Mississippi Division of Medicaid Drug Utilization Review (DUR) Board
Minutes of the February 17, 2011 Meeting

Members Attending: Gera Bynum, R.Ph.; Edgar Donahoe, M.D.; Laura Gray, M.D.; Paul Read, Pharm.D.; Vicky Veazey, R.Ph.; Jason Strong, Pharm.D.; Mark Reed, M.D. **Members Absent:** Alvin Dixon, R.Ph.; Jason Dees, D.O.; Lee Merritt, R.Ph.; Frank Wade, M.D.

Also Present: DOM Staff: Judith Clark, R.Ph., DOM Pharmacy Bureau Director; Shannon Hardwick, R.Ph., DOM Clinical Pharmacist; Terry Kirby, R.Ph., DOM Clinical Pharmacist; Andrea McNeal, DOM Bureau of Program Integrity. **MS-DUR Staff:** Kyle Null, Pharm.D., Clinical Director; Ben Banahan, Ph.D., Project Director. **Visitors:** Darlene Bitel, Shire; Frank Folger, MedImmune; Kristen Davis, Takeda; Al Reine, Takeda; Marcus Kirby, Takeda; Dan Barbera, Lilly; Michael Vaughn, Astra Zeneca; Lee Ann Griffin, Pfizer.

Call to Order: Dr. Mark Reed, Chairman of the Board, called the meeting to order at 2:08 p.m.

Ms. Clark noted that Dr. William Bastian had passed away since the last DUR Board meeting. She commented about his valued service to the DUR Board and to the community. Ms. Clark also mentioned that because his tenure on the Board was set to expire on June 30, 2011, a new member would be appointed at that time. Ms. Clark introduced the new DUR vendor, The University of Mississippi School of Pharmacy (referred to as MS-DUR), the Division of Medicaid staff present, as well as acknowledging the visitors in the meeting. Ms. Clark noted that there was an addendum to the DUR Board packet, which will be posted on the Mississippi Medicaid website following the meeting.

Dr. Reed asked for a motion to accept the minutes from the meeting of November 18, 2010. Dr. Gera Bynum made a motion to accept the minutes with a second from Dr. Laura Gray. All voted in favor of the motion.

Resource Utilization Review:
Dr. Null pointed out the new format of the cost management report (now called resource utilization) and continued to review the Top 15 Therapeutic Classes by cost of claims and by number of prescriptions written. Additional format changes included noting the PDL marking in chart, indicating preferred drug list status. Dr. Null also discussed examples of molecule grouping with individual products listed underneath and noted potential benefits of the new reporting format, including prenatal vitamins now showing on chart as molecule. Clark commented on prenatal vitamins being hot topic for many states at this time and that the DOM will be looking at this in coming months. Dr. Null requested feedback from the Board on the new reporting format and the consideration of adding quarterly trend summary. Dr. Paul Read commented favorably about the new report format, noting that it was easier to read and the added detail would prove to be beneficial. The DUR Board concurred. Ms. Clark recommend that we consider hiding non-intuitive artifacts of the new reporting format, such as Entocort EC being reported under the budesonide section containing respiratory products. The DUR Board supported Ms. Clark's recommendation and also gave a positive response to incorporating a quarterly trend chart to aid in communicating drug movement over the reported quarter.

Criteria for PA Decisions:
Dr. Null reviewed the electronic prior authorization (PA) system that the Division of Medicaid began using a few months earlier. He outlined the need for criteria to establish "medically-accepted indications" for the electronic PA process to streamline the process of incorporating more PAs into the

electronic format. Dr. Null also reviewed the currently approved drug reference compendia and discussed MS-DURs recommendation for establishing criteria for PA approval. MS-DURs recommendation included utilizing a combination of the "Strength of Recommendation" and "Efficacy" ratings found in the Micromedex DrugDex Consult Evidence Rating System to determine a "medically-accepted indication". Ms. Clark explained the need for updating electronic PA to minimize need for manual PA. Dr. Donahue asked about the manual PA load at this time. Ms. Clark reported 5,612 manual requests since January 1st, noting that about 45% were handled by phone. This includes those submitted through the web portal. Dr. Donahoe asked if there were other options for identifying "medically-accepted indications" other than those noted in the discussion (see the "Criteria for Identifying "Medically-Accepted Indications for Prior Authorization Decisions" section of the February 17, 2011 DUR Board Packet for a full discussion). Dr. Null responded that, other than what was reported to the DUR Board in the background section, there was no routine mechanism in the literature or in practice that could be identified. Ms. Clark and Dr. Null clarified that the criteria would be for automatic inclusion of drug/indication in electronic PA process in order to speed up review/approval process. Even for drug/diagnoses combinations automatically rejected, there is the appeal process. MS-DUR's recommendation was that an indication provided by Micromedex with a "Strength of Recommendation" and an "Efficacy" rating of at least Class IIa could be used to determine whether an indication could be considered a "medically-accepted indication." Furthermore, indications which carry a Class IIb in either the "Strength of Recommendation" or "Efficacy" ratings would require manual review. Dr. Null acknowledged that the narrative text found in AHFS-DI supporting an indication is used by could be used as a secondary source, if needed. A motion was made by Dr. Paul Read to accept MS-DUR recommendation. The motion was seconded by Dr. Donahoe. No other discussion followed. All voted in favor.

Specialty, Orphan, and Ultra-Orphan Drugs:
Dr. Null reviewed background on specialty, orphan, and ultra-orphan drugs, noting that in May – December 2010, Mississippi Medicaid spent about $413,000 on 57 claims for three ultra-orphan drugs alone. MS-DUR recommendation is that we further analyze use patterns in this area and report to DUR at next meeting. Ms. Clark discussed what is being done by other states to assure appropriate use of "specialty drug" products. Dr. Read asked if there was data about what other states have saved adopting new procedures. Ms. Clark and Dr. Null responded that none were available or had not been identified. The DUR Board concurred that this is area of interest and should be reported in greater detail at the next meeting.

Coordination of Pharmacy and Medical Claims:
Dr. Null reviewed the background of the topic, including an overview of upcoming changes in the DUR process brought about by the Patient Protection and Affordable Care Act of 2010, particularly noting increasing efforts for fraud, waste and abuse detection. Ms. Clark explained that CMS has required rebates be collected on J-codes for several years. Dr. Banahan discussed the potential for accidental double billing of J-codes and NDCs to Medicaid through both the medical and pharmacy benefit. The Board agreed it should be examined and reported at next meeting.

Quality indicators:
Dr. Null reviewed the background of calculating quality indicators relevant to DUR. The Federal Register published on December 30, 2010, included quality measures for adult Medicaid beneficiaries to be voluntarily reported in the coming years. Dr. Null mentioned that quality measures for children were also being proposed, but do not address any DUR medication measures. Dr. Null outlined MS-DUR's intention to shift interventions to more educational and coordinated care, rather than letters about past

events. Dr. Donahue discussed problems with letters. Ms. Clark noted her support for MS-DUR's education-focused activities. Dr. Paul Read discussed pharmacies involvement in compliance with patients. The Board has some concerns about what measures are included and strategies utilized in educational interventions. MS-DUR will provide additional information on the educational interventions at the next DUR Board meeting.

Updated Guidelines for Substituting Pradaxa® in Select Patients on Warfarin:
Dr. Null provided the background on the topic, noting the updated guidelines from the American College of Cardiology, the American Heart Association and the Heart Rhythm Society for Pradaxa® to be used as an alternative to warfarin in select patients. Ms. Clark indicated the cost difference of the drug itself is substantial, but there are big differences in monitoring costs and outcome costs. Ms. Clark also noted that Pradaxa® is being reviewed by P&T at next meeting. MS-DUR will track and report at next meeting.

Pharmacy Program Update:
Ms. Clark distributed a copy of the PDL changes that went into effect January 1 and noted that the PDL changes were available on the Division of Medicaid's website. Ms. Clark noted that nutritionals are a problem in that they are considered food but are being processed in prescription claims. Ms. Clark also distributed a provider guide for minimizing problems with PA system that the Division of Medicaid developed in response to the influx of PA requests. The drugs included in the guide represent a large volume of the PA requests that have to be addressed.

Dr. Reed announced next meeting date is May 19, 2011 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 3:27p.m.

Submitted,
Evidence-Based DUR Initiative, MS-DUR