MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE APRIL 27, 2017 MEETING

DUR Board Members:	Aug 2015	Nov 2015	Jan 2016	Apr 2016	Jul 2016	Sep 2016	Feb 2017	April 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	**9**	**10**	**10**	**11**	**3***	**10**	**10**	**9**

**Only eight members were active due to new appointments to DUR Board not being approved by Governor prior to meeting.*

Dr. Ricks arrived during the presentation on the CPC program and was not present for the votes on the prior minutes or the DUR Board by-laws.

Also Present:

Division of Medicaid (DOM) Staff:
Terri Kirby, RPh, CPM, Pharmacy Director; Cindy Noble, PharmD, MPH, DUR Coordinator; Gail McCorkle, RPh, Clinical Pharmacist; Chris Yount, MA, PMP, Staff Officer - Pharmacy; Sue Reno, DOM Program Integrity

MS-DUR Staff:
Ben Banahan, PhD, MS-DUR Project Director; Eric Pittman, PharmD, MS-DUR Clinical Director

Conduent Staff:
Lew Anne Snow, RN BSN, Pharmacy Services Sr. Analyst, Mississippi Medicaid Project; Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project

Change Healthcare Staff:
Chad Bissell, PharmD, MS Account Manager; Laureen Biczak, DO, Medical Director; Shannon Hardwick, RPh, CPC Pharmacist; Paige Clayton, PharmD, On-Site Clinical Pharmacist

Coordinated Care Organization (CCO) Staff:
Heather Odem, PharmD, Director of Pharmacy-Mississippi, United Healthcare Community & State; Conor Smith, RPh, Director of Pharmacy, Magnolia Health; Mike Todaro, PharmD, Vice President, Pharmacy Operations, Magnolia Health

Visitors:
Judy Clark, Consultant; Phil Hecht, Abbvie; Jason Swartz, Otsuka; Kim Clark, ViiV; Steve Curry, ALK; Jason Schwier, Amgen

Call to Order:
Dr. Wales called the meeting to order at 2:01 pm.

Dr. Banahan introduced Dr. Eric Pittman, Clinical Director MS-DUR. Ms. Kirby introduced Chris Yount, DOM Staff Officer-Pharmacy, and other special attendees in the audience. Ms. Kirby thanked board members rotating off for their service.

Old Business:
Dr. Escude' moved that the minutes of the February 2, 2017 DUR Board Meeting be approved; seconded by Dr. Hubble. The motion was approved unanimously by the DUR Board.

Dr. Wales informed board members they were each provided a conflict of interest statement that needed to be signed and returned by the end of the meeting.

Dr. Noble provided background on the updated DUR by-laws which had been mailed to the Board Members prior to the meeting. Motion for approval of the updated by-laws was made by Dr. Hubble; seconded by Dr. Undesser. The revised by-laws were approved unanimously by the DUR Board.

Pharmacy Program Update:
Ms. Kirby informed the board that new reimbursement methodology has been submitted to CMS for approval. Once approved, CMS requires that DOM process FFS program reimbursement adjustments retroactively to April 1. The CCOs have the option to not make adjustments as long as their reimbursed amounts meet the contract requirement of being not less than the FFS amounts. The FFS adjustments will be completed over time retroactive to April 1, 2017 rather than all at once.

Overview of Complex Pharmaceutical Care Program:
Dr. Biczak presented a general overview of the Complex Pharmaceutical Care (CPC) program provided by Change Healthcare. Ms. Hardwick presented information related to the Mississippi program. She described how patients are identified for the program and provided examples of cases that have been addressed by the CPC program during the first few months. Dr. Wales asked if the CCOs had similar programs. Representatives from both UHC and Magnolia indicated they had similar programs utilizing nurses and pharmacists that do case management for selected disease states.

Resource Utilization Review:
Dr. Banahan informed the board that the CCO encounter data appears to be complete for this report. He noted that enrollment has remained fairly consistent during the last six months. It was noted that a slight increase in the average cost per prescription and beneficiary occurred across all programs due to utilization of some expensive new therapies. Dr. Banahan stated the top drug categories have been consistent with respect to claim volume and amount paid with the exception of the neuraminadase

inhibitors, such as Tamiflu, which have increased sharply due to influenza season. No other significant trends or changes were noted.

Feedback and Discussion from the Board
Dr. Escude' brought up the topic of individuals with intellectual and developmental disabilities (IDD) and the use of multiple antipsychotics. He would like MS-DUR to look into this trend and the appropriateness of antipsychotic use to the degree that it can be determined from claims data. Dr. Escude' particularly was interested in verifying that appropriate medical work up is being done before these medications are prescribed to rule out any underlying medical issues. A follow-up conference call with interested board members was recommended.

N**EW BUSINESS**

Research Reports:

Unique Hepatitis C Treatment Regimens Used Since 2015 in Mississippi Medicaid
MS-DUR presented an analysis showing the utilization of Hepatitis C treatment regimens in Mississippi Medicaid from January 1, 2015 through February 28, 2017. Trends identified were consistent across FFS and the CCOs. There was a sharp increase in the number of beneficiaries starting treatment in the first three quarters of 2015, when the new therapies were released. Since that time the numbers have leveled out to approximately 50 -60 new prescription starts per quarter. The number of individuals who initiated treatment but did not complete the therapy regimen was noted. This is an area where the CPC program should impact and improve therapy completion rates in the FFS individuals.

Celexa® (Citalopram) Utilization and Dosing Management
Dr. Banahan summarized a MS-DUR analysis of citalopram utilization and dosing management. Since 2007, the FDA has made several safety updates regarding antidepressants as a whole and citalopram individually. Currently the MS Medicaid Universal Preferred Drug List (UPDL) has a minimum age limit of 9 years for citalopram and no dosage limits. Based on current FDA labeling, the following changes were proposed by MS-DUR:

1. Limit total daily dose of citalopram to a maximum of 40 mg/day for beneficiaries < 60 years.
2. Limit total daily dose of citalopram to a maximum of 20 mg/day for beneficiaries $\geq$ 60 years.
3. Change citalopram minimum age limit from 9 years to 18 years to be consistent with FDA boxed warning on suicidality and antidepressant drugs found in citalopram's drug label information. (Class).
4. MS-DUR would conduct a one-time educational mailing outlining the proposed changes to include all prescribers writing citalopram prescriptions during the last year that were for (a) children and adolescents <18 years of age, (b) adults age $\geq$ 60 with daily doses > 20 mg, or (c) adults < 60 years of age with daily doses exceeding 40mg.

After discussion, a motion was made by Dr. Undesser and seconded by Mr. Smith to accept items 1 and 2 as proposed. The motion was approved unanimously by roll call vote with no abstentions.

A motion was made by Dr. Undesser and seconded by Mr. Smith to accept item 3 with the addition that ***current individuals would be grandfathered and this proposed clinical edit would apply to new starts only***. The motion was approved unanimously by roll call vote with no abstentions.

A motion was made by Dr. Escude' and seconded by Dr. Undesser to accept item 4 ***with the notification of the grandfathered clause included***. The motion was approved unanimously by roll call vote with no abstentions.

Type 2 Diabetes (T2DM) Treatment Patterns in Mississippi Medicaid

Dr. Banahan reviewed a MS-DUR analysis for DOM's beneficiaries with T2DM regarding diabetes treatment patterns. MS-DUR's analysis depicted T2DM medication regimens across the FFS and CCOs. The 2017 American Diabetes Association's (ADA's) "Standards of Medical Care in Diabetes" antihyperglycemic therapy in T2DM general recommendations was also reviewed and contrasted with the American Association of Clinical Endocrinologist/ American College of Endocrinology)AACE/ACE) 2017 glycemic control algorithm. The study examined prescribing patterns in Mississippi Medicaid for 2016. The goal was to analyze these patterns and determine if any changes should be made to the align Mississippi Medicaid with the 2017 ADA standards. The following recommendations were presented by MS-DUR based on the analysis:

1. DOM should implement an electronic edit to require manual prior authorization (PA) for concomitant use of GLP-1 and DPP-4.
2. DOM should implement an electronic edit to require manual PA for addition of fourth concurrent antihyperglycemic agents.
3. DOM should investigate regimens that do not include metformin.
4. DOM should investigate further T2DM treatment with only a sulfonylurea agent.
5. MS-DUR should conduct a one-time educational mailing highlighting the new ADA guidelines directed to prescribers who have had patients in the last year with regimens that were not consistent with the ADA Standards of Care recommendations.
6. MS-DUR should explore collaboration with the Mississippi Diabetes Coalition for educational initiatives.

After discussion, Dr. Escude' made a motion, seconded by Dr. Ricks, to accept item 1 as presented, accept item 2 with the amendment to read ***fourth concurrent noninsulin agent***, and accept items 4 – 6 as presented. The motion was approved unanimously by roll call vote with no abstentions. The Board noted that further investigation of item 3 was not needed and that any issues related to item 3 could be addressed by the educational mailing.

FDA Drug Safety Information Updates January – March 2017

Dr. Banahan presented a summary of FDA drug safety updates for the first quarter of 2017.

Next Meeting Information:

Dr. Wales announced that the next meeting of the DUR Board will take place on July 27, 2017 at 2:00 p.m. Dr. Wales thanked everyone for their attendance and participation at the April DUR Board meeting. The meeting adjourned at 4:19 pm.

Submitted,

Eric Pittman, PharmD
Evidence-Based DUR Initiative, MS-DUR

PUBLIC MEETING NOTICES