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

DUR Board Members
Present:
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Robert Breslow, RPh
Paul Cesarz, RPh
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD
Absent:
Michael Brown, PharmD
Ward Brown, MD
Daniel Erickson, MD

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

DHS Staff
Rachel Currans-Henry
Marilyn Howe, RN
Lynn Radmer, RPh
Lisa Reese
Elizabeth Seeley
Kimberly Smithers

Welcome and Introductions:
Rachel Currans-Henry called the meeting to order at 1:10 pm, with thanks to the Board 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 Paul Cesarz and seconded by Jake Olson. Motion passed unanimously.
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.

- Early Refill has two components, the DAPO alert which requires a phone call to override and the Prospective DUR alert which the pharmacist can override at POS. There was a recommendation from the Board to consider adding liquid narcotics to the DAPO alert. Further analysis found that about 60% of the claims were for liquid methadone coming from the OTP clinics, and the remainder were for hydrocodone /APAP or oxycodone/APAP formulations prescribed for short course (5-7 day) therapy. These being less than 10 days supply, they would not trigger the alert anyway. After consideration of the data, the State made the internal decision not to include liquid narcotics on the DAPO alert drug list. However, they will also be considered for the ER alert that a pharmacist may override.
- Both the Prospective DUR early refill drug list and the High Dose alert are still not fully finalized. The High Dose is still running in informational mode, and will be discussed when we have more data.

Late Refill Alert:

- Informs providers when a member attempts a refill later than is recommended.
    - The drug on the current claim is a drug monitored by the LR Alert.
    - State defined drug list. List was approved by DUR Board. Drug list has not been updated since the alert's implementation.
    - The drug on the current claim matches the drug on a history claim.
    - Look back period is 120 days.
    - The history claim's day supply is ≥ 10 . This is the same as how Early Refill operates.

- The fill date on the current claim occurs after the *Calculated Late Refill Date.*
- *Calculated Late Refill Date* = Date of Service of History Claim + (Days Supply of History Claim X 125%)
- Real-Time Claim Provider Response: Late Refill (LR): Refill is XX Days Late.

- The State proposes to update how this alert functions as follows:
  - Propose that the same therapeutic classes be monitored in both Retrospective and Prospective DUR.
  - Change history claim days supply threshold from 10 days to 28 days.
  - Recommend a set of classes that encompass major chronic disease states.
  - Maintain this list at the therapeutic class level to streamline maintainance.
  - Proposed list of therapeutic categories:
    - Alzheimer's Agents
    - Antiarrhythmics (including digitalis)
    - Anticoagulants (except warfarin)
    - Anticonvulsants
    - Antidepressants
    - Antihyperglycemics (except insulin)
    - Antihyperlipidemics
    - Antihypertensives
    - Antipsychotics
    - Asthma Controllers (except the Beta Adrenergic Agents)
    - Bipolar Agents
    - COPD Agents
    - Diuretics (except loops)
    - Glaucoma Agents
    - Hepatitis C Drugs
    - HIV Antivirals
    - Immunosuppressants
    - Platelet Aggregation Inhibitors
  - Extended discussion about whether to monitor thyroid meds, contraceptives, long-term anti-infectives, and loop diuretics. Ultimately, decided to not include anything more than thyroid meds. Also discussed aligning late refill time frame to 20% vs. 25% to align with most private payers.

Motion to approve recommendation to accept therapeutic class list as presented, plus add thyroid meds, change the history claim days supply monitored from 10 to 28 days, and change calculated late refill date multiplier from 125% to 120% made by Robert Breslow and seconded by Jake Olson. Motion passed unanimously.

RDUR Criteria Examination:

Lynn indicated that from time to time we would like to bring up certain RDUR criteria that the Board has approved, but for which we may have new information for them to consider and re-evaluate. Today looking at two such criteria.

- Stimulants with Tics/Tourette's: Reminder that in June 2013, Monica ran an RDUR cycle specifically limited to looking at criteria involving stimulants. This was in conjunction with our focus on stimulants for the targeted intervention, although the RDUR criteria examined were broader in scope. The criteria concerning certain stimulants used in patients with a diagnosis of tics or Tourette's received some responses from one or two prescribers that indicated they felt the criteria was not helpful or perhaps erroneous in their clinical opinion. Lynn also consulted with the State's consultant child psychiatrists who concurred. Monica added that there were approximately 50 letters that went out on this criteria, not all to psychiatrists, but the negative feedback was from psychiatrists. Discussion of whether this criteria should be removed or not.

Motion to recommend eliminating the Stimulants with Tics/Tourette's criteria from the HID RDUR criteria set that is active in Wisconsin at this time made by Michael Ochowski and seconded by Lora Wiggins. Motion passed unanimously.

- Statins with Impaired Liver Function: Monica indicates she sees it hit more often than she would expect for something she considers should be general knowledge. However, Monica presented some new information published in the Pharmacists/Prescribers Letter in October indicating that in some cases statins could be used to improve certain liver conditions. Also with new guidelines about treating CVD, may see more statins prescribed. This criteria is brought before the Board to determine whether we may over-alert if we keep it. Discussion over accuracy of diagnosis record in claims, and whether individual prescribers are ever aware of complete record.

Motion to recommend keeping this criteria active made by Maria Brenny-Fitzpatrick and seconded by Robert Factor. Motion passed unanimously. Suggestion made to watch criteria hits in the coming months and revisit this subject with the Board at a later date.

Targeted Intervention: Maximum Stimulant Daily Dosage Limits:

Tom Olson reminded the Board that this intervention looked at high dosing of stimulants in children age 14 and younger only. Letters were sent to prescribers on Nov. 20. A second set of letters will be mailed on Dec. 12 to any prescribers who fail to respond to the first letter. This intervention requires a response. So far, after about 2 weeks, there have been 67 responses from the 155 prescribers who received letters. This is about 40%. Detailed analysis has not yet been done, but at a glance, the responses so far seem positive. Prescribing will continue to be monitored, and specifically analyzed for overall dose reductions. Focalin seems to be the drug more often dosed above recommended maximum.

Updates:

Rachel Currans-Henry and Kimberly Smithers presented information on current events.

- November PDL Meeting: Rachel stated the meeting was held Nov. 6th, and reviewed 35 drug classes including 4 new classes. A PDL quick reference will be posted on the Portal and a Provider Update will be published before January. There was not much controversy, except one item of interest was in making triazolam a preferred drug. Some concern about long term and/or high dose use of this drug. Board continued discussion and shared similar concerns. State will do further research on actual utilization and bring findings to Board at a future date. The anxiolytic class is one of the new classes reviewed, and certain drugs are going non-preferred and there will be no grandfathering. This drug class along with sedative/hypnotics are deemed mental health drugs, but we do not grandfather.
- Benefit Plan Redesign: Rachel explained the status of what is anticipated with benefit plans in January and April 2014. The Assembly is voting as the Board is meeting. The Governor announced that due to healthcare.gov not working adequately, the status quo of plans will be maintained for an additional 3 months. However, to keep this level of coverage revenue neutral, there will be a 3 month delay in implementation of new childless adult coverage. Both State Houses and the Federal government must approve this plan, so nothing is final yet.
- Prescribing/Referring/Ordering (PRO) Provider: Kimberly explained that the ACA requires that all physicians and other professionals, who prescribe, refer or order services for ForwardHealth members, must be enrolled in Wisconsin Medicaid. All PAs and claims for services that are prescribed, referred or ordered must include the name and NPI of the Medicaid-enrolled provider who prescribed, referred or ordered the service**.** In addition, pharmacy claims will monitor to ensure that prescribers only prescribe within their scope of practice. Prescribers include MDs, DOs, DDS, APNPs, ODs, and PAs. PAs will be returned and claims will be denied for missing or incorrect prescribing, referring, or ordering providers. A comprehensive and targeted communications strategy to providers was implemented and will continue into December. Analysis of October pharmacy claims showed only 2% of claims did not contain an appropriate Medicaid-enrolled prescribing provider. Weekly statistics show a continued decrease in the number of claims that do not comply with the prescribing provider policy.
- Future meeting dates: Rachel noted we determined to hold the September meeting on the second Wednesday of the month due to the Labor day holiday. The dates of 2014 meetings are: 3/5/2014, 6/4/2014, 9/10/2014, and 12/3/2014.

Adjournment: Motion made by Michael Ochowski to adjourn. Motion passed unanimously. Meeting adjourned 4:05pm.

Guests: Daniel Bues (Daiichi-Sankyo), Mark Forkner (Lundbeck), Rebecca Rubin (Celgene), Dean Groth (Pfizer), Kyle McGilligan and Marie Parish (Skywalk Rx), Dawn Bina (NNI), Mike Healy (Gilead), James McNamara (ViiV Healthcare), Mark Davis (Vertex), Tom Erickson (BMS), James Inglis, Rodney Stewart, Emma Sturm (DPH-4 student) .