

DUR Committee
March 16th, 2012 Minutes

Members Present:

Robert Carlson, MD
John Pappenheim, MD
Jenny Love, MD, MPH.
Mary-Beth Gardner, ANP Telephonic
Dharna Begich, Pharm.D.
Julie Pritchard, Pharm.D. (Magellan)
Erin Narus, Pharm.D. (Magellan)
Alex Malter, MD MPH (Medicaid Medical Director)Linda Craig (AstraZenica)
Chad Hope, Pharm.D. (DHSS)
C.J. Kim, R.Ph (DHSS)

Members Absent:

McCormick, William, Pharm.D.

Public attendees:

Jim Graves (BMS)
Misty Steed (Corvel Corp)
Kim (BMS)
Steve Isaki (Sunovion)

- Meeting started at 1:10pm and roll call. (Dr. Pappenheim joined at 1:15pm)
- Review of minutes from previous meeting. (Approved)
- Review agenda for additions or comments. (Approved)

ProDUR

- Atypical Antipsychotics – Proposed Quantity Limits/Dose Optimization:
 - Chad Hope presented the atypical medications and dosing challenges; capture savings while not impacting care.
 - Pharmacy issue of not stocking the correct prescribed strength (i.e. stock increments of 5mg to cover a 10/15/20mg dosing without stocking all (4) strengths.
 - Committee wanted to know more about the Prior Authorization process and level of review.
 - Quantity limits were good; but for the process of titration and stabilizing a patient may take more time and dose variation; need more flexibility built into the quantity limits to be less intrusive to pharmacy and practitioner.
 - Other states have implemented a variety of methods to help optimize usage of the atypicals such as: quantity limits, prior authorizations, and second level review.
 - Addressing medication titration and quantity limits:
 - Amend Seroquel quantity limits; 100mg,200mg,300mg,400mg to 90 tablets.
 - Amend Seroquel XR quantity limits; 150mg,200mg,300mg,400mg to 90 tablets.
 - During titration or tapering of medication; pharmacy or provider will have to call the claims processor to initiate a possible override of the quantity limits during titration or taper and will be put in place for 60 days; then if stabilized, will be subject to current quantity limit/dose optimization.
 - Use of Seroquel as off-labeled sleep aid; can build into system/claims processor a look back (from 1-2 years) for diagnosis codes from recipient’s medical record. Specifically any diagnosis of PERSONALITY DISORDER; the department will create a list of ICD-9 codes and confer with Dr. Love and Dr. Pappenheim for its comprehensiveness.
 - Amend seroquel quantity limits; keep for low-dose seroquel (25mg, 50mg and XR 50mg) at 14 tablets per 30 days and for specific diagnoses (personality disorders), may receive up to 30 tablets per 30 days.
 - UNAMIOUNSLY APPROVED WITH THE ABOVE AMENDMENTS.
- Atypical Antipsychotics – Therapeutic Duplication Edits:
 - Chad Hope presented information and rationale for the proposed edits.
 - Committee echoed of prior authorization for < 5 years old.

- C.Hope proposed: remove same day fill, same atypical, 2 strengths to help facilitate dose titration; Dr. Pappenheim agreed and seconded the motion.
- Will work with Julie/Erin to investigate a possible Smart PA for pharmacy to call to help facilitate therapeutic duplication edits.
 - Amend same day fill of same atypical of 2 strengths; REMOVE
 - UNAMIOUSLY APPROVED WITH THE ABOVE AMENDMENT.
- Chad Hope and Alex Malter left meeting at 2:34pm.
- New Prescription medications (Medications that have been on the Interim Prior Authorization list for a minimum of six months):
 - C.Kim presented information and claim details for (14) medications on the list
 - Departments Recommendations list, UNAMIOUSLY APPROVED.
- Mary-Beth Gardner left meeting at 2:39pm.
- Break 2:40pm
- Return 3:00pm

Retrospective DUR

- Discuss review criteria
- Retrospective DUR (atypical antipsychotics with oral hypoglycemic agents).
 - The profiles were discussed and evaluated for intervention letters to be sent out to the providers.
- Informed committee of recent activity of PA's and quantity limits from earlier implementations.
- Next meeting is scheduled for April 20, 2012 and location TBD.
- Meeting adjourned 4:00pm.