MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE January 21, 2016 MEETING

DUR Board Members:	May 2014	Aug 2014	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015	Jan 2016
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	**7**	**11**	**6**	**9**	**10**	**9**	**10**	**10**

Also Present:

DOM Staff:
Judith Clark, RPh, Pharmacy Bureau Director, DOM; Terri Kirby, RPh, Clinical Pharmacist, DOM; Cindy Noble, PharmD, MPH, DUR Coordinator, DOM; Roxanne Coulter, RN, Nurse Administrator, Coordinated Care, DOM; Sue Reno, RN, Nurse Administrator, Program Integrity, DOM; Tami Brooks, MD, Medical Director, DOM; Matt Westerfield, Associate Communication Officer, DOM; Dorthy K. Young, PhD, MHSA, Deputy Administrator for Health Services

MS-DUR Staff:
Ben Banahan, PhD, MS-DUR Project Director; Shannon Hardwick, RPh, MS-DUR Clinical Director

Xerox State Healthcare Staff:
Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project

Coordinated Care Organization Staff:
Conor Smith, MS, RPh, Director of Pharmacy, Magnolia Health
Michael Todaro, PharmD, Vice President, Pharmacy Operations, Magnolia Health

Visitors:
Callista Goheen, Astrazeneca; Jeff Knappen, Allergan; Tim Hambacher, Otsuka; Greg Martin, Bristol Myers Squibb; Jordan Kelley, UMSOP student; Doug Wood, ViiV Healthcare; Phil Hecht, Abbvie; Juan Trippe, Indivior; Leigh Turner, Indivior; Miranda Tosti, Millennium; Tony Howard, Millennium; Spencer Sullivan, MD, Assistant Professor of Pediatrics and Medicine, Division of Pediatric Hematology and Oncology, UMMC.

Call to Order:
Mr. Dennis Smith, Chairman of the DUR Board, called the meeting to order at 2:10 pm.

Old Business:
Dr. Logan made a motion for approval of the minutes with a second by Dr. Hubble. Minutes were approved unanimously.

Presentation by Dr. Spencer Sullivan:
Due to scheduling needs, the agenda was amended to allow Dr. Sullivan's presentation as the first agenda item for the DUR Board meeting. Ms. Clark introduced Spencer Sullivan, MD, Director of the Hemophilia Treatment Center (HTC) at the University of Mississippi Medical Center's (UMMC.). Dr. Sullivan provided an overview of hemophilia treatment and the current standards of care, which are promoted by the UMMC Treatment Center. Dr. Spencer outlined services and treatment goals at the HTC. Quality of care was defined as hemophilia being treated as an outpatient disease and that for most bleeding events patients should not need emergency department visits or hospital admissions. The difficulties and challenges of chronic pain management, when patients referred to pain management programs were expelled from the program due to having positive drug tests was also reviewed.

Special Guests:
Dorothy Young, Deputy Director of Health Services for DOM greeted and thanked DUR Board members for their service. She stressed the important role they play in providing clinical input for decision making at DOM. Ms. Clark also recognized other DOM personnel attending the meeting including Tami Brooks, MD, Medical Director for DOM and Ms. Roxanne Coulter, RN- Nurse Administrator for the Coordinated Care, MS-CAN Bureau.

Resource Utilization Review:
Ms. Hardwick noted that eligibility data has stabilized following the transfer of children to the CCOs. Current enrollment has approximately 22% of beneficiaries with pharmacy benefits enrolled in FFS and approximately 39% in each of the CCOs. Data gaps from Magnolia had an impact on MS-DUR's analysis of changes for certain reports. No unexpected or unexplained variations in product use were identified during the report period. MS DUR will investigate Dr. Bell's question regarding price per prescription costs for Enoxaparin (p. 21). Dr. Davis inquired how use of Synagis for this year compared to past years. Ms. Clark stated Synagis use had decreased approximately 50%, reflective of current criteria. The utilization was on target with what was predicted. Dr. Young reported that DOM had met with the Mississippi Chapter of the American Academy of Pediatrics and the pediatricians had reported no problems with the new guidelines.

Pharmacy Program Update:
Ms. Clark discussed issues related to pharmacy permit renewals. CMS requires that all providers paid by Medicaid are in good standing with their regulatory organization, which would be the Board of Pharmacy for pharmacists. As of January 1, 2016 of DOM's approximate 900 pharmacy providers, almost 500 pharmacy permits had not yet been renewed. DOM granted a one month grace period. DOM's Pharmacy Bureau personnel were conducting phone calls to pharmacies where permits had not been renewed. As of February 1, claims will be rejected. (*this date was subsequently extended to February 5th, 2016)* Emergency overrides were recently granted for tornado and flood areas. Ms. Clark asked if anyone had knowledge of any problems with the implementation of the January 1, 2016 preferred drug list of having only one preferred generic labeler (authorized generic) for Concerta. No problems were reported by DUR Board members.

Feedback and Discussion from the Board
No items were introduced by the board.

New Business:

Utilization of Tramadol in Children Age ≤ 17 Years

Ms. Hardwick stated that MS-DUR had evaluated the use of tramadol in children age ≤17 years due to FDA's recent safety notice regarding use of tramadol in this population. Recommended ages for use of tramadol formulations vary somewhat among FDA and the official compendia as designated by the Centers for Medicare and Medicaid Services (CMS). During the July 2014 to November 2015 timeframe, utilization of tramadol immediate-release did occur in MS DOM's beneficiaries age ≤ 17 years. There was limited use (only 1 prescription) of the extended release formulation. MS-DUR made the following recommendations to the MS DUR board members:

- Add an age edit for tramadol to the SmartPA Short-acting Narcotics rule.
- Have MS-DUR conduct an educational mailing to providers prescribing tramadol to children age ≤ 17 years, highlighting FDA's safety notice.

Board members reported they had not observed increased use of tramadol since hydrocodone changed to schedule II and may actually have seen increased use of hydrocodone. During discussion Dr. Bell questioned whether restricting tramadol use would not push providers to use more hydrocodone. After discussion Dr. Undesser made the following motion:

- MS-DUR should conduct an educational intervention to inform providers that only one prescription can be written for up to 30 days each year for children in this age group.

The motion was seconded by Dr. Parham and passed unanimously.

Metabolic Monitoring for Children Taking Antipsychotics

Dr. Banahan shared results from the MS-DUR evaluation of the educational intervention recently completed targeting metabolic monitoring for children taking antipsychotics. Results showed that the intervention increased metabolic monitoring rates slightly among prescribers contacted but the rates were still lower than desired. Several board members reported that parents get very concerned about tests and are often refusing to have children tested. Roxanne Coulter, RN reported that the managed care quality committee develops quality focused initiatives in collaboration with the managed care companies and independently for Medicaid's Fee-For-Service beneficiaries. She is responsible for reporting to CMS adult and child core measure outcomes. With the transition of the majority of children to the CCOs, DOM will be responsible for the reporting of the identified CMS quality measures as this information is gathered by the CCOs. Metabolic monitoring of children prescribed antipsychotic medications in the CCO is a targeted initiative. Of note, an identified barrier is that mental health providers cannot bill for metabolic monitoring because the procedure code is not covered for them. DOM and the CCOs are identifying problems and working on solutions to barriers such as this. Ms. Clark reported that the pharmacy bureau has been exploring pharmacy reimbursement initiatives for conducting glucose and lipid testing. Ms. Coulter reported that incentives such as EBT card incentives correlated with EPSDT visits for enrolled CCO beneficiaries have been used. Ms. Coulter stated that DOM will explore with the CCOs the possibility of incentives tied to metabolic monitoring. Dr. Undesser reported that some states actually have peer review for prior authorization of antipsychotics for children and it appears to have been effective in those states. After reviewing the California educational materials on antipsychotics, board members recommended that educational mailings be short and focused, highlighting key points.

High Morphine Equivalent Daily Dosing (MEDD) and Doctor Shopping Educational Initiative

Dr. Banahan informed DUR Board members regarding CMS's recent adoption for the Adult Core Set measures, which essentially are the Pharmacy Quality Alliance's (PQA) quality measures for opiate use. These measures will now be used to evaluate quality of care in Medicaid programs. The three new

measures address (1) high doses of opioids, (2) doctor/pharmacy shopping, and (3) the combination of the two aforementioned criteria. To address the new Adult Core measures, MS-DUR proposed several recommendations for consideration by the DUR Board members. After discussion, Dr. Bell moved the following recommendations be approved by the DUR Board:

1. MS-DUR initiates an educational intervention based on the Opioid High Dosage measure. Each month beneficiaries filling an opioid prescription during the previous month will be identified if they exceed the criteria in the first measure during a six-month look back period. ALL prescribers and pharmacies involved in the prescriptions contributing to the exception will be notified.
2. MS-DUR initiates an education intervention based on the Multiple Prescriber and Multiple Pharmacy measure. Each month beneficiaries filling an opioid prescription during the previous month will be identified if they exceed the criteria in the second measure during a six-month look back period. ALL prescribers and pharmacies involved in the prescriptions contributing to the exception will be notified.
3. MS-DUR will conduct a quarterly analysis based on the combined Opioid High Dosage and Multiple Prescriber/Pharmacy measure. Beneficiaries will be identified who exceed the criteria in the third measure and a report will be provided to Medicaid Program Integrity for further investigation and evaluation for DOM consideration for lock-in.

This motion was seconded by Dr. Wales and approved unanimously.

CDC Proposed Guidelines for Prescribing Opioids for Chronic Pain and Planned Review of Opioid Use Related DUR Actions

Dr. Banahan provided an overview of the draft CDC proposed guidelines for prescribing opioids for chronic pain and the summary of the recommendations provided in Appendix D of the board packet. The website link to the full report of the draft CDC proposed guidelines was provided. Dr. Banahan asked that DUR Board members review the full report in preparation for a detailed review of DUR edits and policies regarding opiate prescribing which is targeted for the April 14, 2016 meeting.

Other Business

On behalf of the DUR Board members, Mr. Smith expressed appreciation for Judy Clark's work on behalf of the Medicaid beneficiaries for the state of Mississippi. Mr. Smith thanked Ms. Clark for her service to Mississippi Medicaid and wished her well with her retirement.

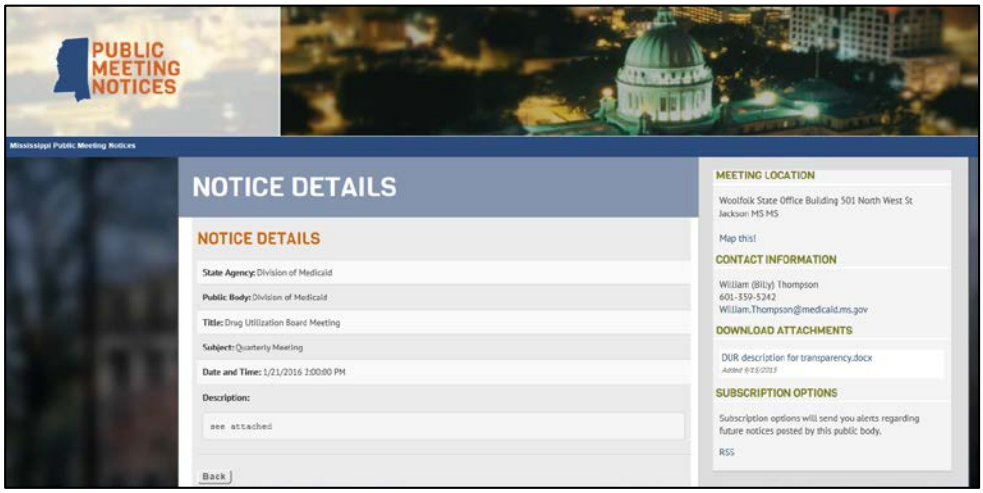
Next Meeting Information:

Mr. Smith announced that the next meeting date is scheduled for April 14, 2016 at 2:00 p.m. He thanked everyone for their attendance and participation at the January 21, 2016 DUR Board meeting. The meeting adjourned at 4:09 pm.

Submitted,

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

PUBLIC NOTICES ABOUT MEETING



MISSISSIPPI DIVISION OF
MEDICAID

Drug Utilization Review

Board Meeting

January 21, 2016

2:00 P.M.

Woolfolk Building - Room 117