

MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Wednesday, December 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
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

DHS Staff

Rachel Currans-Henry
Brett Davis
Marilyn Howe, RN
Lynn Radmer, RPh
Kimberly Smithers

HP Staff

Tom Olson, PharmD
Alan Paulson
Monica Yeazel, RPh

Welcome and Introductions:

Brett Davis called the meeting to order at 1:05 pm, with thanks to the Board for their valuable service. Introductions were made, including new Board member Michael Brown from Concordia University School of Pharmacy. A quorum was present.

Review of the Agenda:

Rachel Currans-Henry walked through the agenda as printed and noted additional information on Prescription Drug Monitoring would be shared.

Approval of Minutes-September 7, 2011 meeting:

Motion to approve minutes made by Dan Erickson and seconded by Paul Cesarz. Motion passed unanimously.

Follow up items from previous meetings:

At previous meetings Board requested:

- ✓ From Antipsychotic Targeted Intervention 6/11: Report of behavior changes/outcomes analysis of targeted intervention—final 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 RDUR 6/11: Regular review of Quarterly report information on RDUR-presented today
- ✓ From Prospective DUR 6/11:
Report on override percents for DD and TD and PG alerts , including pre-overrides –presented today
Report back options for enhancing clinical utility of TD alert-presented today
Determine feasibility for pharmacy to give pregnancy termination info –presented today
- ✓ From CMS Report intro 6/11: CMS Annual Report final summary information—presented today

Follow Up: Antipsychotic Targeted Intervention:

Tom Olson presented the final summary of the results of this intervention.

- Intervention appeared to have positive impact on prescribing in both intervention arms, though caveat that there was no control group.
- This was an intervention, not a research study.
- Next step is a PA for antipsychotic drugs in children 6 years of age and younger in early 2012, the PA review will involve child psychiatrists.

- Board discussed elements of the PA requirements.
- Follow up on PA implementation will occur at future Board meeting.

Follow Up: CMS Annual Report:

Lynn Radmer provided a summary.

- CMS changed reporting process this year, now using an online reporting tool, so no hard copy to share with Board.
- CMS trying to make a standardized tool and electronic submission method to be able to better analyze and compare states data in the future.
- Complex process involving many sections and staff resources, State, HP, and HID; new sections and new data requests this year.
- Deadline for FFY 2010 report changed from June 30, 2011 to September 30, 2011, and we completed on time.
- We were able to highlight our state's innovative practices including the DAPO call center.
- CMS has provided no feedback on our submission.

Follow up: Prospective DUR:

Lynn provided an overview of activities since last Board meeting.

- Data on overrides and pre-overrides of TD, DD, and PG alerts shows most alerts are being overridden, but do not know from data why they were overridden.
- For TD and DD alerts, the highest overrides were for alerts on claims from the same prescriber and pharmacy.
- Discussed alert burden and pharmacy's internal system already monitors same pharmacy claims.
- ❖ Staff recommendation: Stop alerting on TD and DD when prescription is from same prescriber and same pharmacy. **Motion** to accept staff recommendation made by Dan Erickson and seconded by Mike Ochowski. Motion carried unanimously.
- Currently TD only monitors a set list of drugs at the active drug level, and list of active drugs needs to be continuously updated manually to be accurate which is resource-intensive.
- Currently TD does not alert on similar drugs in the same therapeutic category.
- Discussion of enhanced clinical utility if TD were monitored at therapeutic category level and relied on data from FDB to stay automatically updated with new drugs.
- ❖ Staff recommendation: Monitor TD alert at higher level of aggregation, that is at Therapeutic Category level, and use data from FDB. **Motion** to accept staff recommendation made by Bob Breslow and seconded by Michael Brown. Motion carried unanimously.
- Looked at therapeutic categories and drugs monitored by TD now, and discussed changes.
- Some categories would often have duplications that would be clinically appropriate in the vast majority of cases and may lead to alert burden/fatigue. Other categories are not currently included.
- ❖ Staff recommendation: Remove therapeutic categories of Antifungals, Anticonvulsants, and Glucocorticoids from TD monitoring. **Motion** to accept staff recommendation made by Maria Brenny-Fitzpatrick and seconded by Paul Cesarz. Motion carried unanimously.
- ❖ Staff recommendation: Add therapeutic categories of Anticoagulants (except warfarin products), Platelet Aggregation Inhibitors, Antihypertensives, Cardiovascular, Diuretics, and Antihyperglycemics (except insulin products). Discussion determined Board was uncomfortable with excluding warfarins and insulins. **Motion** to accept staff recommendation amended to include warfarins and insulins made by Michael Brown and seconded by Bob Breslow. Motion carried unanimously.
- Reviewed how pregnancy profile is built based on drugs and diagnosis data.
- Discussed possible problems with pharmacy erroneously submitting lactation diagnosis too early, resulting in stopping profile before pregnancy is ended.
- Do need more updated diagnosis codes in PG alert.
- ❖ Staff recommendation: Let state staff determine additional appropriate diagnosis codes to identify women who are pregnant or definitely no longer pregnant to build and maintain and end pregnancy profiles. **Motion** to accept staff recommendation made by Dan Erickson and seconded by Paul Cesarz. Motion carried unanimously.

Retrospective DUR Reports:

Monica Yeazel presented data from the Quarterly Report for RDUR produced by HID.

- Comparison of QTR 1 to QTR 2 2011, showing before and after implementation of larger criteria set and choosing profiles based on member risk score.
- Comparison shows a much wider case distribution, involving many more problem types.
- Larger number of letters, but not so many that alert burden is a concern.

Overview of November PDL Recommendations:

Rachel walked through a summary document from the Mental Health Drug Advisors (MHDA) meeting held on November 3, 2011, and gave highlights of the discussion.

- ❖ DHS is proposing inclusion of fluoxetine, sertraline and citalopram in 3 month supply policy. Paroxetine not included due to pricing considerations.
 - Regarding this proposal, MHDA feels 3 month supply is appropriate as long as the policy makes it “allowable” and not “required”.
 - DUR Board members concurred, noting prescriber should be able to determine safety on a case by case basis
- Motion** to support the inclusion of fluoxetine, sertraline, and citalopram as allowable for 3 months supply made by Robert Factor, seconded by Mike Ochowski. Motion carried unanimously.

Rachel also presented a summary document from the PA Advisory Committee meeting held November 9, 2011.

- Informative to DUR Board.
- There was discussion on 33 previously reviewed classes and 2 new classes.
- Brand drugs are sometimes preferred over generic versions, due to rebates.
- The Secretary has to sign off on the recommendations of the Committee, then they are communicated to providers in a ForwardHealth Update publication.

Report on HMO Meeting and Pharmacy Services Lock-In Discussion:

Rachel highlighted a meeting held November 17, 2011 with HMO representatives regarding Pharmacy Services Lock-In and HMO's role in it.

- Reminder that in current program Reviews are based on paid Medicaid pharmacy claims and diagnosis data. Interventions are educational and behavior modifying and if unsuccessful, statutes and code allows for restriction of services by lock-in, but only if actual intentional member abuse of Medicaid benefits can be demonstrated.
- DHS monitors pharmacy lock-in, drug coverage is carved out of HMO.
- How can Pharmacy Services Lock-In Program improve to better aid HMOs in managing member care?
- HMOs want to use their medical claims data and external data (reports of paying cash etc) to support referral for immediate lock-in.
- DHS suggests HMO write a referral letter to DHS to recommend immediate lock-in. HMO letter would be used as evidence submitted to Administrative Law Judge in the event of an appeal hearing, and HMO representative would have to testify.
- Distinction between when administrative law allows member lock-in vs. need for clinical case management at the provider level or HMO level.
- DHS soliciting feedback from HMOs on what criteria they suggest using.
- Feedback will be brought to March DUR Board meeting for discussion.

Prescription Drug Monitoring Program:

Rachel shared a draft of proposed rules for a PDMP in WI.

- Workgroup has been working recently; legislation allowing a PDMP passed in 2009.
- DRL now has secured grant funding, in the process of rule-making through PEB.
- RFP will be released early 2012, with hope to be operational by 2013.
- Working to ensure that Medicaid has access as appropriate to the data collected on MA members.

Other Business:

Rachel asked if anyone had other business to bring before the Board.

- Bob Breslow asked the state staff to research and include for future discussion, barriers and challenges to providing indications/diagnosis on prescriptions.

Adjournment:

Motion to adjourn made by Paul Cesarz, seconded by Maria Brenny-Fitzpatrick. Motion carried unanimously. Meeting adjourned at 3:55pm.

Guests: Susie Moroney (Pfizer), Phueng Cha (Student-SOP), Gilbert Robinson (Azur), Dan Bres (DSI), Christy Fields (DSI), Brian Inoles (Boehringer), Todd Kailes (Sunovion), Tom Erickson (BMS), Sarah White (Abbott), Mike Specht (Pfizer) , Cecile Hencult (Astellas)