DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
JUNE 7, 2006 MINUTES

Wednesday, June 7, 2006
1:00 P.M. – 4:00 P.M.
1 W. Wilson Street, Room B139
Madison, WI 53701

DUR Board Members Present:	Robert M. Breslow, RPh Daniel Erickson, MD Rocky LaDien, RPh Mike Boushon, RPh Robert Factor, MD Ward Brown, MD Nancy Ranum, MS RN Pamela Ploetz, RPh
APS Healthcare/EDS:	Mike Mergener, RPh, PhD Allan Mailloux, PharmD Sara Sauer (Scribe) Margaret Asquith, PharmD Scott Hawley Toby Chambers
DHCF:	Richard Carr, MD Kimberly Smithers Marilyn Howe, RN Roma Rowlands, RPh Lynn Radmer, RPh
Guests:	Jagdish J. Shastri, Eli Lilly

Minutes

Dr. Richard Carr called the meeting to order at 1:00 P.M.

I. Approval of Agenda
Agenda will stand as published.

II. Approval of Minutes – March 1, 2006
Minutes were approved as published.

III. Retrospective DUR

New Retrospective Criteria

Dr. Mergener reviewed the responses of the homework assigned to the DUR Board. The Board was asked to review the list and respond to additional retrospective DUR alerts and indicate whether they should be activated. Dr. Mergener arranged the criteria by consensus with those receiving the most positive responses first. The intent is to approve all potential criteria and then allow those to be chosen for addition as workload allows. Dr. Mergener explained severity level. It is determined by a single group of clinicians who determine severity level using available literature. Since it is only one group's opinion, the Board needs to provide input.

During the discussion, Dr. Mergener briefly described the retrospective DUR process for the new Board members. The Board was reminded that these are retrospective criteria that are directed primarily to prescribers. In addition, the clinicians reviewing the system identified targets for possible interventions use their clinical judgment to decide whether to send an intervention.

The Board recommended that all the criteria that had general consensus from Dr. Mergener's survey be activated in the system. The criteria should be monitored for at least two months prior to the next DUR Board meeting. A report of the results should be completed and presented to the Board in September.

Atypical Antipsychotic Intervention

The DUR Board members were sent a document that describes a potential intervention for the atypical antipsychotic drugs (see Attachment 1). It is modeled after a previous DUR intervention that involved anti-epileptic drugs. The purpose of the document is to define the purpose and methods for the intervention. The DUR Board was asked to discuss the proposal and provide feedback to refine the intervention.

Following is a summary of the discussion:

- During the preferred drug list review process, particularly the mental health review committee, there was a lengthy discussion about the use of atypical antipsychotic drugs for conditions other than psychosis. There was thought that Seroquel may be the drug where this is most common. A review of the literature indicates this may be true for other atypical drugs as well. Based on this information, it was decided to analyze the utilization patterns for all atypical antipsychotic drugs.
- The analysis was conducted using the WI Medicaid claims database. To eliminate claims for individuals that enrolled in the Medicare Part D benefit, only claims after January 1, 2006, were analyzed.
- The other criteria for selecting claims for evaluation were:
  - All the claims for the atypical anti-psychotics from first quarter 2006 were extracted.
  - The claims for a specific patient were aggregated by month to account for different strengths of a drug for the same patient.
  - Only claims for patients being treated with monotherapy at a low dose (below normal range for the treatment of schizophrenia and bipolar disease) were included in the evaluation.

The Board recommended that DHCF continues with the development of the intervention. In addition the Board provided the following feedback that should be considered as the DHCF proceeds:

- Whether age, diagnosis, or prescriber specialty information should be considered while identifying the target for the intervention.
- The intervention should clearly define what is considered a 'low dose' of each drug included in the intervention.
- The intervention should include information about the cost of the drugs being dispensed.
- The intervention should determine if there is a different hospitalization and ER use rate between the intervention target and a control population.
- If the newer antipychotics are being used as "pharmaceutical straightjackets" much like the older agents were prior to OBRA '93.

IV. Prospective DUR

EDS has implemented the recommended system changes that came as a result of the Early Refill (ER) / Therapeutic Duplication (TD) alert intervention in 2005. The modifications were approved during the September 2005 DUR Board meeting.

Following is a summary of the changes:

- Modify the TD alert to separate the long-acting and the short-acting opiates so that short-acting and long-acting opiates will no longer consider each other when triggering the alert.
- Modify the TD alert so that thiazides only duplicate with other thiazides.

The letter to pharmacists previously approved by the Board will also be sent out to the pharmacies that responded to the intervention to thank them for their input and inform them of the changes.

V. Recipient Lock-In

Dr. Mailloux provided an update on the impact of Medicare Part D on the Wisconsin Recipient Lock-In Program. Dr. Mailloux provided a handout that summarized his analysis (see Attachment 2).

VI. Miscellaneous

Cost Savings Initiatives

- Dr. Mergener provided a status of the ongoing cost savings initiatives being implemented by the DHFS. Many of the cost savings initiatives were findings from the Governor's Commission on Pharmacy Reimbursement. The State, APS, and EDS, have been working to operationalize these cost savings initiatives.

DUR Newsletter

Dr. Mergener discussed the newsletter that was sent to Board members prior to the meeting. The newsletter discusses the anti-epileptic drug intervention. The Board approved the content in general and made a few formatting suggestions. They would like to see a final draft after the changes are made. This will be e-mailed to the Board.

The intent is to send the newsletter to all pharmacies and prescribers of anti-epileptic drugs.

CNS Project

Dr. Mergener discussed the involvement of the State with Comprehensive NeuroSciences, Inc. (CNS). This project is involved with doing retrospective DUR on mental health drugs. The criteria have been developed by CNS and are approved by the State. There are separate committees, one internal and one external, involved in monitoring the project. The purpose of bringing this up is to inform you of the project.

Dr. Mergener has been asked by the State to be involved in some of the evaluation of the project.

VII. Adjournment

The meeting was adjourned at 3:35 PM.
The next meeting will be on September 6, 2006.