HEALTH INFORMATION DESIGNS

# Wisconsin DUR Board Meeting
# September 2, 2009

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Health Information Designs, Inc. (HID)

# Overview

- HID Background
- HID Clinical/Technical Staff
- Wisconsin DUR Program (Role of HID)
- RDUR Process
- RxExplorer®

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# HID Company Overview

- 27 Years Experience in Providing RDUR and Other Pharmacy Management Services
- RDUR provider in sixteen State Medicaid Programs
- Works with four State Health Department Programs
- Provides services for several commercial Pharmacy Benefit Management (PBM) Organizations
- Home office in Auburn, Alabama
- Full-time clinical pharmacist located in Madison, WI
- Staff in Alabama, Arkansas, Connecticut, Kansas, Maryland and Mississippi

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# Pharmacy Support Services Provided by HID

- Retrospective Drug Utilization Review
- Lock-In
- Prior Authorization
- Preferred Drug List Development and Management
- CMS and Supplemental Rebate Management
- DUR Board and P&T Committee Support
- Electronic Health Record Systems & Management
- Prescription Drug Monitoring Programs
- Disease Management Programs
- Academic Detailing and Physician Education Services
- Electronic Prescribing
- Data Warehouse and Decision Support Systems
- Fraud and Abuse Detection Systems
- Research and Statistical Analysis

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# 2009 HID Services Map

**12 million covered lives**

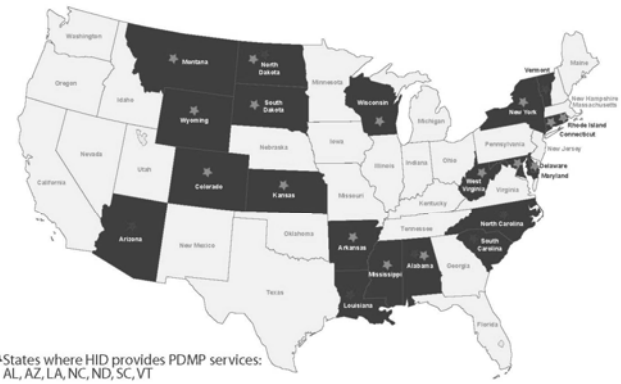
(21% of national total)

**States served by HID have total Medicaid expenditures of $87 billion dollars**

(28% of national total)

**Operating in 16 states**

(32% of national total)




*States where HID provides PDMP services: AL, AZ, LA, NC, ND, SC, VT

*States where HID provides Medicaid services: AL, AR, CO, CT, DE, KS, MD, MS, MT, NY, ND, RI, SD, WV, WI, WY

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# Role of HID

- DUR Board support
- Criteria development
- Monthly profile evaluations
- RxExplorer®
- Lock-In support and management
- Standardized reports
- Ad hoc reports
- Data analysis support

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# Clinical/Technical Staff for Wisconsin DUR Program

Monica Yeazel, R.Ph. – Clinical Account Manager

John Williams, R.Ph. – Pharmacy and Prescriber Inquiries

Pam DeRuiter, R.Ph. – Criteria Manager

Clif Fisher – Data Systems Analyst

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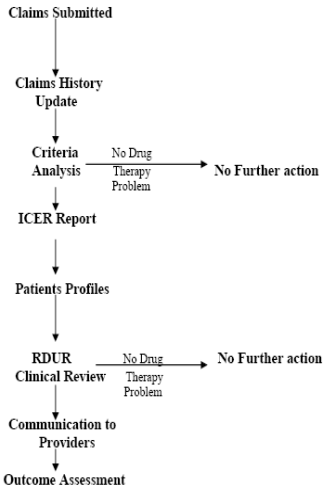
# RDUR Process

- Criteria developed
- Criteria presented to DUR Board
- Criteria implemented
- Initial criteria exception report (ICER) created
- Topics for profile review selected from ICER
- Patient profiles selected and reviewed
- Letters sent to providers with a response form and self-addressed return envelope
- Provider responses entered into database
- Quarterly report presented to DUR Board demonstrating impact of interventions

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# Data Mining Tool, RxExplorer®

- RxExplorer® is a pharmaceutical decision support system that provides the user with desktop access to the entire prescription claims database for patient profiling, provider (physician/pharmacist) profiling, and demographic analyses
- The product is user-friendly with pre-defined reports, and, more importantly, offers a wide array of ad hoc reporting capabilities
- RxExplorer® is Internet browser based
- Includes standardized and ad hoc reporting

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# Criteria Development

- Health Information Designs, Inc., maintains a comprehensive list of approved criteria that all claims are run against each month.
- The criteria include drug/drug interactions, drug/disease contraindication and precautions, over utilization, under utilization, disease state management, black box warnings, and cost savings.
- Criteria are defined as minor, moderate or severe according to the medical literature.
- Criterion are added, deleted or modified per instructions from the DUR Board. Additions and changes are presented to the committee each meeting for approval.
- All drug classes are reviewed periodically for the addition of new drugs and new drug-drug interactions, precautions, and contraindications.
- FDA site is reviewed daily for new drugs.
- Existing criteria are reviewed for needed updates and/or modifications. Criteria alert messages and references are reviewed for new and/or additional information.
- Disease State Management topics and nationally-recommended guidelines are reviewed for possible new criteria.

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# Sample Criterion

**Lovastatin / Amiodarone**

Alert Message: Concurrent use of amiodarone and lovastatin may increase the risk of myopathy/rhabdomyolysis, particularly with lovastatin doses greater than 40 mg daily. Doses of lovastatin greater than 40 mg per day in patients taking amiodarone should be avoided unless the clinical benefit outweighs the increased risk of myopathy/rhabdomyolysis. Consider using an alternative statin (i.e., pravastatin, fluvastatin, or rosuvastatin) which is not metabolized by CYP3A4.

Conflict Code: DD – Drug/Drug Interaction

| Util A | Util B | Util C |
|---|---|---|
| Lovastatin 60 mg | Amiodarone | |

References:

Facts & Comparisons, 2008 Updates.
Micromedex Healthcare Series, DrugDex Drug Evaluations, 2008.
Mevacor Prescribing Information, Sept. 2008, Merck & Co., Inc.

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# RDUR Criteria Recommendations

- Antipsychotics
- Diabetes
- Post-Myocardial Infarction
- Asthma
- ACE/ARB & Statin Use in Women of Childbearing Age

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# Current Criteria

The WI DUR board has 70 approved criteria. Some of the categories include:

Overutilization
Adverse Fetal Effects
Therapeutic Duplication
Disease State Management


# Antipsychotics

Non-compliance with the dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.

# Diabetes

According to recent NCEP guidelines, diabetes alone is a risk equivalent for developing coronary heart disease (CHD). Unless contraindicated, consider initiating LDL-lowering drug therapy in addition to lifestyle modifications (e.g. diet, exercise).

Analysis of data found over 13,700 patients that meet this criteria in the first 6 months of 2009.

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# Diabetes

According to the JNC 7 report, the hypertension treatment goal for patients with diabetes is a blood pressure of < 130/80 mm Hg. Adding an ACEI or an ARB should be considered if no contraindications are present.

Data analysis found approximately 13,000 patients that meet this criteria in the first 6 months of 2009.

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# Diabetes

Glitazone-containing products may cause or exacerbate congestive heart failure.

Data analysis revealed over 50 patients found taking these drugs with a diagnosis of CHF in June 2009. There is a new Black Box Warning pertaining to this class of drugs.

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# Post Myocardial Infarction

Patient has a history of myocardial infarction and may benefit, if no contraindications are present, from the addition of an ACE inhibitor (or and ARB if ACEI intolerant.)

Data analysis found 125 patients that meet this criteria in June of 2009.

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# Post Myocardial Infarction

Patient has a diagnosis of myocardial infarction and is on an antihypertensive medication. The current JNC-7 report recommends a beta-blocker, ACE inhibitor or an aldosterone antagonist.


# Asthma

NIH Guidelines suggest for long term control of asthma, patients 0 – 4 years of age with mild persistent to severe persistent cases may benefit from the addition or increased dose of an inhaled corticosteroid (ICS) as preferred therapy.

# Asthma

NIH Guidelines suggest for long term control of asthma, patients 5 – 11 years of age with mild persistent to severe persistent cases may benefit from the addition of, or increased dose of, an inhaled corticosteroid (ICS) as preferred therapy.


# Asthma

NIH Guidelines suggest for long term control of asthma, patients 12 and older with mild persistent to severe persistent cases may benefit from the addition of, or increased strength of, an inhaled corticosteroid (ICS).

# ACE/ARB & Statin Use in Women of Childbearing Age

Use of ACEIs/ARBs and/or statins in women of childbearing age should be approached with caution. This may result in increased risk of fetal abnormalities.

More than 11% of the women on contraceptive therapy have been found to be taking an ACE/ARB or a statin drug.

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# Questions??