MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE NOVEMBER 17, 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	**9**	**3**

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, Lacinda Jaynes, DOM.

MS-DUR Staff:
Kyle D. Null, Pharm.D., Clinical Director; Ben Banahan, Ph.D., Project Director

ACS Staff:
Leslie Leon, Pharm.D.

Goold Health Services Staff:
Chad Bissell, Pharm.D.

Visitors:
Dan Barbera, Lilly; Jeff Bell, University of Mississippi School of Pharmacy student; Stewart Mason, University of Mississippi School of Pharmacy student; John Harris, Abbott; Calista Gohteen, Medimmune; Hope Berry, Forest; Al Reine, Takeda;

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:06 pm.

Dr. Mark Reed asked for a motion to accept the minutes from the meeting of August 18, 2011. Mr. Merritt made a motion to accept the minutes with a second from Dr. Paul Read. All voted in favor of the motion.

Resource Utilization Review:
Dr. Null reviewed resource utilization report. Dr. Banahan discussed the summary tables further and requested feedback from the DUR Board on possible enhancements to the report.

Pharmacy Program Update:
Ms. Clark introduced Dr. Bissell from Gould Health Systems and informed the Board that Gould Health Systems would be the new vendor for preferred drug list maintenance beginning January 1, 2012. She also announced that a new PDL list is being approved and will go into effect January 1, 2012. The new list will be posted on the DOM website by December 1, 2011. Ms. Clark noted that the NCPDP D.0 format is required for the DOM to receive pharmacy claims after January 1, 2012. This is true for all payers as part of the HIPAA enhancements. She also reminded the Board that pharmacy permits must be in good standing for claims to clear for payment. Ms. Clark reminded pharmacists that the State Board will be closed most of the last week of year so it is important to submit renewals early, otherwise pharmacy claims will be denied.

Ms. Hardwick asked for introductions from the DUR Board members, DOM and MS-DUR staff for the new DUR Board members not present at the August meeting. Ms. Clark pointed out that the Board needs to elect a Chair and Co-Chair at today's meetings and called for nominations from the DUR Board. Mr. Merritt nominated Dr. Mark Reed as Chair, which was seconded by Dr. Dees. Dr. Donahoe nominated Mr. Merritt as Co-Chair, which was seconded by Dr. Paul Read. The vote was unanimous. Ms. Clark complemented Dr. Reed for his prior service as Chair and thanked the new appointees for their service.

Ms. Hardwick provided the Board with program updates. First, Ms. Hardwick discussed the inclusion of appropriate diagnosis and age edits added for Alzheimer's medicines due to misuse that was occurring in use with children with ADHD. Ms. Hardwick mentioned that the Pharmacy Bureau and MS-DUR have begun having joint meetings with DOM medical services, program integrity and computer systems to continue exploring issues related to POS/medical billing on drug products that were discussed at the August 2011 DUR Board meetings.

Medicaid Cough and Cold Quick List
Ms. Hardwick discussed the FDA withdrawal of cough and cold products, which left limited access to certain medications for the treatment of cough and cold in children. Ms. Hardwick mentioned that MS-DUR and DOM have put together a "Medicaid Cough and Cold Quick List" to help providers identify covered agents that are still available on the market. Dr. Null explained the background for development of the "Quick List" and that MS-DUR would be sending laminated copies to the top 400 prescribers of pediatric cough and cold prescriptions from last year, representing about 65% of the total Medicaid cough and cold prescription volume. Ms. Clark mentioned that the "Quick List" would also be disseminated through Medicaid's medical services division. Dr. Null acknowledged Thirston Divinity and Stewart Mason, both PY4 pharmacy students on Dr. Null's managed care rotation, for their help in creating the cough and cold quick list. Dr. Null specifically acknowledged Mr. Divinity for taking the lead on creating the list and Mr. Mason for his assistance with reviewing the clinical content. Dr. Null pointed out that the list would also be distributed through the Mississippi Pharmacist Association quarterly journal, e-newsletter and website. The DUR Board expressed gratitude and commented that the list would be well received by Medicaid providers. Ms. Clark informed the Board that DOM has requested that GHS provide an NDC-based OTC list in the future. Dr. Reed mentioned that several studies have provided consistent evidence that topical oxymetazoline has a better safety profile, particularly for younger children, compared to topical phenylephrine. [This comment was in regard to the lack of an

indication on the "Quick List" for the use of topical oxymetazoline as a nasal decongestant in individuals <2 and 2 to <5 years old]. Dr. Donahoe mentioned that Tyzine (tetrahydrozoline) would be an appropriate addition as well. There was some discussion as to the availability of topical nasal decongestants. Dr. Null mentioned that the list was subject to revision and that MS-DUR would work with DOM on amending the list with the suggestions provided by the Board. Dr. Null also requested feedback from the Board on other initiatives similar to the "Medicaid Cough and Cold Quick List" for MS-DUR to provide to the Medicaid provider community.

Suboxone Prior Authorization

Ms. Hardwick informed the Board that DOM has had to reevaluate the Suboxone prior authorization process. DOM is planning to move this product to SmartPA due to the personnel time required to manage the review process as it is currently structured. DOM is recommending to the Board that MS-DUR run appropriate exception monitoring and educational activities to help further manage the drug through the SmartPA system. Ms. Clark echoed Ms. Hardwick's comments and further requested feedback from the Board on the best way to approach implementing Suboxone into SmartPA. Ms. Clark specifically requested feedback from Dr. Dees, as the sole member on the DUR Board who prescribes Suboxone. Dr. Dees commented that it requires a certain amount of expertise in the medical office to appropriately manage these patients. Dr. Dees mentioned that his reservation with moving Suboxone to SmartPA would be missing the human element to the PA process that cannot be duplicated in the SmartPA system. Dr. Dees supported the idea of using SmartPA with close monitoring of outcomes, including exceptions monitoring and ad hoc analyses of Suboxone claims data. One suggestion offered by Dr. Dees was to compare patients previously denied to determine if they make it through the SmartPA process. Dr. Dees pointed out that it takes a lot of time in the medical office to review cases, and further, he does not know how the limited DOM staff has been able to review the PAs for all of the state. Dr. Dees concluded, stating that ultimately, the control of Suboxone is dependent on the philosophy of the Medicaid providers who prescribe it. Dr. Donahoe interjected that Suboxone was initially brought to the Board's attention several years ago to solve a problem that was out of control, noting that the Suboxone problem will be further out of control if the PA process is implemented electronically. Ms. Clark acknowledged that the Board spent a tremendous amount of time addressing how to appropriately control Suboxone use. Mr. Smith asked DOM about the current PA process. DOM responded that every prior authorization is manually reviewed. Dr. Donahoe pointed out that the Board voted to limit the drug to a maximum of 60 days. This vote was later reversed and the Board voted for manual review with limited use criteria. Ms. Clark pointed out that DOM currently looks for narcotic prescriptions for any source, which is not possible with SmartPA. Dr. Dees asked that MS-DUR provide the Board with information about the number of current users and use patterns. Dr. Donahoe requested that at the next meeting the DUR Board be provided with a summary of past discussions on the topic. Dr. Dees asked for a summary of how other Medicaid programs are handling this issue. Mr. Smith inquired if the DEA was aware and acting on Suboxone problems. Dr. Dees pointed out that the DEA is closely monitoring practices that are writing Suboxone. Dr. Paul Read asked that at the next meeting MS-DUR review the data to make refinements in quantity limits and length of therapy limits. Ms. Clark mentioned that she has been communicating with other Medicaid programs about the handling of Suboxone. Ms. Clark concluded by echoing that DOM does not have the capability to continue managing a manual PA for Suboxone. Mr. Smith requested that MS-DUR collaborate with DOM to provide a clear recommendation for the Board to vote on at the February 2012 DUR Board meeting. Ms. Clark requested that a dosing regimen be recommended by the Board. Dr. Donahoe suggested that the Board wait until MS-DUR reviewed the data to be able to provide a formal recommendation. Dr. Banahan asked Dr. Dees for a suggested treatment guideline that MS-DUR could use to help guide the analysis.

Dr. Dees provided the basic guideline of a 30 day supply at 24mg/day (3 tablets), 4 months at 16mg (2 tablets), after that 8mg/day (1 tablet).

New Business:

Background on Medicaid Quality Measures

Dr. Banahan provided background on the Adult Medicaid Quality Measures and the plan for the February 2012 meeting. Dr. Banahan reiterated the discussion that occurred during the February 2011 DUR Board meeting for the new DUR Board members who joined in July 2011. Dr. Banahan mentioned that the core measures will be finalized in January of next year and voluntary reporting will begin at that time. Mandatory reporting of quality measures will begin in 2013. Dr. Banahan pointed out that these measures were new to the DUR process and that results comparing Mississippi to other state Medicaid programs will be reported at the February 2012 DUR Board meeting. Dr. Null pointed out that a copy of the Federal Register that includes the initial core set of Adult Quality Measures for Medicaid could be found in the appendix of the November 2011 DUR Board packet.

Special Analysis Project Updates

Medical and POS Billings for Drug Products

Dr. Null provided a summary of the joint meeting between DOM medical and pharmacy services, including additional data that would aid in the analysis of J-code billed claims. Ms. Clark explained to the new DUR Board members that it is a new process for DOM to have to address DUR issues on medical drug claims in addition to POS claims. This is due to DOM now receiving rebates on drugs billed on through medical services.

Dilantin (phenytoin) Shortage and Potential Problem with Unmonitored Switching of Manufacturers

Dr. Null pointed out that MS-DUR did preliminary analysis that indicated that Dilantin switching is not a significant issue at this time.

Clinical Edits Addressing the New Indications for Cialis (tadalafil)

Dr. Null reminded the Board that certain drugs are excluded from Medicaid coverage; this includes drugs used in the treatment of erectile dysfunction (Section 1927 of the Social Security Act). The new benign prostatic hyperplasia (BPH) indication for Cialis presents some problems since Medicaid cannot pay for the drug erectile dysfunction use, but must cover the drug for BPH. The Board asked for input on how this might be best addressed through clinical edits. Dr. Donahoe indicated that he would expect a few claims through Medicaid. He suggested a step-edit for consistent use with a preferred alpha blocker or 5-alpha reductase inhibitor would be appropriate. Dr. Dees made motion for 90-days of consistent treatment with alpha blocker prior to Cialis use for diagnosis of BPH. Dr. Donahoe seconded the motion. The vote passed unanimously.

Soma (carisoprodol) Use

Dr. Banahan reviewed recent Soma analysis. Ms. Clark reviewed history of the Soma problem with Medicaid and the abuse potential for the product. Ms. Clark also mentioned that a Soma tapering schedule was available on the DOM website. Dr. Paul Read commented that it does not appear to be a large problem at this time and that he recommended that the product stay in SmartPA with the cumulative restriction of 84 within a 6 month period. Ms. Clark indicated DOM would continue to monitor this issue in future.

Exceptions Monitoring

FDA Safety Warnings and Exceptions Monitoring
Dr. Null explained the problem with serious contraindications being announced by FDA and the time lag for any DUR Board recommendations and approval of interventions. Dr. McIntosh indicated that she gets notices such as this from pharmacies and that they are helpful. Dr. Dees moved for acceptance of the recommendation on page 67 of the November 2011 DUR Board packet. The motion was seconded by Dr. Paul Read. The motion was approved unanimously.

Exceptions Monitoring Criteria Recommendations
Dr. Null pointed out to the Board that several recommendations are for removal of obsolete exceptions approved in past meetings. All recommended additions and deletions were voted on as a block vote. Dr. Dees moved for approval of recommendations. The motion was seconded by Mr. Merritt. The motion was approved unanimously.

Next Meeting Information:
Dr. Mark Reed announced next meeting date is February 16, 2012 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 3:24 pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR