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

DUR Board Members:	Nov 2015	Jan 2016	Apr 2016	Jul 2016	Sep 2016	Feb 2017	April 2017	July 2017
Allison Bell, PharmD	✓	✓	✓		✓	✓	✓	✓
Craig Escudé, MD					✓	✓	✓	✓
Juanice Glaze, RPh					✓	✓	✓	
Alice Messer, FNP-BC					✓	✓	✓	✓
Janet Ricks, DO	✓	✓			✓	✓	✓	
Sue Simmons, MD		✓	✓		✓	✓		
James Taylor, PharmD					✓	✓		
Pearl Wales, PharmD (Chair)	✓	✓	✓	✓	✓	✓	✓	✓
TOTAL PRESENT	**10**	**10**	**11**	**3***	**10**	**10**	**9**	**4***

**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; Chris Yount, MA, PMP, Staff Officer - Pharmacy; Sue Reno, DOM Program Integrity; Andrea McNeal, DOM Program Integrity

MS-DUR Staff:
Ben Banahan, PhD, MS-DUR Project Director; Eric Pittman, PharmD, MS-DUR Clinical Director; Siddhi Korgaonkar, University of Mississippi graduate student, MS-DUR Analyst; Nilesh Gangan, University of Mississippi graduate student, MS-DUR Analyst

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:
Shannon Hardwick, RPh, CPC Pharmacist; Paige Clayton, PharmD, On-Site Clinical Pharmacist

Coordinated Care Organization Staff:
Heather Odem, United Healthcare; Conor Smith, RPh, Director of Pharmacy, Magnolia Health; Mike Todaro, PharmD, Vice President, Pharmacy Operations, Magnolia Health

Visitors:
Ray Montalvo, MD; Phil Hecht, Abbvie; Jason Swartz, Otsuka; Steve Curry, ALK; John Kirby, Sanofi; Evelyn Johnson, Capital Resources; Bruce Wallace, Silvergate Pharmaceuticals; Bill Rampy, Silvergate Pharmaceuticals; Joey Sturgeon, Silvergate Pharmaceuticals; Quynhchan Doan, Abbvie

Call to Order:
Dr. Wales called the meeting to order at 2:05pm. Due to a delay in new appointments being made by the Governor's Office, there were only eight active DUR Board members for the meeting. With only four members present, there was not a quorum and no official business could be conducted.

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.

Dr. Banahan introduced the University of Mississippi graduate students in attendance who work as analysts with MS-DUR.

Old Business:
Dr. Banahan asked if anyone had corrections for the draft minutes from the April 27, 2017 Board Meeting. Dr. Bell noted that the minutes refer to item 4 in the recommendations of the Celexa report and there is no item 4 listed. Dr. Pittman pointed out item 4 had been inadvertently combined with item 3 in the minutes and this issue will be corrected

Pharmacy Program Update:
Ms. Kirby informed the Board that new reimbursement methodology has been approved by CMS. Drug schedules will be broken into different categories with different reimbursement methodologies and dispensing fees associated with each. Ms. Kirby gave a brief explanation of each category to the Board. Implementation dates will be posted on Medicaid's website. Claims with a date of service of April 1, 2017 and forward will have to be reprocessed. Medicaid will collaborate with Magnolia Health and United Healthcare to make these adjustments. Adjustments will be processed over time to minimize financial impact on pharmacies. The 340B providers who use point of sale (POS) or pharmacy claims will also be impacted. This will not impact 340B claims on the medical side.

Dr. Noble informed the board that several DOM representatives attended the recent "Opioid and Heroin Mississippi Drug Summit." The actions the DUR Board recommended in the past year regarding opioids are in line with CDC recommendations and are being implemented by DOM. Medicaid will be purchasing necessary software required to integrate morphine milligram equivalent dosing into the POS system and is making significant progress toward implementation. Ms. Messer commented that she has noted a significant change in her practice regarding opioid use. Patients are much more open to discussions regarding reducing doses and titrating off opioids. Ms. Kirby noted that at a recent meeting she attended with other state Medicaid pharmacy directors that one state had changed their provider agreement to restrict pharmacy providers from splitting opioids between paid claims and cash. Board members discussed the complexity of defining and implementing opioid prescribing restrictions.

Resource Utilization Review:
Dr. Pittman informed the board that encounter data from the coordinated care plans appears to be complete for the report included in this DUR packet. He noted that cost per beneficiary and per prescription filled have remained consistent over the past six months. The top categories, by number of claims and dollars paid, has remained consistent as well.

Feedback and Discussion from the Board
Dr. Wales asked if there was any additional information about alternative sleep aids in reference to the clinical edit suggested for temazepam to be in alignment with that of the triazolam edits, that Dr. Noble

stated was in place. Dr. Wales asked for follow-up on alternatives. Dr. Pittman will research current alternatives and provide a report.

Ms. Messer inquired about gabapentin and its abuse potential. MS-DUR will undertake an analysis reviewing gabapentin use and dosages, and concomitant use with opioids and benzodiazepines.

Dr. Escude' mentioned a new gout medication and asked if this was something DOM should be watching.

Dr. Escude' suggested that an orientation booklet be developed to explain common acronyms and terms for new members. Committee members expressed agreement with his suggestion.

N**EW BUSINESS**

Research Reports:

Use of Antipsychotics in Beneficiaries with Intellectual and Developmental Disabilities

Dr. Escude' requested at the April DUR Board meeting that MS-DUR investigate the use of antipsychotics in individuals with intellectual and developmental disabilities (IDD). Studies have shown that antipsychotics may be inappropriately used in this population to treat behaviors that may be masking underlying physical issues that are undetected. The MS-DUR analysis showed approximately 23% of individuals with IDD in MS Medicaid received an antipsychotic from January 2016 through June 2017. Of those 23%, approximately one-third had a psychiatric diagnosis. Another one-third had an IDD diagnosis of pervasive developmental disorder (PDD) which encompasses autistic spectrum disorder. Several antipsychotics have indications for use in autistic spectrum disorder. The remaining one-third of IDD patients prescribed an antipsychotic did not have a primary indication for use that could be identified. These patterns were consistent across all the pharmacy programs. The provider types prescribing antipsychotics in the IDD population were broken down. It was noted that although the statistics found in Mississippi appear better than national trends, there is still area for education to be done.

MS-DUR recommended an educational intervention be developed for providers initiating antipsychotic therapy in IDD patients without a primary psychiatric diagnosis. Dr. Escude' will work with MS-DUR to develop these educational materials. Dr. Noble noted it will take some time to develop the educational materials, and MS-DUR may be able to share these materials with the Board at the November meeting.

Use of Codeine and Tramadol

Dr. Pittman summarized the FDA safety notice that came out in April 2017 regarding codeine and tramadol use in children. Based on this safety alert, MS-DUR examined the utilization of these products for the DOM 2016 calendar year. Dr. Pittman summarized the findings in reference to the recent FDA safety alerts. Dr. Pittman also noted that in 2013, the FDA sent out a safety alert contraindicating the use of codeine to treat pain after tonsillectomy or adenoidectomy in children less than 18 years of age. It was also noted that currently there are no age restrictions for codeine or tramadol products in the MS Medicaid Universal Preferred Drug List (UPDL).

MS-DUR made several recommendations based on the FDA alerts and results from the analysis conducted. Several board members questioned what alternative treatments could be recommended.

Dr. Pittman referenced a recent article in Pediatrics[1] discussing therapeutic alternatives to codeine use in children. Dr. Bell suggested that if use is restricted, providers should be given information about recommended alternatives. Dr. Escude' expressed concern about the FDA issuing a contraindication and DOM not taking action to restrict use. Discussion was held pertaining to DOM's responsibility to restrict access and potential liability with respect to FDA contraindications. Dr. Escude' suggested DOM explore legal counsel regarding this topic. Dr. Bell suggested MS-DUR look at all of the opioids with respect to use by age and need for age restrictions.

Cytokine and CAM Antagonist Utilization

Dr. Banahan reviewed a MS-DUR study on cytokine and CAM antagonist utilization in MS Medicaid. This group represents one of the top drug classes by dollars paid with that amount approximately doubling in MS Medicaid over the past year. Heather Odem with UHC reported that Louisiana Medicaid determined approximately 30% of UHC Community and State claims were being rejected because of not following recommended step care therapy, provider type or lack of an appropriate diagnosis. MS-DUR recommended implementing an electronic PA edit to add a diagnosis check for the utilization of all medications in the cytokine and CAM antagonist class. Dr. Escude' suggested MS-DUR look at provider types and whether patients had seen a specialist in situations when a primary care physician (PCP) was prescribing.

FDA Drug Safety Information Updates January – March 2017

Dr. Pittman presented a summary of FDA drug safety updates for the second quarter of 2017.

Next Meeting Information:

Dr. Wales announced that the next meeting of the DUR Board will take place on November 9, 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 3:16 pm.

Submitted,

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

[1] Tobias JD, Green TP, Cote CJ; Section on Anesthesiology and Pain Medicine, Committee on Drugs. Codeine: Time to Say "No." Pediatrics 2016 Sept;

PUBLIC MEETING NOTICES

Drug Utilization Board (DUR) Meetings
Mississippi Division of Medicaid

Description: The Mississippi Division of Medicaid's Drug Utilization Review (DUR) Board is a quality assurance body which seeks to assure appropriate drug therapy to include optimal beneficiary outcomes and appropriate education for physicians, pharmacists, and the beneficiary. The Drug Utilization Review (DUR) Board is composed of twelve participating physicians and pharmacists who are active MS Medicaid providers and in good standing with their representative organizations.

The Board reviews utilization of drug therapy and evaluates the long-term success of the treatments.

The Drug Utilization Review (DUR) Board meets quarterly.

DUR website can be located at http://www.medicaid.ms.gov/DUR.aspx.