MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, June 4, 2014
1:00 pm to 4:00 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members
Present:
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Michael Brown, PharmD
Robert Breslow, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD
Absent:
Ward Brown, MD
Paul Cesarz, RPh

HP Staff
Teai Czajka
Tom Olson, PharmD
Monica Yeazel, RPh

DHS Staff
Rachel Currans-Henry
Lynn Radmer, RPh
Lisa Reese
Kimberly Smithers
Rita Subhedar
Kim Wohler

Welcome and Introductions:
Rachel Currans-Henry called the meeting to order at 1:05 pm, with thanks to the Board. Introductions were made. A Quorum of members was present. Scott Donald, PharmD, Director of Clinical Services for HID was present to observe.
Review of the Agenda and Board Materials and Approval of Minutes-March 4, 2014 meeting:
Rachel Currans-Henry walked through the agenda as printed and the Board packets. Members had received minutes and RDUR Quarterly Report via email and had the opportunity to review prior to this meeting.
Motion to approve minutes as printed made by Michael Ochowski and seconded by Robert Breslow. Motion passed unanimously.
Prospective DUR: Update on Previously Reviewed Alerts:
Lynn Radmer reviewed the status of Prospective DUR Alert changes to High Dose and Late Refill Alerts to date

- The High Dose Alert was turned off 4/1/2014.
- For Late Refill, there are two separate updates planned. In March 2014, the drug list was updated, the alert threshold changed from 125% to 120%, and the look back period changed from 120 days to 150 days to address prescriptions dispensed as a 3 month supply. After system changes are completed later this year, the Alert will monitor drugs at the therapeutic class level and the days supply exclusion threshold will be changed from 10 or more days to 28 or more days supply. First DataBank will automatically make updates to this alert in the designated therapeutic class.

Early Refill (ER) Alert:
Lynn reminded the Board that the Early Refill Alert is an overutilization alert and was previously reviewed in September 2013. This Alert has two components: a Hard Alert that requires the pharmacy to contact DAPO for an override and a Soft Alert that the pharmacy can override at the point of sale. Last fall, the Board approved updates to the list of drugs that require the pharmacy to call the DAPO for an override—the Hard Alert drugs. The list was updated in November 2013 and includes most controlled substances, except for those that have a quantity limit.

- How the Early Refill Alert functions currently:
  - The drug is monitored by the alert using a state-defined drug list
  - The current claim and history claim are for the same drug (meaning the identical drug and dose)
  - The history claim days supply is >=10
  - The fill date on the current claim < *Allowed Refill Date [Allowed Refill Date* = Date of Service of History Claim + (Days Supply of History Claim X 80%)]

- Research into how some other states handle early refill showed that days supply exclusions vary, many have no days supply exclusion, most include all drugs, and threshold percentages range from 75%-85%. It was noted that many commercial payers have hard stops for early refill on all drugs.
- Proposed Early Refill Alert Redesign:
  - Both Hard and Soft Alerts: Include days supply that are > 5 and increase Early Refill threshold to 85% for claims with greater than 34 days supply.
  - Soft Alert Only: Change drug list to include all drugs except those monitored by the Hard Alert.
- The Board discussed and agreed to include days supply that are > 5 and to change drug list to include all drugs except those monitored by the Hard Alert. There was discussion concerning the percentage of prescription used before a refill is allowed without DAPO override. The board had concerns about legitimate pain patients not having any grace period for refills. It was noted that if the DAPO is closed, the pharmacy does have 96 hours to contact DAPO for approval. The Board discussed concerns about initiating a complex system with many thresholds which may be confusing to members and providers balanced with appropriate access.

Motion to modify the Early Refill Alert as follows:

- Monitor for days supply >5, change the Soft Alert drug list to monitor all drugs except the drugs monitored by the Hard Alert
- Set percentage thresholds at
  - 65% for days supply 6-9
  - 80% for days supply 10-34
  - 85% for days supply >= 35

made by Mike Brown, seconded by Dan Erickson. Motion passed unanimously.

Triazolam Discussion:

Lynn explained that triazolam had been a non-preferred drug on the PDL. Some dentists are using it for dental procedures and would like the PA requirement discontinued. The PA Advisory Committee reviewed this drug in November and changed triazolam to a preferred drug. However, there was concern that this might lead to overuse. The PA Advisory Committee asked the DUR Board to evaluate utilization.

- Analysis of 3rd quarter 2013 claims showed a PA was granted for 104 claims, with 98 of those being for more than a 10 day supply. This would indicate maintenance use, not dental use. Eleven claims were for daily doses exceeding the maximum recommended dose of 0.5mg/day.
- A new RDUR criteria was written with a broad message about appropriate triazolam utilization considerations. It will hit on all triazolam claims, regardless of dose.
- Monica ran a focused RDUR review in March and found 77 claims for triazolam. She sent intervention letters to prescribers of 65 of those prescriptions, and nothing to the other 12. The 12 claims appeared to be consistent with short term, perhaps dental use. There was a 35% response rate to these interventions, and specifics of each response were shared.
- In the future, Monica will run the criteria again, and see how utilization compares.

Proposed Future RDUR Focused Review:

Monica proposed ideas for future focused review to perhaps include zolpidem dosing per FDA guidelines based on age and gender. She states that she sees many claims for higher than recommended doses. Board members suggested potentially expanding on this idea to include other hypnotics like Sonata and Lunesta. Other ideas were to look at place of service (i.e. nursing home) and specialty of prescriber. The idea of zolpidem concurrent with temazepam and also multiple benzodiazepines used concurrently were also suggested. The State will discuss suggestions further and plan for more focused reviews in the future.

Follow-Up on Antipsychotic PA for Children 7 Years Old and Younger:

Lynn explained changes to the PA criteria were implemented on March 1st, 2014 and include the following: Age range was changed to 7 and under, BMI percentile is now required, and lipid and glucose labs are required for members whose BMI percentile is greater than or equal to 85%.

- The number of PAs in March rose due to the addition of age 7 members. Approval rate is 70% to 85%. It appears the PA is having some effect on the use of antipsychotics.
- We see an overall reduction in the usage in kids 6 and under; no real change in new starts in kids 7 years old.

- In looking at a breakout of prescribers by specialty, psychiatry is number one, followed by nurse practitioners and pediatricians, then family practice providers.
- The State plans to bring back data on this project in the future.

Targeted Intervention Update: Maximum Stimulant Daily Dosage Limits for Children 14 Years Old and Younger

- Started by looking at a max daily dose per recommendations from the State's Consultant Child Psychiatrists.
- Looked at kids getting a daily dosage 25% over the max established dosage over a six month period.
- 155 letters were sent to prescribers on November 20, 2013 and a second notice was sent to 77 prescribers on December 12, 2013. So far 140 have responded and Non-responders have been contacted by phone.
- ForwardHealth Child Psychiatrists have contacted certain prescribers to discuss the intervention.
- While most respondents agree that stimulant dosing is a significant concern, and most use checklists or other resources to determine dosing, only a small percentage (about 20%) plan to make any reduction in dosing for their patients.
- Consultant psychiatrists were able to glean much information about practice and prescribing patterns by actually speaking to prescribers. A clear message from the prescribers was they did not want the State to implement quantity limits or dose limits on these drugs.
- Next steps: will re-run after a 6 month washout period. We hope to find a carry-over effect from the intervention. May consider a DUR newsletter or a second targeted mailing. Also may consider providing a summary of findings to the actual prescribers targeted.

Update on May PDL Meeting:

Kimberly gave highlights of the meeting where 54 classes of drugs were reviewed:

- In the beta blockers, labetolol remains Non preferred, despite some wanting preferred status for pregnant women, but there is not enough volume in this population to warrant making it preferred.
- For inhaled antibiotics for CF, guidelines were not changed regarding continuous alternating therapy.
- In HIV/AIDs, the new quad drug combination Stribild is non-preferred and requires a PA for which a specific form is in development.
- For Hep C, there was a lively discussion about Sovaldi. It remains non-preferred, and requires a PA.

ACA Enrollment Update:

Kimberly shared handouts and supporting documents which were prepared for the Board's information. The standout numbers were 82,000 new childless adults added and 63,000 BadgerCare Plus members transitioned to the marketplace.

Adjournment: Maria Brenny-Fitzpatrick moved to adjourn. Meeting adjourned at 4pm.

Guests: Rudy Christian & Nick Boyer (Otsuka), Kevin Gallagher (MedImmune), Adam Naker (Skywalk Rx), William Branch (ViiV Healthcare), Kevin Hamer (Pharma), Scott Donald (HID)