

Wyoming Drug Utilization Review

New Quality Initiatives

James Bush, MD, Wyoming Department of Health

Wyoming Medicaid is implementing technology to support physicians in providing the highest levels of quality care to their patients. Medicaid now has the ability to overlay clinical rules on data contained within the Total Health Record (THR), so that patients who meet clinical rules, such as those at high risk of potential drug interactions, can be

identified for educational intervention. Traditionally, our pharmacy drug utilization review (DUR) program operated on its own, sending out notifications to providers regarding concerns that were detected within their data system. Recently, the DUR program began working with the THR data to identify areas of concern, and also working closely with Xerox Care and Quality Solutions (Xerox CQS), the contracted Medicaid quality care management vendor. While the DUR program is focused on provider notification of pharmacy issues, Xerox CQS focuses on patient case management and non-pharmacologic criteria. Each quarter, a team comprised of the Department of Health, DUR, and Xerox CQS

will review a report and identify an area of concern where there is significant opportunity for clinical improvement. The DUR process will then address the pharmacologic concerns identified and Xerox CQS will address the remaining clinical parameters. The next quarter the report will be run again and changes in these clinical and pharmacologic results will be noted, and a new area will be identified for intervention. We are beginning this process with diabetes, as clinical parameters are well defined and relatively easy to track. The working relationship between Xerox CQS and the DUR program will provide a more effective way to target opportunities for clinical improvement through the provider and patient concurrently. The ability to use the same data system allows DUR and Xerox CQS to communicate seamlessly about which patients and providers have been targeted and what actions have already been taken.

Over the next three to six months we hope to make sure all the data we receive is complete and accurate, and will refine the process of outreach to providers and patients. If you get a report that does not seem to contain accurate information, please let us know so any gaps can be identified.

As we move to Phase 2 of meaningful use (MU) and certainly by Phase 3 of MU in the next few years, the process will become even more streamlined as physicians will be reporting their Clinical Quality Measures directly into the State Level Registry to qualify for MU incentive payments and case management fees.

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Wyoming Drug Utilization Review

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P&T Committee Meeting Update

The P&T Committee met for its quarterly business meeting on March 7, 2013.

Highlights of this meeting include:

After many years of service, Dr. Kevin Robinett has retired from the P&T Committee. He has been a great resource to the DUR program and will be missed immensely.

A plan to gradually decrease narcotic medication use of long-acting doses to 120 mg of morphine equivalent and short-acting medications to a maximum of four tablets per day was introduced. This plan will be implemented over a period of approximately two years.

New P&T Committee Members

The P&T Committee recently elected 3 new committee members.

Brent Sherard, M.D., M.P.H., F.A.C.P.: Dr. Sherard joined the P&T Committee in November 2012. He currently practices internal medicine in Cheyenne and is the Medical Director of the Wyoming Integrated Care Network. He served as the Director of the Wyoming Department of Health for 6 years.

Jonathan Benaknin, D.O.: Dr. Benaknin will join the P&T Committee in August 2013. He currently practices psychiatry in Cheyenne.

Patrick Yost, M.D.: Dr. Yost will join the P&T Committee in November 2013. He currently practices urgent care medicine in Cheyenne.

The P&T Committee will have a vacancy for a retail pharmacist in November 2013. Anyone interested should submit their CV by mail to the address listed on page 1 of this newsletter or by email to alewis13@uwyo.edu.

The following prior authorization criteria were approved:

Prior authorization will be required for patients under age 18 to obtain a sedative/hypnotic agent.

Eliquis will be limited to its approved indications and for patients who are unable to take warfarin.

A prior authorization will be required for Pradaxa in patients with a diagnosis of renal complications in the previous year.

Xeljanz will be non-preferred in the immunomodulator class.

Step therapy was approved for neuropathic pain medications requiring a 12 week trial of a tricyclic antidepressant and gabapentin prior to use of other oral products. Patients currently on therapy will be grandfathered.

The antidepressants will be divided into classes by mechanism of action. Changes to the class will be posted on the preferred drug list.

All proposed prior authorization criteria will be posted for public comment at www.uwyo.edu/DUR. Comments may be sent by email to alewis13@uwyo.edu or by mail to: Wyoming Drug Utilization Review Board, Dept. 3375, 1000 E. University Avenue, Laramie, WY 82071. Comments should be received prior to April 15, 2013.

The next P&T Committee meeting will be held May 16, 2013 in Cheyenne. An agenda will be posted approximately two weeks prior to the meeting.

2013 P&T Committee Meeting Dates
Thursday, May 16, 2013
Thursday, August 22, 2013
Thursday, November 14, 2013

Meetings are held in Cheyenne at Laramie County Community College from 9 am - 1 pm.

Strict Narcotic Prescribing Policies in Emergency Rooms

In an effort to stem inappropriate use of narcotic medications in their communities, Lander Regional Hospital and Riverton Memorial Hospital have joined together to implement strict policies for prescribing narcotics in the emergency department. The policies were implemented in both hospitals in an effort to ensure patients who do not have an emergency medical condition receive the appropriate level of care for their condition. Simply, each policy contains three main points:

- Prescriptions for narcotic and sedative medications will not be refilled;
- Patients frequently reporting to the emergency department seeking relief from chronic pain syndromes will be prescribed non-narcotic medications;

- If a narcotic prescription is written for care of an acute painful condition, the prescription will only cover a small number of pills, lasting between three and five days.

The intent of the policies is to drive each patient to continue his or her care with his or her primary care physician or specialist. In addition to limiting narcotic prescriptions, both emergency departments are actively using the Wyoming State Board of Pharmacy prescription drug monitoring program to verify recent prescriptions, and both hospitals plan to use Medicaid's CCD Viewer to verify the medical records for Medicaid patients in the near future. While both policies are fairly new, Riverton implemented their policy in July 2011 and Lander formalized their policy in December 2012. The new policies have been well received among physicians in both communities, and there have been no negative implications to patient care.

Did you know that Medicaid medical providers can bill for a foot exam performed in-office?

Pay for Participation Program Required Screening Codes for Foot Exams

Code	Description	Fee
G0245	<u>Foot Exam Initial</u> : Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensations, which must include diagnosis LOPS, patient history, physical exam, etc.	\$74.96
G0246	<u>Foot Exam Follow-up</u> : Follow-up physician evaluation of and management of diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation to include at least patient history, physical exam, exam feet, etc.	\$44.28

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