Drug Utilization Review (DUR) Board Meeting
Wednesday, December 1, 2010
1:00 P.M. to 4:30 P.M.
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:
Michael Ochowski, RPh
Daniel Erickson, MD
Jake Olson, RPh
Patrick Cory, PharmD
Lora Wiggins, MD
Franklin La Dien, RPh
Lon Blaser, DO, CPE
Robert Breslow, RPh
Ward Brown MD
Robert Factor, MD, PhD

Absent:
Philip Bedrossian, MD

DHCAA:
James Vavra
Rita Hallett, RN
Lynn Radmer, RPh
Marilyn Howe, RN
Jonathan Moody
Kimberly Smithers
Kay Cram
Carrie Gray

HP:
Thomas Olson, PharmD

I. **Welcome and Introductions**
- Jim Vavra called the meeting to order.
- Franklin LaDien announced his resignation from the Board.

II. **Approval of the Agenda**
- Motion made and seconded to approve the agenda as published. Motion carried.

III. **Approval of Minutes – September 1, 2010 Meeting**
- Minutes from the 9/1/2010 meeting were unanimously approved.

IV. **Additions to Retrospective Drug Utilization Review Criteria**
- Tom Olson led a discussion about retrospective DUR criteria reviewing each criterion:
- Additions to Retrospective Drug Utilization Review Criteria were reviewed.
- Daniel Erickson recommended that #5 Milnacipran / Clondine be included with #7 Milnacipran / Hypertension.
- Robert Breslow suggested that #5 Milnacipran / Clondine as it is already included in #7 Milnacipran / Hypertension.
- Recommendation was made to combine #8 Colchicine / P-gp & Strong 3A4 inhibitors / Renal or Hepatic Impairment with #10 Colchicine / P-gp & Strong 3A4 inhibitors / Renal or Hepatic Impair.
- In regards to #15 Rasagiline / CYP1A2 Inhibitors, Jake Olson wanted to know why the CYPs were selected and not others. He also asked why there isn't retro DUR on therapeutic duplication.
- Robert Breslow asked if HID could share the process for identifying the recommendations to the board. Tom Olson will contact HID to bring this to the next meeting.
- Motion to accept as recommended, motion was seconded, and unanimously agreed upon for the following:
    - #1 Milnacipran / Over-utilization
    - #2 Milnacipran / Monoamine Oxidase Inhibitors
    - #3 Milnacipran / Uncontrolled Narrow Angle Glaucoma
    - #6 Milnacipran / Seizures
    - #7 Milnacipran / Hypertension
    - #9 Colchicine / Antihyperlipidemics
    - #11 Colchicine / Moderate 3A4 Inhibitors
    - #12 Colchicine / Digoxin
    - #13 Rasagiline / Overutilization
    - #14 Rasagiline / Overutilization

- #15 Rasagiline / CYP1A2 Inhibitors
- #16 Thiazolidinediones / CHF
- Motion to combine #8 Colchicine / P-gp & Strong 3A4 inhibitors / Renal or Hepatic Impairment with #10 Colchicine / P-gp & Strong 3A4 inhibitors / Renal or Hepatic Impair, motion was seconded, and unanimously agreed.
- Motion to come back with a more refined list regarding #4 Milnacipran / Serotonergic, motion was seconded, and unanimously agreed.
- #5 Milnacipran / Clondine was skipped as the group agreed that it is included in #7 Milnacipran / Hypertension

Other items

- Propoxyphene update per Lynn:
  - Drug will be non-payable in the future.
  - Currently is non-preferred and PA is required.
  - Hundreds of members currently have prescriptions.
- Meridia update per Lynn:
  - This became a non-covered drug on 11/1/2010.

V. Opioid Prescription Limits-

- Rate Reform project of opioid prescription limits was introduced by Jim Vavra.
  - Quantity limits will be a hard edit with a limit of five (long acting and short acting) per month.
  - DAPO would have to approve all opioid prescriptions after the fifth in a calendar month. Higher DAPO call volume was considered in placing the limit at five.
  - Per Jonathan, current data shows that there were 556 prescriptions that were above the limit of five.
  - Prescriber is the only person that can get the DAPO override approved. Per Jonathan, the pharmacist can use discretion in dispensing an emergency supply in situations where the prescriber cannot be reached.
  - Lon Blaser suggested excluding prescriptions with a cancer diagnosis.
  - Recommendation was made to put prescription limit on sedatives in the future.
  - Robert Breslow asked for the reason behind the project. Per Jim Vavra, quality of care is the primary purpose of the project. Per Jonathan, annual cost savings are estimated to be $750,000 - $1,000,000.

VI. Break

VII. Lock In Profile Review:

- Lock-In profile review. Handout was reviewed that contained four examples of HID's data.
  - HID reviews the previous month.
  - Some diagnosis' are excluded.
  - 400 reviewed per month.
  - Alert letter is sent to prescriber only. Profile is reviewed again after three months and letter is sent to member and prescriber. If behavior has not changed, lock-in begins three months later with the member having appeal rights.
  - Lock-In is the last resort.
  - Lock-In period is two years.
  - HID does get the diagnosis codes. These codes were omitted from the handout.
  - HID does not see denied claims.
  - Question was asked as to whether HID does a urine test to determine if prescriptions are actually being taken by the member with the prescription. Urine tests are not done by HID or the State.

VIII. Lock In Drug Utilization Intervention Review

- Examples were a continuation from the previous meeting.
- Member who received intervention letters will continue to be tracked over time.
- Total scripts are being reduced.
- 50% reduction in scripts after the second letter is sent.
- Daniel Erickson asked if it is possible to see the total amount of patient care per month.

IX. Lock In Restructuring

- Lock-In Restructuring
  - Current program is changing on 4/1/11 to require one prescriber for controlled substances only.
  - Primary prescriber can designate an alternate.
  - Changes will impact HMO and Fee-for-Service members.
  - Exception policy is still being defined.

X. Targeted Intervention—

- Targeted Intervention – Follow Up
  - 3624 letters were sent on 7/9/10. 25% responded to the letters. Of those who responded, 35% of the prescribers indicated that the letter was useful, 15% took action.
  - Targeted Intervention – Discussion of new topics
  - Per Carrie Gray, two different targeted intervention letters are being drafted to address antipsychotics prescriptions for children. One letter will be for children age 7 and under on any antipsychotics. The second letter will be for children age 16 and under taking multiple antipsychotics.
  - PA process for child antipsychotics is a good idea per Jake Olson.

Action Items:

- ➢ State – send out discussion ideas about targeted intervention from last year.
- ➢ HID – bring additional statistics to next meeting.

XI. Adjournment

- Motion made and seconded to adjourn with unanimous approval.

Meeting Guests:

Paul M Cesarz	Walgreens/MKE County
Stephanie Roeder	Walgreens/UW SOP
Mike Specht	Pfizer
Ben Heiser	GHC-SCW student
Jim Caner	Medimmune
Mike Kapocus	Takeda
John Strezewski	Takeda