MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 4, 2013
1:00 pm to 4:00 pm
1 W. Wilson Street, Room B139
Madison, WI 53701

**DUR Board Members**

**Present:**
Robert Breslow, RPh
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD

**Absent:**
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Michael Brown, PharmD
Ward Brown, MD

**HP Staff**
Teai Czajka
Tom Olson, PharmD
Monica Yeazel, RPh

**DHS Staff**
Brett Davis
Rachel Currans-Henry
Marilyn Howe, RN
Lynn Radmer, RPh
Lisa Reese
Kay Reniero
Elizabeth Seeley
Kimberly Smithers

**Welcome and Introductions**:
Brett Davis called the meeting to order at 1:05 pm, with thanks to the Board. He noted the Board's importance in monitoring and controlling prescription drug utilization and drug spend, especially as the State plans to expand coverage for childless adults in 2014. Introductions were made. A Quorum of members was present.

**Review of the Agenda and Board Materials and Approval of Minutes-June 5, 2013 meeting**:
Rachel Currans-Henry walked through the agenda as printed and the Board packets. Members had received minutes and RDUR Quarterly Report via email and had the opportunity to review prior to this meeting, but a high level summary of the minutes was given. After review, Rachel asked for a motion on the minutes.

**Motion** to approve minutes as printed made by Robert Breslow and seconded by Paul Cesarz. Motion passed unanimously.

Brief Discussion of possibly changing September Board meeting to second week of September in future because of the Labor Day holiday. Idea had support as it is hard for some Board members to be out of the office two days in a week. Staff will follow-up with entire Board to get consensus.

**Prospective DUR: Update on Previously Reviewed Alerts:**
Lynn Radmer reviewed the status of Prospective DUR alerts changes to date by walking through a prospective DUR overview document.

- High Dose moves to informational mode with an anticipated implementation in mid-September. Age ranges are associated with high dose values based on First DataBank.
- Three Month Supply (TMS) is being moved out of Prospective DUR, and will be maintained as a benefit management tool. A Provider Update will go out in about two weeks with an implementation date of October 1, 2013. There will be two TMS lists: Required list, where pharmacies have to contact DAPO if not dispensing in TMS. Allowed list, where the claim will not be stopped, but the pharmacy will get an informational alert at the time of the dispensing. Jake Olson confirmed that the current message received by the pharmacy for required TMS drugs does in fact inform the pharmacy to call DAPO when needed.

**QT Interval Discussion:**
Lynn provided information regarding changes made to drug-drug interactions and concerns regarding QT interval alerts. We researched, and found that QT interval interactions continue to be monitored by the Prospective DUR system. Lynn handed out a table showing QT alerts and overrides for 1st Quarter 2013. Data shows the alert hits are overridden by pharmacies about 75% of the time. The changes made to drug-drug interactions have not disabled QT interval interactions. Monica Yeazel shared HID's propriety detailed criteria in the Retrospective DUR system which also monitors for QT interval interactions with both drugs and disease states.

Discussion generally about RDUR: Reminder that just because an alert hits in RDUR, it does not mean a letter is sent to prescriber. Monica reviews profiles and makes decision to alert prescribers based on professional judgment. Current review decisions are based on risk score, but have ability to review based on specific criteria or criteria sets involving specific drug classes or disease states. Currently, not all health information is shared between health systems, and until that data is more available, the State system is the most complete repository of claims data regarding our members.

**Early Refill Alert:**

- DAPO Alert-The member is requesting a refill too early, and the pharmacy needs to call the DAPO for an override to dispense.
  - Operates by looking at current claim and claim in history and calculates days based on days supply entered by the pharmacy on the history claim. Allowable refill is days' supply multiplied by 80%.
  - Currently, the early refill drug must be on a State defined list. The drug in history and current claim must be for same drug. The days supply of the claim in history must be >=10. This eliminates monitoring short day supply meds. Nursing home and batch claims are informational only.
  - Statistics from the 1st Quarter 2013 show an override percent of just 8.6% for these alerts.
  - The State proposes to update and maintain the list of drugs monitored by this alert by:
    - Including controlled substances, excluding liquids, excluding drugs already monitored by a quantity limit, excluding antiemetics, anticonvulsants, and antidiarrheals, and excluding drugs already on the three month supply list.
    - Changing functionality to include claims in history with days' supply <10, specifically to address short days supply of narcotics, and creating a "sliding scale" of refill percent thresholds based on days supply of the claim, e.g. days' supply <=15 fill at 70% used up, and days' supply 16-34 fill at 80% used up.
    - Extended discussion about best values to use for days, percentages, drugs to include/exclude, whether we should include history claims of less than 10 days' supply.
      - Suggestion to include controlled substance liquids. State will evaluate.

- Prospective DUR Alert-Point of Sale message does stop the claim, but pharmacy can respond to override it themselves.
  - Alert message tells pharmacy how many days' supply is remaining. Currently, the early refill drug must be on a state defined list from many years ago and has not been maintained. The drug in history and current claim must be for same drug. Also currently, the days' supply of the claim in history must be >=10. The alert will set if the current claim is attempted before 80% of the drug in history is used up (according to the days supply entered by the pharmacy). Nursing home and batch claims are informational only.
  - The State proposes to update how this alert functions as follows:
    - Propose that if a drug is not on the DAPO alert list, it is automatically on the Prospective DUR alert.
    - Remove the 10 day supply in history claim limit exclusion.
    - Implement multiple thresholds for refill percentages. For example, increase to 85% for 100 days supply drugs.
    - Allow override at point of sale and retain as an informational alert for nursing home and batch claims.
    - Extended discussion about whether to monitor non-controlled drugs on early refill - is this alert intended to monitor utilization for clinical or cost reasons or both?
      - Several pharmacist members find this alert very useful.
- Summary and next steps:
  - Board agreed we should maintain both DAPO and Prospective DUR alerts.
  - Board agreed we should update drugs monitored.
  - DAPO alert seems to be working with an override percent of 8.6%, so what are we trying to solve with policy change? Is it only early/multiple short day prescriptions for controlled substances?
    - Could we make a static days early instead of percentage used?
    - Suggestion: days' supply minus 2, but max 5 days early.
  - Continue with percentage thresholds, and add a third threshold?

- Keep 10 days' supply, but make a day's threshold, e.g. if days less than 5 or 10 make it a static days early, not percentage.
- Any changes must be evaluated in light of what system changes are required. Can evaluate feasibility of various approaches and determine what is best for members and State program management.
- State will look at data for what is happening with days' supply less than 10 prescriptions, explore various system change options, evaluate and bring back for further discussion.
- State will adopt guidelines used to evaluate DAPO Drug List as follows: include controlled substances, exclude drugs monitored by a quantity limit, exclude antiemetics, anticonvulsants, and antidiarrheals, and exclude 3 month supply list drugs. Review possible addition of controlled substance liquids.

- Motion made to accept staff recommendation for DAPO Drug list made by Michael Ochowski, seconded by Jake Olson. Unanimous yes vote. Motion carries.

**Targeted Intervention-Maximum Stimulant Daily dosage Limits.**

Lynn reminded Board that we have been looking at maximum stimulant doses in kids 14 years and younger, and planned to make this our next targeted intervention. The maximum dose thresholds have been formulated with the help of the State's consultant child and adolescent psychiatrists. Maximum stimulant doses were presented to the Mental Health Drug Advisors Group. A targeted intervention letter has been composed.

- This intervention is less of a "soft touch", more response is required from the prescribers, and follow-up will occur if no or inadequate response is received.
- Researched providers prescribing patterns. Found range of two prescribers with 18 members over the max thresholds, down to 174 prescribers with one member over the max threshold. Max thresholds are calculated over a six month time period and are set at 125% of the maximum dose determined by the working group.
- If prescribers have three or more members fitting the criteria, each prescriber will get a letter referencing each of the members. If a prescriber has one or two members, the prescriber must be responsible for at least five prescriptions in the data period for a member to get a letter on the member(s). This negates prescribers getting a letter if they just wrote a prescription covering for the primary prescriber or transitioning care. Data will be refreshed before letters are sent, but with current data, letter count would be 171 letters.
- DUR Board feedback on letter is requested, please send to Monica Yeazel within two weeks.
  - Suggestion to add in "over a six month period" continuous period of use.
- Response form is quite different than previous DUR response forms. More detail is required, as this problem reaches a certain threshold of concern greater than some other letters. The stimulant dosing did not seem to be a shared concern by the prescribers. This is quite different from the response we got when we queried prescribers about antipsychotics. Some stimulant prescribers seemed to indicate that they prescribe "up to what is required".
- No specific algorithm for consequences, but will get follow-up from child psychiatrists, and there is potential for further record reviews or perhaps even sanctions. Follow-up and next steps will be determined with recommendations of our consultants.
- Later there might be opportunity to look at stimulant prescribing in adults, but not looking at this now.

**Preliminary Feedback from Focused Stimulant Criteria Selection in RDUR Reviews:**

Monica Yeazel shared preliminary feedback data from the RDUR cycle conducted in June. The criteria selected were confined only to stimulant use.

- It was different than the targeted intervention, in that the RDUR did not solely look at kids 14 and under, nor the specific threshold doses from the targeted intervention. This included all ages, and doses from the HID criteria which are published literature doses.
- The rate of cases, or interventions, was 63% which is higher than a usual cycle. The response rate was 33%, which is also higher than recent cycles.
- Discussion of prescriber comments specifically about tics and Tourette's.
- Further analysis will be considered to crosswalk prescribers from focused RDUR review and targeted RDUR review.
- RDUR is designed to be informational, not interventional.

**Updates:**

- HMO Lock-In Referral Process: Lynn presented three documents provided to Board: High level Summary of Lock-In Program, HMO Responsibilities when making a referral, and the form to make the referral. Documents are finalized, do not need feedback from Board members.
- Citalopram & Simvastatin Targeted Intervention: Tom Olson reminded Board members of the letters regarding new FDA dosing guidelines for citalopram and simvastatin that were sent to identified prescribers in November 2012. To date, there has been a 30% response rate. Provider feedback was overall quite positive, most rated as useful and helped in improving drug therapy for patients. Rates of changes in therapy after follow-up analysis (correcting for continuous eligibility) ranged from 33 to 44%. Monica reports anecdotally she can see changes in prescribing when reviewing profiles for RDUR.

**Adjournment**:
**Motion** to adjourn made by Michael Ochowski, seconded by Paul Cesarz . Motion carried unanimously. Meeting adjourned at 4 pm. Next meeting December 4, 2013.

**Guests:** Todd Kailas (Sunovion), Robert Heinsch (Purdue), Rudy Christian & Nick Boyer (Otsuka), Dean Groth (Pfizer), Jennifer Dipper (Skywalk Rx), Dawn Bina (NNI), William Mullen & Lori Eaton (Reckitt Benckiser), Mike Healy (Gilead), James McNamara (ViiV Healthcare), Mark Davis (Vertex) .