MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE February 5, 2015 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	**9**	**3**

Dr. McIntosh and Dr. Simmons arrived after the meeting was called to order but were present for all votes taken by the board except for the approval of the minutes from the prior meetings.

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Kristi Plotner, DOM Policy Planning and Development

MS-DUR Staff:
Ben Banahan, Ph.D., Project Director

Xerox Staff:
Leslie Leon, Pharm.D.

Visitors:
David Elkin, UMMC Center for Advancement of Youth; Bob Firnbey, Gilead; Lee Ann Mayo, Capital Resources ; Phil Hecht, Abbvie; Calistra Goheen, Astra Zeneca; John Kirby, Sanofio; Brian Berhow, Sunovion; Doug Wood, ViiV; Juan Trippe, Reckitt Benckiser Pharmaceuticals; Adriana Sanchez, Supernus Pharmaceuticals.

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

Old Business:
Dr. Hubble made a motion for approval of the minutes from the August 21, 2014 and November 20, 2014 meetings. The motion was seconded by Dr. Cox and approved unanimously.

Special reports from November 2014 meeting needing action
Metabolic Screening for Children on Antipsychotics
Dr. Banahan briefly reviewed the report from the November board meeting. MS-DUR recommendations at the previous meeting were:

1. MS-DUR should prepare an educational article about the importance of metabolic monitoring in children taking antipsychotics for distribution in quarterly electronic mailings.
2. MS-DUR should develop an exception monitoring routine that will identify beneficiaries who have failed to meet the performance criteria during the last month and send educational letters to the prescribers of the antipsychotic medications. This exception monitoring will be targeted for intervention mailings for the next 6 months at which time performance will be reevaluated and reported to the DUR Board.

During discussion, Dr. Undesser pointed out that psychiatrists and other physicians who practice in settings without an in-house lab will only be able to recommend to parents that lab tests be performed at another setting. It was also recommended that the educational information include the procedure codes that would be used to determine if follow up care took place. Dr. Undesser made a motion that the recommendations be approved. It was seconded by Dr. Hubble and passed unanimously.

Use of Opioids at Higher Doses in Persons Without Cancer – Morphine Equivalent Dose Limits
Dr. Banahan briefly reviewed the report from the November board meeting and pointed out that previous board discussions about high dose opioid use were related to methods for DOM to use in identifying potential drug abuse for investigation that would result in lock in. The current report and recommendations are aimed at implementing clinical edits to help prevent addiction by requiring a manual PA for extended use of high doses of narcotics. During the November board meeting the original MS-DUR recommendation was modified by the board to be:

1. DOM should implement an electronic prior authorization clinical edit to prevent beneficiaries from exceeding the morphine equivalent dose of 100mg/day for more than 60 days during the prior year.
2. United Health Care and Magnolia Health Plan should be encouraged to implement a similar edit for Medicaid beneficiaries enrolled in Coordinated Care.

After discussion, a motion to approve the recommendations was made by Dr. Hubble and seconded by Dr. Davis. The motion was approved unanimously.

Contraceptive Products – Documenting Use for Birth Control
Dr. Banahan briefly reviewed the report from the November board meeting and the MS-DUR recommendations:

1. DOM should implement an electronic prior authorization clinical edit for all contraceptives (oral, injectable, or implant) requiring (a) a diagnosis code for counseling and advice on contraceptive management (V25.0x) or a diagnosis for surveillance of previously prescribed contraceptive methods (V25.4x) be found in the medical claims history within one (1) year of a prescription being filled or (b) an appropriate diagnosis must be written on the prescription by the prescribing physician and entered by the pharmacy at the time of dispensing.
2. United Health Care and Magnolia Health Plan should be encouraged to implement a similar edit for Medicaid beneficiaries enrolled in Coordinated Care.

During discussion the board recommended that the look back period for diagnosis codes should be set to whatever period of time the Office of Inspector General (OIG) is using in ongoing state audits. A motion to approve the recommendations was made by Dr. Simmons and seconded by Dr. Cox. The motion was approved unanimously.

New Business (CAY):
In deference to the need for Dr. David Elkin to leave for another meeting, the agenda was amended to move his presentation on the UMMC Center for Advancement of Youth (CAY) to the first item on the agenda after old business. Dr. Elkin, the Director of CAY, informed the board about the DOM Children's Collaborative Project which is designed to help children with mental health problems get more rapid diagnosis and establish treatment plans. This program involves a coordinated effort among the UMMC Department of Psychiatry and Behavioral Health, the Mississippi Children's Home Services, and community practitioners throughout the state.

Resource Utilization Review:
Dr. Banahan pointed out that MS-DUR enrollment data shows a decline in the growth in enrollment. Ms. Clark commented that recent internal reports indicate that enrollment is continuing to increase. Dr. Banahan informed the board that no significant resource utilization changes have occurred that need the attention of the board. The most significant changes in products based on number of prescriptions and amount paid were attributed to seasonal allergies, flu season, and the beginning of the Synagis season.

Pharmacy Program Update:
Ms. Clark shared with the board a variety of handouts from recent DOM provider notices. She commented that there are many changes going on in Medicaid at this time and she encouraged all providers to check the DOM website for updates and notices on a regular basis. She reported to the board that several pharmacies are currently being audited to investigate reports of fraudulent billing of generic products using brand NDCs when brands are preferred. Ms. Clark also discussed the recently implemented Universal Preferred Drug List (PDL) and the ongoing efforts to have the fee-for-service and coordinated care plans use the same prior authorization criteria. She pointed out that the Universal PDL will require constant management and adjustments in order to maximize savings for DOM while minimizing confusion and problems for providers.

Feedback and Discussion from the Board
Dr. Banahan informed the board that Ms. Hardwick had suggested an addition to the quarterly agenda where the board could provide feedback or ask questions about any items they felt were of importance to DOM providers. Mr. Smith raised the issue of non-coverage messages to pharmacies not always informing the pharmacy as to which plan a beneficiary was currently enrolled in. It was noted that when a claim is submitted through the FFS Point of Sale (POS) denial of coverage notices inform the provider about which plan (FFS or a coordinated care) the beneficiary is currently enrolled. Denial of coverage notices from the coordinated care plans do not include this information. It was pointed out that the coordinated care plans do not have access to the information needed to provide the additional information. Although it results in an additional transaction charge with the pharmacy switch vendor, pharmacies can submit the claim to FFS and get this information when a rejection has been received. The board also asked that DOM work to establish universal PA forms for use by all plans in order to make it easier when patients move from one plan to another. Board members pointed out that ideally the already approved PA would be able to transfer with the patient now that the Universal PDL is in place.

New Business:

Special Analysis Projects

Follow Up Care for Children Starting ADHD Medications
Dr. Banahan reviewed the MS-DUR analysis of DOM performance on the CMS Medicaid Child Core Set quality measure addressing follow-up care for children starting stimulant therapy for attention deficit/hyperactivity disorder (ADHD). In calendar year 2013, only 59% of children starting ADHD therapy had a follow-up visit documented within 30 days. There was considerable variation in performance among individual physicians and by county. MS-DUR recommendations were:

1. MS-DUR should prepare an educational article about the importance of this CMS quality measure that will be submitted to appropriate state medical journal(s).
2. MS-DUR should identify the prescribers performing poorly on this measure and mail them information about the importance of children receiving follow-up visits, as well as information about the services available from the UMMC Center for the Advancement of Children to assist community practitioners in diagnosing and developing treatment plans for children with mental health problems.

Board discussion included a recommendation that, for educational intervention purposes, the measure criteria should be adjusted to receiving follow-up care within 45 days and continuing stimulant therapy for greater than 31 days. Dr. Simmons made a motion to approve the recommendations. The motion was seconded by Dr. Bell and approved unanimously.

Antipsychotic Polypharmacy Among Children
Dr. Banahan reviewed the results from the MS-DUR analysis of DOM performance on the quality measure for multiple antipsychotic medication use by children. During the period July 2013 to June 2014, 3.6% of children on antipsychotics took three or more antipsychotics concurrently and 10.5% took two or more antipsychotics concurrently. Mississippi performance on the two or more measure placed the state around the top 25th percentile based on information available from CMS. MS-DUR recommendations were:

1. An electronic clinical edit should be implemented that would force manual prior authorization for any claim that results in concurrent use of 3 or more antipsychotics.
2. Manual review criteria should be developed which requires that concurrent use of 3 or more antipsychotics can only occur when prescribed by a psychiatrist or recommended by a psychiatric consult.

During discussion, Ms. Clark asked that the FFS numbers be rerun to remove children in Psychiatric Residential Treatment Centers (PRTCs) and that the edit not include these children. Dr. Parham moved for acceptance of the recommendations. The motion was seconded by Dr. Undesser and approved unanimously.

Synagis (palivizumab) Use Update
Dr. Banahan presented an analysis of the trends in Synagis use so far this season. It was noted that overall there has been about a 45% reduction in total expenditures for Synagis primarily due to a reduction in the number of children qualifying under the new treatment guidelines. Dr. Davis asked that, if possible, the final analysis of the Synagis season reported at the May meeting include some outcome measures for children getting Synagis and those that would have under the old guidelines, but did not under the new guidelines.

Hepatitis C Treatment Update
Dr. Banahan presented a descriptive analysis of the use of the major Hepatitis C medication by the three prescription plans during the previous year. A more detailed analysis of this therapeutic area will be presented at the May meeting that will allow comparison of treatment under the universal PDL.

Other Business
There was no other business.

Next Meeting Information:

Mr. Smith announced that the next meeting date is May 7, 2015 at 2:00p.m. He thanked everyone for making the effort to attend the DUR Board meeting and having such good discussion. The meeting adjourned at 3:20 pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR