MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE AUGUST 21, 2014 MEETING

DUR Board Members:	Present	Absent
Allison Bell, Pharm.D.	✓	
James R. "Beau" Cox, Pharm.D.	✓	
Logan Davis, Pharm.D.	✓	
Lee Greer, M.D.		✓
Antoinette M. Hubble, M.D.	✓	
Sarah Ishee, Pharm.D.	✓	
Cherise McIntosh, Pharm.D.	✓	
Jason Parham, M.D.	✓	
Bobby Proctor, M.D.	✓	
Sue Simmons, M.D.	✓	
Dennis Smith, R.Ph. (Chair)	✓	
Cynthia Undesser, M.D.	✓	
Total	**11**	**1**

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:
Ben Banahan, Ph.D., Project Director; Sujith Ramachandran, Analyst; Divya Verma, Analysts; Sasi Nunna, Analyst; Zainab Shahpurwala, Analyst

Xerox Staff:
Leslie Leon, Pharm.D.

MS-CAN Staff:
Conor Smith, R.Ph., Magnolia; Resheeda Rhymes, R.N., United Healthcare

Visitors:
Darlene Bitel, Shire; Amy Taybor, MedImmune; Evelyn Joforn, Capital Resources; Bob Firnberg, Gilead

Call to Order: Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:00pm.

Mr. Smith asked for a motion to accept the minutes from the meeting of May 15, 2014. Dr. Undesser made a motion to accept the minutes with a second from Dr. Hubble. All voted in favor of the motion.

Pharmacy Program Update:

Due to a scheduling conflict, Ms. Clarke asked that the Pharmacy Program Update be moved before the Resource Utilization Review on the agenda. Ms. Clarke thanked the board members who have been

reappointed and serve another term. She explained the recent reversal on the pharmacy reimbursement methodology and stated that starting September second, Xerox will be adjusting claims that were paid under the NADAC reimbursement methodology. She asked that pharmacies be patient with DOM while these adjustments are being made.

Ms. Clarke pointed out that the new palivizumab prophylaxis treatment guidelines will be discussed later in the meeting. She wanted the board to know that DOM has been in touch with the Mississippi Academy of Pediatrics and has gotten their approval for DOM to continue following the AAP guidelines. She also pointed out that we are moving forward with development of a uniform PDL and the DOM DUR will be working closely with the MSCAN partners in implementing the uniform PDL.

Ms. Hardwick pointed out the in addition to the usual travel form there was a contact information sheet that needed to be updated and the annual conflict of interest form that needed to be completed. She also informed the DOM and MS-DUR staff had just been notified that their abstract, "Savings from Implementing a Tablet Splitting Criteria for Aripiprazole in a State Medicaid Program**,"** was accepted for presentation in October at the Academy of Managed Care Pharmacy meeting in Boston.

Election of Officers:

Dr. McIntosh made motion that officers remain the same (Dennis Smith, Chair and Beau Cox, Co-Chair). Dr. Simmons seconded. The motion passed unanimously.

Resource Utilization Review:

Dr. Banahan pointed out some new resource utilization reports that have been added to the board packet. As mentioned at the last board meeting, MS-DUR will be working to expand most of the Resource Reports to include comparable data for the two MSCAN plans. Dr. Banahan pointed out that overall enrollment in Medicaid has increased more than 30,000 beneficiaries in the last year as a result of healthcare reform. He also reviewed differences between fee-for-service (FFS) and the two MS-CAN plans on several of the per prescription and per beneficiary measures being and noted that when reviewing many of these metrics it will be important to remember that the FFS and MS-CAN populations are very different. Dr. Banahan reviewed the top 25 drug reports, pointing out that similar data for MS-CAN has been added. This report and several others will become important tools in monitoring consistent application of the uniform PDL once it goes into effect.

New Business:

Buprenorphine-Naloxone Utilization in FFS and MSCAN

Dr. Banahan discussed the utilization trends observed in FFS, Magnolia and United Healthcare. Based on the number of restarts for each beneficiary and the total number of days on therapy, it did not appear that any problems would exist in making the current FFS treatment guidelines the guidelines for the uniform PDL. Dr. McIntosh made a motion that with MS-DUR recommendation 2 being amended to read "As practical, implementation of the DOM buprenorphine-naloxone treatment guidelines in the uniform PDL should treat movement across plans as transparently as possible, with all previous use being taken into account by the new plan," recommendations 1 ("The current DOM buprenorphine-naloxone treatment guidelines should be incorporated into the uniform PDL in order to maximize consistency across plans") and 2 should be approved. The motion was seconded by Dr. Davis and unanimously approved. The Board expressed desire for MS-DUR to conduct educational outreach for providers about implementation in uniform PDL and the transparency across plans.

Uniform PDL Compliance Monitoring

Dr. Banahan described how the new PDL Compliance Monitoring analysis will help to monitor consistent application of the uniform PDL and provide early detection of potential problems that might arise after PDL changes. Dr. Ishee made a motion for approval of the MS-DUR recommendation that an analysis of the uniform PDL compliance and issues identified in this analysis be reported to the DUR Board at its quarterly meetings for review and suggestions regarding the uniform PDL. The motion was seconded by Dr. Parham and approved unanimously. Dr. Banahan then reviewed with the board the proposed follow-up analysis that will be conducted by MS-DUR monthly on non-preferred drug use. Examples were provided of how this internal report will be used to identify electronic and manual PA procedures that need correcting.

Zohydro ER Utilization Management Criteria

Dr. Banahan introduced the Zohydro ER report and explained that there were two sets of recommendations – one for the board to assert that drug specific criteria needed to be developed and if that motion was passed, board input and approval of specific criteria to be implemented by DOM. Ms. Hardwick provided a background and explained why drug specific criteria were considered necessary. After some discussion, Dr. McIntosh recommended approval of the MS-DUR recommendation that drug specific criteria be developed. The motion was seconded by Dr. Proctor and passed unanimously. Ms. Hardwick then reviewed with the board draft criteria that had been developed by DOM and MS-DUR. After discussion and suggestions were incorporated, Dr. McIntosh recommended that the following criteria be implemented for prior authorization of Zohydro:

Age edit	Minimum age of 18 years
Quantity limit	Maximum 2 units per day, 62 tablets in 31 days
Diagnosis	Documented diagnosis of cancer
Step-therapy	Prior 30 days of therapy with 3 different preferred agents in the past 12 months AND Prior 30 days of therapy with 2 different non-preferred agents in the past 12 months

The motion was seconded by Dr. Undesser and approved unanimously. The board also asked that MS-DUR monitor use of this drug and report back to the board in 18 months.

Xartemis XR Utilization Management Criteria

Ms. Hardwick discussed the concerns about Xartemis XR. Dr. McIntosh made a motion for approval of the MS-DUR recommendation that drug-specific PA criteria be developed for this drug. The motion was seconded by Dr. Proctor and approved unanimously. Ms. Hardwick reviewed the draft criteria that had been developed. After discussion and suggested changes were incorporated, Dr. McIntosh recommended the following criteria be implemented for prior authorization of Xartemis XR:

Age edit	Minimum age of 18 years
Quantity limit	40 tablets in 10 rolling days
Step-therapy	Prior 5 days of therapy with 2 different preferred agents in the past 30 days
Duration of therapy	Limited to 20 days of therapy per calendar year

The motion was seconded by Dr. Hubble and approved unanimously.

Updated Guidelines for Palivizumab Prophylaxis Use
Dr. Banahan pointed out that the summary of the new palivizumab RSV prophylaxis guidelines was included in everyone's folder since the guidelines were distributed too close to when the board packets had to be mailed. He reviewed the new guidelines recommended by the American Academy of Pediatrics and apologized that the summary could not be prepared in time for inclusion in the packet (new guidelines attached as appendix to minutes). As in the past, the recommended DOM guidelines are consistent with those recommended by AAP. Dr. Ishee made a motion that the recommended new guidelines be adopted by DOM. The motion was seconded by Dr. Simmons and approved unanimously.

Exceptions Monitoring Criteria Recommendations
Dr. Banahan introduced the three new exceptions monitoring criteria that were being proposed. All three criteria are based on recent warnings or updates from the Food and Drug Administration. Dr. Parham made a motion that the three new exceptions be approved as a group. The motion was approved by Dr. Bell and passed unanimously.

Other Business

Dr. Hubble pointed out to DOM that limitations on ADHD medications were a problem with the MS-CAN formularies and that this needs to be considered in developing the uniform PDL. Dr. Undesser pointed out that it is also a problem with PAs for non-preferred antipsychotics when the medication is started during a hospital stay. The DOM FFS plan allows for PA of these non-preferred agents, but this practice was not uniformly done with the MS-CAN plans.

Next Meeting Information:

Mr. Smith announced that the next meeting date is November 20 at 2:00p.m. Ms. Hardwick reminded everyone that the November meeting will be in ROOM 138 rather than the usual room. Mr. Smith thanked everyone for making the effort to attend the DUR Board meeting and for the lively discussions. The meeting adjourned at 3:30pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR
Benjamin F. Banahan, III, Ph.D., Project Director

APPENDIX

2014-15 Division of Medicaid
Palivizumab Prophylaxis Prior Authorization Criteria*

Beneficiaries must meet one of the bullet point criteria for age at beginning of the RSV season.

Age ≤ 1 year at start of RSV season and one of the following:	**Age 12 – 24 months at start of RSV season and one of the following:**
- Prematurity of ≤ 28 weeks 6 days gestation - Documentation of **chronic lung disease** (CLD) of prematurity defined as gestational age of 29 weeks 0 days – 31 weeks 6 days **AND** requirement for oxygen >21% for at least the first 28 days after birth. - Documentation of **hemodynamically significant CHD AND** one of the following: (1) **acyanotic heart disease** receiving medication for congestive heart failure **AND** will require cardiac surgery. (2) **moderate to severe pulmonary** hypertension. (3) Documentation of **cyanotic heart disease** through consultation with pediatric cardiologist. - Documentation of **congenital abnormalities of the airway OR neuromuscular disease** that impairs the ability to clear secretions from the upper airway because of ineffective cough. - Documentation of **cystic fibrosis AND** clinical evidence of CLD **OR** nutritional compromise. - Documentation of **profound immunocompromise** during the RSV season.	- Documentation of **chronic lung disease** (CLD) of prematurity defined as gestational age of 29 weeks 0 days – 31 weeks 6 days **AND** requirement for oxygen >21% for at least the first 28 days after birth **AND** required continued medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the RSV season. - Documentation of **cystic fibrosis AND** one of the following: (1) manifestations of **severe lung disease** (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest compute tomography that persists when stable). (2) weight for length < 10th percentile. - Documentation of **profound immunocompromise** during the RSV season.

Coverage limitations:
- Authorization will be granted for administration between October 31 and March 31.
- Coverage is up to five doses, but will be less for infants born during the RSV season.
- Monthly prophylaxis should be discontinued for any infant or young child experiencing a breakthrough RSV hospitalization.

NOTES:
- Prophylaxis in infants with Down Syndrome is not recommended without the presence of one of the criteria listed above.

** Criteria based 2014 AAP guidance. DOI: 10.1542/peds.2014-1665.*