

Wyoming Drug Utilization Review

Drug Utilization Review (DUR) Program

Aimee Lewis, PharmD, WY-DUR Manager

Wyoming Medicaid established a DUR program in 1992 in response to requirements outlined in OBRA '90 and defined in the Code of Federal Regulations (42 CFR 456 Subpart K). The program reviews utilization of out-patient prescription drugs to ensure Medicaid recipients are receiving appropriate, medically necessary medications which are not likely to result in adverse effects. The program includes the following: a DUR Board, prospective DUR, retrospective DUR, education, and input from the medical community.

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DUR Board. The Wyoming DUR Board is made up of five physicians, five pharmacists, and a physician assistant. All members are actively practicing in the State of Wyoming. Ex-officio members include the Wyoming Medicaid Medical Director, State Pharmacist, Pharmacy Program Manager, Pharmacist Consultant and two drug information specialists from the University of Wyoming, School of Pharmacy. The Board meets six times per year to provide recommendations regarding prospective drug utilization review, retrospective drug utilization review and education activities to the Wyoming Medicaid Pharmacy Program. In addition, Board members review recipient profiles for retrospective DUR, detailed below.

Prospective DUR. The DUR program is required to review prescription claims for appropriateness prior to dispensing at the pharmacy. This review

identifies potential issues such as therapeutic duplication, drug-disease contraindications, drug-drug interactions, potential adverse effects and others. For Federal Fiscal Year 2007 (FFY 2007, 10/1/06 – 9/30/07) the pharmacy claims processor, ACS, Inc., reported 11,300 prescription drug claims reversed as a result of these prospective DUR edits, resulting in savings of \$1.1 million to the program. In addition, prior authorization (PA) policies are considered to be prospective DUR. (PA savings are not included in the previous figure.)

Retrospective DUR. Retrospective DUR is the ongoing review of utilization to monitor for therapeutic appropriateness, over- and underutilization, therapeutic duplication, drug-disease contraindications, drug-drug interactions and others. This review takes place through examination of aggregate claims data to determine trends as well as review of individual patient profiles. When appropriate, review of aggregate claims data leads to recommendations for prospective DUR policy, including prior authorization, to encourage appropriate utilization at the program level. Review of individual patient profiles results in prescriber education letters when the reviewing Board members believe the issue to be clinically significant in the specific patient. These letters are intended to be educational only as claims data do not provide the full clinical picture. In FFY 2007, 569 letters were sent regarding 472 individual patient cases, resulting in a savings of \$161,951.

Education. In addition to the above activities, the DUR program is tasked with ongoing educational outreach programs. The Wyoming DUR program sends bimonthly newsletters to all Wyoming providers. In addition, the program sent targeted education letters regarding off-label use of Provigil, prediabetes (in collaboration with APS Healthcare, Inc.), atypical antipsychotics and diabetes, and use of antipsychotics in the elderly.

Input from the Medical Community. Although not a requirement, the Wyoming DUR Program receives input from the Wyoming Medical Community through the Preferred Drug List Advisory Committee, The Psychiatrist Advisory Board, and prescribers in Wyoming.

The Preferred Drug List Advisory Committee (PDLAC) is comprised of five physicians, five pharmacists and a consumer representative. Like the DUR Board,

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WY-DUR Board Meeting Update

The DUR Board met for its bimonthly business meeting on July 17, 2008. Highlights of this meeting include:

- The request for proposals (RFP) for MMIS/pharmacy/dental was completed. Goold Health Systems (GHS) was selected for the pharmacy claims processor. ACS will continue to do the MMIS and dental portions. Once the contract is complete, the transition to GHS will begin and is expected to be complete around February 2009. CMS has instructed the state that no new systems changes can be made until the transition is complete. This means that any policies approved by the DUR Board will not be implemented until approximately February 2009.
- The Office of Pharmacy Services has joined the Sovereign States Drug Consortium (SSDC) which is a pool of states joining together for the purpose of negotiating supplemental rebates from pharmaceutical manufacturers. Goold Health Systems (GHS) is the vendor who was selected to manage the program for the SSDC. Dr. Lauren Biczak gave an overview of the supplemental rebate program. GHS has a clinical team who works on the supplemental rebate program, so everything is clinical first. With the SSDC, states maintain complete flexibility in their PDL development. Slides are available upon request.
- Preferred medications for the triptans were discussed. The preferred agents will be Imitrex (all forms), Maxalt and Maxalt MLT. Prior authorization criteria will be reviewed at the September Board meeting and then sent out for public comment.
- Preferred medications for the Angiotensin II receptor blockers were reviewed. Preferred agents will be Cozaar, Diovan, Benicar, Micardis and Avapro. Use of an ARB will continue to require trial and failure of an ACE inhibitor. Prior authorization criteria will be reviewed at the September Board meeting and then sent out for public comment.
- Preferred agents for the long-acting opioids were discussed. Morphine sulfate, the current preferred agent, will remain. It was recommended that brand name Duragesic be added as a preferred agent. There was significant discussion regarding the effect on pharmacies of using brand name medications when generic is available. This issue will be discussed further at the September meeting.
- Zanaflex capsules were discussed. At the time of discussion, there was no evidence available showing that the capsules have a benefit over the generic tablets. The Board agreed that prior authorization should be required for the capsules.

The next DUR Board meeting will be held September 25, 2008 in Laramie. Topics for discussion will include criteria for the triptans and ARBs, further discussion of the brand vs. generic preferred drug issue and the mandatory generic policy in relation to anticonvulsant medications. An agenda will be posted approximately two weeks prior to the meeting.

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all clinical members are licensed and actively practicing in Wyoming. The PDLAC is responsible for reviewing evidence regarding the comparative safety and efficacy of a specific class of medications. The PDLAC makes recommendations to the Department of Health, Office of Pharmacy Services and the DUR Board regarding comparative safety and efficacy of each reviewed class and provides input on clinical considerations that must be included in creation of the Medicaid Preferred Drug List.

The Psychiatrist Advisory Board (PAB) is a new addition to the armament of qualified clinicians providing input into the DUR process. The PAB consists of four psychiatrists and one family practice physician. The

working group provides focused recommendations to the DUR Board regarding utilization of psychiatric medications in the Medicaid population.

Finally, the Wyoming DUR Program actively solicits feedback on prior authorization policies from prescribers in Wyoming through direct mailings. The letters are sent to all specialists in the affected area as well as a random sample of general practitioners, nurse practitioners, and physician assistants. The DUR Board reviews all comments that are received prior to giving final approval of the policy. This is an extremely important step in the DUR process which is meant to allow providers an opportunity to participate in the decision-making process.

National Guideline Clearinghouse

www.guideline.gov

Looking for treatment guidelines? Look no further than the National Guideline Clearinghouse (NGC), found at www.guideline.gov.

What is the NGC? This website hosts a comprehensive database of evidence-based clinical practice guidelines as well as related documents. It was started as a partnership between the Agency for Healthcare Research and Quality (AHRQ), the American Medical Association (AMA) and America's Health Insurance Plans (AHIP). Currently, it is managed by AHRQ.

"The NGC mission is to provide physicians, nurses, and other health professionals, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation and use."

Features of the website: The website includes many helpful features including guideline abstracts, links to full-text copies and/or information about ordering copies, and PDA downloads of NGC summary for all guidelines.

Some particularly unique features of the NGC website include:

- *Guideline comparisons* which provides users with the ability to generate side-by-side comparisons of two or more guidelines.
- *Guideline Syntheses* are prepared by NGC staff and compare guidelines of similar topics. These often include guidelines from foreign countries, providing an international perspective.
- An *annotated bibliography* database provides users the ability to search for citations for publications and resources about guidelines.
- *Expert Commentary* features are written and reviewed by the NGC Editorial Board.

User-friendly features: The site is meant to be very user-friendly with the following:

- *What's new link* provides quick access to guidelines that have been added each week as well as an index of all guidelines in the database.
- *NGC Update Service* is a weekly email containing all new and updated guidelines posted to the site.

- *Search and Browse options* include the ability to search for specific guidelines or browse by disease/condition, treatment or developing organization.
- *PDA/Palm list* is a list of all full-text guidelines and/or companion documents that are available for download to a handheld.
- *AHRQ Evidence Reports/Technical Assessments list* provides links to the summaries and full-text reports for evidence and technology assessments produced under AHRQ's Evidence-based Practice Center (EPC) program.
- *Glossary* defines all terms used in the abstracts.

NGC Disclaimer Statement: There is a lengthy disclaimer section on the NGC website which should be considered when using the information on the site.

Source:

1. National Guideline Clearinghouse. About NGC. Found at www.guideline.gov (accessed July 29, 2008).

FDA Alert Antipsychotics

(6/16/2008)

FDA is notifying healthcare professionals that both conventional and atypical antipsychotics are associated with an increased risk of mortality in elderly patients treated for dementia-related psychosis.

In April 2005, FDA notified healthcare professionals that patients with dementia-related psychosis treated with atypical antipsychotic drugs are at an increased risk of death. Since issuing that notification, FDA has reviewed additional information that indicates the risk is also associated with conventional antipsychotics.

Antipsychotics are not indicated for the treatment of dementia-related psychosis.

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