MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE NOVEMBER 9, 2017 MEETING

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

**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

University of Mississippi School of Pharmacy - MS-DUR Staff:
Ben Banahan, PhD, MS-DUR Project Director; Eric Pittman, PharmD, MS-DUR Clinical Director

Conduent Staff:
Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project; Felecia Lobrano, Professional Services Sr. Analyst

Change Healthcare Staff:
Shannon Hardwick, RPh, CPC Pharmacist; Paige Clayton, PharmD, On-Site Clinical Pharmacist; Sarah Boydstun, PharmD, Mississippi PA Pharmacist

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

Visitors:
Phil Hecht, Abbvie; Michael Packer, Purdue; Tyler Craddock, The Medicines Company; Wendy Phillabaum, Supernus; Douglas Welch, Merck; Judy Clark, Consultant; Kim Clark, ViiV

Call to Order:
In the absence of Dr. Escude', Dr. Wales, past Chair, called the meeting to order at 2:00pm.

Dr. Wales welcomed the new members recently approved by the Governor and opened the meeting with a time for introductions and orientation.

Ms. Kirby thanked Dr. Allison Bell for her service to the Board. Dr. Bell has submitted her resignation effective December 31, 2017 due to her relocating out of state.

Old Business:
Dr. Simmons moved to approve the minutes from the April DUR Board Meeting, seconded by Dr. Bell and unanimously approved by the DUR Board.

Dr. Bell moved to approve the minutes from the July DUR Board Meeting, seconded by Dr. Taylor and unanimously approved by the DUR Board.

Dr. Banahan provided a brief overview of DUR Board functions and responsibilities.

Pharmacy Program Update:
Ms. Kirby informed the board that the new pharmacy reimbursement methodology for DOM impacting both fee-for-service (FFS) and Mississippi CAN pharmacy claims was implemented in September 2017 in response to the Centers for Medicare and Medicaid Services (CMS) published 42 CFR, Part 447: Medicaid Program Covered Outpatient Drugs with final comments (CMS-2345-FC). Due to the effective date of April 1, 2017, reprocessing of claims began in October and will continue in batches over a ten month period for claims with dates of service in the months of April 2017 through September 2017.

Ms. Kirby also provided an update on the board's recommendation to implement the CDC Guideline for Prescribing Opioids for Chronic Pain. DOM is in the process of purchasing a morphine equivalent daily dose (MEDD) module, but is waiting on CMS approval in order to receive federal matching dollars to pay for the module. Ms. Kirby emphasized the complex processes involved in implementing the CDC opioid prescribing guidelines, and DOM is diligently working on this project.

DOM was recently made aware of some issues with desk audits from the CCOs and interpretation of Medicaid policies. Ms. Kirby asked that pharmacists please contact Medicaid's Office of Pharmacy if they receive a desk audit finding that does not look correct.

The 90 day maintenance list is in process of being updated and should be completed by in the first quarter of 2018.

Resource Utilization Review:
Dr. Pittman informed the board that encounter data for UHC is incomplete for August 2017. This should not impact any of the resource utilization ranks, but does impact dollar amounts paid, number of claims, and number of beneficiaries for the month of August. Enrollment has remained consistent. He noted that cost per beneficiary in FFS has been slowly rising. This rise can be attributed to new, high cost treatments for some of the more serious disease states that are more prevalent in FFS beneficiaries. The top categories by number of claims and dollars paid have remained consistent except for the seasonal increase in a few drug categories (stimulants and antibiotics) that can be attributed to beginning of the school year or related seasonal considerations.

N**EW BUSINESS**

Election of Co-Chair:
Dr. James Taylor was nominated as co-chair by Ms. Glaze, seconded by Dr. Simmons and unanimously approved by the DUR Board.

Research Reports:

Use of Antipsychotics (AP) in Beneficiaries with Intellectual and Developmental Disabilities (IDD)
Dr. Pittman provided an overview of the report from the July DUR Board meeting and recent updates. This analysis was undertaken at the request of Dr. Escude'. Results found that approximately one-fourth of Medicaid beneficiaries with a diagnosis of IDD are being treated with an antipsychotic. Of those treated with an antipsychotic, a primary psychiatric indication for use could not be determined through claims data in approximately 32% of beneficiaries. At the July meeting, board members requested Dr. Escude', in conjunction with MS-DUR, develop educational materials for distribution. The Board discussed the potential target audience for the educational materials. Those proposed educational materials were presented to the board. A motion was made by Dr. Ricks recommending the mailing be sent to all prescribers of APs to beneficiaries with IDD diagnosis. It was also recommended that the information be distributed through pertinent state medical associations, MS-DUR's web site and a notice in the DOM provider bulletin. Dr. Messer seconded the motion and the DUR Board unanimously approved.

Use of Codeine and Tramadol
Dr. Pittman provided an overview of the codeine/tramadol report from the July DUR Board meeting and highlighted that Table 2 contained updated prescribing statistics since the initial analysis was conducted. During the July meeting, questions regarding alternative treatment options available were asked. Dr. Pittman subsequently consulted an ENT physician concerning alternative treatment options post tonsillectomy and adenoidectomy and provided the ENT's input to the board.

The following recommendations were proposed to the DUR Board:
1. DOM should set a minimum age limit of 12 years for tramadol and codeine products,
2. DOM should modify the short and long-acting narcotic electronic PA rules to require the following: (added since July meeting)
    a. A manual PA for beneficiaries under age 18 years with diagnosis of sleep apnea prescribed codeine or tramadol.
    b. A manual PA for beneficiaries under age 18 years prescribed codeine or tramadol within 3 days of tonsillectomy or adenoidectomy.
3. MS-DUR should implement an educational initiative to notify providers of the April 20, 2017 FDA recommendations and the new clinical edits being implemented.

Dr. Bell asked if MS-DUR could monitor use of hydrocodone products in the post tonsillectomy and adenoidectomy population after the edits are implemented. A motion was made by Dr. Simmons to accept the recommendations in the MS-DUR report, seconded by Dr. Montalvo and unanimously approved by the DUR Board.

Cytokine and CAM Antagonist Utilization

Dr. Banahan provided an overview of the July DUR Board report and further analysis that had been conducted. Representatives from the CCOs were asked for additional input. Dr. Heather Odem, UHC, raised a question referencing therapy guidelines for rheumatoid arthritis recommending DMARDs as first line therapy before transitioning to a biologic agent. Mr. Conor Smith, Magnolia Health, reported that Magnolia Health is experiencing use of biologics without first using traditional DMARDs. Dr. Paige Clayton, Change Healthcare, commented on potential step therapy edits and limitations regarding manufacturer rebates. A motion was made by Ms. Dunaway for MS-DUR to continue monitoring this category, seconded by Dr. Messer and unanimously approved by the DUR Board.

Gabapentinoid Use in Mississippi Medicaid

Dr. Pittman presented a report on gabapentinoid (gabapentin and pregabalin) use in MS Medicaid beneficiaries. Results from this retrospective claims analysis stratified use by total daily dose and concomitant opioid use. Based on current utilization patterns for these products, MS-DUR proposed the following recommendations to the DUR Board for consideration.

Recommendations:
1. DOM should set a maximum daily dosage of 3600mg for gabapentin products.
2. DOM should set a maximum daily dosage of 600mg for pregabalin products.
3. DOM should conduct a one-time educational mailing outlining the proposed changes to include all prescribers writing gabapentin and pregabalin prescriptions during the last six months that exceeded the recommended maximum daily dosage limits.
4. DOM should monitor concomitant opioid use with pregabalin /gabapentin claims to determine impact of pregabalin/gabapentin on reducing or eliminating opioids.

Board members discussed recommendations proposed by MS-DUR, particularly maximum daily dosage limits for each medication. Of Note, the FFS claims system already has a max daily dose limit of 2400mg/day on gabapentin and 600mg/day on pregabalin. After discussion was completed, Dr. Messer made a motion to accept the MS-DUR recommendations with a change in maximum daily dosage of gabapentin from 3600mg to 2400mg. This motion was seconded by Dr. Simmons and unanimously approved by the DUR Board.

Update on High Dose Opioid Prescriptions

Dr. Banahan presented an update on high dose opioid prescribing trend report with morphine equivalent daily dose (MEDD) stratified by <50; 50-89; 90-119; and >120 MEDD. Dr. Taylor inquired about opioid tapering guidance resources that might be provided prescribers. Consensus from the DUR Board discussion regarding potential tapering guidance resources was there are no clear guideline resources available that would guide physicians for different scenarios. Due to potential complex issues, tapering should be addressed on an individual case by case basis.

Next Meeting Information:

Dr. Wales announced that the next meeting of the DUR Board will take place on March 1, 2018 at 2:00 p.m. Dr. Wales thanked everyone for their attendance and participation at the November 9, 2017 DUR Board meeting. Christopher Yount reviewed the State's new mileage reimbursement guidelines. Several DUR Board members expressed concern that these changes could negatively impact future recruitment of volunteers for the DUR Board.

The meeting adjourned at 3:40 pm.

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

PUBLIC MEETING NOTICES