MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE AUGUST 16, 2012 MEETING

DUR Board Members:	Present	Absent
Edgar Donahoe, M.D. **(Co-Chair)**	✓	
Antoinette M. Hubble, M.D.	✓	
Cherise McIntosh, Pharm.D.	✓	
Mark Reed, M.D. **(Chair)**	✓	
Dennis Smith, R.Ph.	✓	
Cynthia Undesser, M.D.	✓	
Vicky Veazey, R.Ph.	✓	
Total	**7**	**0**

Note: New members replacing those going off board have not yet been approved by Governor's Office.

Also Present:

DOM Staff:
Judith Clark, R.Ph., Division of Medicaid (DOM) Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Otis Washington, Jr. Program Integrity; Jennifer Grant, DOM.

MS-DUR Staff:
Kyle Null, Pharm.D., Ph.D., Clinical Director; Ben Banahan, Ph.D., Project Director, Leah Simmons, UM Student on DUR rotation.

ACS Staff:
Leslie Leon, Pharm.D.

Visitors:
John Harris, Abbott; Phil Hecht, Abbott; Danny Duke, Merck.

Call to Order:
Dr. Mark Reed, Chairman of the Board, called the meeting to order at 1:57 pm. Dr. Reed noted that all of the current members of the Board were present and expressed gratitude that everyone could attend for a quorum. Dr. Reed proceeded to ask for a motion to accept the minutes from the previous meetings. **Dr. Hubble made a motion to approve the minutes from the February and May 2012 meetings.** The motion was seconded by Dr. Undesser and approved unanimously.

Resource Utilization Review:
Dr. Null noted that no major shifts or trends were found in the resource utilization report. Mr. Smith questioned the jump in monthly trends for antihemophilic factor and then the dip in May. Dr. Null noted that a cyclical fill pattern was often observed in drug utilization. Dr. Banahan suggested MS-DUR conduct an analysis on expenditures and the number of children using these drugs to gain a better perspective on utilization trends in the hemophilic population. There were no other comments or questions about the resource utilization report.

Pharmacy Program Update:
Ms. Clark thanked everyone for making effort to attend. Ms. Clark noted that new DUR Board appointments are still at the Governor's Office awaiting approval. Ms. Clark also mentioned that Mr. Merritt has retired and moved out of state since the last meeting and has resigned from the Board as a result. Thus, there are five new members being appointed for this cycle. Ms. Clark discussed changes made in the 2012 Legislative session that allow preferred brands to not count toward the two brand limit in monthly prescription limits when the brand is less expensive to Medicaid than the generic. Dr. Donahoe and others discussed problems with pharmacists still not understanding brand preferred. Ms. Clark concluded that the DOM may need to look into sending messages to pharmacies and will continue to provide outreach to providers to help educate on this area. Dr. Donahoe asked if a more provider friendly version of the PDL could be developed, focusing on treatment categories. An example was given for searching for antibiotics as a group, rather than looking for the generic class of the product. Ms. Clark noted that the PDL vendor, GHS, was responsible for generating the PDL list and continuous improvements are being made to the list. The Board members discussed frustrations with E-prescribing systems and EHR systems not providing good feedback on formulary at time of prescribing. Dr. McIntosh pointed out that the SmartPA criteria are not always clear to the providers. An example was provided regarding stable criteria requirement stating must have "X" number of days on therapy but does not state the continuation fill requirement. Dr. Donahoe asked about the "grandfathering" requirement on the PDL. Ms. Clark explained that it is the stable therapy requirement that was discussed.

Ms. Clark informed board that PDL will have a new class added for "miscellaneous" that will include products where brand is less expensive than generic when class is not reviewed or products that do not fit into major classes. She also stated that the PDL will be updated annually in the future on January 1 each year, rather than twice a year as it currently is updated. Ms. Clark noted that minor changes may still be made during the year to account for new products and other things. Discussions are being held regarding integrating the fee-for-service PDL and the MS-CAN PDLs, but this is still in the early stages. Ms. Clark noted that prenatal vitamins will be added as a class to the PDL at some point in the future.

Ms. Clark discussed a CMS requirement that a prescriber must be a Medicaid provider in order for Medicaid to pay for prescriptions and it will most likely be implemented in October of this year. Ms. Clark noted that this will create some problems at the pharmacy level due to prescribers not being enrolled in the program. Dr. Donahoe asked if ER physicians would be affected. Ms. Clark noted they would have to be Medicaid providers as well. Dr. Reed and Dr. McIntosh expressed concerns about communication directly to UMC to be sure that residents are covered. Questions were raised about residents being able to be a Medicaid provider while they have a temporary license during residency.

Ms. Hardwick noted that the Summer 2012 pharmacy program newsletter is included in the packet. Ms. Clark notified the board that benzodiazepines will be moved to Part D in October. Medicaid will no longer be able to pay for these medications for dual beneficiaries. Ms. Clark noted that injectable antipsychotics will be denied at the point of sale beginning November 1st. Dr. Banahan provided update on Suboxone. It was noted that Suboxone materials were sent to prescribers and pharmacies informing them of the coverage changes effective September 1st.

New Business:

Special analysis projects:

Pharmacy Lock-in Program Recommendations for Program Integrity (PI)

Mr. Washington commented on the initial PI list provided by MS-DUR. The PI staff evaluated all of the beneficiaries identified using the initial MS-DUR criteria. MSCAN beneficiaries were turned over to MS-CAN with instructions that they be evaluated for possible lock-in. Medicaid had 69 beneficiaries in FFS that were reviewed by PI. These are being evaluated to determine if an informational or lock in letter will be sent to these beneficiaries. Mr. Washington wanted to encourage the DUR Board to continue applying these criteria and providing lists for referral to PI.

Dr. Null informed the board that a meeting was held with PI and that MS-DUR is working on additional criteria and information to be provided in future quarterly reports to PI. Dr. Null asked the Board for input on whether all Suboxone patients should be in lock-in. Dr. Donahoe stated that he thought all of them should be in the pharmacy lock-in program. Mr. Washington pointed out that DOM has to be careful about protecting beneficiaries' rights. **Dr. Donahoe made a motion that beneficiaries receiving Suboxone, Subutex, or Methadone should be placed in lock in with only one MD and one pharmacy.** Beneficiaries should have choice on pharmacy and the appropriate appeal process needs to be available. Dr. Undesser seconded motion. The motion passed unanimously.

Sedative Hypnotic Therapy Switches

Dr. Null provided an overview of the problem with therapy switches. During discussion at the last meeting where a quorum did not exist, it was noted that one therapy change and one dosage change should be allowed on sedative-hypnotics within a 1 year period. **A motion was made by Dr. McIntosh and seconded by Dr. Hubble.** The motion passed unanimously.

Safety Issues Related to Proton Pump Inhibitor Length of Therapy

Dr. Null reviewed the results from the MS-DUR analysis. Results found that a large number of beneficiaries on long term use of PPIs have no recorded diagnosis appearing in the medical claims for the last year. Dr. Donahoe asked about the safety problems that have been reported. Dr. Null replied that the safety issues were rare, but there was increased risk following a year or greater of therapy. Dr. Donahoe stated that until the FDA becomes clearer about guidelines he does not think DOM needs to do anything through DUR. Ms. Clark indicated that this issue is getting attention by CMS and others and that continued monitoring this category is necessary. Mr. Smith agreed it may be premature to take action now, but agreed that it needs to be monitored.

Comparative Utilization of Insulin Vials versus Insulin Pens

Ms. Clark gave background information noting that the rebates on the vials makes these products very inexpensive for DOM compared to the insulin pens. However, there are situations where patients may not be able to use syringes and vials. Mr. Smith pointed out that pens usually have more units than vials, so some of the comparisons may not be possible. Dr. Donahoe indicated that with Part D plans, pens are not even a consideration. Dr. McIntosh said she works with diabetic patients. Some patients do need pens due to blindness, arthritis, etc., but some patients also need pens because they are working or their lifestyle is such that they cannot be near a refrigerator. Some of the issues identified included: lifestyle needs, differences between Type 1 and Type 2 patients, LTC could easily be restricted to vials. Mr. Smith questioned whether we want to do anything that might restrict adherence with care due to the high percentage of diabetes in the state. Dr. McIntosh stated that she has patients that have been more compliant and better managed because they were offered a pen. Ms. Clark said that compliance and access are both important issues with this population. Ms. Clark mentioned that this

issue is being addressed in other states and that DOM may have to revisit this issue in the future. Consensus was not reached on how to handle the use of pens in the adult population**. Dr. Donahoe made a motion that LTC be limited to vials only.** The motion was seconded by Mr. Smith and approved unanimously.

Mental Health Treatment of Foster Children and Other Children
Dr. Banahan reviewed the mental health treatment of children report. Dr. Banahan stated that the report in the DUR Board packet was a summary of a larger report that was conducted in conjunction with DOM. Dr. Banahan mentioned that the full report is available at www.msdur.org. The analysis included quality of care indicators for this population and presented data which compared Mississippi to other states on these quality indicators.

Dr. Banahan reviewed the recommendations following the report, including duplicate therapy criteria and recommendations for monitoring and interventions. Dr. Undesser pointed out that almost all antipsychotics have age edits that require PA review so duplicative therapy check may not be necessary. Dr. Donahoe indicated that what we are currently doing appears to be working well and we may not need to do much more. Dr. Undesser stated that we should apply the same criteria to adults as we do for children for antipsychotics. Dr. Donahoe thought that additional data may be needed for adults and duplicative therapy, etc. Dr. Donahoe mentioned that stimulants may be problematic since changes are often made in therapy to get the patient stabilized. Dr. Banahan mentioned that Ms. Clark will be attending a meeting in the coming weeks that will address these issues and that we will revisit this topic following that meeting.

Exceptions Monitoring
Dr. Null pointed out that there are two meetings worth of new safety warnings currently being recommended for monitoring. The exceptions monitoring recommendations were taken as block vote. **The motion was made by Dr. Reed to accept the exceptions monitoring criteria as written.** The motion was seconded by Mr. Smith and was unanimously approved.

Other Business
No other business was introduced.

Next Meeting Information:
Dr. Reed announced next meeting date is November 15, 2012 at 2:00 P.M. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 3:54 P.M.

Submitted,
Evidence-Based DUR Initiative, MS-DUR