

Drug Utilization Review (DUR) Board Meeting
Wednesday, March 3, 2010
1:00 P.M. to 4:00 P.M.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:

Ward Brown MD

Michael Ochowski, RPh

Philip Bedrossian, MD

Daniel Erickson, MD

Lon Blaser, DO, CPE

Patrick Cory, PharmD

Robert Factor, MD, PhD

Eva Vivian, PharmD

Absent:

Dennis Olig, RPh

Robert Breslow, RPh

Franklin La Dien, RPh (sent Tim Glalinsky, Pharm D- Walgreens as a proxy)

DHCAA:

James Vavra

Rita Hallett, RN

Lynn Radmer, RPh

Jonathon Moody

Kimberly Smithers

Marilyn Howe

HP:

Monica Yeazel, RPh

Thomas Olson, PharmD

Jennifer Proudfit, RPh

I. Welcome and Introductions

- Jim Vavra called meeting to order 1:10 pm, introductions.

II. Approval of the Agenda

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

III. Approval of Minutes – December 2, 2009 Meeting

- Motion made and seconded to approve the minutes as published. Motion made by Dr. Blaser and second by Dr. Brown. Motion carried.

IV. Additions to Retrospective Drug Utilization Review Criteria

- Monica Yeazel led a discussion about retrospective DUR criteria. Reviewed each criterion:
 1. Long half-life Benzo Anxiolytics/Elderly: accepted unanimously. Motion made by Mike Ochowski and 2nd motion by Vivian. We will accept criteria by consensus rather than voting for each criteria to stay on schedule.
 2. Tramadol/Opioid Analgesics: Dr Erickson notes that he would not recommend this criteria if they are acute cases. Monica explains that is

- part of the risk stratification, of which the low risk are not reviewed.
Approved as presented.
3. Sedative/Hypnotics/ Osteoporosis/ ESRD: ESRD is negated since a client requested this was added since ESRD patients generally have Osteoporosis. Discussion that is should not be included. The Board would like to take the ESRD out of this criteria. Approved as amended.
 4. Certain antihypertensives/ Chronic Kidney disease/ ACEIs, ARBs and kidney transplant: Consensus to approve.
 5. Anticholinergic Bronchodilators/ Therapeutic Duplication: Consensus to approve.
 6. LABAs/ Inhaled Corticosteroids (Negating): If patients need additional LABA therapy, should be added as a combination steroid product. Added verbiage from black box warning about not adequately controlled. Check to see if black box applied to COPD. Use COPD as a negating criteria. Lynn discussed Step therapy being added. Remove Advair and Symbicort from the list. Approved as amended.
 7. Triptans / SSRIs & SNRIs: Discussion about clinical significance. Consensus to approve.
 8. Methylphenidate & Dexmethylphenidate/ Drug Abuse: Asked whether generic Adderalls are included. We can add a customized criteria for WI use. Mike O suggested we add all immediate release. Approved as amended.
 9. Narcotic cough syrups/ Overutilization: Consensus to approve.
 10. Metoclopramide/ Therapeutic Appropriateness: Consensus to approve.
 11. ACEIs/ ARBs: Discussion about whether to add Aliskiren. Consensus to approve as presented with addition of Aliskiren to Util C as negating.
 12. Tramadol ER/ Attempted Suicide & Drug Abuse: Consensus to approve.
 13. Opioid Agonists/ Carisoprodol/ Benzodiazepines: Consensus to approve.
 14. NSAIDs/ Diabetes: Add metformin to the criteria (util B) and remove testing strips. Approved as amended.
 15. Polypharmacy/ Therapeutic Appropriateness: Concerns about the broadness of the criteria. Monica explains that this is the most flexible polypharmacy criteria. Monica noted this is a very common criteria that hits. Consensus to approve. Other criteria is available to look for 3 and 4 drugs, but the Board will not use that criteria at this time since this criteria is more inclusive. Monica will look to see if all drugs from Util C all need to be included.
 16. Additional discussion:
 - i. Provide the board with a comprehensive list of the criteria.
 - ii. Board should consider more prospective DUR also.
 - iii. Discussion about many criteria noting therapeutic duplication (e.g., beta blockers, PPIs, etc. Similar to criteria #5). Seeking approval for therapeutic duplications to be turned on. Prospective DUR also has this alert. Board approved turning that criteria on.
 - iv. Include black boxed warning criterion at the upcoming meetings.

V. Targeted Intervention

- Look for members who have diabetes and hypertension or microalbuminuria without and ACE or ARB unless contraindicated. Tom noted 160 members were identified. Discussion about how that number is low. Criteria used may have been too restrictive.
- Use the larger population and do a larger educational message. That would include > 1000 members. Try to identify the primary care provider to limit sending letters to providers who would not necessarily monitor the member's diabetes (e.g., oncologists and nephrologists). Use ICD-9 and drug marker to determine members with diabetes.

VI. Break

VII. Opioid Usage with Testing

- Jonathan Moody presented information regarding opioid use 3 months of utilization (exclude tramadol), unique members with 90 day supply of meds in 3 months. Excluded SeniorCare since we do not have medical claims data. 9288 members met this criteria. Approx 700 members received a urinalysis in 3 mos (looking back 12 months there were about 1500 members). A match to prescribers was not done. These members may have had multiple prescribers. There were approx 4500 prescribers.
- Discussion: Urine screens are marker for appropriate care for patients on chronic opioid use. Board members discussed the policies within their organizations and noted that many include narcotic treatment agreements and urine drug screens.

VIII. DUR Rate reform update

Rita Hallett- Presented power point on Rate Reform measures as related to DUR/pharmacy

- Recapped public pharmacy rate reform meeting on February 19, 2010.
- Reviewed initiatives that have been implemented to date.
- Reviewed trends in pharmacy noting that Badgercare Plus parents in HMOs are seeing an increase in prescriptions per members.

IX. Adjournment

- Consensus to adjourn at 3:27 pm.

Meeting Guests:

Grant Cale	BMS
Courtney Davis	Evrand
Roy Pura	GSK
Josh Cox	Forest
Renee Paukner	Pfizer
Russ Sobotta	Sanofi-Aventis
Laura Hantak	UW-Madison Student
Beth Vanderhayden	Pfizer
Mike Kapocius	Takeda
Hugh Johnston, MD	
Dr. Diamond	