DRUG UTILIZATION REVIEW (DUR) BOARD
MEETING MINUTES
December 1, 2004

Wednesday, September 1, 2004
2:00 P.M. – 3:30 P.M.
1 West Wilson Street, Room 751
Madison, WI 53703

DUR Board Members Present:
Mark Buhler, R.Ph.
Robert M. Breslow, R.Ph.
Richard Carr, M.D., DHCF
Daniel Erickson, M.D.
Barry Hess, R.Ph.
Nancy Ness, M.D.
Pamela Ploetz, R.Ph.
Nancy Ranum, M.S., RN
Lee Vermeulen, Jr., R.Ph., M.S.

Innovative Resource Group:
Mike Mergener, R.Ph., Ph.D.
Allan Mailloux, Pharm. D.
Margaret Asquith, Pharm. D
Karen Paulson (Scribe)
Bruce Christiansen, Ph.D.

Guests:
Rita Hallett – DHCF
Ted Collins – CHRSA
Jagdish Shastri – Eli Lilly
Marilyn Howe - DHCF
Rich Albertoni - DHCF
Mary Ianni - AMGEN
Kim Smithers – DHCF
Mark Moody - DHCF
Russ Pederson – DHCF
Kathy Bovid – Squibb Co.
Tom Kirschling – UW Hospital
Carrie Gray – DHCF
Todd Houldsworth – Janssen
Peggy Brand – Holtrann-La Roche
Priscilla Boroniec – DHCF
Pam Appleby - DHCF
Jim Vavra - DHCF

Minutes

Dr. Richard Carr called the meeting to order at 2:00 P.M.

I. Introductions and Approval of Agenda

Agenda was approved as published with one addition for the breakdown for Senior Care.

II. DUR Board

Dr. Carr briefly reviewed the content of the letter addressed to the DUR Board and summarized the activities for Board involvement. The general duties of the Board include retrospective and prospective DUR and educational interventions. The Board can provide input and recommendations that will make significant changes in the pharmaceutical care provided to Medicaid recipients. The DHCF goal is that the DUR Board assist in improving care and decreasing the costs of pharmaceuticals.

III. DUR Board – The CNS Project

Mark. Moody talked briefly about the CNS Project. Through a grant to Comprehensive Neurosciences, Inc. (CNS) by Eli Lilly, a pilot program in the area of utilization of mental health drugs will be initiated. For example, one type of evaluation may be to evaluate paid claims data and flag patients who are receiving multiple anti-psychotics from different doctors. Other states have used a process to review clients who are on more than X number of medications. The CNS program is a model of very specific, very focused use of retrospective analysis of medically appropriate drugs.

IV. Prospective DUR

The DHCF has conducted 2 prospective DUR alerts interventions. The Board's comments on the development of a plan for the ongoing use of these interventions are requested. A final report of the alert interventions will be presented at the next meeting for discussion and recommendations.

Mr. Moody talked about the role of the PA Committee. Their challenge is different than the DUR Board's. The DUR board should be complementary to the PA committee. DUR may be able help the PA process to be less of a blunt instrument. The challenge is, how do we approach some of these issues such as pill splitting? Pill splitting is something the DHCF would like to develop specific guidelines and would like to address the possibility of adding to Medicaid pre-authorization. This intervention should be considered. There has been a lot of discussion lately about off-label uses of certain drugs. Some of these uses are generally accepted because the use is supported by peer reviewed literature and some are not. The DUR Board should review this. These are issues that the PA Committee does not address.

Ideas for future DUR Board Activities

One of the roles that the DUR Board may get involved with is a way to monitor the results of the brand medically necessary (BMN) initiative and to analyze the data. The Board may want to profile and target specific prescribers or pharmacies

The Board may want to re-examine the recipient lock-in program and make suggestion for improvements or enhancements to it.

Dr. Carr then asked for other ideas from the Board. Among those raised include:

- Development of some type of monitoring of residents in assisted living arrangements.
- Development of drug treatment protocols or stepped therapy.
- Review of inappropriate drug use, and off-label indications.
- Expansion of the disease management targeted interventions.
- Development of guidelines for physician and pharmacy profiling, included in this discussion is the difficulty with looking at claims data only when developing intervention targets.
- Review of Polypharmacy.
- Need to be informed about the state initiatives so that any interventions or analysis can be put in the proper context or be used to explain the data. An example is that as a result of Vioxx being taken off the market, there was a huge increase in retrospective hits on duplicate NSAIDS. The retrospective DUR letters were not sent out because the hits were the result of changes in medication.

The Board expressed a need for more information in order to help define the problems to be addressed. The Board expressed a desire to get some type of expenditure data on the drug classes.

Meeting adjourned at 3:30 p.m.