DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
SEPTEMBER 6, 2006 MEETING SUMMARY

Wednesday, September 6, 2006
1:00 P.M. – 4:00 P.M.
1 West Wilson Street, Room B139
Madison, WI 53703

DUR Board Members Present:	Daniel Erickson, MD Lee Vermeulen, Jr., RPh, MS Ward Brown, MD Franklin LaDien, RPh Robert Factor, MD Nancy Ranum, MS, RN Pamela Ploetz, RPh Mike Boushon, RPh
APS Healthcare/EDS:	Mike Mergener, RPh, PhD Allan Mailloux, PharmD Karen Paulson (Scribe) Jennifer Heibel Scott Hawley Tom Olson
DHCF:	Richard Carr, MD Ted Collins, RPh Marilyn Howe, RN Molly Turbin
Guests:	Jagdish Shastri, Eli Lilly Richard McCormick, Amgen Dan Anderson, Purdue Chuck Corallo, Genentech

Meeting Summary

Dr. Richard Carr called the meeting to order at 1:00 P.M.

I. Approval of Agenda

Agenda was approved as published.

II. Approval of Minutes – June 7, 2006 Meeting

Minutes were approved as published.

III. Drug Utilization Review Overview

Dr. Carr presented an overview of the Wisconsin DUR program including:

- Purpose
- Board Composition
- Responsibilities
- Activities
- Recipient Lock-in
- Annual Objectives
- Staff

The slides from the presentation are included in Attachment 1.

Following is a summary of the discussions that occurred during the presentation:

- Fraudulent providers are often identified during retrospective DUR activities. Dr. Carr spoke about an example of a fraudulent provider being identified and how the provider is now under investigation. The results of the investigation will be shared with Board members at the next DUR Board meeting.
- The recipient lock-in program has been expanded to look at emergency room utilization. The program uses a database that is accessed within ERs for recipients which use the ER for non-emergency services. Interventions are conducted with the patients' primary care providers to help prevent the individuals from over-utilizing ER services. The expanded program has not been evaluated.
- The DUR Board will identify 2 interventions to conduct during the next year.
- The Board discussed how the WI DUR program compares to other state MA DUR programs. Staff indicated that the WI DUR program is very similar to other MA DUR programs. Dr. Mergener summarized WI's participation in the American Drug Utilization Review Society (ADURS). ADURS has completed a summary of MA DUR programs. Dr. Mergener will present this summary at the next DUR Board meeting.
- The WI DUR program does not include drug utilization of patients in managed care organizations. The managed care organizations are responsible for managing their own DUR programs. The DHCF staff were asked to report how managed care organizations conduct DUR.
- The Board requested DHCF present an overview of data sources that are available to conduct DUR. This presentation will occur at the December DUR Board meeting.

IV. Retrospective DUR: Results of Criteria Review

For the last several meetings, the Board has reviewed additional retrospective DUR criteria to be monitored for possible interventions. At the June meeting, the DUR Board requested that criteria with general consensus be activated in the system. After activation, the new criteria should be monitored for at least two months prior to the upcoming DUR Board meeting. A report of the results should be completed and presented to the DUR Board.

Dr. Mergener presented the criteria report (Attachment 2) to the DUR Board. The report is categorized by severity and risk levels. The severity level is the likelihood that harm could be caused to the patient. The severity levels are:

- Major
- Moderate
- Minor

A patient's risk is determined by a number of factors including the number of doctors, and pharmacies the patient is seeing. For example, if a patient is seeing a single doctor and pharmacy, they have a lower risk than a patient seeing multiple doctors and pharmacies.

On the report, each criterion has a 'High Risk Count' and 'Total Risk Count' value which represents the number of prescriptions that match the criteria. The 'Total Risk Count' is the total number of prescriptions that matched the criteria. The 'High Risk Count' is a subset of the total and represents the total number of prescriptions for patients considered high risk (as previously defined).

Dr. Mergener summarized the report and provided examples of which criteria seem most useful and which criteria seem least useful. Based on the discussion, Dr. Mergener requested the DUR Board members review the entire report and respond on the following:

- The three most useful criteria in the 'Major' and 'Moderate' severity levels.
- The three least useful criteria in the 'Major' and 'Moderate' severity levels.

Dr. Carr stressed the importance of selecting those criteria that will show the biggest return on investment as the DHCF has limited resources to conduct the analysis on criteria. Dr. Mergener will compile the responses and report the results at the December DUR Board Meeting.

Dr. Mergener will compile the list of criteria before the next DUR Board meeting and run them in test mode in November. At the next meeting Dr. Mergener will present findings of the new criteria.

V. Break

VI. DUR Annual Report – Discussion of executive summary

Dr. Mergener provided the DUR Board members the executive summary from the WI Medicaid DUR Annual Report. It was provided to the DUR Board members for informational purposes. If any of the DUR Board members have questions about the information they were encouraged to contact Dr. Mergener.

Periodically CMS has paid for consultants to review the DUR annual reports submitted by states and summarize the findings. Mr. Collins was one of the members of the review committee. The committee made recommendations to CMS to improve the annual reports. Although this was discussed by CMS at

an ADURS meeting, the annual report format was not changed. Dr. Collins will provide DHCF with copies of the committee reports for review.

VII. Miscellaneous

Progress report of cost savings initiatives

Dr. Mergener provided a status of the cost savings initiatives being implemented by the DHFS. Many of the cost savings initiatives were from the Governor's Commission on Pharmacy Reimbursement.

- The DHCF has a new quantity limits policy on triptans. Information on the new policy can be found in Update 2006-53 (http://dhfs.wisconsin.gov/medicaid/updates/2006/2006-53.htm).
- The DHCF has a new dose consolidation and tablet splitting policy. Information on the new policy can be found in Update 2006-72 (http://dhfs.wisconsin.gov/medicaid/updates/2006/2006-72.htm).
- The DHCF is working on modifications to the current 100-day supply policy. Once implemented the policy will be communicated using a provider update. The policy changes are expected to be finalized in October or November 2006.
- The DHCF is working with the Pharmaceutical Society of Wisconsin (PSW) to develop a medication therapy management program.

Miscellaneous – DUR Newsletter, *Use of Anti-Epileptic Drugs for Non-Approved Indications*

Dr. Mergener shared the final copy of the DUR newsletter that will be sent to all pharmacies and prescribers of anti-epileptic drugs in October 2006. The newsletter discusses the Anti-epileptic drug intervention conducted in 2005-2006. The Board would like to be provided a courtesy copy of the newsletter after it is published.

The retrospective DUR staff conducted a review on the appropriate use of Anti-epileptic drugs. The review and interventions saved the State of WI significant money. A summary of the study was published in the August 2006 edition of the *Wisconsin Medical Journal*.

Miscellaneous – Atypical Antipsychotic Intervention

The DUR Board members were previously sent and approved a letter to be used in an intervention for patients taking a relatively low dose of an atypical antipsychotic drug (see Attachment 3). The letter was modeled from the previous DUR intervention that involved Anti-epileptic drugs.

The DHCF shared the letter with a psychiatrist from the University of Wisconsin, Dr. Diamond, who had concerns that the letter would not convey the appropriate message to prescribers. Dr. Diamond thought prescribers may be offended by some of the language in the letter. Following a discussion with Dr. Diamond, the Board agreed to makes some modifications to the letter before it was mailed as part of the intervention. Otherwise the Board agreed to proceed with the planned intervention without any other modifications.

Following are the criteria used to include individuals in the intervention:

- Claims with dates of service after January 1, 2006.
- The claims for a specific patient were aggregated by month to account for different strengths of a drug for the same patient.
- Only claims for patients for monotherapy at a low dose (below normal range for the treatment of schizophrenia and bipolar disease) were included in the evaluation.

VIII. Adjournment (3:45 P.M.)

The next meeting will be on December 6, 2006.