and requested comments from the Board, also noting that analyzing J-code billing is more difficult than POS-based billing. Ms. Clark pointed out average medical claim and average POS claim amounts may be very different. This is due to the fact that units associated with a claim in each system often are not the same, etc. Discussion took place regarding differences in average cost amounts. Questionable items were identified and Dr. Banahan indicated further analysis will be done exploring many of these. Dr. Null reminded the group that this project was presented as a preliminary analysis and the purpose of this analysis was to review the mix of POS and J-code billing and not to necessarily focus on the specific reimbursement amounts at this stage. MS-DUR and the Pharmacy Bureau will identify possible problem areas and when appropriate pass these on to Program Integrity and Medical Bureau for further review. Ms. Clark suggested that DOM and MS-DUR select 10-12 drugs and drill down into the specific claims to get clarification on disparities between billing amounts – prednisone, steroids, cefazolin, and Rocephin, were identified as potential drugs for further examination. Both Dr. Donahoe and Dr. Paul Read mentioned that this is an important topic and believe this should be examined further at a future DUR Board meeting.

High Dose Abilify® (aripiprazole) Prescribing

Dr. Null explained how other states have implemented high dose Abilify limits, defined as ≥30mg per day. Before recommending to DOM Board that we implement an edit, MS-DUR wanted to assess the potential impact on beneficiaries, prescribers, and the DOM PA staff. Dr. Dees asked if there was data available from other states to support the clinical edit. MS-DUR responded that this was a DUR initiative from another state and data was not available. Dr. Null noted that one of the goals of the MS-DUR is to develop collaboration arrangements among DUR vendors to share this type of information among states. Dr. Undesser indicated she would not expect anyone to start high and titrate down. Dr. Banahan and Dr. Null pointed out that some of the limitations of working with claims data and that Dr. Undesser's observation may be an artifact of those limitations. Dr. Banahan suggested that a washout period would possibly reduce these artifacts. Dr. Dees indicated we should look at trends, etc. Ms. Veazey questioned how high of a dose is being used and asked that further breakdown be done by dose levels, highest dose, provider type, geography, etc. Ms. Veazey indicated they do use a lot of high dose in the inpatient setting. Dr. Dees mentioned that it might be appropriate to look at the entire class of atypicals, as well.

Mental Health Treatment in Pediatric Beneficiaries

Ms. Clark introduced project saying DOM had requested a comprehensive review of mental health treatment of children to determine what, if any, problems may exist that we need to address. Since mental health is a big issue in Mississippi and nationwide, and children represent a large percentage of Medicaid beneficiaries, a proactive examination of this area seemed to be the responsible thing for DOM to do. DOM and MS-DUR will be asking Dr. Hubble, Dr. Undesser and other Board members to help review the results as they develop. Dr. Undesser noted that it is reasonable for the DUR Board to review this type of information, considering the focus on this area in the psychiatric literature and the potential problems associated with patients

receiving mental health treatment. Dr. Undesser indicated that some states require that annual review by a psychiatrist be required for continued treatment with certain drugs. Dr. Hubble pointed out the difficulty of finding a psychiatrist that accepts Medicaid. Ms. Clark pointed out the MYPAC (Mississippi Youth Programs Around the Clock) program and encouraged the Board members to contact DOM if they have difficulty getting a patient into a psychiatrist.

Potential Prescribing Outside of Prescriptive Authority
Dr. Null reviewed the results and the appendix showing classification of inappropriate and possibly inappropriate prescriptions. Dr. Null briefly reviewed what Ms. Johnson had previously discussed and explained the preliminary analysis MS-DUR had performed. MS-DUR is incorporating days supply into the analysis as an additional criterion for assessing potential appropriateness of prescribing. Dr. Dees asked if we could include information regarding the practice locations, etc. to determine where the "questionable" is originating. Ms. Clark requested that wording be changed in the results tables to "clearly appropriate", "possibly appropriate", and "questionable" to minimize the judgmental aspect of the terms.

Exceptions Monitoring Criteria Recommendations
Dr. Reed proposed that the exceptions monitoring criteria be voted as a block vote. Dr. Donahoe mentioned that some of the measures were different than what the Board was familiar with seeing – typically drug safety issues, black box warnings, etc. Dr. Reed pointed out this is significant shift from past. Both asked for clarification on these new measures. Dr. Null reminded the Board that in the February 2011 DUR Board meeting, MS-DUR had had discussed the Adult Quality Indicator measures that state Medicaid agencies will begin voluntarily reporting in January 2012. These measures will become mandatory reporting for state Medicaids in January 2013. Dr. Null suggested that MS-DUR provide more background on each proposed measure and that the exceptions be reworded to be more consistent with past monitoring exceptions. Dr. Donahoe concurred. Dr. Banahan clarified that exception monitoring was different from the prior authorization and clinical edit process. Dr. Donahoe made a motion to table approval of the proposed exception monitoring criteria until the next meeting so that MS-DUR may provide more detail on the process. Dr. Reed asked if MS-DUR could elaborate on these measures for the next meeting to make the measures more clear. Dr. Dees pointed out that the quality of care issues are already important in facilities and for meaningful use criteria. Dr. Dees pointed out that the position of CMS seems to be to include these types of measures for the Medicaid population and DUR would be an appropriate avenue to do so. Dr. Donahoe identified the first 3 proposed criteria are clearly based on FDA guidance and the others are quality oriented. Dr. Reed made motion that first 3 criteria be voted on as block. The vote was unanimous in favor of the criteria being monitored. Dr. Donahoe made motion to table remainder until next meeting when MS-DUR could provide more background information. Dr. Dees seconded the motion. Dr. Dees also requested a copy of the supporting documents from the February 2011 DUR Board meeting to facilitate the discussion.

Other Business:

Ms. Clark announced upcoming P&T meetings and asked if anyone had additional items. None were suggested. Ms. Clark noted that the election for chair and co-chair will take place at the November 2011 meeting.

Next Meeting Information:
Dr. Reed announced next meeting date is November 17, 2011 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting. The meeting adjourned at 3:57pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR