MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE MAY 16, 2013 MEETING

DUR Board Members:	Present	Absent
Allison Bell, Pharm.D.	✓	
Logan Davis, Pharm.D.	✓	
Edgar Donahoe, M.D.	✓	
Lee Greer, M.D.	✓	
Antoinette M. Hubble, M.D.	✓	
Sarah Ishee, Pharm.D.	✓	
Cherise McIntosh, Pharm.D.		✓
Mark Reed, M.D. **(Chair)**	✓	
Sue Simmons, M.D.	✓	
Dennis Smith, R.Ph.	✓	
Cynthia Undesser, M.D.	✓	
Vicki Veazey, R.Ph.	✓	
Total	**11**	**1**

Also Present:

DOM Staff:
Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist, DUR Coordinator; Terri Kirby, R.Ph., DOM Clinical Pharmacist; Laura Sue Reno, DOM Program Integrity; Andrea McNeal, DOM Program Integrity

MS-DUR Staff:
Kyle Null, Pharm.D., Ph.D., Clinical Director; Ben Banahan, Ph.D., Project Director

GHS Staff:
Chad Bissell, Pharm.D.

Xerox Staff:
Leslie Leon, Pharm.D.

Visitors:
Greg Johnson, Pfizer Inc.; Teri Breidenbach, Pfizer, Inc; Dan Barbera, Lilly; Callista Goheen, MedImmune; Tim Hambacher, Otsuka; John Mowbray, Auxilium Pharmaceuticals; Hope Berry, Forest Labs

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:00 pm.

Dr. Reed asked for a motion to accept the minutes from the meeting of February 19, 2013. Dr. Reed made a motion to accept the minutes with a second from Dr. Donahoe. All voted in favor of the motion.

Resource Utilization Review:
Dr. Null reviewed the resource utilization report and noted this is first time that we are looking at a 3-month trend following the December 1, 2012 shift of select beneficiaries into MS-CAN. While utilization in most categories remained similar to previous quarters, several categories moved into top 15 class report for first time, including antineoplastic agents and biologic response modifiers. Dr. Null noted that this was a result of the new beneficiary mix following the shift into MS-CAN. Dr. Null also noted a data anomaly in March with claims almost doubled in report, which would be reconciled in future reports. Dr. Null also reviewed palivizumab utilization for the 2012-2013 RSV season, noting that utilization had declined in the fee-for-service population because the category of eligibility for infants had shifted into MS-CAN. Dr. Null noted further that all cases identified as outliers based on the 2012 Redbook guidelines were justified based on the existence of diagnoses in the medical claims data indicating cardiopulmonary compromised neonates.

Pharmacy Program Update:
Ms. Hardwick provided an update on the pharmacy program, including the DOM Pharmacy Newsletter and new classes of drugs being reviewed, including cystic fibrosis agents. Dr. Banahan informed the Board about research abstracts at national meetings and new CMS quality indicators being developed for children and antipsychotic medications that will be reviewed at a future DUR Board meeting. Ms. Clark discussed the increase in use of IDC-9 codes in clinical edits which may be input at the point of sale (POS). Ms. Clark also introduced Billy Thompson, the Pharmacy's new Deputy Bureau Director.

Ms. Clark recognized DUR Board members rotating off, thanking Dr. Reed, Dr. Donahoe, Ms. Veazey, and Dr. Davis for their service on the DUR Board. Ms. Clark noted that Dr. Davis had filled last year of another Board member's 3 year term, which was vacated early due to the Board member moving out of state. Ms. Clark asked Mr. Smith if he would serve as chair for remainder of time with elections to be held at a later meeting. Mr. Smith agreed to serve as chair following Ms. Clark's request.

Program Integrity Update
Ms. Reno provided an overview of a CMS continuing education presentation on program integrity issues and updated the DUR Board on the outcome of pharmacy lock-in initiatives based on recommendations provided by the DUR Board. Ms. Reno reported that one beneficiary was placed in the lock-in program after removing beneficiaries that shifted into MS-CAN, dual eligibles, and others due to diagnoses found in the medical claims. Dr. Null noted that MS-DUR would continue to enhance the report based on feedback from program integrity and that the cut point used to generate the report (currently defined as a beneficiary receiving controlled substance prescriptions from 7 or more prescribers AND pharmacies within a 90 day period, with several exclusions for diagnostic history) could be moved to generate a new list of beneficiaries. Ms. Clark reminded the Board that the cut point that was identified at a previous DUR Board meeting was very conservative for the purpose of testing and that the cut point could be adjusted to meet the needs of program integrity.

New Business:
Special Analysis Projects
Activities to Identify Potential Drug Abuse and Diversion Cases
Dr. Banahan provided an overview of drug abuse and diversion activities. Dr. Simmons noted a need for a way to allow physicians to know beneficiary is in lock in at time they are being treated. Dr. Bell asked about how discharge planning will be affected by lock in when several attending physicians are following up with patient post-discharge. Dr. Undesser mentioned including stimulant medications to the analysis,

noting that multiple children in the same home receiving prescriptions from multiple prescribers may be a good metric to identify potential abuse or misuse. A lengthy discussion followed.

A motion was made by Mr. Smith and seconded by Dr. Davis for MS-DUR to provide numbers on raising the 85% rule for controlled substance refills and raising the 75% rule for non-controls. Future analyses recommended were to explore an edit for detecting over-compliance. It was noted that the analysis should include the number of beneficiaries affected, the number of prescriptions, and classes of drugs.

Controlled Substances Utilization and Monitoring Suggestions
Dr. Null reviewed the report on controlled substances utilization and monitoring, noting key differences between the Special Needs Consulting Services report and the report generated by MS-DUR. Several quality measures were proposed to monitor controlled substances utilization. Dr. Ishee noted the impact of having prescription drug monitoring program (PDMP) data included in the analysis and how the results might change to reflect more accurate consumption. Dr. Ishee also noted the need to account for health conditions in the analysis that were associated with pain medication utilization. Suggestions were made to account for beneficiaries with sickle cell anemia, cancer, gastroparesis and post-surgery as well as a separate analysis for stimulant medications.

The motion was made by Dr. Ishee and seconded by Dr. Hubble to monitor use and report on metrics based on the proposed measures and other recommendations of the Board. There was a unanimous vote in favor of the motion.

"Grandfathering" Criteria on Preferred Drug List
Dr. Banahan discussed the need to refine the definition of "grandfathering" for the purpose of identifying continuous therapy in clinical edits, noting that having the same definition for all drugs and classes of drugs may not be ideal. A robust discussion ensued and the DUR Board concurred that the topic should be tabled until a future meeting.

Condition Overview: Coronary Artery Disease
Dr. Null presented an overview of the coronary artery disease (CAD) report, focusing on the use of lipid lowering therapies in beneficiaries with CAD. Results of this quality measure from a national Medicaid study were reported and the DUR Board provided feedback on a targeted provider educational letter for increasing prescribing of lipid lowering therapies. The suggestion was made to provide an article on the topic for the state medical and pharmacy journals regarding how Mississippi Medicaid does on the measure and what recommendations there are for improving the measure with a targeted prescriber educational letter campaign to follow the article.

Smoking Cessation Utilization Review and Initiatives
Dr. Null reviewed the smoking cessation utilization report and asked for recommendation on how to encourage smoking cessation efforts in the Medicaid population. A discussion followed. The recommendation was made that DOM should explore a change for smoking cessation agents so that they not count toward prescription limits and possibly reducing copay on smoking cessation agents. The motion was made by Dr. Simmons and seconded by Dr. Undesser was approved unanimously.

Exceptions Monitoring Criteria Recommendations
Exceptions monitoring recommendations were taken as a block vote and were unanimously approved.

Next Meeting Information:
Dr. Reed announced next meeting date is August 15, 2013 at 2:00p.m. and thanked everyone for making the effort to attend the DUR Board meeting in order to have a quorum. The meeting adjourned at 4:25p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR