MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 5, 2012
1:00 pm to 4:15 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members
Present:
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Robert Breslow, RPh
Michael Brown, PharmD
Paul Cesarz, RPh
Daniel Erickson, MD

Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD
Absent:
Ward Brown, MD

HP Staff
Teai Hoover
Tom Olson, PharmD
LuAnne Green
Monica Yeazel, RPh

DHS Staff
Brett Davis
Rachel Currans-Henry
Marilyn Howe, RN
Lynn Radmer, RPh
Kimberly Smithers

Welcome and Introductions:
Brett Davis called the meeting to order at 1:05 pm, with thanks to the Board. Introductions were made.
Review of the Agenda and Board Materials and Approval of Minutes-June 6, 2012 meeting:
Rachel Currans-Henry walked through the agenda as printed and the Board packets. Members had received minutes via email and had the opportunity to review prior to this meeting. With a quorum present, Rachel asked for a motion on the minutes.
Motion to approve minutes as printed made by Paul Cesarz and seconded by Bob Breslow. Motion passed unanimously.
Prospective DUR: Update on Previously Reviewed Alerts:
Lynn Radmer reviewed the status of Prospective DUR alerts to date.

- **SR-Suboptimal Regimen (Tablet Splitting and Dose Consolidation)-** turned off March 20, 2012.
- **PG-Pregnancy Alert-**implemented updated diagnosis code set on May 15, 2012.
- **TD-Therapeutic Duplication and DD-Drug/Drug Interaction-** stopped alerting on claims from same pharmacy and same prescriber on July 1, 2012.
- **TD-Therapeutic Duplications-** updated system to view at therapeutic class level instead of ingredient level on July 1, 2012.
- **PA- Patient Age-** both the pediatric and geriatric age alerts turned off July 6, 2012

Draft ForwardHealth Provider Update: copy given to Board for review. The changes that have already occurred with Prospective DUR are announced and this will be published to the Portal.
Prospective DUR: **Inferred (DC) and Reported (MC) Drug-Disease Alerts:**
Lynn Radmer provided walkthrough of the MC and DC Alerts.

- Informs providers that drug dispensed has potentially dangerous interaction with reported or inferred medical condition/disease.
- For each alert, a disease profile is created with a duration of acute (110 days), chronic (200 days), or lifetime (9999 days).
    - For MC-Reported: medical and pharmacy claims are periodically scanned for diagnosis codes.
    - For DC-Inferred: pharmacy claims only are periodically scanned for drugs that infer a single disease (as determined by FDB).
- Alerts are based on FDB list. Alerts limited to what FDB categorizes as a major interaction with either reported or inferred condition/disease.
- Duration of the disease and severity of the level of the interaction are determined by FDB.
- A partial list of drug disease combinations that trigger alerts was shared by way of example.

- A report of MC Alerts for approximately one month was shared showing that this alert hits very often.
- A report of DC Alerts for the same time period showed that this alert hits very infrequently.
- Board discussed utility of an alert that relies on an inference that a medical condition exists based solely on the presence of one drug, and that the list of drugs that would only indicate one disease was very small. The Board felt that DC alert is not very sensitive or specific.
- Board discussed possibility of changes to logic to make ad hoc lists, but concluded that having a self-sustaining list through standardized processes like FDB was better alternative.

❖ Staff recommendation: Keep Reported Disease (MC) Alert as is.

- **Motion** to accept staff recommendation made by Dan Erickson, seconded by Bob Factor. Motion carried unanimously.

❖ Staff recommendation: Turn off Inferred Disease (DC) alert.

- **Motion** to accept staff recommendation made by Dan Erickson, seconded by Lora Wiggins. Motion carried unanimously.

Wisconsin Pharmacy Quality Collaborative (WPQC) Program Update:

Craig Steele gave an informational presentation on WPQC and the ForwardHealth Medication Therapy Management (MTM) benefit.

- WPQC pays pharmacists for value added services via a standard method across several payer groups.
- DHS developed the ForwardHealth MTM benefit in conjunction with WPQC.
- Full information is available in the August 2012 ForwardHealth Update (2012-39) available on the Portal.
- The ForwardHealth MTM benefit is voluntary and is implemented for dates of service on and after September 1, 2012, and Pharmaceutical Care services are no longer covered for dates of service on and after September 1, 2012.
- MTM benefit is available for all coverage plans except WCDP and WWWP.
- Two types of services provided by pharmacists to members: Intervention based-typically take minutes and can be provided by any Medicaid enrolled pharmacy; and Comprehensive Medication Reviews and Assessments (CMR/A), which are longer and require pharmacists to be WPQC certified.
- This is similar to the MTM programs provided through Medicare. However, unlike Medicare, ForwardHealth MTM services must all be provided face-to-face, no phone consultation is currently covered by ForwardHealth.
- Intervention based services have limitations which may be overridden with a call to the DAPO, providing justification for an override, and CMR/A services must be authorized by DAPO prior to meeting.
- Much of the ForwardHealth MTM benefit policy and criteria mirrors WPQC.
- Currently pharmacists are not considered providers, and thus cannot bill for services provided outside of an actual pharmacy provider. Claims are submitted by and paid to the pharmacy provider. This precludes pharmacists working as independent MTM service providers.
- Board discussed several points: How to measure and document outcomes? Will there be any threshold of savings (ROI) to deem project success? When and how will prescribers be informed that MTM occurred and the results?
- Craig indicated that there is an RFI out now for vendors to pose solutions to these questions. Results may be shared in the future.

Targeted Intervention Update:

Tom Olson reviewed the four topics for targeted interventions, as discussed previously: exceeding recommended dosages of citalopram and simvastatin in select populations.

- Four specific criteria selected, taken from HID retrospective criteria, and known to be “high hitters”. Prescribers should know this information, yet continue to prescribe higher than recommended.
- Draft letters were shared with the Board.
- Board suggested including references, that this info comes from FDA labeling. Board asked if it is feasible to identify for the prescriber what drug(s) on each profile are CYP2C19 inhibitors. Board suggested either telling prescriber formulary alternatives, or suggest to consult with pharmacist for alternatives. Also then suggested sending educational materials to pharmacists to have them prepared to answer questions.
- Draft letters will be further revised and reviewed with the Board.
- Board members were asked to send further suggestions to Monica Yeazel, and also to email Monica with ideas for future topics for targeted interventions and for DUR Board meeting topics.

- Board suggested as Board's mission is to provide education, would combining a newsletter on the subject of a targeted intervention make sense.

Adjournment:
Motion to adjourn made by Michael Brown, seconded by Jake Olson. Motion carried unanimously. Meeting adjourned at 3:25 pm. Next meeting December 5, 2012.

Guests: Dean Groth (Pfizer), Brian Inoles (Boehringer), Lisa Monks (Skywalk), Mark Davis (Vertex), Merideth Sutton (Forest), Nick Boyer (Otsuka)