MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE November 5, 2015 MEETING

DUR Board Members:	Feb 2014	May 2014	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015
Allison Bell, Pharm.D.	✓	✓	✓		✓	✓	✓	✓
James R. "Beau" Cox, Pharm.D.	✓		✓		✓	✓	✓	✓
Logan Davis, Pharm.D.	✓		✓	✓	✓	✓	✓	✓
Antoinette M. Hubble, M.D.	✓	✓	✓	✓	✓	✓	✓	✓
Cherise McIntosh, Pharm.D.	✓	✓	✓	✓	✓	✓		✓
Jason Parham, M.D.	✓	✓	✓	✓	✓	✓	✓	✓
Bobby Proctor, M.D.	✓		✓	✓		✓	✓	✓
Janet Ricks, D.O.								✓
Sue Simmons, M.D.	✓	✓	✓		✓	✓	✓	
Dennis Smith, R.Ph. (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Cynthia Undesser, M.D.	✓	✓	✓		✓	✓	✓	
Pearl Wales, Pharm.D.								✓
TOTAL PRESENT	**12**	**7**	**11**	**6**	**9**	**10**	**9**	**10**

Dr. McIntosh joined the meeting at 2:13 during old business discussion.

Also Present:

DOM Staff:
Judith Clark, R.Ph., Director, DOM Office of Pharmacy; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Cindy Noble, Pharm.D., MPH, DOM DUR Coordinator;

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.

Coordinated Care Organization Staff:
Conor Smith, R.Ph., Magnolia
Michael Todaro, Pharm D., Magnolia

Visitors:
Andrea McNeal, DOM Program Integrity; Beth Roberts, DOM Program Integrity; Tamiko Young, DOM Program Integrity; Carmen Robinson, DOM Program Integrity; Bernadette Parks, DOM Program Integrity; Sajani Bast, AstraZeneca; Jeff Knappen, Allergan; Rachel Thomas, Otsuka

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

Introduction of New DUR Board Members

Ms. Judith Clark welcomed new members and conducted introductions.

Old Business:
The motion for approval of the minutes was made by Dr. Hubble and seconded by Dr. Proctor received unanimous approval.

Dr. Banahan provided feedback to the board about actions taken from previous board recommendations. During the August meeting, MS-DUR presented information on Synagis utilization during the 2014-15 season and indicated that MS-DUR was working on an outcomes based report. Due to the small sample size and limitations in identifying at risk children using claims data it was determined that an outcomes analysis could not be completed. In September 2015 the DUR Board recommended that the Pharmacy &Therapeutics (P&T) Committee change triazolam and methadone to non-preferred status on the MS DOM preferred drug list. The P&T Committee approved this recommendation and MS-DUR conducted an educational mailing to notify prescribers of the change. Dr. Banahan reviewed other educational mailings currently in progress that address high morphine equivalent doses and doctor shopping, adherence to chronic medications, metabolic monitoring related to antipsychotic use in children, and ADHD treatment follow-up care in children. The recent update to the Cough and Cold Quick List was mailed to high utilization prescribers of these products. Dr. Noble updated the board on the clinical edit and the manual prior authorization (PA) process being implemented when a third antipsychotic is prescribed.

Resource Utilization Review:
Dr. Banahan stated that the analysis of utilization among Fee-For-Service (FFS) and the two Coordinated Care Organizations (CCOs) noted no major exceptions. The Board was asked for recommendations regarding a value amount to use for high cost prescriptions in order to separate these high cost products from other products in the resource reports. After discussion, Mr. Smith recommended a cut off of $1500 per claim. Ms. Clark asked that MS-DUR begin with carving out hemophilia factor and to add the number of claims and number of unique beneficiaries in the top product reports.

Pharmacy Program Update:
Ms. Clark suggested that the DUR Board consider adopting a procedure which would allow for the co-chair to be mentored by the current DUR Board chair. This would allow for succession planning provided that the term limits of the co-chair allow this member's participation after the next election. Dr. McIntosh made a motion that Mr. Smith remain as chair and Dr. Wales be co-chair. The motion was seconded by Dr. Hubble and passed unanimously.

Ms. Clark reviewed major items related to pharmacy that will be included in the December Provider Bulletin. A major update in the Universal Preferred Drug List (UPDL) will become effective January 1, 2016. Additionally, Division of Medicaid (DOM) will add varicella vaccine to the adult vaccines covered through pharmacy services on January 1, 2016.

Feedback and Discussion from the Board

Mr. Smith asked that MS-DUR consider a review of respiratory care agents and impact due to guideline changes for short-acting and long-acting beta agonists that occurred in April 2015. Dr. Hubble reported it has been difficult getting Pulmicort for infants less than 12 months of age since it is not an FDA approved indication. She noted that it is the only agent with nebulizer. Ms. Clark asked the board about problems with opiate use and the need for DOM to reconsider current parameters and recommendations for "lock-in" program regarding beneficiaries utilizing multiple pharmacies and

prescribers for opiates. Drs. Proctor and Rick reported that pain management contracts require patients to use only one pharmacy except in emergency situations. It was reported that pain management clinics monitor the use of multiple pharmacies closely. Several members of the Board commented that five pharmacies was too many for patients to be allowed to use for opiates prior to being "locked-in". Members from the DUR Board expressed a strong belief that use of one pharmacy was sufficient for beneficiaries in lock-in for suspicious use of opiates, with the understanding that special circumstances will require the use of a second pharmacy occasionally.

New Business:

Jadenu / Exjade Utilization and Costs

Dr. Banahan provided an overview of the MS-DUR analysis of Jadenu and Exjade utilization and costs. Results indicated that utilization of deferasirox has increased significantly with the introduction of Jadenu but there was no indication of inappropriate use. The Board concurred with the recommendation that MS-DUR continue to monitor use of these products to see where utilization levels off but no action was needed at this time.

Daraprim Price Increase and Utilization

Dr. Banahan reported that when Turing Pharmaceuticals bought Daraprim from Impax Laboratories in August 2015, the company immediately raised the price of one pill from $13.50 to $750. As a result of this action, MS-DUR conducted an analysis of Daraprim utilization and the estimated impact of the price increase to DOM. Results indicated that current utilization is appropriate and although the price increase will result in a major increase in the amount DOM pays to pharmacies for Daraprim therapy, the net impact on DOM may be an actual reduction in net cost due to mandatory Federal rebate guidelines. The Board agreed that no actions were needed at this time.

Changes in Mental Health Medication Use Among Children Transitioning From Fee-for-Service (FFS) to Coordinated Care Organizations (CCOs)

Dr. Banahan informed the board that during the August 2015 P&T Committee meeting a committee member expressed concerns that children were not being allowed to remain on multiple stimulants when transitioning to coordinated care organizations (CCOs). Results of an analysis conducted by MS-DUR indicated that no systematic changes were occurring in the number of agents children were taking before and after transitioning to CCOs.

Exceptions Monitoring Criteria Recommendations

Dr. Banahan introduced the six new exceptions monitoring criteria that were being proposed. All criteria are based on recent warnings or updates from the Food and Drug Administration.

1. Concomitant administration of Stribild (elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate) with anticonvulsant medications - carbamazepine, phenobarbital, and phenytoin.
2. Concomitant administration of Etopophos (etoposide phosphate) with antiepileptic medications.
3. Use of Daytrana (methylphenidate transdermal system) in patients with chemical leukoderma.
4. Co-administration of ACE inhibitors and mTOR inhibitors leading to increased risk of angioedema.
5. Concomitant use of PDE5 Inhibitors and mTOR inhibitors leading to increased risk of hypotension.
6. Proglycem (diazoxide) Capsules and Oral Suspension use in neonates and infants.

Dr. Hubble made a motion that the six new exceptions be approved as a group. The motion was seconded by Dr. Proctor and passed unanimously.

Next Meeting Information:

Ms. Clark explained that the 2016 schedule for DUR meetings is somewhat different than in the past years due to DOM's desire for the DUR meeting to be conducted prior to the P&T Committee. This would allow DUR Board recommendations to be shared with the P&T Committee during the same quarter. Mr. Smith announced that the next meeting date is January 21, 2016 at 2:00p.m. He thanked everyone for their attendance at the DUR Board meeting. Mr. Smith stated that there was good discussion surrounding the agenda and wished everyone a happy holiday. The meeting adjourned at 3:25 pm.

Submitted,
Shannon Hardwick, RPh
Evidence-Based DUR Initiative, MS-DUR

PUBLIC MEETING NOTICES

MISSISSIPPI DIVISION OF
MEDICAID

Drug Utilization Review
Board Meeting

November 5, 2015
2:00 P.M.
Woolfolk Building - Room 117