

Drug Utilization Review (DUR) Board Meeting
Wednesday, December 2, 2009
1:00 P.M. to 4:00 P.M.
1 W. Wilson Street, Room B139
Madison, WI 53701

DUR Board Members

Present:

Ward Brown MD

Robert Breslow, RPh

Franklin La Dien, RPh

Michael Ochowski, RPh

Philip Bedrossian, MD

Daniel Erickson, MD

Lon Blaser, DO, CPE

Patrick Cory, PharmD

Robert Factor, MD, PhD

Eva Vivian, PharmD

Nancy Ranum, MS, RN, CS-ANP, APNP

(came late)

Absent:

Dennis Olig, RPh

DHCAA:

James Vavra

Rita Hallett, RN

Lynn Radmer, RPh

Jonathon Moody

Kimberly Smithers

HP:

Monica Yeazel, RPh

Thomas Olson, PharmD

Angie Kettner

I. Welcome and Introductions

- Jim Vavra called meeting to order 1:00, introductions.

II. Approval of the Agenda

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

III. Approval of Minutes – Sept. 2, 2009 Meeting

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

IV. Summary of Lock-in Expansion

- Monica Yeazel presented a power point presentation with an overview of Lock-in process.
 - a. Review is based on PAID pharmacy claims
 - b. Medication obtained within ER is not part of paid pharmacy claims. Rxs written as a result of ER visit will show in paid claims and can be identified by clinical review, generally.
 - c. Cash claims are not currently tracked; data is not supplied.
 - d. HID started in September 2009.
 - i. 400 profiles per monthly cycle
 - ii. Over 400 physician alert letters were mailed each cycle

- Reviewed Lock-in flow chart
 - a. Step-wise progress that several people are allowed to have input. Initial profiles reviews generated from top 400 risk pool from Lock in criteria hits, plus selected and periodic reviews. Reviewed by Monica then go to LI committee.
- Review of Lock-in Guidelines
 - a. Five Step process; process oriented approach partially in consideration of appeals process and members rights to access
 - b. Is there a way to bypass any of these steps? Yes, the State reserves the right to lock-in a member at any time, if necessary.
- Dr Brown asked about education on lock-in referrals We are working to educate HMO and MCOs. Monica has identified and contacted Lock –In Coordinators for every HMO with all information about Lock-In Program.
- Voluntary lock-in for pain clinics, etc? Requires policy and procedure development.
- Can we lock-in the prescriber on pharmacy claims? Could we do it just for controlled substances? Requires policy and procedure development.
- Review of Selected Review Request Form
- Review of Recipient Letter
 - i. Suggestion to simplify form letter add a text box with important information (i.e. Member Name, drug name in question, etc.) to streamline provider review as opposed to current Re: information format.
- Is there a way to include j code billed drugs in your review to draw attention to injections of controlled substances in the clinic or hospital. Requires additional data and system changes.
- Attempt to differentiate misuse vs abuse (diversion)? Paid pharmacy claims do not definitively indicate diversionary actions. Review of profiles by clinician can only infer legitimate vs. illegitimate use.
- Urine drug test for members being considered for lock-in? Data not currently provided. Would require additional data and system changes; outside the scope of HID automation.
- Add Tramadol and Carisoprodol to list of drugs to watch for.
- Review court records for members arrested for prescription-related crimes. Would require additional data and system changes. Data base is public, but not necessarily searchable. Would need to be automated process to be scalable.

V. Break

VI. Retrospective Drug Utilization Review Criteria

- Monica reviewed process which is similar to lock-in process. Monica reviews 1000 profiles per monthly cycle for RDUR.
- Current criteria was decided upon by DUR committee in the past.
- Review proposed criteria:
 1. ACEI and ARBs and Statins/ Negating Contraceptives
 - a. Add WOMEN to the criteria
 - b. Change age range 10 to 50
 - c. Ward Brown motion to pass. Blaser motion to second.
 - d. Passed.

- e. Follow up requested. What percentage of letters are being sent?
2. Beta Blockers/ Post MI/ Negating ACEIs and ARBs, Preganancy, Renal Problems and Inferring Drugs
 - a. Motion to pass- Ward Brown Second-Bedrossian
 - b. Approved.
3. Short-Acting Inhaled Beta-Agonists/ Asthma/ Negating Long-term Asthma Controllors and Diagnoses
 - a. Add Tiatropium to negating category
 - b. Motion to pass- Bedrossian. Brown-Second
 - c. Approved
4. Short-Acting Inhaled Beta-Agonists/Asthma/Negating Long-term Asthma Controllors and Diagnoses
 - a. add Tiatropium
 - b. Motion to pass
 - c. Second-Brown
 - d. Approved
5. Short-Acting Inhaled Beta-Agonists/Asthma/Negating Long-term Asthma Controllors and Diagnoses
 - a. add Tiatropium
 - b. Motion to pass
 - c. Second-Brown
 - d. Approved
6. Diabetes/Hypertension/Negating ACEIs, ARBs, Renal Problems, Pregnancy and Ovulation Stimulants
 - a. "Diabetic patients" change to "patients with diabetes"
 - b. Motion to pass-Brown
 - c. Second-Erickson
 - d. Approved
7. Glitazones/Heart Failure (Black Box Warning)
 - a. Motion to pass-Brown
 - b. Second-La Dien
 - c. Approved
8. Certain Other Antihypertensives/ Post MI/ Negating B-Blockers ACEIs and Aldosterone Antagonists
 - a. add ICD-9 for hypertension
 - b. Motion to pass-Erickson
 - c. Second-Brown
 - d. Approved
9. Diabetes/Negating Antihyperlipidemics and Diagnoses and Inferring Drugs
 - a. add Hyperlipidemia to Util B
 - b. age restriction age 10
 - c. add ADA recommends screening for hyperlipidemia
 - d. Motion to pass-Ochowski
 - e. Second-Vivian
 - f. Approved

Criteria Packets are confidential, don't share, and won't be posted. Next time will be sent out in advance, Dr. Erickson requested more background information in advance in order to know what focus should be. Dr Brown also suggested that voting ahead might be a better option, voting

through email. Then only discrepancies/amendments will be discussed at meeting. Dr Erickson requested success rate of other states implementing these interventions.

VII. Future Targeted Interventions

- Tom Olson presented power point presentation on RDUR
- Use of ACEIs and ARBs in Members with DM
 - i. HID developed and State will expand and refine to create less false positives.
 - ii. Change “diabetics” to “patients with diabetes”
 - iii. letter to prescribers only for now, nothing to members at this time
 - iv. Dr. Erickson requested information on unique members and unique prescribers.

VIII. DUR Rate Reform Update

Rita Hallett- Presented power point on Rate Reform measures as related to DUR/pharmacy

- DAPO Center-Early Refill, 3 month Supply, Quantity Limits
- Early Refill is going from 75% to 80% utilization, other hard edits added 1/6/10
- 3 month supply-
- Qty Limits
- Expand Lock-in. Showed graphed data of Lock-In Program activity in 2009. Much larger volume of reviews and letters since HID began Sept.1.
- Expand Narcotic Utilization Controls-looking at unusual/excess prescribing patterns by specific prescribers. Input from expert panel from Metastar.
- Add Suboxone/Subutex Criteria-Approved

- Jim Vavra thanked Nancy Ranum for her many years of service to this committee- looking for her replacement, asked for suggestions.

IX. Adjournment

- Motion: Rocky
- Second: Brown

Meeting Guests:

Sarah White	Abbott
Jagdish Shastri	Lilly
Michael Gonzales	Abbott
Kent Pearson	Abbott
Amy Mackey	BMS
Weiwei Liu	UW-SOP
Gianna Rigoni	Abbott
Roy A. Pura	Glaxo SmithKline
David Molnar	Abbott
Brian Nauman	Cephalon
Ron Dizash	BMS
Mike Kapocus	Takeda