

**Mississippi Division of Medicaid
Drug Utilization Review (DUR) Board
Minutes of the May 19, 2011 Meeting**

DUR Board Members:	Present	Absent
Gera Bynum, R.Ph.	✓	
Jason Dees, D.O.		✓
Alvin Dixon, R.Ph.		✓
Edgar Donahoe, M.D. (Co-Chair)	✓	
Laura Gray, M.D.		✓
Lee Merritt, R.Ph.	✓	
Paul Read, Pharm.D.		✓
Mark Reed, M.D. (Chair)	✓	
Jason Strong, Pharm.D.		✓
Vicky Veazey, R.Ph.	✓	
Frank Wade, M.D.		✓
Total	5	6

Also Present:

DOM Staff: Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist; 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: Terry Threadgill, Takeda; David Mershon, BMS; Mike Birdsong, Bayer; Marcus Kirby, Takeda; Dan Barbera, Lilly; Eleanor Young, Boehringer-Ingelheim; Pat Harvey, Sunovion

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:06 p.m. He acknowledged the DUR Board members who were able to attend the meeting.

Dr. Reed noted that because of the lack of a quorum, approval of the minutes from the DUR Board meeting on February 17, 2011 would be voted on at the August 18, 2011 DUR Board meeting.

Resource Utilization Review:

Overview of Claims Trends Reflecting MississippiCAN Implementation

Dr. Null began the resource utilization review by noting a number of changes to the Division of Medicaid since January 1, 2011, specifically highlighting the movement of selected beneficiaries into the Mississippi Coordinated Access Network (MississippiCAN). Under this new program, two coordinated care organizations, Magnolia Health Plan and UnitedHealthcare are responsible for providing services to targeted Medicaid beneficiaries in certain eligibility categories not to exceed 15% of the total Medicaid population. Dr. Null noted the future DUR

reports would only reflect the fee-for-service (FFS) beneficiaries, unless otherwise specified. Dr. Null also pointed out that the changes in the number of prescription claims and total unique beneficiaries with a prescription claim between September 2010 and March 2011 may be reflective of beneficiary movement between Medicaid FFS and MississippiCAN. Dr. Donahoe mentioned that the upward trend from January 2011 to March 2011 could be due to beneficiaries moving back into Medicaid FFS, possibly because of their lack of awareness of being auto-enrolled into the MississippiCAN programs. In particular, Figure 1 from the “Claims Trends” section was mentioned, bringing attention to the drop in January claims being notably greater than normal for the first of the year. Much of the drop is hypothesized to be MS CAN movement. Ms. Clark commented on a request to make these tables 3 year rolling numbers and to include previous year’s data when presenting information so that DOM and the DUR Board are not looking at these values in a “silo.” Dr. Null concurred. Dr. Null concluded by adding that the dollar amounts presented in the DUR report were only reflective of reimbursement amounts to Medicaid providers and not of overall costs to Medicaid.

Synagis® (palivizumab) Details for the 2010-2011 RSV Season

Dr. Null began the Synagis® update by reviewing the total reimbursed claims and unique beneficiaries receiving Synagis® during this last RSV season (ending in March). Dr. Null pointed out that Medicaid pays for up to 5 injections for beneficiaries under 24 months of age who meet the prior authorization criteria. Given that criteria, a small number of cases were identified where the count of injections was over 5 and the age at the time of injection was greater than 24 months. MS-DUR turned these cases over to the Division of Medicaid to review.

Ms. Clark reminded the Board that as of January 1, 2011, the prior authorization process is being handled by the Division of Medicaid, with about 90+% of the Synagis PAs being handled by DOM. Ms. Clark said there will be ongoing quality assurance efforts to address these issues.

Dr. Reed then asked Ms. Clark to provide the pharmacy program update.

Pharmacy Program Update:

Ms. Clark mentioned that the new preferred drug list (PDL) will be effective on July 1, 2011 and a link will be posted on the Mississippi Medicaid website by June 1, 2011. Ms. Clark noted that the DOM concurs with the Pharmacy and Therapeutics (P&T) Committee’s recommendations anywhere from 85 to 95% of the time, depending on a number of situations. Ms. Clark mentioned that the possible addition of some prenatal vitamins to the PDL would be addressed in an upcoming P&T meeting. Ms. Clark then brought up the recent withdrawal of certain unapproved prescription cough and cold products and noted that Medicaid is currently revising the over-the-counter formulary to address this through collaboration with the University of Mississippi School of Pharmacy. Ms. Clark noted that the entire OTC formulary would not be revised, but cough and cold products would be revisited, as well as certain other products.

Ms. Clark mentioned that DOM was continuing to integrate the prior authorization process into SmartPA® and asked for feedback from the DUR Board on how the PA process was progressing. Dr. Donahoe commented that his office was not utilizing prior authorizations much and Mr.

Merritt added that his staff has not mentioned any issues since the MississippiCAN implementation. Ms. Clark pointed out that the length of time allowed for diagnoses and prior prescriptions in the SmartPA® clinical edits process was increased from 13 months to 2 years in an effort to increase the likelihood of finding information to satisfy the clinical edit, but there was still a lack of appropriate diagnoses codes found in the medical data.

Resource Utilization Report (continued):

Dr. Null continued with the resource utilization report, noting several outlying categories of drugs before and after the MississippiCAN implementation. Dr. Null noted the utilization of atypical antipsychotics and anticonvulsants decreasing more than expected, with much of this likely due to beneficiary movement into MississippiCAN. Dr. Null also pointed out that the downward trends in the dollar figures reflected in the report should not necessarily be interpreted as savings to the Medicaid program, noting that Mississippi Medicaid pays a capitated rate to the CCOs for the beneficiaries enrolling in the MississippiCAN program. Ms. Clark concurred and added that the report only represents shifts in the current FFS beneficiary population. Dr. Null brought the Board’s attention to the prenatal vitamin detail report and pointed out that the prenatal vitamins would be addressed in a future P&T meeting to explore the possibility of identifying preferred products for inclusion on the PDL.

Ms. Clark suggested changing the resource utilization format to 3 months per page in landscape and listing the top individual drug for each class on the category report. Dr. Null concurred and requested feedback on other parts of the report to make it more useful for the DUR Board.

New Business

FDA Action: Withdrawal of Unapproved Prescription Cough and Cold Products

Dr. Null began by reviewing the recent FDA changes, including a brief history of OTC cough and cold product labeling changes over the last few years. Dr. Null briefly reviewed the literature identifying that much of the past safety concerns had to do with misuse rather than product safety; however, many of the products do not have strong safety or efficacy data. Dr. Null pointed out the Appendix to the DUR packet, which included the list maintained by the FDA of unapproved prescription cough and cold products that will be withdrawn from the market in September 2011.

Ms. Clark explained problems that Medicaid has with this recent withdrawal notice. If the pharmaceutical company participates in rebate program, Medicaid has to cover their products unless the product is in specific classes not required (SSA Section 1927 drugs) – even if product has not been formally approved. Companies can reformulate and reduce strength to meet OTC monograph; however, OTCs do not have to be covered. In this case, the product keeps the same name but moves from legend to OTC. Medicaid does not have to cover the drug when it is an OTC. Notice from CMS changes products to non-covered status “immediately” upon receipt of the letter; otherwise, the State must fully pay for the product without the Federal match. The DOM works with a fiscal agent to change coverage status as quickly as possible due to fiscal liability after notification. Dr. Null pointed out the current utilization of cough and cold products for beneficiaries, stratified by age.

Ms. Clark requested comments from the DUR Board regarding this issue and asked about including saline nasal spray to the OTC formulary. Dr. Donahoe indicated he thought it was already covered and also indicated he has been writing prescriptions for Tyzine, a nasal decongestant, and it has been covered by DOM. Ms. Clark mentioned that was not the case, but it would be a good option to add. Dr. Reed noted he does not prescribe nasal decongestants (limited to 3 days) much but does use saline spray. Considering the minimal cost for saline nasal spray, adding this to the OTC formulary would be a good option. Dr. Reed discussed using a decongestant without an antihistamine in young children and infants, noting that you really do not want to use an antihistamine because of the problem with thickening nasal secretions – saline and decongestant are preferred. Ms. Clark suggested pairing Dr. Reed with someone to write a short article or journal piece about the best way to treat infants with colds. Dr. Reed concurred.

Coordination of Pharmacy and Medical Claims for Drug Products:

Dr. Null introduced the analysis conducted to determine the prevalence of double billing (i.e., billing on both the medical and the pharmacy sides) may be and can claims be used to monitor comparable payments in both systems Dr. Null pointed out that identification of duplicate billing cases is difficult due to misuse of J-Codes, resulting in amounts billed for much less than the drug cost – possibly reflecting billing for administration or supplies using the J-code. The initial analysis does not indicate that duplicate billing frequently occurs. MS-DUR identified a potential algorithm to be used to identify possible double billing and will work with the DOM Pharmacy Bureau and Program Integrity on this issue. Ms. Clark noted that DOM and MS-DUR will look at other Medicaid programs to see how they are implementing this identification process. No DUR board recommendation is requested at this time.

Lupron® (leuprolide) Use for Short Stature:

Dr. Null reviewed the background on Lupron® being prescribed for short stature. Dr. Null mentioned that this issue was brought to MS Medicaid's attention due to notices on Medicaid Director e-mail list that indicated other states had identified this as a potential issue. After running the analysis, no suspicious cases were identified and no further actions were recommended.

Therapeutic Criteria Exceptions Monitoring and Educational Program:

Dr. Null reviewed the regulations related to retrospective drug utilization review found in the Code of Federal Regulations. Dr. Null reviewed the functions of monitoring and intervention activities and mentioned that future DUR Board meetings would include therapeutic criteria monitoring to be submitted for approval from the Board.

Ms. Clark initiated discussion of using clinical articles as an educational approach and doing cost-saving estimates based on these efforts rather than a letter-based campaign, which was how the educational interventions were handled in the past. Ms. Clark mentioned that she does not want the DUR program to be perceived as being punitive in nature. Dr. Reed suggested sending e-mails rather than letters to be more cost effective. Dr. Null asked when an individual communication from MS-DUR or from DUR would be useful. Dr. Reed commented that the

message must be short, containing bullet points, and easy and quick to read. Dr. Donahoe pointed out that finding the time to read the communication is an issue, but that anything that the provider would not otherwise know about the patient would be welcome and useful. Dr. Donahoe also noted that if there is something that is clearly harmful or inappropriate, it can be handled at the point of sale with a clinical edit rather than through a letter or email communication. Ms. Clark and Dr. Null concurred.

Dr. Reed mentioned that an effort would need to be made to distinguish general information from patient-specific information. Dr. Donahoe mentioned that the information from MS-DUR should be patient-specific in order to be maximally helpful. Dr. Null inquired about the usefulness of providing patient-specific information on medication adherence issues, and patients receiving multiple medicines from different providers, including information that providers can incorporate into the patient's medical record. Various members of the DUR Board collectively agreed that these types of efforts would be of value for educational outreach.

Ms. Clark inquired about the potential of MS-DUR providing Medicaid providers with controlled substances reports and other patient-specific pharmacy and medical information to support the provider's decision making. Dr. Reed said that this type of information would be extremely helpful. Dr. Donahoe concurred and mentioned that any information that providers would not normally have routine access to would be helpful for MS-DUR to pursue.

Dr. Null asked the same questions to the pharmacists, specifically asking whether any information provided would be useful and actionable. Mr. Merritt commented that information on adherence would probably be useful, but not actionable based on the current workload and workflow of pharmacists. Ms. Bynum commented that the current workflow of many pharmacies is not setup to receive and file such patient-specific information due to the lack of physical charts and limited notes sections on the pharmacy software.

Ms. Clark discussed provider access to the prescription drug monitoring program. MS DUR will begin to develop an e-mail database for prescribers and begin moving forward with the directives mentioned during the discussion.

***Helicobacter pylori* Prior Authorization Protocol:**

Dr. Null began to review the current *H. pylori* prior authorization process that Mississippi Medicaid uses and briefly reviewed the current treatment guidelines for the treatment of *H. pylori*. Dr. Donahoe believes the current recommendation provided by MS-DUR to relax the one prescription limit and to allow for two *H. pylori* agents is appropriate and covers the need of the beneficiaries. Dr. Reed mentioned bringing this issue back for vote at the next meeting to make official, but DOM would begin to work off of this discussion.

Other Business

Ms. Clark mentioned that several DUR Board member's terms will expire on June 30, 2011 – William Bastian, Alvin Dixon, Jason Strong, and Frank Wade. Ms. Clark thanked them for their service and emphasized the importance of the DUR Board members to Medicaid. Ms. Clark also

commented that the DOM is working on getting recommendations for new members approved and that they are striving to create a diverse DUR Board and P&T Committee, both demographically and in practice areas. Ms. Clark asked Ms. Kirby to review the major DUR recommendations from last year and provide an update on the current status of these recommendations.

Ms. Kirby mentioned several changes DOM hopes to have incorporated into SmartPA® by the August DUR Board meeting:

- Limiting Lovenox® use to 17 days duration of therapy
- Requiring a trial of a statins before allowing a non-statin lipotropic
- ACE-I required before an ARB, data could not support automated decision
- Duplicate therapy on antipsychotics – MS-DUR will provide further analysis and drill down more into the potential 8% of cases that could be duplicate therapy
- Low dose Seroquel® recommendation has been incorporated into SmartPA®
- Requiring a diagnosis of Alzheimer’s disease for medicines used to treat this condition has been incorporated into SmartPA®

Next Meeting Information

Dr. Reed thanked the members rotating off the DUR Board for their service and announced that the next meeting date is August 18, 2011 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting. The meeting adjourned at 3:28p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR