MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 1, 2011
1:00 pm to 4:30pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:
Lon Blaser, DO, CPE
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Robert Breslow, RPh
Ward Brown, MD
Patrick Cory, PharmD
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD

Absent:
Paul Cesarz, RPh
Lora Wiggins, MD

DHS Staff
Brett Davis
Marilyn Howe, RN
Lynn Radmer, RPh
Kimberly Smithers
James Vavra

HP Staff
Tom Olson, PharmD
Alan Paulson
Monica Yeazel, RPh

Welcome and Introductions:
Jim Vavra called the meeting to order at 1:01 pm and made introductions, noting a quorum was present. Reminded those present of Rita Hallett's recent passing and how much she will be missed by all.

Review of the Agenda:
Jim walked through the agenda as presented and asked about other business. No additions requested.

Approval of Minutes-March 2, 2011 meeting:
Bob Breslow asked that follow-ups from the last meeting that are not part of today's discussion be addressed at future meetings. At the March 2011 meeting, the requested follow-up was:

- ✓ examples of criteria for Therapeutic Appropriateness/Disease State Management –presented today
- ➢ an examination of hits on drug/pregnancy criteria –at future meeting, when data available
- ✓ a listing of contraindications criteria examples –presented today
- ✓ ongoing data on outcomes of Opioid prescription limit –presented today

Motion to approve minutes made by Ward Brown and seconded by Mike Ochowski. Motion passed.

Presentation of Pharmacy Reports:
Jim presented a power point with highlights of pharmacy reports originally created for HMOs. See Attached PowerPoint for reference. Particular discussion points included:

- Dollar amounts are for prescription claims only and do not account for Federal or Supplemental Rebates collected.
- Generic fill rate is approximately 75%. Sometimes it is advantageous to cover branded drugs based on rebate considerations.
- PDL compliance rate, at approximately 94% is the percent of prescriptions filled with preferred drugs
- BMN compliance is approximately 99%. The remaining 1% received a Brand Medically Necessary PA..

Retrospective Drug Utilization Review Follow-Up:
Monica Yeazel presented the Board with criteria examples from the Therapeutic Appropriateness/Disease State Management category, as well as, examples of Contraindications criteria, which the Board had requested as follow-up from the last meeting. Both categories may contain criteria derived from Black Box warnings. Specific examples were noted. Discussion regarding REMS drugs clarified that there is no systematic way to eliminate these criteria. Clinical judgment on whether to send letters is always part of the review process and REMS factors are considered.

- an examination of alerts with new criteria in place will be presented at a future meeting

Pharmacy services Lock-In Transition Follow-Up:
Monica reported that the change from locking members in to providers for all services to locking them in to prescribers for restricted medications only and a lock in pharmacy to have those prescriptions filled was going rather smoothly since starting 4/1/11. A few members have been difficult to find willing prescribers for.

Antipsychotic Targeted Intervention Follow-up:
Tom Olson presented preliminary response information for the Pediatric Antipsychotic Targeted Intervention. Refer to attached slides. Of the 462 prescribers who received a letter, 165 unique prescribers have responded. The majority of them found the letters to be at least "somewhat useful".

- report at a future meeting behavior analysis

Antitussive and Opioid Utilization Follow-up:
Tom presented information addressing whether members may be using excessive amounts of antitussive medications to subvert the newly implemented opioid prescriptions limit (effective 1/1/11). Refer to attached slides. Comparing first quarter utilization data for the past 3 years, we see the total number of prescriptions for antitussives is declining, but the number of individual prescriptions for volumes greater than one pint is increasing slightly. There are a small number of members who have received in excess of a pint per month for 3 months.
Currently there are three means to control narcotics usage:

- Quantity limits-used for short acting opioid analgesics combinations (with APAP or IBU)
- Opioid script limit-five Rx/calendar month including all opioids minus antitussives
- Early Refill-for long acting opioids, sedative/hypnotics, and stimulants

Requested Board consider data presented for addition of antitussives to quantity limits.

- Suggests 240ml/month as an initial quantity limit, and analysis on the impact of this change reported back.
- Also suggests pulling members for the excessive quantities and have Monica review profiles as possible Lock-In intervention.

The data for the audits and overrides on the Opioid script limit show fewer prescriptions billed. General feedback from providers is positive.

Prospective DUR Overview:
Lynn Radmer and Kimberly Smithers presented information regarding the current Prospective DUR criteria for the Drug/Drug (DD) alert and Therapeutic Duplication (TD) alert. Refer to attached slides. Suggestions and discussion included:

- DD interactions come from First DataBank, concurrence that this is industry standard
- Consider a larger dissipation factor for the DD alert, perhaps 25%
- Do not generate the DD alert when prescriber or dispenser is same
- Inactivate some DD drug interaction pairs, based on frequency of overrides or severity level
- More information needed for decision-making. Board requests follow-up including:
    - Report more DD drug interaction pairs examples
    - Report override percents for DD alert; including pre-overrides
    - Report DD alerts from same or different prescribers and dispensers

- TD alerts do not include a dissipation factor, but sets if days supply overlaps
- Consider a 15% overlap so TD alerts are not sent for continuing therapy
- Do not generate the TD alert for same prescriber
- Do not generate the TD alert for long and short acting opioids from the same prescriber
- TD is limited to a defined list of drugs previously reviewed/approved by the DUR Board
- More information is needed for decision-making. Board requests follow-up including:
    - Provide the TD static drug list
    - Report override percents for TD alert, including pre-overrides
    - Report TD alerts from same or different prescribers and dispensers

Adjournment:

Jim called for a motion to adjourn. Motion made by Lon Blaser, seconded by Ward Brown. Motion passed. Meeting adjourned with thanks at 4:03pm.

Guests: Dave Mirchuda (GSK), Mary Blohn (Lilly), Nick Boyer (AZ), Tom Frnaklin (BMS), Judy Bowhby (Amgen), Mike Specht (Pfizer), Dean Groth (Pfizer)