

MINUTES

Name of Meeting: Drug Utilization Review Board

Date of Meeting: Thursday, March 18, 2004

Length of Meeting: 2:15 PM – 3:30 PM

Location of Meeting: DMAS Board Room

Members Present:

Bill Rock, PharmD

Jennifer Edwards, PharmD

Geneva Briggs, PharmD

Sandra Dawson, RPh

Jane Settle, NP

Mark Johnson, PharmD

Thomas Moffatt, MD

Catherine Kelso, MD

Jason Lyman, MD

Kelly Goode, PharmD

(Not present: Elaine Ferrary, MS; Robert Friedel, MD; Matthew Goodman, MD)

DMAS Attendees:

Javier Menendez, Pharmacy Manager

Bryan Tomlinson, Director Health Care Service

Rachel Cain, Pharmacist

Katina Goodwyn, Contract Monitor

Cheryl Roberts, Deputy Director

Donna Garrett, Administrative Assistant

Maryanne Paccione, Contractor

Contractor: Donna Johnson, Pharmacist First Health Services Corporation (FHSC)

Visitors:

Michael Heinzmann, Purdue

John Bullock, Purdue

Bert Wickey

Meeting was called to order and guests were asked to introduce themselves.

Minutes from the November meeting were revised and approved to delete the following sentence from the minutes: "After more discussion the majority of the Board approved the DMAS proposal for the ProDUR Enhancement edits."

DMAS Pharmacy Programs Overview and Enhancements

PDL

There are six new therapeutic classes of drugs that are included in Phase II. The most recent Medicaid Memo included these new classes and which drugs will require PA. Informational messages ("soft edits") begin April 1, 2004, with Prior Authorization required ("hard edits") May 3 & 10, 2004. Phase III will begin in July 2004.

The memo also lists the web sites to which providers can get information on the PDL. These sites are: <http://www.dmas.virginia.gov/pharm-home.htm> or <http://virginia.fhsc.com>.

Javier stated that First Health call center has done a good job with responses.

Prior Authorization

So far there have been no major problems with Phase I, 60% Prior Authorizations have been granted and 40% have been changed. One revision has been made to the CCB Cartia XT, Diltiazem XT Taztia XT have trade names but are generic and have been moved to preferred.

A question was asked about the co pay for 72-hour supply. There is one co pay, which is handled at the time the 72 hours supply is filled and not with regular Rx. Some pharmacies do not have capability to do this with their software.

Threshold

Javier reported that it is a long process. The Department is being very cautious in developing this program to make sure patient care is not jeopardized and so as not to disrupt POS. There will be a retrospective review of patients with more than 9 drugs in a 30-day period. With the implementation of Threshold it could also help curtail fraud and abuse.

It will be presented to the Board when it is finalized.

A question was asked about prescriber ID default numbers. Javier reported that there was a decrease from 32% to 17% in using default # from Dec 16, 2003 – Feb. 6, 2004. The default # 9998888 was removed Dec. 15. Discussion was held on the Provider ID #. Javier said the Federal Registry has said that by 2007 all providers would have a national provider number. It was decided that Medicaid would continue with the process of getting the DEA numbers in the system and hope to have it completed by the end of the year.

New Drugs

Tadalafil (Cialis)- criteria were approved with a motion by Kelly Goode and 2nd by Jennifer Edwards.

Narcotic Therapeutic Duplication

As requested at the November meeting a report on therapeutic duplications was presented to the DUR Board.

Beer's List Criteria

The Board discussed Beer's List review procedures.

The Board held discussion on exactly which population should be reviewed. It was decided to look at all nursing home patients over age 65 and at 6-month intervals. After discussion, it was decided that since nursing homes already review medication profiles against the Beer's List to comply to their regulations we would look at all Medicaid patients over 65. It was decided that letters to report discrepancies would go to pharmacy provider. It was stated we get about a 40% response rate to letters that are sent.

ProDUR/RetroDUR Monthly Report

First Health performs RetroDUR review of medication profiles for Virginia Medicaid. They select 1000 medication profiles. The profiles are distributed to 10 pharmacists who each review 100 profiles. Letters are then sent to prescribers notifying them on the Therapeutic Duplications. Therapeutic duplicate (TD) letters were sent in October (85 letters) and November (72 letters) 2003. Based on the low number of TD's it was decided that TD's would remain a provider level override and not become a hard edit.

The Board would like for First Health to run a report on certain drugs i.e. Tylenol. First they will need a copy of Medicaid's criteria for exception.

Donna Johnson ran a sample report, which included appearances of overuse of Acetaminophen (Tylenol). Discussion centered on whether or not the Committee is interested in seeing these kinds of reports in the future. First Health would need the criteria for exceptions from DMAS in order to run a more accurate report. It was decided that the Committee is not interested in these reports.

The next meeting will be May 6, 2004.