

MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Wednesday, September 7, 2011

1:00 pm to 4:30pm

1 W. Wilson Street, Room 751

Madison, WI 53701

DUR Board Members

Present:

Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Robert Breslow, RPh
Ward Brown, MD
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD

Absent:

Lora Wiggins, MD

DHS Staff

Rachel Currans-Henry
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.

Review of the Agenda:

Jim walked through the agenda as presented.

Approval of Minutes-March 2, 2011 meeting:

Motion to approve minutes made by Paul Cesarz and seconded by Ward Brown. Motion passed unanimously.

Follow up items from previous meetings:

At previous meetings Board requested:

- ✓ From Targeted Intervention 6/11: Report of behavior changes/outcomes analysis of targeted intervention—preliminary results presented today
- From Changes to RDUR Criteria 3/11: an examination of hits on drug/pregnancy criteria –at future meeting, when data available
- From Prospective DUR 6/11:
 - ✓ Report on DD interaction pairs examples –presented today
 - ✓ Provide the TD static drug list as approved previously by the Board— a list of the top 100 drugs that hit TD alert in Q1 2011, representing 99% of all alerts was presented today
 - ✓ Report on DD and TD alerts from same or different prescribers and dispensers –presented today
 - Report on override percents for DD and TD alerts, including pre-overrides –at future meeting, when data available
- ✓ From Antitussive Outliers 6/11: Report on results of further review of members using excessive quantities of antitussives—presented today

Follow up: Retrospective DUR:

Monica Yeazel presented data from the Quarterly Report for RDUR produced by HID. See attached handout. Discussion and suggestions included:

- Board expressed interest in information on prescribing changes after intervention letters. Consider further evaluation of non-responders.

- Members who are in nursing homes are not reviewed currently, as these members are reviewed already by Consultant pharmacist at each home. These members are currently identified by having LTC indicator as submitted by pharmacy claim. Amount is less than 50 members per month.
- Suggestions: do not change procedure, as this is a small number of members who may not even be intervened on anyway, or send letter to prescriber or other.
- Consensus to allow State to review and determine best course in light of resources needed.
- Continue to bring Quarterly report information to meetings

Follow up: Antitussive Outliers & Quantity Limit:

Lynn Radmer reminded the Board why we are looking at these today; had concerns about members trying to subvert the 5 opioid prescriptions per month limit set in January 2011, or concerns of high users needing lock in. Monica presented an analysis of Antitussive Outliers. See attached handout. Discussion and suggestions:

- Analysis concludes neither of these situations is of concern with the members examined.
- Rachel Currans-Henry noted State is not planning to proceed with 240ml/mo quantity limit or add antitussives to opioid script limit.
- Board concerned about appropriate medical use of promethazine/codeine in such large quantities.
- Consider antitussive outliers as focus of RDUR reviews/intervention letters and report on responses.

Follow up: Antipsychotics Targeted Intervention:

Tom Olson presented information summarized in PowerPoint (attached). Discussion and suggestions:

- Data collected for July only, thus preliminary
- Shows decrease in number of antipsychotic prescriptions filled for members whose prescribers received an intervention letter.
- Unknown attrition rate and no control group in this intervention.
- Does seasonal (ie summertime, not in school) variation influence utilization?
- Board expressed interest in getting updated information on targeted intervention.
- Suggestion to ask for more guided commentary on response forms from prescribers in future interventions to determine if there is geographic or practice limitations patterns.
- Tom noted that comments were received from prescribers and given to the Consultant Child Psychiatrists.
- These consultants are also gathering more information as part of the PA process to aid in their decision making.

Follow up: Prospective DUR:

Lynn presented preliminary findings from examination of Prospective DUR alerts. See attached handouts and PowerPoint. Discussion and suggestions:

- For DD (drug/drug interaction) alerts, the top 100 drugs represent over 80% of alerts
- most alerts are from the same pharmacy and prescriber.
- does this amount to alert burden and whether this needs to change.
- Still need to know overrides and disposition of claims to decide.
- Report back DD overrides and disposition of claims when data available.
- For TD (therapeutic duplication) alerts, the top 100 drugs represent over 99% of the alerts
- again most are from the same pharmacy and prescriber.
- Discussion about how TD is defined: Currently TD alerts for example furosemide 20mg and furosemide 40mg as a TD, but not enalapril and lisinopril as a TD. The same drug and strength and dosage form will not alert as TD.
- ways to improve TD clinically, perhaps ignore dose titration, but recognize different drugs in the same class.
- Note not all drugs are included in TD; list previously set by Board.
- Consider a focus on controlled drugs or aggregate drugs under a higher classification.
- Also still need to know overrides and disposition of claims.
- Report back TD overrides and disposition of claims when data available.
- Report back options for enhancing clinical utility of TD alert

BREAK

Prospective DUR Overview: Pregnancy/Drug Alert:

Lynn and Kimberly Smithers introduced the next Prospective DUR Alert for Board consideration. See attached handout and PowerPoint. Discussion and suggestions:

- Pregnancy/drug (PG) alert is #5 on the hierarchy of alerts, but presenting now as it introduces concept of profile building
- Pharmacists in practice noted that ibuprofen alerts often in women who are no longer pregnant.
- Delay in getting termination of pregnancy diagnosis in profile
- Possible for pharmacy to enter lactating mother code for prenatal vitamins (PNV) prescription and have that read as termination code for pregnancy profile?
- Reminder that pharmacy can pre-override claims if pregnancy status known-often difficult for pharmacist to know
- For HMO members, pregnancy profile is built using only prescription data, not encounter data
- For PG alerts, top 100 drugs represent over 99% of claims
- Still need to know overrides and disposition of claims
- Report back PG overrides and disposition of claims when data available.
- Should list of alerted drugs be limited by the Board to only severe risk interactions? Concurred to remain using FDB list as source for drugs to alert so as not to have to manually update.
- Determine feasibility for pharmacy to give pregnancy termination info, report back at future meeting

CMS Annual DUR Report:

Lynn explained that CMS requires annual report from each State on DUR efforts and metrics. Has been due June 30 annually, this year due 9/30 due to changes made by CMS in what materials are requested and in what format they are to be submitted. Now electronic submission online. CMS hopes to make reports more uniform and useful.

- Will report more at future meeting after report complete.

Suggestions for future meetings:

Jim and Rachel solicited the Board's ideas for future meetings. Suggestions included:

- E-prescribing
- Diagnosis or indication for prescriptions
- MTM (medication therapy management)
- Preferred Drug List and prior authorization
- Lock-In to a health system versus a prescriber

Housekeeping:

Jim noted his and the State's appreciation for the good work and effort of the Board members and their continued attendance to ensure a quorum. Noted both Pat Cory and Lon Blaser have resigned from the Board and State will consider sources for new members.

Adjournment:

Motion to adjourn made by Dan Erickson, seconded by Ward Brown. Motion passed unanimously. Meeting adjourned at 3:35pm

Guests: Judy Rowland (Forest), Susie Moroney (Pfizer), Dingchen Chen (Student-SOP), James McNamara ViiV Healthcare, Brian Inoles (Boehringer), Nick Boyer (AstraZeneca), Judy Bowhby (Amgen), Mike Specht (Pfizer), Dean Groth (Pfizer), Cecile Hencult (Astellas)