MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE MARCH 7, 2019 MEETING

DUR Board Members:	May 2018	Sep 2018	Dec 2018	Mar 2019
Lauren Bloodworth, PharmD	NA	✓	✓	
Beverly Bryant, MD	NA	✓	✓	✓
Rhonda Dunaway, RPh	✓	✓	✓	✓
Tanya Fitts, MD	NA	✓	✓	✓
Juanice Glaze, RPh	✓	✓	✓	✓
Alice Messer, DNP, FNP-BC	✓			✓
Ray Montalvo, MD	✓		✓	✓
Holly Moore, PharmD		✓	✓	
Janet Ricks, DO		✓	✓	✓
Dennis Smith, RPh	✓	✓	✓	✓
James Taylor, PharmD (Chair)	✓	✓	✓	✓
Veda Vedanarayanan, MD	NA		✓	✓
TOTAL PRESENT	**8****	**9**	**11**	**10**

***Only 10 members were active due to resignations resulting from move and replacements not yet approved by Governor.*

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; Carlos Latorre, MD, Medical Director; Sue Reno, RN, Program Integrity; Christy Lyle, RN, Nurse Office Director of Clinical Support Services.

University of Mississippi School of Pharmacy - MS-DUR Staff:
Eric Pittman, PharmD, MS-DUR Project Director; Kaustuv Bhattacharya, MS, MS-DUR Analyst

Conduent Staff:
Leslie Leon, PharmD, Clinical Pharmacist, Mississippi Medicaid Project

Change Healthcare Staff:
Paige Clayton, PharmD, On-Site Clinical Pharmacist; Cheryl Rogers, PharmD, Mississippi PA Pharmacist

Coordinated Care Organization (CCO) Staff:
Heather Odem, PharmD, Director of Pharmacy- Mississippi, UnitedHealthcare Community & State; Jenni Grantham, PharmD, Director of Pharmacy, Magnolia Health; Trina Stewart, PharmD, Pharmacy Manager, Molina Healthcare; Joseph Vazhappilly, PharmD, MBA, Associate Vice President, Pharmacy Services, Molina Healthcare

Visitors:
Phil Hecht, Abbvie; Jason Swartz, Otsuka; Gene Wingo, Biogen; Michele Shirley, Indivior; John Kirby, Indivior; Evelyn Johnson, Capital Resources

Call to Order:
Dr. Taylor, Chair, called the meeting to order at 1:00pm and welcomed everyone. Dr. Pittman recognized Kaustuv Bhattacharya, DUR analyst, for his attendance.

OLD BUSINESS:
Dr. Fitts moved to approve the minutes from the December 2018 DUR Board Meeting, seconded by Dr. Ricks and unanimously approved by the DUR Board.

Resource Utilization Review:
Dr. Pittman informed the Board that Molina claims began appearing in October 2018. Antipsychotics continue to move up in rank in amount paid. This increase in utilization may be attributed to the inclusion of long acting injectable antipsychotics in the Clinician Administered Drugs and Implantable Drug System Devices (CADD) list allowing billing through pharmacy point of sale (POS). Dr. Pittman also noted the absence of neuraminidase inhibitors (antiviral influenza agents) from the resource report. For this same time period in 2017, neuraminidase inhibitors ranked high in both number of claims and dollars spent. This year the apparent decrease in severity of influenza and the utilization of generic products is thought to have contributed to their absence from the report. An increase in hydroxyprogesterone, Makena or 17P, utilization was noted. Dr. Pittman informed the Board that MS-DUR will provide an update at the May 2019 meeting on Makena. It was noted that there are no PA requirements in place in Medicaid for the Makena.

Chronic Obstructive Pulmonary Disease (COPD) Initiatives and Outcomes in CCOs:
One of the recommendations at the December 2018 Board meeting was a request to have the CCOs present any initiatives and outcomes they have in regards to managing beneficiaries with COPD. Pharmacists representing Magnolia Health (Jenni Grantham), Molina Healthcare (Trina Stewart and Joseph Vazhappilly) and UnitedHealthcare Community and State (Heather Odem) presented information on each of their respective programs related to COPD. Each CCO pharmacist provided information on unique programs specific to their organization and the DUR Board members were given the opportunity to ask questions of each CCO's program.

- Magnolia Health's scoring system by which beneficiaries are categorized identifies those with the greatest risk of poor health outcomes related to various disease states, including COPD. Those above a certain threshold are assigned to a case manager (RN) for approximately six months of goal-directed interaction. Case management tasks include developing care plans in which case managers can contact prescribers if they see therapy as inappropriate according to GOLD guidelines. (All case managers have received education on GOLD guidelines recently.) There is also once-weekly contact with beneficiaries to address adherence, smoking cessation, inhaler technique, and importance of long-acting inhaler use. The Outcomes Medication Therapy Management (MTM) program will be used to identify beneficiaries who are not assigned a case manager and who have gaps in coverage (implementation in April, 2019).
- Molina Healthcare provided an overview of one of its corporate initiatives- addressing issues with medication refills and its Medication Therapy Management (MTM) program. The MTM

program uses beneficiary data to identify beneficiaries who did not drop-off first fill prescription or who have any gaps in refill history. When this is discovered, prescribers are informed. The prescriber receives a "missing services" fax for beneficiaries identified with only a short-acting inhaler fill. Following an emergency department visit or inpatient hospitalization, beneficiaries are contacted to discuss adherence and receive medication education. Specific to COPD, Molina's program is designed to address gaps in care, coordination of care, educational needs, comprehensive medication reviews, adherence issues, cost concerns, and consistent follow-up and support. To improve medication adherence and help assure appropriate treatment regimens in line with the GOLD guidelines, Molina's Mississippi pharmacy director works with their care management team to identify COPD patients following an exacerbation event. Medical records are reviewed for COPD including appropriate drug therapy. As this is a new initiative, outcomes will be reported at a later date.

- UnitedHealthcare's clinical programs use detailed data analysis to identify potential problems, implement appropriate interventions, and evaluate the clinical and financial impact of the interventions. One aspect of the program drives quality of care by closing gaps in therapy for members with select chronic disease states. Designed around evidence-based guidelines, the program also incorporates quality measures supported by CMS, HEDI, and Pharmacy Quality Alliance (PQA). UHC's pharmacy benefit manager, OptumRx, manages several retrospective clinical programs. In January 2019, the "Gap In Care" program was expanded to include several new disease states, including COPD. The objective of the COPD program is to optimize the use of long term controller medications and promote the appropriate use of short-acting beta agonists in members with COPD. Algorithms use specific member inclusion and exclusion criteria to identify members with COPD whose pharmacy claims suggest a low controller ratio. This information prompts a report to their prescriber, which introduces the intervention and highlights beneficiaries with potentially suboptimal COPD control. These beneficiaries may benefit from a review of their COPD therapy. To ensure the program is comprehensive, OptumRx will perform a second analysis 120 days after the intervention to determine the impact of the program on physician prescribing to close the identified gaps in care. The analysis takes into account any increase/decrease in drug cost, as well as an extrapolated estimate for total healthcare savings. Measureable results for this program will be available beginning mid-2019. After OptumRx performs this intervention and follow up analysis, UHC's internal Mississippi MTM team reaches out personally to the prescribers whose interventions have been deemed "unsuccessful" to attempt to further close the identified gaps in care. Additionally, the Mississippi care management team reviews a daily report of 30-day hospital re-admits. These members are referred to the pharmacy MTM team for medication reconciliation prior to hospital discharge. The clinical pharmacist will review the member's discharge med list to ensure evidence based guidelines are being followed where indicated.

The Board commended the CCOs for their individual programs, but inquired about the potential for the CCOs to coordinate their programs in an effort to streamline the process for physicians who see beneficiaries from each CCO. Dr. Odem mentioned the advantage of having competition between CCO's. Dr. Bryant acknowledged the healthy competition between the CCOs, but stated, "What we are here to do is to look at the overall health of this population." Dr. Noble recommended that MS-DUR work with the CCOs to assess outcomes and the effectiveness of each program from a DUR perspective. It was suggested that the CCOs share strengths identified from each program. The DUR Board also discussed various ways to potentially increase access to medications for beneficiaries with COPD: adding medications to the 90-day list or increasing the prescription limit. Ms. Kirby informed the Board

that the Division of Medicaid (DOM) is in the process of updating the 90-day list. Additionally, effective July 1, 2019, the prescription limit will increase from 5 to 6 prescriptions monthly.

Multiple Antipsychotic Prior Authorization Rationale:
At the December 2018 Board meeting members voted to expand the prior authorization criteria for concurrent use of multiple antipsychotics from beneficiaries < 18 years of age to also include beneficiaries who are ≥ 18 years. The Board also requested information from prior authorization approvals in the previous 12 months for reasons cited to support concurrent use of multiple antipsychotic medications in the beneficiaries <18 years of age. MS-DUR compiled information submitted by Change Healthcare, Magnolia Health, and UnitedHealthcare. From the information submitted, it was determined that the most common diagnoses associated with the concurrent use of multiple antipsychotics in children were combinations of autism spectrum disorder, oppositional defiant disorder, disruptive mood dysregulation, schizophrenia, and bipolar disorder. It was also noted that most of these prior authorizations were submitted by psychiatrists or other practitioners working in a psychiatric specialty. Dr. Pittman informed the Board that the prior authorization edit for beneficiaries ≥ 18 years of age concurrently receiving multiple antipsychotics will be implemented after DOM has implemented the opioid POS edits in the POS claims system which should occur during the summer of 2019.

Feedback and Discussion from the Board:
Dr. Bryant discussed a potential project she is involved with coordinating the utilization of medication assisted therapy (MAT) for opioid abuse, evidence-based parent training, and court intervention.
Dr. Ricks discussed long-acting reversible contraceptives (LARCs), barriers to access, and training for providers.

NEW BUSINESS

Update on MS-DUR Educational Interventions:
Dr. Pittman reviewed educational mailing statistics for mailings conducted since the previous board meeting.

Special Analysis Projects:
Asthma Overview and Quality Measure Performance
Dr. Pittman provided an overview of asthma and reviewed asthma quality measure performance in Medicaid for beneficiaries during calendar year 2017. Performance was reported on the Centers for Medicare and Medicaid's core set measure" *Asthma Medication Ratio (AMR) for Adults and Children"* and on the Pharmacy Quality Alliance (PQA) measure for *"Medication Therapy for Persons with Asthma"*. Performance on both reported measures indicate there is room for improvement with respect to the management of asthma in Mississippi Medicaid beneficiaries. A robust discussion took place regarding ways to optimize the management of beneficiaries with asthma to improve performance on asthma quality measures and beneficiaries' health.

MS-DUR presented the following recommendations:

1. MS-DUR should design and implement an educational intervention program to educate providers about performance on asthma medication management and to identify beneficiaries who are not meeting quality measure criteria.
2. DOM and the CCOs should identify beneficiaries failing to meet the quality measures' criteria enrolling these identified beneficiaries in management programs designed to educate patients

on the importance of proper treatment for asthma and encourage greater utilization of controller medications.

Mr. Smith made a motion, seconded by Dr. Bryant, to accept the MS-DUR recommendations and additionally to encourage DOM to explore alternative payment options for regarding asthma medications and patient management services performed by pharmacists for Medicaid beneficiaries with asthma. The motion was unanimously approved by the Board.

Opioid Use and COPD Exacerbations

Dr. Pittman presented a summary report to the Board of a study that was conducted by a MS-DUR analyst. The study examined the association of transient opioid use and acute respiratory exacerbations among adults with COPD enrolled in the Mississippi Division of Medicaid. The report was presented primarily for informational purposes to the board. Board members provided feedback on the project and expressed interest in seeing the full report once it is published.

FDA Drug Safety Updates:

Dr. Pittman presented FDA drug safety communications from December 2018 – February 2019. In addition to the fluoroquinolone safety communication presented in the packet, recent safety communications issued for febuxostat (Uloric) on 2-21-2019 and tofacitinib (Xeljanz) on 2-25-2019 were also presented.

Pharmacy Program Update:

Ms. Kirby took this opportunity to inform the Board of the recent initiation of a series of pharmacy stakeholder meetings DOM is hosting. The purpose is to obtain input from various pharmacy organizations and representatives in the state. The intent is to explore potential to reimburse pharmacists for comprehensive patient management services.

In addition to the items already presented, Ms. Kirby updated the Board on the planned implementation of the opioid initiatives targeted for the summer of 2019. She encouraged members to participate in their state professional associations' listserv email list. DOM's Office of Communications will email provider notices to state professional organizations as one method to provide details regarding updates on upcoming opioid initiatives and POS edits.

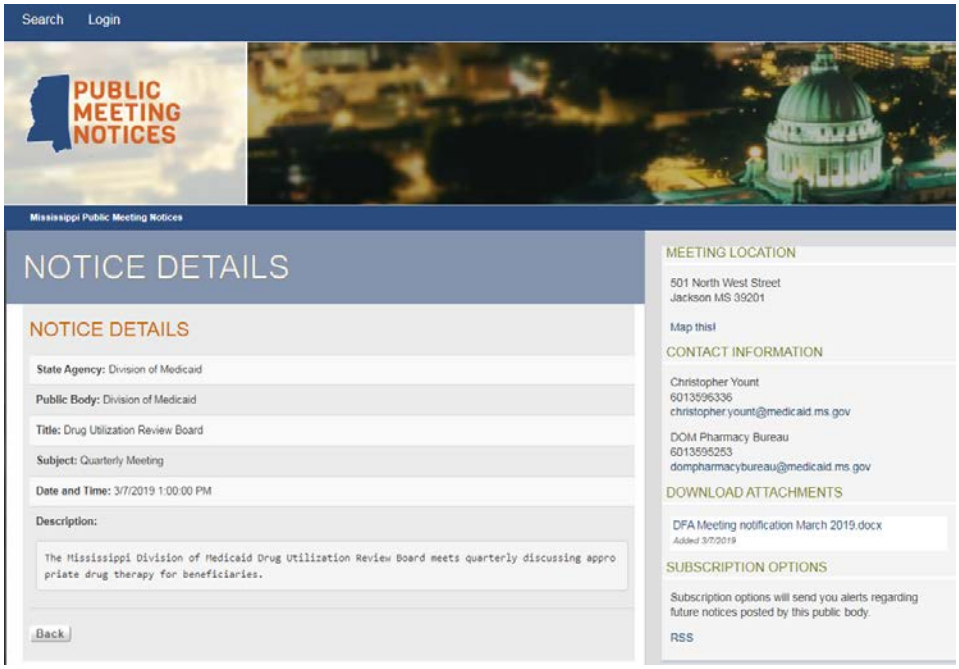
Next Meeting Information:

Dr. Taylor announced that the next meeting of the DUR Board will take place on May 23, 2019 at 1pm.

The meeting adjourned at 3:12 pm.

Submitted,

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



Meeting Location: Woolfolk Building, 501 North West Street, Conference Room 117, Jackson, MS 39201

Contact Information: Pharmacy Bureau:
Chris Yount, 601-359-5253: Christopher.yount@medicaid.ms.gov, or
Jessica Tyson, 601-359-5253; Jessica.Tyson@medicaid.ms.gov

Notice details:

State Agency: MS Division of Medicaid

Public Body: Drug Utilization Board (DUR) Meeting

Subject: Quarterly Meeting

Date and Time: March 7, 2019 at 1PM

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.