ILLINOIS DEPARTMENT OF Healthcare and Family Services

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Drug Utilization Review Board Meeting Summary

Wednesday, September 26, 2012

The Drug Utilization Review (DUR) Board met on Wednesday, September 26, 2012, at 8 a.m., in the Drug Information Center Conference Room, University of Illinois at Chicago College of Pharmacy, 833 S. Wood Street in Chicago.

DUR Board members in attendance: John E. Tulley, MD; Rachel Caskey, MD; Anitha Nagelli, PharmD, M.Ed; Lori Wilken, PharmD, AE-C.

Illinois Department of Healthcare and Family Services (HFS) Representatives: Christina Petrykiw, PharmD, CDE, University of Illinois at Chicago College of Pharmacy (UIC); Donna Clay BSPharm, UIC; Lisa Arndt*, Bureau Chief, HFS Bureau of Pharmacy Services (BPS); Mary Lynn Moody*, BSPharm, UIC; Patricia Steward*, BSPharm, HFS BPS; and Linda Schuh*, BSPharm, HFS BPS.

*Attendance via teleconference

Call to Order. Christina Petrykiw, PharmD called the meeting to order at 8:05 am.

Agenda and Introduction. Christina Petrykiw, PharmD, chaired the meeting. The agenda was reviewed and no changes suggested.

Illinois Department of Healthcare and Family Services

Pharmacy program. Lisa Arndt provided background information on the Illinois Medicaid Drug Program. The Illinois Medicaid Pharmacy Program is one of the largest Medicaid pharmacy programs in the United States, with a budget of approximately $1.4B. The agency services about 3 million beneficiaries. Utilization control is important for both clinical and economic purposes, and efforts to control/contain utilization become more heavily scrutinized as a result of budgetary pressures on the agency.

Formulary vs. Preferred Drug List. Federal Medicaid law requires Medicaid programs to cover all medications made by drug manufacturers that sign rebate agreements with the federal government. Therefore, Medicaid programs do not use a formulary like those used by private insurers, but typically use prior authorization and Preferred Drug Lists (PDLs) to contain costs by driving utilization to cost-effective, clinically appropriate therapies. Through its PDL, the Illinois Medicaid program also obtains supplemental rebates on many preferred drugs.

Drugs and Therapeutics (D&T) Committee. The role of the D&T Committee is to review drugs new to the market and provide recommendations on whether they should be controlled, using prior authorization, due to efficacy, safety, abuse potential, or other utilization concerns. The D&T Committee also reviews and makes recommendations on the Department's PDL.

Prior Authorization. Donna Clay provided background on UIC's role related to drug prior authorization. For about 6 years, HFS has contracted with UIC to review and make determinations on drug prior authorization requests. Over 30,000 prior approval requests are processed each month. In addition to making prior authorization determinations, UIC also develops prior authorization criteria/guidelines for use in decision-making, based on treatment guidelines and other medical literature, as well as input from medical providers. Criteria are posted on the department's website at: http://www.hfs.illinois.gov/pharmacy/guidelines.html. Lisa Arndt noted that federal law mandates that a prior authorization decision be completed within 24 hours, although most determinations are completed within a few hours. However, there is a general perception in the provider community that there is a significant delay in processing prior authorization requests. Providers may check the status of a request online or they may call the prior authorization hotline. The department will continue its efforts to educate providers about the prior authorization process.

Four Prescription Policy. Mary Lynn Moody explained that the Four Prescription Policy was mandated by the Illinois *Save Medicaid Access & Resources Together* (SMART) *Act*, which was signed into law by Governor Pat Quinn on June 14, 2012 (http://www.dhs.state.il.us/page.aspx?item=60756). The department began rejecting claims as a result of the policy on September 6, 2012. Prior to that date, UIC pharmacists were reviewing claims of beneficiaries who filled more than four prescriptions each month, and contacting prescribers with recommendations to improve medication therapy. The prescription limit policy is being phased in so that the Department can assess its capacity to review the volume of requests generated by the policy, and make adjustments where necessary. Currently, claims will reject after 10 prescriptions have been filled. The 4 Prescription Policy is generating about 200 Override Prior Authorization requests daily at this time. The limit will drop to 8 prescriptions at the end of September, and will continue to drop until the limit of 4 prescriptions per month is reached.

Rachel Caskey, MD noted that although one-on-one academic detailing is beneficial, it is labor intensive. She suggested use of a Grand Rounds type of format across the state that would provide continuing education credits and/or professional meeting presentations that could cast a wider educational net. Dr. Caskey is willing to present at these events. Christina Petrykiw, PharmD noted that one of the roles of DUR Boards is provider education through letters or other educational efforts.

Drug Use Review Program for Outpatient Drug Claims
Dr. Petrykiw discussed the Federal Regulations that address requirements related to Medicaid drug utilization review (42 CFR Ch. IV [10-1-02 Edition]. Part 456.Subpart K). The regulations require Medicaid programs to have prospective and retrospective drug utilization review programs as well as provider education programs. In addition, they require Medicaid programs to have a Drug Utilization Review (DUR) Board. Many requirements under the regulations are met via cooperative efforts of HFS and the University of Illinois College of Pharmacy, which serves as the department's clinical contractor for the Medicaid drug program.

Medicaid Drug Utilization Review Annual Report
The Department of Pharmacy Services must submit an annual DUR report to the federal agency that oversees the Medicaid program. A sample annual DUR report template was provided to Board members. The report year is October 1st to September 30th of the following year.

DUR Board
Christina Petrykiw, PharmD, provided additional information from the federal regulations regarding the respective roles of the DUR Board and the agency related to drug utilization review. The agency is responsible for having a DUR program in place, and the Board is advisory to the Medicaid agency. The mission of the DUR Board is to work with the agency to improve medication utilization in patients insured by Medicaid. The DUR Board reviews and makes recommendations on prospective and retrospective drug utilization review criteria, and identifies and develops educational initiatives to improve prescribing or dispensing practices.

The DUR Board will meet quarterly, for two hours, on Wednesdays. The meetings will follow Robert's Rules of Order. DUR Board members are expected to maintain confidentiality related to creation of criteria and analyses. DUR Board member requirements and qualifications, terms of appointment, and reporting of conflicts of interest were discussed.

Agenda items will include updates from the HFS Bureau of Pharmacy Services, highlights of prospective and retrospective DUR activities, and information about educational initiatives.

Future meeting dates
The next meeting was proposed for October or November 2012 to coincide with the beginning of the next annual DUR report time period. Board members will notify staff regarding their availability so a meeting notice can be prepared.

Adjournment. John Tulley, MD, moved to adjourn the meeting. Rachel Caskey, MD, seconded the motion. The meeting adjourned at 9:10 am.

Summary prepared by Christina A. Petrykiw, PharmD, CDE.

Approved 1/16/13 by the Illinois Drug Utilization Review Board.