MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, December 5, 2012
1:00 pm to 4:00 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:
Robert Breslow, RPh
Michael Brown, PharmD
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD

Absent:
Ward Brown, MD
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C

HP Staff
Teai Hoover
Tom Olson, PharmD
LuAnne Green
Monica Yeazel, RPh

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

Welcome and Introductions:
Rachel Currans-Henry called the meeting to order at 1:05 pm, with thanks to the Board. Introductions were made.

Review of the Agenda and Board Materials and Approval of Minutes-September 5, 2012 meeting:
Rachel Currans-Henry walked through the agenda as printed and the Board packets. Requested to change order of agenda items. Members had received minutes via email and had the opportunity to review prior to this meeting. With a quorum present, Rachel asked for a motion on the minutes.

Motion to approve minutes as printed made by Lora Wiggins and seconded by Bob Breslow. Motion passed unanimously.

Prospective DUR: Update on Previously Reviewed Alerts:
Lynn Radmer reviewed the status of Prospective DUR alerts changes since last meeting.

- **DC-Inferred Drug-Disease Alert** turned off 11/1/12.
- **MC-Reported Drug-Disease Alert** remains turned on.

AT-Additive Toxicity Alert: Lynn Radmer provided a walkthrough.

- Informs providers that drug dispensed interacts with other medication(s) currently taken by member such that a common side effect may be elevated to a potentially dangerous level.
    - Very complicated alert, will take much explanation.
    - Unique to WI, not specifically supported by FDB, though elements from FDB are used to support.
- Alerts are based on 1688 drugs and 1506 side effect codes. There are 39,458 active drug/side effect combinations and 414,160 drug, strength, dose form/side effect combinations.
- There is a defined list of side effect codes that is excluded. This was determined when the alert was originally created.
- The pharmacy gets a real time claim response indicating the claim drug, the drug(s) from history, and the side effect of concern that caused the alert to set.
- The side effect codes are obtained from FDB. There must be an overlap of days supply of the offending drug(s). Then an algorithm is applied, taking into account frequency (from FDB) and severity (from FDB) of side effect, and if score is >= to 100, alert sets.
- There are 2-3K claims per month that set this alert. Majority of those are for the same drug.
- Board discussed whether this alert sends really new information to the pharmacy.
- Board discussed utility of an alert that potentially duplicates what would already be covered in Therapeutic Duplication, if it was the same drug.
- Questions raised by Board members:

- Do we know what percent of alerts are NOT same drug? Could we filter at the end, and if drug or drug class duplication, not set AT alert?
- Can we narrow the list of side effects monitored or "umbrella" side effects more—perhaps make inclusion vs. exclusion list? Consider for example serotonin syndrome, QT prolongation, anticholinergics, Beer's List drugs.
- Can we revisit formula for scoring for alert to set?
- What do private sector payers do?
- "A-HA moment"-can we have AT only set if TD or DD do not, thereby eliminating "noise".

❖ Staff recommendation: Turn off AT-Additive Toxicity alert. However, after discussion, 3 possible options:

- Turn off for now; research alternatives.
- Turn off TD part, keep remainder and monitor.
- Do nothing.

- **Motion** to turn off alert now and research alternatives made by Mike Ochowski, seconded by Mike Brown. Motion carried unanimously.
- Board will re-evaluate when more data is available.

LR-Late Refill Alert: Lynn Radmer provided a walkthrough.

- Informs a provider when a member attempts a refill later than is recommended.
- Drugs monitored come from a static list previously approved by the Board. It is not updated. It is based on FDB therapeutic class list. Does not include controlled substances like oxycodone.
- Length of therapy for drug claim must be >=10days and current claim fill date must be >history claim's days supply x 125%.
- This alert looks only at the current and last claim, does not look at adherence over longer time frame.
- Reviewed how LR is monitored in the Retrospective system for comparison. Retro does look at adherence over past 90 days. Retro monitors drugs in therapeutic categories of chronic disease management as approved by the Board in 2011.
- Several options were presented: turn off alert, modify alert to eliminate same pharmacy/same prescriber claims, change threshold of days supply or possession, change list of drugs monitored/align with Retro or change both.
- Discussion that what we do in Prospective should take into account what WPQC is doing relative to focused adherence interventions. Also newsletter idea-importance of counseling on late refills.
- Board agreed that further discussion is warranted regarding how LR currently functions and how it might be modified and monitored in the future.

PDL Meeting Update: Rachel Currans-Henry.

- Decisions will be posted soon on the website. Changes will be implemented Jan 1, 2013.
- COPD- adding Daliresp with diagnosis restrictions.
- Cytokine and CAM Antagonists will be clinical PA and require 2 preferred agents before approval.
- Antidepressants-monitoring cost of escitalopram; will include as preferred when cost effective.
- Cymbalta will be preferred, now including neuropathic pain. Anticipate generic available in December 2013.
- Stimulants-both brand and generic are preferred in some cases (e.g. Adderall) because of supply issues. , Adderall XR brand continues on preferred list. Strattera will be added as preferred. This is a growing class in claims and cost.

UW Health Population Health Child and Adolescent Antipsychotic Project: Rachel Currans-Henry.

- Board certified child & adolescent psychiatrist, Rick Immler, MD, did interviews across the state trying to determine if there is in fact an over/inappropriate prescribing problem, and if other treatment modalities are being used as well or at all.
- Found <50% of MA kids received glucose test at baseline or 1 year; 70% of rxs were initiated by psychiatrists and 60% of maintenance rxs were by psychiatrists.
- Identified need for front end education to prescriber community on need for metabolic testing, increasing access to other treatment modalities, and ways to reduce practice variations.
- A summary will be shared with the Board once it has been finalized.

CMS Annual Report: Lynn Radmer

- State fulfilled its obligation to submit report of activity for FFY 2011 (October 1, 2010 to September 30, 2011) by this year's deadline.
- Future hope is for CMS to aggregate data for meaningful use by states.
- For now, individual state reports, including WI, can be viewed at http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Medicaid-Drug-Programs-Data-and-Resources.html

Prescription Drug Monitoring Program: Lynn Radmer.

- Under the jurisdiction of Dept. of Safety and Professional Services (formerly Dept. of Regulation and Licensing).
- Registered Providers will have access to data. Medicaid will not have access to data at this time.
- Data collection starts January 1, 2013. Cannot submit to PDMP until later date. Details available at http://dsps.wi.gov/Default.aspx?Page=aa6816da-8f43-4855-b2ef-e990eca20e3f

Targeted Intervention Update: Tom Olson.

- Four specific topics for targeted interventions, as discussed previously: exceeding recommended dosages of citalopram and simvastatin in select populations.
- Final letters were shared with the Board both via email and at the meeting.
- Letters to be mailed December 6, 2012 to 856 prescribers regarding 937 members.
- Plan to wait for 6 months, then analyze whether there have been changes in prescribing.
- Monica Yeazel will avoid alerting on these criteria in the Retrospective system for this time, to avoid confounding the data.
- Considering next targeted intervention focus to be stimulants: high dose and inappropriate use.
- Board asked to email Monica will other ideas, or more specific suggestions.

Adjournment: Rachel Currans-Henry.

Motion to adjourn made by Jake Olson. Motion carried unanimously. Meeting adjourned at 3:55 pm. Next meeting March 6, 2013.

Guests: Brian Inoles (Boehringer), Dawn Bina (NNI), Chris Metcalf (Lifescan), Judy Bowlby (Amgen), Anna Vinnik (Pharmacy student, CCP) Kevin Gallagher (Medimmune), Jim Caines (Medimmune), Todd Kailas (Sunovion)