**MISSISSIPPI DIVISION OF MEDICAID**
**DRUG UTILIZATION REVIEW (DUR) BOARD**
**MINUTES OF THE SEPTEMBER 29, 2016 MEETING**

| DUR Board Members: | Feb 2015 | May 2015 | Aug 2015 | Nov 2015 | Jan 2016 | Apr 2016 | Jul 2016 | Sep 2016 |
|---|---|---|---|---|---|---|---|---|
| Allison Bell, PharmD | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Craig Escudé, MD | | | | | | | | ✓ |
| Juanice Glaze, RPh | | | | | | | | ✓ |
| Antoinette M. Hubble, MD | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cherise McIntosh, PharmD | ✓ | ✓ | | ✓ | | ✓ | | |
| Alice Messer, FNP-BC | | | | | | | | ✓ |
| Janet Ricks, DO | | | | ✓ | ✓ | | | ✓ |
| Sue Simmons, MD | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ |
| Dennis Smith, RPh(Chair) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| James Taylor, PharmD | | | | | | | | ✓ |
| Cynthia Undesser, MD | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | |
| Pearl Wales, PharmD | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| **TOTAL PRESENT** | **9** | **10** | **9** | **10** | **10** | **11** | **3*** | **10** |

**Only eight members were active 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; Tami Brooks, MD, DOM's Medical Director

**MS-DUR Staff:**
Ben Banahan, PhD, MS-DUR Project 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

**Change Healthcare Staff:**
Shannon Hardwick, RPh, Complex Pharmaceutical Care Pharmacist; Paige Clayton, PharmD, On-Site Pharmacist at DOM

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

**Visitors:**
Dan Barbera, Lilly; Phil Hecht, Abbvie; Sunnye Simmons, Abbvie; Nick Casale, Indivior; Gary Thunauer, Pfizer; Greg Johnson, Pfizer; Judy Clark, Consultant.

**Call to Order:**

Mr. Smith called the meeting to order at 2:01 pm. Ms. Kirby introduced the following new board members: Dr. Escudé, Ms. Glaze, Ms. Messer, and Dr. Taylor. All Board Members and DOM staff did brief introductions. Drs. Noble and Banahan provided an overview of the role of the DUR Board. Dr. Noble introduced Dr. Brooks, DOM Medical Director.

**Old Business:**
Dr. Hubble moved that the minutes from the April 2016 and July 2016 DUR Board meetings be approved as presented, seconded by Dr. Bell. Approval of the meeting minutes was passed unanimously.

**Resource Utilization Review:**
Dr. Banahan explained that resource utilization tables included in the board packets provide information about prescription utilization and serves to identify potential issues that may need further investigation and/or possible action. These tables in the board packet are a subset of a much larger report reviewed with Medicaid pharmacy staff each month. Dr. Banahan highlighted the reduction in prescription volume for United Healthcare (UHC) in Table 04B for April through July 2016. MS-DUR will be investigating whether all encounter data is now reported or if there has been an actual change in utilization for UHC beneficiaries during this timeframe. During discussion, clarification was provided about how the five prescription limit is handled in FFS, UHC and Magnolia. It was noted that Early and Periodic Screening, Diagnosis and Treatment (EPSTD) program children can be approved for more than the limit set by the legislature. Dr. Banahan noted that top drug categories by volume and amount paid (Tables 04C and 04D) have been fairly stable with the exception of proton pump inhibitor volume. Adderall XR was noted as having high unit cost changes during the report period. Dr. Banahan reported this has been attributed to a shortage of generic amphetamine salt. Dr. Noble noted that opioids and atypical antipsychotics are major categories of importance due to volume and costs. Both categories are being addressed through a variety of initiatives in collaboration with CMS and other national organizations and will be of on-going focus at future DUR Board meetings.

**Pharmacy Program Update:**
Ms. Kirby informed the DUR Board that:

- Effective October 1, 2016, the prior authorization (PA) vendor will be Change Healthcare Pharmacy Solutions (formerly Goold Health Systems).
- Change Healthcare will be implementing a new medication therapy program, Complex Pharmaceutical Care (CPC), for management of beneficiaries taking complex and/or high-cost medications. Ms. Shannon Hardwick will be the CPC Pharmacist
- Dr. Paige Clayton will be the on-site pharmacist at DOM for Change Healthcare.
- The next Pharmacy Reimbursement Stakeholder Meeting will be held on October 12 to address specialty drugs and hemophilia reimbursement.
- The Pharmacy and Therapeutics (P&T) Committee will meet October 18 for the annual review of the categories included in the universal preferred drug list (UPDL).
- She recently attended a national meeting of Medicaid State Pharmacy Directors where a major focus was substance abuse use and medication abuse treatment. Ms. Kirby acknowledged the DUR Board's efforts to enable Mississippi Medicaid to be in the forefront of other Medicaid states in addressing these opioid abuse and treatment.

Dr. Noble described DOM's ongoing involvement with the National Behavioral Council and the Centers for Medicare and Medicaid Services (CMS) since last December to address opioid related issues. She reported that DOM also has participated in ongoing efforts by CMS to address the use of antipsychotics in children and that DOM is in the process of implementing a new clinical edit in SmartPA to reduce use of multiple antipsychotics in children. The new edit will allow for a period of titrating from one antipsychotic to another without requiring a manual PA.

**Feedback and Discussion from the Board**

Dr. Taylor asked if a universal PA form for use by FFS and the CCOs could be developed to make it easier for Medicaid providers. Representative for Magnolia indicated that there are multiple complicating factors with UPDL PA including, but not limited to, different locations of PA reviewers, different technology and computer programs, etc.

**NEW BUSINESS**

**Election of new co-chair:**

Mr. Smith asked for nominations for co-chair as Dr. Pearl Wales will assume responsibilities as DUR Board Chair at this meeting. Dr. Hubble moved to nominate Dr. Escudé as co-chair, seconded by Dr. Simmons. There being no other nominations, Dr. Escudé was elected by acclamation.

**Research Reports:**

***Benzodiazepine Utilization for Insomnia***

Dr. Banahan summarized a MS-DUR analysis examining utilization of benzodiazepines (estazolam, flurazepam, temazepam, and triazolam) that only have FDA approved indications as sedative hypnotics for the short-term treatment of insomnia). Major findings were:

- At the recommendation of the DUR Board in August 2015, quantity limits were placed on triazolam to assure utilization consistent with FDA labeling for short term use only. Imposing quantity limits has been effective with 90.5% (n=19) of beneficiaries prescribed triazolam in 2016 having $\leq$31 total days on therapy.
- Almost all use among these products, 96.7%, (n=979) has been for temazepam, one of the preferred products (total n=1,012 beneficiaries). Although temazepam has similar FDA labeling as triazolam, 63.5% (n=622)) of the beneficiaries prescribed temazepam had total therapy > 31 days.

MS-DUR asked the Board to consider recommending quantity limits for temazepam similar to triazolam (limit of 10-day supply per month and cumulative limit of 60 days within a 365-day period) to ensure criteria consistency for the two products. During discussion, DUR Board members expressed a desire to reduce chronic use of benzodiazepines but questioned what would be recommended as an alternative for beneficiaries with chronic insomnia. After lengthy discussion, the consensus of the Board was that information will need to be available about treatment alternatives before further restricting use of these agents. Dr. Hubble moved to table any change in criteria for temazepam until further information can be provided about alternative treatment options that could be recommended when a hard edit is implemented. The motion, seconded by Dr. Simmons, was passed unanimously.

***Update on Concomitant Use of Benzodiazepines and Opioids***

Dr. Banahan summarized a MS-DUR analysis examining concomitant utilization of benzodiazepines and opioids. During the April DUR Board meeting review of the Centers for Disease Control (CDC) guidelines for prescribing opioids for chronic pain, the DUR Board recommended implementation of a SmartPA edit that would require a manual PA for concomitant use of these products. A recommendation was also made for MS-DUR to develop and to mail educational information to providers on this issue. The current analysis was provided as additional background on recent utilization and as a baseline for evaluating change in the future. Ms. Messer commented on the need to avoid concomitant use of benzodiazepines and opioids now due to safety and quality of care concerns being raised. She also discussed problems incurred when one provider is treating the mental health component and another provider is treating the pain component. Following discussion, the DUR Board recommended that the clinical edit allow a few days of overlap before rejecting a prescription in order to accommodate acute situations and that MS-DUR consider changes in the number of days of concomitant use in addition to prevalence of concomitant use.

***Buprenorphine/Naloxone DOM Clinical Guidelines and Recommended Changes***

Dr. Banahan reviewed the current DOM clinical guidelines for buprenorphine/naloxone therapy with respect to national initiatives to make medication assisted therapy (MAT) for drug abuse more accessible, and the recent CMS ruling on how the Mental Health Parity and Addiction Equity Act of 2008 applies to state Medicaid programs. MS-DUR provided an updated analysis of the report presented at the July, 2016 DUR Board meeting that included data on cash payments from the Prescription Monitoring Program. He reported that inclusion of prescriptions paid for with cash increased the number of beneficiaries exceeding the current maximum dose guidelines and the number of beneficiaries exceeding the cumulative 24-month criterion. These results provided further evidence that the current DOM clinical guidelines might be more restrictive than what providers need for effective MAT.

After discussion, Dr. Hubble made the following motion, seconded by Dr. Escudé, and the motion was passed unanimously.

DOM's clinical guidelines for use of buprenorphine/naloxone in the treatment of opioid dependence should be modified as follows:

- Appropriate diagnosis – no change
- Length of coverage –the 24-month maximum length of coverage and limits on restarts-remove
- Step therapy with maximum daily doses –
    - Induction and stabilization phase – maximum daily dose of 24mg/6mg for up to 2 months (change)
    - Maintenance phase – maximum daily dose of 16mg/4mg (change)
    - Opioid use restriction – unchanged

**Next Meeting Information:**

Dr. Wales announced that the next meeting DUR BOARD meeting will be February 2, 2017 at 2:00 p.m. Dr. Banahan mentioned that the schedule for all of 2017 is included in the front of the DUR packet and the meeting location will change to Woolfolk 145 next year. Dr. Wales thanked everyone for their attendance and participation at the September DUR Board meeting. The meeting adjourned at 4:03 pm.

Submitted,

Benjamin F. Banahan, III, PhD
Evidence-Based DUR Initiative, MS-DUR

**PUBLIC MEETING NOTICES**


MISSISSIPPI DIVISION OF
MEDICAID

***Drug Utilization Review***
***Board Meeting***

***September 29th, 2016***
***2:00 P.M.***
***Woolfolk Building - Room 117***