

**MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE FEBRUARY 2, 2017 MEETING**

DUR Board Members:	May 2015	Aug 2015	Nov 2015	Jan 2016	Apr 2016	Jul 2016	Sep 2016	Feb 2017
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	✓	✓	✓	✓	✓		✓	
James Taylor, PharmD							✓	✓
Cynthia Undesser, MD	✓	✓		✓	✓	✓		
Pearl Wales, PharmD (Chair)			✓	✓	✓	✓	✓	✓
TOTAL PRESENT	10	9	10	10	11	3*	10	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 Cindy Noble, PharmD, MPH, DUR Coordinator, Gail McCorkle, RPh, Clinical Pharmacist; Tami Brooks, MD, Medical Director; Bonlitha Windham, Mental Health Director; Gay Gipson, RN, Mental Health; Dorthy Young, PhD, MHSA, Deputy Administrator for Health Services

MS-DUR Staff:

Ben Banahan, PhD, MS-DUR Project Director

Conduent Staff:

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

Change Healthcare Staff:

Paige Clayton, PharmD, On-Site Clinical Pharmacist

Coordinated Care Organization Staff:

Shana Bush, PharmD, Director of Community and State Pharmacy, United Healthcare; Conor Smith, RPh, Director of Pharmacy, Magnolia Health

Visitors:

John Meynardie, Deputy Criminal Chief, Narcotics, Unites States Attorney General's Office; Judy Clark, Consultant; Rachel Strait, University of Mississippi Pharmacy Student, Phil Hecht, Abbvie; Kris Harrell, University of Mississippi School of Pharmacy; Jason Swartz, Otsuka; Tim Hambacher, Otsuka; Kelli Heathman, Biogen; Brian Berhow, Sunovian; Kim Clark, ViiV; Wendy Phillabaum, Supernus; Leigh Turner, Indivior; Bruce Wallace, Silvergate Pharmaceuticals

Call to Order:

Dr. Wales called the meeting to order at 2:00 pm.

Old Business:

Dr. Banahan distributed revised minutes for the September 29, 2016 DUR Board Meeting. He explained that some edits had been made to clarify and correct a few issues. It was moved by Dr. Hubble and seconded by Dr. Bell. The revised minutes were approved unanimously by the DUR Board.

Pharmacy Program Update:

Ms. Kirby recognized several special attendees in the audience including the guest speaker, John Meynardie with the United States Attorney General's Office. She then asked for the members of the board to introduce themselves and provide a brief description of their practices. Ms. Kirby's update included DOM's proposed reimbursement changes to comply with the Affordable Care Act Medicaid Program Covered Outpatient Drugs with final comments (CMS-2345-FC). This rule addresses regulations that pertain to reimbursement for covered outpatient drugs in the Medicaid program. The state is required to implement the new reimbursement methodology by April 1, 2017. The state plan amendment (SPA) was posted for public comment. Following the end of public comments and upon signature by the Governor, the SPA will be submitted to CMS. MS Kirby stated that Drs. Banahan and Noble will represent DOM at the national American Drug Utilization Review Society (ADURS). Ms. Kirby emphasized that the work of the DUR Board has allowed Mississippi Division of Medicaid to take a leadership role with other states and to effectively address major issues identified by CMS and other national organizations. DOM and MS-DUR are working to promote achievements through poster presentations at national conferences. MS DUR/DOM posters have been accepted for presentation at the following conferences: ADURS, Academy of Managed Care Pharmacy (AMCP) Annual Meeting and at the International Society for Pharmacoeconomic and Outcomes Research (ISPOR) thus far for 2017.

Special Presentation by Prosecutor for U.S. Attorney General

John Meynardie, the Deputy Criminal Chief, Narcotics for Mississippi's US Attorney General's Office provided background information on the US Attorney General's (AG) office involvement in the state's Opioid and Heroin Work Group. Work efforts from three sub-groups held in December of 2016 focused on law enforcement, medical issues, and treatment/prevention. Recommendations from these workgroups were compiled into a report to be shared publicly and turned over the Governor's State Heroin/Opioid Task Force for consideration. Mr. Meynardie provided an overview of the strategy and role of the US AG's office in prosecuting and eliminating illegitimate pain clinics. A description of his educational programs for intermediate and high schools which focus on illicit drug use was provided. Mr. Meynardie emphasized the national problem of counterfeit narcotics that look exactly like the real products, and as an example conveyed the varying toxic levels of fentanyl that have been discovered. He noted that the U.S. AG's office wishes to share resources with other groups and state agencies. In particular, he welcomes requests for presentations at local schools and made a plea for more public service announcements to help educate everyone about the severity of the problem. When Dr. Noble asked his opinion about naloxone availability for first responders, Mr. Meynardie indicated increased naloxone access was an important strategy for reducing overdose deaths.

Resource Utilization Review:

Dr. Banahan informed the board that encounter data from the coordinated care plans appears to be complete for this report. He noted that enrollment has been fairly consistent during the last six months. Average cost per prescription being higher in the fee-for-service (FFS) program than in the two

coordinated care plans can be attributed to differences in the FFS population vs CCO population. Dr. Banahan stated while the top drug categories have been consistent with respect to claim volume, the immune globulins have had an increase in rank order to the number 10 position with respect to dollars paid (Table D). Also highlighted was that the beginning of the Synagis season accounted for a sharp increase in utilization/dollars paid. Synagis information appears in several tables examining paid amounts (Tables F, G, and H). Overall, most of the products which appear in the volume and amount paid tables are seasonal items and do not represent significant utilization issues. Dr. Banahan stated that Exjade and Jadenu expenditures continue to increase (Table H). DOM and MS-DUR are continuing to monitor and track Jadenu utilization. Dr. Hubble asked about the trend regarding beneficiaries being treated for hepatitis-C. Dr. Noble informed the board that Ms. Hardwick, the Complex Pharmaceutical Care (CPC) Pharmacist with Change Healthcare, will provide an overview of the CPC program at the next DUR Board meeting and would address hepatitis C.

Feedback and Discussion from the Board

Dr. Hubble reported that her patients with ringworm have experienced a problem obtaining the preferred product. Ms. Kirby responded that the prior authorization (PA) unit was addressing this issue. Dr. Hubble also reported problems with getting coverage from some of the products listed on the OTC list. Ms. Kirby indicated DOM would look into the examples discussed. When Dr. Wales asked about the outcome of the insulin vials vs. pen safety issue in long term care that was discussed last year, Dr. Noble reported that DOM had investigated the safety issue. Only one safety related event had been reported related to dosing of insulin from vials and this one issue was attributed to a nursing student. As no other reports of safety related to insulin dosing in long term care were discovered, the restriction on coverage of insulin pens for use in long term care was not changed.

NEW BUSINESS

Research Reports:

Mississippi Medicaid Pharmacy Programs: Demographics, Utilization and Comorbidities

The MS-DUR analysis comparing FFS and the two coordinated care programs on beneficiary characteristics and prevalence of comorbidities should help provide a background for understanding differences that might exist in treatment patterns due to the populations included in each pharmacy program. Dr. Banahan explained that the CMS Chronic Condition Warehouse criteria for identifying chronic conditions were used in the analysis.

As noted previously in resource utilization reports, the average amount paid per prescription in the FFS program is significantly higher than the averages for the two CCOs (Table 2). This is due to the older age (Table 3) and the greater number (Tables 4-14) of chronic conditions in the FFS population. Dr. Banahan noted that for almost every condition examined, the prevalence was significantly higher in FFS than in the two CCOs. Dr. Young highlighted that the analysis needs to exclude some eligibility codes that only include care for selected conditions, such as family planning, in order to have more accurate prevalence estimates. Dr. Banahan indicated that overall the two CCO populations were very similar but the FFS population had almost twice as many chronic conditions than did the populations in the CCOs. He assured the board that when MS-DUR compares utilization trends across the three programs, these differences are always taken into account and when appropriate, this difference is noted in the DUR Board reports.

CMS Adult Core Set Quality Measure: Antidepressant Medication Management

Dr. Banahan summarized a MS-DUR analysis examining performance on the Antidepressant Medication Management quality measure included in the CMS Adult Care Set. This measure is taken from the HEDIS measures, which is used in the evaluation of health care plans. The quality measure specifications are designed to be conservative about selecting only patients starting antidepressant therapy related to a diagnosis of major depression. Appropriate medication management required continuation of therapy (persistence) for an appropriate length of time and taking the medication as indicated (compliance) was emphasized. Dr. Banahan reported results for performance measure during calendar year 2015 using the measure specifications. Overall, 30% of beneficiaries included in the measure were classified as having appropriate management during the acute phase of treatment (first 12 weeks) and only 14% had appropriate management through the continuation phase (first 6 months). Overall, 48% of patients stopped taking their medication (lack of persistence) during the acute phase with another 20% remaining on therapy but not meeting the compliance measure to be classified as “appropriate management.” Dr. Banahan asked for any comments or suggestions the board could provide for improving performance on this quality measure. Dr. Simmons suggested that letters informing providers that of their patients not refilling their medication could help providers address the issue. Other suggestions included encouraging pharmacist interventions with patients and also providing prescription synchronization. It was suggested that pharmacists should be actively involved in addressing the adherence and persistence issues.

Use of Multiple Providers for Opioids: Impact of Cash Prescriptions and Affiliate Provider Identifiers on Identifying At Risk Beneficiaries

Dr. Banahan reviewed an MS-DUR study which examined the impact of including cash prescriptions and affiliate provider identifiers on the number of beneficiaries identified as using multiple providers for opioid prescriptions. Cash prescriptions were obtained from the Prescription Monitoring Program data. Affiliate provider identifiers were computed by MS-DUR by assigning the same identifier to all prescribers practicing in the same physical site and to all chain pharmacies in the same zip code. The inclusion of cash prescriptions from the Prescription Monitoring Program increased the number of beneficiaries classified as provider shopping for opioids by approximately 10%. The use of affiliate provider identifiers decreased the number by about 20%. Although the change in the actual number of beneficiaries classified as using multiple providers may not appear to be meaningful, these adjustments will help more accurately identify beneficiaries that are at high risk for abuse. Dr. Banahan explained that these methods will be incorporated into the quarterly high risk beneficiary reports being prepared for DOM’s Program Integrity to identify beneficiaries at risk for substance use disorder and the need for potential lock-in.

Update on Previous Board Recommendations:

Dr. Noble provided an update on the board recommendations regarding the Centers for Disease Control (CDC) guidelines for opioid prescribing. She indicated that programming changes for the DOM electronic PA process, although underway, will take time to address the recommended edits. Dr. Noble stressed the need for provider education on all of these changes as they are being implemented. The board was informed that the issue of changing the temazepam clinical edit criteria was tabled previously by the board due to concerns about the limited treatment options available for insomnia. Dr. Noble reported that DOM had commissioned a clinical report to review the issue. The report recommended that DOM set criteria for temazepam consistent with FDA labeling and warnings regarding limiting it to short term use only. DUR Board members indicated their agreement with this recommendation.


Next Meeting Information:

Dr. Wales announced that the next meeting of the DUR Board will take place on April 27, 2017 at 2:00 p.m. Dr. Wales thanked everyone for their attendance and participation at the February DUR Board meeting. The meeting adjourned at 4:09 pm.

Submitted,

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

PUBLIC MEETING NOTICES



Mississippi Public Meeting Notices

NOTICE DETAILS

NOTICE DETAILS

State Agency: Division of Medicaid
Public Body: Division of Medicaid
Title: Drug Utilization Review
Subject: Quarterly meeting
Date and Time: 2/2/2017 2:00:00 PM
Description:
See attached


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MEETING LOCATION
501 North West St
Jackson MS 39201
[Map this!](#)

CONTACT INFORMATION
Billy Thompson
601-359-5242

DOWNLOAD ATTACHMENTS
DUR description for transparency.docx
Added 11/8/2016

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MISSISSIPPI DIVISION OF
MEDICAID

***Drug Utilization Review
Board Meeting***

***February 2, 2017
2:00 P.M.***

Woolfolk Building - Room 145