Loring Starr

From: Parker, Lindsay <Lindsay.Parker@vermont.gov>
Sent: Thursday, February 25, 2016 10:11 AM
To: William Lippert
Cc: Costantino, Steven; Gregorek, Sarah; Strumolo, Adaline; Berliner, Ashley; Hathaway, Carrie; Loring Starr; Schilling, Lisa
Subject: DVHA Response - Information on CURB and DURB

Follow Up Flag: Follow up
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Hello Representative Lippert,

During DVHA's SFY 2017 budget testimony you requested additional information on the Clinical Utilization Review Board (CURB) and Drug Utilization Review (DURB). Please see the below response.

With regard to CURB and DURB, who do they report to? Where do they "sit"? What is the legislative mandate regarding these boards?

The CURB was established by Act 146 Sec. C34. 33 V.S.A. chapter 19, subchapter 6 during the 2010 legislative session. DVHA was tasked to create the CURB to examine existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines and make recommendations to DVHA regarding coverage, unit limitations, place of service, and appropriate medical necessity of services in the state's Medicaid programs.

The CURB is comprised of 10 members with diverse medical experience, appointed by the Governor upon recommendation of the Commissioner of the Department of Vermont Health Access (Commissioner). The CURB will solicit additional input as needed from individuals with expertise in areas of relevance to the Board's deliberations. The Medical Director of DVHA serves as the State's liaison to CURB.

The Drug Utilization Review (DURB) Board was authorized by Congress under Section 4401, 1927(g) of the Omnibus Reconciliation Act of 1990. This act mandated that the Vermont Agency of Human Services (AHS) develop a drug use review program for covered outpatient drugs, effective January 1, 1993.

The Act required the establishment of a Drug Utilization Review Board which would:

- review and approve drug use criteria and standards for both retrospective and prospective drug use reviews (DURs)
- apply these criteria and standards in the application of DUR activities
- review and report the results of DURs, and
- recommend and evaluate educational intervention programs.

Additionally, the Vermont Legislature enacted the Pharmacy Best Practices and Cost Control Program from the Fiscal Year 2002 Appropriations Act, H 485, which mandated that:

"The commissioner of prevention, assistance, transition, and health access shall establish a pharmacy best practices and cost control program designed to reduce the cost of providing prescription drugs, while maintaining high quality in prescription drug therapies. The program shall include a preferred list of covered prescription drugs that identifies preferred choices within therapeutic classes for particular diseases and conditions, including generic alternatives, utilization review procedures, including a prior authorization review process, and any other cost containment activity

adopted by rule by the commissioner, designed to reduce the cost of providing prescription drugs while maintaining high quality in prescription drug therapies. "Implementation of this pharmaceutical initiative required that either the DUR Board or a Pharmacy and Therapeutics Committee be established that would provide guidance on the development of a Preferred Drug List for Medicaid patients. The Department of Vermont Health Access (DVHA) elected to utilize the already established DUR Board to obtain current clinical advice on the use of pharmaceuticals.

The DUR Board typically includes 10-12 members who are appointed to two-year terms. At least one-third, but not more than half, of the Board's members are licensed and actively practicing physicians, and at least one-third of its members are licensed and actively practicing pharmacists. Other interested and qualified people also may be appointed. Board members are recommended by the Commissioner of the Department of Vermont Health Access and must be approved by the Governor.

Thank you,
Lindsay

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