MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, March 7, 2012
1:00 pm to 4:15 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members

Present:
Robert Breslow, RPh
Michael Brown, PharmD
Ward Brown, MD
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Jake Olson, PharmD
Lora Wiggins, MD

Absent:
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C

DHS Staff
Rachel Currans-Henry
Brett Davis
Marilyn Howe, RN
Lynn Radmer, RPh
Kimberly Smithers
James Vavra

HP Staff
Lu Anne Green
Teai Hoover
Tom Olson, PharmD
Alan Paulson
Monica Yeazel, RPh

Welcome and Introductions:
Brett Davis called the meeting to order at 1:07 pm, with thanks to the Board for their valuable service. Introductions were made. A quorum was present.

Review of the Agenda:
Jim Vavra walked through the agenda as printed.

Approval of Minutes-September 7, 2011 meeting:
Brett Davis asked for any discussion of minutes previously distributed, seeing none,
Motion to approve minutes made by Paul Cesarz and seconded by Bob Breslow. Motion passed unanimously.

Approval of 3rd Quarter Retrospective DUR Report:
Brett Davis asked for any discussion of report previously distributed, seeing none,
Motion to approve report made by Ward Brown and seconded by Paul Cesarz. Motion passed unanimously.

Follow up items from previous meetings:
At previous meetings Board requested:

- ✓ From Changes to RDUR Criteria 3/11: an examination of hits on drug/pregnancy criteria –report presented today.
- ✓ From Prescription Drug Monitoring Program 12/11: update on status/process/progress—presented today.

Follow Up: Information on RDUR Pregnancy Criteria:
Monica Yeazel presented a summary comparison of 1st Quarter 2011 and 3rd Quarter 2011 Pregnancy Criteria.

- More than four-fold increase in number of pregnancy RDUR criteria.
- Profile selection rationale changed; profiles selected based on overall member risk instead of by specific criteria.
- Incidence of high risk hits increased.
- Interventions decreased slightly.
- Identification of pregnancy concerns in the prospective DUR process is preferred since RDUR may be too late.
- RDUR PG case volume is a small percentage of all RDUR cases; this may imply Prospective DUR is working.

Follow Up: Prescription Drug Monitoring Program:
Rachel Currans-Henry provided a status update.

- Additional info and documents will be emailed to Board members.
- May be difficult for MA to have access to data due to Federal grant requirements.
- Rule calls for cause for data, and access limited to licensed professionals; PDMP data may be up to 7 days old.
- Final draft rule expected in next 10 days, will proceed to legislature, then Pharmacy Examining Board in April.
- Expect an RFP is coming, however, total dollars in grant is small; this will limit the scope of product available.
- Board discussion centered on need for Rx history prior to prescribing.

Prospective DUR: **Suboptimal Regimen (SR) Alert**:

Lynn Radmer provided walkthrough of the SR Alert.

- SR alert includes Tablet Splitting and Dose Consolidation.
- SR alerts amount to about 10% of the alerts pharmacists see.
- Most –about 90%- of alerts are overridden at the pharmacy.
- The lists of drugs monitored with these alerts were originally designed to achieve cost savings because of high price brand names. Now many of these drugs are generic and cost is less of an issue.
- Also, we now have quantity limits in place for many drugs, and did not have when these alerts were created.
- Board discussed pharmacy alert burden and limitations on how much POS information pushed to pharmacy is effective.
- ❖ Staff recommendation: Stop alerting on Tablet Splitting and stop alerting on Dose Consolidation.
- Board discussion that this does not preclude pharmacist from performing pharmaceutical care and getting paid.
- **Motion** to accept staff recommendation made by Jake Olson and seconded by Dan Erickson. Motion carried unanimously.

Antipsychotic Drug Use in Children and Adolescents DUR Newsletter:

Lynn Radmer presented the Draft DUR Newsletter

- Meant to be educational and provide resources to providers.
- Asked Board to review and comment on newsletter via email to Monica within one week.
- Board discussion of antipsychotic PA process.

CHCS Foster Care Grant: Antipsychotic Use in Children:

Rachel Currans-Henry presented information.

- CHCS is Center for Healthcare Studies.
- Proposal for grant with Office of Policy Initiatives and Budget and Department of Children and Families.
- Coordinated effort to put together better policies for use of antipsychotics in foster care kids.
- Provides technical assistance with data mining, and probing targets for initiatives.
- Also looking at medical home for foster kids.
- March 30th is the award date.

Pharmacy Services Lock-In Overview and Annual Report:

Monica Yeazel provided background information on the current Program to form the basis for discussion of possible future enhancements.

- Reviewed handout with high level overview of the current process of the Program as a refresher for the Board, as well as a complete introduction for newer members.
- Provided Activity Summary information for CY2011 as well as synopsis of provider responses.

Discussion of HMO Recommendations for Pharmacy Services Lock-In:

Rachel and Lynn shared information regarding HMO recommendations for Pharmacy Services Lock-In Criteria aid HMOs in managing member care

- Current process looks at paid claims data and medical diagnosis. Some HMOs want to use their medical claims data and external data (reports of paying cash etc) to support referral for immediate lock-In.
- Reviewed current Administrative code related to Lock-In. Distinction between when administrative code allows member lock-in vs. need for clinical case management at the provider level or HMO level.
- DHS solicited ideas from HMOs of criteria to consider an immediate Lock-In at the HMO's request.
- DHS says that HMO must have documentation and represent themselves and their position at an appeal hearing.
- DHS tried to identify measurable criteria for HMOs to use based on HMO suggestions.
- Five criteria presented for discussion (summarized):
    - Member providing false information to obtain restricted meds.

    - Member convicted of a crime related to restricted meds.
    - Member violating pain contract repeatedly.
    - Member using ER and primary care simultaneously for restricted meds.
    - Member with ER or hospitalized due to suicide/poisoning with restricted meds.
- Considerable Board discussion ensued:
    - The prescriber is left out if this is coming from HMO administration.
    - Need for prescriber to have a report of where and what meds are being received by member-profiles on demand.
    - Note that HMOs are provided pharmacy claims data of their members; is this being shared with prescribers at the HMOs?
    - Desire for voluntary Lock-In with any pain contract-not currently addressed in Admin code.
    - Prescriber to use medication record to know if member has violated contract, then no more prescribing.
    - Tweaks to criteria suggested- #1 *intentionally* providing false info, #3 *Any* prescriber must agree, #4 *fourteen* day time period, or any combination of 4 or more urgent care, primary care or emergency department visits.
    - Criteria perhaps unneeded, suggestion that HMOs should be managing their members at the prescriber level within their organization.

Medication Compliance Device Initiative:

Jim Vavra introduced plan proposed by DLTC to potentially save $80M through a collaborative effort to supply medication compliance devices to more people and thereby reduce nursing home, long term care, hospitalizations and ER use due to non-compliance.

- Board discussion of issues included inappropriate prescribing, equipment function/malfunction, patient variables, patient selection, set up and compliance, MTM.
- Federal shift from 30 day to 14 day blister packing may impact this program.
- Jim indicated a planned meeting with a subgroup of pharmacists.
- Suggested to contact ALPS, Prescriptions Plus, Mallatts as helpful resources.

Barriers and Challenges to Indications on Prescriptions:

Jim Vavra asked that this agenda item be tabled for this meeting, due to time constraints, but that it be brought back at the next meeting.

Adjournment:

Motion to adjourn made by Paul Cesarz, seconded by Jake Olson. Motion carried unanimously. Meeting adjourned at 4:20 pm.

Guests: Dean Groth (Pfizer), Brittany Jensen (Student-SOP), Megan Kaiser (Student-SOP), Judy Bowhby (Amgen), Mark S. Davis, John Hillmann, Julie Pfolsgrof (Genentech)