MISSISSIPPI DIVISION OF MEDICAID
DRUG UTILIZATION REVIEW (DUR) BOARD
MINUTES OF THE FEBRUARY 13, 2014 MEETING

DUR Board Members:	Present	Absent
Allison Bell, Pharm.D.	✓	
James R. "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 Poctor, M.D.	✓	
Sue Simmons, M.D.	✓	
Dennis Smith, R.Ph. (Chair)	✓	
Cynthia Undesser, M.D.	✓	
Total	**12**	**0**

Also Present:

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

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

Xerox Staff:
Flecia Labrano

Visitors:
Dan Barbera, Lilly; Roger Grozinger, BMS; John Kirby, Sanofi; Steve Curry Meda; Tim Melanlow, Baxter; Danny Duke, Merck; Bob Firnberg, Gilead;

Call to Order: Mr. Dennis Smith, Chairman of the Board, called the meeting to order at 2:02pm.

Approval of previous minutes:
Motion by Dr. Proctor, second by Dr. Hubble. Passed unanimously

Dr. McIntosh arrived at 2:05pm, making a full Board.

Resource Utilization Review:
Dr. Null discussed the new tables in resource report. Dr. Ishee asked for clarification about Tamiflu claims in December. Dr. Null noted a data discrepancy that was identified near the holidays that was rectified after the printing of the Board packets. Dr. Hubble provided clarification on the appropriate use

of multiple treatments of Tamiflu for the same beneficiary, which could also explain the higher claims count relative to the number of beneficiaries in the report.

Pharmacy Program Update:
Ms. Hardwick noted changes made to the January PDL including that the Ciprodex age edit has been increased to <= 14 years of age, permethrin 5% cream age change, and a trial of Vyvanse is no longer required for Adderall XR. Ms. Hardwick also reminded the Board that effective 1/1/2014, prescribers were required to be Medicaid provider, which is a Federal mandate. Prescribers who do not bill Medicaid for professional services, but who write prescriptions must be enrolled as an ordering and referring prescriber. A state law was passed that mandates a standardized PA form, which is on the DOM web site and will be the only form accepted in future. A provider notice will soon be on the web site about PDL changes that will occur April 1, 2014. Two new classes are being added to the PDL: colony stimulating factors and vaginal antifungals. DOM is hoping for a uniform PDL by July 1.

Dr. Null provided an overview of quality of care initiatives being undertaken by MS-DUR this year that have been approved by the DUR Board. A general letter was mailed to ~1,000 top prescribers over January and February 2014 describing the initiative. MS-DUR and DOM will be targeting these measures during next few months and will be reporting to the Board perhaps by August when enough time has occurred to see differences.

Ms. Clark reported that the recommendation the Board made on moving diabetic supplies to POS has been presented to DOM Executive Director's office and will hopefully be implemented as soon as possible. She also discussed a prescriber on the Coast reported a problem filling OTCs. No other Board members reported any problems. A possible explanation is due to a local store brand not participating in rebate program and therefore, not being covered.

New Business:
Multi-Opioid, Multi-Provider Use in Persons Without Cancer
Dr. Null reported on new measures being developed by the Pharmacy Quality Alliance that relate to multi-opioid, multi-provider use. Data were presented to the DUR Board in May 2012 to illustrate the number of beneficiaries that would be identified using various criteria. Dr. Null discussed that these measures are currently in the discussion stage at PQA but they are similar to one already used by CMS and by the MS-DUR. Dr. Bell asked if this data includes cash claims. Dr. Null indicated we do not have the PMP data yet. Dr. Null noted that Medicare Part D plans have been mandated to pursue exceptions of these measures.

Dr. Simmons indicated provider feedback on beneficiaries flagged by these measures would be very useful. Dr. Greer asked about the procedure and the capacity of Program Integrity (PI). Ms. Reno (from PI) provided background on how initial list was processed by PI. Dr. Undesser suggested letter be sent to providers for 4 prescribers + 4 pharmacies (4+4) even if PI used higher criteria. Ms. Reno indicated PI would really like a list from measure 3. Dr. Greer recommended provider letters about patients with 4+4 and list to PI for investigation if 6+6 with MED reported. Ms. Clark suggested an article for the state journals might be effective. Mr. Smith asked for confirmation that the recommendations being addressed would not affect any previous reporting to PI, namely reporting non-cancer beneficiaries going to 7 prescribers and 7 pharmacies. Dr. Null confirmed that was the case. Dr. Bell suggested looking for providers with large number of patients in Measure 1. The recommendation was made that Measure 1 would be further stratified based on important variables (ICD-9 codes, top prescribers, etc.) and reported, beneficiaries flagged by Measure 2 would result in letters to their providers, and beneficiaries

flagged by Measure 3 would be reported to PI and a letter would be sent to their providers. Dr. Undesser made a motion, which was seconded by Dr. Bell. The Motion was unanimously approved.

Analysis of APAP Dose Recommendations by FDA
Dr. Null explained how some shift has been observed since June 2013 with reduction in claims with drug strength >325 mg. Priority for provider letters will be on beneficiaries with 2+ APAP prescribers. Dr. Bell asked if letter to pharmacies might help to also address OTC use not paid by DOM. Some discussion was made by the Board with no clear consensus on whether pharmacies should be a part of the outreach initiatives. A motion to accept recommendation as written was made by Dr. Hubble, with a second by Dr. Proctor. The motion passed unanimously.

Access to and Utilization of Immunization Services
Dr. Banahan reviewed the report with the DUR Board. Dr. McIntosh indicated that all current pharmacy graduates are certified by the time of graduation. Dr. McIntosh noted that immunization recertification among pharmacists is more of an issue. Dr. Hubble asked if protocol and record keeping is as difficult for adults. Ms. Clark indicated it is not as rigorous for adults. Ms. Clark noted that based on state statistics, Mississippi does very well on pediatric vaccines but poorly on adult. Dr. Cox reported that the State Board of Pharmacy is discussing whether should require 2 pharmacists on duty when doing immunizations, limiting vaccines to certain times of day, etc. Dr. Cox noted that the addition of an administration fee would be an important step towards getting companies to recognize the vaccinations as a source of revenue to offset any additional costs that implementing the program would cost. Ms. Clark stated that DOM needs to remove as many barriers as possible, like prescription service limits (i.e., 5 prescriptions per month) and let the Board of Pharmacy handle other issues. Dr. Proctor indicated that providers are reluctant to do pediatric because of paperwork. Costs differences between office injected vs. prescription benefit is often prohibitive to getting in medical office. A motion to accept recommendations as written made by Dr. Davis, seconded by Dr. Hubble, approved unanimously.

Exceptions Monitoring
Dr. Null reviewed exceptions criteria recommendations. All exceptions monitoring criteria reviewed at this meeting were from FDA recommended safety warnings and labeling changes for things MS-DUR can monitor in a meaningful way. Dr. Bell noted a typo on number 8, which Dr. Null said would be fixed upon posting the final copy to the DOM website. Dr. Cox recommended accepting the exceptions monitoring criteria as a block vote, which was seconded by Dr. Parham. The motion passed unanimously.

Next Meeting Information
Mr. Smith announced that the next meeting date is May 15, 2014 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 3:25pm.

Submitted,
Evidence-Based DUR Initiative, MS-DUR