MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 5, 2014
1:00 pm to 4:00 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members
Present:
Michael Brown, PharmD
Ward Brown, MD
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

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

DHS Staff
Brett Davis
Lynn Radmer, RPh
Lisa Reese
Kimberly Smithers

Welcome and Introductions:
Brett Davis called the meeting to order at 1:10 pm, with thanks to the Board Introductions were made. A Quorum of members was present. It was announced that Rachel Currans-Henry had her baby and was on leave. Rebecca McAtee was unable to be present and Mr. Davis would lead discussion of the change to benefit plans at the beginning of the meeting.
Benefit Plan Redesign: Brett Davis gave an update on the benefit plan changes as a result of the Affordable Care Act. The two main goals of the redesign are to create a smooth transition in coverage for members to either a different MA plan or to the marketplace, and to reduce the uninsured rate in the 18 to 64 year-old population. To do this there has been extensive outreach by letter and phone to individuals. The Standard Plan will include mental health and dental benefits as well as drugs and medical. Enrollment is going well, but there may still be access issues due to provider shortages in some areas. Standardized messaging is being used by all regional enrollment networks, and text of letters and similar information can be accessed by Providers by going to the ForwardHealth Portal and clicking on the For Members section. Pharmacists and other Providers can help individuals get correct information about how to enroll if they need it.
Review of the Agenda and Board Materials and Approval of Minutes-December 4, 2013 meeting:
Kimberly Smithers 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, as well as the Annual Report for Lock-In. Kimberly asked for a motion on the minutes.
Motion to approve minutes as printed made by Ward Brown and seconded by Michael Ochowski. 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.

- For Late Refill, there are two separate updates planned. In March 2014, the drug list was updated, the alert threshold changed from 125% to 120% and the look back period changed from 120 days to 150 days to address prescriptions dispensed as a 3 month supply. Later in the year, when system changes are completed, the Alert will monitor drugs at the therapeutic class level and the days supply exclusion threshold will be changed from 10 or more days to 28 or more days supply in order to set alert. The updates to this alert will be automatic through FDB, so maintenance should be easier. There was discussion by the Board about how to know if this alert is improving adherence. Would it be useful to measure how often this alert sets, or how often these same drug

classes hit in RDUR. The Medication Therapy Management program looks at underuse opportunities and triggers the pharmacist for possible action. A decision was reached to table measurement development at this time.

High Dose (HD) Alert:

Lynn reminded the Board that the High Dose Alert was previously reviewed in March 2013. At that time it looked at only a small set of drugs, doses, and ages. Last fall, the Board decided to run the alert in informational mode only, including all drugs with an FDB assigned HD value.

- The results of analysis of how the alert currently is working were shared.
  - It informs providers when the submitted dose of a drug exceeds the recommended levels.
  - It calculates units per day by dividing the quantity dispensed by the days supply entered on the claim at the POS.
  - The message to the pharmacy does not indicate dose/day, only a numerical quotient with no units indicated.
  - Specific issues with how the alert functions were found with inhalers and nasal sprays, reconstituted antibiotics and eye drops. This is due to how the days supply might be entered (e.g. 30, 31, or 34 days), or how the drug must be dispensed (e.g. 150ml bottle of amoxicillin when only 120ml would be used in 10 days).
  - A report of the top 40 drugs that set the alert was shared and it demonstrated some of these specific issues.
  - Fluticasone nasal spray was the number one drug to set the alert, but only one bottle was dispensed, on average. The message received by the pharmacy is "maximum recommended dose is 0.0532".
- The State recommends turning this alert off.
  - The pharmacy systems are monitoring HD, in most cases.
  - The alert does not use information from history or other pharmacies, so it only alerts based on one claim.
  - The message is not clear or useful.
- The Board discussed analysis and agreed with many of the specific issues noted. However, there was concern for drugs including acetaminophen, where there is a real need to limit doses. It was noted that short acting opioid/acetaminophen combination drugs are currently monitored for Quantity Limits. It would be challenging to maintain a state specific list of drugs, rather than using FDB's list of drugs.
  - **Motion** to approve the recommendation to turn off the HD Alert was made by Jake Olson and seconded by Dan Erickson. All in favor of the motion, except Mike Brown, who was opposed to the motion. Motion carried.

Triazolam Discussion:

Lynn explained that triazolam is a non-preferred drug on the PDL. Some dentists are using it for dental procedures and would like the PA requirement discontinued. The PA Advisory Committee reviewed this drug in November and changed triazolam to a preferred drug. However, there was concern that this might lead to overuse. The PA Advisory Committee asked the DUR Board to evaluate utilization.

- Analysis of 3rd quarter 2013 claims showed a PA was granted for 104 claims, with 98 of those being for more than a 10 day supply. This would indicate maintenance use, not by dentists. Eleven claims were for daily doses exceeding the maximum recommended dose of 0.5mg/day.
- A new RDUR criteria was written with a broad message about appropriate triazolam utilization considerations. It will hit on all triazolam claims, regardless of dose.
- The State has asked Monica to specifically include this criteria in an RDUR review cycle and determine whether to send letters based on the circumstances. She will collect data on what she finds and any responses to any letters.
- At some point in the future, Monica will run this criteria again, and see how utilization compares.

Pharmacy Services Lock-In Annual Activity Report:

Monica Yeazel walked through points of interest in the report previously sent to the Board.

- Total number of letters to providers is down slightly compared to last year, but the overall relative distribution of letter types was quite similar. Again the focus is on education/information to the prescribers, so alert letters far outnumber warnings and actual lock-in letters.
- Requests for selected reviews continue to be received from all sources. The number of actual full reviews performed for OIG were fewer this year, as Monica does more extensive review prior to sending on. Very few

requests from OIG result in full reviews as they are generally not actionable by the program (i.e. claims data does not show any overutilization).

- A new facet of the program in late 2013 was the addition for HMOs to refer their members directly for lock-in, as long as they were prepared to defend the decision in the event of an appeal by the member. Only one member was referred.
- The overall response rate was about 29%, similar to previous years. When providers checked a box on their response form, the chart of provider responses look very similar to last years. Slightly more providers indicated they would take action because of the letters and slightly fewer indicated they did not have a relationship with the member. The narrative comments were fewer in number, but more interesting in content, according to Monica. Specific comments were called out, including references to using the PDMP.
- There were three appeals, all of which were won.

Revised Antipsychotic PA for Children:

Lynn explained how the prior authorization changed on 3/1/14, and provided the ForwardHealth Update and the PA form and instructions.

- The age range has changed to 7 and under.
- BMI percentile is now a required element.
- If the BMI percentile is 85% or greater, lab tracking of lipids and blood glucose is required.
- The State's two consultant child psychiatrists were actively involved in redesigning the PA form.

Targeted Interventions Discussion:

Tom Olson presented information on two previous targeted interventions.

- Citalopram/Simvastatin Maximum Dose Recommendations
  - This is the final report on this intervention which began in November 2012.
  - Analysis of 4th quarter 2013 data to determine if members were just taken off the target drug or if therapy was changed.
  - Of the 895 members who maintained continuous eligibility, 173 had a claim for what appeared to be a therapy change, an alternate drug in the antidepressant or antihyperlipidemic drug groups. A majority of the members, 125 in all, had a 75% days' supply during the analysis period. The drug groups used for this intervention were established by the Wisconsin Pharmacy Quality Collaborative (WPQC).
- Stimulant Maximum Dose Recommendations in Children
  - This involved the consultant child psychiatrists establishing the threshold max doses for each stimulant.
  - Analysis looked at 6 months usage and if dose was 125% of max, a letter was sent.
  - A total of 155 letters went out and all required a response from the prescriber. A second letter went to 77 non-responders. A total of 131 responses have been received, and telephone follow-up is planned for the remainder.
  - Responses indicate a majority of prescribers agree this is an important target for DUR. Also a majority of responders indicated they used symptom checklists at least half the time when considering appropriate dosages. Most of the responders did not have plans to lower the dosage of stimulant medication for each patient.
  - Child psychiatrist practices have the most targeted members. Many issues have been identified in phone calls with prescribers, including concerns about diversion, dosing in "high-metabolizers", and comorbidity factors.
  - Next steps include planning outreach to non-psychiatrists regarding comorbidity issues, use of adjunctive medications, education and reinforcement of using checklists, and re-measuring the data in the future.

Adjournment: Kimberly reminded the group of the calendar for remaining 2014 meetings: June 4, September 10 (second Wednesday) and December 3. Meeting adjourned 4:00pm.

Guests: Rudy Christian & Nick Boyer (Otsuka), Sarah White (Abbott), Kristin Wejrowski & Jason Flynn (Skywalk Rx), Dawn Bina (NNI), Mike Healy (Gilead), James McNamara (ViiV Healthcare), Kevin Gallagher (MedImmune), Bob Heinsch (Purdue), Mike Kapocius (Takeda).