MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE May 7, 2015 MEETING

DUR Board Members:	Aug 2013	Nov 2013	Feb 2014	May 2014	Aug 2014	Nov 2014	Feb 2015	May 2015
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 PRESENT	**12**	**7**	**12**	**7**	**11**	**6**	**9**	**10**

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Terri Kirby, R.Ph., DOM Clinical Pharmacist, Donna Mills

MS-DUR Staff:
Ben Banahan, Ph.D., MS-DUR Project Director; Shannon Hardwick, R.Ph., MS-DUR Clinical Director

Xerox Staff:
Leslie Leon, Pharm.D.

MS-CAN Staff
Mr. Conor Smith

Visitors:
Phil Hecht, Abbvie; Calistra Goheen, Astra Zeneca; Brian Berhow, Sunovion; Bud McConkie , Actavis; Tim Hambacher, Otsuka; Steve Curry, Meda; Evelyn Johnson, Capital Resources; Sue Reno , DOM Program Integrity; Andrea McNeal, DOM Program Integrity

Call to Order: Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:01 pm.

Old Business:
Dr. Hubble made a motion for approval of the minutes from the February 5, 2015 meeting. The motion was seconded by Dr. Undesser and approved unanimously.

Update on Metabolic Monitoring for Children Taking Antipsychotics
Dr. Banahan informed the board that the metabolic monitoring educational mailing initiative began in April and will continue for at least six months. After that time, MS-DUR will conduct another analysis of DOM performance on the measure and report to the board. During discussion, it was noted that the form letter needed to include information about the lab codes that would be considered as documentation of monitoring. MS-DUR will make this addition before the May mailing.

Update on Follow-up Visits for Children Starting ADHD Medications
Dr. Banahan informed the board that the ADHD follow-up care educational mailing initiative began May 1 and will continue for at least six months. After that time, MS-DUR will conduct another analysis of DOM performance on the measure and report to the board.

Resource Utilization Review:
Ms. Hardwick reviewed the enrollment data and resource utilization tables. The most significant changes in products based on number of prescriptions and amount paid were attributed to seasonal fluctuations and a new product coming on the market. A large percentage increase in payments for Filgrastim was noted that was not associated with an increase in beneficiaries or prescriptions. MS-DUR is looking into this increase. Ms. Clark asked that MS-DUR drill down into the increase in epinephrine use.

Pharmacy Program Update:
Ms. Clark reminded the board that the UPDL went into effect January 1 and coordinated care is required to follow UPDL and criteria included. Providers are encouraged to get in touch with DOM for any pharmacy related PA problems related to UPDL. MS-DUR and the DUR Board will be responsible for identifying and helping address any pharmacy issues affecting DOM beneficiaries regardless of pharmacy program they are enrolled in. Four board members' terms expire this year. Process is DOM Pharmacy Bureau submits recommendations to DOM Executive and their recommendations are forwarded to Governor's office. Final selection and appointment is made by Governor's office. Ms. Clark reported that some prescribers are reporting problems with products with very limited distribution channel and niche market.

Feedback and Discussion from the Board

Mr. Smith informed board about issue that occurs occasionally with patients having primary with private insurance and secondary with Medicaid. When filing with Medicaid for co-pay sometimes co-pay claims are rejected because of preferred status issues. Ms. Kirby stated that in FFS, system is supposed to be approving secondary claim when primary paid for product. Coordinated care plans are supposed to be doing the same thing. Mr. Conor Smith reported that since Magnolia's PA process is not automated, pharmacies will need to call for approval. Ms. Clark indicated DOM will work with all players to try and resolve the issue but stated it is very complex when multiple payers are involved in a claim. In response to question, Ms. Clark clarified that by Federal law Medicaid is payer of last resort. PA must be submitted to commercial plan and be rejected before Medicaid could pay.

New Business:

Clinical Guidelines for Hysingla
Ms. Hardwick reviewed background about the recent FDA approval of Hysingla and MS-DUR proposed clinical criteria. She noted that the P&T Committee will meet the next week and it is being recommended that Hysingla be listed as a non-preferred product. The clinical criteria recommended by MS-DUR for inclusion in the UPDL were:

Age edit	Minimum age of 18 years
Quantity limit	Maximum 1 unit per day,
Diagnosis	Documented diagnosis of cancer
Step-therapy	Prior 30 days of therapy with 2 different preferred agents in the past 12 months AND Prior 30 days therapy with 2 different non-preferred agents in the past 12 months

After discussion, Dr. Undesser made a motion to approve the recommended criteria. The motion was seconded by Dr. Hubble and passed unanimously.

Ms. Clark called the board's attention to the handout in their folders of the recent *Most States list Deadly Methadone as a 'Preferred Drug'* report from The Pew Charitable Trusts. The report is regarding methadone being a preferred drug in several state Medicaid programs, including Mississippi. She shared results from an MS-DUR analysis of methadone use in 2014 and 2015 and noted utilization is trending up. Ms. Clark asked for recommendation from DUR Board that the P&T Committee review methadone status on the UPDL~~.~~ Dr. Cox made motion to send methadone review to P&T committee. The motion was seconded by Dr. Parham and passed unanimously. Dr. Banahan noted that MS-DUR will provide the P&T Committee a summary of utilization numbers in 2014 and 2015 for use during their considerations.

Overview of Uniform Preferred Drug List
Dr. Banahan provided an overview of the information that will be included in UPDL Compliance Report that will be provided to DOM each month and how the information will be used to assure appropriate use of non-preferred products and consistent implementation of the UPDL across the three pharmacy programs. Ms. Clark noted that MS-DUR and the DUR Board will be responsible for monitoring prescription drug use for all Medicaid including FFS and coordinated care and that the Pharmacy Bureau will be working closely with the coordinated care plans to assure consistency ~~in care~~ across the programs.

Concomitant Use of Naltrexone and Bupropion for Weight Control
Dr. Banahan reviewed an MS-DUR analysis showing an increase in concomitant use of naltrexone and bupropion. During the discussion, MS-DUR was asked to examine whether the prescribers involved were associated with weight loss clinics. MS-DUR made the following recommendation:

- DOM and the coordinated care plans should implement a clinical edit that would prevent concomitant use of naltrexone and bupropion without manual prior authorization and documentation of medical necessity.

Dr. Hubble made a motion to accept the recommendation and it was seconded by Dr. Parham. The motion passed unanimously.

Evaluation of Potential Criteria for Use of Multiple Hypoglycemic Agents
Dr. Banahan provided an overview of an MS-DUR report on potential criteria for the use of multiple hypoglycemic agents and regimens that are currently being used to treat DOM beneficiaries. The following guidelines had been proposed by Gould Health Services:

- Patients can use up to 3 preferred agents for diabetes (metformin, sulfonylurea, TZD, DPP-4 Inhibitor, Meglitinide, GLP-1 Agonist or insulin) in any combination.
- Metformin should be included in every regimen unless contraindicated.
- The following combinations should not be permitted without PA:
    - Sulfonylureas + insulin
    - Sulfononylureas + meglitinides
    - DPP-4 Inhibitors + GLP-1 Agonist
- Use of combination products count as two agents (i.e. Janumet contains sitagliptin and metformin counts as two of the three preferred agents).
- Prior to use of a 4th agent, a PA would be required with an explanation as to why insulin would be contraindicated. If insulin is part of the original 3 drug regimen, an explanation as to why the dose cannot be tapered up would be required prior to adding a 4th agent.
- Use of a GLP-1 Agonist would be considered if weight loss is needed and the patient is close to A1C goals (≤ 1mg/dL).
- Use of an SGLT-2 Inhibitor would be considered if the patient could not take insulin.
- Approved PAs for a 4th agent would require a re-evaluation every 6 months with updated A1C values for proof that the regimen of 4 agents is yielding positive outcomes/results

The Board concurred with the recommended guidelines and Dr. McIntosh asked that avoiding use of duplicate insulin products be added to the list. After discussion, the board made the following recommendations:

- MS-DUR should work with experts in the area to develop educational article(s) for publication in the appropriate state professional journals.
- MS-DUR should initiate an educational intervention mailing to notify prescribers of patients whose treatment is not in compliance with these guidelines.

Overview of Office of Inspector General Report on 2nd Generation Antipsychotics and Children
Dr. Banahan provided an overview of the recent Office of the Inspector General report and the summary handout provided to the board. He informed the board that a comprehensive review of quality-of-care criteria related to the use of antipsychotics in children will be done at the August board meeting. Ms. Clark stressed the importance of this issue and the increasing attention it is receiving from CMS.

Exceptions Monitoring
Dr. Banahan noted that the three recommended exceptions are from FDA notices. Dr. Davis made motion to accept recommendations. The motion was seconded by Dr. Hubble and approved unanimously.

Other Business
There was no other business.

Next Meeting Information:

Mr. Smith announced that the next meeting date is August 6, 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 3:31 pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR