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

DUR Board Members:	Nov 2014	Feb 2015	May 2015	Aug 2015	Nov 2015	Jan 2016	Apr 2016	Jul 2016
Allison Bell, PharmD		✓	✓	✓	✓	✓	✓	
Antoinette M. Hubble, MD	✓	✓	✓	✓	✓	✓	✓	✓
Cherise McIntosh, PharmD	✓	✓	✓		✓		✓	
Janet Ricks, DO					✓	✓		
Sue Simmons, MD		✓	✓	✓		✓	✓	
Dennis Smith, RPh(Chair)	✓	✓	✓	✓	✓	✓	✓	
Cynthia Undesser, MD		✓	✓	✓		✓	✓	✓
Pearl Wales, PharmD					✓	✓	✓	✓
TOTAL PRESENT	**6**	**9**	**10**	**9**	**10**	**10**	**11**	**3**

NOTE: Only eight members are listed due to new appointments to DUR Board not being approved by Governor prior to meeting.

Also Present:

Division of Medicaid (DOM) Staff:
Terri Kirby, RPh, CPM, Pharmacy Director, DOM; Cindy Noble, PharmD, MPH, DUR Coordinator, DOM

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; Lew Anne Snow, RN BSN, Pharmacy Services Sr. Analyst, Mississippi Medicaid Project

Coordinated Care Organization Staff:
Michael Todaro, PharmD, Vice President, Pharmacy Operations, Magnolia Health

Visitors:
Alice Messer, FNP-BC, NewSouth NeuroSpine Pain Center; Craig Escude ,MD, Clinical Director, Hudspeth Regional Center; Rusty Perkins, Lundbeck Pharmaceutical; Wendy Phillabaum, Supernus; Steve Curry, Meda; John Kirby, Sanofi; Dan Barbera, Lilly; Phil Hecht, Abbvie; Lillie Floyd, UM-SOP student, Theresa Deterding, UM-SOP student; Kris Kinser, UM-SOP student; Richard Olgetree, PharmD, University of Mississippi Medical Center; Jeff Stockard, Walgreens; Pat Harvey, Walgreens; Leigh Turner, Indivior.

Call to Order:
Dr. Wales, Co-Chair, called the meeting to order at 2:04 pm. She announced there was not a quorum present for the meeting, therefore, no official business could be conducted. Dr. Wales introduced Alice Messer, FNP and Craig Escude, MD, as nominees for appointment to the DUR Board.

Old Business:
Minutes from the April 2016 DUR Board Meeting could not be approved due to lack of a voting quorum. The members present did not note any corrections to the minutes.

Pharmacy Program Update:
Ms. Kirby informed the board that on June 1, 2016 the Centers for Medicare and Medicaid Services (CMS) issued an Informational Bulletin informing Medicaid Agencies how Medicaid services can help states and territories prevent, detect, and respond to the Zika virus. In response to this bulletin, effective August 1, 2016, DOM will cover mosquito repellents when prescribed by an enrolled Medicaid provider and billed by a Medicaid pharmacy provider. DOM will maintain a list of covered insect repellents which have been assigned National Drug Code (NDC) numbers by national drug databases such as First Databank and Medispan and will include reimbursement amounts. This list should be posted to DOM's website and an informational article will be included in DOM's next bulletin. Prescription claims for insect repellents will not count toward the five (5) prescription monthly service limit. A maximum of two (2) cans/bottles per month per beneficiary will be allowed for all male and female beneficiaries ages 13 and older.

Ms. Kirby also noted that beginning October 1, 2016, Goold Health Systems (name will be Change Healthcare in the future), the current vender for DOM's uniform PDL and P&T meetings, will also become the vendor for prior authorization (PA) unit. Ms. Kirby noted the change from the existing PA unit at University of Mississippi Medical Center to GHS should be a fairly seamless process for providers since all the contact numbers for phone and fax will remain the same for DOM's PA unit as well as access to the web portal. Ms. Kirby advised there was a pharmacy stakeholder meeting last month to address the new reimbursement methodology and that all members were in agreement to use NADAC. There will be additional stakeholder meetings in the near future to propose reimbursement methodology for specialty drugs as well as hemophilia drugs. Ms. Kirby mentioned that her previous job position in DOM has now been posted and she encouraged anyone who knows a qualified applicant to inform them of the available pharmacist position.

Dr. Noble introduced and welcomed Kris Kisner, a student with the School of Pharmacy currently on a clinical pharmacy rotation with DOM. Dr. Noble also welcomed Lillie Floyd and Theresa Deterding, students with the School of Pharmacy currently on rotation with Dr. Olgetree at the University of Mississippi Medical Center. Dr. Noble asked Dr. Banahan to give an overview of MS-DUR's job and responsibilities.

Feedback and Discussion from the Board
Dr. Hubble advised that ofloxacin has not been available due to a backorder status and she would like to prescribe Ciprodex until ofloxacin availability resumes. Dr. Hubble asked Ms. Kirby if the age edit of 14 years associated with Ciprodex could be removed to avoid going through the manual PA process. Ms. Kirby acknowledged Dr. Hubble's request and advised she would look into the situation when she returned to the DOM office.

Resource Utilization Review:
Ms. Hardwick noted that eligibility data has remained stable with 21.7 % pharmacy benefits enrolled in FFS and approximately 39% in each of the CCOs. No unexpected or unexplained variations in product use were identified during the report period. Ms. Hardwick advised that there is missing data from United Healthcare for the month of April. Dr. Banahan reviewed the new table format being developed for the resource utilization reports.

Research Reports:

Review of Buprenorphine/Naloxone Therapy and Current Clinical Criteria

Dr. Banahan provided a backgrounder on the current DOM clinical criteria for the use of buprenorphine/naloxone and naloxone in the treatment of opioid dependency. Implemented September 1, 2012, it addressed the following elements:

- Diagnosis documenting treatment of opioid dependence required.
- Buprenorphine will only be approved for use during pregnancy and breastfeeding.
- Cumulative maximum of 24 months of therapy covered.
- Only one restart of therapy allowed.
- Step therapy with maximum daily doses for each month of therapy.
- Opioid use restrictions.

Dr. Banahan reminded the board of the various initiatives from the Department of Health and Human Services (DHHS), the Centers for Disease Control (CDC), and others to address the opioid abuse "epidemic." It was noted that an important component in most of these initiatives has been the increased use of medication assisted treatment (MAT) for opioid use disorders. Buprenorphine/naloxone and buprenorphine are one of the few FDA approved treatments for opioid dependence. It was noted that with the increased focus on MAT and the need to treat opioid abuse more effectively, the restrictions often used to manage utilization of buprenorphine/naloxone treatment are being questioned by some organizations.

Dr. Banahan summarized an MS-DUR analysis examining buprenorphine/naloxone and buprenorphine utilization since September 2012. Major findings were:

- Almost all use has been for the preferred products.
- A fairly high percentage of beneficiaries had daily doses that exceeded the 8mg/day limit during maintenance therapy.
- The maximum of 24 cumulative months of therapy did not appear to be a problem, except when beneficiaries had switched pharmacy programs.
- The limit on the number of restarts did not appear to be a problem, except when beneficiaries had switched pharmacy programs.
- Only 12% of beneficiaries exceeded the opioid restrictions during therapy, but almost all of these beneficiaries continued buprenorphine/naloxone therapy for more than 30 days after exceeding the criteria.

During discussion the following follow-up analyses were identified to help in evaluating the current guidelines.

- Is the same provider writing prescriptions for initial therapy and restarts?
- How often are beneficiaries paying cash in order to be treated with higher doses than the DOM guidelines allow?
- How often are PAs for daily doses that exceed the guidelines being denied?

Preliminary Analysis of Payment Source for Narcotic Claims BY Mississippi Medicaid Beneficiaries

Dr. Banahan reported that MS-DUR has obtained the Prescription Monitoring Program data for Medicaid beneficiaries for the period April 1, 2014 through April 30, 2016. Preliminary results of cash payments for narcotics were shared with the board. Dr. Banahan described the data cleaning and validation

process that is underway and outlined the planned analyses to address the impact of cash payments on drug utilization management efforts.

Use of Multiple Antipsychotics in Children

Dr. Noble presented background information on DOM's efforts to develop a manual PA form for the use of two or more atypical antipsychotics in children. MS-DUR will present results at the September 2016 DUR Board meeting on the number of beneficiaries and providers that would be affected by the new edit.

Next Meeting Information:

Dr. Wales announced that the next meeting date is scheduled for September 29, 2016 at 2:00 p.m. She thanked everyone for their attendance and participation at the July DUR Board meeting. The meeting adjourned at 4:10 pm.

Submitted,

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

PUBLIC NOTICES ABOUT MEETING

MISSISSIPPI DIVISION OF MEDICAID

Drug Utilization Review Board Meeting

July 21, 2016

2:00 P.M.

Woolfolk Building - Room 117