MINUTES OF THE DRUG UTILIZATION REVIEW (DUR) BOARD MEETING
Wednesday, September 10, 2014
1:00 pm to 4:00 pm
1 W. Wilson Street, Room 751
Madison, WI 53701

DUR Board Members
Present:
Michael Brown, PharmD
Ward Brown, MD
Robert Breslow, RPh
Paul Cesarz, RPh
Daniel Erickson, MD
Robert Factor, MD
Michael Ochowski, RPh
Lora Wiggins, MD
Absent:
Maria Brenny-Fitzpatrick RN, MSN FNP-C, GNP-C
Jake Olson, PharmD

HP Staff
Tom Olson, PharmD
Monica Yeazel, RPh

DHS Staff
Rachel Currans-Henry
Marilyn Howe, RN
Lynn Radmer, RPh
Lisa Reese
Kimberly Smithers
Rita Subhedar

Welcome and Introductions:
Rachel Currans-Henry called the meeting to order at 1:05 pm, with thanks to the Board. Introductions were made. A Quorum of members was present.
Review of the Agenda and Board Materials and Approval of Minutes-June 4, 2014 meeting:
Rachel Currans-Henry walked through the agenda as printed and the Board packets. Members had received minutes and RDUR Quarterly Report via email and had the opportunity to review prior to this meeting.
Motion to approve minutes as printed made by Michael Ochowski and seconded by Robert Breslow. Motion passed unanimously.
Prospective DUR: Update on Previously Reviewed Alerts:
Lynn Radmer reviewed the status of Prospective DUR Alert changes to Early Refill and Late Refill Alerts to date

- The Late Refill Alert was modified in July 2014 to monitor drugs at the therapeutic class level. This allows automatic updates using First DataBank. In addition, the history claim's days supply was increased from >=10 days to >=28days.
- For Early Refill, changes discussed in the June 2014 DUR Board meeting are targeted for a 2015 implementation, due to the complexity of the project. Both the Hard (requires DAPO override) and Soft (can be overidden at POS) alert include days supply that are >5 days. The Soft Alert occurs on all covered drugs, except those monitored by Hard Alert. The thresholds for the alert is planned as follows:
  - For claims that have a days supply of 6-9 days, the threshold will be 65%
  - For claims that have a days supply of 10 -34 days, the threshold will be 80%
  - For claims that have a days supply of 35 days or greater, the threshold will be 85%
- Lynn walked through the Overview of Active Prospective DUR Alerts documentation and the current alert criteria. Since June 2011, the Board has reduced the Active Alerts from twelve to seven and revised alert criteria to improve alert effectiveness.
  - Pharmacies receive alerts in a hierarchical order. Pharmacies may receive up to nine alerts on one claim, but are only required to respond to a single alert to override all alerts on a claim. The same alert can set multiple times on a single claim. Pharmacies respond real-time to alerts with a NCPDP response codes (Reason for Service, Professional Service, Result of Service). Pharmacies can override alerts with any combination of valid NCPDP response codes. In addition, claims for members in a nursing home receive informational prospective DUR alerts only.

Lynn reminded the Board that the Early Refill Alert is an overutilization alert and was previously reviewed in September 2013. This Alert has two components: a Hard Alert that requires the pharmacy to contact DAPO for an override and a Soft Alert that the pharmacy can override at the point of sale. Additionally, the Insufficient Quantity Alert, also known as the Three Month Supply Alert, has two components: a Hard Alert that requires the pharmacy to contact DAPO for a override and a Permissive Alert, which is informational and requires no response from the pharmacy. When a claim includes the permissive NS Alert and a Soft prospective DUR alert, when the pharmacy responds to the permissive alert, the response also applies to the prospective DUR alert. Clinical alerts may not be recognized by the pharmacy in this situation. It is possible that the NS Alert, which is primarily a cost management issue, not a clinical issue, is diverting attention from the clinical issue. An analysis of prospective DUR alert combination data from 2nd Qtr 2014 showed the top ten alert combination pairs, included the NS alert in six of top ten combinations, and encompassed about 80% of the claims. For this reason the state makes the following recommendation:

Recommendation:

- Continue the permissive and Hard Alert for three month supply, , but no longer allow an override of the NS Alert to override other prospective DUR alerts.

Motion to accept State's recommendation made by Dan Erickson and seconded by Mike Brown. Motion passed unanimously.

Prospective DUR Reports Discussion:

Lynn led the Board through a series of graphs showing the progression of each of the Prospective Alert volumes over time. There was discussion about changes to the reporting methodology.

Future Focused RDUR-Sedative/Hypnotic Utilization:

Lynn reminded the Board of a focused RDUR review regarding triazolam utilization that was requested by the PA Advisory Committee. As part of the discussion, the Board suggested we look into other, more widely used sedatives and hypnotics. In comparison, the utilization date for triazolam includes 155 members whereas zolpidem IR utilization includes over 11,000 members. Utilization data was presented for zolpidem IR and ER, temazepam, eszopiclone, zaleplon, triazolam, flurazepam,ramelteon, and estazolam for the 2nd quarter 2014, which represents the Sedative Hypnotics drug class on the PDL.

Monica presented a recommendation for a future focused RDUR review looking at appropriate dosing of zolpidem and eszopiclone based on gender, age (specifically elderly), hepatic dysfunction, and potential altered metabolism due to drug interactions. These drugs are recommended because of their higher utilization, and their specific dosing guidelines related to age and gender promulgated by the FDA recently. Monica reports she frequently sees higher than recommended doses .

Motion made by Ward Brown and seconded by Mike Brown to proceed with a focused RDUR intervention cycle using FDA guidelines for the two drugs highlighted. Discussion related to selecting other drugs/criteria for the focused RDUR. Motion was withdrawn, no other motion made.

CMS Annual Report:

Lynn explained Center for Medicaid and Medicare Services changed the DUR Annual Report and online reporting tool.. The changes to the report include new questions for fraud waste and abuse, Prescription Drug Monitoring Programs, pain management controls, opioid prescribing, morphine equivalent dosing, buprenorphine use, as well as, antipsychotic and stimulant use in children. CMS is sharing the survey results on their website at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html.

Adjournment: Bob Breslow moved to adjourn. Meeting adjourned at 4pm.

Guests: Charmayne Breuster, Jennifer Lisota, Todd Kailas, and Susan Tappen (all Sunovion), Nick Boyer (Otsuka)