MINUTES OF DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Wednesday, March 2, 2011
1:00 P.M. to 4:30 P.M.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members
Present:
Maria Brenny-Fitpatrick, RN, MSN FNP-C, GNP-C
Robert Breslow, RPh
Patrick Cory, PharmD
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD, PhD
Michael Ochowski, RPh
Jake Olson, RPh

Absent:
Philip Bedrossian, MD
Lon Blaser, DO, CPE
Ward Brown, MD

DHCAA:
Kay Cram
Carrie Gray
Rita Hallett, RN
Marilyn Howe, RN
Lynn Radmer, RPh
Kimberly Smithers
James Vavra

HP:
Cheryl Kuykendall
Ann Miller, RN
Thomas Olson, PharmD
MonicaYeazel, RPh

I. Welcome and Introductions

- Jim Vavra called the meeting to order at 1:06pm
- Introductions of new Board members Maria Brenny-Fitpatrick and Paul Cesarz.
- Introductions of all in the room including:
  - Brett Davis, new Medicaid Director, who thanked all for their volunteer work for the Board
  - Rachel Currans-Sheehan, new DHCAA Section Chief for Pharmacy and Quality

II. Review of the Agenda

- Motion made and seconded to approve the agenda as published. Motion carried.

III. Approval of Minutes – December 1, 2010 Meeting

- Motion made and seconded to approve the minutes from the 12/1/2010 meeting as published. Motion carried.

IV. Changes to Retrospective Drug Utilization –Review and Criteria Addition Process

- Rita Hallett led a discussion of current processes and DHCAA recommendations for changes
- PowerPoint presentation attached for reference

Discussion began with a review of how Prospective DUR alerts pharmacists before a claim pays at POS and Retrospective DUR alerts prescribers after the claim paid. Criteria applied in both processes, all based on approval of DUR Board. HID system has handled RDUR in WI for many years, previously under contract with APS. All HID criteria are available for states to use. WI is using roughly a third of available HID RDUR criteria currently.

Currently, each new criteria is presented to the DUR Board for review and approval before use in WI. Approximately 1000 member profiles are reviewed each month by an HID pharmacist (Monica) after selecting about a dozen criteria to generate the profiles .

For discussion is a proposal to change the way criteria are approved and to change the way profiles are selected for pharmacist review. DHCAA is recommending a process to automate certain criteria additions and to use the member risk score as the basis for profile selection. This would place more criteria into the "pool" and more quickly. Use of the risk score would increase the likelihood of finding the most significant potential adverse events. Member risk scores are calculated by the system algorithm and factor in not only the severity of the drug problem, but also patient factors of multiple providers, age and sex.

After explaining the categories of therapeutic criteria, and review of DHCAA recommendations a vote was taken with the following results:

a) Drug-Drug Interactions
b) Drug-Disease Interactions
c) Therapeutic Duplication
d) Therapeutic Appropriateness
e) Disease State Management

A motion was made and seconded to approve the automatic addition of new severity level 1 criteria as available and to activate currently available severity level 1 criteria. Additionally, for Disease State Management, motion to have State review criteria to see if any therapy recommendations conflict with other State policy (e.g. PDL, PA etc.). Motion carried.

- Board requested examples of severity level 1 criteria in both Therapeutic Appropriateness and Disease State Management categories for their information.

After explaining the categories of utilization management criteria, and review of DHCAA recommendations a vote was taken with the following results:

a) Under Utilization

Keep current late refill (LR) criteria (approved at 6/2010 mtg) and automatically add LR criteria for drugs in major therapeutic categories of chronic diseases such as HTN, diabetes, asthma, psychiatric /mental illness, HIV/AIDS, immunotherapy, dyslipidemia, epilepsy. Motion to approve made, seconded, and carried. Board members are encouraged to recommend specific drugs to monitor for under utilization as appropriate.

b) Over Utilization

Do not add additional early refill (ER) criteria and discontinue current ER criteria as this is alerted to pharmacists in Prospective DUR. However, automatically add Severity level 1 criteria that is not ER, such as high dose or excess duration. This applies to currently available as well as new criteria. Motion to approve made, seconded, and carried.

c) Drug-Age

Automatically add new severity level 1 criteria as available and activate currently available severity level 1 criteria. Motion made to approve, seconded, and carried.

d) Drug-Pregnancy

Keep current drug/pregnancy criteria, including criteria using prenatal vitamins as proxy marker for pregnant state as well as actual ICD-9. Automatically add drug/pregnancy criteria as available and activate any severity 1 criteria. Motion made to approve, seconded, and carried.

- Board requested an examination of hits on these criteria, how often and how many.

Special note about contraindication criteria and Black Box warnings: While all criteria in these categories are severity level 1 they are not a separate category, they fall into the therapeutic or utilization categories above based on the issue. Black box warnings are of two types: 1. Require the warned drug and another factor, drug or diagnosis, to be present, 2. Require just the warned drug to be present. The consensus was to automatically add all new severity level 1 criteria and activate current severity level 1 criteria for all of the above, but to not include Black box warnings for drugs that have REMS, if possible. Motion was made, seconded and carried.

- Board requested a listing of contraindications criteria examples.

V. Opioid Prescription Limits

- Rita Hallett and Tom Olson discussed findings to date on new opioid prescription limit of 5 prescriptions per member per month that went into effect 1/1/2011. These are limits the pharmacist cannot override. The prescriber must get an override by calling the drug authorization and policy override department. Data was available for January and 20 days of February.
  - Board requested to see ongoing data.

VI. Break

VII. Suboxone/Subutex Use with Opioid

- Monica Yeazel explained the trend seen in the RDUR reviews of Suboxone/Subutex with opioids use. This criteria has been in place for 13 months. Criteria started as a RDUR and later changed to new LI criteria by the Board in August 2010. As shown in the data graph, profiles that hit on the criteria the percent that require an intervention has been declining. Monica explained, at first many of the profiles were showing an intermingling of opioids and buprenorphine prescriptions. The criteria still hits, but now more profiles show use of opioids and then a switch to buprenorphine only, thus not needing an

intervention. Interestingly, overall utilization of buprenorphine increased in the last half of 2010.

- See PowerPoint for graph

VIII. Pharmacy Services Lock –In Restructuring

- Rita Hallett highlighted changes beginning 4/1/11 to the Pharmacy Services Lock-In Program. Members will be locked-in to a prescriber and a dispensing pharmacy for restricted medications only. HMOs are assigning the prescribers for their members. HID is finding prescribers for FFS members and pharmacies for all members.

IX. Targeted Intervention Updates

- Carrie Gray provided an update on the targeted intervention letters for antipsychotic drugs. Three types of letters were mailed:
  a) Prescribers of antipsychotic drugs for a member 7 years of age or younger (109 prescriber letters for 137 unique members)
  b) Prescribers of antipsychotic drugs for a member less than 16 years of age or younger on more than one antipsychotic drug (208 prescriber letters for 312 unique members)
  c) Prescribers of antipsychotic drugs meeting both criteria a and b above (135 prescriber letters for 1039 unique members). .
- The second phase, beginning 4/1/11, is an attestation by prescribers why they are using more than one antipsychotic drug in children 16 years of age or younger. It is similar to a prior authorization, but will not be reviewed, just filed.
- The third phase includes two child psychiatrists participating in policy development and available to discuss consultation issues with prescribers.
- Board members discussed various concerns about the role of antipsychotic drugs versus non-drug therapy options.

X. Topics for Future Drug Utilization Management

- Next meetings will include Prospective DUR discussion
- Rachel Currans-Sheehan identified the President's budget proposal has an emphasis on controlling inappropriate prescribing, so future DUR activity may focus on prescriber's use of drugs like narcotics. MetaStar, an External Quality Review Organization, has reviewed high-dose opioid use for DHCAA. The guideline used considers a dose over 200mg morphine equivalent per day as high dose.

XI. Adjournment

- Motion made, seconded and carried to adjourn the meeting at 4pm
- Jim Vavra thanked all for their attendance and participation.

Guests:

Josh Lox	Forest
Katherine Klein	Astra Zeneca
Carrie Schaack	Endo
Tom Erickson	BMS
Dee George	Dendreon
Susannah Moroney	Pfizer
Mike Specht	Pfizer
Marie Parish	Concordia SOP
Todd Kailas	Sunovion