

## MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Wednesday, June 6, 2012

1:00 pm to 4:15 pm

1 W. Wilson Street, Room 751

Madison, WI 53701

### DUR Board Members

#### **Present:**

Robert Breslow, RPh  
Paul Cesarz, RPh  
Robert Factor, MD  
Michael Ochowski, RPh  
Jake Olson, PharmD  
Lora Wiggins, MD

#### **Absent:**

Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C  
Michael Brown, PharmD  
Ward Brown, MD  
Daniel Erickson, MD

### DHS Staff

Brett Davis  
Marilyn Howe, RN  
Lynn Radmer, RPh  
Kimberly Smithers

### HP Staff

Teai Hoover  
Tom Olson, PharmD  
LuAnne Green

### **Welcome and Introductions:**

Brett Davis called the meeting to order at 1:08 pm, with thanks to the Board. Announcement that Kimberly Smithers is Section Chief for Pharmacy and Quality. Acknowledgement of Lynn Radmer's valuable work and all of the Pharmacy team. Introductions were made.

### **Review of the Agenda:**

Lynn Radmer walked through the agenda as printed. A quorum was not present at the beginning of the meeting, so approval of minutes was tabled until Dr. Factor arrives.

### **Enhance Pharmacy MTM Services –discuss challenges and opportunities of including indications on prescriptions:**

Lora Wiggins presented information about including patient friendly language on prescriptions and medication bottle labels to show what medication is intended to treat. Various pros and cons. No legal requirements now, and would need legislation. Not a good fit for the DUR Board. Looking at possibility of including as quality measure in future. Consider as QI pilot project with interested stakeholders. Work with HRSA as collaboration, or other agencies.

### **Approval of Minutes-March 7, 2011 meeting:**

Seeing a quorum present, Lynn Radmer asked for a motion on the minutes.

**Motion** to approve minutes made by Paul Cesarz and seconded by Mike Ochowski. Motion passed unanimously.

### **Prospective DUR: Update on Previously Reviewed Alerts:**

- **SR-Suboptimal Regimen (Tablet Splitting and Dose Consolidation )**- turned off March 20, 2012.
- **PG-Pregnancy Alert**-implemented updated diagnosis code set May 15, 2012.
- **TD-Therapeutic Duplication and DD-Drug/Drug Interaction** updates slated for July 2012.

### **Prospective DUR: Patient Age (PA) Alert:**

Lynn Radmer provided walkthrough of the PA Alert.

- Both pediatric and geriatric age categories; either <18 year old or <=65 years old.
- Alerts pharmacy to drug potentially dangerous for use in age population.
- Drugs alerted on based on FDB list. Alert limited to FDB major severity category.
- Most frequent Pediatric alerts are cough and cold products and stimulants.
- Most frequent Geriatric alerts are simvastatin 80mg and benzos, specifically diazepam.
- A review of claims paid within 30 days of the alert showed that in approximately 95% of cases, the medication alerted on was dispensed.
- ❖ Staff recommendation: Stop alerting on Geriatric and Pediatric Age Alerts.
- Board discussion of how much overrides are due to nuisance; can a specific list of drugs be created-and will that list be updated regularly. Will patient age alerts in RDUR change if Prospective alerts are turned off.

- **Motion** to accept staff recommendation made by Paul Cesarz and seconded by Bob Factor. Bob Breslow voted nay. All others in favor. Motion carried.

#### **Wisconsin Pharmacy Quality Collaborative (WPQC) Program Update:**

Rita Subhedar gave an informational presentation on WPQC.

- Working with PSW and other payers (GHC, UnitedHealth, Unity) to implement MTM services.
- Two levels of services: Level one (drug product-focused services) reimbursed at \$30 on a per intervention basis, level two (value-added professional services for targeted high-risk patients) reimbursed on a limited consultation fee basis
- Implementation date target is September 1, 2012.
- PSW provides training and certification to be a WPQC provider and certification is required for reimbursement of professional services (level two).
- Pharmacy systems need to be capable of submitting professional claims using CPT codes.
- Replaces Pharmaceutical Care Program.

#### **HMO Initiated Lock-In Criteria:**

Lynn Radmer presented information and facilitated Board discussion.

- HMO Contract Administrators have met again since last DUR Board meeting which included discussion of Pharmacy Services Lock-In Program.
- Additional criteria language has been refined.
- HMOs expressed concerns over identifying information required in the criteria and also whether the state will require HMOs to do extra work to implement the criteria.
- Still in discussions with fiscal agent and Lock-In vendor about how to proceed.
- Some HMO want to take action right away using their own processes, not having to wait for Medicaid Lock-In.
- Fraud waste and abuse is a bigger issue beyond what Pharmacy Services Lock-In alone can correct.

#### **Antipsychotic Drug Use in Children and Adolescents:**

Lynn Radmer updated the Board.

- DUR newsletter went out to providers and HMO contract administrators.
- Informational piece highlighting resources available in the public domain to assist providers in decision making regarding prescribing antipsychotics in children.
- PA is required for use of an antipsychotic in children 6 years of age or younger (began February 2012)
- ADHD and Bipolar are primary diagnoses indicated on PA requested.
- Risperidone is most requested drug on this PA, also Abilify, but that is non-preferred drug.
- Most PAs originate with psychiatrists.

#### **Miscellaneous Announcements:**

Lynn Radmer shared

- MHDA on June 19 discussing antipsychotic use.
- PDL Meeting May 16<sup>th</sup>: 48 drug classes reviewed, recommendations with Secretary now, expect implementation July 1; Provider Update will be later in June.
- Annual CMS Report has been delayed until September 28<sup>th</sup> for reporting deadline, however survey is same as last year.

#### **Discussion of Potential Targeted Intervention Topics:**

Lynn Radmer and Tom Olson introduced possible topics for a targeted interventions that were easy to define.

- Higher dose simvastatin and citalopram are possible topics.
- May try to weed out false positives by merging data.
- Board suggestions included cough syrups in children
- Will begin evaluating process to target simvastatin with amlodipine and citalopram dose above 40mg alone or citalopram 20mg with CYP2C19 inhibitors.

#### **Adjournment:**

**Motion** to adjourn made by Lora Wiggins, seconded by Bob Breslow. Motion carried unanimously. Meeting adjourned at 4:10 pm. Next meeting September 5, 2012.

**Guests:** Dean Groth and Bad Hanes (Pfizer), Judy Bowlby (Amgen), Brian Inoles (Boehringer), Kelsy Marquardt (Skywalk), Mark Davis (Vertax), Jim McNamara (ViiV)