

DUR UTILIZATION AND REVIEW (DUR) BOARD MEETING
March 9, 2005 MINUTES

Wednesday, March 9 2005
1:00 P.M. – 4:00 P.M.
1 West Wilson Room 751
Madison, WI 53703

DUR Board Members Present: Mark Buhler, R.Ph.
Robert M. Breslow, R., Ph.
Daniel Erickson, M.D.
Barry Hess, R., Ph.
Nancy Ness, M.D. – Per Phone
Nancy Ranum, M.S., RN
Lee Vermeulen, Jr., R.Ph., M.S.

Innovative Resource Group: Mike Mergener, R. Ph. Ph.D.
Allan Mailloux, Pharm. D.
Karen Paulson (Scribe)
Bruce Christiansen

DHCF: Dr. Richard Carr -DHCF
Rita Hallett – DHCF
Marilyn Howe - DHCF
Carrie Gray – DHCF

GUESTS: Ted Collins
Kristin Haslow
Melissa Palecek
Matt Hedberg
Greg Aronin –Johnson & Johnson

Minutes

Dr. Richard Carr called the meeting to order at 1:00 P.M.

I. Approval of Agenda

Agenda was approved as published.

II. Approval of Minutes – December 1, 2004 Meeting

Minutes were approved as published.

III. Prospective DUR

Report on the Specifically Targeted Alerts Intervention

Dr. Mergener presented an overview of the report on the Specifically Targeted Alerts Intervention.

- Initially, early refill alerts analysis was completed.
- The ER override percentages for the next three months were monitored. Overall, the percentage of ER overrides fell after the intervention.
- Based on those results, the DUR board asked whether this is just a problem for early refill or, is it a more endemic problem that certain pharmacies tend to override on all alerts. Based on an initial data run, it was suggested that we do a more global look at any pharmacies that were in the 90% or greater in override percentages across all alerts.
- Feedback by phone and on the response form from the pharmacies that were sent intervention letters are the basis for recommendation to the Board's for the next intervention.
- Re-run the data to evaluate any ongoing changes of override frequencies. Intervening with those pharmacies at the 90th percentile or greater for the ER alert, the TD alert or both. The intervention would be structured similarly to the previous interventions.
- Data analysis of pharmacies that have a high volume of scripts and never override an alert has not been carried out.
- Additional feedback from pharmacists included:
 - Some pharmacists reported back that they had some processing issues with their software vendors and are in the process of correcting them. They did not realize that they had a processing issue until we pointed it out to them.
 - The mean of the pharmacists rating of usefulness for this intervention is 3.8 which is lower than the ER only intervention.
 - Many pharmacists said they were going to check back with the staff about the frequency of override percentages and talk to them about whether or not it was appropriate.

- **Board discussion of findings**

- Mark Buhler said that their corporate policy provides a hard hold on their system where the technician has to come to the pharmacist and show them the early refill alert.
- Rita commented that Medicaid policy is very clearly spelled out. If Medicaid will not pay for the prescription, it is illegal to offer to refill a prescription for cash.
- Mike will run some data for the next DUR board meeting on the pharmacies, regardless of size, that never do overrides. Rank the pharmacies by the number of scripts and percentages of overrides. Pharmacies that never override might also need an intervention.
- We might want to look into putting a question into the letter asking if the pharmacy has a store policy on overrides.
- There will be a pharmacy letter sent out. If any of you on the DUR board see any changes you would like to suggest, please let Mike know.
- It would be desirable to use a benchmark-survey of other large entities – use data that is either private, Medicare or others.

Approval of Intervention: The Board directed proceeding with the ER and TD alerts as presented.

IV. Utilization of Gabapentin

Dr. Mergener presented the Report on Statewide Utilization of Gabapentin handout that summarized two comprehensive clinical reviews. “Drug Class Review on Antiepileptic Drugs in Bipolar Mood Disorder and Neuropathic Pain” and “Guidance on the Use of Gabapentin.” He also:

- Explained the Gabapentin use data for the calendar year 2004 as presented.
- The top 500 prescribers account for 50% of the Rx volume.
- Top prescribers are psychiatrists.

Board discussion of findings

- We need to know what the reasons are that the drug is being used.
- How do we establish baseline data
- People in this group may be very hard patients to treat. They may be candidates for case management.
- Much concern was expressed that now that gabapentin is generic, an intervention on gabapentin only may drive prescribers to more costly drugs.

Action: The Board recommends that we do not proceed with this intervention.

V. Costly Drugs

Utilization and Program Costs of all Therapeutic Classes

Dr. Mailloux presented, through the Wisconsin FFS Paid Pharmacy Claims handouts.

- Data includes Badger Care but not Senior Care.
- For purposes on this analysis, if the patient was on more than one strength of a drug but, it was only counted once.
- Ten top therapeutic classes, descending and overall descending PMPM ranks from July, 2001 to December, 2004 – 42 Months - were presented.
- There were 12 graphs that Allan discussed:
 - ✓ Top 10 Therapeutic Classes + COX2 Inhibitors
 - ✓ Antipsychotics = Atypicals
 - ✓ Anticonvulsants
 - ✓ Analgesics – Narcotics
 - ✓ Agents for Ulcers – Proton Pump Inhibitors
 - ✓ Lipotropes – Statins
 - ✓ Antidepressants – SSRIS
 - ✓ Agents for Asthma – Preventive
 - ✓ Agents for Diabetes – Oral
 - ✓ Stimulants
 - ✓ Stimulants – Atomoxetine
 - ✓ Agents for Alzheimer Disease
 - ✓ Analgesics – NSAIDS – COX2 Inhibitors

Dr. Dan Erickson added that it would be beneficial to have a psychiatrist on the DUR board especially with all the issues concerning drugs used for mental health.

Meeting was adjourned at 4:30 pm