MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE AUGUST 15, 2013 MEETING

DUR Board Members:	Present	Absent
Allison Bell, Pharm.D.	✓	
Beau Cox, Pharm.D. **(Co-Chair)**	✓	
Logan Davis, Pharm.D.	✓	
Lee Greer, M.D.		✓
Antoinette M. Hubble, M.D.	✓	
Sarah Ishee, Pharm.D.	✓	
Cherise McIntosh, Pharm.D.	✓	
Jason Parham, M.D.	✓	
Bobby Proctor, M.D.	✓	
Sue Simmons, M.D.	✓	
Dennis Smith, R.Ph. **(Chair)**	✓	
Cynthia Undesser, M.D.	✓	
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

MS-DUR Staff:
Ben Banahan, Ph.D., Project Director

Xerox Staff:
Leslie Leon, Pharm.D.

Visitors:
John Kirby, Sanofi; John Bilger, Boehringer Ingelheim; Teri Breidenbach, Pfizer, Inc; Roger Brotzinger, Bristol-Myers Squibb

Call to Order: Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:01 pm. Mr. Smith asked Ms. Clark for introductory remarks. Ms. Clark welcomed the new DUR Board members and noted that Dr. Null, Clinical Director of MS-DUR, would be absent from the meeting due to a death in the family and that Dr. Banahan and the Division of Medicaid staff would lead the meeting. Ms. Clark asked for introductions from each of the Board members and members of DOM and MS-DUR staff.

Mr. Smith asked for a motion to accept the minutes from the meeting of May 16, 2013. Dr. Hubble made a motion to accept the minutes with a second from Dr. Undesser. All voted in favor of the motion.

Ms. Hardwick asked for nominations for a co-chair. Dr. Undesser nominated Dr. Beau Cox as co-chair and he accepted. Vote was unanimous in approval of Dr. Cox for co-chair.

Resource Utilization Review:
Dr. Banahan reviewed the resource utilization report and familiarized the DUR Board with the structure of the report and the nature of conducting analysis on administrative claims data. Dr. Banahan noted that the drop in prescription claims in June 2013 was the result of a data transfer issue and not indicative of the actual prescription volume for that month.

At this point, the DUR Board meeting was interrupted for approximately 20 minutes for a fire drill.

Once the meeting resumed, Dr. Davis inquired about variance in the hemophilia prescription claims. Dr. Banahan noted that issue had been raised in a previous meeting and that Dr. Null would be able to provide insight into the variation at the next meeting.

Pharmacy Program Update:
Ms. Hardwick provided the program update for the Pharmacy Bureau, noting a change in the preferred status of doxycycline monohydrate products due to availability and access issues. Ms. Hardwick also alerted the DUR Board to a Medicaid Provider notice (August 2013; page 37) and the FDA Drug Safety Communication in the Appendix of the August 2013 DUR Board packet related to ketoconazole and fatal liver injury and risk of drug interactions. She reviewed the Summer 2013 Medicaid Pharmacy Program Newsletter and provided a copy to the DUR Board (available at www.msdur.org). Ms. Hardwick also discussed the inclusion of a new category on the preferred drug list for antineoplastics. She provided a brief update on prior authorization web portal improvements.

Ms. Clark discussed the potential for a "uniform" preferred drug list between fee-for-service Medicaid and Managed Medicaid (Mississippi CAN) programs. Some of the DUR Board members commented that should a uniform PDL be adopted, that it be modeled after the FFS Medicaid PDL and not modeled after the Managed Medicaid plans PDLs, with regard to formatting, detail, structure, etc.

Ms. Hardwick briefly reviewed the DUR Board responsibilities.

New Business:
Special Analysis Projects
Dr. Banahan provided a review of the types of special analysis projects that MS-DUR conducts for DOM, including a cursory introduction to quality indicator measurement.

Use of Antipsychotics in Children under Age 5
Dr. Banahan reviewed the new quality indicator that has recently been endorsed by the Pharmacy Quality Alliance (PQA) regarding the use of antipsychotic pharmacotherapies in children under the age of 5 years. Dr Banahan noted that the rate of foster children under the age of 5 receiving antipsychotics is much less than the rate of non-foster children. He also discussed an analysis conducted by MS-DUR using 2007 national Medicaid data and noted that Mississippi was near the national average and among the lowest of the southern contiguous states. Dr. Banahan concluded that based on the data presented and the edits currently in place, MS-DUR is not recommending any changes at this time.

Ms. Clark noted that the rate in 2007 had decreased due to age edits and other recommendations from the DUR Board around that time.

Adherence to Non-warfarin Oral Anticoagulants
Dr. Banahan reviewed the report on adherence to non-warfarin oral anticoagulants and noted that because the sample size is very low (n=10), that no action was being proposed at this time. The quality measure is being reviewed due to the recent approval of it by PQA.

Cumulative Quantity Edit Model of Controlled Substances
Dr. Banahan discussed previous analyses conducted on the use of controlled substances by beneficiaries receiving controlled substance prescriptions (e.g., opioids) from multiple prescribers and receiving fills at multiple pharmacies. Dr. Banahan also discussed previous analyses that assessed hypercompliance on controlled substances, including the current early refill edit set to require 85% of the days supply from the previous fill to pass before approving a new fill. Dr. Banahan noted a conversation that he had with other Medicaid programs and private payers during a conference call and they reported having cumulative edits to address early refills, particularly on controlled substances. Dr. Banahan reviewed the model developed by MS-DUR of implementing a cumulative quantity edit on controlled substances. Discussion among the DUR Board members and MS-DUR/DOM followed regarding the report.

Dr. Ishee made a motion to accept the recommendation made by MS-DUR to implement a new criterion for early refills of controlled substances, allowing for cumulative additional 8 days supply over a 100 day period. Dr. Undesser seconded the motion and it was unanimously approved.

Antineoplastics Utilization Review
Dr. Banahan introduced the antineoplastics utilization review and discussed the addition of this category to the preferred drug list, currently all as preferred agents. He also noted that the number of claims was relatively low for this category, but it represented the 11th largest therapeutic category in terms of reimbursement. He reminded the DUR Board that the majority of FFS Medicaid is pediatric. Dr. Banahan noted that a few injectable drugs were initially included on the list, but only the oral antineoplastics would be reviewed. Dr. Banahan noted that the DUR Board would review this category in greater depth at the November 2013 DUR Board meeting with regards to initial fill criteria to reduce potential waste and clinical criteria to promote appropriate use. Ms. Clark noted that these products were being added as preferred to the PDL and that fills would count towards the prescription fill limit, but not the two brand limit because they are preferred products.

Exceptions Monitoring Criteria Recommendations
Dr. Banahan reviewed the proposed exceptions monitoring criteria and gave an overview of how these criteria were developed, typically using FDA safety alerts and labeling changes. Exceptions monitoring recommendations were taken as a block vote. Dr. Davis motioned and Dr. Parham seconded the motion to approve the exceptions monitoring criteria, which were unanimously approved.

Next Meeting Information:
Mr. Smith announced next meeting date is November 21, 2013 at 2:00p.m. The meeting adjourned at 3:43p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR