MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE November 20, 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	**6**	**6**

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 Direct

Xerox Staff:
Leslie Leon, Pharm.D.

Visitors:
Mark Stephens, Pfizer; Tim Hambacher, Otsuka; Walter Lawhorn, Otsuka; Bob Firnbey, Gilead; Lee Ann Mayo, Capital Resources; Conor Smith, Magnolia Health Care; Lori Martin, Medimmune

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

No quorum. Mr. Smith deferred approval of minutes from the meeting of August 21, 2014 to the next meeting when a quorum was present.

Resource Utilization Review:
Dr. Banahan pointed out that data anomalies have been corrected with the MSCAN encounter data and that the summary tables at the beginning of the report should more accurately reflect trends among the three pharmacy plans. MS-DUR still has some concerns about the large number of reversals that were required because of the reimbursement methodology change in August, but believe that most of these have now been incorporated into the data set. The most significant changes in products based on number of prescriptions and amount paid were attributed to seasonal allergies, ADHD children returning

to school, and continued uptake on the new HEP-C products. No unexpected findings were detected. MS-DUR will continue work on developing more detailed summaries for the three plans.

Pharmacy Program Update:
Ms. Hardwick reported that Zohydro® ER and Xartemis® XR criteria approved by the Board at the last meeting have been implemented. The new Synagis® PA form is on-line. Since the Synagis® season has just started there is not an update on how the new guidelines are affecting utilization. MS-DUR will report on this at the February meeting. She pointed out that a Division of Medicaid (DOM) brand preferred list was included in the packet and will be posted to the web. DOM will update this list as changes occur in order to help providers identify situations where brands are preferred over generics due to supplemental rebates. It was reported that work on the Uniform PDL is continuing and it is scheduled to be implemented January 1, 2015. Ms. Hardwick reviewed the criteria related to 72-hour emergency prior authorization (PA) policy and explained the purpose of the 72-hour PA. She noted that a sheet had been included in member's folders that summarized the 72-hour PA procedures for each of the three pharmacy plans. She noted that when possible, summary sheets like this would be developed and posted to the DOM web site to help providers more easily manage patients in the three plans.

Ms. Clark commented that the 72-hour emergency PA sheet is an example of how DOM and MSCAN plans are working together to make procedures, etc. more uniform and to provide information from all 3 plans together. Mr. Smith asked if MSCAN plans have same turnaround requirement for PAs as does the FFS plan. He reported that FFS has generally been same day where as MSCAN plans have been much longer. Ms. Clark indicated this and other issues were being addressed in the new MSCAN contracts and in the development of the uniform PDL. Ms. Clark discussed efforts being made to develop a uniform PDL that is robust enough for special need groups.

New Business:
Metabolic Screening for Children on Antipsychotics
Dr. Banahan reviewed the quality measure being developed by the Centers for Medicare and Medicaid Services (CMS) for use in Medicaid children programs. He reported results from the MS-DUR analysis for Mississippi Medicaid. In the last fiscal year, Mississippi Medicaid performed at about the 25th percentile on this quality measure. Performance did not significantly differ among the three pharmacy plans. MS-DUR recommended that an educational program be undertaken on the importance of metabolic monitoring for children taking antipsychotics and that exception monitoring be done with targeted mailings to providers on this topic for the next six months. Due to a lack of quorum, no vote was taken but considerable discussion occurred with support for the recommendation. The Board recommended that the educational effort provide the diagnostic codes needed. They also discussed the fact that a clinical edit may be required to significantly address this issue. Dr. Banahan reported that MS-DUR would go ahead and initiate the educational intervention plan and would report back to the Board at the May 2015 meeting with how effective the intervention has been and to discuss further actions needed, if any.

Use of Opioids at Higher Doses in Persons Without Cancer – Morphine Equivalent Dose Limits
Dr. Banahan discussed the difference between the MS-DUR efforts to work with DOM Program Integrity to identify potential abusers of narcotics that used high dose measures combined with doctor/pharmacy shopping measures and the current analysis focusing on identifying beneficiaries at risk of developing addiction. MS-DUR recommended that DOM implement an electronic PA clinical edit to prevent long term use of narcotics at higher morphine equivalent doses in order to prevent addiction. The board discussed the importance of prevention measures and support for a criteria of a morphine equivalent

dose of 100 or more for 60 consecutive days. Since there was no quorum, a vote was not taken on the motion. MS-DUR will bring the recommendation back to the Board at the February meeting.

Oral Birth Control Pills Restriction to Birth Control
Dr. Banahan provided the Board background on how Medicaid programs could receive a higher Federal match on contraceptives through the Family Planning, Access, Care and Treatment (FPACT) Program when the products were used for birth control. He reported that the Department of Health and Human Services Office of the Inspector General (OIG) has been auditing states to be sure claims for the higher match rate were actually for birth control. During these audits, OIG has determined that documentation needed to be in the medical claims that actually documented the use of the products for birth control. MS-DUR conducted an analysis to determine how much additional documentation was needed in order for DOM to maximize the number of claims eligible for the higher match rate. Results indicated that the number of claims with documentation could be significantly increased. MS-DUR recommended that DOM implement an electronic PA clinical edit that would require appropriate documentation of contraceptive counseling in the medical records within one year of a prescription being filled for contraceptives. After discussion, the Board recommended that a look back period be set based on what was acceptable to the OIG. No vote was taken due to a lack of a quorum.

Weight Loss Clinical Edit for Naltrexone and Buproprion Combination
Dr. Banahan informed the Board that Contrave®, a combination product containing naltrexone and buproprion, had recently been approved for chronic weight management. As required by Federal guidelines, DOM does not cover weight loss products and thus would not be covering Contrave®. In a recent newsletter, Xerox recommended that Medicaid programs consider an electronic clinical edit that would prevent concomitant use of the individual products. MS-DUR analysis found that only one case of concomitant use has occurred in 2014. MS-DUR recommended that DOM go ahead and follow the Xerox recommendation and implement a clinical edit to prevent concomitant use of the two products without a manual PA. During discussion it was clarified that the clinical edit would only address concomitant use and would have no impact on individual use of the two products. No vote was taken due to a lack of quorum.

Exceptions Monitoring
Dr. Banahan noted that all recommended exceptions are from FDA notices. These recommendations will be added to new ones for the next meeting and a Board vote will be taken at that time.

Other Business
There was no other business.

Next Meeting Information:

Mr. Smith announced next meeting date is February 5, 2015 at 2:00p.m. He thanked everyone for making the effort to attend the DUR Board meeting and wished everyone a happy holiday. The meeting adjourned at 3:20 pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR