

**Drug Utilization Review (DUR) Board Meeting**  
**Wednesday, June 2, 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  
Philip Bedrossian, MD  
Daniel Erickson, MD  
Franklin La Dien, RPh

Lon Blaser, DO, CPE  
Patrick Cory, PharmD  
Robert Factor, MD, PhD  
Eva Vivian, PharmD  
Robert Breslow, RPh

**Absent:**

Dennis Olig, RPh  
Ward Brown MD

**DHCAA:**

James Vavra  
Rita Hallett, RN  
Lynn Radmer, RPh  
Kimberly Smithers  
Marilyn Howe, RN

**HP:**

Monica Yeazel, RPh  
Thomas Olson, PharmD  
Jennifer Proudfit, RPh

**I. Welcome and Introductions**

- Jim Vavra called meeting to order 1:10 pm, introductions.

**II. Approval of the Agenda**

- Motion made by Dr Erickson and seconded Pat Corey to approve the agenda as published. Motion carried.

**III. Approval of Minutes – March 3, 2010 Meeting**

- Motion made and seconded to approve the minutes as published. Motion carried.

**IV. Additions to Retrospective Drug Utilization Review Criteria**

- Monica Yeazel led a discussion about retrospective DUR criteria. Reviewed each criterion:
  1. Methadone concentration/ Disp Tabs and benzodiazepines: No discussion. Medicaid will submit this information to all providers involved in the care of the patient. WI Legal allows this per HIPAA and AODA treatment regulations (for #1-3).
  2. Methadone concentration/ Disp Tabs and Other opioids: Similar to #1. Monica recommends as Lock in criteria rather than retro-DUR criteria, also Suboxone/Subutex with opioids as a lock in criteria.

3. Methadone Conc/ Methadone Tablets: Criteria for members who are getting both forms of methadone. This will result in a dismissal from WI Methadone treatment by State authority.
4. Acetaminophen / Hepatic Impairment: There are 70 ICD9 codes that are included in hepatic impairment. Only applies to APAP doses that are greater than 4,000 mg per day. Includes all combination APAP products. Discussion about whether 4000 mg was a good threshold for normal liver function and noted that a lower threshold should be considered. That will be monitored.
5. ADHD Stimulants/ Sedatives: May be same provider and no letters are sent. Monica suggests notification of different providers and different pharmacies. Other drugs can be added under sedatives, but may increase alert burden. Discussion about distinguishing sleep disturbances and anxiety. Criteria #21 looks at anxiety. Discussion about adding short-acting benzos such as lorazepam, alprazolam, etc. The Board wants to add additional benzos and exclude members with a diagnosis of anxiety. (Util C add a negating criteria for anxiety).
6. Amphetamines / History of Drug Abuse: Amphetamine claims and a medical diagnosis of ongoing drug abuse.
7. Cyclobenzaprine/ Hyperthyroidism: Monica screens for long term use.
8. Duloxetine/ Hepatic insufficiency: No comment
9. Fentanyl/ Potent CYP3A4 inhibitors: Low number of hits. Discussion about whether there is value to alert members for safety and educational purposes. May be in prospective DUR, which may be decreasing the number of hits. We will check into this. As far as retrospective criteria, we will table for now. Bring back to next meeting as an action item.
10. Long Half-life Benzo Sedatives/ Therapeutic Appropriateness: No discussion. Age is included in the criteria. Elderly members are defined as those >60.
11. Metoclopramide/ Seizure disorder: No comment.
12. Migraine abortive therapy/ Prophylactic therapy: Threshold for overuse was discussed and Monica believes it is use of abortive therapy >2 times per month. Recommended to add nortriptyline under Util C as a prophylactic therapy. Discussion about whether to add other drugs such as pregabalin, lamotrigine. Bring back to next meeting to have HID create a criteria for overuse of triptans and a referral to pain management. Provide data to see how many members are seeking increased QL.
13. Narcotics/ Osteoporosis/ Osteoporosis Therapy: Concerns about the number of low hits. Osteoporosis is under diagnosed possibly resulting in low numbers. Suggestion to add age criteria, but that is addressed in another criterion.
14. Nefazodone/ Carbamazepine: No discussion
15. Paroxetine/ Pregnancy/ Normal Delivery-Miscarriage-abortion: Discussion about how criterion identifies a pregnant female member. Recommend to use this criterion.
16. Emergency Contraceptive/ Therapeutic Appropriateness: Use this criterion.
17. Propoxyphene/ CNS Depressants: Discussion about whether to consider an age criteria. Is non-preferred on the PDL effective 7-1-10 which will decrease its use.

18. SSRIs/ Tramadol: Discussion about this being a good criterion. Discussion about adding the tricyclic antidepressants, most specifically clomipramine (which has the most serotonin selectivity). Monica suggested there may be another criterion. Consider other antidepressants such as duloxetine and venlafaxine too. Monica will review.
19. Sitagliptan/ High Dose: Quantity limit exists at point of sale.
20. Vesicare/ QT Prolongation: Many drugs have QT prolongation and may not be clinically significant. Discussion about older drugs not having the clinical data available and may result in the provider changing to other drugs that do not have that data. Noted as not useful. Could review further and get back to the Board. Suggested to add language that the older drugs may not be any safer. Table this one for now.
21. Stimulants/ Anxiety & Panic Disorders: Discussion to add drug markers in Util B also to ensure we catch members that may not have a diagnosis.
22. Tamoxifen/ Mod. To Potent 2D6 inhibitors: Relatively low number of hits overall. No discussion
23. Tolterodine IR & LA Dose/ Strong 3A4: No discussion
24. Ziprasidone/ QT Prolongation: Need to ensure QL Prolongation diagnosis is included.
25. Ziprasidone/ Antiarrhythmic Agents: #20 and #25 should have the same Util B drugs.
26. Zolpidem IR/ Overuse: For members with hepatic impairment. Discussion to add Ambien CR. There is another separate criterion and both can be run. Board suggests to combine the 2 criterion into one.
27. Nonadherence Criteria: No other underutilization criteria were included and this is a list of 26 drugs total. The alert message is the same. Monitors a 70% medication possession ratio. Suggestions to add other drugs such as paliperidone, beta-blockers, SSRIs, lithium, corticosteroids. All criteria can be added. Send emails to Monica is specific ones need to be added. Discussion to review 3-month supply policy to see what the impacts may be.
28. Additional discussion:
  - i. Provide the board with a comprehensive list of the criteria.
  - ii. Discussion about the number of drug therapy alerts to retail pharmacies. Suggestion to have a community task-force to address the number of alerts and impact to practice.
  - iii. Consensus from the Board with criteria 1-27

## V. Break-

- Announcement of the upcoming DUR newsletter

## VI. HID Reports

- **Quarterly Reports:** Reviewed 1<sup>st</sup> Quarter report for 2010 for retrospective DUR.
- **Lock-in Report:** Reviewed Lock-in reports from 9/09- 4/10. Monica is working to get data on the impact of the lock in warning letters and behavior changes. Discussion about promoting and creating awareness of the lock-in program.

**VII. Prospective DUR Reports—Early Refill:**

- Review Early refill edit logic including soft verses hard edits.
- Review of the Drug Authorization and Policy Override Center (DAPO) and drugs/drug classes that are monitored.

**VIII. Targeted Intervention—Use of ACE or ARB in certain populations**

- Reviewed the recent targeted intervention looking for members who are diabetic and who are not using an ACE or ARB therapy. A copy of the letter was provided to the Board, which will be mailed soon. Approximately 3000 members were identified. There was discussion about changes to the letter including adding a web link to the American Diabetic Association (ADA) and moving the first 2 paragraphs to the end of the letter. Also define who HID is in the letter.

**IX. Adjournment**

- Consensus to adjourn at 3:41 pm.

**Meeting Guests:**

Camilee Kerv	Allergan
Grant Cale	BMS
Alan Tubbs	BMS
Henry Schlipp	Walgreens/SOP
Raschelle Mason	RDC
Scott Odgers	RDC
Renee Paukner	Pfizer
Beth Vanderhayden	Pfizer
Mark Davis	Pfizer
Nicole Linskens	UW-Madison Student
Rob Rohloff	Medimmune
Dr. Diamond	