Drug Utilization Review (DUR) Board Meeting
Wednesday, September 2,, 2009
1:00 P.M. to 4:00 P.M.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:	Philip Bedrossian, MD	**Absent:**	Franklin La Dien, RPh
	Lon Blaser, DO, CPE		Michael Ochowski, RPh
	Robert Breslow, RPh		Dennis Olig, RPh
	Ward Brown, MD		Nancy Ranum, MS,RN,CS-ANP,APNP
	Patrick Cory, PharmD		Eva M. Vivian, PharmD
	Daniel Erickson, MD		
	Robert Factor, MD, PhD		
Guest:	Erik Bauch in lieu of Franklin La Dien		

DHCAA:	Carrie Gray	**EDS:**	Tom Olson, PharmD
	Rita Hallet, RN		Jennifer Proudfit, RPh
	Marilyn Howe,RN		Monica Yeazel, RPh
	Lynn Radmer, RPh		
	Kimberly Smithers		
	James Vavra		

I. Welcome and Introductions

James Vavra called the meeting to order at 1:10 p.m. Introductions were made. A quorum was present.

II Approval of Agenda

Motion made and seconded to approve the Agenda as published. Motion carried.

III Approval of Minutes – June 3, 2009 Meeting

Motion made and seconded to approve minutes as published. Motion carried.

IV Rate Reform

James Vavra presented a power point program (refer to ForwardHealth Rate Reform Project) with an overview of the Project. Highlights of his presentation included:
-25-30 members of the advisory groups represented pharmacy
-Highest volume of ideas came from Pharmacy and LTC areas
-Other states response to budget cuts has been significant cuts in provider reimbursement and some cuts in benefits & eligibility
-In order to accomplish budget mandate in WI, provider cuts and benefit eliminations would have to be unacceptably significant.
-Instead, the WI approach is to continue to protect vulnerable populations, look for minimal provider reimbursement cuts and focus on paying for value rather than volume in pay for performance measures (P4P).
-Managed care administrative reimbursements will be reduced and competitive bid (RFP) process will apply to managed care contracts with the incorporation of P4P.
-Payments for critical access hospitals will be reduced to "cost". ***Discussion*** of whether this could force hospitals to close concluded that it would not.

-Additions of decision support tools (DST) for medical imaging and evidence based interventions were specifically highlighted
-CACHET-Clinical Advisory Committee on Health and Emerging Technology
-Oxycontin brand is cheaper than generic due to rebates as high as 30%
-The Texas Medication Algorithm Project is off the table
-Eliminating the Repackaging Allowance is off the table
-Tablet splitting initiative not really fruitful, due to recent generic switches.
-Diabetic supplies will be on Preferred Drug List (PDL)
-DAPO Center will shift burden of PA from pharmacy to Prescriber and will allow for real time approval of PAs by a pharmacy technician using State policy templates
-MDs will have access through the Portal to download the clinical criteria forms required for each PA category
-Specialty pharmacy is expected to go to 1 to 3 exclusive vendors
-MAC pricing will continue to be kept up to date. Discussion surrounded basis or formula for MAC calculations.
-Changes to dispensing fees will result in adequate compensation for pharmacies.
-Plan for auditors to be added for Program Integrity at an anticipated savings of $1.5 M per auditor hired.
-Women and children can get Express Enrollment at clinic visits.

V. Review of Current Retrospective Drug Utilization Review

Steve Espy, R.Ph., Director of DUR for Health Information Designs, Inc. (HID) and Monica Yeazel, R.Ph., Pharmacist Account Manager for HID in WI presented a power point program (refer to HID WI DUR Board Mtg). Copies of Current RDUR Criteria and Recommendations for future RDUR Criteria were presented for illustration and review. Highlights of the presentation were:
-Monica is local support, in EDS, and has corporate support in Auburn, AL
-HID is the new RDUR and lock-in vendor subcontracted to EDS for WI Medicaid
-HID Criteria has been used in WI for at least 10 years as subcontractors to APS Healthcare, the previous vendor.
-An explanation of how criteria are built and employed, with options to use core criteria already built and used by HID and to ask HID to customize existing or create new criteria per request from the State.
-A number of criteria not currently "turned on" for WI were illustrated in the presentation, with the number in parentheses on the slide referring to the recommendation number on attachment 4.
-Explanation of underutilization defined as 75 days or less supply of medication in a 90 day period.
-Reminder that all criteria "hits" undergo clinical review by pharmacist before intervention letters are sent out. Not every hit will result in a letter; more than one letter may result form one hit (multiple providers involved with member's care)
-Note that the provider letters included in attachment 4 are already approved by WI, with the exception of the letters being broken down by age of the member.
-Criteria are for WI to implement as chosen by State and DUR Board as advisory.

VI. Break

VII. Summary of Lock-in Expansion

Tom Olson, PharmD presented a power point program (refer to WI Medicaid Lock-In Overview)
Highlights of the program include:

-Explained overuse of pain medication criteria as 120 days supply or greater within 90 days and a negating code for mitigation diagnoses in the last 180 days. (i.e. a cancer diagnosis etc)
-***Discussion*** regarding ability/desirability of cross checking lock-ins with court records for drug offenders or against urine drug screens. At this point, no mechanism to do these crosschecks.
-Noted that forgery letter may not be continuing in new program.
-Expansion of lock-in is a goal with no specific number attached. HID Lock-in Criteria is more expansive than has been used in the past and will likely expand lock-in with its implementation.
-***Discussion*** of whether appeals rate will go up as lock-in expands. Board would like reports on the number of evaluations (reviews), number of lock-ins, and the number of appeals.
-***It was moved and seconded to approve the HID lock-in criteria***. ***Discussion*** regarding alternatives, and lack of comparison. ***Motion passed with 3 members-Dr Factor, Patrick Cory and Bob Breslow- abstaining***

VIII. Preferred Drug List Recommendations

Carrie Gray gave an update on which classes had changes different from PA Committee recommendations:
1. Stimulants-Strattera requires PA for all members and is grandfathered.
2. Antiparkinson agents- Added Requip XL to PDL only if diagnosis of Parkinson's
3. Analgesics/Anesthetics-Flector was recommended to be added. The recommendation was rejected, and Flector remains non-preferred.
4. Asmanex-Recommended as preferred. Modified to preferred for 12 yoa and younger. Other uses require PA
5. Levaquin-Recommended as non-preferred. Cipro, Avelox are preferred.
6. Sancuso Recommended and accepted as preferred
7. Celebrex is non-preferred. Byetta and Symlin are non-preferred.
-New PDL effective 10/1/09, will be published to web in next few weeks
-Stat PAs are available for most PDL drugs

IX. Future Targeted Interventions

Tom Olson presented information on future targeted inventions and referred to a handout titled Potential Topics for DUR Targeted Interventions.
-Tom noted that WPQC is coming up in January, and it would be good to include these intervention reports into WPQC.
-***Discussion*** surrounded looking at underutilization of antipsychotics and comparing WI to other states.
-Pat Cory suggested that with the prevalence of H1N1 flu, an asthma treatment intervention may be appropriate, especially to get kids in better control or limit use of excess short acting beta agonists (SABA) and encourage inhaled corticosteroid (ICS) use.
-It was noted that successful interventions should not be a one-time thing. We need to re-do interventions that work, because changes in behavior are often short-lived.
-It was also suggested to look at diabetics and ACE inhibitor use, or lack thereof.
-Some specific process suggestions for any intervention were:
    Create some report to MCOs on which providers get intervention letters
    Overlap in information to providers is not good; overlap to members is beneficial
-Tom will work with HID to gather outcomes data and keep board informed.

X. **Adjournment**

The motion was made, seconded and passed to adjourn the meeting.